

S O U V E N I R



International Conference-2014, Dehradun

'Ayurveda For All'

17-18 May 2014



JOINTLY ORGANISED BY:

*Ayush Darpan Health Magazine,
Tathagat Ayurved Research Foundation*



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With Best Compliments to all the Delegates of I.C.A.F.A. 2014

UTTARANCHAL AYURVEDIC COLLEGE

17, Old Mussoorie Road, Rajpur, Dehradun (U.K.)

Recognised by CCIM, New Delhi & Affiliated to Uttarakhand Ayurved University



Dr. A.K. Kamboj
Chairman

ADMISSION NOTICE - 2014, उत्तर भारत का आयुर्वेद एवं योग प्रशिक्षण हेतु सर्वोत्तम संस्थान।

एम०डी० आयुर्वेद

मौलिक सिद्धांत, अगदतंत्र, स्वस्थवृत्त एवं द्रव्यगुण, प्रत्येक में पांच सीट उपलब्ध।

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उत्तर भारत का आयुर्वेद एवं योग प्रशिक्षण हेतु सर्वोत्तम संस्थान।

एम०डी० आयुर्वेद

मौलिक सिद्धांत, अगदतंत्र, स्वस्थवृत्त एवं द्रव्यगुण (प्रत्येक में पाँच सीट उपलब्ध)

योग्यता - CCIM द्वारा मान्यता प्राप्त संस्था से बी०ए०एम०एस० डिग्री उत्तीर्ण एवं एक वर्ष की इंटर्नशिप 30 अक्टूबर 2014 तक पूर्ण होनी चाहिए। आवेदन की अंतिम तिथि- 15 अक्टूबर 2014 एवं प्रवेश परीक्षा 19 अक्टूबर 2014 को महादेवी इन्स्टीट्यूट ऑफ टेक्नोलॉजी, 10 न्यू रोड, देहरादून में सम्पन्न होगी। प्रवेश परीक्षा में सी०सी०आई०एम० पाठ्यक्रम के अनुसार 100 बहु-वैकल्पिक प्रश्न होंगे।

बी०ए०एम०एस०आयुर्वेद पाठ्यक्रम

योग्यता- 10+2 (PCB) 50% अंको सहित, अवधि 4.5 वर्ष एक वर्ष का इंटर्नशिप प्रशिक्षण, सीटों की संख्या-50

आवेदन की अंतिम तिथि : 17 मई 2014 एवं प्रवेश परीक्षा विभिन्न केंद्रों पर 30 मई 2014 को सम्पन्न होगी।

उपरोक्त दोनों पाठ्यक्रमों में आवेदन हेतु ₹ 2000/- का बैंक ड्राफ्ट, उत्तरांचल आयुर्वेदिक कॉलेज, देहरादून के नाम प्रेषित कर फॉर्म प्राप्त करें एवं अधिक जानकारी के लिए www.uacayurveda.org एवं www.uceeindia.org पर लॉग ऑन करें, प्रवेश काउन्सिलिंग बोर्ड द्वारा प्राप्त अंकों की मैरिट के आधार पर होगा। प्रवेश परीक्षा का आयोजन Uttarakhand Combined Medical Entrance Exam 2014 के माध्यम से ACEE द्वारा किया जायेगा।

मास्टर डिग्री इन योगा

योग्यता किन्ही भी विषयों में स्नातक डिग्री उत्तीर्ण, अवधि दो वर्ष, संबद्धता उत्तराखण्ड संस्कृत विश्वविद्यालय

पी० जी० डिप्लोमा इन योगिक सांझस

योग्यता किन्ही भी विषयों में स्नातक डिग्री उत्तीर्ण, अवधि एक वर्ष, संबद्धता हे०न०ब० गढ़वाल, विश्वविद्यालय

MBBS, BDS, BAMS, BHMS हेतु Common Pre-Medical Entrance

Exam, Uttarakhand के माध्यम से आवेदन की अंतिम तिथि 17 मई 2014

Contact: -

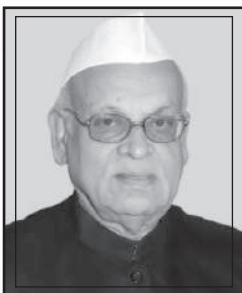
0135-2736362, 9411778768, 0846004778/65, E-mail : uac.dehradun@gmail.com

Dr. Aziz Qureshi
Governor, Uttarakhand



RAJ BHAWAN
Dehradun-248 003

05 May , 2014



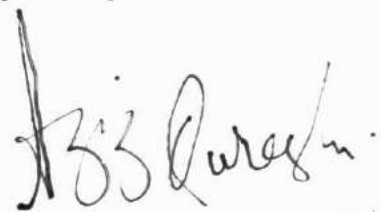
Message

It gives me immense pleasure to know that an international conference on Ayurveda is being organised jointly by Tathagat Ayurveda Research Foundation & Ayush Darpan, a well-known health magazine, on May 17 and 18.

Titled **“International Conference-Ayurveda for All”**, the conference aims to highlight the practical aspects of Ayurveda and to underline its relevance as an affordable and effective system for the contemporary world.

I am glad to know that a souvenir **“Ayushdarpan-Ayurveda for All”** is being launched at the conference.

I wish the organisers and participants all the best for the conference.


(Dr. Aziz Qureshi)
5/5

सुरेन्द्र सिंह नेगी मंत्री

चिकित्सा, स्वास्थ्य, परिवार कल्याण, आयुष
आयुष शिक्षा, विज्ञान एवं प्रौद्योगिकी, अर्द्ध सैनिक कल्याण,
गन्ना विकास एवं चीनी उद्योग



उत्तराखण्ड सरकार

विधान भवन, देहरादून

कक्ष सं. : 102 (I)

फोन : 2666766 (का.)

फैक्स : 2665900

मोबा. : 9837922262



संदेश

यह हर्ष का विषय है कि Tathagat Ayurveda Research Foundation, एवं Ayush Darpan Health Magazine के संयुक्त तत्वावधान में इन्टरनेशनल कान्फ्रेंस "Ayurveda For All" का आयोजन दिनांक 17-18 मई, 2014 को होटल केनिल स्टार, देहरादून में किया जा रहा है तथा इस अवसर पर Ayush Darpan - "Ayurveda for All" नाम से एक स्मारिका का भी प्रकाशन किया जा रहा है।

मुझे पूर्ण विश्वास है कि आयोजित होने वाले इन्टरनेशनल कान्फ्रेंस में आयुर्वेद से संबंधित आयुर्वेद विद्व प्रतिभाग करेंगे तथा आयुर्वेद चिकित्सा से संबंधित महत्वपूर्ण गहन चिकित्सीय उपचार एवं विचारों का आदान प्रदान करेंगे ताकि आयुर्वेद की चिकित्सकीय पद्धति एवं भविष्य में इसके प्रचार-प्रसार में मदद मिल सके।

मेरी ओर से आयोजित होने वाले कान्फ्रेंस एवं प्रकाशित होने वाली स्मारिका के सफल प्रकाशन हेतु हार्दिक शुभकामनायें!

पुनः शुभकामनाओं सहित,

आपका

डॉ० नवीन चन्द्र जोशी

अध्यक्ष

आई.सी.एफ.ए. 2014, देहरादून

सी.ब्लॉक, लेन न० - 04

सरस्वती विहार, अजपुर खुर्द, देहरादून- 248001

(सुरेन्द्र सिंह नेगी)



Dt: 23-04-2014

MESSAGE

Ayurved is our ancient system of healthcare having a significant scope and concept of holistic approach. It is increasingly being adopted by people across the globe. It is highly essential to tap the global market by promoting it with technology, branding and packing. The need of the hour is to escalate the demand for such medicine across the globe and thereby increase the exports. Ayurveda is our rich legacy with glorious culture and that can be promoted on world map.

I convey my best wishes to **ICAFA 2014 Dehradun – an International Conference “Ayurveda for All”** organized in between 17-18 May, 2014 at Dehradun jointly organized by Tathagat Ayurveda research foundation & Ayush Darpan health magazine.

I extend my best wishes to souvenir ‘**Ayush Darpan – Ayurveda for all**’ to be launched on this occasion.

(Narendra Modi)

To,
Dr. Navin Ch. Joshi, *Organizing President*,
ICAFA – 2014 Dehradun,
Saraswati Vihar Colony,
Lane No. 04, Ajabpur Khurd,
Dehradun- 248 001
Email: ayushdarpan@gmail.com

Narendra Modi

Chief Minister, Gujarat State

Govind Ballabh Oli
Director



उत्तराखण्ड सरकार

**Ayurvedic & Unani
Services**
Uttarakhand, Dehradun
Phone- 0135-2608742
Fax- 0135-2608760



It gives me immense pleasure to this unique International Conference jointly organized by Tathagat Ayurveda Research Foundation and Ayush-Darpan shall provide as excellent platform for students, distinguished Ayurvedic scientists, and academicians to discuss and learn about practical aspect of Panchkarma and Kshar-sutra.

Most of the population today is suffering with disorders due to change in lifestyle resulting small ailments into chronic disorders. Our past and present is full of examples of treating chronic disorders by Panchakarma treatment by experts. India's rise is increasingly being regarded as an important dimension of the medical treatment hub providing low cost treatment which is attracting thousands of global patients.

I am positive that this conference will nurture and promote innovative ideas among participants; who will be oriented how to work differently and efficiently in clinical aspects of Ayurveda in a skilled manner. I hope this work shop will convert participant's ideas into practical model of Ayurvedic treatment using tools of applied Ayurveda.

I wish the comprehensive Souvenir, heartiest congratulations and best wishes to the organizers of this conference for providing a chance to all Ayurvedic specialists to interact and discuss various breakthroughs and recent developments in the area of Pachakarma, Kshar-sutra and curative aspect of **Ayurveda For All**.


(Govind Ballabh Oli)

To,
Dr. Navin Ch. Joshi,
Organizing President,
ICAFA 2014 DEHRADUN
Saraswati Vihar Colony, Lane No. 4,
Ajabpurkhurd, Dehradun- 248001

प्रोफेसर सत्येन्द्र प्रसाद मिश्र
कुलपति



उत्तराखण्ड आयुर्वेद विश्वविद्यालय

राज्य सरकार का स्वायत्तशासी निकाय: विश्वविद्यालय अनुदान आयोग
अधिनियम, 1956 की धारा 2(एफ) के अन्तर्गत मान्यता प्राप्त:
भारतीय विश्वविद्यालय संघ (ए.आई.यू.) की सदस्यता प्राप्त

विश्वविद्यालय परिसर, हरवाला, देहरादून

अद्व.शा.प.सं. : ०३/कै०का०/३०.आ०वि०/२०१४-१५

दिनांक : १५-०४-२०१४



शुभकामना संदेश

मुझे यह जानकारी हार्दिक प्रसन्नता हो रही है कि "तथागत आयुर्वेद रिसर्च फाउण्डेशन" और "आयुष दर्पण स्वास्थ्य पत्रिका" के द्वारा 'आयुर्वेद सभी के लिए' जैसे महत्वपूर्ण विषय पर अन्तराष्ट्रीय सेमिनार 2014 का आयोजन देहरादून (उत्तराखण्ड) में होने जा रहा है। आयुर्वेद भारत की प्राचीन तथा विश्वविख्यात चिकित्सा पद्धति है। विश्व भर में अनेक जटिल रोगों का इलाज आयुर्वेद द्वारा किया जा रहा है। आयुर्वेद का प्रधान उद्देश्य स्वस्थ व्यक्ति के स्वास्थ्य का संरक्षण करना है। जिसमें सद्वृत्त, दिनचर्या पथ्य अपथ्य एवं विशिष्ट प्रकृति के अनुसार आहार – विहार प्रधान पक्ष के रूप में हैं, इसको अधिक से अधिक व्यावहारिक रूप देने की आवश्यकता है। क्योंकि 'आयुर्वेद' के द्वारा रूग्ण के शारीरिक, मानसिक एवं सामाजिक रोगों का उपचार कर उन्हें रोग मुक्त किया जा सकता है।

आशा है कि सेमिनार में इस विषय पर महत्वपूर्ण चर्चा होगी। इस अवसर पर प्रकाशित किए जा रहे स्मारिका हेतु मेरी हार्दिक शुभकामना है।

मैं सेमिनार की सफलता की कामना करता हूँ।


15/04/2014

(प्रोफेसर सत्येन्द्र प्रसाद मिश्र)
कुलपति

दूरभाष 0135 – 2733239, फ़ैक्स : 0135 – 2733236 (कार्यालय), मोबाइल : 9458190696, वेबसाइट : www.uau.ac.in
ई-मेल : vc@uau.ac.in, profspmishra@yahoo.co.in, vcuaudehradun@gmail.com

कैम्प कार्यालय/आवास : 7-ए, प्लिजेन्ट वैली, राजपुर रोड, देहरादून, दूरभाष : 0135-2733239, फ़ैक्स : 0135- 2733236

आओ मिल कर प्रण करें गंगा माँ की रक्षा करें



गंगा राष्ट्रीय धरोहर है, गंगा माँ है। कृपया इसे प्रदूषित न करें।

Jai Gange

Dear Divine Souls,

Participants of International Conference on Ayurveda for All (ICAFA),

Jai Gange!

I hope this finds you all in the best of health and happiness.

I am so glad that you have come together for ICAFA 2014 on the 17-18th May in Dehradun. I send my blessings and best wishes to this international gathering on 'Ayurveda for All'.

I firmly believe that the true reflection or darpan of AYUSH is when the wisdom, knowledge and solutions that Ayurveda offers are reflected in our everyday lives. Ayurveda is the "Veda" of Life, the science of how to live our lives in balance within ourselves and in harmony between ourselves and the environment around us.

Therefore, 'Ayurveda for All' is a call to put Ayurveda into action in order to address the challenges which threaten the quality of our lives, our communities and the environment we live in. Every day, some 1,600 children die mostly from preventable diseases due to deplorable water, sanitation and hygiene (WASH) conditions. Tragically, India leads the world in the number of children under the age of five who die every year. Time has come to utilize the wisdom of Ayurveda to treat as well as prevent these waterborne diseases that take so many innocent lives.

Worldwide, unsustainable development is leading to massive deforestation, drying water bodies and aquifers, extinction of rare species of flora and fauna as well as increasing the threats of global warming and climate change manifold. Every day one billion litres of toxic chemicals are poured into the Ganga River by industrial and agricultural enterprises. Because of this, our beautiful natural resources as well as our national, spiritual and cultural heritage are decaying. This is why time has come that when we chant 'Jai Jai Gange,' we must also chant 'Jaivik Gange,' so that our Natural River and those who depend on Her are protected through the planting of trees, herbs and beneficial practices such as organic farming.

Global Interfaith WASH Alliance and Ganga Action Parivar in partnership with many other organizations are working to create a pilot plan here on the banks of Mother Ganga in Uttarakhand as the perfect model of 'Ayurveda for All', transforming both sides of the river

bed as Green Zones, filled with herbs and plants that not only prevent soil erosion and abate pollution but preserve the medicinal qualities of Gangajal.

Let us come together to inspire people not only to chant 'Har Har Gange' but also to serve together for 'Herbal Gange with Har Bal Gange', bringing together everyone's Bal (strength and power) to protect and preserve Mother Ganga and Her tributaries. By dedicating your time, talent, technology and tenacity to this vital cause we can truly herald a clean, green and serene revolution for our nation and our world.

I welcome you to share your suggestions and ideas at ganga@gangaaction.org, and warmly invite you to join us at your Himalayan home on the banks of Mother Ganga at Parmarth Niketan (Rishikesh) to affirm your pledge and bring into action 'Ayurveda for the Benefit and Welfare of All.'

With Love and Blessings,
In Service of God and humanity,

Swami Chidanand

Swami Chidanand Saraswati



H.H. Puja Swami Chidanand Saraswatiiji is President of Parmarth Niketan, the largest ashram in Rishikesh and one of the largest spiritual institutions in India. He is a world-renowned spiritual leader, visionary and divine guide. He is also the Founder of Ganga Action Parivar, India Heritage Research Foundation (IHRF), and Divine Shakti Foundation and Co-Founder of the Global Interfaith WASH Alliance, organizations working for education, health-care, women's empowerment, disaster relief, environmental protection, water, sanitation and hygiene.

Puja Swamiji has received innumerable awards, such as the Mahatma Gandhi Humanitarian award, UN's Ambassador of Peace and the "Surya Ratna" (Jewel of the Sun Award). His religion is Unity, and he is a frequent leader at international interfaith conferences, forums and summits such as the United Nations, World Economic Forum, Parliament of World Religions, etc. He travels the world spreading divine nectar through discourses, satsang, darshan, retreats and other programs, bringing people of every religion and every culture closer to the Divine.

Clean Ganga. Green Ganga. Serve Ganga.



Ganga Action Parivar

Parmarth Niketan, P.O. Swargashram, Rishikesh (Himalayas), Uttarakhand - 249304, India
Ph: (0135) 244-0011, 244-0077; Mob. 7579029225; Fax: (0135) 244-0066, ganga@gangaaction.org; www.gangaaction.org
Note: from abroad, dial +91-135 instead 0135 before the numbers

डा. (प्रो.) अमिताभ कुमार
उपाध्यक्ष, (आयुर्वेद)

Dr. (Prof.) AMITABH KUMAR
VICE PRESIDENT (AYURVED)



भारतीय चिकित्सा केन्द्रीय परिषद्
भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय
आयुष विभाग, नई दिल्ली

CENTRAL COUNCIL OF INDIAN MEDICINE
Ministry of Health & Family Welfare, Government of India
Department of AYUSH, New Delhi



MESSAGE

My heartiest congratulation to the organizer, Ayush Darpan Health magazine and Tathagat oundation for organizing on National Conference on "AYURVEDA FOR ALL" which is going to be held on 17 - 18 may 2014 in Dehradun.

I convey my best wishes to the organizing committee for successful conduction of this program as it will prove a great benefit to the Students, Academicians and Ayurveda Professional.

With warm regards

Dr Amitabh Kumar
Vice-President (Ayurveda)



राष्ट्रीय आयुर्वेद संस्थान

(आयुष विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार द्वारा संस्थापित)
माधव विलास पैलेस, जोरावर सिंह गेट, आमेर रोड, जयपुर-302002

NATIONAL INSTITUTE OF AYURVEDA

(An Autonomous Body of the Deptt. of AYUSH, Ministry of Health and Family Welfare, Govt. of India)
Madhav Vilas Palace, Jorawar Singh Gate, Amer Road, JAIPUR-302002 (Raj.)

Tel : 0141-2635816, 2635740, 2635292, 2635744 (EPBX), Fax : 2635709
Website : www.nia.nic.in, E-mail : nia-rj@nic.in



MESSAGE

Message

I am happy to know that the Tathagat Ayurveda Research Foundation, Pune is organizing an International Conference "AYURVEDA FOR ALL" during 17 - 18 May 2014. The topic selected being "AYURVEDA FOR ALL" is excellent as our main aim in this field is for taking Ayurveda to each individual not only in the country but abroad also. I hope the present Conference will throw light in achieving Health For All in order to make contribution by Ayurveda for leading a disease free life by all the subjects of this universe.

PROF. AJAY KUMAR SHARMA
DIRECTOR



Message

The Association of Ayurvedic Professionals of North America, Inc. (AAPNA) is glad to know that an international conference "Ayurveda for All" – ICAFA 2014 is being jointly organized by Ayush Darpan Health Magazine and Tathagat Ayurved Research Foundation in Drone City, Dehradun, India.

AAPNA has been connecting Ayurvedic and Vedic Professionals around the globe and promoting the Indian Systems of Healing and Sciences since 2002. We understand that there will many research and clinical presentations by various professionals, clinicians and researchers at the ICAFA 2014 conference.

AAPNA wishes the organizing committee and directors a grand success and hopes that you may publish wonderful scientific conference proceedings in the souvenir.

With Best Regards & Wishes,

Dr. Shekhar Annambhotla, BAMS, MD-Ayu, LMT, RAS, RYT, FAAS
Founder & President

Association of Ayurvedic Professionals of North America, Inc.

Ojas, LLC – Ayurveda Wellness Center

American School of Traditional Ayurveda

Global Ayurveda Conferences, LLC

567 Thomas Street, Coopersburg, PA 18036

United States of America

Phone: 1-484-347-6110

Web: www.aapna.org



ओ३म

पतंजलि योगपीठ (ट्रस्ट) Patanjali Yogpeeth (Trust)

क्रमांक
S.No. : P.Y.P.(T)/H.R./Message/email-1

दिनांक
Dated : 30/04/14...



FOREWARD

It gives me immense pleasure to know that "International Conference of Ayurveda for All" is being organized by Tathagat Ayurveda Research Foundation Pune & Ayush Darpan Health Magazine jointly in Dehradun on 17-18th May 2014. It is indeed a moment of pride for us for having this conference in the divine land of Uttarakhand in the foothills of Shivalik hills.

Ayurveda in India is passing through a challenging time. We feel proud of our heritage which has been passed down to us by our sages through generations; though evidence based research in Ayurveda and its clinical specialties is the need of the hour. It is the time that we should come together and start working for mainstreaming Ayurvedic System of medicine in global healthcare.


I strongly believe that the conference will provide a platform to discuss vibrant issues pertaining to Clinical Ayurveda, Panchakarma and Ksharsutra & their redressal. I am sure that after the deliberations amongst internationally eminent personalities of Ayurveda community, Academicians, Ayurveda practitioner professional and officials from Government; will come out with some innovative, practical, concrete and workable suggestions for improvement and implementation in Clinical Aspect and evidence based aspect of Ayurveda.

I hope and believe that this comprehensive Souvenir, will cover all relevant material to enable all to take advantage of Ayurveda and its clinical aspect for mankind and a step towards fulfilling objectives of Ayurveda "Svasthasya svasthyarakshnanaaturasya vikaarprashmam cha."

While encouraging the enthusiastic zeal of the Organizers; I wish the function and release of Souvenir; all the very best for continued progress to make this event a memorable experience!!!

Sri Dhanvantari Namah,

Dr Shishir Prasad
Joint Organising Secretary

Yours,

Acharya Balkrishna
Patanjali Yogpeeth

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Prof. Arun Kumar Tripathi
Principal & Superintendent



उत्तराखण्ड सरकार

Rishikul Govt. PG
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Hospital, Haridwar
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Dear Navin Joshi ji

Congratulation for organizing International Conference "Ayurveda for All". Organised by Tathagat Ayurveda Reasearch Foundation & AYUSH DARPAN Health Magazine. When Ayurveda is becoming global, Validation of its concept and applicability with newer intervention & challenges is really a needed approach from Ayurvedist.

Positive aspect of Ayurveda are required to be dessiminated among students researches and general Population so as to offer its benifits all.

Preventive and health promotive potential of Ayurveda is need to be explored to curb the mencece of exlpoding life style disorder.

I hope this conference definitely serve such purpose and will be great success.


(Prof. Arun Kumar Tripathi)

To,

Dr. Navin Ch. Joshi
Organizing President,
ICAF 2014 DEHRADUN
Saraswati Vihar Colony, Lane No. 4
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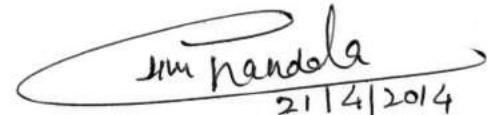
Dated: 21.4.2014

MESSAGE

It is a matter of great pleasure that Tathagat Ayurveda Research Foundation & AYUSH Darpan is jointly organizing an International Conference 2014-Ayurveda for All during May 17-18, at Dehradun. The subject of the conference is of vital importance. This ancient Indian wisdom is not merely a system of medicine rather it is a way of life. It accomplishes physical, mental and spiritual wellbeing by integrating body mind and soul. This ancient Indian treasure is enriched with lots of potential for prevention and cure of disease and promotion of health. The Panchakarma therapeutic procedure specially bio-purification is effective in chronic degenerative and iatrogenic disease conditions with global acceptance.

Integration between tradition and technology is need of the hour. But this integration should be made in such a way so that neither the principles of Ayurveda are compromised nor allowed to be twisted. I am sure deliberations during the conference will pave the way to make Ayurveda medicine of the millennium.

On behalf of Ch. Brahm Prakash Ayurved Charak Sansthan, I wish this international conference 2014 a grand success.


21/4/2014
(Prof. H.M. Chandola)
Director-Principal

To
Dr. Navin Ch. Joshi
Organizing President
"Ayurveda for All"
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No. RAU/VC/14-15/08

Dated : 11.04.2014



Message

It gives me pleasure to know that Tathagat Ayurveda Research Foundation, Pune and AYUSH DARPAN Health Magazine is going to organize an International Conference 'Ayurveda for All' at Dehradun on 17-18th May 2014 in which various vital issues related to advancement of Ayurved, are scheduled to be discussed. Ayurveda is the oldest system of health in the world. Ayurved (Ayu-life-veda-science) being directly linked with life and health. Ayurved has attracted the world demand for being natural, eco-friendly, safe and holistic healthcare system. Our one of the best wishes सर्वे सन्तु निरामयाः is dedicated to the world of all living beings, human in particular, therefore Health messages of Ayurveda should be disseminated to one and all, not only for cure of the health problems but also for prevention and promotion of positive health. This event is of the immense importance as it provides a stage for Ayurvedic Fraternity to discuss and review the present scenario of Ayurved and to decide the modus operandi for further acceleration in efforts for dissemination of applicability of Ayurved among masses as per the need of the hour. As we know that ancient knowledge of Ayurved is time-tested and based on the truth i.e. science, there fore it has been found relevant and more beneficial in modern era as it was in the past, hence it needs to be expanded globally. The world is at present looking and searching towards alternative systems of medicines - AYUSH, particularly Ayurveda for it's age old scientific health and medical knowledge and safe efficacious herbo - mineral preparations. I am sure that this event will contribute a lot in realizing the theme of the conference 'AYURVEDA FOR ALL'

I convey my best wishes for the success of the event.

PROF. DR. RADHEY SHYAM SHARMA
VICE-CHANCELLOR

Dr. Navin Ch. Joshi,
Organizing President,
ICAFA 2014 DEHRADUN
Saraswati Vihar Colony, Lane No. 4,
Ajabpurkhurd, Dehradun - 248 001



Prof. M. S. Baghel M. D. (Ayu), Ph.D.
Director

Member Board of PGT, Syndicate and Senate
Institute for Post Graduate Teaching & Research In Ayurveda
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MESSAGE

It matter of pleasure to note that **Tathagat Ayurvda Research Foundation, Pune and AYUSH Darpan Health Magazine** is jointly going to organize an International conference Ayurveda For All from 17-18th May 2014. It is now a worldwide known fact that India has been a pioneering country in the fields of Ayurveda which is being accepted as main source of human well being.

I wish every success to the International Seminar as well as the souvenir which would be helpful for Indian medicine.

Prof. M. S. Baghel



MESSAGE

It is matter of immense pleasure that Ayush Darpan health magazine & Tathagat Ayurved research foundation is jointly going to organize an international symposium on "Ayurveda for All" on 17-18th May 2014. The conference is of prime importance as it will provide a stage for scientist, practioners, academicians & thinkers of Ayurveda to discuss potential and strength of Ayurveda in providing good health. Certainly to will send some message for accepting Ayurveda for all at global prospective.

I convey my heartily wishes to organizing president and organizing secretary for the grand success of event and publicaton of souvenir.

Rajendra



From Desk Of Organizing President/Editor.....



From Desk Of Organizing President/Editor

Respected All,

In this event of ICAFA Dehradun 2014 I welcome all of you.

I am grateful to almighty God that he inspires people like me to do some creative work for civil society. I also pay regards to my Parents, Gurus for their blessings and support because without this it is difficult to plan and organize such an event.

Ayurveda has a lot of potential in the present era of globalisation. The fast growing connectivity through social media has explored our reaches to the corner of the globe. Recently China has explored their traditional medicine in global market and is giving a clear competition to Indian & rest of world's herbal export. Ayurveda has a great potential to escalate the global herbal economy. As peoples from EU as well as from other countries are promoting to open Ayurvedic centres in their countries to boost their economic growth through tourism.

In India the time has totally changed, Ayurvedic graduates and Postgraduates has more opportunity in private sector as many big players are now in this field. AYUSH DARPAN and it's team is also trying to put small contribution by creating awareness to common peoples, as well as to elite class through print as well as social media. I am thankful to AYUSH DARPAN Health Magazine as well as TATHAGAT AYURVED RESEARCH FOUNDATION, PUNE to giving me such a big opportunity to organize an International Conference 'Ayurveda for All' I am thankful to Dr. Ashwini Kamboj, Dr. Vijay Jadhav, Dr. Mayank Bhatkoti, Dr. Sudhir Sharma, Vaidya Vinish Gupta as well as others for helping me in organizing this event.

I am again thankful to the eminent expert speakers, Guests as well as Delegates for their support. At last I want to remember the readers of AYUSH DARPAN for their continuous trust.

DR. NAVIN CHANDRA JOSHI



From Desk Of Organizing Secretary.....



From Desk Of Organizing Secretary

Ayurveda, science of life, is the holistic alternative science from India and is believed to be the oldest healing system in existence. It is believed to be the foundation of other system of medicines. India has moved much forward in advocating the global usefulness of Ayurveda in providing health care through global networks. Ayurveda is duly recognized by world health organization. The western world is acknowledging the scientific basis of Ayurveda and endorsing it in their education system.

Today well veresed people all over the world are seeking safer, alternative form of medical care. As per statistical record in an American health journal it was revealed that two out of three Americans who are consulting medical advice are also consulting doctors of some other system of medicine side by side i.e. Ayurveda, homeopathy, Acupressure, or something else. This is a decisive number indicating that a majority of population wants a change. There are lot of Autoimmune, lifestyle, metabolic, hormonal disorder that have a safer efficacy only in ayurveda. People are becoming more interested in natural form of medicine and therapeutic procedure across the globe. Along with this maximum global network is curious in availing the Ayurveda treatment module.

Ayurveda provide specialized treatment module in form of Panchkarma and ksharsutra therapy. Panchkarma is specific biocleansing regimen comprising of five main procedure that facilitate better bioavailability of pharmacological therapies and maintenance of health by means of equilibrium of biological forces, normal functioning of all seven tissues and there by enhancing the power of digestion and metabolism. Similarly Ksharsutra is a popular successful and classical treatment modality in shalya tantra for the management of fistula in ano, piles, fissure tag, rectal polyp, pilo-nodal sinuses etc. Precisely the action of ksharsutra is due to its simultaneous action of excision, scrapping, draining, penetrating, debridement, sclerosing and healing.

This International conference "Ayurveda For All- 2014" in the divine state of Uttarakhand is a snapshot to highlight the practical aspect of Ayurveda, specifically Panchkarma and Ksharsutra and their acceptance at global level. Live practical demonstration of procedure and its live telecast through web by international expert will help to reveal it's effectiveness across the globe. Hopefully this conference will be a wake up call for Ayurveda scholars to think a lot to cultivate a healthier lifestyle by bringing harmony of body, mind and soul.

Dr. Mayank Bhatkoti



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Dr. Navin Ch. Joshi

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All the research papers are scrutinized by souvenir committee, editor is not responsible for any errors. For any clarification related with research papers directly contact to the respective authors.



Case Studies on Prophylactic Ayurvedic Therapy In Migraine Patients

*Vaidya Balendu Prakash **Nilin Chandurkar *** Tejashri Sanghavi

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Ayurveda is a nearly 3000 years old traditional medical system of India. Most of the time, people turn to ayurvedic physicians in desperate conditions. Here clinical practices of Ayurveda were initially found effective in the management of migraine among few patients. Later, it was developed as an ayurvedic treatment protocol (ATP) which consists of four herbo-mineral formulations (HMF), three meals and three snacks in a day with eight hours sleep at night. ATP brought significant relief in reducing the frequency, intensity of pain and associated symptoms in the migraine patients. MS diagnostic criteria was followed to establish the diagnosis of migraine and uniform ATP was prescribed to each patient who were primarily treated by the ayurvedic physicians at their respective clinics. Such observations were presented at appropriate international forums. In an effort to validate the above, the present study carries the details of nine migraine patients who were first diagnosed and treated for migraine by a leading headache expert at Mumbai in India and were then referred to receive ATP. A total number of nine subjects volunteered to this program. Out of those, seven subjects completed 120 days of ATP. Five subjects reported significant improvement in overall symptoms of migraine. All subjects were followed up periodically for four years. No Grade U side effects were observed in any treated case. HMF has also been proved to be safe in experimental studies. Further pharmacological and randomized controlled clinical studies are in progress at the respective departments of a premier medical institute in India.

Keywords migraine, ayurveda, herbo-mineral formulations, IHS diagnostic criteria, prophylaxis

INTRODUCTION

Migraine is a global health problem that affects productivity of an individual at work, home and social levels (Lipion et al., 2003). There are many theories towards the diagnosis, treatment (Diamond, 1989) and prophylaxis (Ivan and Jerry, 2006) of migraine. Studies now indicate that in certain categories of patients, prolonged use of medicines for treating migraine may lead to severe side effects including medication-overuse headaches (Prakash et al., 2006). Such chronic migraineurs (CM) turned to complementary and alternative medicine (CAM) to find relief without getting any side effects. In India, Ayurveda is the oldest system of medicines (Gogtay et al., 2002). It has laid down certain principles for the diagnosis, prevention and treatment of diseases. Ayurveda is largely practiced in India as a parallel system of medicine along with conventional western medical system. Patients can approach or attend to any registered ayurvedic physician for their respective treatment (Malik, 1984). The present approach towards the prophylaxis of migraine is an outcome of such an ayurvedic clinical practice.

The past studies led to a discussion on the response of ayurvedic treatment in the prevention of migraine during the proceedings of 16th Migraine Trust International Symposium held in London in the year 2006 (Prakash et al., 2006). A uniform ayurvedic treatment protocol (ATP) comprising of four classical herbo-mineral formulations (HMFs), along with regulated diet and life style had significantly reduced the pain intensity, frequency and associated symptoms in fair number of patients. Later, ATP was followed by few ayurvedic physicians in their respective clinics in southern India. The multi-centred observations were presented at the 13th International Headache Congress held at Stockholm, Sweden in June 2007 (Prakash et al., 2007). These findings could bring an understanding between the two streams of medicine (Ayurveda and modern medicine) and led to the genesis of the present study.

MATERIALS AND METHODS

In the present study, nine cases were first diagnosed and treated for migraine using conventional prophylaxis and rescue treatment at the headache and migraine clinic of Dr. K Ravishankar in Mumbai. Due to the limitation of conventional treatment in the management of their migraine symptoms and related side effects, these patients were counselled to undertake ATP as prophylaxis. The treatment was carried out as a pilot observation study to validate the stated efficacy of ATP in the prophylaxis of migraine for four years.

Subject

Each subject gave a written consent prior to undergoing ATP. These subjects were screened using the International Headache Society (IHS) diagnostic criteria (Michel et al., 1993) and were

**Table 1.** Details of conventional treatment*

S.n	CRF no.	Details of conventional treatment					
		Prophylaxis			Rescue		
		Name	Dose (mg)	Frequency	Name	Dose (mg)	Frequency
1	4	Propanolol	20	bid	Naratriptan	1	od
		Co-enzyme	10	bid	Naproxen + Domeperidone Combination	250 + 10	od
		Tizanidine	2	od			
		Domeperidone + Paracetamol combination	10 + 500	od			
2	5	Topiramate	50	bid	Sumatriptan	25	od
		Naratriptan	7	od	Naproxen + Domeperidone Combination	250 + 10	od
		Rizatriptan Benzoate	10	bid			
3	8	Divalproex	500	tid	Rizatriptan	10	od
		Methysergide	2	bid	Naproxen	10	od
		Naproxen	250	bid			
		Tizanidine	6	od			
		Verapamil	120	bid			
4	11	Propanol	25	bid	Sumatriptan	25	od
		Verapamil	120	od	Naproxen + Domeperidone Combination	250 + 10	od
		Lithium Carbonate	150	od			
		Methysergide	2	od			
		Tizanidine	6	od			
		Amitriptyline	10	od			
5	26	Divalproex	500	bid	Rizatriptan	5	od
		Tizanidine	2	bid	Naproxen + Domeperidone Combination	250 + 10	od
		Topiramate	25	bid			
		Amitriptyline	10	od			
		Naproxen + Domeperidone Combination	250 + 10	od			
6	51	Amitriptyline	10	od	Naratriptan	1	od
		Naproxen + Domeperidone Combination	250 + 10	od	Naproxen + Domeperidone Combination	250 + 10	od
		Tizanidine	2	od			
		Domeperidone + Paracetamol combination	10 + 500	od			
7	53	Propanol	50	bid	Naratriptan	1	od
		Naratriptan	7	od			
		Rizatriptan Benzoate	10	bid			
8	55	Propanol	40	bid	Naratriptan	2.5	od
		Topiramate	25	od	Naproxen + Domeperidone Combination	250 + 10	od
		Tramadol + paracetamol	37.5 + 325	od			
		Amitriptyline	50	od			
9	57	Divalproex	500	bid	Naproxen + Domeperidone Combination	250 + 10	od
		Tizanidine	2	bid			
		Topiramate	25	bid	Nasal Spray (Dihydroergotamine Mesylet)	2	od
		Amitriptyline	10	od			

*Prescribed by Dr. K Ravishankar, MD, Consultant in Charge at the Headache and Migraine Clinics in Jaslok Hospital & Research Centre and Lilawati Hospital Research Centre, Mumbai, India.

evaluated for primary parameters like frequency of attacks, associated symptoms, pain intensity (VAS) (Prakash et al., 2010), and disability (MIDAS score) (Stewart et al., 2001). Subjects were also asked questions on the migraine-assessment of current treatment (ACT) (Pascual et al., 2007).

A total number of nine subjects (5 males, 4 females) in the age range from between 13 to 54 years received ATP and were observed from November 2007 to June 2011. All the presented subjects had been suffering with well-established migraine for several years (average duration of six years). Subjects had a frequency of attacks for more than four times in a month except in one subject (2-4 times a month). Each subject had minimum two or more associated symptoms like nausea, vomiting,

photophobia or phonophobia during the migraine attack. Subjects received conventional prophylactic and rescue treatment under an acclaimed headache specialist (Table 1). Out of the nine subjects, only one subject was found to be satisfied on the migraine ACT questionnaire. Seven subjects had severe pain intensity (VAS > 7) and two subjects had moderate (VAS 4 - 6). Similarly, six subjects reported grade IV MIDAS (score > 21) and two subjects had grade I MIDAS prior to the ATP. Subjects had a median duration of 70 headache days (in last 90 days) prior to ATP (Table 2).

Subjects were advised to take three meals and three snacks during the day with an uninterrupted eight hours sleep at night. Subjects were uniformly dispensed ayurvedic medicines



Table 2. Baseline disease characteristics

S. n	Age	Sex	CRF no.	History (in years)	Frequency (no/month)	Symptoms				VAS Pre ATP	MIDAS Pre ATP	No of headache Pre ATP	Conventional prophylaxis treatment	ACT*		Relieving factor
						Nausea	Vomiting	Photophobia	Phonophobia					Yes	No	
1	13	M	4	6	> 4	×	×	✓	✓	5	81	70	Yes	3	1	Analgesics
2	46	F	5	3	> 4	✓	×	✓	✓	6	25	25	Yes	4	0	Analgesics
3	35	M	8	6	> 4	✓	×	✓	✓	8	32	70	Yes	0	4	Analgesics
4	42	M	11	10	> 4	×	×	✓	✓	10	3	75	Yes	0	4	Analgesics
5	54	F	26	1	> 4	×	×	✓	✓	9	0	20	Yes	0	4	Analgesics
6	28	F	51	2	> 4	✓	✓	✓	✓	9	60	75	Yes	1	3	Analgesics
7	47	M	53	30	> 4	×	×	✓	✓	9	55	55	Yes	1	3	Analgesics
8	44	F	55	20	> 4	✓	✓	✓	✓	8	0	90	Yes	0	4	Analgesics
9	33	M	57	25	> 2- 4	✓	✓	✓	✓	9	107	90	Yes	0	4	Analgesics

* Assessment of Current Treatment (Dowson et al., 2004)

namely *Narikela lavana* (1000 mg BD), (Shastry et al, 1948), *Numax* (500 mg BD), (Prakash et al., 2000), *Rason vati* (1000 mg TDS) (Yadav ji and Tikram ji, 1935) and *Godanti Mishran* (250 mg HS). (Yadav ji and Tikram Ji, 1935) These are classical Ayurvedic HMFs, prepared at Bharat Bhaishajaya Shala Pvt. Ltd. under Good Manufacture Practice (GMP) certificate and ayurvedic medicines manufacturing license issued by the federal government of Uttarakhand, India. Subjects were asked to avoid tea, coffee, aerated drinks, reheated, deep fried, and canned food in their diets during the entire duration of ATP. They were evaluated for all primary parameters at 30, 60, 90, 120 days and later randomly over the telephone or in person. Subjects were advised to stop all other prophylaxis treatment during ATP. However, subjects were advised to take conventional rescue treatment as in case of emergency. Each subject was periodically monitored and all relevant details were noted on a case record form (CRF) from the start, during and at the end of ATP.

RESULTS

Out of the nine patients, five patients reported marked improvement in overall symptoms of migraine after receiving ATP. They are now living a normal life without the need of any prophylaxis or rescue treatment. The remission period ranges from forty-one months (first enrolment) to nine months (last

enrolment). No relapse was reported by any of these patients except for mild headaches occasionally in extraordinary situations. However, such mild headaches were devoid of other symptoms of migraines. Two patients discontinued ATP after eighty and forty days respectively. One patient received ATP for 120 days and did not respond. ATP was recommended for 120 days to all the cases, except in one patient, who has been is receiving ATP for the last 300 days. He does not require conventional prophylaxis and the quantity of rescue treatment has dropped significantly. However, he still gets a phobia of migraine and the number of headache days almost remains the same after taking ATP. No side effects have been reported or observed in any of the treated patients (Table 3). There was a substantial reduction in mean pain intensity from $VAS 8 \pm 0.77$ to 0.2 ± 0.20 , median MIDAS score from 60 to 1 and median headache days from 75 to 1 in five respondents after the completion of 120 days of ATP. One patient showed marginal changes in VAS, MIDAS, and headache days after continuing ATP for 300 days (Table 4).

DISCUSSION

Ayurveda has laid its own principles for the cause, diagnosis, prevention and treatment of diseases. The ATP for the prophylaxis of migraine is based on the classical diagnosis of *Shleshma-Pitta* (Shastry and Madhavkar, 1937). The symptoms

Table 3. Outcome of ATP

S.n	CRF no.	Date Of enrolment	Duration of ATP (Days)	Outcome of ATP	Symptom free period after ATP till 03/01/2012
1	4	01/11/2007	123	Symptom free	41 months
2	5	02/11/2007	120	No change	Dropped out
3	8	23/11/2007	80	Lost to follow up	LTF
4	11	03/03/2008	40	Stopped ATP : using pacemaker	Dropped out
5	26	18/03/2009	125	Symptom free	27 months
6	51	05/06/2010	120	Symptom free	15 months
7	53	09/09/2010	227	Partial improvement in all symptoms	On ATP (no conventional prophylaxis)
8	55	02/11/2010	90	Symptom free	11 months
9	57	18/01/2011	120	Symptom free	9 month



Table 4. Changes in VAS and MIDAS after receiving ATP

S.n	VAS		MIDAS		No of headache in last 90 days	
	Pre ATP	Post ATP	Pre ATP	Post ATP	Pre ATP	Post ATP 03/01/2012
1	5	0	81	0	70	1
2	6	6	25	25	25	25
3	8	LTF	32	LTF	70	LTF*
4	10	discontinued	3	discontinued	75	discontinued
5	9	0	0	1	20	1
6	9	0	60	1	75	1
7	9	7	55	51	55	51
8	8	0	0	1	90	1
9	9	1	107	0	90	2

*LTF=Lost to follow up

described in this book are quite similar to IHS diagnostics criteria of migraine without aura. HMFs are also well described in various ayurvedic texts and are being used individually for many ailments. However, for the first time, these HMFs have been converted into a uniform ATP for the prophylaxis of migraine. ATP is based on a hypothesis that episodic attacks of migraines might be an outcome of a functional disorder of hepato-biliary system and gastrointestinal tract. ATP is aimed to restore acid-alkaline balance and to normalise peristalsis in the gastrointestinal tract. On the other hand, it strengthens the nervous system. HMFs used in this study did not show any direct analgesic activity in experimental animal studies. Though, it brings significant and sustainable relief to migraine patients (Eadie, 2003). This approach is quite similar to Samuel August Tissot, who in 1783, ascribed migraine as supra-orbital neuralgia provoked by the reflexes of the stomach, gall bladder or uterus (Eadie, 2003).

HMFs are modified classical ayurvedic formulations, primarily used to cure digestive tract related disorders. The earlier observations have shown significant prophylactic effect of HMFs along with regulated diet and life style in migraine patients. The findings were reported by respective ayurvedic physicians, who used IHS diagnostic criteria and ATP for the diagnosis and treatment of migraine. The present study might be a repetitive exercise, but is different in a way that the existing cases were first diagnosed and treated by a conventional headache expert, and subsequently by an ayurvedic physician. The joint effort is a step forward towards the validation of the earlier findings. Summarized results of these cases reconfirm the relevance of ATP in the prophylaxis of migraine. At this juncture, it will be difficult to draw any generalisations as the sample size is too small. But this opens portals towards the diagnosis and treatment of migraine using one of the oldest CAM therapies of the world.

CAM therapies have certain merits and de-merits regarding safety and efficacy (Tabish, 2008), (Komper, 2001), which can be developed for mass use by adopting a rational approach and principles of reverse pharmacology. It is quite evident that ATP has strong *prima facie* evidence in the prophylaxis of migraine. Nevertheless, many queries should be answered following modern scientific methodologies and techniques such as chemistry of HMFs and finished formulations. These will be a pre-requisite to assure the reproducibility. HMFs have been subjected to acute, sub-acute and sub-chronic toxicity studies following OECD guidelines and proved to be safe (Prakash et al., 2010). But the reason behind the stated efficacy is not understood. Hence, experimental pharmacological studies and confirmatory clinical trials on adequate sample size have been designed in accordance with experts in the field of pharmacology and neurology at a leading academic medical institute in India.

The data generated from this case series might be considered for scientific scrutiny of ayurvedic principles and therapy towards the diagnosis and prophylaxis for migraine

with a pragmatic approach. A randomized controlled multicenter clinical trial with an adequate sample size is also desirable to substantiate the findings of this study.

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CONFLICT OF INTERESTS

The authors declare that there is no conflict of interest.

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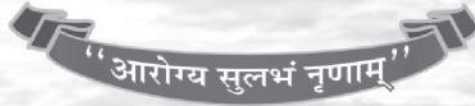
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आयुर्वेद चिकित्सा सेवा को समर्पित
समस्त आगन्तुक अतिथियों, चिकित्सकों
एवं छात्र-छात्राओं का हार्दिक अभिनन्दन



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Role of Emetic Herbs in the "Vaman Karma" A Bird's Eye View

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Introduction: Panchakarma is the most essential part of Ayurveda treatments. It is preventive, preservative, promotive, curative and rehabilitative therapy. Vamana is one of the least understood of Ayurveda's five elimination therapies (Panchakarma). The emesis procedure used in Vamana is quite smooth and painless, with little or no nausea, retching or discomfort. This procedure uses the upward movement of the doshas (body-humors) to remove toxins associated with Kapha, which are primarily deposited in the upper part of the body. Vamana and Virecana are mainly used for extraction of vitiated Doshas from the body. If the Vamana procedure is adopted properly, lightness of the body, clarity of precordium (Hridaya), throat (Kantha) and head (Shirah), happiness and weakness are the usual symptoms following Samyak Shuddhi (proper purification). (a,b) According to Ashtanga Hridaya, Samyak Shodhana results into clarity of Buddhi (thought), strength of Indriyas (sense organs), stability of Dhatus (body tissues), improvement of Agni (appetite and digestive capacity), delay of ageing.

Vamana (Medicated Emesis) Therapy : Ayurveda believes in strong relationship between macrocosm and microcosm and states that the seasonal changes will influence the biological systems resulting into the accumulation and aggravation of particular Dosha in a particular season like accumulation and aggravation of Kapha in Hemant Rutu (winter season) and Vasant Rutu (spring season) respectively, accumulation and aggravation of Pitta in Varsha Rutu (rainy season) and Sharad Rutu (autumn season) respectively. Vasantika Vamana is done in spring season approximately in the month of March and April for the elimination of vitiated Kapha Dosha which in turn helps to prevent the forth coming Kapha disorders and associated Pitta disorders or diseases originating or settled in the place of Kapha like bronchial asthma, allergic bronchitis, rhinitis, sinusitis, migraine, hyperacidity, indigestion, anorexia, obesity, overweight, dyslipidemia, diabetes mellitus, acne vulgaris, psoriasis, eczema, urticaria etc.

Emesis Therapy An Overview: emesis therapy (ET) is a process by which the contents of the stomach including kapha and pitta dosas are expelled out of body through the mouth. It eliminates toxic materials from upper parts of the body. The kapha toxins accumulated in the body and the respiratory tract are effectively removed by Vamana, one of the five therapies of Panchakarma in Ayurveda. Vamana is therapeutic vomiting, which is a medicated emesis therapy. People with high imbalance of kapha are given this type of treatment, which loosens and mobilizes the toxins, in an effort to eliminate them from the body. Waste products (vitiated dosha) are eliminated through the upper gastrointestinal tract. The vitiated kapha are eliminated through the mouth. After vomiting, the sinus is cleared, which in turn provides relief from congestion, wheezing and breathlessness.

Emesis or Vomiting: Vomiting (known medically as emesis and informally as throwing up and numerous other terms) is the involuntary, forceful expulsion of the contents of one's stomach through the mouth and sometimes the nose.

Pathophysiology: Receptors on the floor of the fourth ventricle of the brain represent a chemoreceptor trigger zone, known as the area postrema, stimulation of which can lead to vomiting. The area postrema is a circumventricular organ and as such lies outside the bloodbrain barrier; it can therefore be stimulated by blood-borne drugs that can stimulate vomiting or inhibit it. The chemoreceptor trigger zone at the base of the fourth ventricle has numerous dopamine D2 receptors, serotonin 5-HT3 receptors, opioid receptors, acetylcholine receptors, and receptors for substance P. Stimulation of different receptors are involved in different pathways leading to emesis, in the final common pathway substance P appears involved. The vestibular system, which sends information to the brain via cranial nerve VIII (vestibulocochlear nerve), plays a major role in motion sickness, and is rich in muscarinic receptors and histamine H1 receptors. The cranial nerve X (vagus nerve) is activated when the pharynx is irritated, leading to a gag reflex. The vagal and enteric nervous system inputs transmit information regarding the state of the gastrointestinal system. Irritation of the GI mucosa by chemotherapy, radiation, distention, or acute infectious gastroenteritis activates the 5-HT3 receptors of these inputs. The CNS mediates vomiting that arises from psychiatric disorders and stress from higher brain centers.

Phases: The vomiting act has two phases. In the retching phase, the abdominal muscles undergo a few rounds of coordinated contractions together with the diaphragm and the muscles used in respiratory inspiration. For this reason, an individual may confuse this phase with an episode of violent hiccups. In this retching phase nothing has yet been expelled. In the next phase, also termed the expulsive phase, intense pressure is formed in the stomach brought about by enormous shifts in both the diaphragm and the abdomen.



These shifts are, in essence, vigorous contractions of these muscles that last for extended periods of time - much longer than a normal period of muscular contraction. The pressure is then suddenly released when the upper esophageal sphincter relaxes resulting in the expulsion of gastric contents. Individuals who do not regularly exercise their abdominal muscles may experience pain in those muscles for a few days. The relief of pressure and the release of endorphins into the bloodstream after the expulsion cause the vomiter to feel better.

Emetics: An emetic is used medically where a substance has been ingested and must be expelled from the body. Inducing vomiting can remove the substance before it is absorbed into the body. Salt water and mustard water have been used since ancient times as emetics. Copper sulfate was also used in the past as an emetic. (a,B) It is now considered too toxic for this use.

Herbs used in PKT as emetics are:

S. No.	Plant's Ayurveda Name	Plant's Scientific Name
1	Madanaphala	<i>Randia dumetorum</i>
2	Madhuka	
3	Kututumbi	<i>Lagenaria vulgaris.</i>
4	Nimba	<i>Azadirachta indica A</i>
5	Bimbi	<i>Coccinia grandis (L.) Voigt</i>
6	Visala	<i>Citrullus colocynthis Schrad</i>
7	Trapusa	<i>Cucumis sativus Linn.</i>
8	Kutaja	<i>Holarrhena antidysenterica Linn.</i>
9	Murva	<i>Celosia cristata Linn</i>
10	Devdali	<i>Luffa echinata</i>
11	Vidanga	<i>Embelia ribes Burm</i>
12	Viduli	<i>Salix caprea Linn.</i>
13	Dahana	<i>Toddalia asiatica Linn.</i>
14	Citra	<i>Ipomea remiformis Chois</i>
15	Kosavati	<i>Luffa aegyptiaca Mill-Hock</i>
16	Karanja	<i>Pongamia pinnata Pierre</i>

Physiological and biochemical changes with Vamana karma: A study was carried out at Ayurveda Central Research Institute, Delhi in collaboration with Department of Physiology, All India Institute of Medical Sciences (AIIMS) on 30 apparently healthy volunteers between the age group of 18 to 60 years.

(A) Changes in blood pressure

A rise in systolic BP has been observed in the volunteers during the procedure of Vamana. However, after completion of the procedure, systolic BP became normal. The systolic BP during Vamana ranged from 100 to 170 mmHg [Figure 1]a. A rise in diastolic BP has been observed during the procedure of Vamana. However, after completion of the procedure, diastolic BP became normal. The diastolic BP during Vamana ranged from 70 to 100 mmHg. The rise in systolic BP was more marked as compared to the rise in diastolic BP during Vamana procedure.

(B) Changes in pulse rate: It has been observed that the pulse rate increased during the Vamana procedure and was normal after the procedure. The pulse rate ranges from 65 to 106/min during the Vamana procedure

(C) Changes in body temperature: A mild rise in temperature was noticed during the Vamana procedure and was normal after the procedure. The temperature ranged from 98° to 99°F during the procedure.

(D) Changes in respiration rate: A mild rise in respiration rate was noticed during the Vamana procedure and was normal after the procedure. The respiration rate ranged from 16 to 26 per min during the procedure.

(E) Effect of Vamana on hematological parameters:

(a) Hematology before Vamana and after 5 min of Vamana: Erythrocyte Sedimentation Rate (ESR) decreased significantly after 5 min of Vamana. Total Leukocyte Count (TLC) increased significantly after 5 min of Vamana [Table 10]a.

(b) Hematology before Vamana and after 15 days of Vamana: The hematological parameters were again assessed after 15 days of Vamana and the values were compared with the parameters assessed before Vamana. A significant decrease was observed in ESR after 15 days of Vamana.

(F) Effect of Vamana on lipid profile

(a) Changes in lipid profile before Vamana and after 5 min of Vamana: Lipid profile was assessed at the day of registration (before



Snehana and Svedana). The values were compared with the results of lipid profile obtained after 5 min of Vamana. Significant increase in High Density Lipoproteins (HDL) and significant decrease in Low Density Lipoproteins (LDL) was observed. Total cholesterol was noticed after 5 min of Vamana, though the decrease was statistically insignificant.

(b) Lipid profile before Vamana and after 15 days of Vamana: Lipid profile was assessed at the day of registration. The values were compared with the results of lipid profile obtained after 15 days of Vamana. It was observed that, HDL, Very Low Density Lipoproteins (VLDL), and serum triglycerides insignificantly increased. Statistically insignificant decrease in LDL and total cholesterol was noticed after 15 days of Vamana.

(G) Effect of Vamana on immunological status

(a) Immunological status before Vamana and after 5 min of Vamana: Biochemical investigations were performed before Vamana and after 5 min of Vamana. It was observed that plasma histamine and plasma adrenaline decreased insignificantly. Plasma dopamine and plasma nor-adrenaline increased after 5 min of Vamana insignificantly.

(b) Immunological status before Vamana and after 15 days of Vamana: Biochemical investigations were performed before Vamana and after 15 days of Vamana. It was observed that plasma histamine and plasma adrenaline decreased insignificantly. Plasma dopamine and plasma nor-adrenaline increased after 15 days of Vamana insignificantly.

(H) Effect of Vamana on IgE

There was insignificant increase in Immunoglobulin E (IgE) level when compared before Vamana with just after 5min Vamana and 15 days after Vamana.

Conclusion: Thus, it can be concluded that, Vamana is a safe Panchakarma procedure if undertaken methodically. It is a cleansing process that improves appetite, regulates bowel habits and improves sleep pattern. It decreases LDL and serum cholesterol level as a part of its Kapha-Hara action. Mild elevations in BP (systolic and diastolic), pulse, temperature and respiration during the Vamana procedure may be attributed to sympathetic stimulation. The Ayurveda herbs those are used in Vaman Karma for performing therapeutic emesis act upon the vestibular system, which sends information to the brain via cranial nerve VIII (vestibulocochlear nerve), plays a major role in emesis, and is rich in muscarinic receptors and histamine H1 receptors. The cranial nerve X (vagus nerve) is activated when the pharynx is irritated, leading to a gag reflex. The vagal and enteric nervous system inputs transmit information regarding the state of the gastrointestinal system. In the resultant, the emetic drugs expels the toxic deposition of "Kapha" dosha which leads to develop various Respiratory and coronary diseases.

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Role of Panchkarma on Lifestyle and Metabolic Disorders

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Lifestyle disorders are a big problem for our society today. Bacteria and Viruses, are the prime killers, but now a days we human beings are proving biggest killers for ourselves. Today more than five of ten biggest killing diseases are caused by carelessness, ignorance and irregularities of our own. Perhaps we can lower the death rate by ourselves.

What is Lifestyle?

- A way of living of individuals, families (households), and societies, which they manifest in coping with their physical, psychological, social, and economic environments on a day-to-day basis.

Definition of Lifestyle Disorders:

- Lifestyle diseases characterize those diseases whose occurrence is primarily based on the daily habits of people and are a result of an inappropriate relationship of people with their environment. The main factors contributing to lifestyle diseases include bad food habits, physical, wrong body posture, and disturbed biological clock.

What is Metabolism?

- Metabolism is the process your body uses to get or make energy from the food you eat. Food is made up of proteins, carbohydrates and fats.
- Chemicals in your digestive system break the food parts down into sugars and acids, your body's fuel. Your body can use this fuel right away, or it can store the energy in your body tissues, such as your liver, muscles and body fat.

How produces the metabolic disorders:

Metabolism is the breaking down of food to its simpler components: proteins, carbohydrates (or sugars), and fats. Metabolic disorders occur when these normal processes become disrupted. Disorders in metabolism can be inherited, in which case they are also known as inborn errors of metabolism, or they may be acquired during your lifetime.

