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MEDINITY 2026

International Conference on Ayurveda & Integrative Medicine

Healing Beyond Boundaries



4 October 2026

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Ancient Wisdom for a Healthier Tomorrow

CONFERENCE PROCEEDINGS

Ayurveda | Integrative Medicine | Research & Innovation | Global Collaboration | Sustainable Health

MEDINITY 2026

IDEAS | RESEARCH | IMPACT

PUBLICATION INFORMATION

MEDINITY-2026: International Conference on Ayurveda and Integrative Medicine

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Review Process

Papers submitted to this conference have been double-blind peer reviewed before final acceptance to the conference. Initially, abstracts were reviewed for relevance and accessibility and successful authors were invited to submit full papers. Many thanks to the reviewers who helped ensure the quality of all the submissions.

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PREFACE

CONFERENCE PROCEEDINGS

We are pleased to present the proceedings of **MEDINITY-2026: International Conference on Ayurveda and Integrative Medicine,** an international academic platform dedicated to advancing dialogue and research in the field of holistic healthcare.

The conference serves as a confluence of scholars, researchers, healthcare practitioners, and academicians from diverse disciplines, unified by a shared commitment to exploring the synergies between traditional knowledge systems—particularly Ayurveda—and modern medical science. In a rapidly evolving global health landscape, there is a growing need to integrate evidence-based traditional medicine with contemporary healthcare approaches to enhance patient outcomes and promote well-being.

This volume comprises peer-reviewed papers and scholarly contributions that reflect a wide range of topics, including Ayurvedic pharmacology, clinical case studies, integrative therapeutic models, healthcare policies, public health strategies, and innovations in holistic healing. The collected works aim to strengthen the scientific foundation of Ayurveda and contribute to its global visibility and credibility as a complementary system of medicine.

The organizers extend sincere appreciation to all contributors, reviewers, institutional collaborators, and partners who played a vital role in shaping the academic quality and success of this event. Gratitude is also extended to the editorial team for their meticulous efforts in compiling and formatting the proceedings.

It is hoped that this publication will serve as a valuable resource for researchers, professionals, and policymakers engaged in the field of integrative medicine, and that it will inspire continued collaboration and inquiry into the rich legacy and future potential of Ayurveda.

ABOUT ICONFERENCE

ORGANIZATION PROFILE

IConference is one of India's leading organizations dedicated to the organization of national and international conferences, seminars, workshops, and webinars. Headquartered in New Delhi, IConference was established with a mission to promote academic excellence, research advancement, and interdisciplinary collaboration across a wide range of disciplines, including Engineering, Technology, Medical Sciences, General Sciences, Humanities, and Business Management.

Through its academic events, IConference provides an international scientific platform for the exchange of ideas, presentation of innovations, and in-depth discussion among scholars, researchers, professionals, and students from around the globe. It facilitates the coming together of intellectuals across disciplines to explore emerging trends, share research insights, and strengthen global academic networks.

IConference is recognized for its expertise in offering end-to-end integrated conference management solutions, serving as a one-stop platform for organizing high-quality academic events. With extensive experience in managing conferences, symposiums, summits, and workshops worldwide, IConference creates opportunities for researchers, scientists, academicians, and professionals to showcase their work and engage with international peers.

In addition to event organization, IConference also publishes scholarly research across multiple disciplines through a wide range of peer-reviewed journals. These journals aim to promote original and innovative research from both emerging and established scholars, maintaining the highest standards of academic integrity and quality.

ABOUT MEDINITY 2026

CONFERENCE OVERVIEW

MEDINITY 2026, the International Conference on Ayurveda & Integrative Medicine, is organized by IConference and will be held online via Google Meet on 4th October 2026. It brings together Ayurvedic physicians, academicians, researchers and postgraduate scholars to discuss how classical Ayurvedic wisdom and modern evidence-based healthcare can work together. The conference aims to promote scientific validation, standardization and the integration of traditional therapies, especially Panchakarma, into contemporary clinical practice. It also encourages interdisciplinary dialogue between Ayurveda, pharmaceutical sciences and other systems of medicine.

The programme has five keynote addresses by eminent experts. Their topics are technical and scientific integration in Panchakarma, holistic bone care, Marma Chikitsa and cupping therapy, Viruddhahara in contemporary diets, and the gut microbiome seen through Shodhana. Each keynote is followed by a themed session of paper presentations, with 40 papers in all from leading institutions across India. The presentations include clinical trials, case studies, conceptual reviews and anatomical studies, covering musculoskeletal, metabolic, neurological, dermatological, urinary and lifestyle disorders. MEDINITY 2026 aims to be a platform for sharing knowledge, building research skills and encouraging collaboration, so that Ayurveda can contribute more fully to preventive, personalized and sustainable healthcare

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Associate Professor, Rachna Sharir, Shri NPA Government Ayurved College, Raipur, Chhattisgarh

MESSAGE FROM THE CONFERENCE CHAIR

It gives me immense pleasure to extend my warm greetings to all the delegates, researchers, academicians, practitioners, scholars, and students participating in this International Conference on Ayurveda and Integrative Medicine.

Ayurveda, with its holistic understanding of health and well-being, has gained increasing relevance in the contemporary healthcare landscape. The integration of traditional knowledge with modern scientific approaches offers significant opportunities for advancing preventive, promotive, and patient-centred healthcare. Conferences such as this provide a valuable platform for exchanging knowledge, presenting research findings, sharing clinical experiences, and fostering meaningful academic collaborations.

I am confident that the deliberations and scholarly contributions presented during this conference will encourage critical thinking, stimulate new research directions, and contribute to the development and wider acceptance of evidence-informed approaches in Ayurveda and integrative medicine.

I congratulate the organizing team for their sincere efforts in bringing together scholars and professionals from diverse backgrounds. I also appreciate the valuable contributions of all the authors and participants whose research and academic engagement have enriched these conference proceedings.

I wish the conference every success and hope that the knowledge and collaborations emerging from this academic gathering will contribute meaningfully to the advancement of Ayurveda, integrative medicine, and healthcare.

With best wishes for a fruitful and intellectually enriching conference.

Prof. (Dr.) Raja Singla
CONFERENCE CHAIR
Shri Krishna Ayush University
Kurukshetra, Haryana, India

MESSAGE FROM THE CONFERENCE CO-CHAIR

It is a matter of great pleasure and privilege to be associated with this International Conference on Ayurveda and Integrative Medicine. I extend my sincere greetings to all the distinguished delegates, eminent academicians, researchers, healthcare professionals, practitioners, and students who have contributed to this academic endeavour.

Ayurveda represents a profound knowledge tradition that views health as a harmonious balance of the body, mind, and spirit. In an era of rapidly evolving healthcare practices, there is a growing need to explore the wisdom of Ayurveda through systematic research, scientific inquiry, and interdisciplinary dialogue. The convergence of traditional knowledge with contemporary scientific perspectives can open new avenues for innovation in healthcare and research.

This conference provides an opportunity to bring together diverse academic perspectives and create a vibrant environment for the exchange of ideas. The research papers and scholarly contributions presented here reflect the enthusiasm of researchers and practitioners towards strengthening the evidence base of Ayurveda and exploring its applications in contemporary healthcare.

I greatly appreciate the dedication of the organizing committee and the valuable efforts of every contributor whose participation has helped shape these proceedings. I believe that the discussions, insights, and interactions emerging from this conference will encourage further research, collaboration, and academic engagement among professionals working in Ayurveda and related disciplines.

I extend my best wishes to all the participants and hope that this conference marks the beginning of new ideas, fruitful collaborations, and meaningful contributions towards the advancement of Ayurveda and integrative healthcare.

With sincere regards and best wishes for a rewarding academic experience.

Dr. Manisha Nikam
Conference Co-Chair
B.A.M.S., M.D., Ph.D. (Kayachikitsa)

MESSAGE FROM THE ORGANIZING SECRETARY

It is with great enthusiasm and a deep sense of responsibility that I welcome all participants to this International Conference on Ayurveda and Integrative Medicine. This academic gathering represents a shared commitment towards advancing knowledge, encouraging meaningful research, and strengthening the dialogue between traditional systems of medicine and contemporary healthcare practices.

The field of Ayurveda encompasses a vast body of knowledge that continues to inspire researchers and clinicians across generations. Creating opportunities for scholars and practitioners to present their work, exchange experiences, and engage in constructive academic discussions is essential for nurturing a vibrant research culture. I am particularly pleased that this conference brings together contributors from different academic and professional backgrounds, providing a valuable setting for interdisciplinary interaction.

The conference proceedings represent the collective scholarly efforts of the participating authors. Each contribution reflects an endeavour to explore new perspectives, document research findings, address contemporary healthcare challenges, and further our understanding of Ayurveda and integrative approaches to health and well-being.

I would like to express my sincere appreciation to the conference leadership, members of the organizing team, reviewers, authors, delegates, and all those who have worked behind the scenes to make this academic initiative possible. Their cooperation and commitment have been instrumental in bringing this conference and its proceedings to fruition.

I hope the conference will provide every participant with an enriching academic experience and encourage continued pursuit of research, innovation, collaboration, and excellence. May the ideas shared during this event extend beyond the conference and inspire further contributions to the field of Ayurveda and integrative medicine.

With warm regards and best wishes to all participants for a successful and enriching conference.

Dr. Arshpreet Kaur
Organizing Secretary
Medical Superintendent
Professor, Department of Prasuti Tantra & Stri Roga
Guru Nanak Charitable Hospital, Dehlon, Punjab

MESSAGE FROM THE CONFERENCE CONVENOR

It is my pleasure to welcome all the distinguished guests, academicians, researchers, practitioners, and students to this International Conference on Ayurveda and Integrative Medicine.

This conference provides a valuable opportunity to share knowledge, present research, exchange ideas, and learn from the experiences of experts from different areas of healthcare and Ayurveda. I believe that such academic interactions encourage new ideas and promote further research and collaboration.

The conference proceedings bring together valuable research contributions and academic perspectives from participants working in different areas of Ayurveda and healthcare. I hope these contributions will provide useful insights to readers and encourage further discussion and research in the field.

I also believe that conferences are not only about presenting research but also about building connections among students, teachers, researchers, and professionals. The interaction and exchange of experiences during this event can help create opportunities for future academic cooperation and collaborative research.

I sincerely appreciate the efforts of all the authors, reviewers, delegates, and members of the organizing team whose valuable support has contributed to the successful conduct of this conference. Their dedication and cooperation have played an important role in bringing this academic event together.

I hope that all participants find the conference informative, engaging, and enriching, and that the knowledge shared during the event will contribute to the continued growth of Ayurveda and integrative medicine.

With best wishes for a successful and enriching conference.

Asst. Prof. Biswajit Das
Conference Convenor
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International Conference on Ayurveda & Integrative Medicine

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Bridging Classical Ayurvedic Wisdom with Evidence-Based Healthcare for a Healthier Tomorrow

Dr Aanchal

PG Scholar, Institute for Ayurved Studies and Research, Kurukshetra

Date of Submission: 24/08/2026; Date of Acceptance: 08/09/2026; Date of Publication: 04/10/2026

Abstract

The need for preventive, individualized, and sustainable healthcare approaches is highlighted by the growing burden of chronic illnesses, sedentary lifestyles, aging populations, and rising healthcare costs. *Panchakarma* plays a significant therapeutic role in Ayurveda's holistic framework, which emphasizes health maintenance and individualized care. With a focus on scientific progress, procedural standardization, technological integration, patient safety, and sustainability, this paper examines the potential of panchakarma in modern healthcare. Based on traditional Ayurvedic ideas of Panchakarma and modern viewpoints on clinical research, procedural standardization, digital monitoring, safety, and sustainable healthcare, a narrative review was conducted. Traditionally, *Purvakarma, Pradhana Karma*, and *Paschat Karma* are used to perform *Panchakarma*, which *includes Vamana, Virechana, Basti, Nasya, and Raktamokshana*. Procedural variability, a lack of standardized protocols, a dearth of high-quality comparison evidence, inconsistent outcome evaluation, and insufficient long-term safety monitoring, however, are crucial areas for further investigation. An organized path for Panchakarma's future development may be provided by standard operating procedures, objective clinical and biochemical result measures, digital documentation and monitoring, individualized assessment, systematic adverse-event reporting, and environmentally conscious activities. Combining these methods while upholding traditional Ayurvedic principles may improve research quality, reproducibility, and the ethical use of *Panchakarma* in therapeutic, preventive, and wellness-focused healthcare.