The causes of Lifestyle induced Metabolic disorders:

- It is caused by an unhealthy lifestyle, which usually includes a combination of a poor diet, lack of exercise, environmental pollution and excess stress. Typically, the initial symptoms of a lifestyle-induced disorder in metabolism are weight gain and fatigue. An unhealthy lifestyle causes a kinase enzyme signaling disturbance that increases inflammation and impairs sugar and fat metabolism.

High BP	Oral cancer	Cancer of lungs
Heart Attack	Cancer of tongue	Thyroid problem
Angina	Cancer of throat	Porous bones
Diabetes	Cancer of cheek	Fractures in old age
Renal Failure	Cancer of food pipe	Gal stones
Loss of vision	Cancer of stomach	Joint problems
Early cataract	Cancer of voice box	Kidney stones
Liver failure	Cancer of large intestine	Cholesterol
Strokes	Cancer of colon	Diarrhea, infections
Paralysis	Cancer of breast	Irregular Heart beats
Amputation of Foot		



Metabolic Disorders

Metabolic disorders are the most common problems nowadays, because our diet and lifestyle both are distorted completely.

- **OBESITY** (Metabolism is shifted towards the anabolism more KAPAH)
- **DIABETES** (Disturbed metabolism due to the anabolic hormone Insulin (Vata dominant condition) –
- **GOUT** (Faulty metabolism of Proteins and excessive production of the Uric Acid)
- **OSTEOPOROSIS** (Impaired and disturbed metabolism of the Calcium) and there are several many other conditions, which are proving problematic to all of us.

Some very important diseases caused by Lifestyle & Metabolic dysfunction:

- Diabetes.
- Obesity.
- Hyperthyroidism.
- Hypothyroidism.
- Rheumatoid Arthritis.
- Gout.

Panchkarma therapy is the best for above disorders:

- None of the above is a cure! Cure is single- to rectify and to normal the METABOLISM/metabolic system of the body, if it will be repaired- everything will go right in the body.
- So, due to broader and proper approach Ayurveda has more to offer for the complete health than the modern medicines!
- For all kind of metabolic irregularities and problems Ayurveda believes in rectifying the condition by removing the cause behind problem. Here is the best **PANCAKARMA THERAPY for rectifying the metabolic irregularities** of the body.

What is Panchkarma:

- Panchkarma is nothing but the Detoxification program of Ayurveda.
- It cleanses the systems or various areas of the vitiated doshas through the Natural & Nearest root of the body.
- This is the bio purification system working through the membranous structures called as srotas which ranges from the Endothelium of the organ to the cell membrane.
- Pre-purification therapies are the first ones applied to loosen the toxins, open up the circulation channels and get the body ready for discarding these wastes. These methods are highly relaxing for the body and mind.

Conventional Or Eradicating Panchkarma

- Samshodhana- Eradicating Panchkarma
- Purvakarma
- Snehana
- Swedana
- Pradhan Karma
- Vaman
- Virechana
- Basti
- Nasya
- Raktamokshana
- Paschat karma
- Sansarjan karma

VAMAN:-

- **Vaman** Induced vomiting, using herbal medicine. Through vaman, the toxins and acids of the upper parts of the body are completely eradicated.
- As the channels are freed from harmful toxins, the body tissues get recharged. The person's memory power also increases, the sense organs get better clarity and his digestive fire increases.

The person is made to drink sweetened milk stomach full, followed by a single dose of medicinal decoction. In 10 or 12 minutes he vomits, throwing out all the excessive acids, and toxic substances of the body.



Virechana :

While performing the Virechana karma, the vitiated doshas are eliminated through the rectum. The drugs used for the purgation therapy are vitiate the doshas and bring them into the abdomen. During the procedure, the patient is subjected to Oleation first, then Fomentation, which is followed by Emesis and Samsarjana Karma (post operative). The internal Oleation is followed for three to seven days. Thereafter, a medicated steam bath is performed for three days. A light and warm diet is prescribed for the patient, a day before starting Virechana karma. However, certain factors like body and mind constitution, age of the person, mental condition should be considered, while opting for Virechana karma.

Basti:

- Basti Chikitsa is one amongst the ayurvedic Panchkarma therapies which is used to expel the vitiated dosha's out of the body through the intestinal route.
- In prameh(Diabetes) all the herbs which are used to taken as decoction(Asthapan) and same can be used to prepare oils and should be given as anuvasan.

Pramehghna Basti:

Patol patra	-	20 gm	Prepare Decoction 200ml + Sarson Kalka -20gm
Nimb patra	-	20 gm	+ panchtikta ghrita 20ml + Saindhav-10 gm
Chirayata	-	20 gm	and shuld be given properly as described in classical text.
Saptaparna	-	20 gm	

Nasya Karma :

Nasya karma means administering drops of herbal liquid preparations or medicated oils through nose. This detoxification method is also known as Shiroyirechana. Vitiated doshas and toxins which are accumulated in head and neck are expelled through nose and mouth along with nasal and oral secretions. As a preparatory procedure the head and face of patient is massaged with medicated oil and steam bath is given only to head and neck region.

Treatment through Panchkarma

Diabetes:

Line of treatment:

Sthulah pramehi balwanihaikah krishasthaikah
paridurbalash cha|

Sambrahamanam tatra krishashya karyam

samshodhanam doshbaladhikashya || C.chik 6/5

- Vaman - Virechan - Basti-Pramehagha Basti - Nasya -Shaman Chikitsa

OBESITY :-

Treatment Through Panchkarma :-

Guru chaptarpanam chestam sthulanam karshanam prati|

Krashanam bramhanartham cha laghu santarprnam cha yata||Ch.su.21/20

- Vaman
- Virechana
- Lekhan Basti
- Nasya
- Udhvartan
- Sarvang Vaspa /Ruksha/Snigdha Sweda.



•Thyroid Problems

• Hyperthyroidism & Hypothyroidism

- There are so many diseases and disabilities which are produced because of thyroid gland's secretion which ever it may be hyper or hypo.
- So all the Panchkarma of Shodhan prakriyas should be done accordingly. Which may contain:
- Vaman • Virechana • Asthapan Basti • Anuvasan Basti • Nasya karma • Kaval- Gandush etc. with oral medications.

Rheumetoid Arthritis:

Treatment through Panchkarma:

Langhnam swedanam tiktam deepanani katuni cha|
Virechanam snehpanam bastyashcham maarute||
Saindhwadyen anuvasyah kharbati prashasyate|
Amvaate panchoal sidham panannamishyate||
Rukshah svedo bighatabyo baluka putkaistatha||

(Chakradatt)

- Snehapan • Virechana Karma • Panchkolkshar Basti • Anuwasan Basti(Saindhava Tail) • Ruksh Sweda
- PatraPinda Sweda(Chronic)

Gout

• Treatment through Panchkarm

Vahayalepabhayanga seko –upnaha vatashonitam|
Virek sthapan snehpanaih gambhiramachareta||
Duayoha muncheda srak srang suchaya –alambu jalauksa|
Dasaddesham brajeta srabyam rukshe vattotre cha yata||

(Chakradatta)

- External lepa & Abhyanga Niruha Basti
- Upnaha sweda Raktamokshana
- Virechana PatraPinda sweda

WHEN PAIN OF ARTHRITIS LIMITS MOTION

PENWEL

CAPSULE & OIL

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Osteoarthritis Stiff Joints & Neck

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- * EFFECTIVE IN FROZEN-SHOULDER.
- * INHIBITS PROSTAGLANDIN SECRETION
- * HELPS IN URIC ACID EXCRETION IN GOUTY ARTHRITIS.
- * NOT ASSOCIATED WITH G.I. BLEEDING OR ULCER FORMATION.
- * ENSURES IMPROVEMENT & MAINTENANCE OF JOINT FUNCTIONS.

PENWEL
CAPSULE & OIL

IN ARTHRITIS PENWEL RELIEVES PAIN... RESTORES MOTION





Life Style Intervention For Coronary Artery Disease Management

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INTRODUCTION

Coronary artery disease (CAD) is a disease in which blood flow is obstructed through the coronary arteries that supply the heart with oxygen - rich blood . It is the end result of the accumulation of atheromatous plaques within the walls of the arteries , that supply the myocardium (the muscle of the heart) with oxygen and nutrients . While the symptoms and signs of coronary artery disease are noted in the advanced state of disease , most individuals with coronary artery disease show no evidence of disease for decades . The disease is the most common cause of sudden death and is also the most common reason for death of men and women over 20 years of age . First , the inner lining of the coronary artery is damaged . This in turn provokes an inflammatory immune response that causes further damage to the artery wall . Over the time , the endothelium is compromised and large , toxic LDL cholesterol molecules can penetrate into the artery wall . The white blood cells and cholesterol combine to form a lipid foam . In the early stages of atherosclerosis , these fatty streaks are present on the arterial wall as plaque deposits . Over time , the plaque may calcify or form a hardened " shell " . This reduces the artery's ability to contract or expand and narrows the artery . Thus , it reduces the amount of blood that can flow through it . If the plaque deposit ruptures , a blood clot can form at the site of the rupture or pieces of the plaque can travel through the arteries until they eventually cause a blockage . A heart attack and cardiac arrest may result .

As the degree of coronary artery disease progresses , there may be partial or complete obstruction of the lumen of the coronary artery , severely restricting the flow of oxygen - carrying blood to the myocardium (heart muscles) . Individuals with this degree of coronary artery disease typically have suffered from one or more myocardial infarctions (heart attacks) and may have signs and symptoms of chronic coronary ischemia .

RISK FACTORS: -

- (1) Hypertension ,
- (2) Diabetes Mellitus .
- (1) Hypercholesterolaemia .
- (2) Diet rich in saturated fats .
- (3) Diet low in antioxidants .
- (4) Obesity .
- (5) Age , sex , family history .
- (6) Smoking , regular alcohol intake .
- (7) Lack of exercise .
- (8) Stress .

SIGNS AND SYMPTOMS: -

Chest pain or Angina with physical stress . The pain may spread to the left arm or the neck , back , throat or jaw . Exertional dyspnoea is one of the primary signs . There might be numbness (paresthesia) or loss of feeling in the arms , shoulders or wrists . The person gets severe sweating , vertigo or dizziness . Sometimes it is associated with nausea or vomiting . There are characteristic ischemic ECG changes during stress test . ST segment depression and angina in the presence of left ventricular wall perfusion abnormalities during thallium or other stress perfusion test .

AYURVEDIC APPROACH FOR CAD: -

A couplet in the Bhagwad Gita, one of the most ancient of Indian scriptures, clearly describes the virtues of healthy lifestyle in prevention of infirmity and ill-health.¹ The couplet states that those who combine a balanced diet, regular physical activity, regular hours, maintain equanimity, and are balanced in thoughts and action, are away from infirmity. This couplet matches with the current recommendations for coronary artery disease prevention propounded by the World Health Organization and various international societies.^{2,3} Current recommendations for primordial prevention of vascular diseases include a balanced diet, regular physical activity, smoking cessation



and stress management.^{4,5}

There is one entity in Ayurveda called as "Hrid - Shula". The word Hrid derived from the original word Hridaya which means the Heart. Shula means pain. The meaning of Hrid - Shula is thus, pain in (& around) heart. The condition occurs due to increased or altered Vata Dosha in the heart & nearby area. As we know, the main force of movement of anything in any body system is controlled & done by Vata dosha. The indigested Meda Dhatu (Cholesterol, LDL), Pitta dosha & Kapha dosha blocks partially or totally the normal route of vata dosha. Thus the Vata dosha gets altered too, creating pain at the Heart & nearby areas. There are 5 types of each dosha. In all, each dosha accompanies the heart in some or the other way. When the dosha alters, some problem occurs as per the doshas. These problems can be defined as follows :-

- (1) The Prana Vayu alteration shows exertional dyspnoea, cough, hiccups, drowsiness.
- (2) The Vyana Vayu alteration shows increased heart rate & swelling at ankle joints.
- (3) The Sadhak Pitta alteration shows loss of confidence, scare, feeling of self heart beats.
- (4) The Avalambak kapha alteration shows bigger heart (cardiac dilatation).
- (5) The Ojas alteration shows dizziness, coma, cyanosis.

Treatment as per Ayurvedic Approach :-

In Ayurveda certain norms and routine practices for day, night & seasons (Dincharya & Ritucharya) have been advised besides mental & behavioural hygiene (Sadachar). Famous study of Dean Ornish and others is actually based on such Ayurvedic advices. Their much advertised programme "reversal of coronary heart disease" (revascularisation of blocked arteries and prevention of heart attacks) is nothing but implementation of such Ayurvedic advices from our texts.

Some of the major recommendations about lifestyle and diet and behaviour from Ayurvedic texts to counteract the above described circadian aggravation of events of heart attacks and also for primary & secondary prevention of acute heart events are following-

1. The habit of early to bed and early to rise (Bramhamuhurta rising).
2. To drink plenty of water on waking up (ushapaaan).
3. To take early bath with cold water.
4. To do early morning meditation, yogasana & suryanamaskar.
5. To take early morning empty stomach Haritaki (Terminalia chebula) powder in any form.
6. To do herbal tooth brushing with Neem, Kikar, Bakul twig with chewing & tongue cleaning.
7. To drink cow milk only with the early and light dinner.
8. To have pleasant and optimistic thoughts for oneself and others.
9. To pray to own chosen God and Goddess for health wealth and happiness.
10. To avoid smoking tobacco, alcohol heavy & fried food.

These recommendations make the person cool and calm, reduces adrenergic outflow, reduce the circadian effect and induce a relaxation response.

DIETARY TREATMENT-

Diet is an important factor responsible for coronary heart disease (CHD). A major part of its effect is mediated through lipo-proteins. A high portion of energy from saturated fat raises the LDL (bad cholesterol), where as a high portion of energy from unsaturated fat (soyabean oil, sunflower oil, mustard oil, cotton seed oil, til oil, rice bran oil etc.) raises HDL (good cholesterol). To prevent coronary blockage total fat intake must consist of not more than 10-15% of the calorie.

Other dietary ingredients with beneficial effects includes-anti-oxidents, vitamins (vit-B, C, E), flavonoids, phytoestrogens and fibre present abundantly in fruits & vegetables.

SELF CARE TIPS

- 1) Don't smoke.
- 2) Limit your alcohol consumption.
- 3) Control your blood pressure.
- 4) Daily exercise.
- 5) Eat a healthy diet. Add foods to your diet that are low in cholesterol and saturated fats, because your body turns saturated fats into cholesterol.
- 6) Cultivate emotional health & happiness.

AYURVEDA IN MODIFICATION OF CORONARY RISKS

Two basic tenets of ayurveda- lifestyle change and herbal supplementation could be important and need major attention in reduction of coronary risk factors. We need to identify studies that have systematically evaluated influence of these interventions on coronary risk factors.

DRUG TREATMENT-

It has been observed that even after the revascularisation procedure like coronary angioplasty, ballooning, stenting etc. and open heart surgery (CABG) patients may develop subsequent reblockage and resultant ischaemia may provoke preoperational symptoms. Statistics showed that within 3 to 5 years almost 50% of such operated cases can develop again ischaemic events. In such a grave



condition Ayurveda can do miracles. Guided programme and Ayurvedic medicines and herbs have been proved effective and averted the heart surgeries. Such an endeavor must be appreciated advertised widely to get the due attention.

The most important role of Ayurvedic medicines is in preventing or reducing atherosclerosis and thus controlling coronary artery disease . Ayurvedic formulations like various forms of Guggulu , Chandraprabha vati and herbal combinations of various herbs like Pushkarmool (Inula racemosa), Amalaki (Emblica officinalis) , Arjuna (Terminalia arjuna) , Kutki (Picrorrhiza kurroa) , Punarnava (Boerhavia diffusa) and Triphala are very useful in reducing blood cholesterol , fatty deposits in the blood vessels , atherosclerosis , blood pressure & excess fat deposition all over the body .

The use of Panchkarma can be done strictly under supervision . The panchkarma helps to restore the body doshas & maintains the metabolism . Not all , but some therapies of panchkarma can be done very effectively in the treatment of Hrid - Shula . The Virechana (purgation) , Basti (Enema) , Hrid Basti , Whole body massage helps a lot . The most basic reason of Cholesterol is treated very effectively with these therapies .

The use of Sattvavajay Chikitsa (mental support , mental rehabilitation) is the forefront treatment . It is very necessary to provide mental support for the affected person . The positive approach towards life & health is very important aspect . The calm mind can do this . The use of Shirodhara is the best remedy for this . It soothes the brain & refreshes the mind .

The diet should be appropriate too . The use of green vegetables & leafy vegetables is important to maintain the normal metabolism . Fresh fruits like apple , pomegranate , grapes , papaya , sweet lime etc are beneficial . Cutting down sticky foods like cheese , butter , sweets , sugar contained foods , preserved foods , white bread , saturated fat should be done . Fresh juices of fruits & soups of vegetables do wonders . The use of soup of Bottle Gourd everyday is one of the most important diet for any type of cardiac disease .

Cardiovascular Active Herbs Mentioned in Ayurvedic Texts

- **Allium sativum** (garlic)
- Centella asiatica (manduka parni)
- Commiphora mukul (guggulu)
- Convolvulus pluricaulis (shankhpushpi)
- Emblica officinalis (Indian gooseberry)
- Nardostachys jatamansi (jatamansi)
- Ocimum sanctum (basil)
- Myristica fragrans (nutmeg)
- Terminalia arjuna (arjuna)
- Terminalia chebula (herde)
- Tinospora cordifolia (guduchi)
- Trigonella foenum-graecum (fenugreek)
- Withania somnifera (ashvagandha)
- Zingiber officinale (ginger)

•Cardiovascular Effects of Selected Herbs

Plants	Effects Observed
Allium sativum	Fibrinolytic, antithrombotic, inhibits platelet aggregation, reduces release of arachidonic acid, reduces thromboxane production, prolongs bleeding time, hypolipidemic in healthy as well as CAD subjects, hypoglycemic, diuretic, and antioxidant.
Commiphora mukul	Increases coagulation and prothrombin time in hyperlipidemic subjects, increases fibrinolysis, decreases platelet adhesion, prolongs clotting time, hypocholesterolemic, raises HDL cholesterol, reduces weight, resolves xanthomas, antioxidant.



Emblica officinalis	Diuretic, antioxidant, hypolipidemic, and cytoprotective.
Ocimum sanctum	Hypotensive and cardiac depressant activity, hypoglycemic, antistress, hypolipidemic, anti-inflammatory.
Terminalia arjuna	Diuretic, anti-anginal, improves congestive heartfailure, antioxidant, prolongs prothrombin time, enhances PGE2 like activity, inhibits platelet aggregation, antihypertensive, hypocholesterolemic and HDL raising effect.

Meditation :-

"Meditation" is one of the best ways to relax, dissolve stress and allow the body to heal. It is often one of the first-line treatment of heart disease in Ayurveda. It calms the mind, nerves and emotions. An extended period of rest or reduced activity, both physical and mental, is recommended. As far as possible try to avoid stress, emotional worries and anxiety. Use Meditation to examine/understand what you really want to do in life. Give up anger, aggression and assertion. Do 10 to 20 minutes of meditation twice a day for the well being.

Various Yoga postures (Asanas) and breathing exercises (Pranayama) provide benefits. Avoid heavy exercise. Minimize the unwanted travel.

Get plenty of sleep. Ayurveda considers sleep just as important as diet in maintaining the health. Research has linked sleep deprivation to depression, blood pressure problems and other issues that increase the risk of heart disease. Choose calm, restful activities during the evening to help the mind disconnect from the stressful senses. Keep the bedroom activities comfortable and the space clear of the television, computers and work-related materials.



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Ayurveda in the times of globalisation: Challenges and Opportunities for India

*Pt. Manish Uprety
F.R.A.S.

The world is increasingly becoming globalised and specific industries are playing a major role in the economic development of any country. The IT software and services are playing a major role in the growth of Indian economy and are a priority area for the government is a well known fact.

The globalised world while providing a canvas for new and evolving technologies also provides ample growth opportunity for traditional health systems such as Ayurveda. According to the estimates of the Confederation of Indian Industries (CII) which refers to the Export Import (EXIM) Bank report, the present global herbal product's market is worth USD 80 Billion and is witnessing an annual growth rate of 7%, and shall reach USD 6 Trillion by 2050. However, it is very unfortunate that the areas of traditional health systems of the country such as Ayurveda have more or less been ignored both in policy and in planning of the government despite their enormous potential to earn foreign exchange and contribute towards the growth of GDP.

Countries like China are far ahead in their approach to tap this market. It can be corroborated by the fact that one finds many Chinese traditional health centers in the streets of cities like London, New York, San Francisco, Madrid, Paris etc. unlike their Ayurvedic counterparts. Despite the lofty statements of the government, one can only wonder whether it is apathy or unprofessionalism that stops India to tap the enormous market.

As the world continues to go green, the demand for Ayurvedic products is set for an increase in demand as products based on herbal components become more important to consumers. There are many countries in the West that have realized the opportunity and potential in the field, and as a result many successful companies based on Ayurveda and its traditions have come up in the recent past.

Consumers want more natural products and Pukka Herbs is part of that movement and the whole point of this trend is to follow the principles of organic farming-to make sure you put back into the land what you take out.

- Sebastian Pole, Ayurvedic Practitioner and co-founder Pukka Herbs, U.K.

Therefore, there is an urgent need for a 'paradigm shift' and to initiate necessary policy measures for India to achieve its target of INR 7000 crores or approximately USD 1.12 billion by 2020 (as per the exchange rate on 2nd October 2013).

The more things change, the more they stay the same

The quest for a healthy life has been an eternal and continued quest for the human beings. In his paper, *Ayurveda, Lifestyle and Wellness*, Prof. Adrian Kennedy of the Institute of Lifestyle Medicine, Harvard while discussing a healthy lifestyle *swasthavruta* makes an interesting comparison between the past and the present.

AYURVEDA 3000 BC

PURE DIET

PURE BODY

PURE MIND

PURE LIFE

PURE DEVOTION

MODERN 2000 AD

BALANCED DIET

MODERATE EXERCISE

STRESS MANAGEMENT

DEPENDENCIES MANAGEMENT

SPIRITUAL HEALTH

Though there is more or less a synergy in the goals that one sought in the past and the present, the real challenge faced by the humankind in present is its population. As of March 26th, 2014, the world population is estimated to stand at 7.16 billion by the United States Census Bureau (USCB). Delivering quality health care to such a population base in itself is a Herculean challenge.

COST OF POOR HEALTH

U.S.A. - MEDICAL BUDGET -

\$ 1 Trillion Per Annum

- \$ 3 Billion Per Day

AUSTRALIAN MEDICAL BUDGET-

AUD 50 Billion Per Annum

- AUD 100 Million Per Day



Source- Prof. Adrian Kennedy, Institute of Lifestyle Medicine Harvard USA @ CII conference on Ayurveda, 2012

The above gives an idea not only of the size of the market but also a great opportunity for a country like India which is presently focusing on providing generic medicines to the global healthcare market. At a time when the use complementary and alternative medicines is increasingly getting mainstreamed, traditional medicinal systems such as Ayurveda need to strategize to harness the opportunities present at the global level.

Kuroop (2012) explores Ayurveda in the context of contemporary world, and sums up the following-

Drivers

- Annual share of millions of dollars
- People are becoming more interested in natural forms of medicine across the globe
- Diseases per se, especially chronic ones & lifestyle disorders are increasing
- Many diseases have a safe efficacy only in Ayurveda
- Long term solution than temporary relief
- Treats the cause rather than the symptom

Challenges

There are basically two sets of challenges- Pre Globalization and Post Globalization

Pre Globalization

Acceptability

- Lack of awareness specifically about the details
- Difficulty in explaining the system
- Bad perception of herbo-mineral system of medicine

Adaptability

- Not enough qualified people therapists and doctors
- Train local personnel to attain sustainability
- Ayurveda has to absorb diagnostic features of conventional medicine and use them to treat patients
- Minimize use of jargon and use simple language for better communication
- Unavailability of herbs and raw materials abroad
- We can look at the export model for medicines
- Ensuring quality control
- Many countries don't recognize Ayurveda as a system of medicine.
- As health supplement
- Have to get help of WHO
- At ministerial level to ask government to lobby

Post Globalization

Managing knowledge

- Regional differences in the practices
- Lack of evidence based documentations
- Lack of stringent qualification norms

Integration

- No research and development, only 2% of total govt. allocation goes to Ayurveda in India
- What may work in India may not work abroad
- No market research have to find out what the needs of the people are the common diseases etc.
- Process of standardization of health care service
- Quality controls
- Efficacy

Competition

- Genuine
- Quack
- Unorganized players creating havoc
- Product profiling
- Positioning
- Packaging



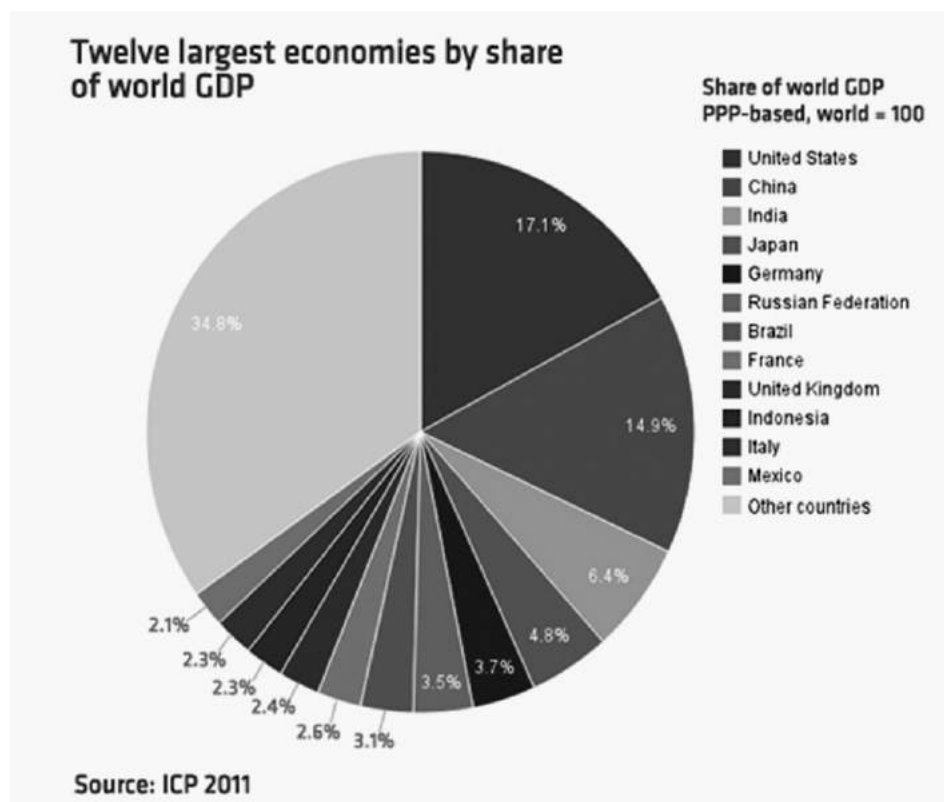
Opportunities/ Potential

World over natural and traditional approaches being welcomed
Increased scope for innovation and change in approach

However, before developing a strategy for the global level, India needs to focus on mainstreaming the use of Ayurveda at the local level. The priority should be to make it a sustainable and successful enterprise, and to reach it to the nooks and corners of the country by establishing an efficient system.

While it would have been a distant dream in the past, India in 2014, is the third largest economy in the world in terms of PPP (purchasing power parity) and can be a test ground for such a pilot exercise.

The 2011 International Comparison Program (ICP), which involves the World Bank, assesses economies based on purchasing power parity (PPP), an estimate of the real living costs, paints a new and different picture of the global economy compared with the last update in 2005.



Besides its traditional role in healthcare, Ayurveda is increasingly playing a major role in India where many states are utilizing the concept for socio-economic development of the state. According to the CII-McKinsey report; medical tourism industry based on Ayurveda in the Indian state of Kerala is expected to be worth \$4 billion by 2017. This sector will bring in as much as \$2 billion by 2012 as compared to an estimated \$333 million in 2006-07. While medical tourists from Germany, France, Switzerland and the US prefer Ayurveda treatment, it is also becoming popular in West Asia and the UK.

The need would be learn from the successful case studies and emulate and adapt them in other states of the country.

Ayurveda's vision of health is more all encompassing than that of most modern medical science it is emerging as an independent medical knowledge system. Health, according to Ayurveda, is "a bio-physical and physiological state of equilibrium and a contended state of consciousness, senses and mind". This understanding is more all encompassing and broader than that of the most modern branches of healthcare today.

However, at present there is a lack of evidence based documentations and of stringent qualification norms. The challenge would be to make available standardized Ayurvedic medicines which can face any clinical trial. Hence, there is a need for adoption of standardized



Western pharmaceutical methods to comply with the US, European and the WHO guidelines. The process of standardization would lead towards greater quality controls and efficacy. The government should also allocate more funds for research and development, alongside creating necessary infrastructure and conditions that would lead towards innovation and entrepreneurship in field.

Kumar (2012) notes that in the globalized world that we live in internationalization holds the key to success. There can be many approaches that can be undertaken to an advantage of process such as technical cooperation among countries to add value through innovation for public health or collaboration of Ayurveda with other medical systems to find solutions for global health challenges. India should take advantage of the process of globalization to mainstream Ayurveda globally and use it to generate wealth for the peoples of the country.

He adapts the GROW framework in the context of India and suggests the following-

1) Globalization of Ayurveda - Internationalization holds great potential for Ayurveda in order to collaborate with other traditional and modern medical systems around the world to find cures for global healthcare challenges, and to be part of modern lifestyle.

2) Responsible practices- The challenge is in bringing all the stakeholders into a network for responsible manufacturing and service delivery. Indian systems of medicine use more than 1100 medicinal plants of which most are collected from the wild. Many of these plants are also native to other countries as well. We have to evolve a system of sustainable harvest and cultivation through plantation-style medicinal farms. The emphasis shall be on better agriculture practices that have a low microbial load and should not have any pathogenic microorganisms. Good Agriculture Practices shall be undertaken to ensure the use of correct raw materials and cover the entire life cycle including the harvesting, processing, transportation and storage. Good laboratory practices and Good Manufacturing Practices as well as Good healthcare practices are also needed to produce good quality agribusiness products.

3) Organizational approach- As a holder of traditional knowledge of Ayurveda, India can play the role of an organized player of value-added exports and innovative products. Ayurveda is assuming an important role in the field of CAM (Complementary and Alternative Medicine) across the globe.

Through a proper approach the opportunities in market can be harnessed as India's share is less than 2% and China's is less than 5%. Over 90% of international herbal medicine market is dominated by Japan and South Korea because they have the infrastructure and wherewithal to process herbal materials with well developed technologies.

A proper organizational approach is the key to create the necessary physical, technical and soft-skill infrastructure for tapping the global opportunities to one's advantage including becoming a cost competitive exporter of herbal materials and agri-produce that shall demand a mass scale production. There is a big potential to establish industrial and technological base around traditional formulations which are becoming increasingly popular. The expertise and high-tech facilities for organic synthesis, isolation and structure elucidation, biological screening, toxicological testing and pharmacokinetics can be sourced from India. The issues shall also encompass global brand building, Intellectual Property Rights protection, adoption of technology, etc.

4) Wealth sharing- Over 5000 years old traditional system, people are practicing the system for over generations. Ayurveda is not a mere supplier of new medicines but an important part of lifestyle in India. Focusing on overall well being, Ayurveda's "drug for patient" approach, as opposed to "drug for disease" approach, puts system of knowledge that puts people - the expert practitioner - first. The need is to protect traditional, inventive and creative activity against misappropriation of third party patents. Organized players in the field shall make use of people's knowledge capital, and turn the plants into products and formulations. The issue is that knowledge providers should participate in the global market and get benefited.

The above provide the pointers that should be incorporated in policy measures devised by the authorities in order to make Ayurveda a leading player in the healthcare sector. A proper strategy and its careful implementation shall provide local and affordable health solutions in the country. It would also help the country establish leading and trustworthy international brands that are based on the traditions of Ayurveda.





Anaesthesia & Analgesia For Kshara Sutra Therapy

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INTRODUCTION:

Kshara sutra therapy is a modified and standardized version of an Ancient treatment procedure, originally described by Ancient Indian Ayurveda Sages like Sushruta, Vagbhatta etc. for the treatment of Naadivrana (Sinus) & Bhangadara (Fistula in ano). It is used for the treatment of anorectal diseases like; Bhagandara (Fistula in ano), Arshas (Piles/Hemorrhoids), Parikartika (Chronic fissure in ano), Pilonidal sinus, etc.

Generally the procedure is carried out under local anesthesia. But depending upon the case **local/regional blocks or general anesthesia** may also be needed in a few patients. Normally the patient doesn't need any hospitalization but in few cases where the procedure is carried out in spinal or general anesthesia, Operations are performed on **ambulatory** or 24-hour stay basis.

Requirements for ambulatory anesthesia are: rapid onset and recovery, ability to provide quick adjustments during maintenance, lack of intraoperative and postoperative side effects, and cost effectiveness. Anorectal surgery requires deep levels of anesthesia. The aim is achieved with

- 1) Regional blocks alone or in combination with monitored anesthesia care or
- 2) Deep general anesthesia, usually with muscle relaxants and tracheal intubation. General anesthetics provide smooth, quickly adjustable anesthesia and are a good choice for ambulatory surgery. Popular regional methods are: spinal anesthesia, caudal blockade, posterior perineal blockade and local anesthesia. The trend in regional anesthesia is lowering the dose of local anesthetic, providing selective segmental block. Adjuvants potentiating analgesia are recommended. Postoperative period may be complicated by: 1) severe pain, 2) urinary retention due to common nerve supply, and 3) surgical bleeding. Complications may lead to hospital admission.

Minor anorectal diseases

Anorectal benign diseases are hemorrhoids, anorectal fistulas, anal fissures, pilonidal sinuses, papillomas, anal condylomas and paraproctitis. Paraproctitis and hemorrhoid thrombosis are treated as acute cases, while other ones are operated electively. Hemorrhoids, anal fissures and fistulas are the most common.

Anesthesia and postoperative period

Some 2030 years ago anorectal surgery was regarded as extremely painful. The operation itself takes a rather short time and under adequate anesthesia usually goes uneventfully. Intensive pain in the operated zone and functional disorders of adjacent organs are distinctive for the postoperative period. Functional disorders of rectum, urinary bladder and sexual organs are caused not only by the operation but insufficient intraoperative & postoperative analgesia or care.

Anesthesia

Anorectal surgery requires deep anesthesia because the zone gets multiple nerve supply and is reflexogenic. Operations under light planes of anesthesia cause intense pain, reflex body movements, tachypnea and laryngeal spasm, the so called **BrewerLuckhardt reflex**. Painful stimuli can be blocked either with regional or deep general anesthesia, usually with muscle relaxants and tracheal intubation. A variability of methods including general, spinal, caudal, local and combined techniques. There is no ideal method, each of them having advantages and disadvantages.

General anesthesia

An ideal general anesthetic should:

1. Provide a rapid and smooth onset of effect;
2. Produce sedation, hypnosis, amnesia, analgesia, and muscle relaxation;
3. Lack intraoperative side effects (e.g. cardiovascular instability, respiratory depression, spontaneous movements, or excitatory activity);
4. Possess a rapid recovery profile without postoperative side effects;
5. Provide residual analgesia during the early postoperative period;
6. Represent a cost-effective alternative to currently used drugs.

Anesthesia for ambulatory anorectal surgery should be deep and easily adjustable. When standard general anesthetics are used the duration of anesthesia significantly outlasts the duration of operation. Postoperative period can be complicated by such events like residual effects of anesthetics, nausea and vomiting and severe pain. Postoperative side effects lead to prolonged hospital stay.



The role of opioids in day-case surgery is controversial because of their well-known side effects, especially nausea and vomiting. Several new drugs have significant advantages in terms of rapid onset, excellent analgesia and amnesia, good surgical conditions and early recovery. These drugs include sedative hypnotics such as propofol, analgesics such as remifentanyl, alfentanil, ketorolac and tenoxicam, muscle relaxants such as mivacurium, rocuronium, rapacuronium and inhalational agents such as desflurane and sevoflurane. The above-mentioned anesthetics are rather expensive and their availability is restricted in countries with lower economical development.

Regional anesthesia

Regional anesthesia provides preemptive analgesia. It can reduce or avoid the hazards and discomforts of general anesthesia including sore throat, airway trauma and muscle pain. Regional blockades can be used alone, in combination with sedation techniques or as part of balanced analgesia with general anesthesia. It is desirable that methods and drugs used for regional anesthesia in the ambulatory setting possess the same properties as drugs used for ambulatory general anesthesia, i.e. rapid onset of action, adequate surgical anesthesia, and rapid achievement of discharge criteria such as ambulation and urination. Regional anesthesia also possesses disadvantages

Nerve supply to anorectal area

Nerve supply is mixed, somatic and autonomic, common with other pelvic structures. Sympathetic supply comes from sympathetic chain to hypogastric plexus (getting branches from **L1L5**) and celiac plexus (**Th11L2**), and sympathetic nerves proceed to pelvic plexuses. Parasympathetic supply comes from ventral rami of **S2S4** and forms the pelvic splanchnic nerves. These join the sympathetic plexuses to then relay in tiny end organ ganglia. Functionally, parasympathetic fibers provide rectal and bladder motor function inhibit sphincteric muscle and cause genital vasodilatation. Sympathetic fibers inhibit visceral motor function and provide contraction of sphincteric muscle. Somatic nerve supply to the pelvic floor and external sphincters comes from sacral plexus (**L4L5** and **S1S4** segments). Coccygeal zone gets nerve fibers from **S4, S5** and **Co1**. The main somatic nerves are:

1. Pudendal nerve (**S2S4**), it gives origin to inferior hemorrhoidal nerve, which supplies the external anal sphincter and perianal skin. Other branches of pudendal nerve supply some peripheral fibers of the levator ani as well as the vagina, the base of the bladder, ischiocavernosus and bulbospongiosus muscles, penis and clitoris. Autonomic fibers supplying rectum and urinary bladder join the pudendal nerve.
2. Direct perineal branches from **S3S4** supply major part of levator ani, puborectalis and has afferent fibers from the anal canal and perianal skin.
3. Anococcygeal nerve (**S4, S5**, and **Co1**) innervates the skin over the coccyx.
4. Superior gluteal nerve (**L4** and **L5, S1**).
5. Inferior gluteal nerve (**L5, S1**, and **S2**).
6. Posterior femoral cutaneous nerve (**S1S3**) gives supply to the skin of the inferior part of the gluteal region, the perineum and the back of the thigh and leg.
7. Perforating cutaneous nerve (**S2** and **S3**) supplies the skin over the medial and lower parts of the gluteus maximus. When applying regional anesthesia it is essential to determine an optimal dose of local anesthetics, i.e. to seek for a segmentary block of the operated area. If the operation is carried out exclusively outside of the anal canal it is sufficient to produce sacral block; however, a considerable traction of rectum requires a block up to **Th10** level. Otherwise the patient will experience an unpleasant feeling of tension in the lower abdomen caused by unblocked autonomic nerve fibers

Advantages of local/regional anesthesia

- **Advantages to patient:**
 - a) Avoidance of general anesthetic with its related complications;
 - b) Minimal incidence of postoperative nausea and vomiting;
 - c) Improved postoperative pain relief;
 - d) Shortened recovery room time;
 - e) Ability to communicate with staff during surgery;
 - f) Ability to observe the procedure,
 - g) Earlier mobilization.
- **Advantages to surgeon:**
 - a) Enables accurate assessment of function before end of surgery;
 - b) Allows discussion of operative findings and treatment options at surgery.
- **Advantages for institution:**
 - a) Options of direct transfer to secondstage recovery;
 - b) Shortened patient's time in recovery room;
 - c) Reduced postoperative nursing requirements;



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- **Advantages for institution:**

- a) Options of direct transfer to secondstage recovery;
- b) Shortened patient's time in recovery room;
- c) Reduced postoperative nursing requirements;
- d) Fewer hospital admissions;
- e) Overall reduction in facility costs.

Disadvantages of local/regional anesthesia

- **Takes longer because of:**

- a) Discussion with patient;
- b) Block procedure;
- c) Onset time;
- d) Gentle tissue handling;
- e) Incomplete block necessitating supplementation or conversion to general anesthesia.

- **Requires surgeon and patient cooperation;**

- **Risk of post spinal headache (spinal, CSE);**

Prolonged block may result in urinary retention and delayed discharge.

Spinal anesthesia (SA)

The technique seems to be simple and relatively inexpensive. With the introduction of single use needles SA was successfully introduced. SA in reduced doses is applied for adult anorectal surgery. Recommendations and techniques are changing throughout the years. The recent trend is the reduction of the dose and determining minimal effective dose of spinal anesthetics. A single dose of 1.52 ml of 0.5% isobaric bupivacaine or 2% lidocaine was recommended. Spinal anesthesia with isobaric solutions, especially bupivacaine, is difficult to predict. Injection of a single dose of 5 mg isobaric bupivacaine results in a block from L5 up to Th2 level.

A little more predictable is hyperbaric spinal anesthesia. The block raises a few segments higher compared to isobaric solution. The recommended dose for anorectal surgery is 11.5 ml of hyperbaric 0.5% bupivacaine or 5% lidocaine. The patient should be kept in the sitting position for 1 minute, and should lie down afterwards. There is another risk with hyperbaric solutions the height of the block may raise a few segments when changing the patients' position on the operating table and in the ward. Therefore it is essential to monitor the patient.

Side effects

Most common serious side effects from spinal anesthesia are hypotension and bradycardia.

Postdural puncture headache (PDPH) is a complication of SA.

Transitory radicular irritation (TRI) caused by spinal hyperbaric lidocaine

Adjuvants for SAThere has been recent interest in using analgesic additives to spinal local anesthetics to decrease the dose of local anesthetic for faster recovery while maintaining or improving anesthetic success. Reasonably well-investigated agents are vasoconstrictors, opioids and α_2 adrenergic agonists.

Conclusion

Spinal anesthesia is a safe, simple, popular anesthetic technique. New local anesthetics, analgesic additives, and techniques are being investigated for different applications as the practice of medicine focuses on outpatient care.



Caudal Blockade (CA)

Caudal block can be applied in a single-shot or continuous way with a catheter introduced in the epidural space. A single-shot technique is the method of choice for ambulatory surgery.

Advantages of CA compared to SA:

1. The level of anesthesia is more predictable; the zone of the block directly depends on the injected volume of anesthetic.
2. There is a possibility to produce a selective sensory and motor block in the anorectal area without motor block in legs, which leads to unrestricted ambulation and ability to fast discharge home.
3. There is almost no risk for such complications of SA as arterial hypotension, postdural puncture headache, and transitory ridicular irritation.
4. The use of long-acting local anesthetics produces prolonged postoperative analgesia

There is one disadvantage of CA a certain rate of failure in the adult population due to anatomical abnormalities of the sacrum. They are not uncommon and may consist of upward and downward displacement of the hiatus, pronounced narrowing or partial obliteration of the sacral canal, making needle insertion difficult, ossification of the sacrococcygeal membrane, absence of the bony posterior wall of the sacral canal, due to failure of laminae to fuse. The rate of failure is highly dependent of the anesthesiologist's experience and reduces with practice.

Recommended volumes of local anesthetic for CA:

- If the level of the block is desirable to reach **L2L4**, i.e. for operations on the anus and rectum, perineum or urethra, circumcision, vaginal plastics up to 30 ml.
- Uncomplicated hemorrhoidectomy, anal fissures 15-22 ml.

Adjuvants

Adjuvants are recommended for CA to seek the same purposes as in SA

Conclusion

Caudal blockade is an old, simple technique of anesthesia, suitable for ambulatory surgery. It gives no transitory neurologic symptoms and postdural puncture headache (which are potential risks of spinal anesthesia). The rate of successful caudal blockade depends on sacral anatomical abnormalities in the adult population and the anesthesiologist's experience.

Loco-regional and local anesthesia

The techniques are popular in the ambulatory setting. Both are performed by the surgeon himself. Currently employed techniques are: (1) posterior perineal block, and (2) local anesthesia of the anal canal and perianal skin.

1. Posterior perineal block

The zone of the anal canal is blocked in two levels following the direction of posterior perineal nerves (Figure 1): 1) superficial anesthesia of superficial branches, like anococcygeal, perforating cutaneous, posterior femoral cutaneous nerve; 2) deep blockade of pudendal nerve and its branches hemorrhoidal, anterior sphincteric, dorsal nerve of penis or clitoris and perineal nerve. 1-2 ml of local anesthetic solution is injected intradermally with the needle pushed towards the sacrum and 5 ml of the anesthetic are injected presacraly. Afterwards another 10 ml are injected around ischioirectal muscle, then the needle is moved deeper in lateral and cranial directions, and perineal area is injected. The recommended safe dose of the anesthetic solution is 4060 ml. Indications for posterior perineal block are: hemorrhoidectomy and other minor anorectal surgery in the ambulatory setting.

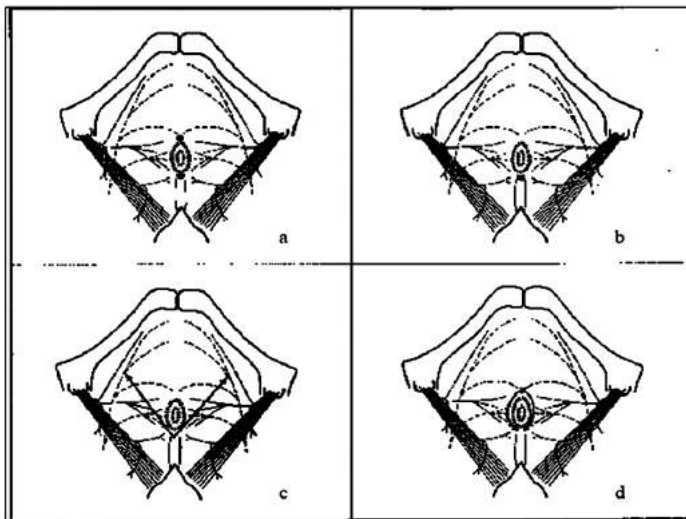


Fig1. Technique of posterior perineal block

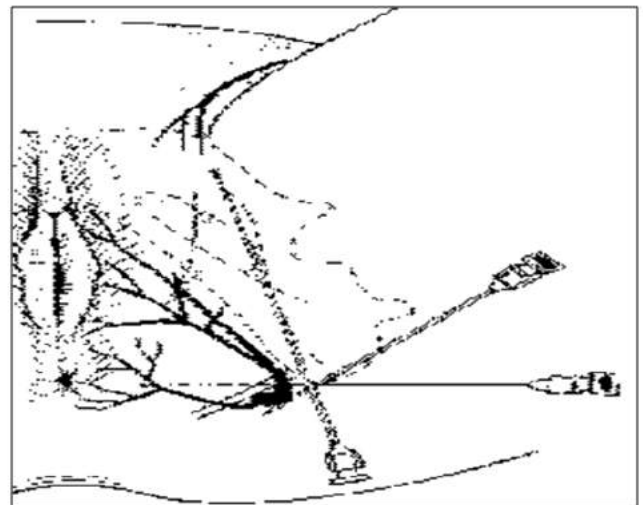


Fig 2 .Perineal approach to pudendal nerve block.



- a) Hypodermic papules; b) Infiltration of the presacral space to block the branches of the 4th sacral nerves; c) Infiltration of the ischioanal fossa by tilting the needle 45° cranially and 45° laterally; d) infiltration of the perianal groove.

2. Local anesthesia

Various techniques are applied. A subcutaneous injection of low volume anesthetic solution followed by subendodermal and submucosal injection. It is recommended for excision of anal fissures, papillomas, uncomplicated mucocutaneous fistulas, and lateral sphincterotomy. Injection in the anorectal zone causes severe pain. The pain is caused not by the needle puncture but by injection of the anesthetic. The skin below the dentate line is most sensitive. the anesthetic solution (0.25% bupivacaine with adrenaline 5 µg/ml) to be injected with the help of anoscope submucosally 2 mm above the dentate line using a 27G needle and 3 ml syringe into four quadrants. The anesthetic afterwards should be milked down below the dentate line to anesthetize the anoderm.

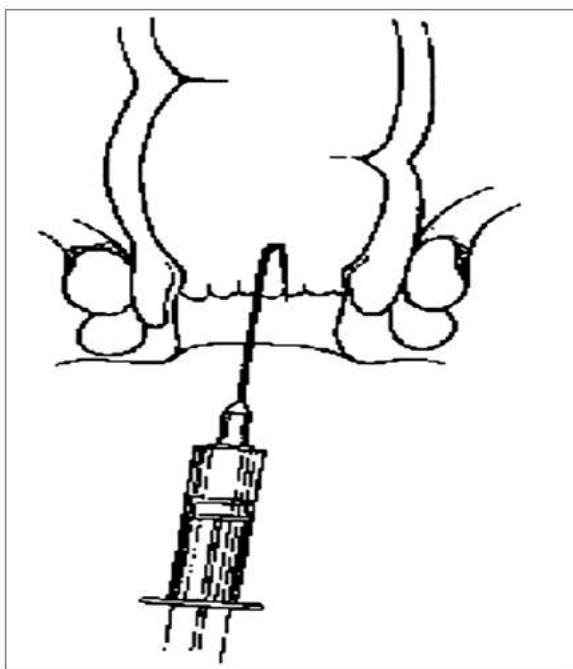


Figure 2. Painless puncture with a hook-needle above the dentate line

In addition the block produces excellent relaxation of the anal canal. The next step is an injection below the dentate line to anaesthetize perianal skin. The techniques recommended for ambulatory and in patient surgery. Local anesthesia using a hook- needle, with the help of an anoscope a hook-shaped, curved, 22G needle is inserted to puncture the mucosa just above the pectinate line down to the submucosal level, and 5 to 7 ml of anesthetic solution are carefully and slowly infused (Figure 2). Depth of blockade is further extended to the level of the anal sphincter in each of the four quadrants. Use of the hook-shaped needle avoids manipulation of the perianal skin below dentate line, and thereby prevents painful sensation by the patient.

Local anesthetics and volumes for local anesthesia

1. Lidocaine 0.5% 40-60 ml (max 200mg) without epinephrine; 0.5% 100 ml (500 mg) with epinephrine.
2. Bupivacaine 0.25% 60 ml (max 150 mg) with epinephrine 1:200000.
3. Lidocaine 1% 15 ml bupivacaine 0.25% 15 ml

General principles of safety of local anesthesia (avoiding maximal dosage, slow injection, keeping close contact with the patient, early recognition of side effects) are the same as in general surgery.

New techniques

In order to improve patient safety and decrease discomfort, local anesthesia is combined with intravenous sedation and **monitored anesthesia care**. The anesthesiologist evaluates the patient's physical state, orders a premedication e.g. with intravenous midazolam 12 mg, some anesthesiologists give additional ketorolac 3060 mg for preemptive analgesia. Intravenous fentanyl 25 µg is injected before infiltration with local anesthetic; the anoderm is lubricated with 2% lidocaine gel. The operated area is infiltrated with the anesthetic solution. Intraoperative sedation is achieved via infusion of propofol 50 µg/kg/min i/v keeping the patient's consciousness on 23 points in awareness/ sedation scale (5 = awake, 1 = sleeping). Fentanyl in i/v boluses of 25 µg is injected if needed.

Postoperative period

Urinary retention is the most common complication following anorectal surgery.

Conclusion

It is a **minimum invasive procedure** in which ligation of Piles, Sentinel tags and Threading of Fistulous track is done under local anesthesia (generally) or no anesthesia at all. So, it will not be suitable to compare it with surgical operation. The feeling of pain can't be generalized for all individuals. Some people feel more pain even in minor injury while a few can tolerate much more pain. So, it is not possible to say that how much pain a particular patient will feel? However, some pain can be felt as in other procedures. Depending on the length of fistulous track, one has to undergo several sittings of weekly kshara sutra change. As far as pain is concerned during the kshara sutra change, I would like to tell you that if kshara sutra is done by skilled doctor, the pain during changing of thread can be minimized. As far as anaesthesia is concerned, it is practically very much difficult (almost impossible) to give anaesthesia every time while changing the thread because the number of sittings of thread change are quite much. However when threading of fistulous track is done first time, local or spinal anaesthesia can be given for patient's convenience. Local blockades are performed by surgeons. Their choice depends on the skills of the operator, local tradition, and patient and surgeon cooperation.





Anal Fistula Cure By Ksharsootra

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All types of surgeries were performed in ancient times by the great ancient surgeon Sushruta. Ethical Surgeries were being performed upon the era of Ashoka the great. Till today, many Ayurvedic practitioners are performing day care surgery on regular basis.

Some are as follow's-

- 1) Tooth Extraction [Jalandhar band without any anaesthesia].
- 2) Raktmokshan [Leech therapy].
- 3) Anorectal Surgery [Kshar Sutra].
- 4) Phimosis.
- 5) Agnikarma [Cauterization].
- 6) Ksharkarma [Caustic Cauterization].

Among them Ksharsootra [Chemical or Medicated set-on] for fistula-in-ano is now globally accepted among all the medical fraternity.

"Kshar sutra", the word itself indicates thread with caustic [kshar]. This concept was developed by Sushruta in around 1000-800BC. he described elaborately it's preparation, application and its benefits. With some modification, his technique exists today in certain centers in India, Sri Lanka, Nepal, Japan and China.

In his work he described 8 diseases that are difficult to cure, known as 'ASHTAMAHAGADA' Piles and Fistula-in-ano are among them. Four-fold recipe was suggested by him for its management only, in these two diseases.

They are as follows-Aushadkarma [medicine], Agnikarma [cauterization], Ksharkarma [caustic cauterization] and shastra karma [surgery]. This

shows that anorectal disorders are difficult for surgeons as well as the patients. Till today, inspite of new techniques and other latest development in management of fistula and piles, they are not upto the mark. It is although, not a major surgical problem, it always remains a nagging issue not only to the patients, but also to the surgeons as well.

Because of it's location and recurring tendency, Kshar sutra become popular in the surgical field.

composition of Kshar sutra:-

1. Surgical Barber line (thread) no.20.
2. Fresh latex of Euphorbia Nerifolia (Snuhi).
3. Specially prepared Alkaline ash of Achyratus Aspera (Apamarga).
4. Finely dried power of Curcuma longa (Turmaeric).

Preparation of thread-

Cotton thread tied on specially designed hangers Latex of Euphorbia Nerifolia {Snuhi} is coated on it and allowed to dry in specially designed cabinet provided with ultra violet radiation for sterilization.

The order of 21 coatings is divided as follows-

1. Snuhi latex	11
2. Snuhi latex + kshar	7
3. Snuhi latex + Turmeric	3
Total	21

pH of thread is maintained between 8.6 to 8.8

Thread should be kept 13 inches long and to be sealed in a glass test tubes or in a plastic pouches



with complete aseptic preparation. Gamma radiation is advisable.

Preoperative management

Before application of Kshar sutra, following steps are to be considered for good results and to avoid complication :

1. Rule out Malignancy
2. Bowel preparation
3. Kshar sutra varti packing till internal opening get define.
4. Evaluation with double contrast ballon fistulography, rectal sonography / C.T. / M.R.I., in recurrent cases and who has multiple tracts and abscess cavities.

Application of kshar sutra :-

Kshar sutra application will be comfortable in lithoromy or Jack Knief position.

Anaesthesia - Local / General, or Spinal Anaesthesia SOS depends on patient's fitness and chouce of anaesthetist.

With special designed malleable probes with tube and aseptic precautions insertion of Kshar sutra from external to internal opening coming from the anal verge and tying loose ends.

Dressing with medication oils

Weekly changing of thread is advised by "railroad" technique.

Multiple threads can be used for multiple opening simultaneously

Following fistulas can be treated with KSHAR SOOTRA successfully with associated systemic disorders:

1. Tuberculosis
2. Diabetes Mellitus
3. Hypertension
4. Ischaemic heart deisease
5. Neuropathic conditions e.g. paraplegia
6. Chronic Amoebiasis
7. Benign Prostatic Hypertrophy
8. Anaemia
9. Uraemia and CRF

10. Urinary tract infection
11. Ulcerative Colitis
12. Venereal diseases
13. Crohn's disease
14. Immuno suppressed disorders

Contraindications

The sinuses which are connected with the following lesions away from / or associated with the anal canal consitute definite contraindication for the therapy. But in certain cases if the fistula is treated along with the conventional management,

1. Osteomyelitis of pelvic bone
2. Osteomyelities of femur
3. Tuberculosis of the hip joint or spine
4. Cases of RVF and LVF
5. Intra abdominal cold abscess
6. Regional ileities
7. Perforated Appendicities
8. Intestinal and pelvic malignancy
9. Stricture of urthera causing urethral sinus

Mode of Action

The combination helps in debridement and lysis of the tissue, antifungal, anti bacterial and anti-inflammatory activities.

Another potential action for the chemical component is to destroy residual anal glands epithelium. { Ref: (4)}

Though its unit cutting time is 1 cm per week [depend on associated wound healing conditions] it may be slow comparison to other studies, but simultaneously cutting and healing is important to avoid recurrence and sphincteric management.

Due to its simultaneously cutting and healing at a time, sphincteric complication does not arise and produce good conmetic results. In a simple way if we give pressure to wire on ice block it passes through it but doesn't divided the ice.





Role of Psychogenic Factors in Anidra and Its Management With Certain Indigenous Drugs and Shirodhara Process

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It is a question from time immemorial that what is sleep(Nidra) and how it occurs and what is the role of sleep in health and in the treatment of diseases. The great sages of India had the perfect knowledge regarding the sleep. Sleep is a naturally recurring state of relatively suspended sensory and motor activity with total or partial unconsciousness and inactivity of nearly all voluntary muscles. It proceeds in cycle of rapid eye movement (REM) and non-rapid eye movement (NREM). Considering the effect of Nidra which appears in a person when the mind gets exhausted and the sensory and the motor organs dissociates themselves from their object, Charaka Samhita states that proper and timely sleep brings about longevity, happiness, knowledge, strength and nourishment of the body. On the other hand, untimely excessive sleep or prolonged vigil takes away happiness, reduces the life span, provide ignorance, emaciation, weakness and sterility and also night awakening causes roughness of the body, day sleep causes unctuousness of the body, dozing causes neither of them.

The 'Preservation and Protection' theory holds that the sleep serves as an adaptive function. It protects during that portion of the 24 hours when the person is awake and roaming around. Deprivation of sleep would place the individual at risk during awoken hours. So it is utmost necessary to know the time period of sleep in hours with respect to age and applied conditions

Key Words- relatively suspended sensory, motor activity non-rapid eye movement, 'Preservation and Protection' theory

INTRODUCTION-

In fact, Nidra is a glimpse of Pralaya, where there is a peace but in darkness. Following this, man awakens fresh like Srujana. For the living beings Nidra is an essential phenomena for the maintenance and restoration of both body and mind. The inclusion of Nidra in three Upastambha proves its importance. While discussing about Nidra it is stated that happiness & sorrow, growth & wasting, strength & weakness, virility & impotence and the knowledge & ignorance as well as the existence of life and its cessation depend on the sleep. Getting good sleep at a proper time, is one of the characteristic of a healthy man according to Ayurvedic Scholar.