Keywords: *Panchakarma; Ayurveda; standardisation; evidence-based healthcare; digital health; patient safety; sustainability.*

A Clinical and Comparative Study to Evaluate the Efficacy of Kamdev Churna and Svayam Guptadi Churna Along with Bruhati Taila in the Management of Klaibya (Erectile Dysfunction)

Dr Ajay Kumar
PG Scholar, Shri NPA Govt Ayurved college Raipur Chhattisgarh

Date of Submission: 28/08/2026; Date of Acceptance: 08/09/2026; Date of Publication: 04/10/2026

Abstract

Klaibya, described in Ayurveda as a disorder of sexual function, can be correlated with erectile dysfunction (ED), a common condition affecting sexual health and quality of life. Its multifactorial pathogenesis involves Dosha imbalance, impaired Shukravaha Srotas, psychological factors, metabolic disturbances, and vascular and neuroendocrine dysfunction. The present study is planned to clinically evaluate and compare the efficacy of Kamdev Churna and Svayam Guptadi Churna, administered along with Bruhati Taila, in the management of Klaibya.

The study is designed as a randomized, comparative clinical trial involving patients diagnosed with Klaibya/erectile dysfunction. Participants will be assessed using appropriate subjective and objective parameters related to erectile function, along with relevant investigations such as serum testosterone and semen analysis. The therapeutic effects of both treatment regimens will be evaluated before and after intervention using suitable statistical methods.

Kamdev Churna contains multiple Vajikarana and Rasayana drugs such as Ashwagandha, Kapikacchu, Gokshura, Shatavari and Vidarikanda, while Svayam Guptadi Churna primarily incorporates drugs having potential Vajikarana and Shukra-promoting properties. Bruhati Taila is expected to provide supportive Vata-pacifying and local therapeutic effects. The combined interventions may act through improvement of sexual function, nourishment of Shukra Dhatu, modulation of Vata, reduction of oxidative stress, and improvement of neuroendocrine and vascular factors associated with erectile function.

The study aims to generate clinical evidence regarding the comparative efficacy and safety of these Ayurvedic interventions and to provide a rational basis for their application in the integrative management of erectile dysfunction.

The Impact of Excessive Physical Exertion on Auditory and Vestibular Health: An Ayurvedic Perspective

***Dr. Akanksha Sharma, **Prof. Dr. Vijayant Bhardwaj**
*2nd PG Scholar, **H.O.D.,
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Abstract

Introduction / Background: Ayurveda recognizes Vyayama (physical exercise) as an important component of health when performed according to individual capacity. Excessive or inappropriate exertion, described as Ati Vyayama, is associated with fatigue, depletion and Vata Prakopa. These principles may be relevant to disorders involving auditory and vestibular structures. Contemporary observations suggest that strenuous activity, particularly heavy lifting, breath-holding, dehydration and inadequate recovery, may influence auditory and vestibular function.

Aim / Objective: To explore the Ayurvedic concept of Ati Vyayama and its possible relationship with auditory and vestibular dysfunction through contemporary scientific interpretation.

Study Design / Methodology: A narrative conceptual review was undertaken using classical Ayurvedic literature on Vyayama, Ati Vyayama, Vata and Karna Roga, supplemented by contemporary literature concerning strenuous exercise, exercise physiology, pressure changes, auditory function and vestibular disorders.

Results / Findings: Repeated excessive physical exertion may impose physiological stress, particularly when accompanied by heavy weightlifting, improper breathing or Valsalva-type manoeuvres, dehydration, sleep deprivation and insufficient recovery. These factors may produce transient changes in intrathoracic and intracranial pressure, haemodynamics, autonomic activity and inner-ear microcirculation. Such changes may potentially contribute to or aggravate tinnitus, aural fullness, otalgia, dizziness and auditory fatigue in susceptible individuals. From an Ayurvedic perspective, these effects may be interpreted through Vata Prakopa and depletion resulting from excessive exertion.

Discussion / Conclusion: The classical emphasis on exercising according to individual Bala and capacity provides an individualized approach to preventing excessive physiological strain. Ati Vyayama may therefore be viewed as a lifestyle factor in maintaining auditory and vestibular health. Integrating Ayurvedic principles of appropriate exercise, hydration and recovery with contemporary otological knowledge may provide a preventive framework. Further clinical research is required to establish associations between excessive physical exertion and auditory or vestibular disorders.

Keywords: *Ati Vyayama; Karna Roga; Vata; Tinnitus; Auditory Dysfunction; Vestibular Dysfunction; Exercise Physiology; Ayurveda.*

Therapeutic Evaluation of *'Siravedha'* in Managing Venous Congestion and Symptoms of *'Siraja Granthi* (Varicose Vein)': A Clinical Case Study

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Abstract

Background: Siraj Granthi, clinically equivalent to varicose veins, is a chronic vascular disorder marked by persistent dilatation, elongation, and tortuosity of the lower limb superficial veins. Driven by venous hypertension and blood stasis, patients frequently suffer from aching pain, severe muscle cramps, localised oedema, and trophic skin changes. In Shalya Tantra, Siravedha (therapeutic venesection) is documented as a premier Shastra Karma designed specifically for vascular pathologies.

Objective: This case study evaluates the therapeutic efficacy of targeted Siravedha in decompressing localised venous congestion, mitigating clinical symptoms, and improving functional outcomes in a patient diagnosed with Siraja Granthi.

Case Presentation: A 42-year-old male presented with a two-year history of progressive pain, throbbing heaviness, visible vascular engorgement, and nocturnal calf cramps along the left lower limb, aggravated by prolonged standing. Clinical examination confirmed symptomatic superficial varicosities without active ulceration or deep vein thrombosis.

Intervention: The patient underwent a structured treatment protocol centred on targeted Siravedha. Under aseptic protocols, a prominent superficial varicosity on the calf was punctured, and approximately 70 ml of stagnant venous blood was drained per session, paired with standard post-procedure compression.

Results: Following the intervention, the patient demonstrated remarkable clinical improvement, including a rapid reduction in daytime pain and nocturnal cramps, visible deflation of tortuous superficial veins, and a significant alleviation of limb heaviness without any adverse events or complications.

Conclusion: Siravedha serves as a safe, minimally invasive, and hemodynamically sound intervention for managing Siraja Granthi. By functioning as a controlled pressure-release mechanism, it effectively clears local venous congestion, restores microcirculation, and offers a promising approach to improve patient quality of life.

Decoding Knee Degeneration: From Dhatu Poshana to Rasayana — An Ayurvedic–Anatomical Perspective

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Abstract

From an anatomical perspective, *Sharira Poshana* may be understood as the sequential nourishment and structural development of the body's tissues, corresponding to the organization and maintenance of anatomical structures from the cellular and connective-tissue level to functional organs and musculoskeletal tissues. The integrity of these tissues is essential for growth, structural maintenance, remodeling, and repair. *Janu Sandhigata Vata*, the classical correlate of knee osteoarthritis, can be read as a site-specific breakdown of this nourishment sequence, where *Khavaigunya* in the *Asthi* and *Majja Dhatu* marks the knee joint as vulnerable to *Vata*-driven degeneration. This conceptual review sets out the anatomical basis of *Sharira Poshana* as it applies to the *janu sandhi*, and examines how *Rasayana* therapy is theorized to sustain or restore *Asthi-Majja* nourishment at this specific site. Classical *Rasayana* formulations acting on *Asthi and Majja Dhatu* are discussed alongside the concept of *Asthi-Majja Kshaya*, proposed as the tissue-level basis for cartilage thinning and subchondral change in knee osteoarthritis. Points of overlap with contemporary physiology - chondrocyte turnover, subchondral bone remodeling, and oxidative/inflammatory pathways in joint aging - are drawn out to locate where classical *Poshana* theory and modern joint biology describe comparable processes. This is a conceptual, anatomy-based synthesis rather than an efficacy review, intended to lay out the tissue-level rationale that could inform, and be tested by, clinical work on *Janu Sandhigata Vata* management.

An Ayurvedic Approach to Sjogren's Syndrome with Reference to Vataadhikya Vatarakta: A Case Study

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Abstract

Sjogren syndrome, a chronic systemic autoimmune disease, primary manifestation is dry eyes and mouth, which is frequently accompanied with arthralgia, stiffness, joint pain, and exhaustion. In Ayurveda, the clinical signs of Sjogren syndrome can be understood in relation to Vatadhikya Vatarakta, especially when Rakta Dushti and characteristics like dryness, discomfort, and stiffness are linked to Vata predominance. This case study details the Ayurvedic treatment of a patient with Vatadhikya Vatarakta who was clinically diagnosed with Sjogren syndrome. Ayurvedic principles guided the treatment plan, which included Shodhana Chikitsa with Basti Karma as the main intervention and Shamana Chikitsa to calm Vata and lessen the related clinical symptoms. Prior to and following therapy, a clinical evaluation was conducted using Before and after treatment, a clinical evaluation was conducted utilizing appropriate subjective and objective indicators, such as dryness, joint discomfort, stiffness. After receiving Ayurvedic treatment, the patient's evaluated clinical characteristics improved. Through the conceptual framework of Vatadhikya Vatarakta, this case illustrates the possible role of a customized Ayurvedic treatment consisting of Basti Karma and Shamana Chikitsa in the management of clinical manifestations associated with Sjogren syndrome.

Role of Rajnitriphala Ghrita in the Management of Elevated Serum Ferritin Condition in Haemolytic Anaemia

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Abstract

Haemolytic anaemia is characterized by accelerated destruction of erythrocytes and may be associated with chronic anaemia and repeated blood transfusions. Recurrent transfusion can contribute to progressive iron accumulation, while serum ferritin is commonly used as a marker for monitoring iron burden.

However, elevated serum ferritin is not specific for iron overload and may also be influenced by inflammation, infection and tissue injury. Therefore, appropriate evaluation and management of Elevated serum ferritin condition in patients with chronic haemolytic anaemia is clinically important.

From the Ayurvedic perspective, haemolytic anaemia may be considered in relation to Pandu Roga, Rakta Dhatu and Pitta Dosha involvement.
Rajnitriphala Ghrita, a Ayurvedic classical Ghrita formulation, possesses potentially relevant Deepana, Pachana, Rasayana, antioxidant, lipid peroxidation, inhibit spontaneous RBC haemolysis, anti-inflammatory activity, RBC protection, tissue nourishment, dhatu poshak and Pitta-Rakta modulating properties based on its constituent drugs and classical Ayurvedic rationale. The lipid-based nature of Ghrita may also facilitate the delivery and assimilation of the active constituents of the formulation.

Keyword: *Haemolytic anaemia; repeated blood transfusions; Elevated serum ferritin condition; Pandu Roga; Rajnitriphala Ghrita; antioxidant; lipid peroxidation; inhibit spontaneous RBC haemolysis; anti-inflammatory activity; RBC protection; tissue nourishment; dhatu poshak.*

Ayurvedic Management of Metabolic Syndrome: A Case Report

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Abstract

Background and Objective: Metabolic syndrome (MetS) is a cluster of metabolic abnormalities characterized by central obesity, impaired glucose metabolism/type 2 diabetes mellitus, hypertension, and dyslipidaemia, with increased risk of cardiovascular complications. From an Ayurvedic perspective, its clinical manifestations can be correlated with *Medopradoshaja Vikara* and *Santarpanajanya Vyadhi*, involving derangement of *Kapha, Meda, Kleda, Agni* and *Srotas*. This case report aimed to evaluate the clinical response of an integrated Ayurvedic management approach in a patient presenting with metabolic syndrome and associated metabolic abnormalities.

Methodology: A 38-year-old male patient presented with abdominal distension, exertional dyspnoea, multiple joint pain, loss of appetite, urinary difficulty, constipation, weight gain, sweating, palpitations and headache. He was a known case of hypertension and type 2 diabetes mellitus since 2020. Baseline assessment revealed a BMI of 26.8 kg/m², fasting blood glucose of 172.4 mg/dL and triglycerides of 426.9 mg/dL. The patient was managed through an individualized Ayurvedic protocol comprising *Nidana Parivarjana, Deepana-Pachana* and *Shamana Aushadhi*, along with *Udvartana, Snehana, Swedana, Haridradi Basti* and *Anuvasana Basti* as indicated. Formulations included Arogyavardhini Vati, Nishamalaki Kashaya, Nishakathakadi Kwatha and other supportive medications. Clinical symptoms and metabolic parameters were monitored during follow-up.