Sleep remains one of the great mysteries of modern neuroscience. We spend nearly one-third of our lives asleep, but the function of sleep still is not known. Fortunately, over the last few years researchers have made great headway in understanding some of the brain circuitry that controls wake-sleep states, but no single explanation can be accepted as the final word for the understanding of physiology of sleep. During sleep most bodily functions are reduced their basal levels.

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Generally the sleep is due to the effect of Tamas, but the Tamobhava Nidra as particularly due to the excessive Tamas causing sleep. When Satva and Rajasa are diminished in excess and the seat of Atma and Mana i.e. Hridaya is covered by the vitiated Tamas, then the organization become inert or inactive.



Psychic disease is that which is caused by non-fulfilment of desires and facing of undesired. This is very much true in many psychic cases concerned. Ayurvedic Scholar has mentioned the mental cause for Anidra. Again Ayurvedic Scholar stated that due to excess of Kama, Nidrakshaya occurs.

Nidra is the most essential for sustenance of the life and it is a stage for happiness. Acharya Charaka has mentioned the signs of Pranabhisara Vaidya.

In the treatment of Anidra, one should depend upon the measures having Vatashamaka, Vedanashamaka and Roga Nivaraka effects as well as pacifying effects on mental activities. The treatments which are described for Anidra in Ayurvedic literature are mostly same. It is described in form of Ahara, Vihara, medicine and Panchakarma as follows -

So, management modalities according to various classics can be classified as

- Dietary form
- Routine form
- Panchakarma form Abhyanga , Utsadana , Chakshu Tarpana, Shiro Lepa, Vadana Lepa, Murdha Taila, Karna Purana, Shiro Basti,

Shirodhara

- Medication form

PSYCHIC MANAGEMENT (ADRAVYA CHIKITSA)

- Pleasant smell and sound (Ch.)
- Gentle rubbing (Ch.)
- To listen good music and news (Su.)
- To keep the mind in a calm and happy state (A.H.)
- Living without worry (A.S.)
- To remain as always satisfied (A.S.)

Tips For Getting Good Sleep

- Get some physical exercises during the day.
- Take a warm bath.
- Listen to music.
- Avoid Naps.
- Avoid illuminated bedroom clocks.
- Quiet ears
- Keep regular bed time hours.
- Get a massage.
- Avoid caffeine, alcohol and tobacco.
- Toe wiggling
- Stomach rub
- Deep breathing

SHIRODHARA-

- The shirodhara therapy Used for alleviation of many ailments.
- Postulated mechanism of Shirodhara.
- Therapeutic effect of medicaments
- Procedural effect of the process
- In Yogic philosophies the natural respiration path forehead obstruction psychic ailments.
- The forehead and head are areas of many vital spots (Marma) and also the place of Agna Chakra. Sthana of Chitta is Bhramadhya Sthapani marma
- The patients concentrate on the forehead.

AIMS & OBJECTIVES



- To evaluate the role of Manasa-bhavas in etiopathogenesis and management of "Anidra" (Insomnia)
- To evaluate the efficacy of certain classical Ayurvedic drugs and Shirodhara in "Anidra"
- To see any augmented effect when Shirodhara and oral drug administered together in the management of "Anidra"

MATERIALS & METHODS

The patients of Anidra fulfilling criteria for selection were registered from O.P.D. & I.P.D., Department of Roga Nidan, S.R.M..State Ayurvedic College & Hospital Bareilly (U.P.)

Diagnostic Criteria : A special proforma has been prepared incorporating all the signs & symptoms of the disease. The study of Manasa Bhava in the patients of Insomnia from Ayurvedic point of view, supported by Brief Psychiatry Rating Scale (BPRS) also included.

TREATMENT GROUPS

The patients are selected and randomly distributed in following therapeutic groups.

Group A : Patients of this group are given Vacha Churna. Dose : 1 gm t.d.s. Duration of 8 weeks .

Group B : Brahmi Taila

Duration : Shirodhara done for 30 min. daily in the morning hrs. for 2 weeks.

Group C (Combined group): In this group combined therapy has been given as mentioned in the groups above.

LAB. INVESTIGATION

- Haematological examination (Hb%, TLC, DLC, ESR, Blood Sugar(R),
- Urine routine & microscopic
- Stool examination for occult blood, ova and cyst.

ASSESSMENT CRITERIA

The role of psychological factors affecting the disease is assessed before and after treatment on the basis of following criteria.

- Influence of the Manas Bhava on course of disease as shown by close relationship or association between the psychological factors.
- Influence of the Manasa Bhava interfering with the treatment of disease and in constituting additional mental and physical health risk.
- For the assessment of the Manasabhavas special rating scale has been adopted.
- Psychic assessment according to modern science is done by Brief Psychiatry Rating Scale (BPRS)

Scoring Pattern of Manas Bhava

Manas Arthesu Avyabhicharanena

- 0 No deviations
- 1 Getting deviated in the objects very rarely
- 2 Deviation often and knowledge perception impairs.
- 3 - Deviation and perception frequently disturbed.

Moha Avijnanena

- 0 Normal functioning capacity
- 1 Gradual affliction towards objects
- 2 Increased affliction often towards objects.
- 3 totally involvement and affliction with objects.

Krodha Abhidrohena

- 0 No violent tendencies
- 1 Violent thoughts very rarely
- 2 Violent, sadistic functions oftenly
- 3 frequent thought and functions of Violence.

Shoka - Dainyena



- 0 No feeling of sorrowness
- 1 Feels inferiority and sorrow at occasion
- 2 Inferiority complexes and greedy often
- 3 Weeps and feels inferior very frequently

Harsha - Amodena

- 0 Totally cheerful on all occasion
- 1 cheerful and initiative with good circumstances
- 2 cheerful and active in that only at occasions
- 3 No feeling of cheerfulness

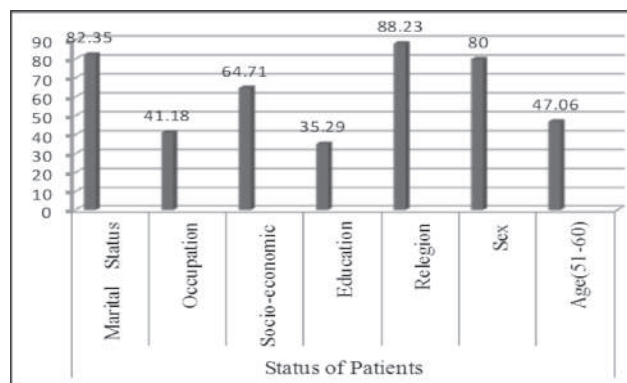
Priti - Toshena

- 0 Always happy and pleased
- 1 Happy and pleased occasionally
- 2 Express happy mood often
- 3 - No feeling of happiness at all.

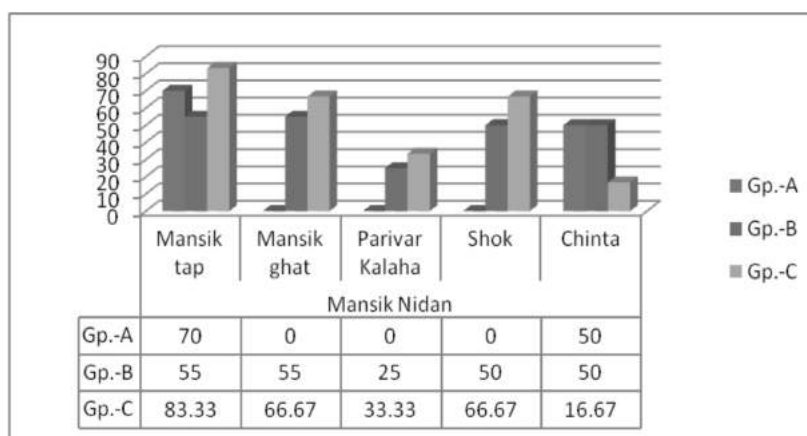
DISTRIBUTION OF 25 PATIENTS-

	Gp.A	Gp.B	Gp.C	Total
Registered	13	15	15	46
LAMA	03	02	01	06
Continue	10	13	14	37
Completed	09	09	07	25

General Observation



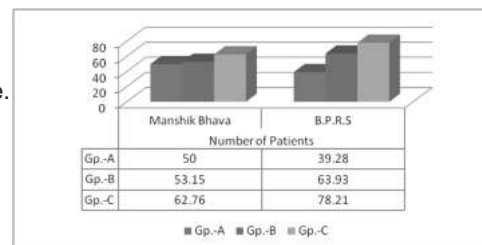
MANSIK NIDAN-





EFFECT OF THERAPY IN M.B- DISCUSSION & CONCLUSION


- Nidra is a very important phenomena to organisms without which life is not possible.
- Happiness, vigor, virility, nutrition, long life are achieved by proper sleep.
- Sleep plays a major role in the immune mechanism of the individual.
- Sleep disorders are mainly due to Vata Prakopa.
- Rajas plays a chief role in the pathogenesis of insomnia.
- Manasika Nidana play a major role in the causation of the disease.
- Combined group proved clinically as the better remedies in the management of Anidra (Insomnia).



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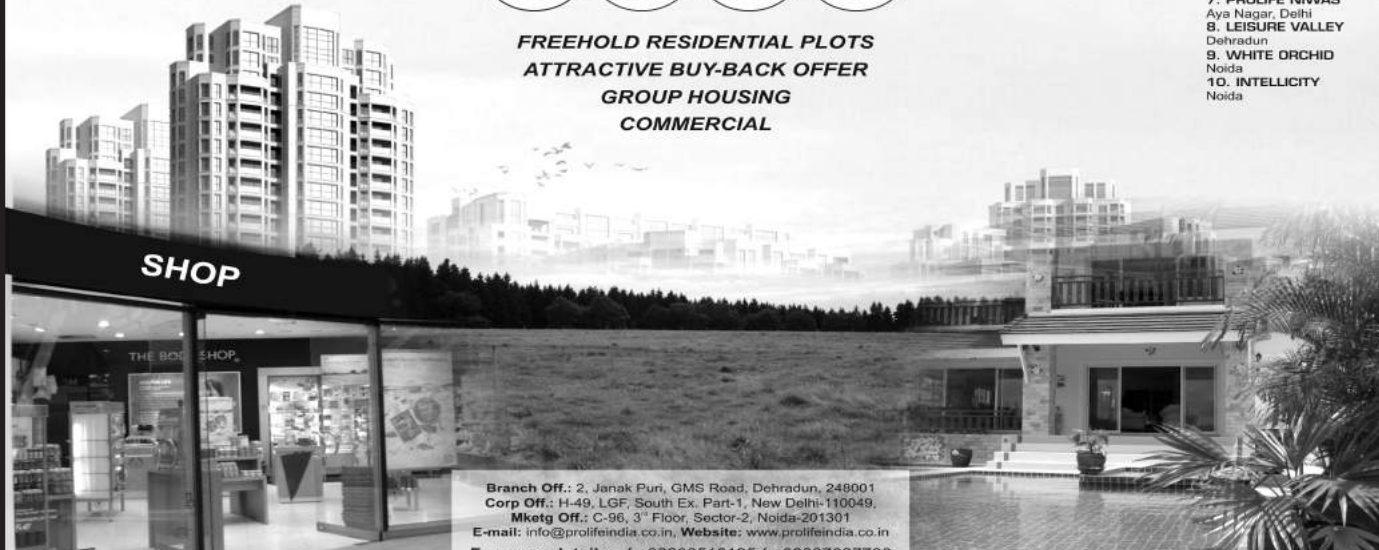
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Selection of Panchakarma Procedure on The Basis of Samprapti (Pathogenesis)

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Abstract: Panchakarma are the five main purificatory procedures mentioned in Ayurveda. There are number of Panchakarma procedures mentioned in different diseases in Ayurvedic texts e.g. Shwasa (Various types of dyspnoeas), Pakshagata (Hemiplegia) and Gridharsi (Sciatica) etc. Which Panchakarma is to be used in these diseases or all the procedures? These are to be performed in the patients according to the main dosha involved in the disease and stage of the disease. This paper describes the various kinds of Samprapti mentioned in a disease and the Panchakarma procedure used in that stage to get the better results.

Key words: Panchakarma, Shwasa, Pakshagata, Gridharsi.

Introduction: Panchakarma consists of five procedures i.e. Vamana (Medicated Emesis), Virechana (Medicated Purgation), Anuvasana Basti (Oil Enema), Asthpana Basti (Decoction Basti) and Nasya (Nasal therapy). These procedures help to purify the body by cleaning the channels of the body. Poorva karma (Pre-procedures) namely Snehana (External and Internal Oleation) and Swedna (Fomentation) helps to liquefy and moving the doshas to the Koshtha (GI Tract) so that they can be easily expelled from the nearest opening by the Panchakarma.

Aims and Objectives :

1. Understanding the Samprapti of the diseases viz. Shwasa, Pakshagata etc.
2. Use of Panchakarma according to the Samprapti/stage of the patients

Material and Methods: The Samprapti are mentioned in Ayurveda texts for a disease helps to understand the disease process. Below are the examples of various diseases in which Samprapti helps to choose the Panchakarma

1. Shwasa Roga : In Shwasa Roga, Acharya Charak has mentioned two types of Samprapti (Pathogenesis) as follows:

पमारुतः प्राणवाहिनी स्रोतांस्याविष्य कृप्यतिस उरस्थः कफमुद्धूय हिक्काश्वासान् करोति सः सस (च.चि. 1717)

यदा स्रोतांसि संरुध्य मारुतः कपूर्वकः स

विष्वग्ब्रजति संरु)स्तदा श्वसान्करोति सः सस (च.चि. 1745)

First Samprapti is the general pathogenesis of the Hikka-Shwasa Roga whereas second one is the specific Samprapti of the Shwasa Roga. In First there is dominance of Vata Dosha followed by Kapha Dosha and in second there is predominance of Kapha Dosha followed by Vata Dosha. The treatment of the Tamaka Shwasa (Bronchial Asthma) is 'Tamake tu Virechanam' i.e. Virechana. In Clinical presentation of Shwasa (Bronchial Asthma), there are two kinds of presentation of the disease viz. dyspnoea dominant and other Cough with expectoration dominance. So First Samprapti of the Acharya Charak can be found in dyspnoea dominant (Vata Pradhana) patient and second one is cough and expectoration dominant (Kapha dominance). So the main Panchakarma should be done in these patients as follows:

1. Vata Pradhana -- Virechana
2. Kapha Pradhana -- Vamana

So Virechana should be the prime line of treatment in Vata dominant patients (dyspnoea dominant) and Vamana should be performed in Kapha predominant patient (Cough with expectoration dominance).

2. Pakshagata: Pakshagata (Hemiplegia) is the loss of movement of one side of the body. It is a Vata dominant disease. It is described both by Acharya Charaka and Sushruta as follows:

हृत्वेकं मारुतः पक्षं दक्षिणं वाममेव वा । कुर्यात्त्वेष्टानिवृत्तिं हि रुजं वाक्स्तंभमेव च ।। गृहीत्वाऽर्धं शरीरस्य सिराः स्नयुर्विशोष्य च । पादं संकोचयत्येकं हस्तं वा तोदशूल त् ।। एकाङ्गारोगं तं विद्यात् सर्वाङ्ग सर्वदेहजम् । (च. चि. २४५३-५५)

अधोगमाः सतिर्यग्गा धमनीरूर्ध्वदेहगाः ।

यदा प्रकुपितोऽत्यर्थं मातरिश्वा प्रपद्यते ।।



तदाऽन्यतरपक्षस्य सन्धिबन्धान् विमोक्षयन् ।

हन्ति पक्षं तमाहुर्हि पक्षाघातं भिषग्वराः ।।

यस्य त्स्नं शरीरार्धमकर्मण्यमचेतनम् ।

ततः पतत्यसून् वाऽपि त्यजत्यनिलपीडितः ।।

शुद्धवातहतं पक्षं च्छसाध्यतमं विदुः ।

साध्यमन्येन संसृष्टमसाध्यं क्षयहेतुकम् ।। (सु. नि. 1६0-63)

Sadhya-Asadhya (curability and Incurability) of the Pakshagata is according to the doshas involved. If it is due to Only Vata then it is difficult to treat. If it involves other doshas i.e. Pitta and Kapha along with Vata, then it is curable. Pakshagata is incurable if it is due to Kshaya (wasting stage / old age).

Snehana

- Swedana
- Virechana Whereas Acharya Sushruta has mentioned the treatment as follows:

- Snehana
- Swedana
- Mridu Sanshodhana
- Basti Asthapana and Anuvasana (Bala Taila)
- Shirobasti

So there are two main Panckakarma procedures for Pakshagata viz. Virechana and Basti. Where to use which procedure?

- Virechana is indicated in following conditions of Vatavyadhi
- Association of any dosha
- Pittanubandhi Vata and Kaphanubandhi Vata
- Pittavrita Vata, Raktavrita Vata, Raktagata Vata
- Avarana of Vata of by Kapha, Pitta, Rakta & Meda (Bh. Pr. 26/41)
- Sira is Dooshya and updhatu of rakta dhatu
- Treatment of Rakta Vitiata is Raktapittahara Kriya, Virechana, Upavasa and Raktamokshana. Upavasa and Raktamokshan cause Vata Prakopa. So Virechana is the only choice of treatment.
- Virechana by ashraya ashrayi bhava does Śodhana of rakta by pitta Śodhana
- Virechana is best to remove the Avarana of Vata by Kapha, pitta, meda, rakta (Ca. Su. 26/41)

So Virechana is indicated in Avaranajanya Pakshaghata, whereas in Kevala Vatajanya Pakshaghata Virechana is not the prime line of treatment.

Virechana helps in restoration of bacterial flora of intestine and thus synthesis of Vit. B12, thymine, biotine, which are essential for repair & growth of nervous tissue.

Virechana helps in synthesis of neuropeptides which plays important role in the regeneration of nervous tissue.

3. **Gridhars:** Gridharsi Sciatica is caused by the irritation of the sciatic nerve ($L_4L_5S_1S_2S_3$). The symptomatology of the disease described by the Acharyas is as follows:

Treatment mentioned by Acharya Charaka is as follows:

हत्वैकं मारुतः पक्षं दक्षिणं वाममेव वा । कुर्यात्त्वेष्टानिवृत्तिं हि रुजं वाक्स्तंभमेव च ।। गृहीत्वाऽर्धं शरीरस्य सिराः स्नयुर्विशोष्य च । पादं संकोचयत्येकं हस्तं वा तोदशूल त् ।।

एकाङ्गरोगं तं विद्यात् सर्वाङ्गं सर्वदेहजम् । (च. चि. २४५३-५५)

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यदा प्रकुपितोऽत्यर्थं मातरिश्वा प्रपद्यते ।।

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हन्ति पक्षं तमाहुर्हि पक्षाघातं भिषग्वराः ।।

यस्य त्स्नं शरीरार्धमकर्मण्यमचेतनम् ।

ततः पतत्यसून् वाऽपि त्यजत्यनिलपीडितः ।।

शुद्धवातहतं पक्षं च्छसाध्यतमं विदुः ।



साध्यमन्येन संसृष्टमसाध्यं क्षयहेतुकम् ।। (सु. नि. 1६60-63)

- Siraveda
- Basti
- Agni Karma

Treatment mentioned by Acharya Sushruta is as follows:

- Siravedha
- Vatavyadhi treatment

These are two types of the presentation of the Gridharsi. In first case, the patient presents with radiating pain from back to leg whereas in the second patient feels pain only around the foot and Achilles tendon. In the first case the treatment of Acharya Charak i.e. Siraveda, Basti and Agnikarma is more beneficial whereas in other presentation, treatment like Siravedha and Vatavyadhi disease is better.

Discussion: Panchakarma is one of the most useful treatment procedures. It helps to remove the free radicals from the body which are generated in the day to day life. The treatment principles mentioned in texts are generalized in a disease. So we should adopt a Panchakarma procedure according to the Dosha involved and stage of the disease for better outcome. Example of the diseases like Shwasa, Pakshagata and Gridharsi etc. described in the paper are self explanatory which helps for the better results in the management of the patients.

Acknowledgement : The author is highly thankful to Prof.(Dr.) H.M.Chandola-Director-Principal, Ch.Brahm Prakash Ayurved Charak Sansthan, Najafgarh, New Delhi for his continuous guidance/support for preparing this paper.



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Study of Comparative Efficacy of Nasya and Cervical Traction In The Management of Manyastambha

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Introduction: According to Acharya Sushruta, sleep in day time, leaning or sleeping on an uneven place, constantly gazing upwards lead to the disease Manyastambha¹. Manyastambha is the clinical entity in which the back of the neck becomes stiff or rigid and the movements of the neck are impaired. It can be co-related with Cervical Spondylosis in modern prospective². Cervical Spondylosis is a degenerative condition of the cervical spine where it may lead to Cervical Spondylotic Myelopathy³. Pain and stiffness are the primary symptoms. Radiation of pain from shoulder to digits along the course of the nerve indicates nerve root compression.

Need For The Study : 66% of adults experience neck pain in their lifetime and 5% are highly disabled by it⁴. **Nasya Karma**, being the treatment of choice in Urdhvajatrugata Vata Vyadhis⁵, is adopted in the management of Manyastambha .Narayana Taila is specially indicated in the treatment of Manyastambha⁶. In Conservative management of Cervical Spondylosis, **Cervical Traction** is indicated. Cervical Traction is the modality of choice for many neck and cervical dysfunctions⁷. Cervical Traction has also been shown to relieve headaches and pain due to general soft tissue stiffness. It is reported to facilitate relaxation of paraspinal muscles. Traction is recommended as a means to mobilize joints or decrease joint related pain.

Hypothesis: Majority of ingredients of Narayan Taila are having Kapha Vatahara⁸ properties and Taila having Vatahara and Brumhana properties is supposed to be beneficial in Manyastambha. Intermittent Traction produces the effects of Massage on the muscular, ligamentous and capsular structure and It promotes circulation , reduces swelling, inflammation ,spasm and pain.

Aim

- To compare the effect of Nasya Karma with Narayana Taila and Cervical Traction in Manyastambha.

OBJECTIVES :

- To study the effect of Narayana Taila Nasya in the management of Manyastambha.
- To find out the reduction in cardinal signs of Manyastambha viz- Stambha (Stiffness), ruka (pain) by Nasya Karma using Narayana Taila.
- To study the effect of Cervical Traction in the management of Manyastambha.
- To find the reduction in cardinal signs of Manyastambha viz- Stambha (Stiffness), ruka (pain) by cervical traction.

Materials and Methods

Materials

For Group A-Narayana Taila was purchased from Nagarjuna pharmaceuticals manufactured taking reference of Sarangdhar samhita .(Batch no- 125). For Group B: Electrical Mechanical Traction Device present in the Physiotherapy unit of Dept. Of Panchakarma, Bharati Ayurveda Hospital was used for Cervical Traction.

METHODOLOGY

- The patients coming under the inclusive criteria approaching the OPD of Bharati Ayurveda Hospital, Pune, Maharastra have been randomly selected for the study. Patients were assigned into two groups viz., Group A and Group B consisting of 8 patients in each group. Patients were subjected to X-ray Cervical spine AP and Lateral View for confirming diagnosis. A Special Performa containing details necessary for study was prepared recorded and analysed.

Inclusion Criteria:-

- Patients having the signs and symptoms of Manyastambha willing for the treatment.
- Nasya Arha Patients between the age group of 20 -70 years of both the sexes.
- Patients fit for cervical traction with Limitation of Cervical spine range of motion, Cervical Spondylosis, Cervical Radiculopathy.

Exclusion criteria:-



- Patients with major disorders that is traumatic, infective and neoplastic conditions of spine, Congenital anomalies involving the Cervical-spine, Viral infections like Polio Myelitis, Transverse Myelitis, Bacterial infections like TB spine, Demyelinating diseases, Fibromyalgia, Motor neuron diseases that interfere with the course of treatment will be excluded from the study.
- Patients undergoing other modalities of treatment for Manyastambha will be excluded.

Procedure:

Particular	Group A	Group B
Number Of Patients	Completed -8	Completed -8
Treatment given Daily	Nasya 14 days	Cervical Traction 14 days
Purvakarma	Snehana and Mrudu Svedana of Griva Pradesh, Mukha Pradesh.	Ornaments removed from neck region and patient was lied in supine position.
Pradhanakarma	Narayana Taila Nasya 8 drops in each nostrils (0.4ml ⁹)	Intermittent Cervical Traction with Tractive force - 1/10 th body weight of patient for 15 minutes.
Paschata Karma	Gandusha with hot water	The patient was lied in lateral position for 5 minutes
Follow Up	Day 21 and Day 30	Day 21 and Day 30
Assessment Day	0, 14, 21, 30 th Day	0, 14, 21, 30 th Day

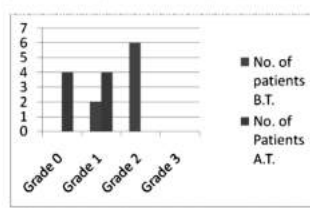
Assesment Criteria

- Symptoms-
 - Stambha (stiffness)- Range of movement of neck such as flexion, extension, lateral flexion to right and left, rotation to right and left was examined, and recorded by using Goniometry and taken in consideration, Suitable gradation was fixed.
 - Ruka (pain)-Numeric Pain Intensity scale¹⁰ was taken in consideration. Objective Parameters include the clinical grading and standard scoring methods of signs and symptoms of the condition.

Observations

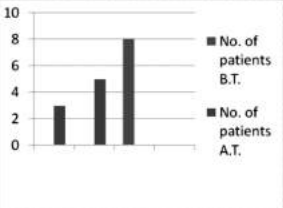
Gradation in Ruka (Pain) in Group A

Type of pain	No. of patients B.T.	No. of Patients A.T.
Grade 0	0	4
Grade 1	2	4
Grade 2	6	0
Grade 3	0	0



Gradation in Ruka (Pain) in Group B

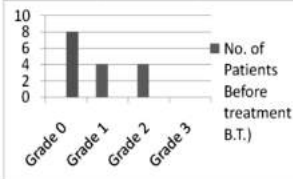
Type of Pain	No. of patients B.T.	No. of patients A.T.
Grade 0	0	3
Grade 1	0	5
Grade 2	8	0
Grade 3	0	0



After nasya 4 patients had no pain and 4 patients had mild pain. After cervical traction 3 patients had no pain and 5 patients had mild pain

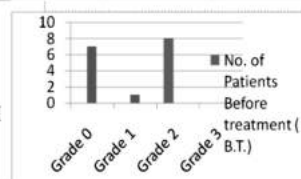
Gradation in Ruka (Pain) in Group A

Stambha	No. of Patients (B.T.)	No. of Patients (A.T.)
Grade 0	0	8
Grade 1	4	0
Grade 2	4	0
Grade 3	0	0



Gradation in Ruka (Pain) in Group B

Stambha	No. of Patients (B.T.)	No. of Patients (A.T.)
Grade 0	0	7
Grade 1	0	1
Grade 2	8	0
Grade 3	0	0



After nasya 4 patients had full range of movement without in creased pain in Group A. In cervical traction? patients had full range of movement without increased pain and 1 had full range of movement with mild pain.



After Nasya all the patients had full range of movement without increased pain and In cervical traction 7 patients had full range of movement without increased pain and 1 had full range of movement with mild pain. After Nasya 4 patients had no pain and 4 patients had mild pain. After cervical traction 3 patients had no pain and 5 patient had mild pain.

DISCUSSION:

The factors like old age, trauma, occupational stress, poor posture in sitting or sleeping, excessive travelling etc. lead to the spondylotic changes in the cervical spine. The pain, stiffness and decrease in the range of movement at the spine are due to structural changes in the joint. The gentle stretching of muscles and joints releases muscle tension increases flexibility thus helps in removal stiffness.

CONCLUSION

Both Nasya and Cervical Traction showed significant results in the parameters of Manyastambha. Thus Both Nasya and Cervical Traction can be effectively used in the management of Manyastambha.

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Role of Nadi Sveda In Backache (Case History)

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Back pain is coming out as big problem in front of whole world. A lot of people are suffering from backache due to various causes. Among them, defective lifestyle play a great significant role in this disease. Due to excessive stressful life style without any relax has made body as a machine. Due to defective lifestyle muscle spasm also occurs due to which patient become bound to live an unhealthy life. Spasm is a spontaneous, abnormal contraction of a muscle. When it occurs in the back near the spinal cord or the nerve roots, it can be very painful and may cause change in curvature of spine if it is chronic. On the other hand *Ayurveda*, the science of life, emphasizes on the adoption of a number of preventive and healing therapies, which can purify and rejuvenate the body, mind and soul. Out of these therapies of *Ayurveda snehana*, and *swedana* have important place that can prevent and heal a number of diseases. These are described in two ways as a *purvakarma* before *panchakarma* and as sole therapy itself, these are able to treat a lot of diseases related to joint disorders. *Snehana* and *Swedana* relieve the muscles spasm and other symptoms.

Key words- *Snehana*, *Swedana*, Muscle spasm.

Introduction- The spine or backbone is made up of small bones (vertebrae) stacked along with discs one on top of another. A healthy spine when viewed from the side has gentle curves to it. The curves help the spine absorb stress from body movement and gravity. Muscle spasm results from inflammation that occurs when a muscle is overstretched or torn. It begins as a muscle strain which doesn't sound like a serious injury, but it can cause severe low back pain. Lower back pain from a muscle strain occurs most frequently after lifting a heavy object, lifting while twisting or a sudden movement or fall. The pain is usually localized, meaning it doesn't radiate to the leg. The area may be sore to touch, the patient usually feels better when resting. Fortunately, muscle strains usually heal with time in a couple of days or weeks because muscles in the lower back have a good blood supply to bring the necessary nutrients and proteins for healing to take place. If an episode of low back pain lasts for more than two weeks, or more then the muscles may start to weaken. Since using the muscle hurts, people tend to avoid using them. This process leads to muscular atrophy and subsequent weakening, which in turn causes more low back pain because the muscles are less able to help hold up the spine.¹ According to *Ayurveda* it is correlated with *katishula* or *Amavata* disease in which *trika shoola* and *stambhata* are peculiar symptoms.

CASE REPORT

A 28-years-female presented with the complaint of low back ache after exertion since one year associated stiffness. Pain relieved by rest and got worsens on sitting for a long time and as day passes (that is worst at evening). There was a history of trauma. The patient was administered *snehana* and *swedana* (*Nadi sweda*).

Table 1 General routine investigation

Hematological	Test	Value
1.	Total WBCs count	6,000/ mm ³ N ₅₅ , L ₃₃ , E ₀₇ , M ₀₄ , B ₀₁ .
2.	Hb	11 g%
3.	ESR	14 mm in 1 st hour
Bio-chemical	RBS	99.9mg/dl



Table 2 Collagen profile

Collagen profile	Test	Value
1. RA factor	Negative	10 IU/ml (<20 IU/ml)
2. CRP	Negative	≤ 0.6 mg/dl.
3. Anticcp	Negative	10 U/ml (< 25U/ml).
4. ANA	Negative	Ratio < 1.4
5. Antids DNA	Negative	30 IU/ml(< 55U/ml).

X-Ray of Spine- Impression- Slightly straightening of spine due to chronic muscle spasm.(Loss of curvature).

Table- 3; Procedures administered to the patient

S.N	Procedure	With
1.	Deepana	<i>Hingvastaka churna</i> <i>Chitrakadi vati</i>
2.	Snehana	With <i>Mahanarayan tailam</i> and <i>Bala tailam</i>
3.	Nadi Swedana	With <i>Dashamula kvatha</i> + 7-8 leaves of <i>Arka</i> (<i>Calotropis procera</i>) + 7-8 leaves of <i>Nirgundi</i> (<i>Vitex negundo</i>) + 7-8 leaves of <i>Eranda</i> (<i>Ricinus communis</i>)
4.	Total Duration	15 days

RESULTS

The stiffness improved significantly in 3 days and pain also improved by 7 days. Symptoms were improved completely within 10 days. Patient is in follow up today also. Patient has now on and off symptoms (one or two days/week). Meanwhile, she was prescribed oral *tridosha shamaka* medication and adjuvant medication viz *Ajmodadi churna* 5gm BD, *Rasna saptaka kwatha* 40ml BD, *Lakshadi gugglu* 2-2 BD, and *Keshore gugglu* 2-2 BD.

DISCUSSION- Functions of the low back, or lumbar area, include structural support, movement and protection of certain body tissues. Pain in the low back can relate to the bony lumbar spine, discs between the vertebrae, ligaments around the spine and discs, spinal cord and nerves muscles of the low back, internal organs of the pelvis and abdomen and the skin covering the lumbar area. Treatment of low back pain is optimally directed toward a diagnosed or suspected specific cause.² Myofascial pain is characterized by pain and tenderness over localized areas (trigger points), loss of range of motion in the involved muscle groups, and pain radiating in a characteristic distribution but restricted to a peripheral nerve. Relief of pain is often reported when the involved muscle group is stretched³.

MODE OF ACTION OF ALL THE PROCEDURE NEEDED FOR NADI SWEDA

Agnideepaka Aushadhi - Oral administration of certain medicines which help in enhancing digestive power and digestion of *Ama*. *Amapachana* is the crucial need for proper elimination of *doshas*. It also helps in digestion of *Snehana*. *Deepana Pachana Aushadhi* not only improves the digestive capacity, also enhance the metabolic activity of the cells. If the amount of *dosha* vitiation is moderate, the *pachana chikitsa* alone is effective in curing illness.

Bahya Snehana⁴ (Abhyanga)- Use of oil for external oleation in massage therapy. The word *snehana* simply refers to imparting greasiness. The therapeutic procedure by which greasiness is imparted to the body using different kinds of fat is called as *snehana*. The drugs used in the preparation of the medicated oil have got their own therapeutic effect and helps in the speedy recovery of the patient. Addition of these drugs in massage oil give pleasurable sensation, increases the blood circulation, improves the process of clearing the toxic substances from the tissues, also releases the stiffness in the muscle and cures pain. *Abhyanga* is generally used for producing relaxation as well as for giving tone to the muscle. In a thoroughly oleated person distribution of heat will be uniform and time taken for fomentation is also decreased.⁵



Swedana It consist of fomentation inducing sveda or sweating. Sveda is an internal mala of body. It is performed after adequate *snehana*. This therapy removes the stiffness, heaviness and cold of body, along with sweating, is known as *swedana*. Instead of mere water, steam arising from decoctions of various *vatahara* leaves, fruits and meat mixed with milk or cow urine, salt and certain sour substances are also advocated for their medicinal effect. The selection of these ingredients for the decoctions should be made by proper evaluation of their *gunas* to suit the diseases.

Mode of action of sveda⁶-

- *Stambhaghana*, (relieving stiffness)
- *Gauravaghana*, (relieving heaviness)
- *Sitaghana* and (relieving cold)
- *Svedakaraka*. (expulsion of *sveda mala*)

CONCLUSION- According to *Ayurveda* back pain may be due to involvement of either *VP* (or *VR* as in *Vatarakta* disease) *dosha* or *VK doshas* (As in *Amavata* disease). So in this case *tridosha shamaka chikitsa* and *ama pachana chikitsa* was done. Aim of *Ayurvedic* line of management to purify blood and whole body toxins by which by which all the three *doshas* could be normalized. Controlling back pain more effectively can make a radical improvement to the patient's quality of life.

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Ayurvedic Management of spinal diseases with Panchakarma Chikitsa.

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The spinal cord is the pathway for sensory impulses to the brain and motor impulses to spinal nerves. A number of problems can change the structure of the spine or damage the vertebrae and surrounding tissue. They include infections, injuries, tumors, conditions such as scoliosis, Bone changes that come with age, such as Spinal stenosis and Herniated disc. Spinal diseases often cause pain when bone changes put pressure on the spinal cord or nerves. They can also limit movement. In Ayurveda we can include spinal disorders in vatavyadhi. Vata is situated at Shroni or low back its main function is movement and conduction of impulses. Indulgence of vata vitiating Ahara and Vihara cause Vata vitiation which ultimately effects and changes in function of vata. Abnormal Vata disturb functional of nerves system resulting abnormalitis like convulsions, tremors, pain, difficulty in movements, etc. Panchkarma including Snehana, Swedana, Basti, Nasya are indicated spinal diseases. Various kind of Ayurvedic formulations like Agnitundi Vati, Yogaraja Gugglu, Vata Gajankush rasa, Vata vidhvanshak rasa etc, are mentioned for the treatment followed by Panchkarma. So it can be said that with the help of Panchkarma Chikitsa, spinal diseases can be treated.

Key word: Ayurveda, Spine diseases, Panchkarma.

INTRODUCTION:

The spinal cord is located within the vertebral canal of the vertebral column. The white matter of the spinal cord contains sensory and motor tracks, conduction of sensory nerve impulses toward brain and motor impulses from the brain toward tissue. Spinal nerves and the nerves that branch from them connect the CNS to sensory receptors, muscles and glands in all part of body. Disease of the spinal column results from the aging process or wear and tear that occurs to the bone and soft tissues of the spine. People who put increased strain on their necks and backs can increase the rate at which this wear and tear occurs many types of disorders that can occur simultaneously in the same patient¹.

There is no need to state that modern medicines has its own limitations in managing degenerative type of disease and Spine related problems is not an exception to this. In modern science efforts have been made to manage the disease with conservative as well as surgical treatment but none of both provide satisfactory relief.

AIMS AND OBJECTIVES:

- To review the spinal diseases and evaluate the management of the spinal disorders with the help of Ayurvedic Panchkarma Chikitsa.

MATERIAL AND METHODS:

- To fulfill the aims and objectives relevant Ayurveda and Modern literature, available information on internet etc. were searched.

Discussion²:

Spinal disease also known as a dorsopathy refers to a condition impairing the backbone.^[1] These include various diseases of the back or spine such as kyphosis. Dorsalgia refers to those conditions causing back pain. Herniated Discs, Spinal Stenosis, Degenerative Disc Disease. Presenting symptoms with

- Lower back pain that is generally made worse with sitting
- Back pain intensified by bending, lifting and twisting
- Walking and running may feel better than prolonged sitting or standing
- Desire to change positions frequently so alleviate pain



Precipitating causes:

A number of problems can change the structure of the spine or damage the vertebrae and surrounding tissue. They include Infections, Injuries, Bone changes that come with age, such as Spinal stenosis And herniated disc.

Type:

Dorsopathies/spinal disease

Deforming dorsopathies-

Spinal curvature – kyphosis scoliosis, lordosis

Other- Torticollis, Spondylopathy

INFLAMMATORY:

- Spondylitis -Ankylosing spondylitis
- Sacroiliitis
- Discitis
- Spondylodiscitis
- Pott disease

NONINFLAMMATORY:

- Spondylosis
- Spondylolysis
- Spondylolisthesis
- Facet syndrome
- Neck pain
- Upper back pain
- Low back pain
- Coccydynia
- Sciatica

INTERVERTEBRAL DISC DISORDER

- Schmorl's nodes
- Degenerative disc disease
- Spinal disc herniation

As there is no direct references of spine diseases in classics , but it can be included under vatavyadhi, hence it is understood that all these factors which vitiates Vata that can be taken as the causative factors of spinal diseases.

The main causative factor of Vatavyadhi is described by Acharya Charaka Suppression of nature urges, excessive taking Shita, Laghu and Ruksha Diet, excessive loss of Dosha & blood, improper treatment of disease, Excessive exertion, Excessive worry, fear, anger, uncomfortable bed, Day sleep, Not taking food, loss of dhatus, Injury on vital parts), etc³..

Pathogenesis:⁴

A large number of metabolic and endocrine disorders produce generalised skeletal disorders these includes osteoporosis, osteomalacia and rickets, Scurvy, hyperparathyroidism, skeletal fluorosis.

Osteoporosis is conventionally classified into two major groups: Primary and secondary. Primary osteoporosis results reduced physical activity, deficiency of sex hormones, combined deficiency of calcitonin and estrogen, hyperparathyroidism, deficiency of vitamin D. secondary osteoporosis is attributed a number of factors i.e starvation. Chronic anaemia, effect of medication.

Fluorosis fluorides replaces calcium as the mineral in the bone and gets deposited without and regulatory control This results in heavily mineralised bones which are thicker and denser but are otherwise weak and deformed. the patient develops bone deformities.

From ayurveda point of view spinal diseases can be explained as,:

The Vata Dosha is aggravated due to different factors and Vata flows out of its Ashaya to circulate in the entire body and its constituents. During circulation it gets localized in the roots of Majjavaha Srotas. i.e. Asthi Sandhi. In the Asthi and Majjavaha Srotas, the



Khavaigunya may already present. Because unless there is khavaigunya of Srotas, the Dosha will not take Ashraya. The chief qualities of Vata are Khara, Ruksha, Vishada, and Laghu create symptoms like pain difficult in movement etc. When aggravated Vata is localized into spine or whole joint, body and produce disease⁵.

Samprapti ghataka:

Dosha: Vatadosha,

Dushya: Rasa, Asthi, Majja, Sira, Snayu, Kandra

Adhithana: Asthi, Majja,

Srotodushti : Vimarg gamana, Sanga

Kala: Asthidhrakala, Majjadhara kala,

Vyadhi svabhava: Kricchasadhya

Management of spinal disorders:

1. Nidana Parivarjana

2. Panchkarma

3. Shamana

1. Nidana Parivarjana:

- Nidana Parivarjanam is first line of treatment.
- Chikitsa is "Vighatana of Samprapti".
- Acc. to Charak two factors are responsible for all Vatavyadhis i.e. Dathukshaya and Srotoavrodha or Avarana⁶.
- Hence main objective of treatment is to improve metabolic activities in dhatu level, to rectify srotoavrodha and to provide nourishment to depleted dhatus.
- Ghee oil, muscle fat, fomentation residence in windless place, covering the body with blankets, meat soup, different type of milk food ingredients which are sweet, sour and saline, and such other measures which are nourishing all these are beneficial.
- The patient suffering from disease caused by Vayu should take bath in a bath tub filled with the decoction of vayu alleviating leaves, milk or oil.
- **Physiotherapy:** Abduction, Adduction, Side rotation, Avoid Lifting Heavy Weights.
- **Useful Asana:** Bhujangasana, Gomukhasana, Tadasana, Pavanmuktasana

2. Panchkarma

- Acharya Sushruta and Acharya Vagbhatta have advocated following in cases where Vata is located in Snayu, Asthi and Sandhi⁷(Su.Chi-4/8). Hence this can be considered for Spinal diseases.
- Snehana
- Svedana
- Basti
- Nasya
- Lepan
- Agnikarma
- Shamana Chikitsa

Snehana: Method of massaging the body following application of oil, massaging with squeezing effect on the muscle after applying the oil. As the anatomical structure of different parts of the body is different, oil may have to be applied differently according to its structure, Secondly depending upon the degree of snehana effect desired in an individual patient, one may have to adopt different forms of oil application in order to get maximum effect.

There is no medication which excels oil in curing vatika disease because of its property like pervades (the body before going through the process of digestion) hot heavy and unctuous property. when cooked or proceed with other drugs, it become more powerful⁸. Cha chi 28 181

Indication: Relaxes of Spasm of affected joints and helps in the proper nourishment of muscles/ nerves/tendons, Snayu bala vardhna, Kandara shira poshana.



SNEHA:

Til tail, Erand tail, Mahanarayana Tail, Vataghna Tail, Nirgundi Tail, Kshirbala tail. Dhnvantar tail, Vish Garbh tail.

Svedana⁹: By definition the procedure that alleviates the stiffness of the body, relieves sense of heavyness and cures feeling of cold is called Svedana. Svedana is a form of treatment, employed to cure specific diseases or to relieve symptoms like pain, stiffness or contracture that may manifest as a symptoms in different disease conditions.

Upnaha Svedana: The process of including perspiration by applying warm paste of herbs on the body. Svedana corrects the imbalance of vatadosha. The Procedure is more effective in conjunction with snehana treatment. Svedana reduces the stiffness and hence improves the flexibility of the parts, relieves the stiffness in the joints and thus improves range of joint involvement and easy method to get quick relief from pain.

Material: meat of aquatic animal, Dashmool, Satavari, kulatha, Bdhar, Masa, til taila, muscle fat, etc,

Valuka Sveda: Application of the heat and thereby inducing perspiration by using heated pack of sand is known as valuka Sveda.

VA su 17-29

According to condition¹⁰:

Vata- nadi or Baspa sweda: Nadi sveda is a unique form of svedana procedure where perspiration is induced by passing steam over the body parts by using special instrument. Herbs added with water are boiled in this instrument to generate steam. To begin with oil is applied to the body part that is to be subjected to svedana treatment followed by passing the steam to the same part.

Vata-kapha: patrapinda sweda (Nirgundipatra, Erandapatra) Application of the heat and thereby inducing perspiration by using heated pack of specific herb leaves is known as patrapinda sveda.

Dhatukshya: Pinda Sweda

INDICATION:

Strengthens Para-vertebral muscles, Strengthens inter vertebral discs, Helps repair damaged myelin sheath, local anti-inflammatory effect. In classics Unless the tree is uprooted from its root, it will grow. Such is the case with the vitiated doshas. They go on causing diseases unless they are eliminated from their root. Vitiated doshas alleviated by fasting and digestive drugs do at time get aggravated but they eliminated by elimination therapy do not recur¹¹. Ch. su 16-21..

Basti¹²: The administration of the liquid medicine through the rectal, urethral or vaginal route is name by basti. Any of the above route is, but more particularly it refers to the therapeutic enema using the decoction through the rectal route. Basti is describes as the best line of treatment to cure the imbalances of the vata-dosha.

Spine is a main sthana of Vata, also there is dhatu kshaya avastha in later decades so administration of basti can be best in these condition.

There is none other than Vayu which is most important causative factor of diseases in sakra, vital spot including joints, Vayu is responsible for separation, combination. When it gets exceedingly aggravated there is no remedy other than basti for its alleviation. Therefore, basti is considered to be half of the entire therapeutic major. Cha. si 1.39

- Anuvasanbasti
- Yapanabasti
- Madhutailikabasti

Basti is specially useful or whose joint become stiff and contracted, whole limbs are afflicted by the movement of the different type of aggravated vayu¹⁴. Ca. Si. 1/32)

If dhatu kshya janya avastha we can give Kshira basti, Majja basti, Yapan Basti, Brihana basti is choice of drug.

Katibasti¹³:

Patients were asked to lie on their chest in a comfortable position, A rim made of Masha kalka (black gram paste) was prepared around the lumbar spine area with due care to expose the affected part of the spine. Warm oil was poured into the masha rim and constant temperature was maintained by replacing oil periodically at the prescribed time, Kati basti is one such procedure where in immediate relief from the symptomatology may be obtained. From the Shamana point of view, various medication which soothe the severity of pain, improves functional ability is best in Gridhrasi.

Materials: mahanarayana taila, vatanasaka darvya sidha taila, Tila taila, Rasnadi taila.

indication: Lubrication of intervertebral joints, Relaxation of lumbar muscles, Remove pain, Provide nutrition to snayu.

Manya basti¹⁴:



Patients were asked to lie on their chest in a comfortable position or sit on a chair flexing their neck resting on a platform with extended arms to expand the cervical spine area. In this position the para-spinal muscles are completely relaxed. A brim made of Masha kalka (black gram paste) was prepared around the cervical spine area with due care to expose the affected part of the spine. Warm oil was poured into the masha brim and constant temperature was maintained by replacing oil periodically at the prescribed time.

Material: sukhoshna taila, i.e. narayana Tail, Vataghna dravya sidha taila, Shulaha tail.

indication: Vertebral Joints Lubrications, Releases Compression From Cervical Nerves, Vata bramana

Shirobasti¹⁵: Certain amount of oil is poured on the vertex and is made to remain there for specific period. Special hat preferably made of leather is fixed around the head just above the ear and eyebrow and the joint between the head and hat is made leak proof. On this positioned hat lukewarm oil is poured, and is allowed to remain there for preferable period.

Nasya Karma: Administration of the medicines through nasal route is known as nasya. Subjecting the face to abhyang and svedana followed by administration of medicine into the nostrils is the nasya karma.

indication: Udana vayu Karya niyantrana, i.e. bala, varna, etc. Spine tarpana & relaxation

*Dwaram hi shirsho nasa*¹⁶: (Cha si 9 -89) Nose is the gateway of the head and as such drug administered by this route pervades the head and thus destroys the disorders there of.

Lepan¹⁷:

The medicine that are in the form of paste and use for external application are called as lepa. Lepa should be applied in the opposite directions of the hair follicles. The drugs get absorbed through hair roots, sweat glands and capillaries, while applying the lepa sneha should be added.

Dashang lepa, sunthi- Jayaphala lepa

indication: Vedana samaka, Shoth hara.

Parishek or Dhara: Dhara pot is meant for steady flow of decoction or oil. When any liquid is poured into the pot it steadily flows the bottom hole.

Material: sukhoshna kwatha, jala, milk, taila medicated with vatahara dravyas.

indication: Dhatu vridhi, Agni oja Vridhi, varnaprasadana

Agnikarma Agni karma - ushna guna - Qualities against vata- pacified vata and reduced pain Pain cause anywhere in the body is due to vata, Agni karma being ushna chikitsa pacifies vata, thus the pain is relieved immediately after Agnikarma. Due to increased local metabolism, the waste products (metabolites) which are produced, gets excreted, which normalizes the blood circulation thus resulting in reduction in intensity of pain.

Site: On most painful point.

INDICATION:

If all joints are involved then at base of Rt thumb Agni karma is beneficial, in all types of joint pain like sandhitgatvata, amavata, frozen shoulder, cervical spondylosis etc. all types of Vataja disease like sciatica, heel pain, local release muscle spasm, vedana shamaka.

3. Shamana Chikitsa:

Rasayana: Lasun Kshirapaka, Bhallataka rasayana, Bhallatak Vati+til+gud, Amalaki Rasayana¹⁸.

Vajikarana Dravya use,

Majjadhatu poshak dravya use,

Rasayana Useful in Dhatu kshaya janya vataprakopi.e. Ashwagandha, kokilaksha, musali, Makardhwaja, vasantkusumakara rasa.

Yoga¹⁹: Vatagajendra Rasa, Vatagajankush Rasa, Vatari Rasa, Yogaraj Guggulu, Dashmul Kwatha, Rasna saptaka Kwatha, Erand mula Kwatha, Dashmularishtha, Shilajit prayoga, Vardhmana pippli prayoga, Agnitundi Vati, Balachurna Vatachintamani Rasa, Sarvang Sundara Rasa, Vatakantaka rasa, Sarvangsundara rasa,

Conclusion:

Spinal diseases though are difficult to manage, but if proper diagnosis is made at proper time, many complications can be avoided. Various panchkarma procedures along with internal medicines can be best option of its management.

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A Comparative Study of Matra Basti and Shamana in the Management of Sandhigatavata (Osteoarthritis).

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Osteoarthritis is the most common articular disorder, that begins asymptotically in the 2nd and 3rd decades of old age expressing pathologic changes in weight bearing joints. 25% females and 16% males have symptomatic OA. In Allopathy science, mainly analgesics, anti inflammatory drugs or surgery are the options for the treatment of Osteoarthritis. These don't give satisfactory relief and also causes great adverse effect. Due to the similarities of signs and symptoms Osteoarthritis can be very much correlated to Vatavyadhi, "Sandhigatavata". Acharya Charaka while mentioning common treatment for Vatavyadhi explains repeated use of Snehana, Svedana, Basti and Mrudu Virechana. Considering this, a clinical study was undertaken where Matra Basti was given with Balataila in one group and Shaman drug containing Guggulu, Shallaki, Yastimadhu, Pippali, Guduchi, Nirgundi, Kupilu and Godanti was given in the second group along with Matra Basti. In this study, 33 patients of Sandhigatavata completed the treatment. The results of the study indicate that the patients obtained highly significant relief in almost all the signs and symptoms of Sandhigatavata. As Matra Basti was given in both the grounds, it may have served all the needs required for the Shamana of Sandhigatavata.

Key words : Sandhigatavata, Matrabasti, Abhyanga, Svedana, Osteoarthritis, Vatavyadhi,.

Introduction:

Sandhigatavata is described in all Samhitas and Sangrahasagrantha under Vatavyadhi. Various Aharaja, Viharaj, Manasa and other Vata Prakopaka Nidanas are mentioned in detail for the occurrence of Vatavyadhi. Though Sandhigatavata specially occurs in Vriddhavastha which is Parihani kala in which Dhatukshya takes place which leads Vataprakopa. Vata and Asthi have Ashraya-Ashrayi Sambandha. That means Vata is Situated in Asthi. Vriddha- Increased Vata diminishes Sneha from Asthidhatu by its opposite qualities to Sneha. Due to diminution of Sneha, Khavaigunya (Rikta Srotas) occurs in Asthi which is responsible for the production of Sandhigatavata. Osteoarthritis is the most common form of arthritis. It is a degenerative type of arthritis which mainly occurs in old age. Degeneration takes place in the joint which makes the individual disabled or handicapped. It is a chronic degenerative disorder of multifactorial etiology characterized by loss of articular cartilage and peri articular bone remodeling. It involves the entire joint including the nearby muscles, underlying bone, ligament, synovium and capsule. The risk factors for osteoarthritis are old age, obesity, female sex, major joint trauma, repetitive stress, genetic factors, prior inflammatory joint diseases and metabolic or endocrine disorders. Symptoms of Sandhigatavata are Sandhishula, Sandhishotha, Akunchana Prasara Janya Vedana and Hanti Sandhi Gati as described by various Acharyas. Here, Sandhishula and Sandhishotha occurs due to Vataprakopa. A special type of Shotha i.e. Vatapurna driti Sparsha or Atopa is mentioned which indicates Vata dominancy of Shotha. Akunchana Prasara Janya Vedana and Hanti Sandhi Gati occur due to Kaphakshya and Vata Prakopa. Symptoms of Osteoarthritis are similar as of Sandhigatavata i.e. Joint pain, Swelling, Stiffness Disability and Crepitations over joint.

In the Samprapti of Sandhigatavata, Prakupita Vata gets situated in Asthi Sandhi where Kha-vaigunya - Rikta Srotas is already present. Then Dosha Dushya Sammurchana takes place in Asthi Sandhi and further in Samprapti, the disease Sandhigatavata appears with its symptoms.

Madhyama Rogamarga ie, location in Marma Asthi Sandhi, Vitiation of Asthi and Majja, Dhatukshya, Vriddhavastha makes Sandhigatavata Kastasadhya Roga. In Allopathy science, the scientists believe that once the disease Osteoarthritis has taken place, then it is very difficult to reverse or block that disease process. Till date, no treatment is available that can reverse or slow or block the disease process. Acharya Charaka has mentioned repeated use of Snehana, Svedana Basti and Mrudu Virechana for the treatment of Vatavyadhi. He has not mentioned the treatment of Sandhigatavata separately. Acharya Sushruta has described specific treatment for the Sandhigatavata first time i.e. Snehana, Upanaha, Agnikarma, Bandhana and Unmardana. According to Ayurveda, treatment is



'Vighatana of Samprapti', so the treatment of Sandhigataavata aims, Agnisamata, Vatashamana, Kaphavridhhi (Increase Snigdha guna) and Rasayana. According to Modern medical science treatment is, Analgesics, Anti inflammatory drugs, Anti oxidants, Weight reduction, make surrounding tissue strong and provide materials which are required for healthy bone structure. For the present study, treatment was selected which is able to serve the entire requirement as mentioned above to treat the disease Sandhigataavata.

Aims and Objectives

1. To study Etiopathogenesis of Sandhigataavata.
2. To assess the effect of Matra Basti with Abhyanga- Swedana in Sandhigata vata.
3. To assess the effect of Matra Basti with Abhyanga - Swedana along with Indigenous Compound Drug in Sandhigataavata.

Material and Methods

Patients were selected from O.P.D. and I.P.D. of Kayachikitsa department, I.P.G.T. & R.A., G.A.U., Jamnagar. Patients between age group of 40 - 70 years were selected. Total 35 patients of Sandhigataavata fulfilling the inclusion criteria were selected for the study. Among them 33 patients completed the treatment and 2 patients left against medical advice. Patients having the signs and symptoms of Sandhigataavata as described in Ayurvedic texts were selected for the clinical trial. To assess the effect of the therapy objectively, a special scoring was given to all the signs and symptoms of the disease Sandhigataavata. Routine Hematological, Urine, Stool examination, Biochemical investigations like Fasting Blood Sugar, Lipid Profile, Serum Protein, Serum Calcium were carried out in all the patients before and after the treatment to see the present status of the patient, to exclude any other pathology as well as to see the effect of therapy in these investigations, if any. X-ray examination, Joint examination and walking time were done in all the patients before and after the treatment to assess the effect of therapy. The patients were treated into two Groups as below.

In Group A, 16 patients of this Group were treated with Sarvang Abhyanga Svedana along with Matra Basti (60 ml Balataila) for 3 weeks with 3 days interval at every week.

In Group B, 17 patients of this Group were treated with Sarvang Abhyanga Svedana along with Matra Basti (60 ml of Balataila) for 3 weeks with 3 days interval at every week, same as Group A. Along with this, patients of this Group were also given Shaman drug in Vati form 1.5 gm. 3 times daily for 4 weeks.

Observations and Results:

33 patients of Sandhigataavata were studied in this series. In the present study, Majority of the patients were, from the age group 40-50 years (45.71%). Majority of the patients were Female (77.14%), 88.57% patients were Hindu, 94.28% were Married, 77.14% patients were Vegetarian. 91.42% patients were having habit of Samasana. 60% patients were not having any Dominancy of Rasa in Diet. 94.28% patients were having Regular Bowel Habit, 40% patients were having Kathina stool, 77.14% patients were not doing any type of exercise, 91.42% patients were addicted to Tea. 40.00% patients were having Anxiety and Tension in 31.43% patients. 62.86% patients were having Menopause. Majority of the patients of the present study was of Dvandvaja prakriti with maximum having Vata-Pitta (33.14%) followed by Vata-Kapha (34.29%), 97.14% patients were having Rajashika Manasa Prakriti. Maximum number of patients had Chronicity 1-2 years (31.42%) followed by 2-5 years Chronicity (25.71%). 80% patients were having Gradual onset of the disease. 97.14% patients were having knee joint involvement. Nidana observed in 33 patients were Dhatusankshya (100%), Atichinta (47.14%), Atishoka (11.43%) and Atikrodha (8.57%). In Cardinal symptoms Sandhishula and Sandhi sphutana found in 100% patients, Akunchana Prasaranayoh Vedana and Stambha found in 80% patients. Sandhishotha was present in 71.43% patients and Sparsha Asahyata in 62.86% patients. Associated symptoms obtained were Vibandha (45.71%), Adhmana (37.14%), Nidralpata (28.57%), Kshudha Mandhya (31.43%). In Dosha Dusti, Vataprakopa found in 100% patients Vataavridhhi in 62.85%, Kaphakshya in 65.71% and Pittakshya in 28.57%. In Srotas Dusti Asthivaha and Majjavaha Srotas Dusti found in all the patients. Mamsavaha Srotas Dusti in 62.85%, Medavaha Srotas Dusti in 48.57% was found in patients.

In Group A, 16 patients of Sandhigataavata were treated with Sarvanga Abhyanga Svedana and Matra Basti (60 ml Bala Taila) for 3 weeks. This therapy provided highly significant relief at the level of $P < 0.001$ in all the Cardinal Symptoms. Percentage relief was in Sandhishula (64.15%), Sandhishotha (66.66%), Akunchana Prasaranayoh Vedana (80%), Sandhisphutana (66.66%), Sparsha Asahyata (73.68%) and Stambha (71.87%). In case of Associated symptoms cent percent relief found in Vibandha. Highly significant result ($P < 0.01$) found in Nidralpata (70%) and Kshudha Mandhya (87.50%). Significant result ($P < 0.05$) found in Adhmana (75%) and Gatrashula (62.50%). Vataprakopa (68.75%), Kaphavridhhi (71.42%) and Kaphakshya (70%), Statistically significant relief ($P < 0.05$) was obtained in Pittakshya (60%). Highly significant Relief ($P < 0.001$) found in Mamsavaha (65%), Medovaha (56.25%), Asthivaha



(68.75%) and Majjavaha (68.75%) Srotas Dusti, Also highly significant Result ($P < 0.01$) Obtained in Annavaha (87.50%), Rasavaha (50%) and Purishavaha (75%) Srotas Dusti. Improvement in Walking time and Climbing stairs time was statistically highly significant with the percentage relief of 20.70% and 16.28% respectively. Highly significant relief ($P < 0.01$) found in knee joint flexion. Percentage relief was 5.18% left knee joint and 4.66% in Right knee joint. Significant relief ($P < 0.05$) found in S.L.R (right leg) with percentage relief 10.50%. In Hip joint flexion left hip joint (0.91%), Right hip joint (8.38%) and S.L.R (left leg 8.04%), relief found was statistically insignificant ($P > 0.05$). Improvement in X-ray examination was statistically significant ($P < 0.05$) with percentage relief 25.92%. In this group, 43.75% patients showed Complete Remission, 37.50% patients were Markedly Improved, Moderate Improvement found in 18.75% patients. In this group not a single patient remained Unimproved. In this Group, in the follow up period, 37.50% patients got the recurrence of symptoms.

In Group B, 17 patients were treated with Sarvang Abhyanga-Svedana and Matra Basti (60 ml Bala Taila) for 3 weeks along with Shaman drug was given for 4 weeks. Highly significant relief ($P < 0.001$) found in Sandhishula (59.61%), Sandhishotha (66.66%), Sandhisphutana (32.25%), Stambha (65.62%) Also highly significant relief ($P < 0.01$) found in Sparsha Asahyata (57.14%). Significant relief ($P < 0.05$) found in Akunchana Prasaranayoh Vedana (57.89%). Relief found is Vibandha was 100% Highly significant relief found ($P < 0.001$) in Adhmana (77.77%). In Dosha Dusti, Statistically highly significant relief found in Vataavridhi (70.83%), Vataprakopa (67.64%), Pittavridhi (100%), Pittakshya (90%), Kaphavridhi (66.66%) and Kaphakshya (63.63%). Highly significant relief found ($P < 0.001$) in Asthivaha (73.52%), Majjavaha (73.52%) and Purishavaha (87.50%) Srotas Dusti. Statistically significant relief ($P < 0.05$) obtained in Annavaha (75%) and Rasavaha (75%) Srotas Dusti. Improvement in Walking time and Climbing stairs time was statistically highly significant ($P < 0.001$) with the percentage relief 22.79% and 18.15% respectively. Improvement in Joint examination was statistically highly significant ($P < 0.001$) in knee joint flexion with percentage relief - left knee joint (4.28%) and Right knee joint (6.86%). Significant relief found ($P < 0.05$) in S.L.R. left leg (8.57%), S.L.R. Right leg (10.21%) and hip joint flexion - Right hip joint (4.07%). In left hip joint, 3.13% relief obtained which was statistically insignificant. In this group, Complete Remission found in 23.52% patients, 47.05% patients were Markedly Improved and 29.41% patients were Moderately Improved. No patients in this group remained Unimproved. In this group, Recurrence found in 47.05% patients in the follow up period. Complete Remission found in 43.75% patients in Group-A and 23.52% patients in Group-B. Marked Improvement found in 37.50% patient in Group-A while 47.05% in Group-B. Moderate Improvement found in 18.75% patients in Group-A and 29.41% patients in Group-B. In Group-A, more number of patients got Complete Remission in comparison to Group-B. Otherwise, almost equal result is obtained in both the groups.

Discussion And Conclusion: According to Ayurveda "Samprapti Vighatana Chikitsa" is the mode of treatment to be adopted. In the disease Sandhigata Vata, Vata Prakopa and Khavaigunya i.e. Rikta Srotas (Snehadi guna sunya) in Asthi-Sandhi are the main factors which leads to the Samprapti of the disease. For the present study, Matra Basti, Sarvanga Abhyanga-Svedana and Shamana (Indigenous Compound) Drug was selected. Basti works on Vata Dosha Shamana and Snehana of Asthi Dhatu. Here Shamana of Sandhigata vata by breaking the Samprapti occurs. According to modern medical science, as per Basti /Enema Concerned, in trans rectal route, the rectum has a rich blood and lymph supply and drug can cross the rectal mucosa like other lipid membrane. Thus by entering in general circulation, Basti drugs acts on whole the body. In the present study, the quantity of oil which comes out was less to the given oil in Basti which shows its absorption through the intestinal mucosa. We can infer that Basti acts through the nervous system or through the enteric receptors. It may also increase the secretion of local enzyme or neurotransmitters. Basti influence the normal bacterial flora thus it increases the endogenous synthesis of Vitamin B12, Vitamin K etc. Basti makes the whole metabolism normal. The main ingredient of Bala taila is Bala. It has Vata Sansaman and Rasayana properties and used in Vata vyadhis i.e. degenerative disorders. Taila is best Shamana aushadha for Vata Dosha. It is Ushna, Tikshna, Sukshma, Snigdha. It is able to penetrate minute srotas also and is able to reach deeper Dhatus like Asthi and Majja. Taila is Vedanasthapana, Snehana, Sandhaniya, Deepana, Balya, Rasayan etc. In Osteoarthritis, there is disruption of glue which binds the cells of the cartilage so cartilage damage takes place. Taila by its qualities like Tikshna, Suksma penetrate the cartilage and by its Snigdha, Guru Qualities provides glue which binds the cartilage cells. This action of Taila, is called as "Sandhaniya. Karmas of Abhyanga are Snehana, Kledakara, Jarahara, Pustikara, Kaphavatanirodhan. Snehana which is used for Abhyanga, reaches to Mamsa, Meda, Asthi, Majja etc. Dhatu and provides nourishment to them. Massage gives strength to the muscles, it relaxes the stiff muscles, release, pain, it increases the blood flow and also metabolism. One important reason for the occurrence of Osteoarthritis is muscle or ligament weakness. Muscles and ligaments provide stability to the joint persons who have muscle or ligament weakness, they are more prone to develop arthritis. Because in such persons, joint damage immediate occurs. The Mula of Mamsavaha Srotas is Snayu, Tvacha and Raktavahini. Abhyanga has been performed over



Tvacha and Snayu and also it involves Raktavahini. Due to the same direct benefit is achieved to Mamsavaha Srotas. Abhyanga nourishes deeper Dhatus also. Svedana is Sandhichestakar, Srotosuddhikar, Kaphavatanirodhan. It decreases Sthambha. It releases pain, relaxes muscles, activates local metabolic process, increases blood flow and thus increases the absorption of Sneha through the skin. Heat administration by Svedana may produce hypo analgesic effect by diverted Stimuli. In Sandhigatavata, Sanga type of Srotodusti is present Svedana, by doing Srotosuddhi, this Sanga is released. Shamana (Indigenous Compound) Drug: It has properties like Vedana-sthapana, Shothahara, Balya, Rasayan, Sandhaniya, Deepana, Anulomana etc. Its pharmacological activities include Anti inflammatory, Analgesic, Anti oxidant, Immuno-stimulant etc. By these properties, this drug is beneficial for the Shamana of Sandhigatavata. In group A, more number of patients got complete remission in comparison to group B, otherwise patients of both the Groups got better relief in their complaints after the completion of therapy. It can be concluded that Sarvang Abhyanga- Svedana and Matra Basti serves all the needs which are required for the Shamana of Sandhigatavata.

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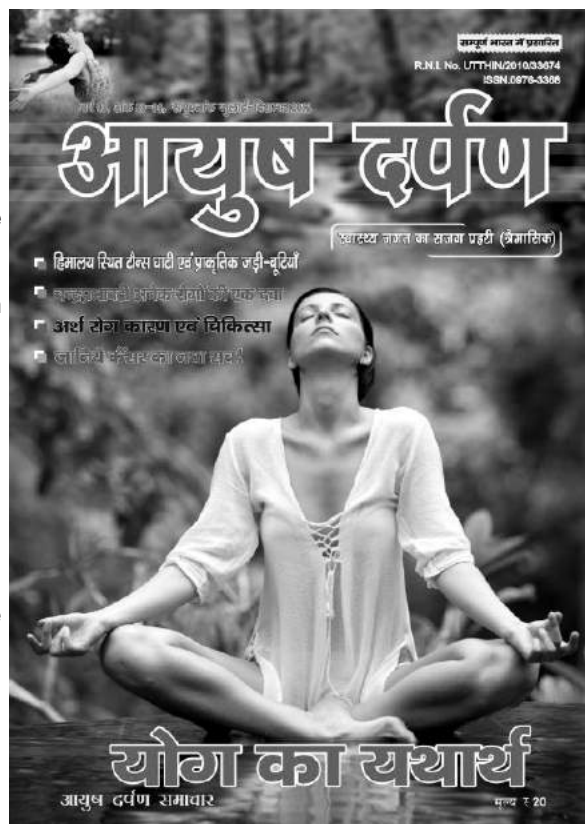
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Anthocyanins In Blueberries And Their Effect on Memory & Cognitive Function

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BACKGROUND

Blueberries have been used for many centuries by Native Americans, both medicinally and as a food source (Blueberry.org). Blueberries are classed in the *Vaccinium* family and have been known for many health benefits due to their antioxidant properties (Blueberry.org). Some of the beneficial properties of blueberries include anti-bacterial and anti-cancer (Blueberry.org); however, recent studies have shown their effects on enhancing memory and cognitive functions.

In a study by Ramirez (2005), it was demonstrated, using rats, that anthocyanins in blueberries help to enhance memory and cognition. Blueberries help to improve the working memory, which includes the portion of the brain that is in charge of problem solving and language skills (Ramirez et al, 2005). The hippocampus and cortex of the brain are specific areas of the brain that improves memory, after the absorption of anthocyanins in blueberries (Andres-Lacueva et al, 2005). The component of cognition that is responsible for problem solving and language skills diminishes with age; however, research has shown that blueberries positively affect the working memory and reverses this age-related process brought on by oxidative stress (Andres-Lacueva et al, 2005).

Humans are subjected to oxidative stress throughout their lifespan. Oxidative stress damages cells, tissues, organs over time. Animals and humans alike are vulnerable to this free radical damage, which may vary from one to another based on the impact of oxidative stress as well as lifestyle conditions (Andres-Lacueva et al, 2005). Rats were used to determine the antioxidant effects of blueberries in a study conducted by Andres-Lacueva (2005), in addition to the absorption of anthocyanins found in the brain and its effects on memory. Oxidative stress damages memory and cognition as seen in rats (Andres-Lacueva et al, 2005).

Anthocyanins are the pigment in blueberries that is responsible for its antioxidant health benefits (Nicoué et al, 2007). Anthocyanins give blueberries its uniquely rich blue color. Though anthocyanins give blueberries its rich blue color, they may also range from red, blue, and purple. Not only are anthocyanins the pigment of blueberries, but are also flavonoids that give blueberries their antioxidant properties.

There are three types of blueberries, lowbush, highbush, and Reade (also known as Rabbiteye) (Barros et al, 2006). Blueberries are available in Eastern Canada and North

America. Highbush blueberries may be found along the eastern coast of North America, whereas the lowbush blueberries may be found in Eastern Canada, northeast and Pacific Northwest of North America (Mazza et al, 2002). Lowbush blueberries are part of the *Vaccinium angustifolium* species and also the highest sources of anthocyanins (Mazza et al, 2002). Highbush blueberries are in the *Vaccinium corymbosum* species. The highbush does not have as high concentration of flavonoids as the lowbush, but are still attributed as rich in anthocyanins (Mazza et al, 2002). Reade berries or Rabbiteye blueberries are part of the *Vaccinium ashei* species which is known for their action on memory and cognition in an evaluation seen in mice (Barros et al, 2006).

CHEMICAL COMPOSITION

The anthocyanin structure, as seen in Figure 1, is in its flavylium cation form (Yi et al, 2006). Anthocyanins are water soluble flavonoids and forms a charge with flavones (Yi et al, 2006). At the central part of the anthocyanin structure it shows a positive charge and this ground-state charge resists enzymatic conversion so that it is absorbed as glycosides (Andres-Lacueva et al, 2005).

Figure 1: Anthocyanin structure. The anthocyanin shown here is in the flavylium cation form. (Yi et al, 2006)



Anthocyanins have been typically known to be absorbed from the gastrointestinal tract (Mazza et al, 2002). In recent studies, anthocyanins in blueberries are analyzed for its absorption and transport abilities to cross the blood brain barrier (Andres-Lacueva et al, 2005). The absorption of anthocyanins was demonstrated in the study conducted by Andres-Lacueva (2005), and it had shown that it anthocyanins absorbed as glycosides. It was shown that anthocyanins may be absorbed in glycosylated forms and therefore be absorbed across the blood brain barrier thus inhibit the destructive effects on memory and cognition (Andres-Lacueva et al, 2005).

RESEARCH

Previous studies have only addressed the bioavailability of anthocyanins as glycosylated forms as they are absorbed in the gastrointestinal tract. Until recently, current research shows some effects of blood brain barrier permeability due to the type of sugar that is attached to the anthocyanins (Andres-Lacueva et al, 2005). This study evaluated how anthocyanins may be found in areas of the brain that are significant to memory and cognition, from the type of sugar attached to flavonoids.

In the study conducted by Andres-Lacueva (2005), it was examined that anthocyanins are found in brain tissue, of rats. It was observed that the type of sugar attached to the anthocyanins is dependent upon its absorption and permeability across the blood brain barrier (Andres-Lacueva et al, 2005). Specific diets were administered to each of the two groups of rats. There was a control diet that consisted of homogenized blueberries in water and the other diet consisted of freeze-dried extracts combined with the control diet. The control diet was supplemented with 2% dried corn. Though there was no significant evidence of anthocyanins detected in the brain, there was however glycosylated anthocyanidins in the parts of the brain, in rats, that were supplemented with blueberry extracts, in its intact glycosylated forms (Andres-Lacueva et al, 2005).

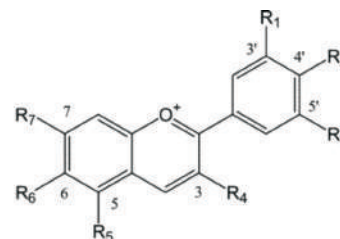
Galactoside forms of the anthocyanidins, malvidin, and malvidin-3-O- β -arabinose were found in the hippocampus and cortex of the brain observed in rats (Andres-Lacueva et al, 2005). It was shown that anthocyanins were, in fact, able to cross the blood brain barrier thus benefits memory and cognitive effects by enhancing neuronal signals, in its glycosylated form. It was found that anthocyanins from the diet can be detected in the specific areas of the brain that enables memory and cognitive behavior. The evidence of anthocyanins found in brain tissue may inadvertently enable antioxidant and anti-inflammatory activities (Andres-Lacueva et al, 2005).

In another study, conducted by Mazza (2002), evaluated the absorption of anthocyanins in human subjects. In a single-blind crossover study of five male healthy human subjects examined the absorption of anthocyanins after consuming freeze-dried blueberries on serum antioxidant status (Mazza et al, 2002). The study was an in vivo study that consisted of the five male healthy human subjects, approximately 46 years old, from Canada. Freeze-dried blueberry powder (lowbush blueberries) was frozen at -30°C, then freeze-dried whole and ground into fine powder. The blueberry powder contained 1.20 grams of total anthocyanins. The control contained 76.4 grams of glucose and .5 grams of sugar-free Kool-Aid. After fasting blood samples were drawn, the subjects were given the control along with a high-fat meal. After 7 days, 100 grams of freeze-dried blueberry powder was given along with a high-fat meal (Mazza et al, 2002). A high-fat meal was given to slow transit time so that absorption of anthocyanins is observed in the human male subjects.

Based on overnight fasting blood values, no anthocyanins were detected before consuming blueberries, and after the consumption of blueberries there was evidence of anthocyanins detected from the blood values. The results collected are statistically significant ($P < 0.001$) which showed an increase in serum antioxidant status (Mazza et al, 2002). The results suggest that the absorption of anthocyanins in blueberries is responsible for the increase in the serum antioxidant status (Mazza et al, 2002).

Recent studies have shown that blueberries improve antioxidant status and benefit motor and cognitive function (Barros et al, 2006). In a study involving mice, Rabbiteye blueberries were used to examine the effects on memory and cognition (Barros et al, 2006). The mice were given 0.3 to 3.2mg/kg/day of anthocyanins which is about the same amount that would occur in humans (Barros et al, 2006). In this study, it was shown that the higher amount of 3.2 mg anthocyanins/kg decreased the damage that was directly impacted by oxidative stress. The decrease in oxidative damage directly correlates to the improvement of memory and cognition (Barros et al, 2006).

Based on the results of these studies, it can be concluded that blueberries play an integral role in enhancing memory and cognitive levels while decreasing oxidative damage. It has been demonstrated that anthocyanins can be readily absorbed across the blood brain barrier, in rats, and thus protect the tissues and organs from oxidative stress which results in diminished memory and cognitive function



Anthocyanin	R ₁	R ₂	R ₃	R ₄	R ₅	R ₆	R ₇
Dp-glc	-OH	-OH	-OH	-O-glc	-OH	-H	-OH
Cy-gal	-OH	-OH	-H	-O-gal	-OH	-H	-OH
Cy-glc	-OH	-OH	-H	-O-glc	-OH	-H	-OH
Pt-glc	-OCH ₃	-OH	-OH	-O-glc	-OH	-H	-OH
Pn-gal	-OCH ₃	-OH	-H	-O-gal	-OH	-H	-OH
Pn-glc	-OCH ₃	-OH	-H	-O-glc	-OH	-H	-OH
Mv-glc	-OCH ₃	-OH	-OCH ₃	-O-glc	-OH	-H	-OH



(Barros et al, 2006).

Another study aimed to examine the absorption of blueberry anthocyanin extracts involving Caco-2 human intestinal cell monolayers (Yi et al, 2006). Anthocyanins can be absorbed through Caco-2 cell monolayers in intact glycone forms (Yi et al, 2006). In previous research, it was only demonstrated that anthocyanins had to be hydrolyzed to an aglycone for it to be absorbed, but current research states that absorption of anthocyanins are in tact (Yi et al, 2006). Though the rate of absorption is lower than the aglycone forms, anthocyanins from blueberry extract is still being absorbed in its intact glycone form. Though the absorption of anthocyanins was not significant, it was evidenced that the absorption and bioavailability is greater with more methoxyl groups attached. Anthocyanins can be absorbed and transported through human intestinal cells. The sugar attached to the anthocyanins influences its absorption across the intestinal cells, just as it permeates across the blood brain barrier, as mentioned in the previous study.

Current research supports that the absorption of anthocyanins in blueberries can enhance memory and cognitive function. It can be concluded that because of the absorption rate and transport of anthocyanins in blueberries, it greatly enhances memory function in the hippocampus and cortex of the brain, as seen in the previous rat study. Evidence has shown that ingesting blueberries can diminish the degenerative effects of memory thus enhancing the working memory and cognitive function. The absorption of anthocyanins makes blueberries an ideal food source because of its permeability across the tissues and cells within the body. Not only can blueberries be eaten as a whole food, but they can be found as an ingredient in many other food sources because of its positive health benefits.

Approximately 2% on our diet should consist of blueberries in order to see the positive effects of memory (Blueberry.org). Two percent of our diet may be equivalent to approximately ½ cup of blueberries every day (Blueberry.org). The optimal time when blueberries are best for harvesting is in the spring and summertime, in North America and Canada (Blueberry.org). Blueberries are seen on the shelf all year long because blueberries are imported from other parts of the country and world. When picking and assessing fresh blueberries, it is important to choose the berries that are firm, dry, with a rich blue color throughout. It is good to shake the container to listen if the blueberries move easily. If they do move easily then none of the berries are damaged (Blueberry.org). Blueberries may be stored in the refrigerator for up to a week if kept unwashed and covered (Blueberry.org). Blueberries may also be stored in the freezer for up to a year.

Blueberries may be consumed in many forms. The most effective forms are either fresh or frozen blueberries. Because blueberries have been touted for their health benefits, blueberries have been highly marketed. Products are putting dried blueberries into cereals, and even seen in teas. Blueberries may be frozen, dried, liquid, and even canned. To gain the health benefits of blueberries it is recommended to consume about a half to one cup of blueberries a day. Blueberries are also known as bilberries, whortleberries and hurtleberries. Blueberries may be eaten in its whole form, by itself, or added to cereals, salads, and even made into jelly. Blueberries should be added to a daily diet to inhibit the oxidative damage that has been seen to diminish memory and cognitive function.

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Scope of Ayurveda For The Management of Lifestyle Disorders- A Review

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Health as defined by the WHO has not been amended since 1948. This definition has been subject to controversy so far, in particular as lacking operational value and because of the problem created by use of the word "complete," it remains the most enduring. On other hand the definition of Health is defined in Ayurveda as followed- *An individual who enjoys the balanced body humors, balanced metabolism, balanced body tissues, and balanced wastes and natural urges and along with it that individual feels happy and un-ease up to organic and systemic level, mental level and spiritual level, can be said the complete healthy.* Lifestyle diseases that appear to increase in frequency as countries become more industrialized and people live longer. The incidence of lifestyle diseases like hypertension, diabetes mellitus, dyslipidemia, and overweight/obesity associated with cardiovascular diseases is high on the rise. In India the situation is quite alarming. The disease profile is changing rapidly. The World health Organization (WHO) has identified India as one of the nations that is going to have most of the lifestyle disorders in the near future. Everybody naturally has to die of something, but lifestyle diseases take people before their time. Too many people are dying relatively young from Heart Disease and Cancer and other lifestyle diseases in modern times. Medical scientists are beginning to realize that it is difficult to understand the totality of health by understanding individual parts as in a mechanical system. The understanding of human body yielded by structural/biochemical analysis is just only one part of the complex picture. Health cannot be limited to parts since there are multiple levels of interaction which integrate in such a way that the whole organism functions smoothly.

As per Ayurveda *Tri doshas* are the building blocks of life. Though plenty of disorders have come because of Life style which are not mentioned in our classics but Acharya Charaka has clearly mentioned about the innumerability of the diseases. Ayurveda refers the '*Pragyaparadha*' (intellectual blasphemy) is root causes of various diseases. The branch *Swastha-vritta* of Ayurveda deals with the guidelines of conducts, behavior, actions, procedures and practices that can make the life healthy and provide the longevity of life. As all the disease development due to life style changes are purely individual based, no other systems can not provide a clear prediction of what disease this patient can develop. But, in Ayurveda by considering his natural temperament (*prakrati*) and the life style (*ahara* and *vihara*) a physician can predict and manage the lifestyle disorders. Ayurveda emphasizes prevention and health promotion, and provides treatment for disease. Ayurveda provides better solution in the forms of proper dietary management, lifestyle advises, in the management of lifestyle diseases, Ayurveda offers various regimens including *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Panchakarma* (five detoxification and bio-purification therapies), and *Rasayana* (rejuvenation) therapies. The holistic approach of Ayurveda, treating the patient as a whole, meaning intervention targeted toward complete physical, psychological, and spiritual well-being makes this science a wonderful option in lifestyle disorders.

This review article is an attempt to explore the scope of Ayurveda for the management of Lifestyle disorders or diseases.

Keywords: Tri dosha, Pragyaparadha, Dinacharya, Ritucharya, Panchakarma, Rasayana, Swastha-vritta.

Introduction

Health is defined by the WHO - *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* The Definition has not been amended since 1948. Health is the level of functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain (as in "good health" or "healthy"). This definition has been subject to controversy so far, in particular as lacking operational value and because of the problem created by use of the word "complete," it remains the most enduring.

On other hand the definition of Health is defined in Ayurveda as followed- *An individual who enjoys the balanced body humors, balanced metabolism, balanced body tissues, and balanced wastes and natural urges and along with it that individual feels happy and un-ease up to organic and systemic level, mental level and spiritual level, can be said the complete healthy.*

Lifestyle diseases that appear to increase in frequency as countries become more industrialized and people live longer. They can include Alzheimer's disease, atherosclerosis, asthma, some kinds of cancer, chronic liver disease or cirrhosis, Chronic Obstructive Pulmonary Disease, Type 2 diabetes, heart disease, metabolic syndrome, chronic renal failure, osteoporosis, stroke, depression and



obesity.

The incidence of lifestyle diseases like hypertension, diabetes mellitus, dyslipidemia, and overweight/obesity associated with cardiovascular diseases is high on the rise. Cardio vascular disorders continue to be the major cause of mortality representing about 30% of all deaths worldwide. With rapid economic development and increasing westernization of lifestyle in the past few decades, prevalence of these diseases has reached alarming proportions among Indians in the recent years.

Life-Style Disorders Indian Scenario

In India the situation is quite alarming. The disease profile is changing rapidly. The World health Organization (WHO) has identified India as one of the nations that is going to have most of the lifestyle disorders in the near future. Nowadays, not only are lifestyle disorders becoming more common, but they are also affecting younger population. Hence, the population at risk shifts from 40+ to maybe 30+ or even younger. Already considered the diabetes capital of the world, India now appears headed towards gaining another dubious distinction of becoming the lifestyle-related disease capital as well.

A study conducted jointly by the All India Institute of Medical Sciences and Max Hospital shows the incidence of hypertension, obesity and heart disease is increasing at an alarming rate, especially in the young, urban population. According to doctors say, a sedentary lifestyle combined with an increase in the consumption of fatty food and alcohol is to blame cases of obesity, diabetes, hypertension etc.

Views of Ayurveda on the Lifestyle Disorders

Ayurveda is a natural health care system that originated in India more than 5000 years ago. Its main objective is to achieve optimal health and well-being through a comprehensive approach that addresses mind, body, behavior, and environment. The branch *Swastha-vritta* of Ayurveda deals with the guidelines of conducts, behavior, actions, procedures and practices that can make the life healthy and provide the longevity of life. It may be said that the contents are belongs to the branch Hygiene of the modern medical science.

In ayurveda, an organism is not considered a system of organs, but a system of relationships which define the functions. Ayurveda's understanding of the functioning of the human body, therefore, is different from that of biomedicine. It is based on *tridoshas* *vata*, *pitta* and *kapha*. Ayurveda refers to these as '*doshas*', which literally means 'that which can become vitiated'. This is apt because in a disease it is ultimately the functions which become impaired. It is interesting to note that *vata*, *pitta* and *kapha* cover not only the physiological but also the psychological functions.

The three '*doshas*' exist in fine balance indicating homeostasis. A change in one will cause changes in the other two. For example, when *vata* increases, certain functions and parameters in *kapha* and *pitta* will change and vice versa. If the *vata* parameter dryness increases, this will reduce the unctuous property of both *pitta* and *kapha* and affect the functions associated with them. Similarly, changes in other parameters of one *dosha* will cause increase or decrease of parameters in the other two *doshas*, resulting in some impaired functions. Disease results when the *doshas*/functions are out of balance and ayurvedic treatment involves bringing the *doshas* back to balance.

The Ayurvedic practices (chiefly that of diet, life style, and the *Panchkarama*) aims to maintain the *Dosha* equilibrium. Despite a holistic approach aimed to cure disease, therapy is customized to the individual's constitution (*Prakruti*). Numerous Ayurvedic medicines (plant derived in particular) have been tested for their biological (especially immunomodulation) and clinical potential using modern ethnovalidation, and thereby setting an interface with modern medicine. To understand Ayurvedic medicine, it would be necessary to first understand the origin, basic concept and principles of Ayurveda.

Pragyaparadha (Intellectual Blasphemy) and Lifestyle Disorders

In general, a particular lifestyle of person is an individual cumulative product of physical capacity co-ordinate with psychological functioning, displayed in the form of habits, behavior, dietary and living pattern based on his own training started from childhood, and mimics he gained from his immediate companions including parents, siblings, peers, etc. Thus, it involves a pure psychological and innate control over the physical and sensory activities. When this initiation, control, and co-ordination are disturbed, it leads to the derangement of lifestyle and results in any lifestyle disorder. Ayurveda emphasizes this phenomenon as '*Pragyaparadha*' (intellectual blasphemy) which is one of the three basic causes of any disease. There are ample improper actions as an impact of *Pragyaparadha* which are root causes of various diseases, e.g., habit of suppression of any natural urge is a result of *Pragyaparadha* and becomes the cause of nearly 50% of the diseases. Reversal of any neurotransmission or improper removal of the waste products formed during metabolism leading to accumulation of toxins is the basic cause of a disease. Therefore, the habit of suppression of urge in improper lifestyle can be considered as one of the root causes of lifestyle diseases. Removal of these accumulated waste products is the first line



of treatment as described in Ayurveda by Charaka.

Life Style Changes

According to research, human bodies on an average are made up of 63% of water, 22% protein, 13% fat, vitamins and minerals. Ideally our diet should include about 65% carbohydrate, 15% protein and 20% fat. Over 50 years the food pattern changed considerably which changed our diet by the use of lots of processed foods, foods with saturated fats, foods with sugar content less and less fruits and vegetables. The result is drastic change which shows 28% carbohydrates, 12% protein, 40% fats and 20% sugar, though the requirement remains almost the same. In 2008, United Nations American National Health Interview Survey (36%) of adults was considered inactive. 59% of adult respondents never participated in vigorous physical activity lasting more than 10 minutes per week.

How the life styles leads to diseases?

Ayurveda refers that almost all the diseases are caused by the adverse foodstuff (*mithya ahara's*) & adversed acts (*vihara's*) which we follows. Though everyone knows that how much we have to pay if we are not giving importance to our health, in this mechanic century all are treating the body too as a machine. And they are leading a mechanical life without considering their physical, mental, spiritual, social well being. So the people are suffering later with chronic and incurable disease which is nothing but a product of their ignorance of health care.

In developing countries there is increase of the diseases which can be called as prosperity diseases because of the sedentary life style which the people are following. In India, it turns out that the race to join the middle class is also a race toward health risks usually associated with wealth, not poverty. Increasing globalization brings nothing but the changing life style ignorance of health by sticking to the strict pattern of jobs. The arousal of such crisis is just because of inappropriate relationship of people with the environment. If we do well with the nature and our body, we get good only. And it is to be noted that there is not even a chance for good after going bad. The specialty of the life style diseases is that, it takes years to develop. And if occurred once, is not easy to cure. Here we can understand the importance of preventive measures.

There is an interesting point to be understood that the *shareera* (human body) is a machine. But, in this machine which chemical transformations takes places without heating or cooling of the reactants and also is a working machine till the death of the person. As it is having the property of adaptation, it will also try to adjust to the environments to which we are putting that. But, beyond a limit, that too can't afford to any of the changes. Because it too needs proper attention to it's needs for working. Beyond the limits there arises the symptom that can be considered as signals which is to make us alert. If even after that the person is not taking care and giving any concern for prevention, it will definitely develop diseases which are comes under the category of *yapya* (manageable) or *anupakrama* (irremediable).

Scope of Ayurveda

In the management of lifestyle diseases, Ayurveda offers various regimens including *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Panchakarma* (five detoxification and bio-purification therapies), and *Rasayana* (rejuvenation) therapies. In other prevailing systems of medicine too there are no treatment measures other than adopting a better daily and seasonal regimen. The *Sadvritta* (ideal routines) and *Aachara Rasayana* (ethics and code of conduct) are utmost important to maintain a healthy and happy psychological perspective. The inclusive utilization of all these treatment modalities has a great effect on lifestyle disorders. Moreover, the application of organ-specific *Rasayana* herbs also provides enough scope not only for prevention of disease, but also for the promotion of health and cure of disease too.

Cardio-vascular disorders are discussed under *Hridroga* in Ayurveda. Under this chapter the *Hridaya* (heart) has been referred virtually to be the site of psyche. Any kind of psychological disturbance will lead to a disturbed patho-physiology of heart. Hence, it has been told to protect the heart from every kind of stressor.

On the contrary, conventional western medicine deals with the cardio-vascular disorder with single side of somatic disorder. Further can be observed that the function results from the collective efforts of many parameters in the body ranging from structures (gross and subtle), biochemistry, measurable activities such as electrical and magnetic, and non-measurable activities such as mental and emotional, to many other physiological parameters.

For example, let us look at functioning of the heart. Heart in any other shape will not function in the same way, making structure a very important component of function. It is well known that the electrical activity of the sino-atrial node, heart's natural electrical pacemaker, is a crucial component for the proper functioning of heart. It is also now well established that mental and emotional activities affect heart's



functioning. Hence, Ayurveda possess an upper merit in treating the disease with emphasis on its root cause.

The preventive principle in Ayurveda is as follows.

"Thyagath vishamahethunam samanam chopasevanath Vishama nanubandhanthi jayanthe dhatava: sama:" (By leaving the causes of imbalance which are responsible for making unhealthy to the body tissues, physiology and psych and by using the balance creating diet, acts, and deeds, one can comes to the normalcy in natural health and can make healthy to the body tissues, physiology and psych) That means one must avoid the factors which cause imbalance and there must be regular use of factors which maintain balance. It is said that by observance of this rule unbalanced condition of Humors (*doshas*), Tissues (*dhatu*s) does not pursue and balance is restored.

Measures To Be Adopted For Preventing Life Style Diseases

As per Ayurveda *Tri doshas* are the building blocks of life. Though plenty of disorders have come because of Life style, which are not mentioned in other Ayurveda classics but Acharya Charaka has clearly mentioned about the innumerability of the diseases. As refers Charak Samhita. We should give importance to our body as a king who protects his kingdom and also like a driver of the chariot who gives conscious concern about his chariot.

Practice of Rasayana Chikithsa (Rejuvenation Therapy): It is the treatment by which one can get the excellence of *rasa* (nourishing fluid which is produced immediately after digestion etc). And there is detailed description of the *Acharya Rasayana* which is to be followed to get the best out of *Rasayana chikithsa*.

These includes-

- Truthfulness
- To be free from anger
- Devoid of alcohol and sex indulgence
- Do not indulge in violence or exhaustion
- Peaceful and pleasing in their speech.
- Practices japa and cleanliness.
- Regularly practicing charity and tapas.
- Regularly offers prayers to the Gods, cows, Brahmanas, teachers, preceptors and old people.
- Absolutely free from barbarous acts.
- Compassionate
- Period of awakening and sleep are regular
- Habitually take milk and ghee
- Acquainted with the measurement of the country and time.
- Experts in the knowledge of rationality.
- Free from ego
- Conduct is to be good
- Not narrow minded
- Have love for spiritual knowledge
- Have excellent sense organs in condition.
- Have references for seniors, asthikas.
- Have good self control.
- Regularly study of scriptures

As we aware, the western medicine is very successful in dealing with medical emergencies and certain diseases, it is now faced with a situation where diseases are no more single entities but are complex, with one leading to another. For example, obesity leads to a number of other diseases such as cardiovascular disease, diabetes, cancer, osteoarthritis, sleep apnoea, etc.

Conclusion

Medical scientists are beginning to realize that it is difficult to understand the totality of health by understanding individual parts as in a mechanical system. The understanding of human body yielded by structural/biochemical analysis is just only one part of the complex picture. Health cannot be limited to parts since there are multiple levels of interaction which integrate in such a way that the whole organism functions smoothly.

The reductionist approach of conventional western medicine and its belief in linear causality faces limitations. On the other hand, health and illness are more holistically understood in the conceptual framework of ayurveda, which differs in fundamental ways with the tenets



of western medicine. Ayurveda with its holistic perspective, different approach to health, and disease and emphasis on diet and lifestyle activities can play an important role. Its experience and expertise accumulated over several millennia should be used to benefit suffering people.

Ayurveda offers a systematic methodology to take care of the different relationships at different levels based on *doshas* and use them to design therapeutic protocols and customize them. '*Doshas*' represent a major difference in the perspective of understanding the human body based

on functions than the currently used one in modern biology. Avoiding the *Pragyaparadha*, with following the *ritucharya*, *dincharya*, and other ethics and conducts of Ayurveda one can achieve a complete health and can prevent the life style disorders. As the world faces increasing chronic, psychosomatic, stress and lifestyle-related disorders, ayurveda with its different understanding of the human body and distinctive approach can play a crucial role in the future of healthcare.

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Jalaukavacharana (Leech Therapy): A New Approach For Non Invasive Therapy

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In present days various well developed modern tools, techniques, drugs, surgical & non invasive surgical procedures are go forward in field of medical science but it still unsuccessful in treating various diseases and see other branches for assist and many of the procedures in Ayurveda and other medical branches are very loyal in treating mankind. Jalauka is a gift of Ayurveda to the world. It is *Hirudo medicinalis* (Medicinal Leeches) and are water worms with blood suckers, belonging to phylum Annelida, class Hirudinea. It performs Ayurvedic method of bloodletting (ashstrakrit raktmokshan). At first bite, it only sucks impure blood from the skin and pure blood is left so act as a blood purification therapy too. The Leech can remove congested blood and allow normal circulation to return to the tissues, thus preventing gangrene from starting. Leech's saliva contain anti blood clotting enzymes that allow blood flow from the area where they have been obstructed. On practical basis Leech therapy is highly effective in treating the varicose veins, nonhealing ulcers, venous ulcers, diabetic foot wound, eczema, psoriasis, cellulitis, epididimoorchitis, lymphadenitis, carbuncles etc. The aim of this article is to highlight this most effective therapy for various diseases.

KEYWORDS Jalauka, Leech, Raktamokshana, Sushruta, *Hirudo medicinalis*.

INTRODUCTION Raktawasechana (bloodletting) is describe as a part in eight surgical procedures, vranachikitsa 60 procedures, and in saptopkrama of vrana, used in various condition specially raktaj diseases¹. Jalaukawacharan (Leech therapy) is a method of bloodletting used in pittaj diseases, diseases where dosas are deep seated (awagadhadosa) and can be easily applied in sophisticated patients i.e. paramsukumar upaya². Leeches primarily sucks the impure blood,³ in this way removal of vitiated blood reduces the strength of diseases. In the present time this is proved that Leech does not suck only the blood, it also inoculate some bioactive substances through its saliva. These two major phenomenons are responsible for therapeutic effect of the Leech therapy. These are frequently applied in **patient with inflammatory swelling cellulitis, abscess** with classical signs and symptoms (i.e. pain, tenderness, redness, local heat, and fever), **patients with painless swellings (keloid, hypertrophied scar), filarial scrotal swelling (early stage), venous ulcer, non-healing ulcers, thrombosed piles, varicose veins etc. It should be avoided or used cautiously in diabetic patients, malignant cases, HIV positive, immune-compromised patients, hepatitis positive, children less than one year age & old persons more than 65 years of age, anemic patient, bleeding disorders, malnourished and patients in septicemia etc.**

METHOD OF JALAUKAVACHARAN (LEECH THERAPY)⁴ - Nirvish Leeches (non poisonous Leeches) are collected from ponds, lakes and stored by creating its accepted habitat, food and water. Change the water on 3rd day and pots on 7th day or depending upon the conditions. Before application general routine investigations (e.g. haemoglobin level, bleeding-clotting time, HIV, HBsAg), counselling of patient and written consent is necessary. Then applying it by considering few steps in mind like **purification of Leeches, preliminary procedures (Purva Karma) of the patient, procedure (Pradhana Karma) of applying Leeches, post therapy procedures (Pashchat Karma) after application of Leeches. The necessary materials used in therapy are** fresh Leeches, fresh water, Leech aquarium with O₂ supply, Leech jar, kidney trays, turmeric powder, mustard paste, rice particle, gloves, fine sterile needles 24G or 26G, sterile gauze piece, sterile cotton, bandage, sterile syringe, astringent or haemostatic agent, sphygmomanometer, **emergency drugs & equipments etc.**

Method - First of all assess the general condition of the patients and his vitals e.g. blood pressure, pulse, respiratory rate, temperature to avoid hazards. Patient positioned on a comfortable bed with properly exposed diseased or target body part for therapy. A fresh Leech prepared for application by putting in paste of mustard and turmeric solution (5%) for a few minutes (i.e. 2-10 minutes or more depending on strength and size). Sign of completion of Leech preparation is that Leech moved vigorously here & there in kidney tray with turmeric solution. Leech should take off from this solution and placed in fresh water and bath carefully. Then hold it by dry gauze that provides a good gripping strength because its body surface secretes a slimy substance continuously so is very flexible which make it difficult to hold. Diseased area should be cleaned with normal water. Any fragrant cream or oil on diseased body part cleaned with mild soap and washed by fresh water to make odourless, as fragrant or any odour repels the Leech. One can make the Leech to hold the desired (targeted attachment) site by taking it in a hollow syringe. Remove the plunger from a 5 ml plastic syringe and place the Leech in the



barrel of the syringe. Invert the barrel, placing the open end on the wound site, where you want the Leech to attach. Once feeding initiate, remove the syringe. The signs of proper attachment of Leeches at desired site are **ashvakhuravadananam** (mouth assume a shape of the toe of the horse), **unnamiya skandha** (rises its shoulder), and sign of start to suck blood **shishuvad uchvasanto** (breathe like a child), **shirospadormivegi** (waves like shaking of head). If Leech not attached to that part, then that portion rubbed with dry gauze piece on which makes that portion soft & hot and ultimately facilitates attachment. Even then if it is not attached to body part, then prick with sterile fine needle to assist oozing of few drops of blood. Blood attracts Leeches strongly and attached to pricking site. If not attached by pricking also, then discard that Leech and replace it by another fresh Leech. After attachment when it starts to suck the blood, Leech body part should be covered with moist gauze except mouth portion. That moist gauze should be kept moist continuously by pouring of drops of water. Moist gauze pieces give natural surroundings to Leech for better blood sucking. Blood sucking, time is variable for each Leech. It is according to its size. Generally 20 - 30 minutes for an average size of Leech. Whole procedure is closely observed throughout time. After sucking blood, Leech generally falls down. If Leech does not detach and there is sign of completion like local itching and pain, it should be detached by applying turmeric powder or *Saindhava Salt's* (Rock salt) powder on mouth. Never pull for detachment because during pulling there is chance of denticle breaking and it may remain at bite site which leads to infection of wound or may leads to massive haemorrhage. After detaching the Leech, the bite site is clean properly and applies some astringent or haemostatic agent and bandaged properly to avoid post application bleeding. The post therapy Leech care is most important step of whole procedure because whole treatment is based on Leeches. Sucked blood by Leech should be vomited and posterior end of Leech hold strongly by left hand with help of dry gauze piece and squeezed by right hand. After squeezing blood Leech is placed again in turmeric solution and ultimately in fresh water Jar which is well labelled for a particular patient. In a case of cellulitis one Leech applied in 5cm squares area. Generally 3 Leeches used for a case in single sitting. Maximum 5 - 6 Leech can be used for a patient.

INDICATIONS OF LEECH THERAPY OR RAKTAMOKSHANA - The Raktamokshan are mainly indicated in raktapradoshaj vikara. There is various indications of Leech therapy while discussing raktamokshana procedures and disease management in Ayurvedic texts.

Table-01 Indication of Raktamokshana/Leech therapy mention in Ayurvedic texts

Charak Samhita	Sushruta Samhita	AstangaHridaya(A.H.) ⁷ Astanga Samgraha(A.S.) ⁸
Mukhpaak, Raktgulma, upkusha(gum boil), visharpa, vidradhi(abscess), vatarakta(gouty arthritis), vivarnata(discolouration), sirahshoola, swedadhikya, shareerdurgandhata, mada, kamp, kandu(itching), kotha, pidika, kusta, charmadala. gudpaak, medhrapaaka, vidradhi, neelika, vyangya, piploo, tilkalak, dadru, charmdala, switra, pama, raktamandala.(Charak sutra 24/11-16, Charak sutra 28/24, 27)	<ul style="list-style-type: none"> Kusta, visharpa, Pidika, Mashak, Neelika, Tilkalak, Nyachha, Vyangya, Indralupta, Vidradhi, gulma, Vatarakta, Arsha, Arbuda, Gudpaak, Mukhapaak, Medhrapaak (Sushrut sutra 24/ 11) Twak roga, Granthi, sotha, Raktaja roga (Sushruta sutra 14/34) AvgadheJalaukasyata(impure blood situated deeper) – Sushruta sharer ch.08 All Vidradhi(except sannipataja), Ekdeshotthsotha, Karnpaaliroga, Sleepad, Poisonous blood, Updansha, Stanaroga, Vidarika, Sheetaad (suppurative gingivitis), Dantapupput (spongy gums), Ostharoga (due to pitta, rakta, kapha) & nearly all Kshudraroga are needed to be Raktavsechan. (Sushruta sutra 25/ 12-15) AvgadheJalaukasyata(impure blood situated deeper) Sushruta sharer ch.08 All Vidradhi(except sannipataja), Ekdeshotthsotha, Karnpaaliroga, Sleepad, Poisonous blood, Updansha, Stanaroga, Vidarika, Sheetaad(suppurative gingivitis), Dantapupput(spongy gums), Ostharoga(due to pitta, rakta, kapha) & nearly all Kshudraroga are needed to be Raktavsechan.(Sushruta sutra 25/ 12-15) 	<ul style="list-style-type: none"> Visharpa, pleeharoga, Vidradhi, kusta, vatarakta, pittajroga, raktapitta, gulma, upkusha(gum boil), Vyangya, redness in twak, netra, mutra. Mukhroga, Netraroga, (A.H.Sutra11/9, A.H. sutra 27/3-4, A.H.sutra 26/42) RaktavsekoVidradhi-Visharpa-Pidka-Gandmalapharanam (A.S. sutra13/03) Arsha (Haemorrhoid.), visha (poisoning)

DISCUSSION: Leeches secrete a complex mixture of different biologically and pharmacologically active substances into the wound like hirudin, which is the best known and specific component in Leech saliva. Components of medicinal Leech saliva mention in table which are given below^{9,10,11}

Table 02- Contents of Leech saliva and their main action



S.N.	Content of Leech saliva	Main action
1.	Hirudin	Inhibits blood coagulation by binding to thrombin.
2.	Calin	Inhibits blood coagulation by blocking the binding of von Willebrand factor to collagen. Inhibits collagen-mediated platelet aggregation
3.	Destabilase	Monomerizing activity. Dissolves fibrin. Thrombolytic effects.
4.	Hirustasin	Inhibits kallikrein, trypsin, chymotrypsin, neutrophilic cathepsin G
5.	Bdellins	Anti-inflammatory. Inhibits trypsin, plasmin, acrosin
6.	Hyaluronidase-	Increases interstitial viscosity. Antibiotic
7.	Tryptase inhibitor	Inhibits proteolytic enzymes of host mast cells
8.	Eglins	Anti-inflammatory. Inhibit the activity of alpha-chymotrypsin, chymase, subtilisin, elastase, cathepsin G
9.	Factor Xa inhibitor	Inhibits the activity of coagulation factor xa by forming equimolar complexes
10.	Complement inhibitors	May possibly replace natural complement inhibitors if they are deficient
11.	Carboxypeptidase	A inhibitors Increases the inflow of blood at the bite site
12.	Histamine like substances	Vasodilator, increases the inflow of blood at the bite site
13.	Acetylcholine	Vasodilator
14.	Anaesthetic agent	Anaesthetic effect

Mode of action- The Leech's main therapeutic benefits are not derived from the average 5 mls of blood removed during biting (although this may provide dramatic relief at first), but from the anticoagulant and vasodilator substances contained in the Leech saliva. These properties permit the wound to ooze up to 50 ml of blood for up to 48 hours. Leech bites will bleed (ooze) on an average of six hours. Now the goal is to produce an adequate venous outflow from the tissue by adjusting the number of Leech application and thereby bite wounds to suit the clinical applications. Leech therapy is usually required for 3-7 days, until new vessel ingrowth around flap margins develops sufficiently to restore effective venous drainage. However, since some cases have been known to take 10 days or more, it is important that treatment be continued for a sufficient period of time to

avoid failure. Leech therapy should be continuous as long as signs of venous insufficiency persist between Leech applications. When the skin stays pink after Leech venous oozing ceases, Leech therapy can be stopped. The ability of the Leech bite wound to continue bleeding locally for 24-48 hours appears to be related to pharmacologically active secretions (not the anticoagulant alone) introduced by the Leech bite. Efforts to simulate this effect by introducing conventional anticoagulants, such as heparin, into small stab wounds in the skin have been unsuccessful.¹²

Table -03 Application of Leech Therapy in various diseases at department of shalya tantra, C.B.P.A.C.S. New Delhi in year 2013 (January 2013- December 2013)

S.N	Diseases	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug.	Sept	Oct	Nov	Dec
1.	Varicose vein/ Deep vein thrombosis	40	38	54	69	89	96	92	123	108	115	87	87
2.	Arthritis	12	19	16	73	85	06	04	10	20	-	16	01
3.	Non healing ulcer/ vrana/cellulitis	11	05	02	01	10	07	12	26	51	30	13	16
4.	Skin disease	22	12	-	12	29	13	20	13	50	23	13	26
5.	Psoriasis	03	03	-	05	02	-	-	-	----	02	-	-
6.	Filarisis	-	03	02	04	04	05	09	-	-	10	03	05
7.	Khalitya	-	-	-	-	-	-	01	-	-	01	-	-
8.	Gynaecomastia	-	-	-	-	-	-	-	-	-	-	04	-
9.	Keloid	-	-	-	-	-	-	-	-	-	-	05	04
10.	Varicocele	-	-	-	-	-	-	-	-	-	-	-	01
11.	Ganglion	-	-	-	-	-	-	-	-	-	-	-	01
12.	Epididymitis	-	-	-	-	-	-	-	-	-	-	-	02
13.	Pada Daha	-	-	-	-	-	-	-	-	-	-	-	0
14.	Erectile Dysfunction	-	-	01	-	-	-	-	-	-	-	-	-
15.	Hydradenitis suppurativa	-	-	03	02	-	-	-	-	-	-	-	-
Grand Total		88	80	82	166	219	127	138	172	229	181	141	146



CONCLUSION AND RESULT - As per description of raktamokshana in ancient Ayurvedic texts and their indications, it is an effective remedy & validated in present era in clinical practice too. Although Leech therapy is a type of Ashastrakrita raktamokshana and have specific indications, but it can be used where raktamokshana are indicated e.g. in sophisticated persons, at vital points etc. A lot of patients suffering with wounds, abscesses, varicose veins, alopecia, leucoderma, eczema, inflammatory arthritis, epididymitis, filariasis, various skin diseases, piles, skin graft-flap failure, cellulitis etc are treated by applying this non invasive therapy. It is also cost effective, needs lesser tools and manpower, easily applicable in day care with minimum necessary investigations.

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Importance of Vamana Karma In The Management of Amlapitta Roga

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Today's life style is completely changed by all the means our diet pattern, life styles and behavioral pattern is changed and it is not suitable for our normal physiology of digestion of body. In Samhita Amlapitta is not mentioned as a separate disease entity but there are several references in Charaka Samhita regarding Amlapitta. Madhavakara and Kashyapa have described this disease as a separate entity with detailed description. Kashyapa has accepted the involvement of three Doshas in Amlapitta while Madhavakara has accepted the dominance of Pitta in this disease. This disorder is the result of Grahani Dosha

DEFINITION OF AMLAPITTA :

The 'Amlapitta' is composed of word Amla and Pitta. The term Amla has been used as an epithet to Pitta. Though, the Amla has been said a natural property of Pitta along with Katu-Rasa according to Charaka. Sushruta has enlisted Katu as its original rasa and mentioned that when Pitta becomes Vidagdha then it changes into Amla.

Shrikanthadatta in his commentary on the relevant chapter has defined that Amlapitta is a condition where excessive secretion of Amla Guna Pitta takes place causing vidahyadi conditions. Chakrapani says that.

"Amlagunodriktam Pittam Amlapittam"

Chakrapani Ch. Chi. 15/40-43

Amla + Pitta- Amlapitta

Sour taste,

excessive salivation

Therefore, Amlapitta means a condition in which sourness of Pitta gets increased.

In Amlapitta, the Pitta gets vitiated by one or all Gunas, causing various pathophysiological conditions of Anna and Purishavaha Srotasa. Madhava Nidana has given a clinical definition of Amlapitta that presence of Avipaka, Klama, Utklesha, Amlodgara, Gaurava, Hrit-Kantha-Daha and Aruchi should be termed as Amlapitta. According to Modern science we can correlate Amlapitta with Hyperacidity or Hyperchlorhydria.

Hyperacidity : This word is composed of two components i.e. Hyper and acidus. Hyper means over or excess and acidus means sour. So a straight meaning may be derived as excess of acid i.e. any acid not particularly the HCL in stomach and a disease which contains this abnormal pathology is defined as hyperacidity.

Hyperchlorhydria : The word indicates the condition in which there is an excessive production of HCL in the stomach. It is a characteristic observation in certain forms of dyspepsia particularly associated with duodenal ulcer. It causes heart burn and water brash.

Nidana of Amlapitta : Nidan of Amlapitta may be discussed under following groups.

Aharaja Nidan : The first and the foremost group of etiological factors of Amlapitta may be considered as the dietary factors. Under this group the intake of food against the code of dietetics i.e. Ahara Vidhi Vidhana and Ahara Vidhi Viseshayatana is included. Various types of incompatible substances, excess use of Pitta aggravating factors like Katu, Amla, Vidahi etc., Bharjitanna and untimely consumption of food are the factors against the dietetic code and they directly disturb the Pitta equilibrium.

Viharaja Nidan : To keep the health undisturbed one is required to follow the healthy code of habits. He requires to have regular habits of defaecation, to eat properly and to sleep in time. He has not to suppress the natural urges, maintaining the equilibrium of the body constituents and by that obviously, he would maintain good health and proper functioning of the body. If this is not functioning followed regularly, the whole functioning of the body will be disturbed and in long run, they will cause the disturbance of the equilibrium of Pitta and digestion which ultimately will lead to Amlapitta.

Samprapti of Amlapitta: In the pathogenesis of Amlapitta, which can be categorized as mainly Pitta on first place and Kapha on second place and the least involved is Vata. The conditions Pittavrita (Vata) prana are nearer to symptomatology of Amlapitta. Hence it



seems that the Amlapitta is a disease condition produced due to Pitta-Kaphavrita Vata mainly Prana and Samana .

Kashyapa has described that this disease occurs mostly to the persons having the Jihvalaulya. Patients generally know the etiological factor of the diseases but due to greed, he continues to consume them and this disease progress to Kasthasadhya stage and it may manifest the Upadrava.

Types of Amlapitta Roga

A. Two types according to Gati,

- 1) Urdhvaga 2) Adhoga

B. Three types according to Dosha sansarga,

- 1) Vatadhik 2) Pittadhik 3) VataKaphadhik

● Samanya Lakshan of Amlapitta

- | | |
|----------|-------------------|
| Avipaka | Tikta-Amla Udgara |
| Gaurava | Klama |
| Utklesha | Hritdaha |
| Aruchi | Kanthadaha etc. |

- Urdhvaga Amlapitta
- Amla Udgara, Hritdaha Kanthadaha
- Shirashoola , Karcharan daha
- Jwar, Kandu , Mandal etc.
- Adhog Amlapitta
- Dahayukta dravamala pravriti, Trishna
- Agnimandhya , Daha , Bhram, Murcha
- Kotha, Lomaharsha, Sweda, Peetangata etc.
- Vatanubandhi Amlapitta
- Udarashoola, Kampa, Pralap, Murcha, Lomaharsha, Tamapravesh etc.
- Kaphanubandhi Amlapitta
- Gaurav, Aruchi, Kandu, Nidra, Vamana, daurbalya, Kaphasathivan etc.
- VataKaphanubandhi Amlapitta
- Combined symptoms of Vatanubandhi and Kaphanubandhi.

Upadrava of Amlapitta Roga

Jwara , Shitapitta, Atisara, Udarda, Pandu, Kandu, Shula, Mandala, Shotha, Vicharchika, Aruchi, hrama etc.

Sadhyata-Asadhyata

Madhavakara has pointed out that in case the patient has been suffering from Amlapitta recently and is treated properly the prognosis is good. Chronic cases may either improve a little or may be relieved completely during the course of treatment. As soon as the patient deviates from the wholesome diet the disease relapses. When disease is of short duration then it is Sukhasadhya, it is Yapya when chronic Krucchrasadhya, when the duration of the disease is long and cured with great difficulty and Asadhya when the patient will have different Upadhravas and symptoms of Dhatu Kshaya. Kashyapa has indicated that in case of patients of Amlapitta gets complicated by Jwara, Pandu, Shula, Shotha, Aruchi and Bhrama with Dhatu Kshina are incurable .

Chikitsa Sutra

Kashyapa has described Vamana as the first line of treatment followed by Langhana and Laghu Bhojana. Kashyapa opines that just like a tree with its trunk and branches is destroyed by striking blow at its root. As per Chakradatta, Yogaratnakara, the second line of treatment is to carry out Mrudu Virechana. The next regimen consists of Administration of Anuvashana followed by Asthapan in the chronically afflicted patients. Drugs used for Vamana are Lavanambu, Sukhosna Dugdha, Ikshurasa, Madhudaka or Tiktadravyas and for Virechana Triphala, Trayamana, Katuki, Rohini and Trivrit. According to Bhavaprakasha decoction of Patola, Nimba, Madanaphala with Saindhava Lavana should be used for Vamana. Nishotha churna and Amalaki are prescribed for Virechana. Yogaratnakara added Raktamokshana as tool if Amlapitta is not cured by Vamana and Virechana. Kashyapa opines that, after Vamana if the doshas persist, the physician should resort to Samana Chikitsa with the aid of Laghu, Bhojana, Samana and Pachana Aushadhi. Mainly Tikta Rasa, Laghu, Snigdha Guna, Katu or Madhura Vipaka, Sheeta Virya drugs are advocated by all Acharyas. Use of Shamana drugs that opposite to that of Pitta is beneficial in Amlapitta.