Findings: Progressive improvement was observed in glycaemic and lipid parameters, body weight and clinical symptoms. By December 2025, fasting blood glucose decreased from 172.4 mg/dL to 131.85 mg/dL, triglycerides from 426.9 mg/dL to 128.75 mg/dL, total cholesterol from 165.9 mg/dL to 150 mg/dL, and VLDL from 85.38 mg/dL to 25.75 mg/dL. HDL increased from 42.6 mg/dL to 50 mg/dL. Body weight decreased to 68 kg and BMI from 26.8 to 25.3 kg/m². The patient also reported improvement in constipation, appetite, abdominal distension, palpitations, sweating, headache, exertional dyspnoea and joint pain.

Significance: The case demonstrates the potential utility of an integrated Ayurvedic approach targeting *Agni, Ama, Meda, Kleda* and *Srotorodha* in metabolic syndrome. The observed improvements in glycaemic control, lipid profile, body weight and clinical symptoms suggest that Ayurvedic interventions may have a beneficial complementary role in metabolic syndrome management. However, as this is a single case report, larger controlled clinical studies are required to establish efficacy and reproducibility.

Role of Ayurvedic Management in Asymptomatic Renal Dysfunction with Sciatica in a Geriatric Patient: A Case Report

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Abstract

Background: Renal dysfunction increases with advancing age and may remain clinically silent despite significant impairment. Chronic kidney disease affects approximately one-third of adults aged ≥65 years, making geriatric patients particularly vulnerable. Coexisting pain disorders pose a therapeutic challenge because conventional analgesics may be limited in patients with impaired renal function. An 80-year-old male presented with elevated serum creatinine and clinically diagnosed Gridhrasi (sciatica), characterized by radiating lumbar pain to both lower limbs, calf stiffness and pain, difficulty walking, forward-bending gait, frequent micturition, and post-void dribbling. Diagnosis was based on clinical symptoms and physical examination. **Objective:** To evaluate the efficacy of Ayurvedic management in a geriatric patient with asymptomatic renal dysfunction and clinically diagnosed sciatica.

Methodology: A single-case study was conducted in an 80-year-old male with serum creatinine of 4.7 mg/dL at admission. Management included *Sarvanga Snehana, Swedana, Kati Basti, Patra Pottali Swedana, and Kanduchakka Taila Matra Basti* for three days. *Matra Basti* was discontinued due to anal irritation despite symptomatic improvement. *Shamana Chikitsa* included *Yogaraja Guggulu, Laghusutashekhara Rasa, Rasnasaptaka Kwatha, Neeri-KFT syrup, Punarnava Guggulu*, and *Gandharva Haritaki Churna*. Treatment commenced on 17/04/2026 with regular follow-up. Outcomes were assessed using VAS, SLR test, Schober's test, gait assessment, and serum creatinine measurements.

Results: Marked improvement was observed in pain, radiating symptoms, stiffness, mobility, and gait. VAS, SLR, and Schober's test findings improved, and the patient progressed from supported to unsupported walking. Serum creatinine decreased from 4.7 to 2.3 mg/dL on 03/08/2026.

Conclusion: This case highlights the potential role of an individualized Ayurvedic approach in managing sciatica-related symptoms in a geriatric patient with renal dysfunction, where conventional analgesic therapy presents therapeutic limitations.

Keywords: *Renal dysfunction; Sciatica; Geriatric; Ayurveda; Panchakarma; Serum creatinine.*

To Evaluate the Efficacy of Dual Route Administration of Manahprasadak & Ghrita in the Management of Chittodvega (Generalized Anxiety Disorder): A Randomized Comparative Clinical Trial

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Abstract

Background: *Chittodvega*, clinically correlated with Generalized Anxiety Disorder (GAD), is characterized by persistent worry, restlessness and associated psychological disturbances. Ayurveda emphasizes correction of *Dosha* imbalance and restoration of mental well-being through appropriate *Medhya* and *Rasayana* interventions.

Aim: To evaluate the efficacy of dual-route administration of *Manahprasadak Ghanvati* and *Manahprasadak Ghrita* in the management of *Chittodvega* (GAD).

Methods: A randomized comparative clinical trial will be conducted in patients diagnosed with GAD according to DSM-5 criteria. Eligible participants will be randomly allocated into two groups and assessed using standardized subjective and objective parameters, including the Hamilton Anxiety Rating Scale (HAM-A). The intervention will be administered through oral and routes as per the respective study groups. Pre- and post-treatment outcomes will be statistically analysed to determine the efficacy of the interventions.

Expected Results: The study is expected to demonstrate improvement in anxiety symptoms, psychological well-being and overall clinical status, with a comparative assessment of the therapeutic efficacy of the two administration routes.

Conclusion: The study aims to provide clinical evidence regarding the efficacy of dual-route administration of *Manahprasadak* formulations and explore an appropriate Ayurvedic therapeutic approach for the management of *Chittodvega* (GAD).

Keywords: *Chittodvega; Generalized Anxiety Disorder; Manahprasadak Ghanvati; Manahprasadak Ghrita, Medhya Rasayana; Ayurveda.*

A Randomized Clinical Study to Compare the Effect of Matra Basti and Uttar Basti of Shilodbhidadi Taila with Dashmoola Kwatha in the Management of Vatashthila (Benign Prostatic Hyperplasia)

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Abstract

Background: Benign Prostatic Hyperplasia (BPH) is a common age-related disorder in elderly males, producing lower urinary tract symptoms such as frequency, nocturia, hesitancy, weak stream, straining and incomplete bladder emptying. Ayurveda correlates BPH with Vatashthila, described under Mutraghata. Basti therapy is considered an

important treatment for Vata disorders, while Shilodbhidadi Taila and Dashmoola Kwatha possess properties relevant to urinary obstruction and inflammation. However, comparative evidence regarding Matra Basti and Uttar Basti with Dashmoola Kwatha is limited.

Aim: To compare the efficacy of Shilodbhidadi Taila Matra Basti and Uttar Basti, both administered along with Dashmoola Kwatha, in the management of Vatashthila (BPH).

Methods: A prospective, open-label, randomized, three-arm clinical study will include 30 diagnosed patients. Group A will receive Dashmoola Kwatha Pana, Group B will receive Shilodbhidadi Taila Matra Basti with Dashmoola Kwatha, and Group C will receive Shilodbhidadi Taila Uttar Basti with Dashmoola Kwatha. Treatment will be continued for 60 days with follow-up assessments. Clinical outcomes will be assessed using IPSS, ultrasonography and uroflowmetry.

Expected outcome: The study is expected to generate comparative evidence regarding the efficacy of Matra Basti and Uttar Basti and contribute to an evidence-based Ayurvedic approach for the management of BPH.

Integrated Ayurvedic Management of Sandhigata Vata Presenting with Bilateral Knee Pain: A Case Study

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Abstract

Introduction: Sandhigata Vata is a Vata-dominant disorder characterized by pain, stiffness, restricted joint movements and crepitus, predominantly affecting the weight-bearing joints. In contemporary clinical practice, bilateral knee pain is a common presentation that may significantly affect mobility and quality of life. Ayurveda emphasizes an individualized and multimodal approach aimed at addressing the underlying Dosha-Dushya involvement and improving joint function.

Objectives: To assess the clinical efficacy of an integrated Ayurvedic approach in the management of bilateral knee pain presenting with features of Sandhigata Vata.

Method: A 53-year-old male patient presented with bilateral knee pain associated with stiffness, crepitus and difficulty in performing routine activities. Based on clinical examination and relevant investigations, the patient was diagnosed with bilateral knee osteoarthritis, correlating with the Ayurvedic diagnosis of Sandhigata Vata. A detailed Ayurvedic assessment was performed considering relevant clinical parameters. The patient was treated with an individualized integrated Ayurvedic protocol comprising Sarvanga Snehana and Swedana, Janu Basti, Kati Basti, Patra Pinda Swedana, Agnikarma over both knee joints, and Basti Karma. The patient was assessed before and aftertreatment using subjective clinical parameters and functional assessment of the knee joints to evaluate the response to treatment

Result- Following the integrated Ayurvedic treatment protocol, the patient showed marked improvement in bilateral knee pain, stiffness, crepitus and difficulty in performing routine activities. Improvement in knee joint mobility and functional capacity was also observed. The patient reported better ease in walking and day-to-day activities, with an overall improvement in symptoms and quality of life. The clinical response was assessed through comparative evaluation of subjective symptoms and functional parameters before and aftertreatment

Conclusion- The present case demonstrates the potential role of an integrated Ayurvedic approach in the management of bilateral knee osteoarthritis presenting with features of Sandhigata Vata. A multimodal protocol resulted in improvement in pain, stiffness, crepitus and functional mobility. The findings suggest that individualized Ayurvedic management may provide a comprehensive approach for symptomatic and functional improvement in knee osteoarthritis.

Keywords: *Sandhigata Vata; Bilateral Knee; Osteoarthritis; Ayurveda; Integrated Ayurvedic Management; Panchakarma; Janu Basti; Agnikarma*

Utility of Ayurvedic Treatment Protocol in the Symptomatic Management of Pakshaghata (Left Hemiplegia):A Case Study

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Abstract

Background : Pakshaghata (hemiplegia) is a condition that affects half side of the body. Vata Dosha regulates all the functions of the body. Vata Prakopa acts as a main cause for Pakshaghata. Vata Prakopa happens due to Marghavarodha and Dhatukshaya. According to the contemporary science, all the sensory and motor activities are controlled by the brain. Cerebrovascular accidents are mainly responsible for loss of function in the body and due to its similarity, it can be correlated to Pakshaghata as explained in Ayurveda. Pakshaghata can be treated in Ayurveda, with Panchakarma procedures like Mridu Samshodhana and Basti.

Purpose: To assess the current symptomatic response to a classic Ayurvedic treatment protocol in a 54-year-old man with Pakshaghata(Left Hemiplegia).

Case Presentation A 54-year-old man was presented with the history of stroke two months ago and complaints of weakness in left side of body ,pain in left shoulder. Clinical analysis indicated that there was Vama Pakshaghata Baseline statistics concerned the Muscle Power and Muscle Tone.

Intervention: Avipattikar churna, Capsule Palsineuron, Ashwagandha Churna are being administered to the patient. Its treatment focuses on Vata- Anulomana , Deepana- Pachana, Srotoshodhana, and Rasayana support. Pathya-Apathya controlling and Physiotherapy is underway.

Initial Results (Outcomes): The patient experienced slow improvement of the symptoms and signs, such as an improvement of the movement of Left side of body, an increased appetite, and an improvement in the quality of sleep. Muscle Power and Muscle Tone. No side effects have been observed.

Conclusion: Early evidence indicates that the classical Ayurvedic protocol could be used to provide good symptomatic relief in Pakshaghata patients. Follow up is also being continued to determine the long-term results and exacerbation control.

Keywords: *Pakshaghata; Vata Vyadhi; Hemiplegia; Ayurveda chikitsa*

Nanoemulsions in Drug Delivery: Recent Progress, Applications, and Future Perspectives

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Abstract

Nanoemulsions are advanced drug delivery systems that help poorly water-soluble medicines dissolve better, stay stable longer, and reach the body more effectively. Their tiny droplet size and large surface area make them suitable for many routes, including oral, topical, transdermal, ocular, and nasal administration.

This overview covers the main components of nanoemulsions, common preparation methods, how they are characterized, their key advantages and limitations, and their current medical uses. It also highlights recent progress in improving drug bioavailability and enabling targeted delivery. Overall, nanoemulsions show strong potential for creating more effective and patient-friendly medicines.

Keywords: *Nanoemulsion; Drug delivery; Bioavailability; Targeted delivery*

A Randomized Clinical Study to Compare the Efficacy of Rohitakadi Vati with Pippalichitrak Ghritam in the Management of Yakrita Vikar (Steatotic Liver Disease)

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Abstract

Background: Yakrita Vikar is a disorder involving impairment of liver function and is clinically comparable to Steatotic Liver Disease (SLD), characterized by hepatic fat accumulation and associated metabolic disturbances. Ayurveda attributes its pathogenesis to Agnimandya, Meda Dushti, and Tridosha imbalance, particularly Kapha and Pitta.