IMPORTANCE OF VAMANA KARMA

Vamana :

Vamana expels out the Doshas dragging them towards The Urdha bhaga through the mouth. Amashaya is the specific seat of Kapha



and sama Pitta. Though Vamana is a specific therapy for Kapha Dosha, it may also be used for eliminating sama pitta Dosha. Vamana drugs which are having Ushna, Tikshna, Sukshma, Vyavayi and Vikasi property reaches the Hridaya by virtue of its Virya then following the Dhamani it pervades the whole body through large and small Srotasa. Vamaka drugs by their property and Aakash + Vayu Mahabhuta dominancy helps in eliminating the morbid humour from the Shakha to Kostha and then out of the body. According to Charak Amlapitta is Aamashyasamuth vyadhi & Amashaya is the specific seat of Kapha and sama Pitta. Vamana purify the Amashya.

EXAMPLES OF VAMANA KARMA IN AMLAPITTA ROGA

1. According to Kashyap Lavanambu, Sukoshna Dugdha, Ikshurasa, Madhudaka, are indicated for vamana Karma.
2. According to Bhasajyaratnavali patolapatra, Nimbapatara, Sandhavalavana, Madanaphala are indicated for Vamana Karma.
3. According to Bhavaprakash patola Neem, Madanaphala, Madhu and Sandhav lavana are used for Vamana Karma.
4. According to Yogaratnakar for Vamana karma the powder of Madanaphala and sandhav lavana in decoction of Neem and Patolapatra used in Amlapitta Roga.
5. According to Rasa Ratna Sammurchya Nimba and Patola Patra are used for Vamana karma.

CONCLUSION

1. Normally the elimination of Kapha by Vamana Karma and elimination of Pitta by Virechana karma are indicated in all Ayurvedic literature but vamana karma also indicated in Sama pitta.
 2. Amlapitta is Amashya Samuth vyadhi and Vamana purify the Amashya.
 3. For the purification of Amashya Vamana is necessary before the Sansamana therapy.
- So it can be concluded that all Ayurvedic Acharyas accepted the role of Vamana Karma in Amlapitta Roga,



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Piles, fissure, fistula specialist

" Ayurvedic Traditional Treatments "

- | | | | |
|----------------|------------------|----------------|---------------|
| 1. Panchkarma | 5. Steam bath | 9. Pidichil | 13. Karnpuran |
| 2. Ksharsootra | 6. Facepack | 10. Udvartan | |
| 3. Shirodhara | 7. Sarvang Dhara | 11. Shirovasti | |
| 4. Massage | 8. Pind Sweda | 12. Tarpan | |

NOTE : Ayurvedic Clinical Classes for B.A.M.S. Dr's & Students



How Lifestyle Changes Impact Pregnancy

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SUMMARY:

A good cared woman can give birth to a healthy child. Lifestyle before 'during and after pregnancy impacts mother and baby's health way beyond birth like risk of future diseases, learning disabilities and behavior disorders. Proper guidance and care about healthy lifestyle can prevent a woman from complications of pregnancy and increase the likelihood of normal pregnancy outcomes.

INTRODUCTION:

Healthy lifestyle: According to Ayurved Ritukalcharya (care to be taken during menstrual cycle), Garbhini charya (care to be taken during pregnancy), likewise Dincharya (daily routine), diet habits etc. should be according to person's body structure, body nature and dosha-prakriti. Modern medical science also gives emphasis on healthy lifestyle. The things that do not harm a woman and her child in any way is healthy for both of them. Here we discuss about lifestyle impacting both. To discuss about lifestyle impacts, study on 50- pregnant women is done from day to day OPD patients keeping following points in mind.

- (1) literate & illiterate
- (2) working & housewives

Of these, observation of lifestyle choices like eating habits, selecting fast foods & junk foods, cooking methods, working hours, posture, selection of clothes, tobacco eating, smoking, use of drugs & alcohol, harmful toxic chemicals, use of cosmetics, stress and many other things was done.

As per latest census in 2001 by National literacy mission, woman literacy rate in India is 54.16%.

Woman employment in urban areas is 13.9% while in rural areas is 29.9%. According to India's National sample survey the proportion of working woman in urban areas has increased from 11.9% in 2001 to 15.4% in 2011.

Compilation of facts can be analysed in the following way.

Eating habits – Nutrition:-

Nutritive, quality food, proper in quantity and proportion and taken at proper time is a healthy food. Unavailability of nutritive diet, moodswings, socioeconomic conditions, illiteracy, bad eating habits and lack of awareness leads to unhealthy food habits and this tends to malnutrition. Healthy nutritive food should be rich in iron, calcium, protein, phosphorus, iodine, vitamins and minerals.

Malnutrition can cause anemia, weight loss, low B.P, palpitation, general weakness, mental stress, indigestion, premature labour and sometimes abortion, low birth-weight baby. Now a days people like to eat junk food. Junk food is of little nutritional value and often high in sugar, salt, fat and calories. Junk food include salted snack foods, candy gum, sweet deserts, fried fast food, sugary carbonated beverages, pizza, hamburgers and tocos and highly processed items. This can lead to excessive weight gain and water retention during pregnancy. Obesity can obstruct labour process.

New studies suggest that unhealthy and junk foods may increase the risk of mental problems like depression, anxiety and dementia in woman and child. Studies conducted at Nene University College in Northampton U.K. believe that adult hypertension, coronary heart disease and kidney problems (renal disease and under developed kidneys) may be programmed by intrauterine exposure to poor nutrition.

According to Ayurved also unhealthy eating habits are bad for pregnant woman and her child. In Jatisutriya-8, Sharir sthan of Charak Samhita the detailed description of Garbhopghatkar bhavas is given as follows:

If a pregnant woman eats the meat of pig, iguana, fishes everyday her child can be affected by diabetes, renal stone, eye diseases, dry and rough hair etc. If a pregnant woman eats sweet in excess, the child is more likely to have diabetes, dumbness and obesity. If eats anything sour in excess gives birth to a child having skin and eye-diseases and haemorrhagic diseases. Eating salt in excess leads to hair fall, baldness, early wrinkles on skin. Eating excess of bitter things leads to weak child, having infertility and impotency. Pungent things if eaten in excess create tuberculosis, poor and ugly physique, and rickets. If things having astringent properties are eaten in excess causes dark complexion child having gaseous trouble in GI track, inflation of stomach, prolapse of anus etc.

According to Icharity NGO report, women, especially in child bearing age are often deficient in nutrition. As a result the number of maternal deaths in India is one of the highest in the world and 87% of all pregnant woman in India are anemic.

It is found that life style has been changed to a great extent in eating habits. Only 20% pregnant females are found who do not like less



nutritious food. 80% of women like to have fast foods and other type of food which are tasty rather than nutritious. Working literate women due to lack of time for cooking give preference to ready to cook things or order the food from market very often, which is always oily, spicy and very rich in calories. Some times it is unhygienic and not fresh. Anemia, nausea vomiting, acidity, digestion problems were found very common in woman taking this type of food. Some illiterate women don't know about healthy and nutritious diet. Out of the sample of 50 pregnant women 70% women were anemic due to malnutrition having hemoglobin between 7 to 9 gm% or less which is very low. Obesity was also a problem in 7 women due to wrong eating habits.

Drinking habits:-

Drinking too much tea, coffee or other cold drinks is harmful to a pregnant woman and her child. Nicotine, caffeine are some chemicals that adversely affect the body. According to NHS drinking more than 200 mg of caffeine a day leads to low birth weight in babies, as well as spontaneous miscarriage. It increases heart rate, constricts blood vessels, relaxes air passages, contracts muscles, has a diuretic effect and suppresses appetite. It was found that mostly women like to drink cold drinks over other healthy juices.

Stress:-

Now a days generally every body lives under stress due to one or the other reason, same is with pregnant woman also. Working women go through several types of stress in balancing work and home duties. Housewives also feel stress in household jobs, children and social problems. This creates many problems to pregnant woman and fetus, stress hormone increases. According to Kristin Bergman, The lead imperial researcher: High level of stress hormone cortisol in amniotic fluid in the womb could affect the development of the brains of fetuses affecting their future social skills, language disability and memory. It can cause miscarriage and preterm labour. Pregnant woman suffering from stress are more likely to have homosexual children of both genders as stress hormone cortisol affects the production of fetal sex hormone.

Chronic or extreme maternal stress may also cause changes in the blood flow to the baby, making it difficult to carry oxygen and other important nutrients to baby's developing organs. Stressed mother may feel over-whelmed and fatigued which might impact her diet and sleep habits and consistently to prenatal care.

According to Ayurveda a pregnant woman's mind should be calm. A mentally stressed woman gives birth to a nervous, slim, weak and short lived child.

Out of 50-pregnant women 27 were under the effect of stress due to one or the other reasons. In these stressed pregnant women 12 were working and 15 were housewives. 4 women were hypertensive having fetal growth problems due to stress.

5 pregnant women were having thyroidism and had been taken special precaution. Anorexia, nausea sleeplessness, restlessness, indigestion, short breathness were also found very common in stressed women. A special counselling sessions along with medicines were needed to overcome their stress.

Choice of clothes:-

In this modern era, women mostly choose the latest fashioned dresses, jeans, tight blouses, T-shirts etc. These tight clothes can cause heartburn, indigestion, reduce blood circulation in lower extremities and increase the risk of swelling in lower body. This swelling in legs may be associated with weak, twisted, swollen and sometimes tender blood vessels known as varicose veins. Tight clothes obstruct the growth of breasts.

60% of the urban-working women like to wear jeans-shirts. Pelvis is affected by the pregnancy hormones oestrogen and relaxin. These make the tough pliable tissues that connect the bones (ligaments) more stretchy. This is one reason why pelvic pain is more common than back pain during pregnancy. 1 woman was found having varicose veins in very advance stage before coming for pregnancy consultation. She was having continuous pain in legs and back. She had more than normal bleeding after delivery.

Working habits:-

Working 24x7, sitting or standing for long hours in offices or kitchen are some of the problems of working women. This causes improper position of the fetus in the womb, premature labour, early rupture of the waterbag, pain in lower abdomen, oedema on legs, varicose veins, backache, hemorrhoids due to extra pressure on the abdomen and disturbs the blood circulation of lower part of the body.

According to Maharshi Charak, a scholar of Ayurveda unnatural sitting and working postures damage the health of both pregnant woman and fetus. As continuous sitting on hard, imbalanced, stiff seat, holding the call of nature can cause premature labour and still birth. If a pregnant woman sleeps always in the supine position the incidence of cord round the neck occurs and that can cause fetal death.

Out of those 50 pregnant women 22 had swelling on lower extremities. From these 14 could be cured normally making foot end raised while at rest. This was due to congestion because of pregnancy and standing for long hours. Mostly every woman was having more or less backpain.

Working women are so busy due to 24x7 jobs so they can not find time for their health issues. Due to workload in pregnancy, cases of abortion and premature deliveries, premature rupture of water bags are increasing. Backpain, lower abdominal pain, swollen legs are



very common in every 1 out of 3 pregnant women. Number of unnatural method (LSCS) of labour is increasing.

Drinking alcohol:-

Attracting towards modern lifestyle, consumption of alcohol is very common in women also. According to experts even one drink can damage baby's health and lead to a fetal alcohol syndrome disorder or the risk of developing an alcohol addiction as a young adult. Report from American college of Obstetric and gynaecology babies whose mom's binged during pregnancy or drank heavily are more apt to have a developmental problems.

According to Missouri department of Mental Health, Division of Alcohol and Drug Abuse: following are the problems that newborns could be facing as a result of alcohol drinking by pregnant woman.

(1) Small body size & weight (2) slower than normal development and failure to "catch up". (3) deformed ribs and sternum. (4) curved spine and hip dislocations. (5) bent, fused, webbed or missing fingers or toes. (6) limited movement of joints. (7) small head. (8) facial abnormalities. (9) small eye openings. (10) skin webbing between eyes and base of nose. (11) drooping eyelids. (12) nearsightedness. (13) failure of eyes to move in same direction. (14) short upturned nose. (15) sunken nasal bridge. (16) flat and absent groove between nose and upper lip. (17) thin upper lip. (18) opening in roof of mouth. (19) small jaw. (20) low-set or poorly formed ears. (21) organ deformities. (22) heart defects or heart murmurs. (23) genital malformations. (24) kidney and urinary defects. (25) central nervous system handicaps. (26) small brain. (27) faulty arrangement of brain cells and connective tissue (28) mental retardation—occasionally severe. (29) learning disabilities. (30) short attention span. (31) irritability in infancy. (32) hyperactivity in childhood. (33) poor body, hand and finger coordination.

Stillbirth, miscarriage and premature labour may occur. In woman who drink a lot, cells that were meant to migrate across the fetal brain can end up leaving the brain altogether.

As above mentioned garbhopghatkar bhavas in Ayurveda drinking alcohol can cause dyspepsia, short memory, overactive and hare brained child.

Out of these 50- patients only 1 pregnant lady was found drinking alcohol, as a result she delivered a child having small head, died after 24 hours of birth.

Chemicals:

There are so many things which are used in day to day life like plastics, containers, toys, dishes, cosmetics, shampoos, utensils containing teflon coating etc have harmful chemicals. Lead crystal glassware and some ceramic dishes, paper wrappers, lipsticks contain harmful chemical lead. Some homes having lead paint or lead in plumbing can affect baby's brain development. Microwave cooking in plastic containers harm woman & child. Plastics are made from certain chemicals like Phthalates and bisphenol A (BPA). They are found in toys, medical equipment, shampoos, cosmetics, processed food packaging, hoses, raincoats, shower containers, vinyl flooring and wall coverings, lubricants and adhesives, detergents, beauty products like nail polish, hair spray, air fresheners, deodorants and fragrances, toys may be harmful during pregnancy. Woman exposed to high level of phthalates has greater risk of her son having smaller genitals and incomplete testicular descent leading to impaired reproductive development. The chemical can make the overall genital tracts of boys slightly more feminine. Girls may have early puberty. Other studies have linked the chemical to thyroid problems, allergies, asthma and contact dermatitis. Lead during pregnancy can put a woman at risk for miscarriage and her baby may be at risk for preterm birth, low birth weight and developmental delays. Perfluorooctanoic acid (PFOA) found in grease and water resisting coatings like teflon and goretex are carcinogenic.

Some household solvents such as turpentine, hazardous cleaning supplies and indoor and outdoor pesticides affect the baby before birth and beyond.

Smoking:-

Smoking is injurious to health. It is also very common in women in high society and lower social grades. Cigarette smoke contains more than 4000 chemicals including nasty things like cyanide, lead and at least 60 cancer causing compounds.

According to study by obs- gynae—James Christmas, Director of maternal fetal medicine for common wealth perinatal Associates at Henrico Doctors Hospital in Richmond, Virginia—when woman smokes during pregnancy, that toxic brew gets into the blood stream; the baby's only source of oxygen and nutrients. Along with these harmful chemicals nicotine and carbon monoxide are especially harmful for almost every smoking related complication in pregnancy.

The most serious complication including still birth, premature delivery and low birth weight can be chalked up to the fact that nicotine and carbon monoxide work together to reduce the baby's supply of oxygen. Nicotine chokes off oxygen by narrowing blood vessels throughout the body including the one's in the umbilical cord. The red blood cells carrying oxygen start to pick up molecules of carbon monoxide instead suddenly, that narrow stream doesn't even hold as much oxygen as it should.



According to centre for disease control and prevention many pregnant women and girls continue to smoke (Estimates range from 12% to 22%) it is estimated that only 18% to 25% quit smoking once they become pregnant. Smoking women are about twice as likely to experience complication like placenta previa, placental abruption which can lead to preterm delivery, still birth or early infant death. Estimates for risk of placental abruption among smokers range from 1.4 to 2.4 times that of nonsmokers. Low birth weight, breathing and heart problems, SIDS (sudden infant death syndrome), death within first year of life, learning disorders, behavioral problems, relatively low IQs are some major problems of infants of smoking mothers. Studies have shown that adults whose moms smoked are more likely to be obese and have triple the chance of developing diabetes.

According to neuroscientists smoking and drinking during pregnancy could make the baby gay and stupid. A study shows flow at Functional Residual Capacity (FRC) in infants born to smoking mothers was lower than that found in infants whose mother did not smoke during pregnancy. (74.3 +/- 15.9 versus 150.4 +/- 8.9 ml/S) $p=0.0007$.

Out of 50 samples only 4 pregnant women were found smoking beedis residing in rural area from lower class and 2 were consuming tobacco in pan-masala & petel nut. Of these 4, 3 women left smoking after knowing the side effects, but one could not control herself and still birth child was born. Out of rest of 3, one was having SIDS, second had a baby having respiration problem and third was born healthy. Tobacco consuming mothers gave birth to babies having weak lungs and low immunity.

Drugs:-

Due to lack of time to take rest or to make haste to cure diseases people take medicines for every small ailment. Taking too much medicines for every small problem like—paxil, nonsteroidal anti inflammatory drugs, NSAIDs—like naproxen, ibuprofen and aspirin can have twice the rate of heart defects.

Conclusion:-

Looking at the results it is much important to conduct awareness campaigns in urban as well as rural areas against harmful life style. Life style changes according to Ayurveda can make an individual having healthy body, mind and soul to live long and thus a healthy and prosperous society.

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Management of Malavastambha With Chatuha Prasrutika Basti and Tila Taila Basti : A Comparative Study

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Background: Malavastambha is a disease which occurs due to Vikruti of Vayu (Pratilom Viguna of Apan Vayu) and Purishavaha Srotasa Dusti. Malavastambha is a social problem in metropolis. In average residential apartments number of family members is more than toilets available which keep most of them waiting in the morning, so it leads to Vega vidharana and causes Malavastambha. Increased stress seen in modern society is the cause of irritable Bowel Syndrome (IBS). IBS is characterized by abdominal pain and altered bowel habits including diarrhea, constipation or alternating diarrhea and constipation. Aim: Management of Malavastambha with Chatuha Prasrutika basti and Tila taila Basti A comparative study. Methodology: Total 60 patients were selected, and divided randomly into two groups as experimental group and control group. Observations noted and results of both group compared, statistically analysis was done by using z test (p value > 0.05). Conclusion: The statistical analysis revealed that there are statistically significant improvements in parameters like hard stool, excessive staring, incomplete evacuation, lower abdomen fullness, and the improvement remained same after the follow up period by Chatuha Prasrutika basti.

Key words: Malavastambha, Chatuha Prasrutika basti, constipation, Tila taila basti **INTRODUCTION** Malavastambha is a social problem in metropolis. In average residential apartments number of family members is more than toilets available which keep most of them waiting in the morning, so it leads to Vegavidharana and causes Malavastambha.

Increased stress seen in modern society is the cause of irritable Bowel Syndrome (IBS). IBS is characterized by abdominal pain and altered bowel habits including diarrhea, constipation or alternating diarrhea and constipation.

Malavastambha is a disease which occurs due to Vikruti of Vayu (Pratilom Viguna of Apan Vayu) and Purisavaha Srotasa Dusti.¹ Acharya Charaka mentioned 'Malavastambha' interms of 'Vibandha', 'Bandha' etc. and Malavastambha as a disease has not been mentioned in any Samhitas.

The symptoms of Malavastambha are likely to be the symptoms of constipation from modern science. Constipation means different things to different people, for many people it simply means infrequent stools. For others however constipation means hard stools, difficulty passing stools (straining) or sense of incomplete evacuation. According to Ayurveda if stool not passed once in 24 hours then it is called constipation.

Basti is a therapeutic procedure which appears quite simple in its application however its effects are powerful and effective. Medication given by Basti primarily treats Vata dosha which is the main factor in the manifestation of Malavastambha. Basti to be considered as a half or full of all the treatment modality of Ayurveda.²

Here we are using Chatuha Prasrutika Basti specially indicated for Malavastambha. The reason is that Acharya charak has mentioned in chapter 8 in Sidhi Sthana about this Basti. 12 Prasruti niruha Basti is indicated for the age group 18-70 yrs. 12 Prasruta is Uttama matra. But this matra is not suitable for 'Sukumar' (Balaka, Vridha, Yuvati, Garbhini etc.) and those who are tired of daily routine, Mridu Basti which is not Tikshhna and which do Snehana, Prasrutikayogiki Niruha Basti is recommended.³

(One Prasruta = 8 Tola = 80 ml, 4 prasruta = 320 ml.)

All ingredients of Chatuha Prasrutika Basti possesses the properties like Vata Nasaka, Kapha Nasaka, Malabhedaka, Malanulomaka, Srotoshodhaka and Agnidipaka, Prinana, so these medicines can easily check Samprapti of Malavastambha.⁴

AIM & OBJECTIVES:

- Management of Malavastambha with Chatuha Prasrutika basti and Tila taila Basti A comparative study.
- To study Malavastambha as a symptoms and sign in Ayurvedic Samhitas and modern literature.



METHODOLOGY:

Study Design:

Clinical prospective experimental comparative single blind study - Entire study is based on clinical findings and patient's narration. Total 60 patients were selected, and divided randomly into two groups as experimental group and control group.

Experimental group: The patients were treated with Chatuha Prasrutika Basti (3 cycle of 3 basti) and observations noted.

Control group: The patients were treated with Tila taila basti (3 cycle of 3 Basti) and observation noted.

1. Initial assessment and 1st intervention (1st, 2nd, 3rd day, and then 6 days Parihara kala)
2. 1st follow up and 2nd intervention (10th, 11th, 12th day and then 6 days Parihara kala)
3. 2nd follow up and 3rd intervention (19th, 20th, 21st day and then 6 days parihara kala)
4. Final assessment on 28th day.
5. Follow up after final assessment on 30th day and 60th day.
6. Statistical Analysis had done by using 'z' test.

Preparation of Chatuha Prasrutika basti:

Contains:

Tila taila: 1 Prasrutika

Gomutra: 1 Prasrutika

Dadhi manda: 1 Prasrutika

Amla kanjika: 1 Prasrutika

Sarshap Kalka: 1 Tola (4 Prasrutika = 320 ml)

Mix all contains (Tila taila, Gomutra, Dadhimantha and Amla kanjika) with Sarshap kalka. ⁵

Materials Required

For Experimental Group

The freshly prepared Chatuha Prasrutika Niruha Basti, Tila Taila for local application. Enema pot: used for easy administration of Chatuha Prasrutika Niruha Basti. Catheter: No. 10 size catheter was used.

For Control Group

Tila Taila, Enema syringe: 100 ml of syringe was used for easy administration of taila. Catheter: No. 10 size catheter was used.

Standard Operative Procedure for Basti (Niruha & Anuvasana) ⁶

Purva Karma

NBM (Nil by mouth) at least 3 hour before administration of Niruha Basti, light food should be taken before Anuvasana Basti. Local external oleation (umbilicus, lower abdomen, thigh and low back). Vaska sweda 5- 10 minute on above mentioned areas.

Pradhana Karma

Asked the patient to lie down in left lateral position. Anoint the anus and catheter by oil. Administered 320 ml of Chatuha Prasrutika Niruha Basti with the help of enema pot and simple rubber catheter No10. Also 320 ml Anuvasana (Tila Taila) with same, and 120ml, 60ml with help of steel syringe and simple rubber catheter No10. Tapping over buttock, patient remained lying same position (left lateral) for ½ minute. After that patient asked to take up knee chest position. Observed for samyakasamyak, Atiyoga lakshana.

Paschata Karma

Observed for Basti pratyagha and vyapada lakshana. Then follow Pathyapathya and Parihara kala.

Inclusion Criteria

- Patient having Malavastambha, and sign and symptoms of constipation according to modern science. (Hard stool, Excessive straining, Incomplete evacuation, lower abdomen fullness, gas)
- Age group: between 8 to 70 years of both sexes.
- Basti arha according to various Samhita. ^{7,8}

EXCLUSION CRITERIA

- Age below from 8 years and above 70 years
- Niruha basti and Anuvasana basti Ayogya according various samhitas. ^{9,10,11}



- Individuals suffering from any other systemic disease were also excluded.

INVESTIGATION:-

1. Stool routine before and after treatment if necessary
2. Physical Examination :
 - a. Per Abdomen for prior surgery, Bowel distention, retained stool.
 - b. Perineal and anorectal examination for deformity, gluteal muscle atrophy, rectal prolapse, anal stenosis, anal fissure, rectal mass or fecal impaction, rectocele or rectal prolapse.
 - c. A normal anal wink may be elected by demonstrating reflex contraction of the anal canal following pinprick of the perineum.
3. X-Ray:- In case of intestinal obstruction fluid level will be seen.

ASSESSMENT CRITERIA

Considering the symptoms of constipation given in modern science such as the assessment made. Full detailed history and physical examination of the patients have recorded into specially prepared proforma for Malavastambha.

[Table 1]

Bristol Stool Chart for Hard stool¹²

[Figure 1]

Types 1 and 2 indicate constipation, with 3 and 4 being the "ideal stools" especially the latter, as they are the easiest to defecate, and 5 and 6 tending towards diarrhea.

OBSERVATION:

Data analysis consisted of two parts, first part to describe the characteristic of the study subjects by using descriptive methods viz. general points like age, sex, prakruti etc. second part consisted of comparisons of pre treatment measurements of the outcome with that of post treatment measurements where we used inferential methods and statistics.

Statistical analysis was done for the results using z test.

Distribution according to age:

[Table 2]

In this study, maximum number (29%) of the patients belong to the age group of 40+ and 50+, followed by (26%) belong to the age group of (30+) and rest of the details are shown in the above table.

Distribution according to sex: In this study, maximum number of the patients (63%) was females in comparison with the males (37%).

Distribution according to Prakruti:

[Table 3]

In this study maximum pts were Vata pitta and Vata kapha prakruti.

Distribution of 60 patients according to diet

Most of the patients were vegetarians 33 (55%) and 27 (45%) were non vegetarians.

Distribution of 60 patients according to food habit

[Table 4]

Most of the patients had more junk food (87%) and 13% had less junk food.

Distribution of 60 patients according to appetite

[Table 5]

It is observed that 54% of patients had normal appetite, 23% had reduced appetite and 23% had moderate appetite.

Distribution of 60 patients according to sleep

[Table 6]

The study shows that 33% of Pts had undisturbed and 52% of Pts had disturbed sleep and 15% had delayed & disturbed sleep.

Distribution of 60 patients according to addiction The study shows that 100 % of Pts had addiction like tea coffee etc.

Distribution of 60 patients according to disease

[Table 7]



The study shows that more (97%) Pts were suffering from Kosthagatavata, and 3% were manas vyadhi + kosthagatavata.

Distribution of 60 patients according to type of Malavastambha:

[Table 8]

The study shows that 80% of Pts were suffering from vata pradhana, and 20% were vatakapha pradhana.

Distribution of 60 patients according to defecation wise

[Table 9]

The study shows that 33% of Pts, done daily defecation and 67% had not done daily.

RESULTS

[Table 10]

Effect on Hard stool: In case of hard stool grading increasing mean value is relief sign but excess increasing is bad sign i.e. middle is good sign. It is going towards loose motion. The mean score of hard stool was 2.7 before treatment which increased up to 4.57 after treatment. The severity of hard stool was markedly decreased 3.47 after the follow up period. It was a statistically significant in case of experimental group. The mean score of hard stool was 2.68 before treatment which increased up to 4.05 after treatment. The severity of hard stool was decreased 2.58 after the follow up period. It was a statistically not significant in case of trail group. This means Chatuha Prasrutika Basti is effective in reducing the severity of hard stool in patients, better then Tila Taila Basti.

Effect on severity of Excessive straining: The mean score of Excessive straining in Trial group was 1.87 before treatment which reduced up to 0 after treatment and 0.2 after follow-up. The patients treated with Chatuha Prasrutika basti are statistically highly significant. The mean score of Excessive straining in control group was 1.95 before treatment which reduced up to 0.05 after treatment, and 1.84 after follow-up. The patients treated with Tila Taila are not significant. This means Chatuha Prasrutika Basti is effective in reducing the severity of Excessive straining in patients, better then Tila Taila Basti.

Effect on Incomplete Evacuation: The mean score of Incomplete Evacuation was 2.3 before treatment which reduced up to 0.27 after follow up. The patients treated with Chatuha Prasrutika basti are statistically highly significant. The mean score of Incomplete Evacuation was 2 before treatment which reduced up to .11 after treatment, and 1.58 after follow-up. The patients treated with Tila Taila are significant. This means Chatuha Prasrutika Basti is effective in reducing the severity of Incomplete Evacuation in patients, better then Tila Taila Basti.

Effect on Lower Abdomen Fullness: The mean score of Lower Abdomen Fullness was 1.03 before treatment which reduced to 0.07 after follow up. The patients treated with Chatuha Prasrutika basti are statistically highly significant. The mean score of Lower Abdomen Fullness was 0.89 before treatment which reduced up to 0.89 after follow-up. The patients treated with Tila Taila are not significant. This means Chatuha Prasrutika Basti is effective in reducing the severity of Lower Abdomen Fullness in patients, better then Tila Taila Basti.

Effect on Gas: The mean score of Gas was 2.6 before treatment which reduced up to 0.07 after treatment and followed 1.1 after follow up. The patients treated with Chatuha Prasrutika basti are statistically highly significant. The mean score of Gas was 2.21 before treatment which reduced up to 1.1 after treatment, and 2.21 after follow-up. The patients treated with Tila Taila are not significant. This means Chatuha Prasrutika Basti is effective in reducing the severity of Gas in patients, better then Tila Taila Basti.

DISCUSSION:

Malavastambha: Malavastambha means Malavrodha. Malavastambha is not a disease (Vyadhi), according to Ayurveda; it is mentioned as Lakshana in Granthas. But in normal day to day life it seems as a disease in many persons. It is a major cause of many diseases. As separate niadanas are not mentioned, the samanya nidana explained for Vata Vyadhi can be taken as nidana for Malavastambha in that too, the Vegavidharana (Apana Vayu, Purisha), Avyayama, Vishama Aahara, Virudha Aahara, Shoka, Chinta etc. can be taken as specific to it. Here vitiated Vata Dosha alone or in combination with Kapha Dosha gives rise to Vataja and Vatakapaja Malavastambha. The cardinal feature of Malavastambha is the incomplete evacuation, excessive straining, hard stool, Aadhmaana. Lower abdominal heaviness anal disturbances, smell of mouth, lose of appetite are also seen. Treatment of Malavastambha includes general line of treatment of Vata vyadhi, Bastikarma, Pavanmuktasana, and Purgatives.

On the basis of signs and symptoms Malavastambha can be equated with the disease constipation in modern parlance. There is hard stool, excessive straining, incomplete evacuation, lower abdomen fullness and gas.

Constipation means different things to different people, for many people it simply means infrequent stools. For others however constipation means hard stools, difficulty passing stools (straining) or sense of incomplete evacuation. According to Ayurveda if stool not passed once in 24 hours then it is called constipation.



Malavastambha as a lakshana comes in following diseases,

Rajayakshama, Arsha (purvarooopa), Rudhaguda, Atisara (purvarooopa), Pandu (vatic), Udara (purvarooopa), Gulma (purvarooopa), Asthila/mutrajathara, Vitavighata, Gudavidradhi, Koshthagatavata

Nidana: Here in this present study the important Nidanas which were observed Viz. Abhojana, Vishamasana, Ajirna, Adhyasan, Asatmyasevana, Virudhsevana, Alpajalapana, Ati Katu, Tikta, Kashaya sevana, Ati Guru, Ruksha, Khara, Kathina, Sthira, Vishad Ahara sevana.¹³ Excessive tea, or coffee, excessive Tobacco, Pana chewing and Smoking.

Ativyayama, Avyayama, Ativyavaya, Anidra, Divasvapa, Ati pravata sevana, Vegavidharana (Apana Vayu, Purisha). Kama, Shoka, Chinta, the vitiated Vata get lodged into Pakvashaya and creates Malavastambha.

Pratyatma lakshana: In this study Excessive straining, incomplete evacuation, gas are the symptoms in Malavastambha and constipation were observed in all the patients.

Lakshana: In this clinical trial of the series of patients on the basis of symptoms, we decided, Primary end point - Hard stool and lower abdomen fullness. Secondary end point - Incomplete evacuation, excessive straining and Gas.

Hard stool 80% and sticky stool 20% were observed in sample. The patients having habits of daily defecation (34%), patients observed in sample. The patients having habits of not daily defecation (66%), patients observed in sample. (Defecation 5t/w-9%, 4t/w-38%, 3t/w-19%, <3t/w- 0%). Present study shows that 100% of patient had incomplete evacuation, and gas is predominant symptoms. This may be due to Malavastambha is a Vatapradhana Vyadhi. (Apana Vayu karma hani)

Prakara: In this study most of the patients (80%) had Vata pradhan Malavastambha and 20% patients had Vata-kapha pradhan Malavastambha. This also helps to get a significant result as Chatuha Prasrutika Basti is having Vatahara, Kaphahara, Bhedana, Sroto shodhaka, Saraka, Dipana Pachana, as well as Prinana effects.

Duration: Most of the patients had history of >1 year (76%).

Per abdominal examination-

In this study 53% patients had slightly tender and slightly hard abdomen, 47% patients had soft and not tender abdomen, 17% patients had lower abdomen fullness which was seen, and 83% patients had lower abdomen fullness which was not seen.

Discussion on observation

Age: In this study most of the patients belonged to the age group of 30 to 50+ (84%). This indicates that, Malavastambha is a very common ailment of advancing age. This is due to excessive traveling, excessive work load, Vegvidharna, excessive sitting on chair, less time for Vyayam, taking fast food, tendency to skip meal, Adhyasana etc. may leads, Vata prakopa (Samana Vayu & Apana Vayu dusti), then more prone to Malavastambha.

Sex: In this study most patients were male (63%). As males are doing most of the work outside from house, so they have tendency to take irregular diets, improper diets, Vegavidharana, Yanayana leads to Vataprakopa & Agnimandhya and then more prone to Malavastambha.

Diet: The present study showed that maximum number of patients in the study had vegetarian diet habit (55%) where as (45%) of them had Non Vegetarian diet. 87% patients consume junk food, 13% not consume in large amount. Based on this data, it is difficult to conclude the relation of this type of food habit to that of Malavastambha. As per modern science if person consume less fibres diet, more junk food prone to Malavastambha.

Appetite: The study showed that 54% of patients had normal appetite 23% had reduced appetite and 23% are having moderate appetite. It shows maximum number of patients are having normal appetite. As Agni determines appetite this also may have an important role for the recovery of Malavastambha.

Nidra: The study showed that 33% of them had Un-disturbed sleep, 52% had disturbed sleep and 15% had delayed & disturbed sleep. Maximum patients have disturbed sleep due to uneasiness in abdomen.

Addiction: The study showed that 100% of patients were addicted to certain habits like tea, coffee, alcohol, smoking, pan chewing. Tea, coffee, smoking, pan, all are Kashaya Rasatmaka which aggravates Vata Dosha, with its Ruksha Guna patients are prone to Malavastambha.

Prakruti: The study showed that majority of the patients belonged to Vata-pitta Prakruti (60%), 1% Patients belonged to Pitta-kapha, 37% patients belonged to Vata-Kapha prakruti. 1% pita-vata. vata dominant persons are more prone to Malavastambha.



About treatment In this study Chatuha Prasrutika Basti (niruha basti), and Tila taila (Anuvasan Basti), administered for 9 days as Acharya Charak explained 9 Basti for Vatavyadhi.¹⁴ After the administration of Chatuha Prasrutika Basti, the number of evacuation observed minimum 1 and maximum 2 times per day. In case of 320 ml Tila taila, minimum 6 and maximum 12 time per day, and in case of 120ml, 60 ml,

Tila Taila minimum 1 and maximum 4 times per day.

- Retention time maximum observed - for Chatuha Prasrutika Basti 35 min
- for 320 ml Tila Taila - 25 min
- For 120& 60 ml Tila Taila - 13 hours
- Retention time minimum observed - for Chatuha Prasrutika Basti 5 minutes.
- for 320ml Tila Taila - 5 minutes
- For 120ml, 60 ml Tila Taila - 1 hour

No side effects were noted - in case of Chatuha Prasrutika Basti. Side effects were noted (oil comes without sensation, heaviness in head, feeling uneasiness, taste change, excessive salivation, excessive udgar, heaviness in lower extremities before defecation, weakness, excessive evacuation) - in case of 320 ml Tila Taila Basti. No side effects were noted - in case of 120ml, 60 ml, and Tila Taila basti. Slightly cold feeling in abdomen in case of Chatuha Prasrutika Basti.

CONCLUSION

In this study, it has observed that Chatuha Prasrutika Niruh Basti is more significant than Tila Taila sneha Basti in Malavastambha. In this study, among the 60 patients registered, majority of the patients were Koshtagatavata who were suffering from Malavastambha. Most of the patients aged between 30-50+ years. Most of the patients had history of >1 year. The statistical analysis revealed that there are statistically significant improvements in parameters like hard stool, excessive staring, incomplete evacuation, lower abdomen fullness, and the improvement remained same after the follow up period by Chatuha Prasrutika basti. In case of Tila Taila Basti all Parameters of Malavastambha were reduced during treatment but after treatment and follow up all parameters were relapsed. It was found that treatment was less effective in symptom of gas (A.T.-7%, A.F. - 89%) in case of Chatuha Prasrutika Basti.

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Tables

[Table no 1]: Gradations for Parameters

Hard stool	
Grade	Type of stool
0	4
1	3
2	2
3	1
Excessive straining	
Grade	Time
0	0 – 5 mins
1	6- 10 mins
2	11 – 15 mins
3	16-20 mins
Sense of incomplete evacuation	
Grade	Symptoms
0	No
1	Mild
2	Moderate
3	Severe
Lower abdomen fullness	
Grade	Symptoms
0	No
1	Mild
2	Moderate
3	Severe
Gas	
Grade	Symptoms
0	No
1	Mild
2	Moderate
3	Severe

[Table no 2]:

Distribution of 60 patients according to age

Age	Total
<30	8
31 – 39	13
40 – 49	14
50 +	14

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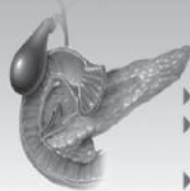
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- NISOTHAMADI Kashayam**
Twak rogam – Kapha Pithajam
- BRUHATH DANTHAPALA Thailam**
Sidham, Vicharchika, Kitiibham, Darunakam
- LIKUCHA Thailam**
Kroshtuka sheersham
- NISHKALKAN Thailam**
Shirashoolam
- PINNYAKA Thailam**
Kaphaja vatha vikaram, Vatha kandakam
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[Table no 3]: Distribution of patients according to Prakruti

Prakruti	Trial	Control
KP	1	0
KV	0	0
PK	1	0
PV	1	2
VK	13	9
VP	14	8

[Table no 4]: Distribution of patients according to food habit

Food habit	Total
More junk food	52
Less junk food	8

Table no 5]: Distribution of patients according to appetite

Appetite	Total
Normal	32
Moderate	14
Reduced	14

[Table no 6]: Distribution of patients according to sleep








Sleep	Total
Undisturbed	20
Disturbed	31
Delayed & disturbed	9

[Table no 7]: Distribution of patients according to disease

Disease	Total
Kosthgata vata	58
Manas vayadhi + kosthgatavata	2

Figure 1

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid



[Table no 8]: Distribution of patients according to type of Malavastambha

Type	Total
Vata pradhana	48
Vata-kapha pradhana	12

[Table no 9]: Distribution of patients according to defecation routine

Defecation	Total
Daily defecation	20
Not daily defecation	40

[Table no 10]: Statistically analysis of observations in both group

	Group	Mean	SD	Wilcoxon Signed Ranks Test Z	P value
Hard stool	Trial	BT 2.70	0.63	3.10	0.002 Sig
		AT 1.87			
Excessive straining	Control	BT 2.68	0.90	1.41	0.157 NS
		AT 2.58			
	Trial	BT 1.87	0.41	4.75	<0.001 HS
		AT 0.20			
	Control	BT 1.95	0.50	1.41	0.157 Sig
		AT 1.84			
Incomplete Evacuation	Trial	BT 2.30	0.45	4.73	<0.001 HS
		AT 0.27			
	Control	BT 2.0	0.51	2.82	0.005 NS
		AT 1.58			
Lower Abdomen Fullness	Trial	BT 1.03	0.25	4.04	<0.001 HS
		AT 0.7			
	Control	BT 0.89	0.46	0.00	1.00 NS
		AT 0.89			
	Trial	BT 2.60	0.66	4.75	<0.001 HS
		AT 1.10			
Gas	Control	BT 2.21	0.42	0.00	1.00 NS
		AT 2.21			



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Efficacy of Padmakadi Leha in Kaphaj Kasa

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Kasa is one of the most common ailments afflicting the Pranavaha Srotas. According to Ayurveda kasa is an independent disease, the Excellency of ayurveda over other medical sciences is that it had not only metioned 'Kasa' as a symptom in various disease but also described it as an independent vyadhi with its separate Pathogenesis, symptoms, signs, types and treatment. This clinical study was carried out to evaluate the efficacy of Padmakadi Leha in patients suffering from Kaphaja Kasa by selecting 30 patients in childrens . In the present study 60 patients are studied. The result were statistically analyzed with the help of t- test and the result have shown that the have good results in the kaphaj kasa in childrens.

Keywords: Kaphaj Kasa, Pranavaha srotas, Padmakadi leha, Cough

INTRODUCTION:

In recent years, there has been an extraordinary increase of incidence related to Respiratory system. Prana the most important among the five types of vayu and related with life, therefore any abnormality in its function leads to disturbance of all the functions as prana is sarvagata as " Kasa is one of the primary disease of pranavaha strotasa, if neglected can affect 'Sarvagat prana' & can hence cause disturbance in other body functions. (1)(2)(3)

Acute Respiratory Infection (ARI) are very common in Pediatric age group and most of these are airborne spreading commonly by droplet method and cannot be completely prevented.

In modern medicine the drug, which are used in symptomatic treatment of cough, are called antitussive.
cough.

Ayurveda had not only provided a wide range of drugs but also provided the various preventive measures to be followed while cured the disease. The respiratory system may be affected by various inhaled toxic agents. These inhaled toxic agents acts by direct toxicity on respiratory system or through immune mechanism. Such exposure can be either occupational or environmental.

Ayurveda has not only described inhaled toxins but also described impairment of digestive process as one of the constituent of pathogenesis of kasa vyadhi.

Charak, the father of Indian medicine has mentioned basic principles of treatments for the management of kasa.

- 1) Shodhana Chikitsa
- 2) Shamana Chikitsa

Shamana is one of the easiest and economical therapy for kasa. Leha is one of the kalpana mentioned by Sharangdhar in Sharangdhar samhita (5).

Materials & Methods:-

In the present study Padmakadi Leha(6) will be prepared using plants given below with Bhavaprakash samhita



Sr No	Drug Name	Botanical Name	Family	Pharmacodynamic Properties (Ayu)	Useful Parts	Qty
1	Padmaka	Prunus cerasoides D.Don	Rosaceae	Ras-Kashaya Virya-Sheeta Vipak-Katu Guna-Laghu	Heartwood	1 Part
2	Amalaki	Emblica officinalis Gaerth	Euphorbiaceae	Ras-Amla, Madhura, Kashay, Tikta, Katu Virya-Sheeta Vipak-Madhura Guna-Guru, Ruksha	Fruits	1 Part
3	Haritaki	Terminalia chebula Retz	Combrataceae	Ras-Kashay, Tikta, Amla Katu, Madhur Virya-Ushna Vipak-Madhur Guna-Laghu, Ruksha	Fruits	1 Part
4	Bibhitaka	Terminalia bellirica Roxb	Combrataceae	Ras-Kashay Virya-Ushna Vipak-Madhura Guna-Ruksha, laghu	Fruits	1 Part
5	Shunti	Zngiber officinale	Zngiberaceae	Ras-Katu Virya-Ushna Vipak-Madhura Guna-Laghu, Snigdha	Dried rhizome	1 Part
6	Maricha	Piper Nigrum	Piperaceae	Ras-Katu Virya-Ushna Vipak-Katu Guna-Laghu, Ruksha, Tikshna	Fruits	1 part
7	Pippali	Piper Longum	Piperaceae	Ras-Katu Virya-sheet Vipak-Madhura Guna-Laghu, Snigdha, Tiksha	Roots	1 part
8	Vidanga	Embelia ribes Burm.f.	Myrsinaceae	Ras-Tikta, Katu Virya-Ushna Vipak-Katu Guna-Laghu, Ruksha, Tikshna	Fruits	1 part
9	Bala	Sida cordifolia linn	Malvaceae	Ras-Madhura Virya-Sheeta Vipak-Madhura Guna-Laghu, Snigdha, Picchila	Roots	1 part
10	Devdaru	Cedrus	Pinaceae	Ras-Tikta	Heartwood	1

Method:-

- A) Sixty patient of kaphaj kasa vyadhi willing for treatment.
- B) Padmakadi leha was prepared in the ayurved ras-shala of C.S.M.S.S, Ayurved college, Aurangabad. 60 patients fulfilling the criteria for the diagnosis of disease were registered from the OPD of Kaumarbhryta Dept. of Ayurved College, and Hospital, Aurangabad, and Padmakadi Leha was given to all of them.

**Grouping**

1. Trial Group - 30 patients Trial Drug Dose 1 gm /age
2. Control Group 30 Patients Kantakari avleha dose 1 gm/age.

Written consent was taken from patient before starting therapy, various time to time investigation and examining procedures are done.

INVESTIGATIONS:-

- 1) Chest X-Ray
- 2) Erythrocyte Sedimentation Rate
- 3) Complete blood count (W.B.C Count)

SELECTION CRITERIA:-

- 1) Inclusive criteria-
 - 1) Patient ready for this study willing for treatment.
 - 2) Patient of age group 3 to 12 years of age.
 - 3) Patient with signs & symptoms of Kaphaj kasa as described in grantha.(12)
 - 4) Patient selection will be irrespective of season and prakruti also.
- 2) Exclusive Criteria:-
 - 1) Patients with vataj, pittaj, kshayaj, kshataja kasa.
 - 2) Patients with pneumonia, Asthma, T.B., Bronchiectasis, etc will be excluded.
 - 3) Patients below age of 3 Years and above age 12 yrs.
 - 4) Patients on any other long term medication.
 - 5) Patients with chronic debilitating disease or disorder.

Table 4 :- Patient's frequency acc. to age group

Table 4 :- Patient's frequency acc. to age group

Age Group in years	No. of Patients (out of 60)	Percentage
3-4	7	11.66%
5-7	10	16.66%
8-10	19	31.66%
11-33	24	40.00%

Table 5:- Patient's Frequency acc. to sex

Sex of patient	No. of Patient (Out Of 60)	Percentage
Male	48	80.00%
Female	12	20.00%

Table 6:- Patients Frequency acc. To *Prakruti*

Praktuti	No. of Patients (Out of 60)	Percentage
Vata Pradhan Kapha	12	20.00%
Vata Pradhan Pitta	14	23.33%
Pitta Pradhan Vata	10	16.67%
Pitta Pradhan Kapha	06	10.00%
Kapha Pradhan Vata	07	11.67%
Kapha Pradhan	11	18.33%

Table 7:- Schedule Of Treatment

Medicine	<i>Padmakadi Leha And Kantakari avelaha</i>
Dose	1gm/age
	Divided into 2 doses.
Anupana	Madhu & Ghrut
Aushadh Sevan Kala	1) Apan Kali Prabhat Kala 2) Sayam Paschat Bhakta
Duration of Medicine	7 day
Follow up	4 th & 7 th Day's

Table 8: Observation Table

Objective Parameters:-**1. Frequency of cough attack in 24hrs :-**

- 10 cough attack in 24hrs : Grade I
- 20 cough attack in 24hrs : Grade II
- 30 cough attack in 24hrs : Grade III

2. Duration of Each cough attack :-

- 5-10 sec- Grade-I
- 15-60 sec-Grade- II
- More than 90 sec-Grade-III

3. Kshtivan :-

- Alpa Kshtivan- Grade I
- Madhyam Kshtivan Grade II
- Prabhut Kshtivan Grade III

4. Nasastrav :-

- Watery discharge-Grade 1
- Mucous discharge-Grade II
- Mucopurulent discharge-Grade III

5. Jwara :- present, absent



6. Auscultation :-

A) Rhonchi-

Alpa-Low Intensity Sound- Grade I

Madhyam- High Intensity sound- Grade II

Prabhut Very High intensity sound-Grade III

B) Crepts-

Alpa- Low Intensity Sound-Grade I

Madhyam- High Intensity sound- Grade II

Prabhut Very High intensity sound-Grade III

Subjective Parameters :-

1. Throat Pain:

Absent Grade I

Mild Grade II

Moderate Grade III

2. **Mandgani**: Hunger after 6 hrs of 1st meal in a day-Grade I

Hunger after 8 hrs of 1st meal in a day-Grade II

Hunger after 12 hrs of 1st meal in a day-Grade III

3. *Aruchi* :- Present, Absent

4. *Aangaurava*- Present, Absent

5. *Lomaharsha* - Present, Absent

6. *Aasymadhurya*- Present, Absent

Table No.-9 Frequency Of Clinical features.

Clinical Features	No. of Patients	Percentage
Frequency of Cough Attack in 24 Hrs.	60	100%
<i>Kshtivan</i>	28	46.65%
<i>Nasastrav</i>	3	5%
<i>Jwara</i>	3	3.33%
<i>Ronchi</i>	3	5%
<i>Crepts</i>	1	1.66%
<i>Throat pain</i>	10	16.66%
<i>Mandagni</i>	53	88.33%
<i>Aruchi</i>	38	63.33%
<i>Lomaharsha</i>	28	46.65%
<i>Aangaurava</i>	23	38.30%
<i>Aasya</i>	15	25%



Table No.-10 Result Seen in Clinical Features.

Sr No.	Symptoms	Padmakadi Leha	Kantakari avleha
1	Frequency of Cough attack in 24 Hrs.	100%	38%
2	Ksthivan	46.65%	2%
3	Nasastrav	5%	1%
4	Jwara	3.33%	0%
5	Rhonchi	5%	0%
6	Crepts	16.66%	1%
7	Throat pain	16.66%	2%
8	<i>Mandagni</i>	88.33%	5%
9	<i>Aruchi</i>	63.33%	6%
10	<i>Lomaharsha</i>	46.65%	3%
11	<i>Aangaurva</i>	38.30%	10%
12	<i>Asvmdhar</i>	25%	7%

Table No. 11 Result in clinical feature *Kasa Vega* Frequency in 24 Hours

Sr. No.	Upashaya / Anupashay	No. of Patients (out of 60)	By Padmakadi Leha (%)	No. of Patients (Out of 60)	By Kantakari avleha
1	<i>Uttam Upashaya</i>	22	73.33%	3	10.00%
2	<i>Madhyam Upashaya</i>	0	0%	4	13.33%
3	<i>Anupashaya</i>	8	26.66%	23	76.66%

Above sign and symptoms (both subjective and objective parameters, as shown in table no. 8) are considered as clinical picture of *kaphaj kasa vyadhi* for analysis of the results obtained by medicine

Criteria for assessment of overall symptoms

- Cured-** Total Relief In Symptoms 75% To 100%
- Markedly Improved-** 50% To 75% Improvement From Signs And Symptoms Is Termed As Markedly Improved
- Improved-** Improvement Range In Between 25% To 50% Responded By Patient In Signs And Symptoms Is Taken For Improved



4. **Unchanged-** The Patient Presenting Less Than 25% Improvement In Their Signs And Symptoms Are Taken As Unchanged

Table12:- Percentage of relief of Both groups

	Padmakadi Laha		Kantakari Avleha	
Effect	No. of patient	Percentage	No. of Patient	Percentage
Cured	7	23.33%	4	13.33%
Markedly improved	21	70%	15	50%
Improved	2	6.66%	10	33.33%
Unchanged	0	0%	1	3.33%
Total	30	100%	30	100%

Discussion and Conclusion

Sixty patients with *Kaphajkasa vyadhi* were studied for the efficacy of *Padmakadi leha* In *samprapti* of the disease following are the etiological factors.

Dosha- *vata, Pitta, Kapha*, mainly *apana vayu prakop* which causes in turn *prakop* of *udan* and *pranvayu*.

Dushya- *Rasa raktadi seven dhatus* as they related to *pranvaha strotasa*.

Sthana sansrya- *pranvaha strotasa* and its *mula sthana*(13)

Strotodushti- Mainly *pranavha strotasa* and other *strotasa i.e. Rasa, Rakta udaka, majja, Anna*, and *purishvaha strotasa* are related to it.

Maximum number of patients belongs to age group 26 to 45. Out of 60 patients were 80% male and 20% were female. Regarding *prakruti* 20% belong to *vata pradhan kapha*, 23.33% belong to *vata pradhan pitta*. 16.67% belong to *pitta pradhan vata*. 10% belong to *pitta pradhan kapha*. 11.67% belong to *kapha pradhan vata* and 18.33% belong *kapha pradhan pitta prakruti*.

The result obtained in the present study showed that *Padmakadi leha* is highly effective in the management of *kaphaj Kasa* in childrens. *Kantakari avleha* showed only significant result. In the treatment with *Padmakadi leha* 23.33% got completely cured, 70% markedly improved and 6.66% got improved, where as with the *Kantakari avleha* 13.33% got completely cured, 50% got markedly improved, 33.33% have got improved and 3.33% patient didn't show any change in the condition. Thus the result has shown that the *Padmakadi leha* is very effective against *Kaphaj Kasa Vyadhi* in children.

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Traditional health care in Baiga tribes of Chhattisgarh

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Chhattisgarh, the 26th State of India is situated between 17 to 23.7 degrees north latitude and 8.40 to 83.38 east longitude. Chhattisgarh abounds in hilly regions and plains. The culture of the people of Chhattisgarh is linked to the forests and the people share an intense emotional bond with the 'jungle'. This is especially true of forest based and tribal communities. Major festivals, religious practices, social events, traditional customs of child birth, totems and the systems of indigenous medicine and nutrition are based on forest produce. The Baiga tribe, one of the most primitive of the aboriginal tribal groups of Central India. They are totally dependent on the jungle. The Baigas saw themselves as people of the forest, who could only live on the produce of the forest. It was below the dignity of a Baiga to become a labourer. The Baiga tribe in Chhattisgarh is known for its unique culture. After a death in the family, the Baigas just leave the house and build another. The baiga takes coarse food and shows no extravagance in this aspect. They eat coarse grain, kodo, and kutki, drink peji, eat little flour and are normally content with what little that they get. They hunt as well, primarily fish and small mammals. They are found in the districts of Bilaspur, Korba, Kawardha & Durg in present Chhattisgarh State. Baiga is one of the five identified primitive tribes (Hill Korwa, Birhor, Baiga, Kamar and Abujhmaria) of C.G. They speak Baigani, which is recognized as a variety of Chhattisgarhi. The paper reports the results of an ethnomedicinal study conducted in Chhattisgarh. The study has been carried out in Bilaspur, Kawardha, Korba & Durg districts. Baiga tribes are used some traditional medicine for their health care. Traditional uses are described for 30 species, like - *Acorus calamus*, *Adhatoda vasica*, *Cassia Fistula*, *Andrographis paniculata*, *Anogissus latifolia*, *Balanites aegyptiaca*, *Alocasia indica*, *Indigofera cassioides*, *Gymnema sylvestre*, *Holarrhena antidysenterica*, *Euphorbia hirta* etc. in various ailments.

Keywords:- Chhattisgarh, Traditional healthcare, Baiga, Primitive tribe

Introduction

Chhattisgarh, the 26th State of India is situated between 17 to 23.7 degrees north latitude and 8.40 to 83.38 east longitude. Chhattisgarh abounds in hilly regions and plains. It receives an annual average rainfall of 60 inches. Rice is the principal crop of the State. The scheduled tribes, with a population of over fifty seven lakh, constitute 32.5 per cent of the State's population as per the 1991 census. Almost 98.1 per cent of this population lives in the rural areas and only 1.9 per cent in urban Chhattisgarh. Among the larger States in India, Chhattisgarh has the highest percentage of population of people from the scheduled tribes. Chhattisgarh is rich in forest resources. About 44 per cent of the total area of the State is under forest cover. Chhattisgarh is famous in the entire country for its sal forests.

The Baiga tribe, one of the most primitive of the aboriginal tribal groups of Central India. They are totally dependent on the jungle, they do not engage in tendu patta collection, which is a major livelihood provider in Chhattisgarh. The Baiga tribes practice shifting cultivation in forest areas. They say they never ploughed the Earth, because it would be like scratching the breast of their Mother, and how could they possibly ask Mother to produce food from the same patch of earth time and time again she would have become weakened. Baigas of Central India were reluctant to do work for others. The Baigas saw themselves as people of the forest, who could only live on the produce of the forest. It was below the dignity of a Baiga to become a labourer. The Baiga tribe in Madhya Pradesh is known for its unique culture. They do not interact even with other tribals like the Gonds, believe in a hand-to-mouth existence, and do not try to access education, eat outside their community, or associate with others. After a death in the family, the Baigas just leave the house and build another.

The baiga takes coarse food and shows no extravagance in this aspect. They eat coarse grain, kodo, and kutki, drink peji, eat little flour and are normally content with what little that they get. One of the prime foods is peji that can be made from grounding macca or from the water left from boiling rice. Local people gave testimony that this food is much better and healthier than many other food that they eat. Also, beyond doubt they eat several items from the forest that includes primarily Chirota Bhaji, Gular leaves such as Chirota, chinch, chakora, sarroota, peepal etc. They also eat BirarKand, Kadukand and other rhizomes. Mushroom is also a delicacy. Numerous fruits such as mango, char, jamun, tendu are also eaten. They hunt as well, primarily fish and small mammals.

They are found in the districts of Bilaspur, Korba, Kawardha & Durg in present Chhattisgarh State. Baiga is one of the five identified primitive tribes (Hill Korwa, Birhor, Baiga, Kamar and Abujhmaria) of C.G. (Observation Table-1) They speak Baigani, which is recognized as a variety of Chhattisgarhi influenced by Gondi and Western Hindi. Most Baigas communicate with outsiders in Hindi, and some of them also know Gondi or Marathi depending on the region they live in.

**Observation Table-1**

Distribution of primitive tribes in Chhattisgarh (According to census -2006)

S.No.	Name of primitive tribe	Population	Residing District
1.	Abujhmaria	19401	Baster, Kanker and Dantewara
2.	Baiga	67241	Bilaspur, Kawardha, Korba & Durg
3.	Birhor	2626	Raigarh, Jashpur, Surguja & Durg
4.	Hill Korwa	34122	Jashpur, Surguja & Korba
5.	Kamar	23033	Raipur, Dhamtari & Mahasamund
Total - 146423			

Source:-The scheduled tribes of C.G., The Institute of tribal research and training centre, Government of Chhattisgarh, Raipur (2008)

Chhattisgarh has one-third tribal population and their traditional health care knowledge is vast and varied. As there is a paucity of systematic scientific research, in this direction therefore, to fill this gap the present study has been conducted on Baiga tribe of C.G. The objectives of the present paper are to report the traditional health care knowledge of Baiga tribal group of C.G. with special reference to some common ailments and diseases (Table- 2). It also examines the perception of disease among Baiga.

Observation Table 2:- Traditional plants used in different ailments by Baiga tribes

S.No.	Botanical name	Local name (Fig.)	Family	Part Used	Disease and Mode of administration
1.	<i>Acorus calamus</i> Linn.	<i>Bach</i>	Araceae	rhizome	Vomiting & dysentery - Crushed roots (Rhizome) are taken one teaspoonful with a cup of water once a day for 2 days to stop vomiting & dysentery.
2.	<i>Andrographis paniculata</i> Nees.	<i>Bhui neem</i>	Acanthaceae	leaf	Intermittent fever - Two hundred and fifty gram of leaves boiled with water and taken one glassful, twice a day for 3 days.
3.	<i>Balanites aegyptiaca</i> L.	<i>Banchadi</i>	Balanitaceae	Root	Typhoid - Hundred grams roots crushed with a cup of water and is mixed with one teaspoonful sugar and taken twice a day for three week.
4.	<i>Cassia Fistula</i> Linn.	<i>Amaltas</i>	Caesalpinaceae	Stem bark	Snake bite - Paste of stem bark applied on bitten place and one spoon full paste taken with a cup of water, once a day for 2 days.
5.	<i>Celastrus paniculata</i> Wild.	Kujur (Fig.1)	Celastraceae	Root	Sinus - Root paste is applied on the affected part as a remedy for sinus, twice a day for 2 week. Paralysis - Crushed root is boiled with <i>sarson</i> oil and massage on affected part, twice a day for one month.
6.	<i>Curcuma amada</i> Roxb.	<i>Ami haldi</i>	Zingiberaceae	rhizome	Mouth ulcer - Fresh rhizome paste is applied on affected part, once a day before bed time for one week.



7.	<i>Diospyros peregrina</i> Gaertn. "	Makad tendu	Ebenaceae	Stem bark	Fever - Decoction of stem bark is taken one cupful, twice a day for two days to cure fever.
8.	<i>Elephantopus scaber</i> L.	Minjur chundi (Fig.2)	Asteraceae	Root	Toothache - Fresh crushed root is used as toothpaste, twice a day for one week to relieve pain. Wounds - Root paste is applied on affected part, twice a day for one week to heal wounds. To ease delivery - Decoction of root is given one glassful to pregnant woman during labour pain to ease delivery.
9.	<i>Euphorbia hirta</i> L.	Doodhi	Euphorbiaceae	whole plant	Adequate milk Secretion – Decoction of whole plant is given on cupful twice daily for mother for 4 to 5 days.
10.	<i>Ficus tomentosa</i> L.	Khakhshi (Fig.3)	Moraceae	fruits	Asthma - Decoction of young fruits are taken one glassful mixed with one spoonful of <i>mishri</i> , twice a day for one month. Burns - Paste of young fruits is applied on the affected part for 3 days.
11	<i>Gloriosa superba</i> L.	Jhagda phool	Liliaceae	Root	Epilepsy - Ten grams of root boiled with one glass of milk and is taken once a day at morning for one month to cure Epilepsy. Male sterility - One glassful of roots decoction mixed with <i>Mishri</i> and is taken once a day before bedtime for one month. Jaundice - Garland of fresh tuber pieces put around the neck of patient for 10-15 days.
12.	<i>Gymnema sylvestre</i> R. Br.	Gurmar	Asclepiadaceae	leaf	Diabetes - Leaves powder is taken, one teaspoonful with a cup of water twice a day for one month to cure diabetes.
13.	<i>Holarrhena antidysenterica</i> Wall. ex.DC.	Korya(Fig. 4)	Apocynaceae	Root, stem bark, Leaf	Dysentery - A glassful of root decoction is taken twice a day for 2-3 days to cure dysentery. Malarial fever - The stem bark decoction is given one glassful orally in the morning for 7 days in the treatment of malarial fever. Hair growth - Leaf juice is applied on hair before hair wash once a week for dandruff and killing lice.



14.	<i>Holoptelea integrifolia</i> (Roxb.) Plan ch.	Papda(Fig.5)	Ulmaceae	Stem bark,	Malarial fever - The stem bark decoction is given one glassful orally in the morning for 7 days in the treatment of malarial fever.
15.	<i>Litsea glutinosa</i> Lour.	Meda (Fig.6)	Lauraceae	Leaf	Body pain - Leaves paste (20 gram) is mixed with oil of <i>Derris indica</i> and massaged twice a day for one week to relieve pain.
16.	<i>Madhuca indica</i> Gmel.	Mahua (Fig. 7)	Sapotaceae	Seed , stem bark, Oil	Hair falling - Seeds are good source of oil. Oil of the seeds is massaged on head once a week for one month to prevent hair falling. Jaundice - Decoction of stem bark is used for bath after applying the ash of <i>Achyranthes aspera</i> on body once a day for 3 days. Skin disease - Warm oil applied on affected part thrice a day for one week to cure any type of skin disease.
17.	<i>Nyctanthes arbor-tristis</i> Linn.	Harsinghar	Nyctanthaceae	Leaf	Sciatica - A decoction of the leaves prepared over a gentle fire is a specific remedy for obstinate sciatica. One glassful twice a day for one month.
18.	<i>*Ochna squarrosa</i> L.	Tendu ki maa (Fig.8)	Ochnaceae	Leaf	Headache - One or two drops of leaf juice is put into nose to cure headache, twice a day with the help of cotton.
19.	<i>*Pittosporum floribundum</i> W.& A.	Rakatfar (Fig.9)	Pittosporeae	Fruit	Jaundice - One teaspoonful of fruits are given thrice a day for one week. Piles - Fresh fruits paste is applied on affected part for 2-3 hours once a day for one week.
20.	<i>Plumbago zeylanica</i> Linn.	Chitawar	Plumbaginaceae	Root	Bodyache - Roots paste is applied and massaged on the affected part twice a day for 2 week. Abdominal pain - Ten grams of root and equal quantity of <i>Hemidesmus indicus</i> roots are crushed and taken with a glass of warm milk twice a day for 5 days.
21.	<i>Porana paniculata</i> Roxb.	Masbandhi	Convolvulaceae	Root	Wounds - Root paste is applied as bandage for 4-5 days, to cure wounds. Abortion - One teaspoonful root paste is taken with a cup of milk once a day for 5 days to about 3-4



22.	<i>*Saccolabium papillosum</i> Lindl.	Chingra mecha	Orchidaceae	whole plant	Cracked bone- The whole plant paste is applied on affected part as a bandage for 15 days.
23.	<i>*Scindapsus officinalis</i> Schott.	Gachpipal	Araceae	Stem bark	Cracked bone - Fresh stem bark paste is applied on affected part as a bandage for 15 days. Bodyache - Stem bark paste is applied on the affected part, before bedtime for 8-10 days. Epilepsy - Decoction of stem bark is taken one cup full twice a day for 15 days. Kidney stone - Decoction of fresh root taken twice a day for 20 days.
24.	<i>Schleichera oleosa</i> (Lour.) Merr.	Kusum	Sapindaceae	Oil	Skin disease - Oil is applied on affected part twice a day for 1 week to cure any type of skin disease. After delivery - Half a cup of oil given to the woman after delivery, twice a day for 3 days as a tonic. Wounds - Oil is applied on the affected part, thrice a day for 4-5 days. Hair care - Oil is used to prevent hair falling.
25.	<i>*Smilex proliferata</i> Roxb.	Rampawan (Fig.10)	Smilacaceae	Stem bark	Sunstroke - The decoction of the stem bark is used against sunstroke, one glassful twice a day for 2 days which gives cooling effect to the body. Healing of wounds - Paste of stem bark applied on the affected part, twice a day for 4-5 days to healing of wounds.
26.	<i>Spilanthes acmella</i>	Akarkara	Asteraceae	Stem, Flower, Leaf,	Paralysis - Dried stem powder is mixed with oil of <i>Madhuca indica</i> and massaged twice a day for 20 days to cure paralysis. Epilepsy - Two heads (flower) are crushed and mixed with <i>Juggary</i> and taken thrice a day for 15 days to cure epilepsy. Headache - Leaf paste is applied on forehead twice a day for 4 days to cure headache. Toothache - Twig of the plant used as toothbrush twice a day for



28.	<i>Terminalia bellirica</i> Roxb.	Behra(Fig.11)	Combretaceae	Fruit	Black Hair - Fruits bark mixed with equal quantity of <i>Shorea robusta</i> (Stem bark), <i>Terminalia chebula</i> (Fruits bark) and stem bark of <i>Syzygium cumini</i> . They are crushed and applied on hair for 2-3 hours before hair wash once a week for one month which gives natural black and shiny hair. Piles - Fruits bark paste applied on piles twice a day for 4 days to cure piles.
29.	<i>Terminalia chebula</i> Retz.	Harra (Fig.)	Combretaceae	Fruit	For Black hair - Fruits bark is mixed with equal quantity of <i>Shorea robusta</i> (stem bark), <i>Terminalia bellirica</i> (Fruits bark) and stem bark of <i>Syzygium cumini</i> and crushed and applied on hair for 2-3 hours before hair wash once a week for one month, which gives natural black or shiny hair.
30.	<i>Vitex negundo</i> L.	Khonkhod (Fig.12)	Verbenaceae	Twig	Toothache - Twig of the tree is used as a toothbrush twice a day for one week to cure toothache.
* Species consider as new/less known					

Material and Method

During the ethnobotanical field survey of the state carried out extensive field studies September 2011 to December 2013 in four district Bilaspur, Kawardha, Korba & Durg. Data was collected from Office of The Institute of tribal research and training centre, Government of Chhattisgarh, Raipur. For the present study, survey was conducted in 3 tribal villages from each blocks. During the course of the study regular field visits were carried out in the study area. Various methods of sampling were used for area selection and primary data collection. Interview schedule was used for collect information related with food habit, health, and about the use of medicinal plants, mode of administration, dosage and technique of diagnosing the diseases were collected through interview from the traditional healers (*Baiga, Vaidh*). Plants were collected as herbarium and photographs has taken on spot. Secondary data were collected from journals, books, reports and government offices to verify the health infrastructure facilities provided by the government.

Discussion & Result

A large number of plant species occur in tribal inhabited localities of Bilaspur, Kawardha, Korba and Durg district. Looking to the intellectual property rights of indigenous people, documentation of such knowledge is necessary now a day. The people of Baiga community possess a vast knowledge regarding multifarious uses of plants. Almost all species are commonly available in the area but many people are not aware about their importance. Some species are facing threats due to various reasons and require immediate attention for their conservation. It is clear from observation that some species are also used for curing the cattle of tribals. Such information should be spread among other societies living in urban area and villages.

Community based awareness programme should be organized to protect this community with the over dosage, accidental poisoning and chance contamination of these drugs. Local government officers should also establish a team of subject experts including local vaidhya, medical practitioners, botanist and anthropologist so that they can prepare a list of such plants giving details regarding their vernacular names, botanical names, toxicity of the particular plant part, method of reducing toxic effect and dosages. Authors should recommend that a bridge would be developed between *Baiga* traditional medicine and Modern medical system, which will help us to protect and conserve the traditional medical heritage as well as improve the utilization of modern medical facilities. Phyto-chemical or pharmacological investigation, nutritional analysis and clinical trials should be carried out to validate the claims. These information's may help the policymakers for adopting the proper healthcare measures and may provide a lead in the development of new drugs.

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Fig. 1. *Celastrus paniculata* Wild.



Fig. 2. *Elephantopus scaber* L.



Fig. 3. *Ficus tomentosa* Roxb.



Fig. 4. *Holarrhena antidysenterica* Wall. ex.DC.



Fig. 5. *Holoptelea integrifolia* (Roxb.) Planch



Fig. 6. *Litsea glutinosa* Lour.



. 7. *Madhuca indica* Gmel.



Fig. 8. *Ochna squarrosa* L.



Fig. 9. *Pittosporum floribundum* W.& A.



Fig. 10. *Smilax proliфера* Roxb.



Fig. 11. *Terminalia chebula* Retz.



Fig. 12. *Vitex negundo* L.





Some Interesting Plant Beverages Among The Tribal Communities In Chhattisgarh, India

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Chhattisgarh is the 10th-largest state in India with an area of 52,199 sq mi (135,190 km²). By population it ranks as the 16th largest state of the nation (Census 2001). It is an important electrical power and steel producing state of India. Chhattisgarh produces 15 per cent of the steel made in the country. Chhattisgarh borders the states of Madhya Pradesh on the northwest, Maharashtra on the west, Andhra Pradesh on the south, Orissa on the east, Jharkhand on the northeast and Uttar Pradesh on the north. Chhattisgarh is rich in ethnic as well as floristic diversity. The tribal group of this region mainly depends on the forests for food, medicine and shelter. The State of Chhattisgarh is known as the rice bowl of Central India and has a rich tradition of food culture. Most of the traditional and tribe foods are made of rice and rice flour curd and a variety of green leaves. The tribal and village population enjoys delicacy brew made of small, creamy white fruit of a local tree called **Mahua**. Forests occupy 41.33% of the area (as per the latest report by the Indian Forest Service) and there are rich forest resources including wood, tandu leaves, honey and lac. Many type forest based product Beverages play an important role in the life of these tribals socially & financially. The paper presents the detailed account of two important beverages, *Handia* and *Mahua daru* consumed by the tribals of Chhattisgarh. In these beverages *Ranu* is play a important role for fermentation, for *Ranu* making some plants are included like *Argyrea bella*, *Bombax ceiba*, *Elephantopus scaber*, *Casearia graveolens*, *Cassine glauca*, *Catunaregam spinosa*, *Cissampelos pareira*, *Crotalaria albida*, *Cryptolepis buehanani*, *Datura metal*, *Buchanania lanzan* etc.

Keywords :- Plant beverage, *Handia*, *Mahua daru*, *ranu*, tribals, Chhattisgarh

Introduction

Chhattisgarh is the 10th-largest state in India with an area of 52,199 sq mi (135,190 km²). By population it ranks as the 16th largest state of the nation (Census 2001). It is an important electrical power and steel producing state of India. Chhattisgarh produces 15 per cent of the steel made in the country. Chhattisgarh borders the states of Madhya Pradesh on the northwest, Maharashtra on the west, Andhra Pradesh on the south, Orissa on the east, Jharkhand on the northeast and Uttar Pradesh on the north.

The State of Chhattisgarh is known as the rice bowl of Central India and has a rich tradition of food culture. Most of the traditional and tribe foods are made of rice and rice flour, curd (number of veg kadis) and a variety of green leaves. The tribal and village population enjoys delicacy brew made of small, creamy white fruit of a local tree called **Mahua**. Forests occupy 41.33% of the area (as per the latest report by the Indian Forest Service) and there are rich forest resources including wood, tandu leaves, honey and lac. Many type forest based product

Fermented food and beverages have been used worldwide since time immemorial. Various cultures have traditionally been using various fermented products. Beer was brewed by Babylonians and also exported to Egypt around 3000 BC. *Borde* and *teff* from Ethiopia, *boza* from Turkey, *suusac* from Kenya, Fermented milk product from Fulani (a tribe) of *Burkina Faso*, *pulque* a traditional Mexican alcoholic beverage, *Sobia* from Saudi Arabia, *Bhaati Jaanr* from Eastern India, *Hamei* and *Marcha* from Sikkim and Manipur are just few fermented food products and beverages. Many others, which are also used, may not have found themselves in the literature. Among the non-alcoholic beverages, which they consume as cooling or refreshing drinks generally in summer are prepared from various plant species such as *Aegle marmelos* (L.) Corr. fruit pulp, *Asparagus racemosus* Wild. Root powder, *Curculigo orchoides* Gaertn. Roots, *Chlorophytem tuberosum* Bak. Roots, *Curcuma augustifolia* Roxb. Rhizomes, *Mangifera indica* L. fruit pulp, and *Sacchraum officinarum* L. juice, etc. The common alcoholic beverages are *Paise* prepared from *Eleusine coracana* (L.) Gaertn., *Tadi* from *Borassus flabellifer* L., *Salphif* from *Caryota urens* L., *Chind* from *Phoenix sylvestris* Roxb., *Handia* from *Oryza sativa* L., and *Mahua* from *Madhuca longifolia* var. *latifolia* (Koen.) Macbr. *Handia* and *Mahua* are most commonly and popularly consumed drinks among the tribals of central India.

Methodology

The study was carried out in Jashpur, Raigarh, Baster and Surguja districts of central India. The total 41 % area is covered by Sal and mixed forests. (Shrivastava & Rao 2003) Gond, Kanwars, Nagesia, Oraon, Pandos, Korwas, Khairwars, Agarias, Majhwars, and Baigas, etc. are the main tribes of state. Most common beverages in the state are *Handia* and *Mahua daru*. *Handia* is prepared from grains of *Oryza sativa*, grains of *Kodo* (*Paspalum scrobiculatum* L.) & *Gundli* (*Panicum sumatrense* Roth ex R.&S.). *Mahua daru* from dried corollas of *Madhuca longifolia* var. *latifolia* (Koen.) Macbr. and some tribes are also used Ripe mango (*Mangifera indica* L.), Ripe



pulp of *Kathal* (*Artocarpus heterophyllus* Lamk.), and *Jamun* (*Syzygium cumini* (L.) Skell.) fruit. The paper highlights the detailed methods of preparation of these beverages.

Preparation of *Ranu* Tablet (Fig:- 1)

In the preparation of *Handia* and *Mahua*, *Ranu* tablets play an important role, act as yeast starter or fermentor, and help in fermentation of both beverages. *Ranu* tablets or *Ranu goti* are the mixture of roots, barks, rhizomes, leaves of about 20-25 plant species (table 1) and mixed with the rice flour. For preparation of tablets, rice is soaked in water, pounded, and kept in a shady place for drying. The plant species used in preparation of *Ranu goti* are collected mostly from forests, and sometimes grown in the kitchen garden. The roots, leaves, bark, seeds of the plants are sun dried and pounded, powdered and dried in sun. The powder is mixed with flour thoroughly in the ratio of 1:2, and rolled in small pieces in the form of small cakes. These tablets are kept in a closed room for drying. After drying, these *Ranu* tablets or *Ranu goti* are used for preparing local beverages.

Table 1:- Plants used in the preparation of *Ranu* tablets

Plant name	Local name	Parts Used
<i>Argyria bella</i> (C.B.Clerk) Raizada	<i>Chhit</i>	Root
<i>Bombax ceiba</i> L.	<i>Semar</i>	Root
<i>Buchanania lanzan</i> Spreng	<i>Char</i>	Leaves
<i>Casuarina graveolens</i> Dalz.	<i>Chithi</i>	Root
<i>Cassine glauca</i> (Rottb.) O.Ktze	<i>Jamrasi</i>	Stem bark
<i>Catunaregam spinosa</i> (Thunb.) Tirvengadam	<i>Mainhar</i>	Root
<i>Cissampelos pareira</i> L.	<i>Parhi</i>	Root
<i>Crotalaria albida</i> Heyne ex. Roth	<i>Choate ghurguli</i>	Root
<i>Cryptolepis buchanani</i> Roem.& Schult.	<i>Kali dudhi</i>	Root
<i>Datura metel</i> L.	<i>Dhatura</i>	Seed
<i>Elephantopus scaber</i> L.	<i>Manjur choti</i>	Root
<i>Euphorbia prolifera</i> Buch.-Ham.ex D.Don	<i>Tisi</i>	Root
<i>Hemidesmus indicus</i> (L.) R.Br.	<i>Dudhiya</i>	Root
<i>Holarrhena pubescens</i> Wall.ex Don	<i>Korya</i>	Root/stem bark
<i>Knoxia sumatrensis</i> (Retz.) DC.	<i>Khudi kanda</i>	Whole plant
<i>Pueraria tuberosa</i> (Willd.) DC.	<i>Patal kumhra</i>	Root
<i>Scoparia dulcis</i> L.	<i>Bhui dhan</i>	Root/whole plant
<i>Senecio nudicaulis</i> Buch.-Ham.ex D.Don	<i>Ban sarson</i>	Root
<i>Symplocos racemosa</i> Roxb.	<i>Lodh</i>	Stem bark
<i>Tylophora rotundifolia</i> Buch.-Ham.ex Wt.,	<i>Bhuli</i>	Root
<i>Wattakaka volubilis</i> (L.f.) Stapf	<i>Gai lakhan</i>	Leaves

Preparation of *Handia* (Rice beer)

Handia is prepared from grains of *Oryza sativa* L. For this, firstly rice is sun dried and boiled well then spread on mat for cooling. *Ranu* tablets or medicinal cake is crushed and added to this boiled rice in appropriate proportion. In one k.g. rice generally four tablets are added. After that, the rice and *Ranu* tablets are placed in earthen pots and the mouth of vessel is covered by cloth and kept in suitable place for 4-5 days for fermentation. After fermentation pot is open and mix the cold water, and the extract is drunk as beverage.

Some part of this region, some tribes are used the grains of *Kodo* (*Paspalum scrobiculatum* L.) & *Gundli* (*Panicum sumatrense* Roth ex R.&S.) in the place of *Oryza sativa*, but the preparation process is same.



Preparation of Mahua daru

Mahua is prepared from dried corollas of *Madhuca longifolia* var. *latifolia* (Koen.) Macbr. For the Preparation of *Mahua*, two methods Closed process (Fig :- 2.)s and Tube process are used by tribal people. In closed process. The liquor is collected in the pot, while in tube (*nala*) method, a tube is connected to the pot in which liquor comes out by the help of tube and stored in pot or cane. The dried corollas are kept in pot and some water is added. In the pot, *ranu* tablets and juice of *Buchanania lanzan* Spreng. Leaves is added to help the fermentation. The pot is closed by the cloth and kept for 3-5 days or till it start smelling, then the pot is kept on stove for distillation. On this pot, another pot is placed and above this another pot is placed in which the cold water is filled. The junctions of these pots are tied tightly by cloth. The vapour passed through the middle pot strikes the bottom of the upper pot in which the cold water is kept. The vapour cools and the droplets collect in the middle pot. In closed system, in middle pot (*paina*), a small pot called *dokli* is placed in which the liquor is collected. In tube (*nala*) process, the vapour is passed through the tube, which is connected to middle pot and collects in cane or in another pot. The water of upper pot is regularly changed to keep it cool. The collected mahua is drunk as beverage, but the pure collected *mahua daru* is so concentrated it can not drunk directly, it can drunk after 50% dilution by normal water. The pure *mahua daru* is known as *Fully daru*, it is used directly as medicinal purpose. The strength of mahua depends on changes of water of upper pot.



Fig:- 1. *Ranu* Tablets



Fig :- 2. Preparation of mahua daru by close process

Result

Preparation of these two beverages is very common among the tribals of central India and is prepared in almost every second house. Both these beverages have great importance in the social life of tribals. These beverages act as binding agent among the tribal communities. In every function, they join together and drink beverages and enjoy. *Handia* (Rice beer) is generally prepared during festivals or ceremonies. In marriages, the number of *Handia* to be given to girl side is decided well in advance. *Mahua* is daily consumed by these tribals. Women and children are also fond of these beverages but consume in small quantity and preferably during festivals or ceremonies. Tribals not only consume these beverages for intoxication but also meet 5-10% of the daily requirements of the nutrients, playing supplementary role in the nutrition of the people³. In small quantity, these beverages are also used as medicine for treating different ailments or diseases. *Handia* is taken as light tranquillizer by Maria tribe of Bastar². It is also given to treat fever, dysentery, diarrhoea and gynaecological complaints³. Mahua is given to treat dysentery by *Baiga*, *Gond* and *Kol* tribes of Surguja district⁵. *Ranu* tablets are used in treating cholera by Gond tribes of Surguja district¹. *Ranu* tablets are also used in treating cough & Cold and Dysentery by Oraon tribes of Jashpur and Raigarh district. *Fully daru* is used in stomachache and dysentery.

These beverages are also gave a strong financially support for some poor tribal people, They sold the Mahua daru in local bazar and cost is 50-60 Rs./ liter, the ranu tablet cost is 25-30 Rs /Kg., and Handia is 20-25 Rs./litre. It gives financially supporting a significant number of families that depend on it.

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शुभकामनाओं के साथ
जय श्री साईं नाथ

क्वालीफाइड सेक्सोलॉजिस्ट

Dr.G.Singh Ayurvadacharya, M.D.

गुप्त रोग (सेक्स रोग) का सफल इलाज

- Premature & Rapid Ejaculation (शीघ्र पतन)
- Spermatorrhoea (धातु का गिरना)
- Night Discharge (स्वप्न दोष)
- Primary Impotency (प्राथमिक नुपंसकता)
- Impotency (नुपंसकता) या किसी भी प्रकार की लिंग में कमी आदि का गुप्त रूप से सफल इलाज।

ध्यान दें गुप्त रोगों में असाध्य रोग जो आपके डॉक्टर या वैद्य या

हकीम ठीक नहीं कर पाये उसका सफल एवं गुप्त इलाज।

(आयुर्वेदिक पद्धति द्वारा)

(रविवार अवकाश)

ध्यान दें : इलाज एवं जानकारी पूर्णतः गुप्त रखी जाती है।

समय सुबह : 9.30 से 2.30 दोपहर सांय 3.30 से 7.30 तक

पता : धर्मपुर के पास आई- 47 नेहरु कॉलोनी (फव्वारा चौक), मेन रोड पर
बड़ी पानी की टंकी के बगल में, देहरादून, उत्तराखण्ड

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Premature Ejaculation : Clinical Research

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Premature Ejaculation (PE) is a very common male sexual problem. Anxiety, stress, fear etc., are the main predisposing factors of PE. In Ayurveda, this condition can be correlated with *Shukragata Vata*. In the present study, fifty five patients with PE were grouped into two and were treated with *Stambhanakaraka Yoga* ($n = 30$) and Placebo ($n = 20$) for a duration of two months, with luke warm water as anupana. Psychological counseling was given to the patients in both the groups. After completion of treatment, *Stambhanakaraka Yoga* showed significant results against placebo in all parameters, namely Intravaginal Ejaculation Latency Time (IELT), voluntary control over ejaculation, patient and partner's satisfaction, performance anxiety.

Introduction

Premature ejaculation is generally regarded as one of the most common male sexual dysfunctions. Ejaculatory response is the efferent (motor) component of a spinal reflex that typically begins with sensory stimulation to the glans penis.^[1] However, much less is known about this disorder than erectile dysfunction and there is a lack of a commonly accepted definition for this complaint. A specific ejaculatory latency was not defined because of the absence of normative data.^[2] Ejaculation must occur before or very soon after.^[3] Premature ejaculation is a very common male sexual disorder, affecting on an average 40% of the men worldwide.^[4] The World Health Organization (WHO) Second International Consultation on Sexual Health defined it as, "persistent or recurrent ejaculation with minimal stimulation before, on, or shortly after penetration and before the person wishes it, over which the sufferer has little or no voluntary control, which causes the sufferer and/or his partner bother or distress".^[5] An increased susceptibility to premature ejaculation in men from the Indian subcontinent has been reported.^[6] Most modern research uses the Intravaginal Ejaculatory Latency Time (IELT) as measured by a stopwatch.^[7] This technique, which was originally used by a psychoanalyst in 1973,^[8] has become the standard because of a study by the Dutch scientists.

Vajikarana (aphrodisiac therapy) is one of the eight branches of *Ayurveda* that deals with the preservation and amplification of the sexual potency of a healthy man and conception of healthy progeny as well as management of defective semen, disturbed sexual potency, and spermatogenesis, along with treatment of seminal-related disorders in man.^[10] *Vajikarana* promotes the sexual capacity and performance as well as improves the physical, psychological, and social health of an individual.^[11] In Ayurveda there is a concept of *Shukragata Vata*, which can be correlated with Premature Ejaculation.

Shukragata Vata is a distinct pathological entity, characterized by a group of clinical presentations either related to the impairment of ejaculation or with the impairment of seminal properties. The clinical presentations of *Shukragata Vata* are early ejaculation, delayed ejaculation, affliction of fetus/premature birth.^[12]

Different clinical presentations of the same pathological process occur according to the effect of the vitiated *vata* on various structural and functional attributes of *shukra*. In delayed ejaculation, although intravaginal ejaculation eventually occurs, it requires a long time and strenuous efforts at coital stimulation, and sexual arousal may be sluggish. It may be caused when the vitiated *vata* loses its *drutatva* or *chalatva* after the enlodgement, which leads to lack of sufficient stimulation (*prerana*) for ejaculation. It may also happen when the vitiated *vata* causes diminution of *Shukra Dhatu* by *Shoshana Svabhava*, and quantitatively less amount of *Shukra* is ejaculated after a long effort.^[13] Seminal parameters are impaired when the vitiated *vata* afflicts the functional characteristics of *Shukra*, such as semen or spermatozoa. When *Vata* affects these characteristics, *Shukra Dushti* is explained as *Phenila*, *Tanu*, *Rooksha*,^[14] *Grathita*, *Vivarnadi Yukta*,^[15] *Vatika Shukra*, *Granthishukra* (*Vata-Kaphaja*), *Ksheena* (*Vata-Paittika*),^[16] *Alpa Retas*, *Ksheena Retas*, and *vishushka Retas*^[17] occurs. These are seminal abnormalities lacking in the qualities of count (azoospermia or oligospermia), motility (asthenospermia), and morphology (teratospermia). The physical properties of semen like volume, viscosity, appearance, transparency, and so on, may also be impaired due to *vata* vitiation.

For this study, '*Stambhanakaraka Yoga*' containing *Tulsi Beeja* (*Occimum santum* Linn.), *Akarakarabha* (*Anacyclus pyrethrum* Linn.), *Mishri* (sugar) recommended in a classical book '*Chikitsa Chandrodaya*'^[17] was undertaken as trail drug. The present study was designed with the objectives of understanding premature ejaculation in Ayurvedic parlance in terms of *Shukragata Vata* and to evaluate the efficacy of the classical formulation, '*Stambhanakaraka Yoga*' in the management of *Shighra Skhalana* (PE).

Inclusion criteria

Considering the different definitions put forth by various scientists for premature ejaculation, the inclusion criteria for the present study were as follows:



1. Ejaculation prior to ten penile thrusts
2. Ejaculation before, on, or within one minute of the sexual act after penetration
3. Unable to satisfy partner in at least 50% of the coital incidences
4. Unable to delay ejaculation till the person wishes it
5. The problem should be persistent or recurrent and cause marked distress or interpersonal difficulties.

Exclusion criteria

1. The factors that affect the duration of the excitement phase of sexual act such as novelty of the partner or situation and recent frequency of the sexual act is taken into account
2. The problem should not be exclusively due to the direct effect of a substance (e.g. withdrawal of opioids)
3. Persons having very short post ejaculatory refractory period.
4. Major psychiatric illness
5. Any other major pathology.

Drug and dose

The selected patients were randomly divided in two groups.

Patients in group A were administered *Stambhanakaraka Yoga* (**Aakarkarbha** (*Anacyclus pyrethrum* Linn.) two parts, Seeds of **Tulasi** (*Occimum santum* Linn.) four parts, and **Mishri** (Sugar) eight parts in powder form) in a dose of **6 g twice a day, before lunch and supper, with Koshna Jala** (lukewarm water) as **Anupana**, for a duration of two months.

In group B Placebo (starch powder) was administered with same dose and *anupana*. Psychological counseling was done in both the groups.

Haritaki powder (*Terminalia chebula* Retz.) was given, **6 g at bed time for Koshta Shudhi** (bio-purification) for three days, before starting the medication. All the patients were directed to keep the frequency of sexual act and duration of foreplay as they were always adopting, so that a change in them would not make an error in the evaluation of therapy. A generalized moderate *Pathyapathya* were advised to all patients.

Investigations

Complete Blood Count, Urine (Routine and microscopic), Semen Analysis (Before treatment and after treatment) were carried out.

Criteria of assessment

Improvement in the patient was assessed mainly on the basis of relief in the signs and symptoms of the disorder. To assess the effect of therapy objectively, all signs and symptoms were given a score depending upon their severity. Related signs and symptoms were recorded from the first day - starting on the day of treatment followed by weekly or daily observation during the course of treatment. Gradation of the symptoms was done depending on the severity and specific symptom score prior to treatment and after completion of the treatment, and their difference was assessed.

Gradation of cardinal symptoms

Intravaginal ejaculatory latency time less than one minute	
Mere thought, sight, or voice of partner	5
Immediately after penetration	4
Within 30 seconds of penetration	3
Within two minutes	2
Within two to five minutes	1
More than five minutes	0
Voluntary control over ejaculation	
Never	5
Lack of control on most occasions	4
Less than 25% encounter	3
Less than 50% encounters	2



Less than 75% encounters	1
Full control over ejaculation	0
Patient satisfaction	
No orgasm at all	5
Lack of enjoyment	4
Satisfaction during 25% of the sexual act	3
Satisfaction during 50% of the sexual act	2
Satisfaction during 75% of the sexual act	1
Satisfaction during every sexual act	0
Partner's satisfaction	
No orgasm at all	5
Lack of enjoyment	4
Satisfaction during 25% of the sexual act	3
Satisfaction during 50% of the sexual act	2
Satisfaction during 75% of the sexual act	1
Satisfaction during every sexual act	0
Performance anxiety	
Anxiety that hampers all encounters	5
Anxiety that hampers the sexual act in 75% of the encounter	4
Anxiety that hampers the sexual act in 50% of the encounter	3
Anxiety that hampers the sexual act in 25% of the encounter	2
Slight anxiety that does not disrupt the sexual act	1
No anxiety at all	0
Number of penile thrusts	
None, discharge before penetration	5
Less than 5	4
Less than 10	3
Less than 15	2
Less than 20	1
More than 25	0



Seminal parameters	Studied sample	Normal values (WHO)
Liquefaction time (in minutes)	22.42±12.63	20-30
Viscosity (in cms)	0.276±0.789	
Volume (in cc.)	2.746±1.268	1.5-5.0
pH	7.686±0.471	7.5-8.0
Viability (%)	68.73±15.96	>60
Sperm count (in millions)	87.74±72.97	>20
Sperm motility (%)		
RLP	6.65±12.57	>25
SLP	44.37±12.64	>50
Non-progressive	11.8±8.727	
Immotile	38.42±11.4	
Total abnormal forms (%)	81.54±9.45	<70
Auto agglutination (%)	7.14±15.35	<20

WHO: World health organization

Total effect of therapy

Considering the relief of major symptoms and improvement in the quality of sexual functioning, the subjects were divided into the following groups, to assess the total efficacy of each therapy.

1. Cured (100%) - achievement of certain reasonable voluntary control over ejaculation, sufficient length of the sexual act according to the wish, with both partners satisfied.
2. Markedly improved (>75- <100%) - sufficient length of sexual act according to wish, with both partners satisfied, but no voluntary control over ejaculation.
3. Moderately improved (>50- 75%) - improvement in duration of sexual act of more than one minute or more than ten penile thrusts with partner's satisfaction in at least 50% of the incidents.
4. Improved (25-50%) - duration of sexual act less than one minute or less than 10 penile thrusts.
5. Unchanged (<25%) - no change or worsening of duration of sexual act or other sexual health parameters like erection, rigidity.

Stambhanakaraka Yoga possesses *Vrishya*, *Balya*, *Medhya*, and *Shukra Stambhaka* properties. As *Vrishya* and *Balya* the drug enhances the quality of the *Shukra Dhatu* reducing *Dourbalya* and *Riktata* in the *Shukravaha Srotas*, by pacifying the aggravated *Gata Vata*. *Medhya* properties of the drug act biologically and improve the psychological functioning. The *Shukra Stambhaka* property by virtue of decreasing *Saratva* (responsible for *Prerana*) of the *Shukra Dhatu* and enhancing *Sthiratva* (which favors *धारणा*), helps in the retention of semen for a longer duration. It also improves the strength of the individual by *Balya* property, which helps in sexual functioning.

Akarkarabha has an immunostimulating activity, aphrodisiac and reproductive activities, and antidepressant property. On pharmacological analysis *Anacyclus pyrethrum* increases the sexual potency in rats.

Tulasi seeds have anti-nociceptive action and anti-stress activity. Therefore, *Stambhanakaraka Yoga* possesses aphrodisiac, immunomodulatory, anti-stress, and anti-oxidant properties.

On account of these properties *Stambhanakaraka Yoga* is useful for disintegrating the pathophysiology of premature ejaculation.

Shukragata Vata denotes a group of disorders with different symptomatologies, which may not necessarily coexist. The seminal parameters of the patients were within the normal range, indicating the non-coexistence of *shukra vikriti* with *sheeghra shukrotsarga* in cases of *Shukragata vata*. The psychological component of the disease is very strong, therefore, psychosexual counseling is a must. Placebo or psychological counseling is not sufficient to control a vitiated *Vata*, especially in subjects having behavioral conditioning or physiological shortness of nerve latency time. *Stambhanakaraka Yoga* possesses *Vrishya*, *Balya*, *Medhya*, and *Shukra Stambhaka* properties.





Sustainable Development of Herbs

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Herbs and their products are now in much demand worldwide because of their being cost effective, easily available and with negligible side effects. India exports in medicinal plants are about \$ 5.00 billion annually while the international market is valued at US \$ 60-70 billion annually. The collection of medicinal plants has been promising alternative to health care and growth of economy. The beneficial effects of medicinal plant in curing diseases can be assessed from WHO estimate that is around 80% of the World population which use them in different forms viz., dosages, massages, panchkarma, food supplements etc.,

Here in this review, the potential of newly born Uttarakhand state for development of medicinal plant sector and its approach to sustainability is considered.

India's emergence as a major global player in this area can help the national economy; create employment opportunities and improve livelihood condition of millions of rural poor, specially of the forest dwelling communities. India having inherent potential to emerge as a leader in medicinal plants, its exports have not exceeded Rs. 350-400 crore with the tremendous fluctuations in different years. The exports of herbs in terms of quantity to various countries show an irregular trend indicating lack of stabilization of market. The scenario of Uttarakhand in this area is not encouraging, despite it being rich in biodiversity, blessed with favourable climatic conditions due to altitudinal variations. Uttarakhand has issued a number of G.O's and Chief Minister Herbal Development Programme relating to subsidies, training programme (Rastriya Krishi Vikas Yojna), harvesting storage and value addition for the benefit of thousands of farmers. In addition, there has been established Herbal Research and Development Institute, Gopeshwar, Bheshaj Development Unit Dehradun and Centre for Aromatic Plant (CAP). The Institutional arrangement has been made for collection of medicinal plants, for guiding farmers and providing them seeds and plantlets for cultivation. The collection agencies for Herbs are Kumayun Mandal Vikas Nigam and Bheshaj Sang.

Herbal Research and Development Institute, Gopeshwar has been giving attention to cultivation of medicinal and aromatic plants. The NMPB and SMPB have also encouraged contract farming of medicinal plants and long term plan has been drawn up to involve 50,000 farmers for cultivation.

According to report, the collection of herbs from forest is through contactor and not by trained collectors. This is leading to illicit trade of banned items and uncontrolled exploitation of herbs. Even, the co-operative societies are not functioning efficiently in this area.

An important area is the Government marketing of herbs ensuring remunerative prices to the collectors. This area appears to be very weak from all accounts. The market appears to be unorganized and unregulated. The existing laws also do not stipulate any control over trade of medicinal plants. There is no satisfactory standardization and scientific methods to examine the quality of medicinal plants and its trade. It is seen that purchase prices of the the same herbs varies considerably for the same year for different pharmacies indicating chaotic state of market.

It is observed as per data¹ available from government of Uttarakhand, out turn of forest produce during the year 2003-04, 2004-05 and 2005-06 was 21248.22, 16,502.71 and 16000.51 quintals respectively. The produce declined in the year 2004-05 as well as in the following year which shows that there are certain problems related to cultivation techniques which are to be looked into and solved. The government report on progress on herbal agriculture produce in Uttarakhand is given below.

YEAR	TOTAL QUANTITY (lt/quintal)	COST (crores)
2008-09	167lt + 15575.85	4.60
2009-10	32lt 14456.02	6.33
2010-11	_____ 14245.346	7.68
2011-12	600lt + 15425.613	8.49
2012-13	_____ 9614.54	3.00

The above table does not show uniform production of herbs. There is no sustainability; this points out to the faulty and unorganized practices in herbal cultivation, despite favourable environmental conditions.

Some of the strategies related to improvement and sustainability in the herbal sector, are mentioned in brief.

According to Brady and Greets², sustainable development refers to a state in which there is a steady improvement in productivity and benefit of a system in such a way that posterity can continue to receive the benefits at the same level as being enjoyed by the present working groups. In other words, sustainable development of any sector or system means that its development should keep on going for long term.



The role of ethics, economics and ecology is significant in maintaining sustainability of any system. There is need to give importance to the integration of the economic and ecological development³. Ethical principles should also guide human activities to achieve sustainable system. There should be feeling to respect nature and to make efforts to maintain natural resources and for its equitable distribution.

The environment which relates to life support system, if damaged, it should be repaired. The life support systems are atmosphere, land and water. Necessary steps have to be taken to check emission of green house gases. Human activities are responsible for changes in climate and earth atmosphere. If ethical and ecological aspects are taken care of, the economical aspects of any system, would itself come to play to lead to sustainability and welfare.

The role of humans is none the less important for sustainable development. In medicinal plant sector, the farmers involved in cultivation have to play vital role. They should be skilled, devoted and emotionally ready to take up cultivation. Their sincerity and emotional attachment to work is not there as much as it should be. There is no lack of farmers but lack of desired spirit in the work they do. Besides, the application of three E's and human emotion for sustainability of a system, the following strategies should be adopted.

There should be implementation of improved methods of cultivation, harvesting and processing of medicinal plants. These techniques should be cost effective. Apart from cultivation of normal herbs, herbs of high economic value viz, elite species, plants having specific curative power and rare species should be focused on, for production.

The rural producers, here in the state should make organised efforts to apply technology and adopt advanced management in processing and marketing to bring in outstanding changes in the medicinal plant sector. The government and cooperatives, in order to achieve sustainable development in the sector, are suggested to function on the lines⁴ mentioned hereunder

- Create a network policy makers, producers, professionals and technologists
- Provide a support systems to the producers
- Provide regular training to cultivators and collectors alongwith Forest department staff
- Establish proper marketing and distribution system reaching remote corners of the state
- Ensure fair profit to the members and quality products to the

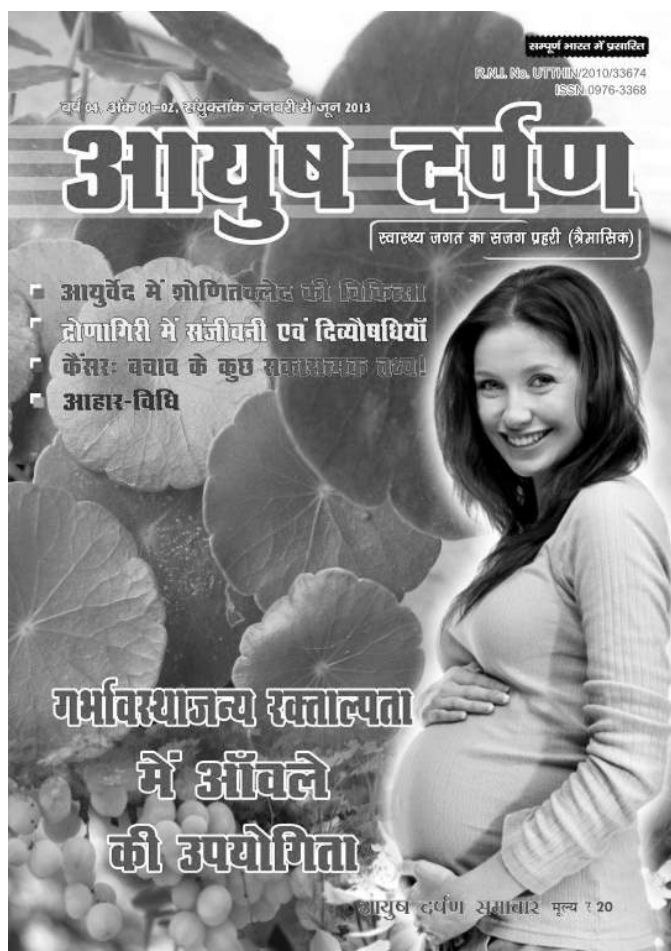
consumers

- Ensure that ecology is not disturbed and ethical principles are followed while passing through various steps in the process for producing herbs and herbal products.

The medicinal plant sector in Uttarakhand has so far not achieved desired importance at various levels of Government and Cultivators, perhaps because of return of low revenues from the sector. There is, hence the need to change the mindset of Government and stakeholders and the farmers from the point of view of sustainable, socio-economic and welfare development.

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A Clinical Study To Evaluate The Effect of Siddarthaka Yoga As Kwath, Lepa & Virechana Karma In The Management of Ek-kushtha w.s.r. Psoriasis

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Psoriasis is an autoimmune, genetically determined disorder, affecting about 1-2% of general population, characterised by development of chronic, well defined, scaly, erythematous plaques on the extensor aspect of the extremities especially on the elbows, knees, trunk, back, scalp & nails.

¹Patients with skin disease are also very disturbed by its appearance and to avoid the company of others and become quite isolated. These attitudes are called as "The Leper Complex" - shows the psychosomatic nature of disease. The word Psoriasis is derived from the Greek word 'Psora' & 'Iasis'. Psora means itch or scale & Iasis means condition.

Ahcharya Charaka has described the involvement of Vata & Kapha in Ekkushtha. In the present study, Ekkushtha is compared with Psoriasis due to its maximum resemblance with it. The trial drugs in the present study are SIDDARTHAKA KWATH, LEPA & VIRECHANA KARMA which have not been studied on Ekkushtha w.s.r. Psoriasis till date as per my knowledge. The results of this drug were highly encouraging.

KEY WORDS: Ekkushtha, Psoriasis, Siddarthaka Kwath, Lepa & Virechana karma.

INTRODUCTION:

The 21st Century, continuous changing life styles, environment and dietary habits have made man a victim of many diseases. Ekkushtha is one of them. It is one of the most effective diseases which affect the society physically and mentally. It is a second most cause of loss of work.

MATERIALS AND METHODS: For the present study, patients of Ekkushtha fulfilling the criteria for selection were registered from Panchakarma department O.P.D. & I.P.D. of R. S.A.C., Haridwar. A special research Performa was prepared for the study incorporating all the relevant points from both Ayurvedic and Modern views. Criteria for diagnosis were done on the basis of sign and symptoms available in the texts. Haematological analysis - CBC, ESR, Hb %, routine and microscopic examination of urine and stool and some Biological examinations-Blood sugar, S. Cholesterol were carried out to exclude the possibility of any other disease as well as to know the present condition and diagnosis of the patients.

²In the present study, Siddarthaka kwath, lepa & Virechana karma (Charaka chikitsa sthana Kushtha adhyaya 7, shloka-91-92) has been selected for oral route as well as local use. The ingredients of Siddarthaka yoga are as follows- Musta, Madana, Triphala, Karanja, Aragvadha, Kalingayava, Daarvi and Saptaparna.

A total of 35 patients of Ekkushtha (psoriasis) were registered for the present study. They were randomly divided into two groups.

MANAGEMENT OF PATIENTS:

Group A In this group, patients were orally administered with **SIDDARTHAK KWATH** 100 ml before meal and **SIDDARTHAK LEPA** (externally) twice daily for 3 months.

Group B In this group, patients were administered with **VIRECHANA KARMA** after samyaka snehana and swedana karma. It will be done once a month for consecutive 3 months.

OBSERVATIONS:

Some of the observations are as follows:

- In the present study, total 35 patients were registered out of which 30 patients completed the treatment. In group A, total 18 patients were registered out of which 3 were LAMA. In group B, total 17 patients were registered out of which 2 were LAMA.
- Maximum no. of patients i.e. 40% belonged to 31-40yrs, Male predominance with 77.66% was evident from the observations. 96.66% patients were Hindu. 26.66% of patients were farmer and housewives. 33.33% were Primary educated. 83.33% were married. 46.66% were of middle class families. 76.66% were from Anupa desa and 66.66% belong to rural areas.
- In maximum no. of patients i.e. 86.66% were tea addicted. Plaque type of psoriasis was present in 46.66%. 60% were doing



Vishamashana. 50% of patients were of *Vata-kapha prakrati*. 70% of patients were *Rajasika prakriti*. Patients of *Madhyama Sara* were 93.33%. Samhanana wise patients were 86.66%. 56.66% were having *Madhyama Satmya*. 86.66% patients were of *Madhyam Satva*. Maximum number of patients' i.e. 83.33% were having *Madhyamaahara Shakti* & *Madhyama Vyayamashakti*.

- 83.33% patients were having *Madhyama jarana shakti* & *Madhyama vaya*.
- *Samagni* was present in 43.33% patients. 56.66% patients were having irregular bowel habits. 50% of patients were having *Krura koshtha*. The dominance of *Rasa* in the diet of the patients was *Madhura* 46.66%. Among the *nidanas*, *Viruddha Ahara* was found in 83.33% & 90% of patients were having *Mansika nidana*. In ***Viruddha Ahara 90% were taking***
- Milk+ *Lavana rasa*. In ***Mithya Ahara maximum i.e. 96.66% were taking sour food, fast food & cold drinks. Viharaja nidana found was doing Divasvapna. Manasika Nidana***, *chinta* was found in 96.66% while *tensile mood* was present in 53.33% of patients.
- 93.33% of patients were having negative family history. Maximum 56.56 % patients were having > 1 year chronicity. 100% patients had previously undergone allopathic therapy. 30% of patients' disease showed aggravation in *Shishir ritu*. Scaling, itching, *mandala* and *aswedanam* was found in 100 % patients while *Rukshata* (Dryness) and *Unnati* and *Bahalatva* was found in 80% of patients, *Daha* was found in 76.66% of patients, while *sraava* in 63.33%. Among the Associated Symptoms, *Nidranasha* was present in 76.66% patients. Pitting in 90 % and *Sandhishula* was found in 70% of patients, *Jwara* was found in 50 % of patients. The Candle grease sign was present in 90% patients followed by *Auspitz sign* 76.66% & *Koebner Phenomena* in 43.33% of patients. Most prominent precipitating factors reported by the patients were emotional stress 63.33%.
- Maximum no. of patients i.e. 36.66 % was having an area involvement of 91-100 %. Plaque lesions were found all the patients while papules in 96.66%, macules in 93.33% & pustules were found in 6.66%. Symmetrical pattern of lesions was found in 20% of patients, while asymmetrical in 80% patients' distribution of lesion is bilateral. In maximum no. of patients i.e. 76.66 % had *Rasavaha Srotodushti* with *Kapha dosha* dominancy was found. 86.66% patients had *Raktavaha Srotodushti* with dominancy of *Vata Dosha*. Maximum *vata dosha* dominancy in *Mamsavaha Srotas* i.e. 76.66% was found. 53.33% *Vata* dominancy in *Udakavaha Srotodushti* was found. 90% *Kapha dosha* dominancy was found in *Swedavaha Srotodushti*.
- 46.67 % patients were having *Samyaka Snigdha Lakshana* on 6th day of *Snehapana*. Average Minimum dose of *Ghrita* was 39.33 ml, Average Maximum dose of *Ghrita* was 233.33 ml and Average total dose of *Ghrita* was 750 ml. *Adhastat Snehadarshan* was observed on an average 5th day of *Snehapana* & *Sneha Udagar*, *Sneha Dwesha*, *Snigdha gata*, *Dipto Agni* on 5, 4, 4, 2 day of *Snehapana* respectively. In maximum no. of patients i.e. 53.33 % had seen *madhyam sudhi* followed by 26.66% patient's *pravara sudhi* While 10% patients were *avara sudhi* in *Virechana*. 100% patients showed the symptom *Kramasha Vitta-Pitta-Kapha Nihsarana* and *Vatanulomana* after *Virechana*. *Indryaprasada* was observed in 93.33% patients. The symptom of *Manasa Tusti* was observed 86.67% and *Laghuta Nabhisthane* was in 80% of patients.

EFFECT OF THERAPY:

30 patients were selected in the present study. The efficacy of the therapy was adjudging on varied parameters and the results were derived after execution of statistical methodology.

In Group A: The SIDDARTHAKA KWATH & LEPA provided highly significant relief in all the sign & symptoms. The relief was 75.56% in scaling (shakal), 84.09% in erythema, 81.25% in itching, 72.97% in epidermal thickening, 71.42% in aswedana, 72.72% in rukshata, 73.33% in daha, 54.54% in sraava, 76.67% in unnati.

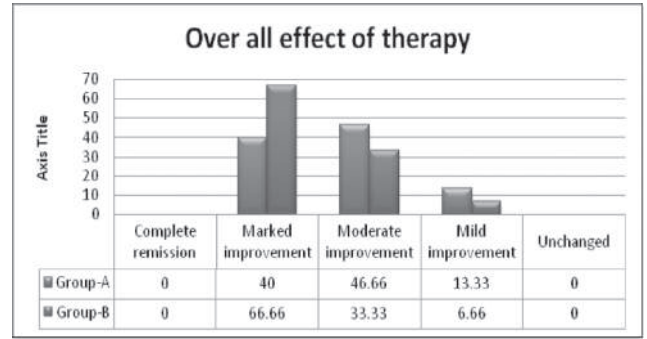
Effect of therapy on associated symptoms like joints pain is 85.71%, 84.21% in jwara, 74.46% in pitting, 69.56% in sleep, 58.82% in Candle grease sign, 64.7% in Auspitz sign, and 37.5% in Koebner's phenomenon.

In Group B: The VIRECHANA KARMA provided highly significant relief in all the sign & symptoms. The relief was 86.67% in scaling (shakal), 89.36% in erythema, 85.75% in itching, 85% in epidermal thickening, 78.72% in aswedana, 88.63% in rukshata, 86.36% in daha, 75.75% in sraava, 75% in unnati.

Effect of therapy on associated symptoms like joints pain is 85.71%, 90.32% in jwara, 80% in pitting, 83.87% in sleep, 76.19% in Candle grease sign, 70% in Auspitz sign, and 53.84% in Koebner's phenomenon.

**OVERALL EFFECT OF THERAPY:**

Result	Group A	%	Group B	%	Total no. of patients	Total %
Complete remission (100%)	0	0	0	0	0	0
Marked improvement (>76%)	6	40.0	10	66.66	16	53.34
Moderate improvement (51-75%)	7	46.66	5	33.33	12	40.00
Mild Improvement (26-50%)	2	13.33	0	0	2	6.66
Unchanged (<25%)	0	0	0	0	0	0
Total	15		15		30	

**DISCUSSION:**

Ekkushtha has been mentioned in almost all Ayurvedic texts, either in form of *Kshudra Kushtha*, *Kshudra Roga* or *Sadhya Kushtha*. Acharya Charaka has mentioned-“Kushtha Dirgharoganam”³. It clearly shows the chronic nature of disease. Acharya Sushruta defines kushtha that which disfigures the body⁴. Acharya Charaka defined Ekkushtha as “Aswedanam Mahavastum Yat Matsyashaklopamam”⁵. While Acharya Sushruta defined Ekkushtha as “Krishmaarunam yen bhavet sharer tat ekkushtham pravadanti kushtham”⁶. Psoriasis is a papulosquamous disorder of the skin, characterized by sharply defined erythematous lesions. They vary in size from pinpoint to large plaques⁷.

The formulation consists of the following ingredients *Musta*, *Madanphala*, *Triphala*, *Karanja*, *Aragvadha*, *Kalingayava*, *Daarvi* & *Saptaparna*. Most of the ingredients of *Siddharthaka yoga* formulation having *Katu*, *Tikta rasa*, *Ushna virya*, *Katu vipaka* and *Tridoshaghana* property seem to quite naturally antagonise the *Ekkushtha* which is *Vata-Kapha pradhana vyadhi*. Most of the drugs have *Kushthagna* & *Kandughana* property. The compound preparation attributed with *Agnideepak* property rectifies the *kha-vaigunya* at *srotasa* level. Quick absorption of the *Kwatha* from the *amashaya* due to its *Vikasi* and *Vyavayi* properties also contribute in quickly implementing its action. *Siddharthaka yoga* possesses *Tridoshaghana* property and *Srotovishodhana* property therefore it clears the *Avrodhatamaka Samprapti* in *Rasavaha*, *Raktavaha*, *Mansavaha* and *Swedavaha srotasa* due to the vitiated *Vata* and *Kapha* as *doshas Twak*, *Rakta*, *Mansa* and *Lasika* as *dushya*-thus effectively mitigating the disease *Ekkushtha*.

CONCLUSION:

Ekkushtha being *Kshudra kushtha* has *Vata-kapha* dominance & even involvement of *tridosha* can be evident from its signs & symptoms. *Ekkushtha* in modern parlance has similarity with Psoriasis. But all types of Psoriasis can be correlated with *Ekkushtha* is a matter of discussion. Most of the patients were reported in the chronic stage of Psoriasis. Negligence in early stage and recurrence of Psoriasis is common phenomenon. Maximum patients had the history of *viruddhaahara* and *mandagni* which clearly shows the role of *Ama* formation in the pathogenesis of *kushtha*.

Highly significant results were found in group A but much better results were found in group B. It suggests that the effect of *Virechana karma* with *Siddharthaka yoga* is quite better therapy.

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AYUJYOTI Ayurvedic College & Hospital

Affiliated to Pt. B.D. Sharma University of Health Science, Rohtak



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Role of Takradhara on Hypertensive patients

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The present society modified lifestyle and food pattern create various types of disorders such as Obesity, Diabetes and Hypertension. Hypertension is a one of the psycho-somatic disease; there are many references in text books. *Takradhara* (Shirodhara) is one of the popular treatment of Kerala panchakarma, is highly beneficial in the case of hypertension patients. The aim of the present research is to study the effect of *Takradhara* (*Shirodhara*) on hypertensive patients. Total numbers of 20Hypertension Patients in the age group of (30to60 yrs.) were randomly selected from Panchakarma Kendra, Dev Sanskriti Vishwavidyalaya, Gayatrikunj, Hardwar through the method of accidental sampling. In this study "Pre- Post Single group design" was used and *t-test* has been used for statistical analysis. The result showed a significant changes ($p<0.01$). The finding reveals that *takradhara* is significantly reduced the level of systolic and diastolic blood pressure of the hypertensive. Therefore this Research Paper was undertaken to find a safe and effective treatment for Hypertension that is free from any adverse effects and would maintain Blood Pressure.