Aim: To compare the efficacy of Rohitakadi Vati with Pippalichitrak Ghritam in the management of Yakrita Vikar (Steatotic Liver Disease).

Methods: A randomized clinical study will be conducted on diagnosed patients of Steatotic Liver Disease who fulfil the predefined inclusion and exclusion criteria. Participants will be randomly allocated into two groups and treated with Rohitakadi Vati and Pippalichitrak Ghritam, respectively, for a predetermined duration. Clinical symptoms, anthropometric parameters, liver function tests, and relevant biochemical and ultrasonographic parameters will be assessed before and after treatment. Statistical analysis will be performed to evaluate within-group and between-group differences.

Research Question: "Between Rohitakadi Vati and Pippalichitrak Ghritam, which provides greater improvement in patients with steatotic liver disease?"

Expected Outcome: Both interventions are expected to improve clinical symptoms and objective parameters of hepatic dysfunction and steatosis, with a measurable difference in comparative efficacy.

Conclusion: The study may provide clinical evidence regarding the comparative efficacy of Rohitakadi Vati and Pippalichitrak Ghritam in the management of Yakrita Vikar and contribute to evidence-based Ayurvedic management of SLD.

Effect of Lekhaneeya Mahakashaya and Ayuraksha Vati in Sthaulya (Obesity)

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Abstract

Background: Sthaulya (obesity) is a major metabolic disorder characterized by excessive accumulation of Meda Dhatu and derangement of Agni and Dosha. In the present era, sedentary lifestyle, improper dietary habits and reduced physical activity have contributed to a marked increase in obesity and its associated metabolic complications. Ayurveda emphasizes Langhana, Deepana, Pachana and Medohara measures for the management of Sthaulya.

Aim: To comparatively evaluate the efficacy of Lekhaniya Mahakashaya and Ayuraksha Vati in the management of Sthaulya (obesity).

Objectives: To assess the effect of Lekhaniya Mahakashaya and Ayuraksha Vati on subjective and objective parameters of Sthaulya and to compare their therapeutic efficacy.

Materials and Methods: An open-labelled pilot study will be conducted on 60 patients diagnosed with Sthaulya. Patients will be assessed using classical Ayurvedic parameters along with objective anthropometric and biochemical parameters. The intervention will be administered for 60 days, along with appropriate Pathya-Apathya and lifestyle advice. Changes in parameters such as body weight, BMI, waist circumference, hip circumference and waist-hip ratio, along with relevant biochemical parameters, will be evaluated before and after treatment. The efficacy of both interventions will be statistically analysed and compared.

Expected Outcome: The study is expected to provide evidence regarding the comparative efficacy of Lekhaniya Mahakashaya and Ayuraksha Vati in reducing obesity-related clinical and anthropometric parameters and to explore their potential role in the Ayurvedic management of Sthaulya.

Keywords: *Sthaulya; Obesity; Lekhaniya Mahakashaya; Ayuraksha Vati; Meda Dhatu; Agni,*

Clinical Evaluation of Ayurveda Treatment in the Management of *Tamaka Shwasa* (Bronchial Asthma) – A Case Study

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Abstract

Introduction: Bronchial asthma is a chronic inflammatory airway disease affecting approximately 262 million people worldwide and causing nearly 455,000 deaths annually. In India, the prevalence among adults is estimated to be 2–3%, making it a significant public health concern. In *Ayurveda*, bronchial asthma can be correlated with *Tamaka Shwasa*, a chronic *Vata-Kapha*-predominant disorder characterised by recurrent cough (*Kasa*), breathlessness (*Shwasa*), wheezing (*Ghurghuraka*), and airway obstruction. Despite long-term inhaler therapy, many patients continue to experience recurrent symptoms. *Ayurveda* aims to restore *Agni*, balance *Doshas*, improve respiratory function, and enhance quality of life through *Shamana Chikitsa* along with appropriate dietary and lifestyle modifications.

Objective: To evaluate the clinical outcome of Ayurvedic management in a patient with bronchial asthma (*Tamaka Shwasa*).

Methods: A single case study of a 62-year-old male police officer presented with cough and breathlessness for four years. The patient had been using a bronchodilator inhaler twice daily for symptomatic relief during this period. According to the patient's history, the symptoms started after prolonged face-mask use during duty hours. The patient had poor appetite (*Mandagni*), impaired digestion, followed a pure vegetarian diet, and had no history of smoking or alcohol consumption. Symptoms were aggravated during the rainy season and exposure to cold weather. Before treatment, respiratory examination revealed bilateral wheezing on auscultation. Clinical examination and chest X-ray supported the diagnosis of bronchial asthma (*Tamaka Shwasa*). Subjective assessment was performed using the Asthma Control Test (ACT). The patient received *Kasa Shuddha Kalpam, Dashamoola Kaduthrayam Kashayam,* and *Gandharva Haritaki Churna*, along with advice to drink lukewarm water and follow *Pathya Ahara* and *Vihara*.

Results: Following treatment, the patient showed marked improvement in cough, breathlessness, appetite, digestion, and ACT score. The frequency and severity of asthmatic episodes decreased significantly. Post-treatment examination revealed absence of wheezing on auscultation. The patient's quality of life improved without adverse effects. Furthermore, the patient did not require the inhaler for three consecutive days after completion of treatment.

Conclusion: This case suggests that the prescribed Ayurvedic *Shamana Chikitsa*, along with dietary and lifestyle modifications, was significantly effective in reducing the severity of bronchial asthma, improving clinical symptoms, and enhancing asthma control. The disappearance of wheezing on examination and temporary discontinuation of inhaler use indicate meaningful clinical improvement. Further well-designed controlled studies with larger sample sizes are warranted to validate these findings.

Keywords: *Tamaka Shwasa; Bronchial Asthma; Ayurveda; Shamana Chikitsa; Asthma Control Test; Case Study.*

A Conceptual Study of Manibandha Marma and Its Clinical Correlation with Carpal Tunnel Syndrome

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Abstract

Marma points are critical anatomical sites described in classical Ayurvedic literature as convergences of muscles, bones, joints, ligaments, vessels, and nerves. Among the 107 Marma points, Manibandha Marma is classified as a Sandhi Marma and is situated at the wrist. Its clinical features following injury, particularly *Ruja* (pain) and *Kunthata* (functional impairment), may be relevant to modern wrist disorders such as **carpal tunnel syndrome (CTS)**.

Aim: To review the structural and clinical significance of **Manibandha Sandhi Marma** and explore its anatomical and clinical correlation with carpal tunnel syndrome from an Ayurvedic and contemporary perspective.

Materials and Methods: A narrative review of classical Ayurvedic texts, including *Sushruta Samhita*, *Charaka Samhita*, and *Ashtanga Hridaya*, was undertaken for descriptions of Marma and Manibandha Marma. Relevant information from standard anatomical texts and electronic databases was reviewed to understand the anatomy and clinical features of the wrist and carpal tunnel.

Observations: Manibandha Marma corresponds anatomically to the wrist region, which contains the distal radius and ulna, carpal bones, ligaments, tendons, blood vessels, and important neural structures. The carpal tunnel, formed by the carpal bones and flexor retinaculum, contains the median nerve and flexor tendons. Compression of the median nerve produces characteristic symptoms of CTS, including pain, paresthesia, numbness, weakness of grip, and, in advanced cases, thenar muscle wasting. These manifestations show a clinical resemblance to the classical *Aghata Lakshana* of Manibandha Marma, particularly *Ruja* and *Kunthata*.

Discussion: The anatomical location and functional significance of Manibandha Marma demonstrate a meaningful correlation with the wrist structures involved in CTS. The Ayurvedic description provides a conceptual framework for understanding pain and functional impairment at this vital region, while modern anatomy explains these manifestations through structural and neurological mechanisms.

Conclusion: Manibandha Marma represents an important anatomical and functional region of the wrist. Its classical features of *Ruja* and *Kunthata* can be correlated with pain and functional impairment observed in CTS. Integrating Ayurvedic Marma concepts with contemporary anatomy may provide a broader understanding of wrist disorders and support future research on Marma-based therapeutic approaches. Further anatomical, imaging-based, and controlled clinical studies are required to establish this correlation scientifically.

Keywords: *Manibandha Marma; Sandhi Marma; carpal tunnel syndrome; wrist anatomy; Ruja; Kunthata; Marma Sharira.*

Effect of Vamana Karma in the Management of Udumbara Kushtha with Special Reference to Hansen's Disease (Leprosy): A Clinical Case Study

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Abstract

Introduction / Background

Leprosy (Hansen's disease) is a chronic infectious disease primarily affecting the skin and peripheral nerves. In Ayurveda, skin disorders are described under Kushtha Vyadhi, and Udumbara Kushtha is considered a Pitta-Kapha predominant condition with clinical features that may correlate with Hansen's disease. Shodhana Chikitsa, particularly Vamana Karma, is described as an important therapeutic approach in Kapha-dominant Kushtha for elimination of vitiated Doshas.

Aim / Objective: To evaluate the therapeutic outcome of Vamana Karma in the management of Udumbara Kushtha with special reference to Hansen's disease through a clinical case study.

Study Design / Methodology: A single-case clinical study was conducted on a 61-year-old male diagnosed with multibacillary leprosy, presenting with hypopigmented and erythematous lesions, numbness, tingling sensation, reduced grip strength, and excessive sweating. Purvakarma included Snehapana with Panchatikta Ghrita, followed by Sarvanga Snehana using Mahamarichyadi Taila and Nadi Sweda with Neemchaal Kwath. Vamana Karma was subsequently performed using Nimba Kwath, Madanaphala, Saindhava, and Honey. Paschat Karma consisted of a five-day Samsarjana Krama. Clinical outcomes were assessed based on changes in presenting symptoms and clinical findings.

Results: Following Vamana Karma, the patient showed improvement in skin texture, reduction in numbness and heaviness of the skin, improved sensory perception, and reduced tingling sensation. The patient also reported improved energy and general wellbeing. The procedure was well tolerated, with no adverse events reported during the treatment period.

Discussion / Findings: Vamana Karma may facilitate the elimination of aggravated Kapha Dosha and promote Srotoshodhana according to Ayurvedic principles. The use of Panchatikta Ghrita and Nimba-based formulations may have supported improvement in cutaneous and sensory manifestations. The observed clinical changes suggest a potential role of Ayurvedic Shodhana therapy as an adjunctive approach in the management of Udumbara Kushtha associated with Hansen's disease.

Conclusion: This case suggests that Vamana Karma administered according to Ayurvedic principles may contribute to improvement in the clinical manifestations and overall well-being of a patient with Udumbara Kushtha associated with Hansen's disease. Further controlled clinical studies involving larger sample sizes are required to establish its therapeutic efficacy.

Management of Hemorrhoids by Local Application of Pratisaraneeya Kshara

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Abstract

Background: Hemorrhoids (Arsha) are common anorectal disorders characterized by bleeding, prolapse, itching and discomfort. In Ayurveda, Kshara Karma is described as an important Upashastra Karma and is particularly useful in conditions requiring controlled chemical cauterization. Pratisaraneeya Kshara acts locally through its Chedana, Bhedana, Patana and Dahana properties.

Objective: To explore the therapeutic role of local application of Kshara in the management of Abhyantara Arsha (internal hemorrhoids) and its effect on major symptoms, particularly bleeding and prolapse.

Methodology: After proper clinical assessment and identification of the hemorrhoidal mass, Pratisaraneeya Kshara is applied locally over the pile mass under aseptic precautions. The surrounding healthy mucosa is protected, and the Kshara is allowed to act for an appropriate duration, followed by neutralization with suitable acidic material. Patients are subsequently monitored for symptom relief, reduction in pile mass and local healing.

Results: Local Kshara application produces controlled chemical cauterization, leading to tissue shrinkage, hemostasis and subsequent healing. It may provide symptomatic improvement with a relatively simple, minimally invasive approach.

Conclusion: Kshara Karma offers a promising Ayurvedic parasurgical modality for selected cases of internal hemorrhoids and merits systematic clinical evaluation for establishing its efficacy and safety.