Key words: Takradhara, Shirodhara, Essential or Primary Hypertension

Introduction

Ayurveda is the science which provides the complete health care and disease curing ways for the entire humanity, the contribution of Holy Rishis and Acharyas who conducted thorough research and trials for the eternity of health and life. If the health of the person or population is rich to do the responsibilities and duties then only we can predict the prosperity of the nation. If the body and mind of the person is not cleans timely it may degrade him, because in every day's life,¹ we are receiving lots of impurities into our body and mind. Ayurvedic Panchakarma therapy was solve all these problems.²

Ayurvedic Panchakarma : Panchakarma is an effective and miraculous Ayurvedic method of treatment which detoxifies the body. Body undergoes metabolism continuously through which waste products (toxins) are formed, these toxins are known as 'Aam'. This *aam* is the root cause of various diseases. Panchakarma procedure removes *Aam* from our body in efficient way without any adverse effects on body.²

Hypertension although, the handy literature is not observed in Ayurvedic classic, review of previous theoretical and clinical works on this topic point out certain mode of involvement of Dosha and Dushya in the genesis of it. Most of efforts show a prime role of Vata in association of remaining dosha Pitta and Kapha. Acharya Charaka permits to treat such disease without nomenclature by judging the involvement of Dosha Dushya only³. The process of Rasa-vikshepa through Hridaya i.e. *anudhavana* by *Vyan Vayu* within the body has become helpful to understand the Hypertention as Rasa-Rakta (whole blood) being the main mediator of vitiation of disease.⁴

Hypertension (High blood pressure) is a circulatory state; arise from any cause, in which the pressure of the blood within the arteries becomes elevated beyond normal limits. In general the term includes any rise in arterial pressure whether temporary involving systolic pressure, diastolic pressure or both of renal or normal origin⁵. According to W.H.O. the blood pressure of 160/95 mm of Hg or higher should always be considered as hypertension. Blood pressure in between is considered as borderline or possible hypertension. The rise of persistent systemic arterial diastolic blood pressure above 100 mm of Hg. or more is more risky than rise of systolic blood pressure. Generally systolic and diastolic hypertension occurs together. Systolic hypertension is caused from increased cardiac output or arterial rigidity in aged. Arterial rigidity by arteriosclerosis, affecting intima of arterioles and capillary of vital functional organs is pathogenic. Diastolic hypertension develops from the increased vascular resistance to the blood flow at the level of arterioles. In capillaries the blood flow is slow; hence, there is no development of resistance.⁶

Hypertention is the most prevalent cause for cardiovascular and cerebrovascular disorders, causing high rate of mortality and morbidity. In the 21st century, a scientific and technological evolution has occurred. Due to rapid modernization, People are leading more stressful lives. The present era can be described as the era of anxiety and stress. The modern man is constantly facing symbolic stress. This stress and strain of day to day life affects one's bodily organs through several psycho-physical mechanisms. . It is the most common type and affects 90-95% of hypertensive patients and there are many risk factors such as sedentary lifestyle, obesity, sodium



sensitivity, alcohol intake, and vitamin D deficiency, and it is also related to aging. Sedentary individuals have a 20% to 50% increased risk of developing hypertension⁶. Millions of people have high blood pressure and many do not even know they have this serious condition. The mortality rate was 56.4% in 1995-2005, today approximately 1 billion people worldwide are suffering from high blood pressure and its number is expected to increase to 1.5 billion by the year of 2025.⁷ (WHO, 2003)

Classification of Hypertension by Etiology:]

A. Essential or Primary Hypertension , B. Secondary Hypertension

Essential Hypertension (EHT): Blood pressure is caused by various complete series of factors, controlling blood vessels caliber response, control of fluid volume within and outside the vascular bed, and resultant cardiac output. All such factors are interrelated with each other making it difficult to determine single or sure causes for hypertension. Thus, when the definite cause cannot be determined or established, the hypertension is called as *essential hypertension*. Constant diastolic hypertension above 90 mm of Hg. or systolic above 140 mm of Hg. or both, considering age factor rise and judging transient fluctuation with due care can be termed as essential hypertension.⁸

Shirodhara is a form of Ayurveda therapy that involves gently pouring liquids over the forehead (the 'third eye'). It was developed by *vaidyas* (practitioners of Ayurveda) in Kerala, India for use in *sukhachikitsa* (restorative therapy) and can be one of the steps involved in Panchakarma. The name comes from the Sanskrit words *shira* 'head' and *dhara* 'flow'. The liquids used in *shirodhara* depend on what is being treated, but can include oil, milk, buttermilk, coconut water, or even plain water.⁹

Takra dhara is a form of Shirodhara, an Ayurvedic treatment method which involves continuous flow of medicated butter milk to the centre of forehead continuously for up to an hour a day. The process can last from 7 to 21 days¹⁰. It is a cure for *vata predominant* diseases, relieves tension and cures certain types of psycho-somatic diseases like hypertension.

Shirodhara is an external treatment which is simple and effective, which acts on the nervous system and calms the mind and relaxes entire physiology, thus alleviates stress, anxiety, depression, blood pressure therefore, this project was undertaken to find a safe and effective Ayurvedic method of treatment for hypertension that would be free of any adverse effect and would maintain blood pressure within normal limits, i.e., below 140/90 mmHg as recommended by the World Health organization (WHO)

Objectives of the study

To study the efficacy of Takra Dhara in Essential hypertension.

Research Methodology

A total of 16 patient of hypertension of age group 30-60 were randomly selected from, PanchKarma Kendra Dev Sanskriti Vishwavidyalaya, Shantikunj, Haridwar through the method of accidental sampling. In this study "pre-post single group design" was followed in the study. The reading were taken before and after administering yogic package and

Diagnostic criteria

Essential Hypertension (EHT) was diagnosed as per the definition of JNC, W.H.O. (2003)⁷, systolic blood pressure of 140 mmHg or above and diastolic blood pressure of 90 mmHg or above.

The diagnosis will be made based on the Blood pressure measurement and the criteria for normal, Pre hypertension, Hypertension stage1, and Hypertension stage 2 given by 7th report of Joint National committee on prevention, detection, evaluation and treatment of High Blood Pressure.

HYPERTENSION STAGE		SYSTOLIC.B.P		DIASTOLIC.B.P
Normal	→	>120	or	>80
Pre Hypertension	→	120-139	or	80-89
Stage1 Hypertension	→	140-159	or	90-99
Stage2 Hypertension	→	160-179	or	100-109

Inclusion Criteria

- Patients of either sex between the age group of 30-60yrs will be selected.
- Both freshly detected and treated cases of Essential Hypertension will be selected.
- Comorbidity of well controlled DM with essential hypertension will be included for the study.
- Patients with Hypertension stage1 Systolic BP (>140 & <160 mmhg) or Diastolic BP (>90 & <100 mmhg) will be included for the study.



□ Asymptomatic and symptomatic cases having headache, insomnia, fatigue etc will be taken for the study.

Exclusion Criteria

- A patient suffering from any other systemic disorders such uncontrolled DM, Renal disorders, Endocrine disorders etc, which interfere with the course of treatment will be excluded.
- Patients with secondary hypertension (stage 2- Systolic BP 160-179 and Diastolic BP 100-109 and stage 3 Systolic BP >180 or Diastolic BP >110) will be excluded.
- Gestational hypertension will be excluded.
- **Parameters of the study:**
- The disease primarily being Asymptomatic, primary parameter for assessment will be made with regards to systolic blood pressure, Diastolic blood pressure and with mean arterial blood pressure.
- Assessment will be done as follows
- Pre test assessment - 0 day
- On the last day of Lakradhara - 7th day
- Mid test assessment - 15th day.
- Post test assessment - 30th day.

Research Procedure

Preparation of the medicine: a) **Takra:** 1.5 litres of milk diluted with 4 times water is boiled with 100g of skinned and crushed Musta tied in a muslin bag, and is reduced to the original quantity of milk. The bag of medicament is taken out and squeezed well. When cooled, this prepared milk is fermented by the addition of a little sour buttermilk over night. Next morning the fermented medicated curd is churned by adding 500ml of Amalaki kwatha. The butter is removed completely and this mixture is used for dhara after filtering. b) **Amalaki kwatha:** 200g of dried Amalaki fruit boiled with 8 litres of water and reduced to 2 litres. 1.5 litres of Amalaki kwatha is used to mix with buttermilk & 500ml of that is used to wash the head after the procedure. In short all the procedures are same as shirodhara, but takra should not be heated or reused.¹¹

Time to perform the procedure: Generally the treatment is done in the morning hours, between 7-10 am. If necessary, it can be done between 4-6 pm.

Duration: The process should be done daily for a period of 7 to 14 days. The duration of treatment as well as the time period is according to the nature of the disease and the physical condition of the patient. It is done usually for a fixed time (45minutes to 1 hour).

Post-Operative Procedure: After the dhara, the head is washed with Amalaki kwatha. Then head should be wiped with towel and Rasnadi choorna is applied. Patient is advised to take rest for a period same as the period of the procedure, then to take bath.

Takradhara (Shirodhara) - 20 minutes per day for 14 days

Follow-up study - patients was followed for one month.

Tools required - Sphygmomanometer of Omron BP Instrument

Independent Variable - Takradhara (Shirodhara) - 20 minute

Dependent Variable - Essential or Primary Hypertension

Null Hypothesis : There is no significant effect of Takradhara (Shirodhara) on hypertensive patients.

Result :

Table -1
Systolic blood pressure

s.no	parameter	group	mean	sd	t-value	Level of significant
1.	systolic	Pre Post	153.2 136.3	6.01 3.11	9.38	0.01 level
2.	diastolic	Pre post	94.3 76.3	3.87 3.51	13.02	0.01level



This table shows the result of "t-value" of the systolic blood pressure 9.38 and Diastolic blood pressure 13.02 which shows the 0.01 level of significance. So, the null hypothesis is rejected. Yogic and Ayurvedic intervention decrease t level of hypertension.

In this study we used takradhara (shirodhara) which reduced both systolic and diastolic blood pressure of the patient of hypertension. During the follow-up study we observed that though a minimal rise in blood pressure took place over the 1-month period, both the groups showed good control of both systolic and diastolic blood pressures.

Discussion

Shiro Dhara is an external treatment which is simple and effective, which acts on the nervous system and calms the mind and relaxes entire physiology thus, alleviates stress, anxiety, depression, blood pressure etc. a few studies done on Takra Dhara in Essential hypertension, were proved to be effective

In this study, it was found that Takra dhara (*amalki kwath*) helped in reducing both systolic and diastolic pressure (as shown in table 1 and 2). In Ayurveda, hypertension is a *vaata pradhan vyadhi*. According to Ayurveda Takra possesses qualities like laghu, ruksha, guna, katu, tikta, kshaya and rasa and ushna viraya with katu vipaka. Its ushna viraya helps in vaataashaman along with *pitta shamaka* action. And Amla, as a rejuvenative herb, nourishes all the body tissues and accelerates the cell regeneration process. It also cleanses the rasa dhatu (plasma) and rakta dhatu. Amla balances all three doshas.¹² Amla contains five out of the six tastes and it is most important to recognize the effects of the "*virya*" (potency) and "*vipaka*" (post-digestive effect). Amla is particularly helpful in reducing *pitta* due to its cooling energy and balances both Pitta and *vata* by virtue of its sweet taste. Its qualities (*gunas*) are light (*laghu*) and dry (*ruksha*), the post-digestive effect (*vipaka*) is sweet (*madhura*), and its energy (*virya*) is cooling (*shita*).¹³ On the other hand, Amalki fruit supports the cardiovascular system and acts as a cardiac stimulant (Williamson, 2002).¹⁴

Therefore, it can be concluded that *Takra dhara* (amalki base) will be the effectiveness in *vaata-pitta pradhan vyadhi* like *Hypertension*. It is very safe and effective treatment modalities and can be used effectively in the management of hypertensive patients.

Conclusion

Thus the present study concludes that Ayurveda affords us the purification of the body for optimal health and energy.

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Efficacy of Triphala Lodhra Kwath Yonidhawan And Jatyadi Taila Pichu Dharana In Swetapradara (with Special Reference To Leucorrhoea)

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INTRODUCTION

Woman - (The foundation not only of progeny but also of the family life.)

Maharashi Kashyap. - Any excessive discharge from vagina is called as Pradar

Reproductive system of Female

- Very active.
- Cyclical in nature.
- Undergoing constant changes.
- Have tremendous impact on life physical, Physiological, Psychologies & Social too.

Since last six years I am working as an Assistant Professor in Strirog Prasuti tantra Department, DMM Ayurveda College Yavatmal, I came across many patients of Shwetpradar including yonigata shwetastrava in various yonivyapada. I decided to study the efficacy of triphala, lodhra, yonidhawan and jatyadi taila pichu dharana in swetapradara (with special reference to leucorrhoea)

Discussion

Clinical observations

- a) In 20-30 yrs. Age group patients, swetapadara most common & showed factor improvement as compared to other age group.
- b) Poor class patients in study showing little improvement were more prone to leucorrhoea because of unhygienic conditions, and still there were only 11 rich class patients shows mild improvement because of causative factors as lack of exercise, obesity, their lifestyle as compared to poor & middle class group.
- c) Housewives are mostly affected than working woman due to above mentioned similar causative factors.
- d) Clinical features of leucorrhoea mostly occurred in vatakapaja Prakriti than other dwandaja prakriti.
- e) Varna of lesions & stravamatra showed very fast improvement in trial group A within 7 days.

Group A showed more results than Group B patients specially in stravaswarupa, matra, varna, inflammation symptoms.

Conclusion:

From present research study, with the help of obtained observations we can conclude that-

- 1) Sthanik Chikitsa of Triphalalodhra yonidhawan & Jatyaditaila pichudharana in shwetapradara is very effective than conservative treatment.
- 2) Following auxiliary mode of treatment becomes supportive to improve results.
- 3) This treatment does not show any adverse effect during two months followup.
- 4) This treatments is most effective in Cervical erosion (Aticharana & Karni Yonivyapada)



Lactose Intolerance

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Lactose Intolerance has become uncommonly common around the world, yet ancient Ayurvedic science highly recommends milk for health-promotion. One out of ten people seems to have lactose intolerance in the West. It surprises me to see this increasing number of people with lactose intolerance. In Ayurvedic view, milk is the

And I would like to illuminate the Ayurvedic concept of lactose intolerance in this article.

What is Lactose Intolerance?

The natural sugar in milk

is called lactose, and an enzyme called lactase is normally responsible for breaking down the lactose in the digestive tract after the consumption of milk or milk products. If lactase enzymes are lacking to tackle the lactose of consumed dairy products, such as milk, butter, yogurt, ice cream or cheese, bouts of nausea, cramps, bloating, gas, or diarrhea etc. can be triggered. This is called Lactose Intolerance.

How to diagnose Lactose Intolerance?

Two tests are usually used to measure the digestion of lactose. The first one is the hydrogen breath test, and the second one the stool acidity test. These two tests help confirming whether you have a lactose intolerance or not. In most cases, people only assume a lactose intolerance without undergoing these confirmatory tests. Unusual symptoms occurring after consuming milk products may not always be connected to a lactose intolerance. And the tests should be repeated for accuracy. Also, a person might not remain lactose-intolerant permanently. Lactose intolerance is uncommon in infants younger than 2 years, but common in adults.

Milk Intolerance and Milk Allergies

One of the most common misconceptions about the milk intolerance is, that it is the same as a milk allergy. It sounds similar, but it is completely different. If you have a milk allergy, even minimal amounts can trigger a serious reaction. Symptoms of a true milk allergy include a runny nose, puffy eyes, skin rashes, vomiting, tightness in the throat, and difficulties in breathing. There is, however, no connection at all between having a milk allergy, which is caused by an immune response to a protein, and having a lactose intolerance, which is caused by an enzyme deficiency. Lactose intolerance is most common in adults, whereas milk allergies are to be seen mostly in children.

Ayurvedic Concept

Ayurveda addressed lactose intolerance thousands of years ago in a way that still can be applied today, by determining whether the problem actually lies in a lactose intolerance, issues of the fat metabolism or a weak digestive fire. Ayurveda always has given more importance to the digestive fire than to the body system. The digestive function and metabolism are both connected to Pitta and Agni (digestive fire), which burns in the digestive system. Weakening the digestive fire may lead to a lot of digestive issues. The digestion of lactose is also the task of agni or Pitta, and if the agni is weak, our body will not digest the lactose, thus creating toxic residual symptoms. In Ayurveda, there is no classification of diseases. Diseases are regarded as nothing but an imbalance of vata, pitta and kapha. Lactose intolerance itself is a pitta imbalance, which means pitta is weak in this condition. The symptoms after consuming milk products, such as vomiting, diarrhoea, gases, discomfort etc., are the symptoms of a weak pitta, but not those of a disease.

The philosophy of Ayurvedic treatment is to find the main cause of an ailment. Ayurveda recommends paying careful and close attention to correct these warning signs before they weaken the body's resistance.

Ayurveda has defined milk as a nectar. The Charaka Samhita, an at least 2000 years old script, lists eight recommended sources of milk, including milk of a cow, sheep, mare, elephant and human. Of all, cow's milk is considered the best for its ability to increase Ojas, the essence of our immunity and vitality. It is considered the best diet for all, from children to old people. It is well explained that people who drink milk daily will never suffer from an auto immune disease. Milk is the only natural source of calcium, casein, vitamin D, Vit B12 in high amounts.

How does lactose intolerance happen according to Ayurveda?

- Lactose intolerance is caused by the weakening of the digestive fire or agni. A weak Agni depends upon many facts like the quality of milk, time of drinking, nature of milk, quantity of milk etc. For example: In Ayurveda, it is recommended to drink the milk warm. Cold milk is harder to digest, because it turns the nature of the milk from sattvic to tamasic. Drinking milk in the early morning is not recommended. The best time for drinking milk is at bedtime.
- Lactose intolerance primarily affects Kapha individuals. According to Ayurveda, the diet should be adjusted to each individual



personality. Milk may be harmful to Kapha (stocky, slightly overweight, sluggish metabolism, water type) body types and healthy for Pitta (fiery, passionate, high energy and with good digestion) body types. Most of the times, Kapha body types will have a natural intolerance to milk it may lead to constipation, sinus issues, headaches and other digestive problems in their body. Whereas Pitta or Fire body and vata body types may drink milk and dairy products without any problems.

- The concept of incompatible combinations has been well explained in Ayurveda. If we mix two incompatible food products at the same time, it may show toxic effects. Therefore, it is recommended not to mix milk and milk products with salt, fruits, eggs, meat, fish, honey, coffee, tea etc.
- Milk itself is the primary milk product. Milk, ghee and butter milk are given a higher priority among all milk products than yogurt, cheese, paneer and butter.
- Eating yogurt in the evening, mixing yogurt with fruit products (musli) and heating yogurt is not natural and therefore unhealthy.
- Adding salt to any of the milk products is unhealthy. Therefore, it is not advisable to consume salted butter or cheese ever.



Milk in modern time

Today, milk and its benefits are subject of great controversy, especially when compared to its potential risks of lactose intolerance and allergies. When Ayurveda recommends milk and dairy products for good health, it means pure, organic and unprocessed milk without hormones and chemicals. Lactose intolerance is only a problem caused by the consulting of pasteurized dairy products. Whole and reduced-fat milk & milk products are almost always homogenized and therefore not healthy anymore. People who consume raw milk products do not have any of these problems. However, drinking regular homogenized milk from the supermarket may have negative effects to everyone children, adults, and all body types, whereas milk in its natural form is always good and advisable.

Conclusion

Lactose intolerance is a simple word, but a huge term. Lactose intolerance is, however, not a medical condition to treat. It is rather a symptom of a weak digestion. We have to find the main cause behind it and try to solve it. Avoiding milk product is not the only solution. When we stop drinking milk, we will miss many natural nutrients like lactose, casein, vitamins, calcium and many more nutrients. Other types of milk, like rice milk or soy milk, are called milk, but cannot be compared to natural milk. They may be nourishing in some ways, but not as much as the milk from animals. The Ayurvedic concept of consuming milk in the right quantity, time and combination also gives some ideas to solve this problem. You can also increase your tolerance to dairy products by gradually introducing them into your diet. Lactose intolerance can be resolved by the Ayurvedic treatment of pitta balancing. Ginger, mint, curcuma, almonds, pepper etc. are good herbs for increasing the digestive fire. People with symptoms of intolerance can give a little pinch of either turmeric, saffron or almonds into their milk before drinking it. Lactose intolerance is the symptom of a weak digestion which may not stay forever. Therefore, we should not ban milk from our diet, but use it in a healthy and sensible way.





Anatomical Explanation of Shirodhara and its Implication as Panchakarma Therapy

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Modern lifestyle leads to poor health in many ways. However, the use of simple and natural methods can significantly improve health and vitality. Purification therapy is a unique feature of *Ayurveda* involving the complete cleansing of body and thereby eliminating vitiated *doshas*. The technique effectively treats *doshic* imbalance in their advanced stages. Vitiated *doshas* obstruct the micro channels of the body for which purification approach is needed. *Shirodhara* is one of the great purification and rejuvenating therapy. This is a subtype of *Murdhataila* which means applying the medicated oil on the head region. The other types of *Murdhataila* are *Shiro Abhyanga*, *Pichu*, and *Shirobasti*.

Shirodhara is an ancient *Ayurvedic* healing practice. *Shirodha* is based on the concept that it aims to bring physical and emotional balance by rejuvenating the body and mind. This is achieved through a relaxing technique in which warm *Dravya* is poured over the forehead for an extended period of time. The specialized forms of *Shirodhara* like *Tailadhara*, *Ksheeradhara*, *Takradhara*, and *Jaladhara* work primarily on mental disorders. It helps in curing fatigue, mental exhaustion, anxiety, insomnia, headache, hypertension, nervousness etc.

In this article the probable mechanism of absorption and mode of action of this *Panchkarma* technique is analysed.

Introduction

Ayurveda emphasizes preventive and healing therapies along with various methods of purification and rejuvenation. *Panchkarma* is a therapeutic measure for cleansing of body toxins and to achieve balanced state of body, mind and consciousness. *Shirodhara* can be classified under *Bahyasnehan karma* which comes under pre therapeutic measure of main *Panchkarma*.

Shirodhara is an important and independent therapeutic measure in *Ayurvedic* system of medicine. It helps in the diseases or disorders related with head, neck, eyes, ears, throat and nervous system. A brief description of *Shirodha* has been given in our *classics*. *Acharya Vagbhatta* has mentioned it as one of the type of *Murdha taila*. But in *Keraliya Panchakarma* it is described in detail. It has got worldwide popularity because of its simple administration and efficacy in variety of life style disorders. It is a purifying and rejuvenating therapy designed to eliminate toxins and mental exhaustion. *Shirodhara* is a unique form of ancient therapy of pouring herbal oil, medicated milk or decoction on the forehead from a specific height and for a specific period, continuously and rhythmically allowing it to run through the scalp and into the hairs. In this article a hypothesis has been put forward regarding the absorption and mechanism of action of *Shirodhara*.

Shirodhara is included under the heading *Mastishkya*. The meaning *Mastishkya* is explained as *Bahyasnehan*. Other procedures included in *Mastishkya* are *Shiroabhyanga*, *Shirobasti*, *Shiropichu*, *Shirolepa*.

Procedure of Shirodhara-

The patient is made to lie down in supine position on a wooden bed or *Droni* with eyes closed and a soft towel supporting neck. The eyes are covered with soft cotton balls and a folded towel is placed on it. A *Dhara patra* made up of gold, silver, copper or earth having the capacity of 3 litres is hung above the head. The *Patra* has a small hole at the bottom. A serrated edged coconut shell is kept in the bottom of *Patra* and a *Varti* is arranged to pass through the hole of coconut shell and then the *Dhara patra*. The *Varti* should be 4 inches above the forehead of the patient. Then lukewarm *Dhara dravya* is filled in the *Patra*. The *Dravya* may be *Taila*, *Ghrita*, *Ksheera*, *Takra*, *Jala* or *kwath*. Two attendants are required for this procedure. One of the attendants should see that *Dhara dravya* must be poured on the forehead of the patient in an oscillation manner. The drug utilised during this process should be recollected, reheated and refilled in *Dhara patra* by second attendant.-

- *Shirodhara* is usually done for 30-60 minutes but can be done for 90 minutes. It is best done in morning time. The head should be covered after treatment and hair should not be washed until the completion of procedure.
- For maximum benefit it may be taken for 7 days but never less than 3 days.
- Maintain silence during and after the treatment. Exposure to excessive cold or heat should be avoided.

Probable route of absorption and mode of action-

In *Shirodhara* a continuous stream of medicated oil is poured over the forehead. The oil used in *Shirodhara* is absorbed into the scalp through the roots of hairs. In the loose areolar tissue of scalp, emissary veins are present. These are valve less and connect the



superficial veins of the scalp with the diploic veins of the skull bones and with the intracranial venous sinuses. So the probable route of absorption may be as mentioned below-

Hair roots of the scalp

Superficial veins

Emissary veins

Diploic veins

Intracranial venous sinuses

The probable mode of the action of *Shirodhara* may be due to the stimulation of *Sthapani Marma*, *Agnya Chakra* (pineal gland and medulla oblongata in brain), *Shavasana* (yogic posture). These all are responsible for mental status of an individual.

The Probable effect of temperature and pressure in procedure of *Shirodhara* is that it might produce a constant pressure and vibration which is amplified by hollow sinus present in frontal bone. The vibration is then transmitted inwards through the medium of cerebrospinal fluid. This vibration may activate the function of thalamus and basal forebrain which then brings the amount of serotonin and catecholamine to normal stage. Pressure also has an effect on impulse conduction.

In *Shirodhara* along with *Sneha* here *Oushadisiddha Kashayas*, *Jala*, *Takra* etc. are used. The effect of *Shirodhara* can be explained under 2 heading that is-

1. Procedural effect

2. Medicinal effect.

1. Procedural effect

The *Sukhoshna dravya* usually employed in *Shirodhara* specially *Taila*, *Takra*, *Ghrita*, *Jala*, *Ksheer* and *Oushadhasiddha Kashayas* are used for this purpose. This stimulates the efferent blood vessels and causes vasodilatation. Prolonged and continuous pressure due to trickling of *Oushadhikruta dravya* on the forehead in *Shirodhara* make the patient concentrate, tranquilises the mind, relieves tension and stress. It improves circulation to *Shira*, relaxes muscles and nerve endings. It increases fresh oxygen and glucose supply to the brain through improved circulation.

Shirodhara as a procedure renders relaxation to the patient. The environment and the position in which *Dhara* is done, the monotonous and rhythmic streaming of *Dravya* on the forehead induces change in the emotional state of patient, helps in increasing concentration and hence controlling the anxiety. The bodily and emotional changes are part of relaxation responses. The *Dhara* procedure acts as body and mind relaxation. Many of the nerve ending like ophthalmic branch of trigeminal, facial and dermatomes are arranged over the surface of the frontal skin and scalp. These get stimulated during *Dhara chikitsa*.

2. Medicinal effect

The *Dhara dravya* depends on the disease. For example In *Madhumeha Upadrava* exclusive treatment is *Takradhara*. The probable mode of *Takradhara* is explained as follows-

The medicine used in *Dhara* is *Amalaki*, *Takra*. *Amalaki* is *Guru*, *Sheetaverya*, *Tridoshagna*, *Pramehgna*, *Dahaprashamana* and *Rasayana* properties. *Takra* is *Kashaya*, *Amlarasa*, *Ushna veerya*, *Tridoshgna*, *Pramehgna* and *Balya*.

Amalaki kashaya prepared according to *Kashaya* preparation and fresh *Takra* for the procedure. *Ayurveda* provides certain concepts, which facilitates one to understand the mode of absorption on *Ayurvedic* principle.

Sushruta has mentioned 4 *Tiryakgami dhamani*, which gradually ramify hundred and thousands of branches. The network of these *Dhamanies* spread all over the body and their exterior orifices are attached to the root of hair. It is through these orifices the *Veerya* is absorbed into the body. *Sushruta* has emphasized the entry of *Veerya* of the drug in the body rather from the medicine themselves. Through the *Veerya* it circulates all over the body. *Dalhana* supports the *Sushruta's* statement further more interpreting that the potency of these drug undergo is *Bhrajakagni*, which is situated in the skin and then enter into the body.

Discussion and conclusion

Shirodhara comes under the heading of *Mastishkya* which indicate *Bahyasnehan* of the body of an individual. It is one of the procedures of *Keraliya Panchakarma* in which liquid medicaments like *Kashayas*, *Ksheer*, *Taila*, *Ghrita* etc are poured on the forehead through a fine stream in the morning hours.

- In *Shirodhara* along with *Sneha Taila*, *Takra*, *Ghrita*, *Jala*, *Ksheer* and *Oushadhasiddha kashayas* are used. It shows both procedural and medicinal effect.
- The *Sukoshna* or *Sheetdravya* are usually employed in *Shirodhara*. *Dhara* stimulates the efferent blood vessels and causes vasodilatation.

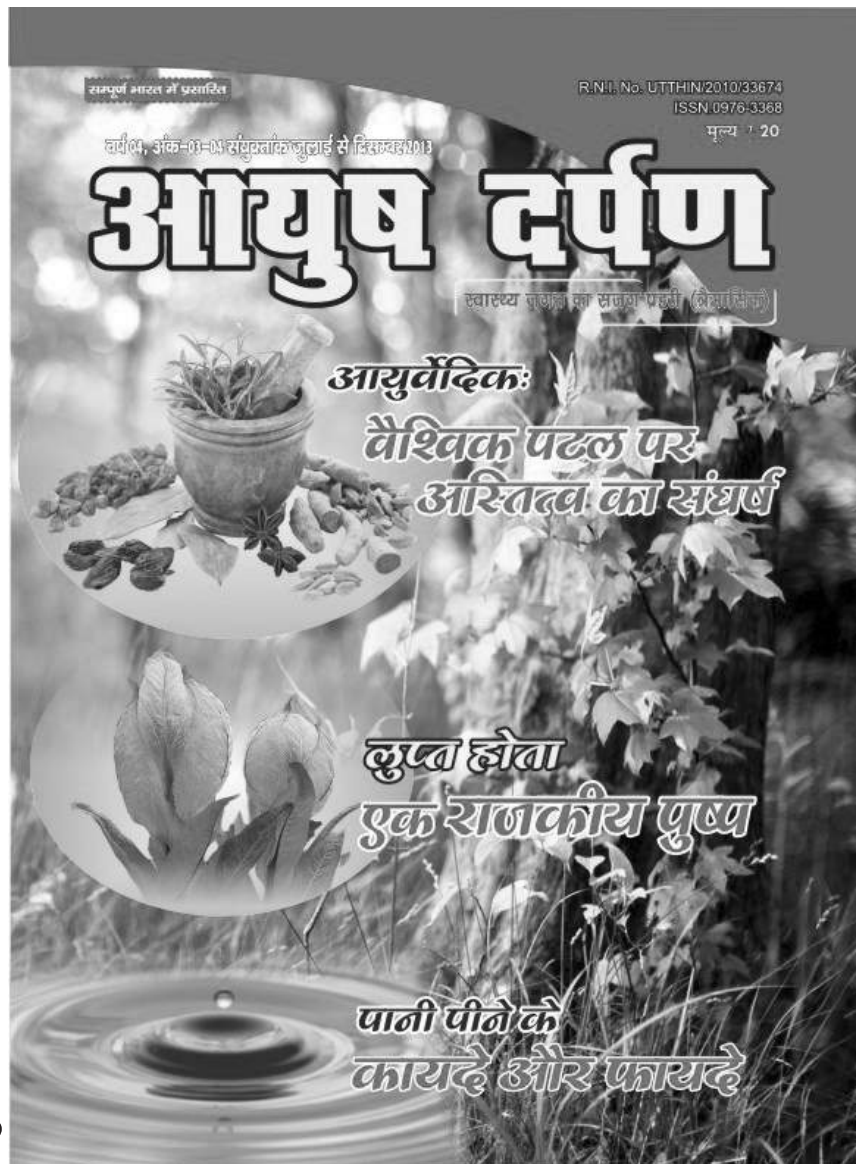


- Prolonged and continuous pressure due to tricking of *Oushadhisiddha dravya* on the forehead in *Shirodhara* procedure make the patient concentrate and cause tranquillity of mind and relieves tension and stress.
- *Shirodhara* improves circulation to *Shiras* and relaxes muscles and nerve ending. It increases fresh oxygen and glucose supply to the brain through improved circulation.
- Various *Oushadhisiddha Taila, Kashaya* can be used in *Shirodhara* depending upon the in diseases. „« Along with internal medicine and proper *Purvakarma* prior to *Shirodhara* can be shows better result.
- *Shirodhara* procedure acts as *Shaman* and in some part is *Shodhana* effect.
- *Shirodhara* is the most effective therapy in various *Shirogatavyadhis, Manasvyadhis, Psychosomatic disorders, and Vatavyadhis*.
- It is also found to be useful in patients suffering from Psychosis, Neurosis, Epilepsy, Insomnia and Alcoholism.
- The *Shirodhara* procedure acts as body and mind relaxation. This mechanism results in decreased activity of sympathetic and autonomous nervous system with increased parasympathetic activity.

Thus it can be concluded that ***Shirodhara* is safe therapeutic procedure without any adverse effect with minimal expense and it can be recommended either alone or combined with certain *Ayurvedic* medications for the better management of the various diseases in view of non availability of suitable treatment modalities in the modern system of medicine.**

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Significance and Mode of Action of Kshara Sutra Therapy In Sacrococcygeal Pilonidal Sinus

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commonly used therapy is surgery including wide excision and healing by secondary intention. There is a similarity between Shalyaj Nadi Vrana and pilonidal sinus. Sushruta has advocated a minimally invasive parasurgical treatment viz. Kshara Sutra procedure for Nadi Vrana. Hence this therapy may be tried in Pilonidal sinus. It is an acceptable treatment to the patient in terms of cost of treatment, extent of discomfort, impact upon body image and self-esteem, minimum rate of complication, recurrence and resumes normal social activities. The main objective of this study is to emphasis the effectiveness of Kshara Sutra therapy on sacrococcygeal Pilonidal sinus.

Keywords: Sacrococcygeal Pilonidal sinus, Shalyaj Nadi Vrana, Natal cleft, Kshara Sutra.

Introduction

Pilonidal sinus is a condition found in the natal cleft (groove between the buttocks that extends from just below the sacrum to the perineum, superior to the anus) overlying the coccyx, consisting of one or more, usually non-infected, midline openings, which communicate with a fibrous track lined by granulation tissue and containing hair lying loosely within the lumen. It is also known as jeep disease.

In Sushruta Samhita Nidan Sthan, there is a description of Shalyaj Nadi Vrana.1 Shalyaj Nadi Vrana is a track which is described to be due to presence of pus, fibrosed unhealthy tissue and hair etc. inside left unnoticed. There is a similarity between it and sacrococcygeal pilonidal sinus. Sushruta has advocated a minimally invasive parasurgical treatment viz. Kshara Sutra procedure for Nadi Vrana in Chikitsa Sthan of Sushruta Samhita2. Hence this therapy may be tried in Pilonidal sinus.

The main objective of this study is to emphasis the effectiveness of Kshara Sutra therapy on sacrococcygeal Pilonidal sinus.

Patho- Physiology

Hair penetrates into the subcutaneous tissues through dilated hair follicles, which is thought to occur particularly in late adolescence, though follicles are not found in the walls of cysts. A sinus develops with a short tract, with a less understood suction mechanism involving local anatomy, eventually leading to further penetration of the hair into the subcutaneous tissue. A foreign body-type reaction may then lead to formation of an abscess. If given the opportunity to drain spontaneously, this may act as a portal of further invasion and eventually formation of a foreign body granuloma.

Microscopically, the sinus where the hair enters is lined with stratified squamous epithelium with slight cornification. Cyst cavities are lined with chronic granulation tissue and may contain hair, epithelial debris, and young granulation tissue. Cutaneous appendages are not seen in the wall of cysts. Cellular infiltration consists of PMNs, lymphocytes, and plasma cells in varying proportions. Foreign body giant cells in association with dead hairs are a frequent finding.

Signs and Symptoms

Pilonidal disease describes a spectrum of clinical presentations, ranging from asymptomatic hair-containing cysts and sinuses to large symptomatic abscesses of the sacrococcygeal region that have some tendency to recur. The condition is seen much more frequently in men than in women. Patients complain of intermittent pain, swelling and discharge at the base of spine. The primary sinus may have one or many openings, all of which are strictly in the midline between level of sacrococcygeal joint and the tip of the coccyx. Hairs projecting from the sinus are dead hairs, with their pointed ends directed towards the blind end of the sinus.

Review Of Kshara Sutra

Kshara Sutra (medicated herbal seton) is a Sanskrit phrase consisting of Kshara and Sutra. Kshara refers to anything that is corrosive or caustic in nature and Sutra means thread or yarn or sew. It is one among the most popular treatment in the branch of Shalyatantra followed by Sushruta.

Charaka quotes it in Sotha Chikitsa for the management of Bhagandara.3 Though the use of Kshara Sutra was mentioned in the Brihatrayi, there was no proper description of their preparation methods. It was Chakrapanidutta who first mentioned the method of



preparation with an indication of its use in Arsha and Bhagandara. Chakrapanidutta explains the method that by smearing a Sutra (thread) repeatedly in the latex of Snuhi (*Euphorbia nerifolia*) and Haridra (*Curcuma longa*) powder makes the Kshara Sutra.⁴ But because of brevity of preparation and inadequate explanation of procedure of application, it lost its popularity among Ayurvedic surgeons. The credit of making it practically useful goes to Prof. P. J. Deshpande and his co-workers. They rediscovered and standardized the Kshara Sutra in the present era for the abundant use and popularization..

Advantages of Kshara Sutra therapy over other surgical procedure

Non-surgical procedure,
No incision,
No stitching,
Less pain-less bleeding,
No recurrence,
No daily dressing required,
No hospitalization require,
No bed rest and can resume his/her routine work soon,
Normal anatomical structures are regained very quickly after the completion of treatment,
Does not damage any anatomical structures permanently.

Drugs used in Standardized Kshara Sutra

Apamarga (*Achyranthes aspera*) –

1. Rasa: Katu Tikta,
Guna: Laghu, Ruksha, Tikshna
Virya: Ushna
Vipaka: Katu.
Karma: kapha Vatahara.⁵
2. Yajurvedic texts quote its Saktu (powder) for Rakshoghna (antimicrobial) property.⁶
3. In Atharvaveda, it is quote as Krmighna, Rakshoghna, Arshoghna.
4. It contains triterpenoid saponins which possess oleanolic acid as the aglycone. Ecdysterone, achyranthine, betaine, pentatriacontane, 6- pentatriacontanone, long chain compounds etc. are other components of Apamarga.⁷
5. Oleanolic acid is a powerful inhibitor of cellular inflammatory processes. This works by induction by IFN- γ of inducible nitric oxide synthase (iNOS) and of cyclooxygenase2 in macrophages.⁸
6. Use of saponin class of natural products involves their complexation with cholesterol to form pores in cell membrane bilayers, e.g., in red cell (erythrocyte) membranes, where complexation leads to red cell lysis (hemolysis) on intravenous injection. In addition, the amphipathic nature of the class gives them activity as surfactants that can be used to enhance penetration of macromolecules such as proteins through cell membranes.⁹
7. Triterpenoid saponin shows dose dependent inhibitory activity against *Staphylococcus aureus*, a bacteria causing skin disease in human beings.
8. It shows maximum inhibition of *E.coli* followed by *Pseudomonas*, *Citrobacter*, *Bacillus*, *Micrococcus* species. It shows predominant inhibition against gram negative bacteria.
9. It shows wound healing activity.
10. Ash of plant is applied externally for haemorrhoids.
11. It shows properties of analgesic, anti inflammatory, antimicrobial activity. Its shows mild to moderate antibiotic activity against *B.subtilis*, *E.coli*, *P.aeruginosa*, *P.vulgaris*, *S.aureus*, *klebsiella* species. ¹⁰

Snuhi (*Euphorbia nerifolia*)

1. Rasa: Katu
Guna: Laghu, Tikshna, Snigdha
Virya: Ushna
Vipaka: Katu
Karma: Kapha vatahara.
2. It is used in Sula, Sotha, Arsha.
3. Wounds are cured by applying the steamed leaves for 5-6days.¹¹
4. Caustic effects are largely caused by varying amount of diterpenes (organic compound form the basis of biologically important



compound eg. retinol, phytol) they are known to be antimicrobial and anti inflammatory.

5. Triterpenes such as betulin and corresponding esters are other major component of latex. Betulin shown to be effective against a variety of skin irritations. 12
6. Its latex is alkali and proteolytic in nature.
7. Extract of fresh stem showed significant local anaesthetic activity in tests on intra dermal wheal in guinea pig. 13

Haridra (Curcuma longa)

1. Rasa: Tikta, Katu
Guna: Ruksa, Laghu
Virya: Ushna
Vipaka: Katu
Karma: Kapha vatahara, Lekhana, Visaghna 14
2. It contains curcuminoids, which include mainly curcumin (diferuloyl methane), demethoxycurcumin, and bisdemethoxycurcumin. 15
3. Its powder is anti allergic, antiseptic and antibacterial in nature and causes wound healing.
4. The laboratory studies have identified a number of different molecules involved in inflammation that are inhibited by curcumin including phospholipase, lipooxygenase, cyclooxygenase 2, leukotrienes, thromboxane, prostaglandins, nitric oxide, collagenase, elastase, hyaluronidase, monocyte chemoattractant protein-1 (MCP-1), interferon-inducible protein, tumor necrosis factor (TNF), and interleukin-12 (IL-12). 16

Operative Management

Natal Cleft skin of Patient was shaved and disinfected with povidine iodine solution before main procedure. Procedure was performed under local infiltration of 2% xylocaine. The external opening was probed gently and the 2nd opening was recognised by probing the sinus tract and at the same time its handle is pushed upwards in order to make the tip of probe to protrude outside the tract in sacrococcygeal region. The probe is pulled downward and the handle is pushed upwards till the tip of probe protrudes out. Then the eye of probe was threaded with Kshara Sutra. Probe is now gently withdrawn so that the entire tract of sinus is threaded by Kshara Sutra. Then two end of thread are now snugly tied outside. Then local dressing with povidine solution followed by instillation of Jatyadi Taila was done and

surgical portion was bandaged with cotton pad. Kshara Sutra was changed weekly by rail road technique and length was measured and recorded with Unit cutting time. **Discussion and Conclusion**

Sacrococcygeal Pilonidal sinus (Shalyaj Nadi Vrana) is a problem of young hirsute men found in natal cleft with high postoperative recurrence rate. Surgical methods generally emphasized on excision of sinus tracts followed by primary midline and off line closure or leaving the wound open to heal by secondary intention.

Kshara or caustic substances are considered as one of the most important means of parasurgical procedure because Kshara can produce excision, incision, scrapping and can pacify all three Doshas. Kshara sourced from different plants are mentioned in contexts to be used in different ways to manage various diseased condition. In the recent era, Kshara in the form of Kshara Sutra become common in Ayurvedic and other contemporary surgical parlance. Kshara Sutra is applied to induce both mechanical and chemical cutting, cleansing and healing. It is becoming highly prevalent day by day because it is completely evidence based and very low recurrence rate.

In the sinus tract, there is intense active chronic inflammatory change as a result large numbers of plasma cells, scattered multinucleate foreign body giant cells and prominent vascular proliferation seen in it. Kshara Sutra showed decrease of inflammatory changes and there is a mark aggregation of healthy granulation tissue predominant fibroblast, collagen formation. 17 Kshara Sutra contains latex of Euphorbia which is proteolytic in nature therefore dissolves the fibrous tissue of sinus tract. Achyranthes Kshara is alkali in nature, which debrides the sinus tract and liquidates the thick pus. It keeps the tract clean and helps in drainage of pus. Special linen thread holds the medicines with the help of latex for 3-4 days in the sinus tract and act as an ideal drug delivery media. Physical presence of Kshara Sutra in the sinus tract keeps the passage patent and help in the drainage of pus. Kshara Sutra ligation exerts mechanical pressure along with chemical cauterization therefore, in initial days, there is cutting of tract. After cutting the sinus tract by it in initial days the follow up of 3-4 days is the healing time for the wound therefore cutting and healing of the tract per week is achieved. As cutting and healing go side by side there is no gap or recess for accumulation of pus in the cavity. Kshara Sutra causes



chemical excision rather than surgical excision.¹⁸

Therefore it has been concluded that Kshara Sutra works by 3 ways as following:

- Chemical cauterization by Kshara (alkali),
- Sloughing of the tissue of the walls of the fistulous track,
- Cutting provides adequate drainage.

Sacroccygeal Pilonidal sinus is a complex problem requiring multidisciplinary approach. Kshara Sutra has benefitted a lot of patients and its effectiveness in the management of this disease is well established but it is logical to explore innovations and improvements in order to maximize effectiveness and minimize undesirable effects. Kshara Sutra has been able to catch the imagination of contemporary surgeons to offer a

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Panchakarma For All In Present Day Practice

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What is *Panchakarma*?

Pancha - Five

Karma - Procedure (therapy)

Obviously as seen today there are many more number of procedure we see today in a *Panchakarma* Clinic.

Expectations from Indian Public

- Health Promotions
- Cosmetic rewards
- Panacea to Illnesses
- Scientific evidences

The *Tridosha* Balance – Health Deviation

Thus health is the integrity of the systems in maintaining the internal milieu of the living individual balancing against the impact of inevitable interaction with internal and external environment.

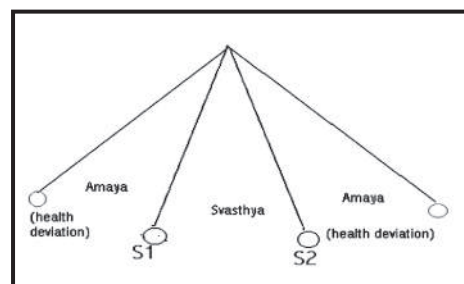
In other words, integrity of *Tridosha* (*Vata-Pitta-Kapha*) in balancing the harmony of the body shall determine 'health'. In Ayurveda the state of *Tridosha* in the body is considered to be highly influential and reactive in nature.

The Pendulum of *Dosha*

Rhythm under the Influence

The following chart shows the rhythmic variations of *Tridosha* being influenced by many physiological and environmental factors;

<u>Kapha</u>	<u>Vata</u>	<u>Pitta</u>
morning time	evening time	mid day
night	windy day	hot sunrays
winter & spring	rainy season	autumn & summer
first phase digestion	end phase digestion	mid phase digestion
day nap	night awake	night awake
low physisic activity	exhaustion	exhaustion
lethargy	high mental activity	worry & rage
<i>Kapha</i> foods	<i>Vata</i> foods	<i>Pitta</i> increasing foods



Panchakarma Practices:

- Biological purification (*Shodhana*) is again pivotal concept of Ayurveda therapy and a contribution to medical world.
- Extraction of unhealthy biological elements apparently in the form of disturbed *Tridosha* through different approved means for the internal harmonious function of biological systems.
- Ayurvedic scriptures pay more weightage to removal of such morbid elements from the body first than just attempting to culminate them.
- „Culminate or appeasing measures (*Shamana*) are also familiar among *Panchakarma* practices.
- Many such procedures are said strengthen the weakened systems and reduce their vulnerability to dangers.
- Thus by both the means *Panchakarma* in Ayurveda is an important tool for health promotions.
- Annual health curriculum- a health card can be prepared for the individual persons after detailed checkup by the physician.
- Ayurveda recommends seasonal regimens (*Ritu Charya*) looking into the *Doshic* variations due to change in the environment. The biological purification as well appeasing procedures of *Panchakarma* are planned in the periodical program.
- Monitoring health periodically through checkups eventually after every procedure and follow up would be a wise promotional program for the society.

Every day *Panchakarma*:

- Few of the procedures considered under *Panchakarma* are recommended as part daily regimens (*Dina Charya*) in Ayurveda.
- Every day practice of Ayurveda massage (*Abhyanga*) is said to improve the health status of different tissues in the body imparts good eye sight and combats ageing process of the body.



- If nothing could be practiced then at least one should oil the head, ear and soles of the foot (*shira-shravana-pada*) in the minimum for maintenance of health and longevity.
- Oil massage to the head (*Shirobhyanga* or *Shirasneha*) - Protection of the important 'Marma' through proper oleation makes an individual sturdier in his physical and mental performance.
- It is highlighted in Ayurveda that ageing process cannot gain its impetus very easily on the organs of the head if a person is having the practice of doing nasal oiling (*Sneha Nasya*) every day.
- Slowing the degenerative process of the brain cell could be very important issue in the public health.
- Programs can be made for constitutional basis.
- *Vata* types (*Prakriti*) – Regular oil massage
- *Pitta* types (*Prakriti*) - *Utsaadana* with herbal powders/paste.
- *Kapha* types (*Prakriti*) - *Udvartana* with or without oil
- These are only examples highlighting field of *Panchakarma* for promotional purposes.

Panchakarma and cosmetics:

- Practice of regular Ayurveda massage (*Abhyanga*) said to impart good complexion to the skin, imparts shapely appearance of the body (*Subhakta Ghana Gaatra*).
- *Utsaadana* or *Lepa* with aromatic medicinal herbs like *Vacha Chandana Haridra* etc. said to improve the health & complexion, in addition they alleviate bad odor.
- Practice of nasal errhine (*Pratimarsha Nasya*) can impart good facial complexion, dark colored long hairs.
- Regular practice of massage to the foot can alleviate and avoid crack on the foot, which is also a cosmetic problem.
- Likewise there is lot more scope for *Panchakarma* practices which can impart to the cosmetic aspects.
- **Panchakarma for convalescents:**

Chronic illness, post-delivery for women, for new born baby – here *Abhyanga*, *Sneha Pichu*, *Sneha Basti*, *Nasya* etc. are useful when used with discretion for health promotion

Panchakarma to relieve physical and mental stress:

- *Abhyanga* the Ayurveda massage again a well know remedy for physical stress and exhaustion (*Shrama Hara*). In addition clinically it is seen that *Abhyanga* can also provide a lot mental relaxation too, it provides good sleep (*Susvapna*).
- *Shirodhara* is another therapy to relieve physical and mental stress.

Commonest indications for Panchakarma Treatment

Arthritic complaints

Osteo arthritis- *Sandhivata*

Rheumatoid & allied – *Amavata*, *Vatarakta*

Spinal Degenerative conditions- *KatiGreeva Shoola*, *Gridhrasi*, *Khalli*, *Vishvachi*, *Avabahuka* (Spondylosis, Radiculopathies and PID)

Neurological Disorders

Stroke and Peripheral Neuropathies – *Pakshaghata*, *Ekanagavata*

Spinal Cord and Motor Neurone Disease – *Pangu Khanju*, *Anga Shosha* (MND, lateral sclerosis, post traumatic cord injuries, poliomyelitis)

Cerebral Diseases - *Bala Pakshaghata* (CP), (Alzheimer's and Dementia)

Demyelination and degenerative disorders– *Avrita Vata* ? *Vardhakyaja*

Skin Diseases Allergic disorders – *Sheeta Pitta*

Eczema and Psoriasis – *Kshudra Kushta* (*Vicharchika*, *Kitiba*)

Hypo pigmentation – *Svitra*

Other autoimmune disorders – like scleroderma SLE

Conditions where Panchakarma is not indicated-

- Clinical conditions with *Ama/sama Samprapti*.
- Clinical conditions with *Avarana by Medas* (*Urusthambha*)
- Clinical conditions specifically contra-indicated to specific therapy.



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brought to you by



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- * 34 Branded Proprietary Ethical products
- * Large number of Ayurvedic Personal care products
- * Largest retail network in Kerala Ayurveda
- * Products available in 18 States of India
- * The only ISO certified R&D in Kerala Ayurveda
- * The only Animal Testing Lab in Kerala Ayurveda

PROPRIETARY PREPARATIONS

Cardostab Tablet

the comprehensive antihypertensive

Liporid Tablet

the effective route to get rid of surplus adipose

Diariid Tablet

the comprehensive control for diabetes mellitus

Fineye Eye drops

the finest aid to preserve healthy eyes

Psoria Oil

the dependable choice to control psoriasis

Allergin Granules

the comprehensive natural antiallergic

Pyrid Tablet

the quick acting anti-pyretic from the gold-mines of Ayurveda

Flunil Tablet

the herbal cure for the vicious fever

Halin Drops

the choice nasal decongestant

Supres Cough Syrup

the sure and safe expectorant

Immunoplus Granules

the natural blend boosting the immunity mechanism

Galactoplus Granules

the nourishing herbal galactagogue

Leucorid Tablet

the all-in-one antileucorrhoeal

Normen Tablet

the ideal solution to abnormal menstruation

Femitone Syrup

the regularising uterine tonic with grace

Haematone Syrup

the nutritive natural haematinic

Haematab Tablet

the perfectly blended haematinic

Gason Syrup

the ideal carminative & digestive

Paedo Syrup

the digestive solution that improves paediatric health

Clearout Tablet

the easy-to-use purgative

Nutral Chewable Tablet

the perfect antacid

Protekt Tablet

the time-tested antilucerant

Pilorid Tablet

the numero uno in piles therapy

Pilorid Ointment

the ideal companion in piles therapy

Rheumarid Tablet

the key to quick relief from arthritis

Rheumat Tablet

the right way to combat arthritis right away

Rheumat Balm & Liniment

the soothing solutions to arthritis

Rheumat 90 Liquid

the classical remedy for chronic arthritis

Spondylon Soft Gel Capsule

the unparalleled vertebral specialist

Sciartilon Soft Gel Capsule

the unmatched lumbo-sacral reinforcement

Calciplus Tablet

the nature's boon for strengthening the bones

Ureaze Tablet

the reliable aid for the urinary system

Countplus Granules

the invigorating answer to infertility

the unparalleled
vertebral specialist



Main Ingredients

Prasarani, Sahacharam & Ashwagandha

Indications:

Cervical Spondylosis, Brachial Neuralgia

Dosage:

2 Capsules, twice daily



relieves
numbness
&
stiffness

the unmatched
lumbo-sacral reinforcement



Main Ingredients

Sahacharam, Earandam & Nirgundi

Indications:

Lumbar Spondylosis, Sciatica

Dosage:

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Mode of Action of Virchana Dravya

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Virechana is a part of shodhana (cleansing therapy) and is one of the panchakarmas mentioned in Ayurveda. It is much more than a bowel cleanser. Virechana is a therapy in which the vitiated doshas and excreta including the cellular toxins are expelled in downward direction through the anal route. Virechana therapy is the need of the hour because it keeps our bowel track clean and clear, thus helps in the smooth functioning of the body and all the cells. Virechanadravyas are predominant in the prithvi (earth) and jala (water) elements. By nature, both the prithvi and jala contents possess gurutvaguna (heavy in nature) and tend to move downwards with gravity. So, virechanadravyas also possess the quality of moving downwards. Virechana is also considered to occur due to prabhava which is the basic and specific nature of that drug to cause purgation or laxation along with the downward moving tendency and not merely on the basis of gurutva. This indicates the significance of gurutvaguna and prabhava which basically justifies the mode of action of virechanadravyas.

KEYWORDS: Virechana, purgation, doshas, guna

INTRODUCTION :

Virechanakarma is one of the five panchakarmas, which is obviously meant to eliminate certain kinds of substances which cannot be possibly excreted through sweat glands, lungs, kidneys, stomach etc. It is a process by which the vitiated doshas are made to pass through the adhomarga i.e. Guda (anal route). Virechana is a specific treatment for pitta dosha, and pitta samsargadoshas, even for kaphadosha which is in pitta sthana and aamashya. In virechana, the doshas even from aamashya (stomach) are taken to the pakwashya (large gut) and are removed through the gudamarga.

PROPERTIES AND ACTION OF VIRECHANA DRAVYAS:

Virechanadravyas possess **ushna** (hot), **teekshana** (sharp), **sookshama** (subtle), **vyavayi** (pervading the entire body before getting digested), **vikasi** (causing looseness of the joints) guna (properties). These drugs consist of **prithvi and jalamahabhootas** which are heavy in nature and thus help in expulsion of doshas from adhomarga (lower side).

- Due to their virya, virechanadravyas reach hridaya and circulate all over the body because of

Vyavayi And Vikasiguna.

- Because of their **agneyaguna**, they liquify the compact doshas.
- Because of their **tikshanaguna**, they separate the adhere doshas located in the different channels of the body. Thus the dosha move in the body without adhesion just like honey kept in snehabhavitpatra.
- Because of **sookshmaguna**, this morbid material reaches amashya and gets propelled by udhanavayu or apanavayu resulting in virechana.
- **Prabhava** of the drug is also responsible for the virechana karma of the drug because some drugs possess this basic purgative nature. Acharya Chakradutta clarifies that in spite of having the gurutva property, all the drugs do not cause virechana. Eg fish, dishes prepared from flour etc are basically heavy in nature but do not cause virechana. This indicates that prabhava is also required for drugs like trivrita to cause purgation.

From the modern point of view, virechana karma is physician induced mild inflammation.



- **IRRITANT ACTION:** These virechana drugs are irritant to intestinal mucosa which causes inflammation. Because of the irritation of the mucosa, secretion rate is enhanced and the motility of the intestinal wall usually increases. As a result, large quantities of fluid are propelled by propulsive movements and result in formation of loose stools.
- **ACTION ON NERVES:** Virechanadravyas have an irritating effect on defecation Centre in Medulla oblongata. The vagus nerve stimulates pancreas and liver to produce secretions. Bile is also secreted from gall bladder and due to irritation and stimulation of vagus nerve, Bruner's glands are stimulated which secrete mucus. Due to increased peristalsis, sacral and lumbar plexus are irritated, ileo-caecal and anal sphincters are relaxed and these secretions are excreted out.
- **ELIMINATION OF PITTA:** Potent stimulation for gall bladder contraction is from cholecystikinin hormone. This causes increased secretion of digestive enzymes from pancreas. The stimulation for this hormone is the presence of fatty food in duodenum. Due to relaxant action of sphincter of Oddi, bile enters into duodenum. This bile contains bile acids, bile pigments, cholesterol, lecithin, water, sodium, potassium, bicarbonate ions which are eliminated out and can be called as pitta.

CLASSIFICATION OF VIRECHANA DRAVYAS:

- **MULA VIRECHAK:** The virechana drugs that are derived from the root part. Eg- trivrita, snuhi, chitrak, apamarga.
- **TWAKA VIRECHAK:** The virechan drugs that are derived from the bark based. Eg- patla and tilwak.
- **KSHEER VIRECHAK:** The virechan drugs that are derived from milk or sap. Eg- Snuhi, arka.
- **PHALA VIRECHAK:** The virechana drugs that are derived from fruit base. Eg- Haritaki, amlaki, vibhitak.

VIRECHANA DRAVYA can be further classified as **Mridu** (mild), **Madhya** (normal) and **Teekshana** (acute/ fast).

Virechana drugs are further classified on the basis of their physiological actions as:

- **ANULOMANA (Laxatives) :** These drugs mainly expel out pakwadosha and pacify the vitiated vata. Generally all laxatives are madhura and amla rasa based. These drugs have tendency to loosen the faeces by producing a lot of water, stimulating the peristaltic movement of intestine and removing out the excreta by loosening and softening it. Eg - **haritaki**
- **SANSARANA (Mild purgatives):** These drugs have tendency to remove out the excreta from GIT even without getting it digested. i.e. both pakwa and apakwa mala. These drugs act in a fast manner. Eg- **Amaltaas**
- **BHEDANA (Purgative but acting slowly):** Drugs which break the consistency of the stools and wastes are called bhedanadravyas. Breaking the consistency of stools is essential because it facilitates their expulsion. Eg - **kutki**
- **RECHANA (Fast acting purgative):** These drugs liquefy the pakwa (formed) and apakwa (unformed) malaadidoshas i.e. stool and other unwanted excreta and endotoxins and expels them through the anal route. Eg **Trivrita**

CONCLUSION:

Virechana is a procedure in which the vitiated doshas are expelled through gudamarga by administration of medicine through oral route. It is one of the most profound and powerful healing technologies in existence in the entire universe. The person gets purity of channels of circulation, clarity of the sense organs, lightness of the body, increase in energy and freedom from disease. Doshas are brought to koshtha from snehana and swedana, from there they are expelled through anus by virechanadravya which possess ushana, tikshana, sookshama, vyavayi and vikasiguna. Some virechanadravya do their action because of prabhava i.e. basic purgative nature. Virechana karma is the need of the hour because human body of present era is full of toxins and lacks immunity, and the vitiated doshas once expelled out through virechana therapy have less capability to produce the disease and enhance immunity. So virechana therapy fulfills the Ayurveda prayojana of maintaining the health and curing the diseases.





Clinical Assesment of Jalaukavcharan (leech Therapy) In Management of Varicose Veins (varicosities): A Case Report

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Panchkarma is a shodhan treatment in ayurveda which helps in eliminating toxins from the body. Panchkarma includes five basic processes. Raktamokshana is one out of them which is a mainstay of treatment for Raktapradoshaja vikara. Jalaukaavcharna treatment (Leech Therapy) is described under Raktamokshana for managing varicosities.

Varicose veins are twisted and enlarged veins near the surface of the skin, most commonly in legs. The varicose veins are mainly caused by weakness of valves in the veins of legs. When it becomes chronic it causes venous flow insufficiency. This is an acute stage due to clogging of blood, preventing the blood flow back to the heart. In Ayurveda the disease of varicose veins is correlated with Siraaj Granthi. This basic problem is either due to obesity and prolonged pressure on the septanous valve during pregnancy or due to more standing jobs.. Common signs and symptoms include pain, tenderness, swelling, warmth, redness, ulcers, discoloration, and distention of surface veins. The treatment of varicose veins is given in Sushrut Samhita. Ayurveda reveals Raktmokshan by Jalaukavcharana (Leechtherapy) to cure varicose veins.

This is a case presentation of 27 years old female patient had a history of varicose veins, having complaints of pain, muscles cramps and swelling in both legs since one year. A colour Doppler ultrasound was positive for great saphenous vein varicosities in both lower limbs. Jalaukaavcharna was done weekly along with oral medication for total duration of 30 days with continuation of the previous medication. The patient got relief in clinical signs and symptoms of varicosities.

Key words:- Panchkarma, Raktamokshana, Varicose veins, Jalaukaavcharna

INTRODUCTION:-

Varicose veins is a disease in which veins are dilated, tortuous, elongated, swollen, seen bulging and protruding over the surface of skin. Varicose veins are different in colours from person to person. It may be blue red, greenish blue or of the colour of flesh. Majority of varicose veins are seen mostly on the thigh and back of calf muscles and they lesser extend posteriorly on the inner side of legs¹. The primary causes of varicose veins are the incompetency of the valves and the weakness in walls of the veins. When varicose vein becomes chronic it causes venous insufficiency. This is an acute stage due to clogging of blood preventing the flow of venous back to heart. The secondary causes are obstruction of venous out flow due to pregnancy, fibroid, ovarian cyst, pelvic cancer, ascites, iliac vein thrombosis etc.

The common risk factors of Varicose veins include older age, obesity, major surgeries, hormonal replacement therapy etc. Women are affected more than men (10:1). The persons involved in the prolonged standing jobs eg. Policeman, conductor, etc. often suffer from varicose veins.² The common symptoms includes heaviness in the legs, muscle cramps, itching around the swollen vein and pain felt in the whole leg or in the lower part of the leg. Particularly in modern science the treatment of varicose veins is limb bandaging, surgical treatment (stripping of Saphenous vein), Sclerotherapy etc. but no medicinal treatment is available.³

In ayurveda varicose vein is correlated with Siraaj Granthi mentioned in Sushruta Samhita and Ashtang Sangrah.

Seraaj Granthi:-

व्यायामजातैरवलस्य तैस्तैराक्षिप्य वायुर्हि सिराप्रतानम् ।

सम्पीड्य संकोच्य विशोष्य चापि ग्रन्थिं करोत्युन्नातमाशु वृत्तम् ॥

सु० सु० ११/८

ग्रन्थिः सिराजः स तु कृच्छ्रसाध्यो भवेद् यदि स्यात्सरुजश्रवणश्च ।

अरुक् स एवाप्यचलो महांश्च मर्मस्थितश्चापि विवर्जनीयः ॥

सु० सु० ११/९

In this prakupit vata dosha compresses, raises and squeezes the net work of veins.

In Ayurveda it is considered as Krichh sadhya vyadhi (curable with difficulty) in early stage and asadhya in late stages affecting the vital parts of the body.⁴

Sushruta and Vagbhatta mention Jalaukavcharna (leech therapy) in the treatment of all venous diseases. Leech therapy comes under the Raktmokshana treatment which is one of the Ayurveda Panchkarma⁵. It is safe, painless and highly effective. Raktmokshana is the



refinement of blood so helpful in treating many skin and vascular diseases. Before giving Leech Therapy to the patient it is must to give Snehana and Svedana treatment to the patient. Leech therapy involves an initial bite, which is usually painless (it is thought that leech saliva contains a mild anesthetic). An attachment period lasts 20 to 45 minutes and a post attachment period during which the site of bite continues to bleed. The final stage provides the primary therapeutic benefit caused by components in the leech's saliva which includes hirudin, a protein anticoagulant that inhibits thrombin in the clotting process and histamine-like substances that lead to vasodilatation. The therapy develops the immune mechanism in the blood system by stimulating the antitoxic substances in the blood stream.⁶

CASE REPORT:-

A 27 year old female patient of vattapittaj prakruti visited in OPD of Reva Clinic, Radaur on 20-10-2013. She was presented to us for treatment of varicosities involving both legs. She had complaints of pain in both legs since one year, muscle cramps in both legs, swelling over the lower legs, unable to walk properly. Pigmentation was also present on left leg in calf region. Before one year patient was alright then suddenly she had a complaint of pain in both legs at calf muscle region. Then she took the treatment from a local doctor but had no any relief. After few days her condition got worsened and she was unable to bear weight on the legs. Then she visited to Dr. Rajiv at Medanta Hospital, Gurgaon. He advised her to go for Colour Doppler study of both legs. The colour doppler diagnosed Great saphenous varicosities in both legs (29-8-13). She was treated with tab. Daflon 500 mg 1 BD, tab Paracip 650 mg 1 BD for 20 days but she did not get any relief with this treatment. Then she came to Reva Clinic, Radaur. for further management. On examination, tenderness, pigmentation and bulging was present in the calf region and swelling was also there. Pain was severe aching in nature which aggravated on standing for long time. Pain was constant and not radiated to any other part. Dorsiflexion of foot may cause pain in calf region (Homan's sign) was positive. Pain was relieved by elevation of legs. All investigation were normal except 25-OH Vitamin D total which was 7.15 ng/ml (low).

Patient was given Mahayograj Guggul 325 mg 1 tab BD, Maharasnaadi Kwath 60 ml BD, Vishgarbh Tail for abhyang and Rasnasaptak kwath for nadi swedan. Along with this treatment Jalaukaavcharana karma was also started on 26 oct 2013 and repeated weekly. Tab. Daflon 500 mg was continued. The total duration of treatment was 1 month. Patient was assessed weekly on the basis of visual analogue scale. Before treatment pain scale was 9. After one week from the start of treatment pain grade was 7 then 5 after second week, 4 after third week, 2 after completion of treatment i.e four weeks. Frequency of muscle cramps was 5-6 times in a week which decreased to 4 times after 1 week of treatment. At completion of the treatment it decreased to once only per week. As far as walking distance is concerned, patient was unable to walk before the treatment properly. But with the treatment maximum walking distance was 20 meter, 50 meters, 100 meters, 200 meters at the completion of first, second, third and fourth week respectively (Table No:-1)

Table No. 1: Observations of different parameters during treatment.

RESULT:

The clinical features of Varicose veins (varicosities) were improved at the end of 4th week. With a follow up for a period of 3 months, the patient had shown almost no signs of recurrence.

Discussion:

The goal of Jalaukavcharna for Varicose vein is to reduce morbidity by natural, non invasive, safe alternative healing with no side effects. Once the leeches attach themselves to the skin of the patient and start sucking blood, the saliva enters the puncture site along with enzymes and chemical compounds which are responsible for the progress of cure and treatment. Because of anticoagulating agents the blood becomes thinner, allowing it to flow freely through the vessels. The anticlotting agents also dissolve clots found in the vessels, eliminating the risk of travelling to the other parts of the body and blocking an artery or vein. The vasodilating agents widen the vessel walls by dilating them and this causes the blood to flow unimpeded too. Patients feel relief from the anti inflammatory and anaesthetic effects of the leech's saliva.

Enzymes and compounds present in the leech saliva act as anticoagulating factor. The most prominent enzyme is hirudin which binds itself to thrombins, thus effectively inhibiting coagulation of the blood. Another compound that prevents coagulation is calin. This works as an anticoagulant by binding itself to collagen. It is also an effective inhibitor of platelet aggregation caused by collagen. The saliva of leech also contains factor Xa inhibitor which blocks the action of the coagulation factor Xa.⁷

CLOT DISSOLVING EFFECT OF LEECHES:

The action of destabylase involves the break up of fibrins that have been formed. It also has a thrombolytic effect, which can also



dissolve clots of blood that have formed.

ANTI INFLAMMATORY EFFECT OF LEECHES:

Bdellins is a compound in the leech's saliva that acts as an anti inflammatory agent by inhibiting Trypsin as well as Plasmin. It also inhibits the action of Acrosin. Another anti inflammatory agent is the Eglins.

VASODILATING EFFECTS OF LEECHES:

There are 3 compounds in the leech saliva that act as vasodilator agents and they are the histamine like substances the acetylcholine and the carboxy peptidase A inhibitors. All these act to widen the vessels thus causing flow of blood of the site.

Bacteriostatic and Anaesthetic effect of leeches:

The saliva of leeches contain anaesthetic substances which relieve pain on the site and also bacteria inhibiting substances which inhibit the growth of bacteria.

There were no adverse events throughout the management. The mode of treatment was found to be cost effective, safe and easy to implement. So jalaukaavcharna is safe and effective method in management of varicose veins than modern treatments.⁸

Conclusion:-

The clinical features of Varicose veins were improved at the end of second week and almost totally relieved after completion of one month treatment. Present study shows Jalaukavacharana as a promising treatment for Varicose veins.

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Uttar Basti An Advance Therapy For Management of Vandhayatva (Female Infertility): A Clinical Review

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Vandhyatva (Female Infertility) is a *Vata* predominant disorder and **Basti** is considered to be the best therapy for its management. Keeping this hypothesis in mind present review study is an effort to develop tools through *Basti procedure* for management of *Stree Vandhyatva*. **Materials and Method:** In this clinical review study, Data obtained from the series of *Uttar Basti* therapy for management of Female Infertility done by previous researchers, at *Stree Roga & Prasooti Tantra* Dept, IPGT& RA. GAU, Jamnagar from 2001 to 2013 are included. In *Uttar Basti* drug in the form of medicated oil or ghee was directly administered intrauterine cavity. **Observation & Result:** i) In **Anovulatory factor** (diagnosed by TVS) got **Ovulated in 68.70% and increase in follicle size (up to target follicle 19-20mm) 84.70%** of cases. ii) In **Tubal Blockage** approximate 76% patients of *Kumari Tail* group and 80.63% in *Yava Kshara Tail* group tube become patent by *Uttar Basti*. iii) In **Endometrial factor** increase in E.T. & endometrial receptivity increased in 87% of cases. iv) In **Cervical Factor** had shown 92% relief. **Discussion:** The anatomical position of female genital organs comes under the influence of functional zone of *Apana Vayu*. So, its management designed according to host. In case of anovulation it stimulate the process of follicular development and ovulation, in Tubal blockage relieves obstruction by its *Shodhana* and *Lekhana* property of drug, In endometrial factor it increase blood circulation, helps in proliferation and thus increase receptivity results in improve conception rates. **Conclusion:** From the consequence series of studies, hypothesis is accepted that *Vata* vitiation is the root cause of Female Infertility and *Uttar Basti* is highly effective procedure for management of infertility. So, in future practice *Basti therapy* may be established as most effective management for female infertility without any hazards.

Keywords: *Uttar Basti*, *Stree Vandhyatava*, Anovulation, Tubal blockage, Endometrial factor.

Introduction- Infertility is "a disease of the reproductive system (*Artav vaha Srotas*) defined as failure to achieve a conception after 12 months or more having regular unprotected sexual intercourse." Female factor is directly responsible in 40-55% among which Prevalence of infertility due to ovarian factor is 15-25 %, tubal factor causes 25-35%, uterine factor 10 % and cervical factor 5%. In *Ayurveda* essential factors for healthy Conception are *Ritu*, *Kshetra*, *Ambu*, *Beeja*; any vitiation in these factors leads to infertility. *Hrdi Samyata*, *Anil samyata* are also considered as essential factors. Here *Anil Samyata* is mainly considered as normalcy of *Apana vayu*. *Pitta*, *kapha* and other structures are lame without action of *Vata*. So, *Vayu* is considered as prime *dosha* among *Tridosha*, by controlling *Vata*, *Kapha* and *Pitta* ultimately comes in its equilibrium stage *Basti* therapy (Medicated enema therapy) is propounded as best line of treatment for vitiated *Vata*, *Uttar Basti* is described as chief procedure among *Panchkarma* to rectify *Artava Dosha* and *Artav vaha srotadusti*. Hence keeping in mind the strong relation between pathogenesis of Infertility with *vata dosha*, *Artav dosha* and *artav vaha srota dusti* those are main causative factors in Ayurvedic perspectives. This clinical review study was conducted to evaluate the efficacy of *Uttar basti* in management of infertility caused by anovulatory factor, tubal factor, endometrial factor and cervical factor. By *Basti* therapy we can get answer of unsolved causes of Infertility.

- **Aims and objective-** To find out role of *Uttar Basti* in the management of female infertility due to Anovulation, Tubal Blockage and Endometrial Factor by reviewing clinical research works done in IPGT & RA from 2001 to 2013.
- To develop a fix *Uttar Basti* protocol to deal with female infertility.

Materials and Methodology

- For this clinical review study, Results of *Uttar Basti* in management of female infertility due to various causes like Anovulation, Tubal blockage, Endometrial factor, Cervical factor are compiled; Which was done in *Stree Roga & Prasooti Tantra* Dept, IPGT& RA. From 2001 to till 2013.
- Patients attending the O.P.D. of S.R.P.T. Dept., I.P.G.T. & R. A. Jamnagar, having complaint of failure to conceive for minimum one year were selected in all previous research works. **Assesment of diagnosis and Result-** done on the basis of appropriate tools of diagnostic method as
- **Anovulatory factor-** Serial Transvaginal sonography done for diagnosis and for assessment of result upto 2 consecutive menstrual cycle.



- **In tubal factor**- Hysterosalpingography done before and after treatment.
- **In Endometrial Factor**- Assessment done on the basis of Color Doppler Sonography to predict Appelbaum's uterine scoring system for reproduction (a method to assess receptivity of endometrium)

Preperatory Phase- before starting the *Uttar Basti* Koshtha Shuddhi with Erand bhritha haritaki given in all patient.

Procedure Of Uttarbasti Intra uterine *Uttar Basti* of 5ml of medicated oil/ghee once in a day given for 6 days from the day after cessation of menses for two consecutive cycle. follow up period is of 1 month.

It is performed in three stages

- 1). *Poorva Karma*
- 2). *Pradhana Karma*
- 3). *Paschat karma*

Poorva Karma (Pre *Uttar Basti* Procedure)

Poorva karma done in three steps:

- 1) Abhyanga (massage)- *Bala Tail* applied for 10 minutes, on region below umbilicus and back.
- 2) Swedana (hot fomentation) Steam produced by *Nadi Swedana Yantra* applied for 10 minutes in region below umbilicus and back.
- 3) Yoni prakshalana (vaginal Douche) It is done by decoction *Panchvalkal* (Vaata, Udumbar, Aswath, Parisha, Plaksha).

Pradhana karma (*Uttar Basti* Procedure)

Instruments required- Posterior Vaginal Speculum, Anterior Vaginal Wall retractor, Allis' forceps & *Uttarbasti* cannula fitted with disposable syringe. Instruments and oil are autoclaved and procedure is done in operation theatre.

The patient is taken in dorsal lithotomy position, cleaning with antiseptic solution is done and then the 5 ml medicated oil/Ghee is inserted with the help of *Uttarbasti* Cannula, while anterior lip of cervix is held with Allis' forceps and the patient is kept in head low position. Instruments are removed and the patient is shifted to ward. She is kept in head low position for at least 2 hours for better absorption of drug from vagina and to prevent any vasovagal shock.

Pashchat Karma : Complete rest in head low position for at least 2 hours followed by abdominal hot fomentation with hot water bag and light diet.

Uttar Basti For Management of Anovulatory factor: Series of Research Works

Overall result of Uttar Basti in Anovulatory Factor

In above 4 studies total 29 patient were treated with Uttar basti and average result in

Ovulation was achieved by 68.70% and

Improvement in the follicular growth was observed in 84.70% of cases.

Uttar Basti For The Management Of Tubal Blockage: Series Of Research Work

- Correlating fallopian tubes with the Artavavaha (Artava-bija-vaha) Srotas, its block is compared with the Sanga Srotodushti of this Srotas. Vata is the prime Dosha to in tubal blockage as it is responsible for every movement.

Sr. no	Name of scholar	Year	Type of basti	Drugs	Result
1	Kamayani Shukla	2010	Uttar basti	Kumari Tail	80%
				Yava Kshara tail	85.71%
2	Dr. Neha Mamgein	2012	Uttar basti	Kumari Tail	81.20%
				Yava Kshara tail	87.50%
3	Hetal P. Baria	2013	Uttar basti	Kumari Tail	66.50%
				Yava Kshara tail	68.70%



Result-From above 3 researches **Total 102**

patients were treated by intra uterine Uttar Basti.

The tubal patency was achieved in

Kumari Tail group of 76% patient and

In Yava Kshara Tail group 80.63% , but the

Conception rate was high in Kumari Tail group.

Uttar Basti For The Management Of Endometrial Factor: Research Work

Endometrium provides bed for fertilized ovum in which it embedded properly for further development. If the endometrium is not favorable then implantation cannot occur and if occur then the chances of abortion in early stage increases. So, here an effort done to improve it by *Uttar Basti* procedure.

Sr. No.	Name of Scholar	Year	Drug for Uttar Basti	Result
1	Dr.Anjali Verma	2014	Bhrihat Shatavari Ghrit	87%

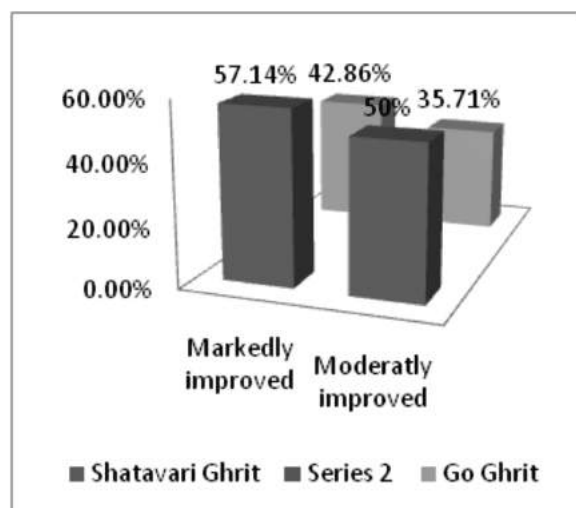
Result-From the result of 1 research work total 10 patient treated with intra uterine Uttar basti. The receptivity of endometrium increased in 87% of patient and conception achieved by 20 % of patients.

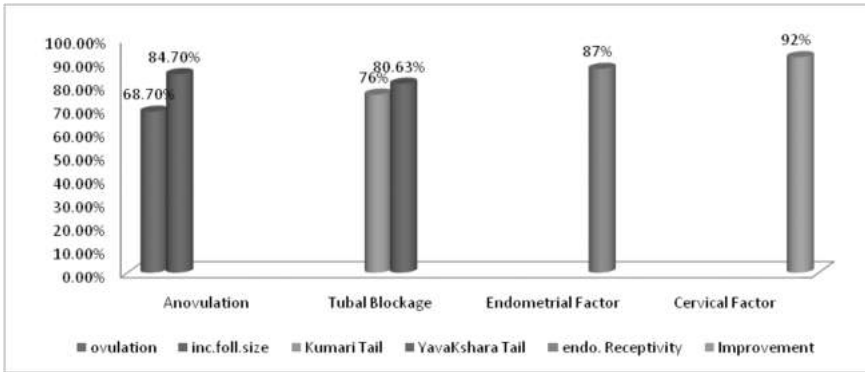
Uttar Basti For The Management Of Cervical Factor: Series Of Research Work

Cervical canal works as reservoir for spermatozoa if it is not in its healthy condition the process of conception get effect through it.

Sr.No.	Name of scholar	Year	Drug	Basti	Result	
					Markedly improved	Modretly improved
1	Chetana M Khodinariya	2008	Shatavari Ghrit	Uttar basti	57.14%	42.86%
			Go Ghrit		50%	35.71%

Result: From above 1 study total 14 patient are treated with Uttar Basti and improvent found in 92% of cases.





Discussion-

- 1) **On Anovulatory factor** Among 4 studies on total 29 patient were treated by uttar basti average result in **Ovulation was achieved 68.70% and improvement in the follicular growth was observed in 84.70% of cases. Probable mode of Action-Uttar Basti given intra uterine, activate the normal function of vata and stimulates the whole Artavavaha Srotasa ultimately ovulation achieved.**

Differentiation or Separation and then expulsion are also the functions of *Vata*. Thus it is assumed that the function of cell division is governed by *vata*. So, here *Vata* is responsible for formation and for rupture of follicle, thus for main event ovulation. Hence Uttar Basti improves the function of *Vata* so that ovulation occurred.

- 2) **On Tubal Blockage** In series of 3 research works total 102 patients were treated by intra uterine Uttar Basti. Tubal blockage removed 80.60% patients in Kumari Tail group and 86.60% of patients in Yava Kshara Tail group, but the Conception rate was high in Kumari Tail group. Kshar may be hamper the ciliary movement result in slow down the transportation of ovum; that's why conception rate were higher in Kumari Tail group. **Probable mode of action-** For tubal factor of infertility, intra uterine Uttar Basti with Lekhana dravya acts in two ways. It removes the blockage of tubal lumen by directly flushes obstruction and restores the normal function of tubal cilia by it's rejuvenating property and soothing effect.
- 3) **On Endometrial factor** 1 research work done on Total 10 patient treated with intra uterine Uttar Basti. The receptivity of endometrium increased in 87% of patient and conception achieved by 20 % of patient. **Probable mode of action-** Uttar Basti Ghrit are based on Snehana and Brinhana property, Drugs used in it are also having Phytoestrogen property so that endometrial proliferate in proper way and gets its natural function, local tissue gets rejuvenation, thus improves implantation rates.
- 4) **On Cervical Factor** From above1 study total 14 patient are treated with Uttar Basti and improvment found in 92% of cases. **Probable mode of action-** The lipid soluble drug rich in phytoestrogen is passively diffused across the membrane in the direction of its concentration gradient, **absorbed by cervical epithelial cells (Srotamsi) nourish, regenerate the epithelial cells and reduce the sperm hostile cervical mucus activity.**

Conclusion:

Primary Outcome: *Uttar Basti* is most effective treatment modality for *Stree Vandhayatva* (*Vata* predominant disorder), this hypothesis was acceptable with the extremely significant result obtained in series of compiled research work.

Secondary Outcome: It is cost effective with no **apparent evidence of complication; where modern therapy has unsatisfactory results, enormous expenses and lots of side effects.**

So it's a time to convert the challenging problem of managing infertility into a rewarding one always and giving her a 'NEVER-ENDING JOY' of motherhood through the *Ayurvedic* treatment.

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<http://www.medicalnewstoday.com/articles/165748.php> date 6/3/2012

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An Approach To Treat A Genetic Disorder Like Friedrichs Ataxia Through Ayurveda.

A clinical case study of Friedrichs ataxia correlated with mashiiska upachaya according to ayurveda.

*Dr. Anamika Kolay PG (Sch.)

*Guide Dr. P.C Jamkhedkar, * Co Guide - Dr. Santosh Chavan Dept. of Rognidan & Vikruti Vigyan, Dr. D.Y Patil
College Of Ayurveda & Research Institute, Nerul, Navimumbai

INTRODUCTION

Friedreich's ataxia is an autosomal recessive genetic disorder. This means you must get a copy of the defective gene from both your mother and father.

Ataxia is a symptom, not a specific disease or diagnosis. Ataxia means poor coordination of movement. The term ataxia is most often used to describe walking that is uncoordinated and unsteady. Ataxia can affect coordination of fingers, hands, arms, speech (dysarthria) and eye movements (nystagmus).

PATHOLOGY -

- The ataxia of Friedreich's ataxia results from the degeneration of nerve tissue in the spinal cord, in particular sensory neurons essential (through connections with the cerebellum) for directing muscle movement of the arms and legs. The spinal cord becomes thinner and nerve cells lose some of their myelin sheath (the insulating covering on some nerve cells that helps conduct nerve impulses).

CAUSES, INCIDENCE, AND RISK FACTORS -

- Friedreich's ataxia is caused by a defect in a gene called Frataxin (FXN), which is located on chromosome 9. Changes in this gene cause the body to produce too much of part of DNA called trinucleotide repeat (GAA). Normally, the body contains about 8 to 30 copies of GAA. Those with Individuals with Friedreich's ataxia have as many as 1,000 copies. The more copies of GAA a patient has, the earlier in life the disease starts and the faster it gets worse. Family history of the condition raises the risk.

SIGNS AND SYMPTOMS -

- Symptoms generally begin in childhood before puberty, sometime between the ages of 5 to 15 years, but in Late Onset FA may occur in the 20s or 30s. and may includes -
- Muscle weakness in the arms and legs
- Loss of coordination
- Vision impairment
- Hearing impairment
- Slurred speech
- Curvature of the spine (scoliosis)
- High plantar arches (pes cavus) deformity of the foot)
- No reflexes in the legs
- Unsteady gait and uncoordinated movements (ataxia) -- gets worse with time
- Muscle problems lead to changes in the spine, which may result in scoliosis or kyphoscoliosis.
- Heart disease usually develops and may lead to heart failure. Death may result from heart failure or dysrhythmias that do not respond to treatment. Diabetes may develop in later stages of the disease.

INVESTIGATIONS-

- ECG
- Electrophysiological studies
- EMG (electromyography)
- Genetic testing for the frataxin gene
- Nerve conduction tests



- Muscle biopsy
- X-ray, CT scan, or MRI of the head
- TREATMENT According to Allopathic
- Treatment for Friedreich's ataxia includes:

COUNSELING

- Speech therapy
- Physical therapy
- Walking aids or wheelchairs
- Orthopedic interventions (such as braces) may be needed for scoliosis and foot problems. Treatment of heart disease and diabetes may help improve the quality and duration of life.

EXPECTATIONS (PROGNOSIS) -

- Friedreich's ataxia slowly gets worse and causes problems performing everyday activities. Most patients need to use a wheelchair within 15 years of the disease's start. The disease may lead to early death.

PREVENTION -

Individuals with a family history of Friedreich's ataxia who intend to have children should consider genetic screening and counseling to determine their risk.

CASE PRESENTATION

- Patient Name Sana Khaidi
- Age 13yrs / F
- Add Wadala, Mumbai
- DOA 2/7/12
- DOD 23/7/12
- Admitted in Dr. D.Y Patil Ayurvedic Hosp, PDW
- Under Dr. Sarika Shinde
- Dig Diagnosis first done by KEM Hosp in 24/3/10 i.e; Friedreich's ataxia with? Spinocerebellar ataxia

PRESENTING COMPLAINTS & HISTORY

C/O Difficulty in walking since 7yrs

Frequent falls while walking since 7yrs

Difficulty in speaking since 5 yrs

Gradually progressive symptoms

No h/o weakness in upper limbs

No sensory complaints

H/O Abnormal posturing of both feet while walking.

Speaks slowly but she can understand what others are speaking and can follow the verbal commands .

Birth History FTND c

NBW

Development milestones Normal

Family history Maternal ----- No history

Paternal ----- No history

H/O Consanguinity Marriage of Parents

Drug History of Pt Tab. Syndopa Plus 125mg ½ BD

LOCAL EXAMINATIONS

- Bradykinesia --- +
- (Bradykinesia refers to slowness of movement)
- Spasticity--- + in both lower limbs (unusual "tightness", stiffness, and/or "pull" of muscles.)
- Ankle clonus ----- + in both limbs
- (Clonus is a series of involuntary, rhythmic, muscular contractions and relaxations.)
- Motor tone increased in all four limbs LL > UL



- Babinski reflex -- Present
- Babinski's reflex occurs when the big toe moves toward the top surface of the foot and the other toes fan out after the sole of the foot has been firmly stroked.
- This reflex, or sign, is normal in very young children. It is not normal after age 2 yrs
- The presence of a Babinski's reflex after age 2 is a sign of damage to the nerve paths connecting the spinal cord and the brain (the corticospinal tract). This tract runs down both sides of the spinal cord.

INVESTIGATIONS

- MRI Brain + Whole spine done 9/9/2009
- MR scan reveals Moderate cerebellar Atrophy
- I.Q LEVEL 50 (Mild subnormality in intelligence)
- Advised GAA repeats & SCA 1,2,3,6,7

AYURVEDIC CHIKITSA REFERENCE -

MASTISHKA UPACHAY

Reference Bhaishajya Ratnavali

(Mastishka Rogadhikar 17 -18)

It is described that there is hras of mastishka.

So Bhriyaniya aushadhi should be administered (B.R/Mastishkaupachay chikitsa 19)

TREATMENT GIVEN -

Orally -

1. Bilvadi churna Bilva + Musta + Ela + Swetachandan + Raktachandan + Ajamoda + Trivrut + Chitrak + Bidalavan + Ashwagandha + Balamula + Pippali + Vansholochan + Shilajit ---- All are taken in sambhag and mixed together --- 1.5gms given with goghrita in Vyan kal i.e, After lunch and in udan kal i.e, After dinner
(Ref : B.R. MastishkaRegadhikar 24- 26)
2. Chandanadi Kwath Raktachandan + Swetachandan+ Bala + Ashwagandha + Musta + Pippali + vacha + Yashtimadhu + Sariva + Haridra + Daruharidra+ Laksha+ vanshalochan +Gairik + Shatavari + Bilva ---- taken each in equal quantity mixed together --- 5gms taken kwath is prepared in 80ml water and given 20 30ml BD in Vyan & udan kal
(Ref : B.R mastishkarogadhikar 20 -21)
3. Tapyadi Loha vati 125mg 1BD
4. Mahayograj guggul 250mg 1BD

TAPYADI LOHA

- Main Contents are shilajit, makshik, roudya & loha (Ref -A.Hr)
- It is Raktaprasadak - acts on raktavahasrotas
- Balya As it is bhriyaniya kalpa
- Acts as a rasayan
- Acts on Manovaha srotas
- As it contains Roudya It acts on mastishka, which is balya & bhriyaniya to mastishka. Also acts on manavahasrotas
- Loha Increases raktadhatu so all uttarottar dhatu gets poshan i.e; masma, meda, asthi, majja
- Shilajit it is jara vyadhi nashak, raktadosh hara, smruti shakti vardhak, medhya, balya & rasayan. It is used in snayu sankocha and where there is suskata in vatavahini.

MAHAYOGRAJ GUGGUL

- Contents All ingredients of yograj guggul + vanga, roudya, naga, loha, abhrak, mandur bhasma + Rasa sindur. (Ref Sha. Samhita)
- It is used in all vatajanit rogas.
- It acts as Rasayan
- It is good where snayu, sandhi, asthi are affected

FROM DAY 2 PANCHAKARMA STARTED-

1. Sarvang snehan with Tila Taila
2. Sarvang swedan with shali sasti Pinda sweda c Bala Bharad



3. Shirodhara with Tila taila
4. Nasya with Goghruta given for 6 days Then on 14th day started Nasya with Majja ghruta given 1 drops in each nostrils Majja ghruta Ref : Ch. Ci. 28 vatavyadhichikitsa/124 127)
5. Kavaldharan with Tila taila

FOLLOW UP OF PATIENT

On 12th day

- Improvement in balance on sitting
- Improvement in speech with good pronunciation of words
- L/E - Involuntary Ankle clonus Reduced On 15th Day
- Tried to stand & walk by self with support
- More improvement in speech , speaks clearly whatever is asked.

DISCUSSION & CONCLUSION -

- There is as yet no approval drugs or disease modifying therapies of this problem and till date there is no documented Allopathic treatment effective for cerebellar ataxias.
- So all these Ayurvedic therapies seems to enhance muscle power and thus contributed to bring improvement in balance in walking and performance.
- As there is defect in gene and atrophy in cerebellum which is irreversible process and cannot be bring to reversible changes to be in normal form. But the further progressive degenerations of the disease can be stopped by improving the quality of life of patients.
- So these results by Ayurvedic treatment can be due to somewhere it is acting functionally, so by improving the neuro endocrinal secretions which is regenerating the nerve cells by improving the synopsis of neurons which results in increase in nerve conduction and impulses. Hence the functions of upper motor neurons are improved.



INTERNATIONAL CONFERENCE-2014, DEHRADUN

"Ayurveda For All"

Jointly Organised By: Ayush Darpan Health Magazine & Tathagat Ayurved Research Foundation

17-18 MAY

WiziQ education online

LifePositive

Ayush Darpan Health Magazine



To Study The Lakshnas of Ghrudhrasi W.S.R. NCV (Nerve Conduction Velocity)

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* Dr. D.Y.Patil College of Ayurved and Research Institute, Nerul, Navi Mumbai

In Ayurveda the Diagnosis of diseases is made on clinical observation and examination. To confirm the clinical diagnosis, there is no any efficient diagnostic tools as like modern medicine.

The diagnosis of diseases with nidanpanchak should be confirmed by using modern diagnostic tools.

A nerve conduction study (NCS) is a test commonly used to evaluate the function, especially the ability of electrical conduction, of the motor and sensory nerves of the human body.

Nerve conduction velocity (NCV) is a common measurement made during this test. A nerve conduction velocity test measures how quickly electrical impulses move along a nerve.

NEED FOR STUDY

- N.C.V is test which is done to decide about the severity of nerve damage / injury
- Our attempt is to differentiate the types of ghrudhrasi with help of N.C.V & to assist the severity of nerve damage in respective of ghrudhrasi . So NCV can be used as diagnostic & prognostic parameter for ghrudhrasi & accordingly to severity ,damage of nerve can be seen in ghrudhrasi

AIMS & OBJECTIVES

Aims :To confirm the diagnosis & prognosis of Ghrudhrasi with help of NCV .

OBJECTIVES :

- To study the aetiopathology of Ghrudhrasi Vyadhi.
- To correlate the symtomatology of Ghrudhrasi Vyadhi with findings of N.C.V.
- To study the role of N.C.V as diagnostic & prognostic parameter in Ghrudhrasi.

MATERIAL AND METHODS :

- Literature Review : ● Vedic literature review. ● Literature review from bhruhatravee & madhav nidan.
- Modern medicine literature review. ● Previous Research review.

PATIENT SELECTION CRITERIA :

INCLUSION CRITERIA:

- Patient complaining of lower backache with radiating pain from lumbar region to posterior aspect of kati, sphik, prushta, uru, janu, janga and pada in order with irrespective of age and sex.
- Both sexes ● Age above 18 yrs & below 70 yrs ● Exclusion criteria-
- Diabetic Neuropathy ● Carpel Tunnel Syndrome ● Peripheral Neuropathy ● Cerebral Stroke. ● Pott,s spine

PLAN OF WORK :

- Patients complaining of lower back pain & radiates to posterior aspect of thigh would be screened for the selection of patients.
- Patients fulfilling the criteria for assessment of ghrudhrasi would be selected for the study.
- Selected patient would subjected to N.C.V test.
- A CRF will be prepared incorporating all the clinical manifestation and assessment criteria.

SIZE OF SAMPLES: 30 PATIENTS

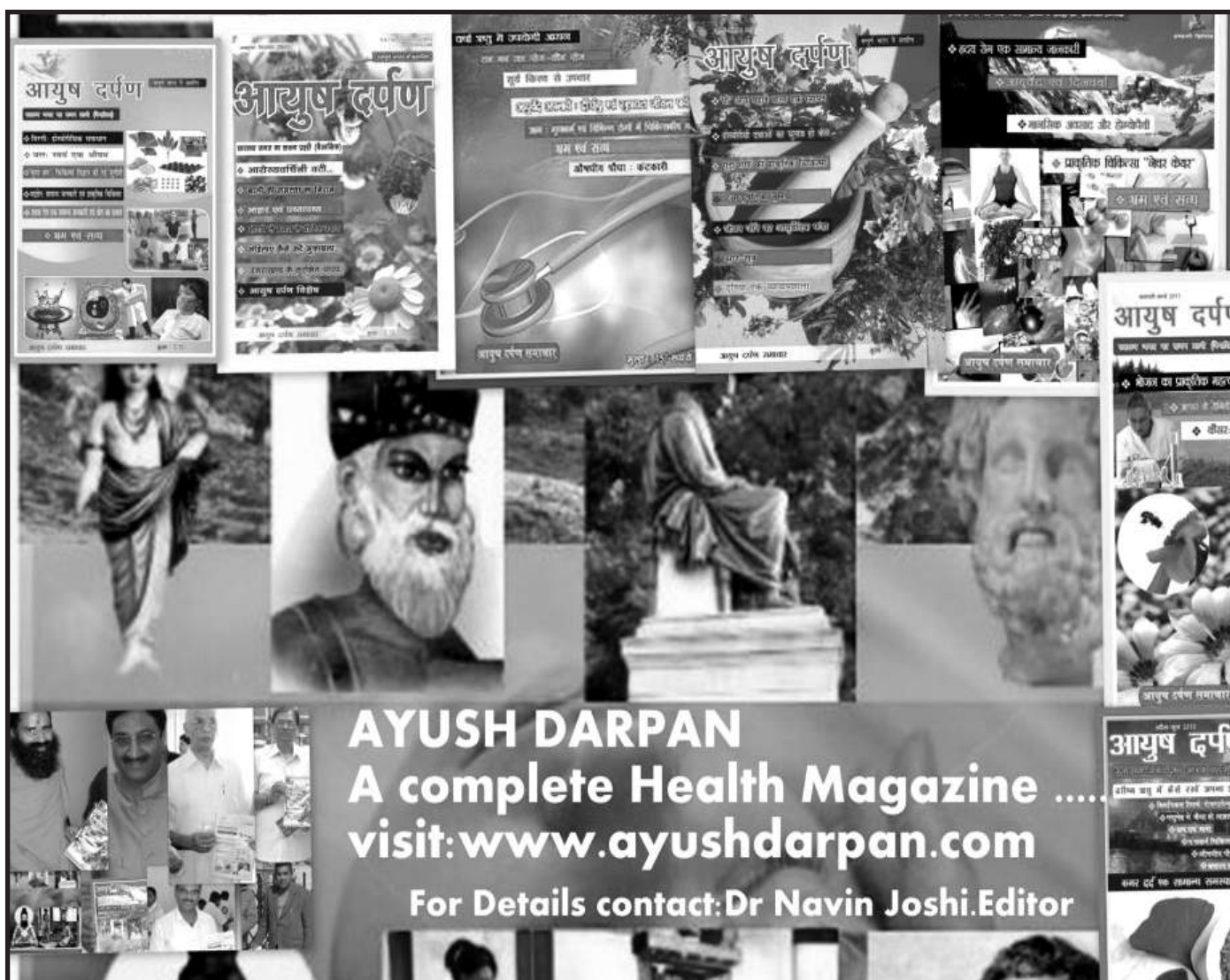
SCOPES :

- NCV can be used as diagnostic & prognostic parameter for ghrudhrasi & accordingly to severity ,damage of nerve can be seen in ghrudhrasi.
- As sensory nerves are correlated to vatija and motor nerves are correlated to kaphaja. So as per NCV test it would be helpful for the treatment point of view, as one can directly emphasize on which kind of treatment can be given whether vatija or kaphaja ghrudhrasi chikitsa .

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Holistic Approach of Ayurveda towards World Peace

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What is Ayurveda?

World over Ayurveda is known as science of life, knowledge about life and longevity. If we go a little deeper Ayurveda is the methodology to establish harmony among the body, mind, soul and the environment. This ensures that Ayurveda is a holistic science with colossal relationship with nature. Our aim as Ayurvedic healer is just to maintain this harmonious relationship through different means. Thus Ayurveda may be associated with various aspects in human life, how to lead a healthy long-life free from disease and infirmity? How the life span of a person may be increased through Kayakalp? What we are doing to maintain this balance? How to keep our relations intact with Mother Nature without disturbing the balance, while we fulfill our all requirement from her? One possible reply of all questions is "Sustainable use of Bio-diversity and replenish them properly."

Health from Ayurvedic Stand Point

(Samdosha Samagnishcha Samdhatumalakriyah Prasannatmendriyamanah Swasth Ityabhidhiyate.)

Shushrut Samhita 5/48

According to Sushrut Samhita (Beyond 1000B.C.) a healthy person is 'One whose metabolism is good (Samdosha samagnish) whose tissues are functioning normally (Normal seven body elements), whose elimination is in balance and who is pacified at subtle, sensory and mental level'.

The first part is fulfilled perfectly through Ayurveda and the second part through Yoga (Holistic Approach). Thus Ayurveda and Yoga are sister sciences and they are complimentary to each other.

The human body is composed of five basic elements like cosmos. These are further transformed in Tridoshas. Ayurvedic therapy is a perfect model to maintain the health of a healthy person and eradicate the disease and disharmony of 'Doshas' in imbalanced state. Charak Samhita Su. 30/26. Ayurveda and Yoga are sister sciences, they are supplement to each other to bring harmony of body, mind and soul. It is difficult to detect such a cross cultural bridge between Health, Society, Environment and wisdom of the ancient sages who dwelled in the forest and created a beautiful world of harmony between human and nature.

We all originated from the five basic elements etc.

Air, Space = Vata; - V

Fire, Water = Pitta- P

Water, Earth = Kapha - K

Our body is a big pharmacy; manufactures many chemicals of her need daily. But we are adding lot of unnecessary chemicals from outside while we have natural option of many of them.

We are consuming these unwanted chemicals in various forms:

1. Fertilizers, Insecticide and pesticides as residue in our foods.
2. Synthetic chemical in our medicine, Health foods and cosmetics.
3. Inhaling petrol and diesel fumes.
4. Many pollutants found in our environment which are not biodegradable.

These chemicals & pollutants are representative of FIRE. They are increasing FIRE element in our body, which is represented by PITTA, resulting in anger, lust, greed, jealousy and war.

CONCLUSION

- Realize, we are member of a family we have to live together peacefully • Adopt natural life style, herbal things preparations; avoid harmful synthetics for the sustainability of this planet, which is only one of its types till now. • Adopt Holistic approach

4'C' Theory of Dr. Upadhyay

'C'1 Calming	V
'C'2 Cooling	P
'C'3 Cutting or Reducing	K
'C'4 Counseling	VPK

1. Veda and Ayurveda teach us the methods to CALMING down the upset or disturbed system due to Vata through yoga and meditation and some natural herbs.
2. COOL down the system which we have put on fire by anger, lust, greed, jealousy and the harmful chemicals all inciting Pitta. Balance is essentially possible through Yoga, meditation and herbs.
3. CUTTING OR REDUCING the use of unnecessary foods, additives, fats which are harmful to our body, mind & heart making us obese and fatty, thus making Kapha imbalance. Through cutting or reducing some unnecessary articles from our diet and by avoiding sedentary life style and using some herbs Kapha may be balanced.
4. COUNSELING: Counseling by a learned saint, teacher, Guru is the most important part of Vedic teachings. A person who goes for such counseling never fall prey to depression, dejection, divorce, family conflicts, anger, fear etc.

Mother Nature is always ready to help us with her infinite treasure, which is the base of Holistic Health Care and World Peace through a calm and pacified mind and a healthy body.





Clinical Trial of Panchakolkshaar Basti and Panchkol Ghanvati on 'Aamvaat'

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**M.D Kayachikitsa, Reader Panchakarma YMT College Kharghar, Navi Mumbai.

Introduction

Man has always succeeded in all walks of the God-gifted life. There is no doubt in the fact that man has been able to rule the industrial sector through his research and analysis. However, the modern lifestyle, work pressure, and speed have kept us too busy to eat healthy, work out, and more importantly look after our physical activities. As a result, we suffer from various diseases and disorders that are very painful and prolonged. One such painful disease is 'Aamvaat' (Rheumatoid Arthritis). 'Aamvaat' is made up of 'aam' and 'vaat' aamen sahitah vaatah! This is caused due to irregularity of the metabolism.

- Painful joint disease Kashta saadhya • Sandhi vikriti • Aamen sahitah vaatah • Irregularity in metabolism
- Agni mandya • Indigestion of carbohydrates and fats Lactic acid • Collection in joints various especially Knee joints
- Rheumatoid Arthritis

The result of protein metabolism is amino acid and urea. However, when there is irregularity in metabolism, then instead of urea, uric acid and gout is formed. Similarly, the incomplete digestion (paak) of carbohydrate and sneha forms lactic acid. This, when collected in joints, results in aamvaat. Aamvaat is not mentioned in Brihatrayi, but clearly mentioned in Acharya Madhavkar's Rogvinishchay.

विरूद्धआहारवैष्टस्य मन्दानेर्निश्चलस्य च।

सिग्धं भुक्तवतां हानं व्यायामं कुर्वतस्तथा॥

वायुना प्रेरितो ह्यामः श्लेष्मस्थानं प्रधावति।

तेनात्यर्थं विदग्धोऽसौ धमनीः प्रतिपद्यते॥

वातपित्त कफैर्भूयो दूषितः सोऽन्नजो रसः।

स्रोतांस्यमिष्यन्दयति नानावर्णोऽतिपिच्छलः॥

जनयत्यासु दीबल्यं गौरवं हृदयस्य च।

व्याधिनामाश्रयो ह्येष आमसंज्ञोऽति दारुणः॥

“(Ref madhav nidaan 25/2-4)

This disease is commonly found in people of age group ranging from 14 years to 30 years. As per a research, 20% of the total global population is suffering from RA. RA's symptomatic treatment is available where anti-inflammatory, analgesic and corticosteroid medicines are used. This aids in momentary healing of pain and pain-free movement of joints. However, the disease does not get cured completely. Instead, various kinds of deformations of the joints start occurring. Also these medicines results in gastro-intestinal side effects. According to Ayurvedic line of treatment (chikitsa sutra), panchkol ksharbasti and panchkol ghanvati are selected for the research.

“Langhan swednam ... baaluka putkaistatha!” (Ref - chakradatta)

Materials and methods

Total 34 patients RA patients were admitted in the IPD and OPD departments of YMT Ayurvedic College and Hospital Navi Mumbai. Each patient was given karmabasti meaning 30 panchkol ksharbasti and panchkol ghanvati 2gm early morning and ushna jal in the evening for 30 days to analyse and research. When

required, anuvaasan basti (30ml) of saindhwadi oil was given SOS after meals.

Panchkol ksharbasti ingredients:

100gm Panchakol + 20gm Amlavetas = 200ml kwaath

+

20gm yavakshar

+

20ml madhu

+

20ml saindhavadi oil

+

10gm saindhav salt

Panchkol ghanvati ingredients:

In equal quantity

- Chavya
- Chitrak
- Shunthi
- Pippali
- Pippali mool

Patra pind swedan (arkpatra, airandpatra, nirgundipatra + saindhavadi oil) 20mins 30days

Parameters

Subjective

Pain in joints

- Swelling of joints
- Tenderness of joints
- Morning stiffness of joints
- Redness of joints

Objective

R.A. factor

- E.S.R
- Serum cholesterol

Functional

- Walking time in second
- Grip strength in mmHg
- Foot pressure in kg
- Range of joint movement in degree

**Results- Table No. 1**
Profile Of Patients (No. of Pt. 34)

Age	Range in year	20-60
Religion	Hindu	25(73.5%)
	Muslim	9 (26.5%)
Sex	Male	10 (29.4%)
	Female	24(70.6%)
Economical status	Poor	10(29.4%)
	Middle	18 (52.9%)
	Rich	6 (17.7%)
Habitat	Urban	26 (76.5%)
	Rural	8 (23.5%)
Marital status	Married	30(88.2%)
	Unmarried	4(11.8%)
Diet	Vegetarian	25 (73.5%)
	Mix	9 (26.5%)
Bowel habits	Regular	14 (41.2%)
	Irregular	20 (58.8%)
Bowel	Loose	8 (23.5%)
	Constipated	26 (76.5%)

TABLE NO.-2
DISTRIBUTION ACCORDING TO CARDINAL SYMPTOMS
(NO OF Pts.34)

Sr. No.	Cardinal symptoms	No. of pts.	Percentage
1.	Pain in joint	34	100
2.	Swelling of the joint	34	100
3.	Tenderness of joint	34	100
4.	Stiffness of joint	30	88.2
5.	Redness of joint	18	52.9

TABLE NO.3
RESPONSE ON CARDINAL SYMPTOMS OF AMVAT (RA)

Sr. No.	Cardinal symptoms	Means score		% of relief	SD	SE	T	P
		B.T.	A.T.					
1.	Pain in joint	3.0	1.7	56.66	0.82	0.26	5.00	≅ 0.001
2.	Swelling of the joint	3.1	1.2	61.3	0.57	0.18	10.59	≅ 0.001
3.	Tenderness of joint	1.7	0.6	64.7	0.32	0.1	11.0	≅ 0.001
4.	Stiffness of joint	2.9	1.7	56.82	0.91	0.29	4.13	≅ 0.01
5.	Redness of joint	2.5	1.1	56.0	0.84	0.26	5.25	≅ 0.001

Table No. 4
Response on functional parameters in 34 pts of Amvat

Sr. No.	Functional Parameters	Mean Score		% of Relief	SD (±)	SE (±)	T	D
		B.T.	A.T.					
1	Waking time	139.5	105.0	24.7	22.17	7.01	9.92	<0.001
2	Grip strength in mm Hg	92.2	132.8	44.7	28.8	10.8	3.8	<0.01
3	Foot pressure in Kg.	23.65	29.75	25.8	5.62	1.78	3.43	<0.01
4	Range of joint movement in degree	71.55	74.43	4.03	2.04	0.44	6.48	<0.01

Table No. 5
Response on RA Factor (34 pts of Amvat)

RA	B.T.	%	A.T.	%
Positive	12	35.3	12	35.3
Negative	22	64.7	22	64.7

Table No. 6**Response on ESR & Serum Cholesterol (34 pts of Amvat)**

Investigation	Mean score		% of relief	SD (±)	SE (±)	T	P
	B.T.	A.T.					
ESR	77.90	51.75	33.56	8.945	2.572	12.00	<0.001
S. Cholesterol	288.86	194.4	4.91	10.38	2.323	8.15	<0.001

Table No. 7**Over-all effect of therapy**
(34 pts of Amvat)

Effect of therapy	No. of Pts	Percentage
Complete remission	12	35.3
Major improvement	20	58.8
Minor improvement	2	5.9
Unchanged	0	0

Findings of the research are given below:

As per table no.1, most of the patients were aged 41-52 years, females patients were 70.6%, and Hindus were 74.5%. Most of the patients were from middle class (52.9%) and from urban area (88.2%). As per table no.2, joint pain and swelling were found in all the RA patients, 88.2% of the patients faced stiffness, and 52.9% patients suffered from redness of joint. As per table no.3, the response on Cardinal Symptoms was highly significant on joint pain (56.66%), tenderness (64.7%), and stiffness (56.82%). The result was merely significant on redness. As per table no.4, highly significant results were found on the walking time and range of movement. While, the results were significant on grip strength and foot pressure. As per table no.5, RA test of the patients were done, but there were no major changes seen. As per table no.6, before treatment, the average mean score of ESR was 77.9% which reduced to 51.75% after treatment, which is a highly significant result. Similarly, serum cholesterol was reduced from 288.86 to 194.4, showing highly significant result. As per table no.7, there was no patient who didn't find relief. Complete remission was found in 35.3% of the patients, major improvement was seen in 20 patients (50.8%) and minor improvement was seen in 2 patients (5.9%).

Mode of action

In panchkol, chavya, chitrak, shunthi, pippali and pippali mool are the main ingredients that work as deepan, paachan, shothagna, lekhan, vednahar, and shodhan. Thus resulting in aampachan, kaf shaman, and correction of the metabolism. There were significant results in the symptoms of aamvaat such as bodyache, disinterest, constipation, *anaah*, laziness, heaviness, and anga shunyata. **Basti** corrects the action of *apaan vaayu* and removes the various kinds of toxins from the body, which leads to cleansing the cellular level in body, thus resulting in the correcting the movement of vaat which is a highly significant result.

Conclusion

Highly significant effects without any side effects were seen in curing pain, tenderness of joints, morning stiffness of joints, welling of joints, joint movement, foot pressure, hand grip, ESR, and cholesterol. The most important fact of this clinical trial of panchakol kshaarbasti was that there were no side effects seen in any of the patients. Hence, we conclude that panchkol kshaarbasti and panchkol ghanvati are the best treatments for curing aamvaat.





The Role of Triphaladi Yoga In The Management of Bahupitta Kamala (w.s.r. Hepatic Jaundice)

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INTRODUCTION :

During working in OPD & IPD I came across lots of patients of Kamala i.e. Bahupitta Kamala, most of the patients already taken treatment from different expert and different paties but they are not relieved. I decided to treat patients of kamala with Triphaladiyoga which is mentioned in Charak Sahita Chapter 16, Ref. No. 99.

त्रिफला द्वै हरिद्रे च कटुरोहिण्ययोरजः ।
चूर्णितं क्षौद्रसर्पिर्भ्यां स लेह कामलापह ॥ च.चि. 16/99
(हिरडा, बेहडा, आवळा, हरीद्रा, दारुहरिद्रा, कुटकी, लोहभस्म)

AIM & OBJECTS

- To find out perfect medicine for complete cure of Bahupitta Kamala.
- To Study the doshdushya sammurchana in Bahupitta Kamala.
- Clinical Trials on various patients, their satistical variation and conclusion to standarise and establish new facts in the management of Bahupitta Kamala by Ayurvedic Remedies.

MATERIALS AND METHODS

Selection of Patients :-

Symptoms & Signs

- 1) Haridra Netra (Yellow conjunctiva)
- 2) Haridra Mutra (Yellow Urine)
- 3) Haridra Twak (Yellow Skin)
- 4) Haridra Nakha (Yellow nails)
- 5) Daha (Burning Sensation)
- 6) Daurbalya (Weakness)
- 7) Aruchi (Anorexia)

Pathological Investigation

- S.Bilirubin D/I raised
- S.G.P.T./ S.G.O.T. raised
- Positive bile salt & bile pigment, CBC/ESR, HBsAg, HIV, BSR,
- S.Alkaline Phosphate, S.criatinine

Radiological Investigation

Abdominal Sonography (to rule out other pathology).

Randomly selected patients irrespective to age, sex taken for clinical trials

Exclusive Criteria

Malignancy of liver, AIDS

TREATMENT :

Drug :

Triphaladi Yoga

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Dose :- 2 gm B.D.

Anupan :- Honey 10 gm + Butter (Ghrit) 5 gm

Duration of Treatment :- 1 month

OBSERVATIONS

Results ware observed and noted according to clinical improvement in signs, symptoms & reduction in the S.bilirubin, S.G.P.T/ S.G.O.T., Bile Salt, bile pigment on every follow-up visit. Patients followed-up after fifteen days, thirty days, fourty five days & sixty days.

(1) Sex wise Classification

Sr No	Sex	Patients
1	Male	18(60%)
2	Female	12 (40%)

**(2) Age wise Classification :-**

Sr No	Age	Patients
1	0-20	7 (23%)
2	21-40	9 (40%)
3	41-60	10 (33%)
4	61-70	4 (13%)

(3) Occupationwise Classification :

Sr.No	Occupation	Patient
1	Labour	6 (20%)
2	Farmer	7 (23%)
3	Businessman	4 (13%)
4	Housewife	3 (10%)
5	Student	6 (20%)
6	Serviceman	4 (13%)

(4) S.Bilirubinwise Classification :

Sr No	S.Bilirubin	Patient
1	1.5-15	11 (37%)
2	16-30	8 (27%)
3	31-45	6 (20%)
4	46-60	4 (13%)
5	61 & above	1 (3%)

(5) S.G.P.T.wise Classification :

Sr No	S.G.P.T.	Patient
1	100-500	14 (47%)
2	501-1000	9 (30%)
3	1001-1500	5 (17%)
4	1501 & above	2 (7%)

(6) S.G.O.T.wise Classification :

Sr No	S.G.O.T.	Patient
1	100-500	18 (60%)
2	501-1000	7 (23%)
3	1001-1500	3 (10%)
4	1501 & above	2 (7%)

(7) Alcoholic/Non alcoholic wise Classification :

Sr No	Alcoholic	Non Alcoholic
1	9 (30%)	21 (70%)

DISCUSSION ON STATISTICAL GROUND

- Maximum patients found in age group between 21-60 years
- Male Patient were more in this study than female.
- Labour, Farmer & students are more affected.
- Maximum patients having S.Bilirubin between 1.5 to 30 mg % & One patient having S.bilirubin 69mg % & four patient having more than 46.
- Maximum patient having S.G.P.T. & S.G.O.T. in between 100-500 IU/Lit.
- Mild Hepatomegaly found in maximum patients.
- Eight patients were HBsAg Positive.
- Six patients suffering from cholelithiasis.
- Nine patients were alcoholic.

RESULTS & CONCLUSION**After Syntifically analysis of Data, I got following facts.**

- In 70% patients reduction in S.bilirubin found within 2-3 weeks
- 80% patient got relief in Aruchi, Haridra Netra, Mutra, Nakh, Twak & Daha within three weeks.
- In 75% patients S.G.P.T. & S.G.O.T. reduces within one month
- Hepatomegaly in 90% pt. became normal within in 2 - 3 months.
- S.Bilirubin, S.G.P.T. & S.G.O.T. became a normal within 2-3 months.

Present research work can concluded that, the Triphaladi Yoga is highly effective in the management of Bahupitta Kamala i.e. (Hepatic Jaundice).



श्री धूतपापेश्वर लिमिटेड की विश्वसनीय दवाईयाँ



१८७२ से आयुर्वेद सेवा



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