Effect of Meditation and Spirituality on Patients with Renal Failure as an Adjunct to Homeopathic Treatment

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Abstract

Background: Chronic Kidney Disease (CKD) is a major global health challenge with rising incidence and significant morbidity. It affects millions worldwide and poses a substantial burden on healthcare systems, particularly in developing countries. Beyond biomedical management, integrative approaches targeting psycho-neuro-immunological pathways are gaining increasing scientific attention. Meditation, yoga, prayer, breathwork, chanting, affirmations, grounding practices, and other spiritual interventions may modulate stress responses, autonomic balance, and overall physiological resilience. This study evaluates the role of structured spiritual practices as an adjunct to individualized homoeopathic treatment in patients with renal failure.

Objectives

• To evaluate the effectiveness of individualized homoeopathic treatment in patients with CKD.
• To assess whether regular engagement in meditation and spiritual practices enhances clinical and biochemical outcomes in renal failure.

Methods: A randomized controlled, single-blind drug evaluation study was conducted on well-diagnosed cases of CKD. Inclusion criteria included Serum Creatinine >1.5 mg/dL, Blood Urea >40 mg/dL, BUN >14 mg/dL, and eGFR □90 mL/min/1.73m². A total of 551 patients were enrolled. Among them, 301 patients who consistently practiced meditation or other spiritual disciplines were available for systematic follow-up.

Results: Among the 301 patients adhering regularly to spiritual practices: 173 patients (57.47%) demonstrated clinical and biochemical improvement; 71 patients (23.60%) maintained stable renal parameters; 57 patients (18.93%) showed no significant improvement. Improvement was assessed through reduction in serum creatinine levels and enhancement of eGFR values.

Conclusion: Individualized homoeopathic treatment demonstrated potential benefit in patients with CKD. Consistent engagement in meditation and spiritual practices appeared to positively influence recovery trends and stabilization of renal parameters, possibly through stress reduction and enhanced mind-body regulatory mechanisms. These findings suggest that integrating spirituality-based behavioral interventions with homoeopathic management may offer a holistic model of care in chronic renal disease.

Keywords: *Chronic Kidney Disease; Renal Failure; Homeopathy; Meditation; Spirituality; Mind-Body Medicine; Integrative Healthcare*

To Evaluate the Therapeutic Efficacy of Medohar Guggulu in the Management of Medodushti W.S.R. to Dyslipidemia

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Abstract

Dyslipidemia is a prevalent metabolic disorder and an important modifiable risk factor for cardiovascular diseases. It is often asymptomatic and is associated with sedentary lifestyle, unhealthy dietary habits, obesity, and metabolic disturbances. From an Ayurvedic perspective, Dyslipidemia can be correlated with Medodushti and considered under Santarpanajanya vyadhi, particularly Medoroga. Impairment of Agni, formation of Ama, vitiation of Kapha and Meda, and obstruction of Srotas play important roles in its pathogenesis. Aim: To evaluate the therapeutic efficacy of Medohar Guggulu in the management of Medodushti w.s.r. to Dyslipidemia. Materials and Methods: The study was designed as an integrated clinical study. Medohar Guggulu, a classical Ayurvedic formulation indicated in Medodushti, was selected for the study. A clinical study was conducted on 20 patients to evaluate its therapeutic efficacy using clinical and relevant assessment parameters. Expected Outcome: The study aims to establish evidence regarding the antihyperlipidemic efficacy of Medohar Guggulu and evaluate its therapeutic potential in addressing the underlying Ayurvedic pathogenesis of Medodushti. It is intended to provide scientific support for a safe, effective, and economical Ayurvedic approach to the management of dyslipidemia.

Keywords: *Dyslipidemia; Medodushti; Medoroga; Medohar Guggulu; Agni; Ama.*

Role of Panchkarma in Management of Stage 4 Cancer: A Case Study

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Abstract

Background: Advanced head-and-neck malignancies may produce severe local and systemic manifestations, including pain, inflammation, mucosal destruction, difficulty in eating, nasal obstruction, bleeding, fatigue, weight loss and deterioration in quality of life. Ayurveda approaches such patients through assessment of Dosha, Dhatu, Srotas, Sthana and the clinical expression of disease.

Case Presentation: A 45-year-old male patient with a history of carcinoma for more than 12 years presented with recurrent disease involving the left maxillary region. The diagnosis included myoepithelial carcinoma of the left maxillary sinus region (cT4N0M0) and adenocarcinoma of the left maxilla. The patient had previously undergone surgery and, according to his history, approximately 40 sessions of radiotherapy. At presentation, he had extensive oral, nasal, facial and ocular manifestations, including ruptured buccal mucosa, damage to the floor of the mouth, jaw and teeth, severe restriction of mouth opening, inability to chew solid food, recurrent oral and nasal bleeding, left nasal obstruction, complete loss of olfaction, facial swelling, pustular discharge, watering of the left eye, difficulty opening the eye, facial pain and numbness, loss of vision, headache, weight loss, fatigue, anorexia and disturbed sleep.

The patient was managed through an individualized Ayurvedic approach with Panchakarma, principally Panchatikta Ghrita Ksheera Basti along with Shiro Pichu. The treatment rationale was based on the assessment of Tridoshaja involvement with Pitta predominance, extensive Dhatu and Srotas involvement and involvement of Asthi-Majja Dhatu.

Conclusion: The case demonstrates the application of an individualized Ayurvedic and Panchakarma-based approach in the supportive management of a patient with advanced recurrent carcinoma. Clinical improvement was observed in selected symptoms and functional parameters.

Keywords: *Myoepithelial carcinoma; Maxillary carcinoma; TNM Stage 4 Cancer; Ayurveda; Panchakarma; Basti; Panchatikta Ghrita Ksheera Basti; Shiro Pichu; Asthi Dhatu; Supportive care*

Digital Eye Health Through the Lens of Ayurveda: An Integrative Perspective on Computer Vision Syndrome

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Abstract

Introduction / Background: The widespread use of computers, smartphones, tablets and other digital devices has resulted in prolonged visual demands and an increasing prevalence of Computer Vision Syndrome (CVS), also referred to as Digital Eye Strain. Common manifestations include ocular dryness, burning, foreign body sensation, eye strain, headache, blurred vision and difficulty in maintaining visual comfort. Ayurveda emphasizes the importance of proper use of the sense organs and recognizes excessive or improper use as a potential cause of disease. The Ayurvedic concepts of Atiyoga of Chakshurindriya, Asatmya Indriyartha Samyoga and Vata-Pitta involvement may provide a conceptual framework for understanding digital eye-related symptoms.

Aim / Objective: To explore the Ayurvedic concepts related to excessive visual exposure and their possible correlation with Computer Vision Syndrome, with emphasis on an integrative approach to digital eye health.

Study Design / Methodology: A narrative conceptual review was undertaken using classical Ayurvedic literature concerning Chakshurindriya, Indriyartha Samyoga, Netra Roga, Vata and Pitta, along with contemporary literature on Computer Vision Syndrome, Digital Eye Strain, ocular surface health, tear-film instability, accommodative stress and prolonged digital-device use.

Results / Findings: Prolonged digital-device use may increase visual and accommodative demand and is commonly associated with reduced and incomplete blinking, tear-film instability, ocular surface discomfort and symptoms of visual fatigue. Continuous near work, inappropriate viewing distance, inadequate illumination, glare and prolonged screen exposure may further aggravate these symptoms. From an Ayurvedic perspective, excessive and improper use of the visual faculty may be interpreted under the broader concept of Atiyoga/Asatmya Indriyartha Samyoga, with Vata and Pitta involvement contributing to dryness, discomfort, burning sensation, fatigue and functional disturbance of the eyes. Ayurvedic measures such as appropriate Dinacharya, regulated screen exposure, adequate rest, Netra Kriya Kalpa and practices aimed at maintaining ocular health may have potential preventive and supportive relevance.

Discussion / Conclusion: Computer Vision Syndrome represents an important consequence of modern digital lifestyles and requires attention to both visual ergonomics and ocular health. Ayurvedic principles emphasizing moderation in sensory activities, appropriate daily routines and preservation of Netra health may provide a complementary framework for prevention and management of digital eye strain. Integrating Ayurvedic preventive concepts with contemporary recommendations regarding screen ergonomics, blinking, visual breaks and ocular surface care may contribute to a holistic approach to digital eye health. Further clinical studies are required to evaluate the efficacy and safety of specific Ayurvedic interventions in Computer Vision Syndrome.

Keywords: *Computer Vision Syndrome; Digital Eye Strain; Chakshurindriya; Atiyoga; Asatmya Indriyartha Samyoga; Vata; Pitta; Netra Roga; Ayurved;, Digital Eye Health.*

Vidhur Marma and Mastoid Region: An Anatomical Review

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Abstract

Background: *Vidhur Marma* is a significant *Marma* point described in Ayurvedic literature, located behind the ear and traditionally associated with hearing and auditory functions. The anatomical position of *Vidhur Marma* closely aligns with the mastoid region of the temporal bone, an area that contains vital neurovascular and auditory-related structures involved in hearing and equilibrium.

Aim: To examine and analyse the anatomical relationship between *Vidhur Marma* and the mastoid region by correlating classical Ayurvedic descriptions with contemporary anatomical concepts.

Materials and Methods: Relevant Ayurvedic texts, anatomy textbooks, and published scientific literature were reviewed to analyse the structural and functional significance of *Vidhur Marma*.

Conclusion: The mastoid region comprises important structures such as the facial nerve, posterior auricular blood vessels, mastoid air cells, and adjacent auditory pathways. The proximity of Vidhur Marma to these structures highlights its potential role in auditory physiology and related disorders. The close anatomical relationship between Vidhur Marma and the mastoid region supports the integration of Ayurvedic principles with modern anatomical knowledge and provides a foundation for future anatomical and clinical investigations.

Keywords: *Vidhur Marma; Marma Sharira; Anatomical Correlation; mastoid region.*

A Randomized Controlled Comparative Study to Evaluate the Efficacy of Haritakyadi Ghana Vati and Trikantakadi Guggulu with Sphatika Yoni Dhavana in the Management of Mutrakrichhra Associated with UTI

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Abstract

Background: Mutrakrichhra is an Ayurvedic condition characterized by painful and difficult micturition and may clinically correlate with urinary tract infection (UTI), presenting with dysuria, frequency and urgency. Effective and safe therapeutic approaches are needed for its management.

Aim: To compare the clinical efficacy of Haritakyadi Ghana Vati and Trikantakadi Guggulu with Sphatika Yoni Dhavana in the management of Mutrakrichhra associated with UTI.

Materials and Methods: A randomized controlled comparative clinical study will be conducted in patients fulfilling the predefined diagnostic and eligibility criteria. Participants will be randomly allocated into two groups. Group A will receive Haritakyadi Ghana Vati along with Sphatika Yoni Dhavana, while Group B will receive Trikantakadi Guggulu along with Sphatika Yoni Dhavana for the specified treatment duration. Clinical assessment will include dysuria, frequency, urgency and other relevant urinary symptoms. Objective assessment will include urine routine and microscopic examination and urine culture, wherever applicable. Pre- and post-treatment observations will be statistically analysed to compare the efficacy of both groups.

Results: Both treatment groups are expected to show improvement in clinical symptoms and urinary parameters. Comparative analysis will help determine the relative efficacy of the two therapeutic approaches.

Conclusion: The study may provide clinical evidence regarding the comparative efficacy of Haritakyadi Ghana Vati and Trikantakadi Guggulu with Sphatika Yoni Dhavana in the management of Mutrakrichhra associated with UTI.

Keywords: *Mutrakrichhra; UTI; Haritakyadi Ghana Vati; Trikantakadi Guggulu; Sphatika Yoni Dhavana; Ayurveda; Dysuria.*

Twak Sharir: A Critical Anatomical Review with Contemporary Perspectives

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Abstract

Background: *Twak* (skin) is the largest organ and is described in Ayurveda as an *Upadhatu* of *Mamsa Dhatu* and *Adhisthana* of *Sparshanendriya*. Ayurvedic texts describe its layers, development, structure and functions.

Aim: To review the concept of *Twak Sharir* in *Ayurveda* and correlate it with contemporary science.

Materials & Methods: A literary review of *Ayurvedic Samhitas*, commentaries and contemporary anatomical and physiological literature was conducted.

Results: *Ayurveda* describes multiple layers of *Twak*, with variations among *Acharyas*, while modern science describes epidermis, dermis and subcutaneous tissue. Both systems recognize the protective, sensory, pigmentation and regulatory functions of skin.

Conclusion: *Twak Sharir* shows important conceptual similarities with contemporary anatomy and physiology. Comparative study of these concepts may provide a foundation for further anatomical and clinical research.

Keywords: *Twak Sharir; Twacha; Skin; Ayurveda; Skin Layers; Rachana Sharir.*

Amsa Marma: Anatomical Basis and Clinical Significance – A Conceptual Study

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Abstract

Background: *Marma Sharira* is an important concept of Ayurveda describing vital anatomical sites of the body. The *Amsa Marma* is located in the shoulder region and is crucial for the stability and movement of upper limb. Injury to *Amsa Marma* can lead to *Stabdhabahuta* and functional impairment.

Aim: To study the classical concept of *Amsa Marma* and correlate it with relevant modern anatomical structures and clinical manifestations.

Materials and Methods: A conceptual study involved reviewing classical Ayurvedic texts and contemporary anatomical literature to understand *Amsa Marma*. The study focused on, location and measurement, structural characteristics, effects of injury to *Amsa Marma*. Findings were correlated with modern anatomy, highlighting the shoulder's complex structure and function.

Conclusion: *Amsa Marma* is a clinically significant anatomical region characterized by an integrated arrangement of musculoskeletal structures and neurovascular structures. Anatomical correlation with the shoulder complex, particularly the trapezius, rotator cuff muscles and tendons, shoulder ligaments, glenohumeral joint and associated neurovascular structures, provides a rational basis for understanding its classical features and functional effects following injury. This correlation helps bridge the concepts of Ayurvedic *Marma Sharira* with contemporary anatomy and highlights the clinical relevance of *Amsa Marma* in the assessment and management of shoulder disorders.

Keywords: *Amsa Marma; Marma Sharira; Anatomical Correlation; Shoulder Anatomy; Clinical Significance.*

Therapeutic Outcome of Oral Rajani-Haritakyadi Yoga in Adults with Obesity: Open-Label Single-Arm Clinical Study

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Abstract

Background: Obesity is a major public health problem associated with metabolic, cardiovascular, and functional complications. In Ayurveda, obesity is comparable to Sthaulya/Medoroga, a condition linked with deranged metabolism, Kapha-Meda predominance, and Medodhatvagnimandya. Rajani-Haritakyadi Yoga is a multi-ingredient Ayurvedic formulation selected for its Deepana, Pachana, Lekhana, Kapha-Medoghna, and lipid-modulating properties.

Objective: To evaluate changes in body weight, body mass index (BMI), anthropometric measurements, lipid profile, and blood glucose after oral administration of Rajani-Haritakyadi Yoga in adults with obesity.

Design: Open-label, single-arm, pre-post clinical study reported in a CONSORT-aligned format. No randomization, allocation concealment, comparator arm, or blinding was reported in the source manuscript.

Setting: Mahatma Gandhi Ayurved College, Hospital and Research Centre, Wardha, Maharashtra, India, from November 2020 to January 2021.

Participants: Adults aged 15-60 years with BMI >=25 kg/m2 and clinical features of Sthaulya were eligible. The statistical table in the source manuscript reports N=30; however, the narrative text also mentions a case series of nine participants. This discrepancy must be resolved before journal submission.

Intervention: Rajani-Haritakyadi Yoga capsules, 500 mg each, two capsules twice daily with lukewarm water before meals for 45 consecutive days. No specific dietary regimen was prescribed beyond advice to continue normal diet.

Outcomes: Primary outcomes were change in body weight and BMI. Secondary outcomes included chest, abdominal, hip, mid-arm, and mid-thigh circumferences; serum lipid profile; fasting blood sugar; post-prandial blood sugar; subjective symptoms; and adverse events.

Results: Using the N=30 statistical dataset in the source manuscript, mean body weight decreased from 81.56 +/- 15.08 kg to 77.69 +/- 14.43 kg (mean difference 3.87 +/- 1.83 kg; $p<0.001$). BMI decreased from 32.41 +/- 4.29 to 31.20 +/- 4.43 kg/m2 (mean difference 1.21 +/- 0.70 kg/m2; $p<0.001$). Total cholesterol, triglycerides, VLDL, LDL, fasting blood sugar, and post-prandial blood sugar showed statistically significant reductions; HDL change was not statistically significant. No adverse events were reported in the source manuscript.

Conclusion: Rajani-Haritakyadi Yoga was associated with statistically significant short-term improvements in weight, BMI, anthropometry, lipid profile, and glycemic parameters. Because the study was uncontrolled, open-label, short-duration, and has unresolved participant-number inconsistency, efficacy should be interpreted cautiously. A prospectively registered, adequately powered randomized controlled trial with standardized lifestyle advice and longer follow-up is recommended.

Keywords: *Rajani-Haritakyadi Yoga; Sthaulya; obesity; Ayurveda*

Pittadhara Kala and Majjadhara Kala: An Ayurvedic Perspective on the Brain–Gut Axis

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Abstract

The brain–gut axis represents a complex bidirectional communication network linking the gastrointestinal tract and the central nervous system through neural, endocrine, immune, and metabolic pathways. Ayurveda describes the relationship between digestion, nutrition, physiological regulation, and higher functions through concepts that may offer a distinctive framework for understanding this interaction. Among these, Pittadhara Kala and Majjadhara Kala are described as important anatomical and functional entities associated with digestion, transformation, nourishment, and the nervous system. The classical statement "**Pittadhara Kala sa eva Majjadhara Kala**" provides an interesting conceptual basis for exploring their possible relationship with contemporary understanding of the gut–brain axis.

A Randomised Comparative Clinical Study to Evaluate the Efficacy of Sahacharadi Tail Nasya and Balasahacharadi Ghanvati in the Management of Avabahuka (Frozen Shoulder)

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Abstract

Background: Avabahuka is a Vata-dominant disorder described in Ayurveda, characterised by pain, stiffness and restricted movements of the shoulder joint. It can be correlated clinically with Frozen Shoulder (Adhesive Capsulitis), which significantly affects the functional activities and quality of life of patients. Ayurvedic management mainly focuses on correction of Vata Dosha and restoration of normal movement of the affected joint. Nasya and Vata-shamana formulations may play an important role in the management of Avabahuka.

Aim: To evaluate and compare the efficacy of Sahacharadi Tail Nasya and Balasahacharadi Ghanvati in the management of Avabahuka (Frozen Shoulder).

Trividha Aushadha in Ayurveda: A Comprehensive Review of the Three Therapeutic Modalities

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Abstract

Introduction: *Ayurveda* describes *Trividha Aushadha* as the three fundamental therapeutic modalities—*Daivavyapashraya*, *Yuktivyapashraya*, and *Sattvavajaya Chikitsa*—which together address the physical, psychological, and spiritual dimensions of health. Mentioned by *Acharya Charaka* as one of the *Ashtatrika* and elaborated in other classical Ayurvedic texts, these therapeutic approaches represent a comprehensive framework for restoring *Dhatu Samyata* and promoting holistic well-being. Although *Yuktivyapashraya* is widely practiced in clinical settings, the conceptual significance and complementary roles of all three modalities require systematic review.

Method: A narrative review was conducted using classical Ayurvedic literature, primarily *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Sangraha*, *Ashtanga Hridaya*, and their authoritative commentaries, including those of Chakrapani, Dalhana, Indu, Hemadri, and Shashilekha. Relevant references pertaining to the definitions, classifications, principles, components, indications, and therapeutic applications of *Trividha Aushadha* were critically compiled and analysed

Results: The review demonstrates that *Daivavyapashraya Chikitsa* employs faith-based and spiritual interventions such as *Mantra*, *Homa*, *Japa*, *Upavasa*, *Niyama*, *Bali*, *Mangala*, and related practices to promote psychological stability and address diseases associated with *Karmaja* factors. *Yuktivyapashraya Chikitsa* represents rational, evidence-based therapy through the judicious application of *Ahara*, *Vihara*, *Aushadha*, *Shodhana*, *Shamana*, and other therapeutic procedures guided by physician's *Yukti*. *Sattvavajaya Chikitsa* focuses on mental discipline, withdrawal from unwholesome sensory objects, cultivation of knowledge, memory, courage, self-control, and meditation to restore mental equilibrium by enhancing *Sattva* and reducing *Rajas* and *Tamas*. Collectively, these modalities complement one another in achieving holistic patient care.

Discussion: *Trividha Aushadha* provides a unique multidimensional therapeutic model integrating spiritual, rational, and psychological interventions. Its holistic approach remains highly relevant for contemporary integrative healthcare, particularly in lifestyle disorders, psychosomatic illnesses, and mental health. Understanding the complementary nature of these three therapeutic modalities can strengthen evidence-informed Ayurvedic practice while preserving the philosophical foundation of classical Ayurveda.

Keywords: *Trividha Aushadha; Daivavyapashraya; Yuktivyapashraya; Sattvavajaya; Chikitsa; Ayurveda; Holistic Health; Integrative Medicine.*

Ayurvedic Therapeutic Approach in Sandhigatvata (Osteoarthritis): A Case Study

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Abstract

Background: Sandhigatvata is a Vata-dominant musculoskeletal disorder described in Ayurveda, mainly affecting the joints. It is characterized by pain (Sandhi Shoola), stiffness (Stambha), crepitus (Atopa), swelling, and restricted joint movements. Its clinical presentation closely resembles osteoarthritis (OA), particularly knee osteoarthritis. Osteoarthritis is a progressive degenerative joint disorder that can cause persistent pain, reduced mobility, difficulty in performing routine activities, and deterioration in quality of life.

Aim and Objectives: The present case study aims to evaluate the clinical efficacy of individualized Ayurvedic management in Sandhigatvata (knee osteoarthritis). The objectives were to assess the patient according to Ayurvedic clinical parameters, evaluate changes in pain, stiffness, restricted movements, walking ability, and functional capacity, and document the overall therapeutic response and improvement in quality of life.

Case Presentation: The present case study was conducted on a patient presenting with complaints of knee joint pain, stiffness, difficulty in walking, and restricted movements. A detailed history was recorded, followed by general and local examination, Ayurvedic assessment, and relevant laboratory and radiological investigations. The condition was assessed using appropriate subjective and objective parameters.

Intervention and Outcome: The patient was managed according to the Ayurvedic principles of Sandhigatvata through an individualized therapeutic approach aimed at pacifying aggravated Vata, reducing pain and stiffness, improving joint mobility, and restoring functional capacity. Regular follow-up was conducted, and clinical changes were documented. Improvement was observed in pain intensity, stiffness, range of motion, walking ability, and daily activities.

Conclusion: The present case demonstrates the potential role of individualized Ayurvedic management in Sandhigatvata. Appropriate Ayurvedic assessment and management may help reduce symptoms, improve joint function, and enhance quality of life in patients with knee osteoarthritis.

Ayurvedic Management of Ankylosing Spondylitis: A Case Report

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Abstract

Introduction: Ankylosing Spondylitis (AS) is a chronic inflammatory rheumatic disease characterized by persistent back pain, morning stiffness, progressive restriction of spinal mobility and structural changes of the axial skeleton. Its clinical manifestations particularly pain, stiffness and restricted movements may be correlated with *Amavata* described in *Ayurvedic* classics. Long term management is difficult despite the availability of non-steroidal anti-inflammatory drugs, disease-modifying anti-rheumatic drugs, biologic therapies and glucocorticoids. The present case was undertaken to evaluate the clinical efficacy of an integrative *Ayurvedic* treatment approach comprising *Panchakarma*, *Shamana*, and *Daivavyapashraya Chikitsa* in the management of Ankylosing Spondylitis.

Materials and Methods: A single case study was conducted on a 21-year-old male patient diagnosed with Ankylosing Spondylitis and who presented with low back pain, cervical pain, joint stiffness, kyphosis, fatigue, disturbed sleep and restricted movements. The patient was treated with a multimodal *Ayurvedic* protocol including *Shodhana (Panchakarma* procedures). *Shamana Chikitsa* and *Daivavyapashraya Chikitsa* was also added as adjunctive therapy. Baseline assessment was performed using clinical, laboratory and radiological parameters and therapeutic response was assessed using relevant clinical and laboratory parameters.

Results: Progressive clinical improvement was observed following treatment. Spinal mobility, joint movements and functional status improved and low back pain, cervical pain, joint stiffness, fatigue and sleep disturbance decreased. Also, the laboratory parameters relevant for this issue were improved. The overall response indicated a positive effect of the integrated *Ayurvedic* treatment protocol in the present case.

Discussion: The observed improvement may be attributed to the combined effects of *Panchakarma, Shamana,* and *Daivavyapashraya Chikitsa*. *Vaitarana Basti* and *Anuvasana Basti* may have helped in managing *Vata* predominance and associated pain and stiffness. *Valuka Pottali Swedana* and *Nadi Swedana* may have contributed to reduction of stiffness and improvement in mobility, while *Lepa* provided localized therapeutic effects. *Shamana Chikitsa* was aimed at addressing pain, stiffness, inflammation, and associated systemic manifestations. *Daivavyapashraya Chikitsa* was incorporated as a supportive component of the comprehensive treatment approach. The multimodal protocol may therefore have contributed to the observed improvement in clinical and functional outcomes.

Conclusion: With improvements in pain, stiffness, spinal mobility, exhaustion, sleep, and functional status, the current case demonstrates that an integrative Ayurvedic therapy consisting of *Panchakarma, Shamana*, and *Daivavyapashraya Chikitsa* may be helpful in managing Ankylosing Spondylitis. To validate these results, more controlled clinical trials with bigger sample sizes are needed.

Keywords: *Spondyloarthritis; Sacroiliitis; Amavata; Panchakarma; Vaitarana Basti; Shamana Chikitsa; Daivavyapashraya Chikitsa.*

Role of Bhallatakadya Ghanvati in Ekkakushtha with Reference to Psoriasis

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Abstract

Background: Psoriasis is a chronic, relapsing inflammatory skin disorder characterized by erythematous plaques, silvery-white scales, dryness and itching. In Ayurveda, its clinical features can be correlated with Ekkushtha, which is described by features such as Aswedana, Mahavastu, Matsyashakalopama twak, Rukshata, Kandu and Krishn-Aruna varna.

Aim: To review the Ayurvedic properties and probable therapeutic role of Bhallatak (Semecarpus anacardium) in the management of Ekkushtha w.s.r. to psoriasis.

Discussion: Bhallatak possesses Katu, Tikta and Kashaya rasa; Laghu and Snigdha guna; Ushna virya and Katu vipaka. It is described as having Deepan, Pachan, Lekhan, Kushthaghna and Rasayan properties. These properties may contribute to correction of Agnimandya, reduction of Kapha accumulation, alleviation of Vata-associated dryness and improvement of the pathological processes involved in Ekkushtha.

From an Ayurvedic perspective, Bhallatak may act at multiple levels. Its Deepan-Pachan action helps correct Agni and prevent further Aam formation. Its Ushna and Snigdha properties, along with Lekhan action, may help reduce scaling, plaque formation and dryness associated with Kapha-Vata predominance. At the Dhatu level, its Raktashodhak action is considered relevant to vitiated Rakta, while its Shrotoshodhan action may support proper tissue nourishment and regeneration. Its Rasayan effect may contribute to Dhatu bala, Vyadhikshamatva and long-term management.

Modern research cited in the presentation has also reported anti-inflammatory, immunomodulatory and antioxidant properties of Bhallatak, providing a possible pharmacological basis for its role in inflammatory skin disorders.

Conclusion: Bhallatak, owing to its Deepan-Pachan, Lekhan, Kushthaghna and Rasayan properties, may have a multidimensional role in Ekkushtha corresponding to psoriasis. Its potential actions at the Agni, Dosha, Dhatu and Shrotas levels suggest its relevance in the Ayurvedic management of this chronic and relapsing disorder. However, because Bhallatak is a potent and irritant drug, proper Shodhana, appropriate dosage and careful patient selection are essential for its safe therapeutic use.

Evaluation of Shwadanshtradi Taila in the Management of Greevagata Vata (Cervical Spondylosis)

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Abstract

Greevagata Vata is a Vata-dominant condition involving the cervical region, characterized by **Greeva shoola (neck pain), Stambha (stiffness) and restricted cervical movements**. The clinical manifestations of Greevagata Vata show considerable similarity with **cervical spondylosis**, which may be considered its contemporary clinical correlation. The degenerative changes and functional impairment associated with cervical spondylosis can be interpreted through the principles of Vata aggravation and Dhatu-kṣhaya. Management primarily focuses on **Samprapti-vighatana** through Nidana Parivarjana, Vata -samana, Snehana and other appropriate Vata-pacifying measures. **Shwadanshtradi Taila**, a classical Vata -pacifying formulation, possesses Snehana and Vatasamaka properties and may be beneficial in alleviating pain, stiffness and restricted cervical movements. Its therapeutic rationale makes it a potential Ayurvedic intervention in the management of Greevagata Vata clinically correlated with cervical spondylosis. Appropriate Pathya-Apathya and lifestyle modifications may further support the management.

Keywords: *Greevagata Vata; Cervical Spondylosis; Shwadanshtradi Taila; Vata Vyadhi; Samprapti-vighatana; Snehana; Vata -samana; Nidana Parivarjana*

Management of Chondromalacia Patellae with Ayurveda

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Abstract

Degeneration and softening of the patella's articular cartilage is the hallmark of chondromalacia patellae, a common patellofemoral disorder that manifests clinically as anterior knee pain, stiffness, crepitus, and difficulty with activities like stair climbing, squatting, and extended sitting. According to Ayurveda, the preponderance of Vata Dosa and similar symptoms like Sandhi sula, Sandhi Graha, Sandhi Sphutana, and restricted joint movement can be used to link the clinical presentations of chondromalacia patellae with Janu Sandhigata Vata. The Ayurvedic treatment of a chondromalacia patellae case evaluated using Janu Sandhigata Vata's conceptual framework is described in this research. The course of treatment was designed in accordance with the Ayurvedic principles of Vatasamana and Sandhi Balya, utilizing both panchkarma therapy, internal samana Chikitsa and suitable external remedies. Before and after therapy, a clinical evaluation was conducted utilizing pertinent measures such as range of motion, discomfort, stiffness, and crepitus. Following Ayurvedic treatment, improvements were noted in the functional status and presenting symptoms. Through its clinical link with Janu Sandhigata Vata, this case illustrates the possible role of a customized Ayurvedic strategy in the care of chondromalacia patellae. To assess the effectiveness and suitability of Ayurvedic treatments in such patellofemoral diseases, more clinical research is needed.

Keywords: *Janu Sandhigata Vata; Ayurveda; Vata Dosa; Sandhi sula; knee discomfort; Ayurvedic treatment; Chondromalacia patellae.*

Exploring the Role of *Dinacharya* and *Ritucharya* in Mental Health: An Ayurvedic Conceptual Review

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Abstract

Introduction: Mental health disorders are increasing worldwide due to rapid urbanization, irregular lifestyles, stress and disturbed biological rhythms. Ayurveda emphasizes the preservation of physical and mental well-being through preventive principles such as *Dinacharya* and *Ritucharya*, which help maintain the equilibrium of *Doṣa*, *Agni* and *Manas*.

Objective: To conceptually review the role of *Dinacharya* and *Ritucharya* in promoting mental health and preventing psychological disorders from an Ayurvedic perspective.

Materials and Methods: A narrative conceptual review was conducted using classical Ayurvedic texts, including *Caraka Samhita*, *Sushruta Samhita*, *Astanga Hridaya* and relevant peer-reviewed literature. The collected information was critically analysed to establish the relationship between daily and seasonal regimens and mental health.

Results: Regular adherence to *Dinacharya* practices such as *Brahma Muhurta Jagarana*, *Abhyanga*, *Vyayama*, *Snana*, proper diet and adequate sleep along with season-specific modifications described in *Ritucharya*, supports the balance of *Dosha*, enhances *Sattva* and minimizes *Rajas* and *Tamas*. These regimens contribute to stress reduction, emotional stability, cognitive enhancement, improved sleep quality and overall psychological well-being.

Conclusion: *Dinacharya* and *Ritucharya* constitute fundamental preventive strategies in Ayurveda for maintaining mental health. Their integration into modern lifestyles may offer a safe, cost-effective and holistic approach to mental well-being, warranting further clinical validation and interdisciplinary research.

Keywords*:* *Dinacharya; Ritucharya; Manas; mental health; Ayurveda; Swasthavritta*

Ayurvedic Management of Avabahuka (Frozen Shoulder): A Case Report

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Abstract

Introduction: *Avabahuka* is a Vata predominant disease described in *Ayurveda*, characterized by pain, stiffness and restricted movements of shoulder joint. Its clinical features can be correlated with Frozen Shoulder (Adhesive Capsulitis) in modern medicine. Frozen shoulder is usually seen in age group of 40-70 years and is usually associated with sedentary life style. It can have a major effect on shoulder mobility and functional activities.

Aim / Objective: To assess the effectiveness of *Shodhana Chikitsa along* with *Shamana Chikitsa* in the treatment of *Avabahuka* (Frozen Shoulder).

Methodology: A case study was done on a 49-year-old male patient diagnosed with *Avabahuka* (Frozen Shoulder) of left shoulder joint. Panchakarma procedures were administered once a day for 8 days. *Local Snehana (Dashamoola Taila), Nadi Swedana, Patrapottali Swedana, Marsha Nasya (Panchaindriyavardhana Taila), Lepa application and Valuka Pottali Swedana* were done. Shamana Chikitsa continued with *Yograj Guggulu, Rasnasaptaka Kwatha, Agnitundi Vati, Hingwashtaka Churna* and Shallaki Plus Tablet for 15 days. The patient was assessed for pain, stiffness, tenderness, shoulder movement limitations and range of motion. Assessments were performed during treatment and at follow-up visits on Day 9 and Day 16.

Results: Following the *Ayurvedic* treatment, progressive clinical improvement was observed. There was a reduction in shoulder pain, stiffness, tenderness, and restriction of movements, along with improvement in the range of motion of the left shoulder joint. At the Day 16 follow-up, the patient reported substantial relief in symptoms with improved shoulder mobility and functional activities.

Discussion / Findings: The observed improvement may be attributed to the combined effects of *Snehana, Swedana, Nasya, Lepa, and Shamana Chikitsa*, which may help alleviate *Vata-Kapha*-related pain and stiffness and improve shoulder mobility. The multimodal *Ayurvedic* approach showed beneficial effects on the clinical manifestations and functional impairment associated with *Avabahuka*.

Conclusion: The present case suggests that *Shodhana Chikitsa* combined with *Shamana Chikitsa* may be beneficial in the management of *Avabahuka* (Frozen Shoulder), with improvement in pain, stiffness, tenderness, shoulder range of motion, and functional activities. Further clinical studies with larger sample sizes are required to validate these findings.

Keywords: *Adhesive Capsulitis; Shodhana Chikitsa; Shamana Chikitsa; Panchakarma*

Integrated Ayurvedic Management of Greeva Sandhi Gata Vata w.s.r. to Cervical Spondylosis: A Case Study on Shamana Chikitsa and Greeva Basti

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Abstract

Background: Cervical spondylosis is a common degenerative condition of the cervical spine characterized by neck pain, stiffness, restricted neck movements, headache, vertigo and occasionally, radiating pain to upper limbs and Pnumbness. In Ayurveda, the clinical features of cervical spondylosis can be correlated with Greeva Sandhi gata Vata, a Vata-dominant disorder involving the cervical region. Age-related degeneration, improper posture, excessive physical strain and prolonged occupational activities may aggravate Vata and contribute to the development of the condition.

Case Presentation: A patient presenting with neck pain, Neck stiffness, restricted movements and radiating discomfort with headache was diagnosed with Greeva Sandhi gata Vata w.s.r. to Cervical Spondylosis based on clinical assessment and radiological findings. The patient was managed according to Ayurvedic principles with Shamana Chikitsa using prescribed internal Ayurvedic medicines and Shodhana Chikitsa in the form of Greeva Basti. Greeva Basti was administered locally over the cervical region with suitable medicated oil to provide Vata Shamana and local therapeutic effects. Appropriate Pathya-Apathya and lifestyle modifications were also advised.

Result: Following the treatment, considerable improvement was observed in neck pain, stiffness, restricted cervical movements and radiating discomfort. Improvement in functional ability and overall quality of life.

Conclusion: The present case demonstrates that a comprehensive Ayurvedic approach incorporating Shamana Chikitsa and Greeva Basti as Shodhana-oriented local therapy, along with appropriate dietary and lifestyle modifications, may be beneficial in the management of Greeva Sandhi gata Vata w.s.r. to Cervical Spondylosis.

Keywords: *Greeva Sandhi gata Vata; Cervical Spondylosis; Shamana Chikitsa; Shodhana Chikitsa; Greeva Basti; Vata Vyadhi; Ayurveda.*

Plantar Psoriasis: An Ayurvedic Perspective with Reference to *Kitibha Kustha* – A Case Study

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Abstract

A chronic inflammatory skin condition that can negatively impact mobility and quality of life, plantar psoriasis is characterized by erythema, scaling, hyperkeratosis, fissuring, itching, and pain over the plantar surface. According to Ayurveda, its clinical manifestation might be associated with *Kitibha Kustha* due to similarities in characteristics like *sαyava Varṇa, Ruksata*, *Khara Sparsa, Kinatva*, and scaling of the afflicted skin, with *Vata* and *Kapha Dosa* being primarily involved. In this work, a plantar psoriasis case is evaluated and treated using *Kitibha Kustha's* Ayurvedic principles. Taking into account the individual *Dosa* and *Dusya* involvement, treatment was designed using suitable *Sodhana Chikitsa*, such as *Virechana Karma,* combined with *Samana Chikitsa* and dietary and lifestyle changes. Prior to and following therapy, clinical characteristics such as scaling, hyperkeratosis, itching, fissuring, and discomfort were evaluated. Following Ayurvedic treatment, both the severity of the lesions and the presenting symptoms showed improvement. The instance emphasizes the significance of linking *Kitibha Kustha* to the clinical characteristics of plantar psoriasis and the possible contribution of a customized Ayurvedic treatment plan that includes *Virechana* to its management.

Keywords: *Virechana Karma; Vata; Kapha; Kitibha Kustha; Ayurveda; Samana Chikitsa; Sodhana Chikitsa; Plantar psoriasis.*

Pharmacotherapeutic Potential of Brihatvarunadi Kwath in Mutrashmari: From Classical Concepts to Contemporary Evidence

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Abstract

Introduction: Urolithiasis is a recurrent disorder of the urinary tract in which calculus formation may lead to renal colic, dysuria, urinary obstruction and considerable morbidity. Ayurveda describes a comparable clinical entity as Mutrashmari, wherein derangement of Dosha and impairment of Mutravaha Srotas contribute to the formation and progression of Ashmari. The classical therapeutic approach is multidimensional, aiming not only at symptomatic relief but also at facilitating the disintegration and elimination of the calculus.

Objective: To explore the pharmacotherapeutic potential of Brihatvarunadi Kwath in Mutrashmari by integrating its classical Ayurvedic therapeutic principles with contemporary pharmacological perspectives.

Methodology: The formulation was examined through an integrative framework encompassing its constituent drugs, Rasa, Guna, Virya, Vipaka and Karma, with particular emphasis on its relevance to Ashmaribhedana, Mutrala and Shothahara actions. Contemporary scientific literature related to the pharmacological properties of its constituent drugs was critically explored to identify possible mechanisms relevant to urolithiasis, including modulation of urinary flow, inflammation, oxidative stress and processes involved in urinary crystal formation and clearance.

Discussion: The therapeutic rationale of Brihatvarunadi Kwath appears to be multidimensional rather than solely litholytic. Its classical pharmacodynamic profile provides a conceptual basis for influencing urinary dynamics and the pathological environment associated with calculus formation. Emerging evidence on selected constituent drugs further supports the need to investigate their possible diuretic, anti-inflammatory, antioxidant and antiurolithiatic contributions. However, evidence derived from individual ingredients or related formulations cannot be directly equated with evidence for the complete Brihatvarunadi Kwath formulation.

Conclusion: Brihatvarunadi Kwath represents a promising example of the translational potential of classical Ayurvedic therapeutics in contemporary urolithiasis research. Integrating Ayurvedic pharmacodynamics with modern pharmacological investigation may help elucidate its therapeutic mechanisms and establish a stronger evidence base. Well-designed formulation-specific experimental and clinical studies are warranted to validate its efficacy, safety and mechanism of action in Mutrashmari.

Ayurvedic Management of Lichen Simplex Chronicus (*Kitibha Kushtha*): A Case Report

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Abstract

Introduction: Lichen Simplex Chronicus (LSC) is a chronic inflammatory skin disorder characterised by persistent pruritus, lichenification, hyperpigmentation, scaling and excoriation. Clinically, it may be correlated with *Kitibha Kushtha*, an Ayurvedic dermatological condition predominantly involving *Vata-Kapha Dosha. Ayurveda* describes features such as *Shyava*, *Khara Sparsha*, *Parushya* and *Kandu*, which resemble the clinical manifestations of LSC.

Objective: To evaluate the clinical outcome of *Ayurvedic* management in a patient diagnosed with Lichen Simplex Chronicus (*Kitibha Kushtha*).

Methods: A single case study was conducted in a 56-year-old male presenting with a two-year history of LSC, characterised by generalised itching over the neck, hyperpigmented and hypertrophied plaques, increased skin markings, erythema, reddish-brown scaly lesions, mild burning sensation, ulceration and excessive sweating. The patient was managed for 45 days with an integrated Ayurvedic treatment protocol comprising *Siravedha* (*Raktamokshana*), *Shamana Chikitsa*, *Takra Langhana* and *Daivavyapashraya Chikitsa*. Internal medications included *Khadirarishta, Aargwadhadi Kwatha, Arogyavardhini Vati, Sarivadi Gana Vati, Dashamoola Kwatha* and *Mahasudarshana Kwatha*, along with local application of *Eladi Taila*. Clinical assessment was performed using a semi-quantitative scoring system for lichenification, erythema, hyperpigmentation, excoriations, scaling and pruritus.

Results: Marked clinical improvement was observed after 45 days. Lichenification reduced from 4/5 to 1/5, erythema from 5/5 to 0/5, hyperpigmentation from 4/5 to 0/5, excoriations from 4/5 to 1/5, scaling from 5/5 to 0/5 and pruritus from 5/5 to 0/5. The patient also reported substantial relief in physical irritation and psychological distress.

Conclusion: This case suggests that an integrated Ayurvedic approach incorporating *Raktamokshana*, *Shamana Chikitsa*, *Takra Langhana* and *Daivavyapashraya Chikitsa* may provide favourable clinical improvement in Lichen Simplex Chronicus (*Kitibha Kushtha*). Further controlled clinical studies with larger sample sizes are warranted to establish its therapeutic efficacy.

Keywords: *Lichen Simplex Chronicus; Kitibha Kushtha; Ayurveda; Raktamokshana; Siravedha; Shamana Chikitsa; Takra Langhana; Daivavyapashraya Chikitsa.*

Clinical Evaluation of Punarnavadi Churna Combined with Shatpushpadi Lepa in the Management of Amavata: An Ayurvedic Therapeutic Approach to Rheumatoid Arthritis

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Abstract

Introduction: Amavata is a chronic inflammatory disorder described in Ayurveda, characterized by the association of Ama with aggravated Doshas and subsequent localization in the joints. Its clinical manifestations, including Sandhi Shoola, Sandhi Shotha, Stabdhata, and impaired joint function, show considerable similarity with Rheumatoid Arthritis (RA). The chronic and recurrent nature of the disease necessitates a therapeutic approach directed not only toward symptomatic relief but also toward correction of Agni, Ama Pachana, and restoration of normal Dosha dynamics. Punarnavadi Churna, with its Deepana, Pachana, Shothahara and Anulomana properties, and Shatpushpadi Lepa, employed as an external therapeutic intervention, may provide a multidimensional approach to the management of Amavata.

Objective: To clinically evaluate the therapeutic potential of Punarnavadi Churna combined with Shatpushpadi Lepa in the management of Amavata and to assess its effect on the clinical manifestations and functional status associated with Rheumatoid Arthritis.

Methodology: The clinical evaluation was designed to assess the combined therapeutic effect of oral Punarnavadi Churna and external application of Shatpushpadi Lepa in patients diagnosed with Amavata. Punarnavadi Churna was administered internally in an appropriate therapeutic dose with warm water, while Shatpushpadi Lepa was applied locally over the affected joints using Kanji as the suitable medium. Assessment was based on relevant subjective and objective parameters, including Sandhi Shoola, Sandhi Shotha, Sandhi Stabdhata, tenderness, joint movement and functional impairment. Appropriate laboratory parameters such as ESR and CRP may also be considered for objective evaluation of inflammatory activity.

Discussion: The therapeutic rationale of this intervention is based on the Ayurvedic understanding of Amavata, wherein impaired Agni leads to the formation of Ama, which, in association with aggravated Doshas, contributes to the development of joint inflammation and pain. Punarnavadi Churna is intended to address the internal pathogenesis through Deepana, Pachana, Anulomana and Shothahara actions, whereas Shatpushpadi Lepa provides localized Shothahara and Vedana-sthapana effects. Thus, their combined application represents an integrated therapeutic strategy targeting both systemic and local components of Amavata.

Conclusion: The combined use of Punarnavadi Churna and Shatpushpadi Lepa represents a rational Ayurvedic therapeutic approach for the management of Amavata. By addressing Ama, Agni dysfunction, inflammation, pain and joint-related functional impairment, this intervention may offer a multidimensional therapeutic benefit. Further well-designed clinical studies with standardized outcome measures and appropriate statistical evaluation are warranted to establish its efficacy, safety and therapeutic applicability in Amavata.

Management of Lichen Simplex Chronicus (Vicharchika): A Case Report

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Abstract

Background: Lichen Simplex Chronicus (LSC) is a chronic skin condition characterized by persistent itching and repeated scratching, which gradually leads to thickening, discoloration and lichenification of the skin. In Ayurveda, the clinical features of LSC can be correlated with Vicharchika, which commonly presents with Kandu (itching), Raga (erythema), Vaivarnya (discoloration) and changes in skin texture. Managing the persistent itch–scratch cycle remains an important part of treatment.

Case Presentation: A 66-year-old male farmer presented with severe, recurrent itching and burning over the neck, particularly aggravated at night, along with reddish discoloration and thickening of the skin. The current episode had persisted for six months, with similar episodes occurring intermittently for approximately two years. He had previously used over-the-counter antihistamines, NSAIDs and topical corticosteroids, which provided temporary relief followed by recurrence. Examination revealed irregularly defined, hyperpigmented and erythematous lichenified plaques over the nape of the neck, with excoriation, dryness and persistent itching. The baseline Visual Analog Scale (VAS) score was 9/10, Dermatology Life Quality Index (DLQI) was 18/30 and Pruritus Severity Index was 19/24. KOH examination was negative. Based on the clinical findings, the case was diagnosed as Lichen Simplex Chronicus and correlated with Vicharchika.

Treatment and Outcome: The patient was admitted to the Agadatantra inpatient department and managed with an individualized Ayurvedic treatment protocol. The treatment included Gandhaka Rasayana, Sutshekhar Rasa, Krimikuthar Rasa, Bilwadi Gutika, Avipattikar Churna, Haridra Khanda and Eranda Taila for specified durations. Clinical progress was assessed using classical Ayurvedic parameters along with standardized clinical scales. By Day 60, the VAS score decreased from 9 to 1, representing an 88.9% reduction. DLQI improved from 18 to 2, indicating an 88.8% improvement in quality of life, while the Pruritus Severity Index decreased from 19 to 2, representing an 89.4% reduction. The classical symptoms of Kandu, Raga, Vaivarnya and Twak Parushyata also resolved to Grade 0. Complete clinical remission was observed, with no active lesions or pain reported during follow-up.

Conclusion: This case highlights the potential of an individualized Ayurvedic approach in the management of Lichen Simplex Chronicus. The substantial improvement in itching, skin changes and quality of life observed in this patient suggests that Ayurvedic management may be beneficial in breaking the chronic itch–scratch cycle. Further clinical studies with larger sample sizes are required to establish its effectiveness more systematically.

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