# MEDINITY 2025

## INTERNATIONAL CONFERENCE ON AYURVEDA & INTEGRATIVE MEDICAL SCIENCES

## CONFERENCE PROCEEDINGS

10th August 2025



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# MEDINITY 2025

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MEDINITY-2025: 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

We are pleased to present the proceedings of **MEDINITY-2025: 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.

## Advisory Board Members:

**Dr A.R.V. Murthy**

Medical Director and Director (Academic and Research), Professor and Head, Department of Kayachikitsa, Aarihant Ayurvedic Medical College and Research Institute, Swarnim Institute of Health Sciences, Swarnim Startup and Innovation University, Gandhinagar Gujarat.

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MD General Medicine, DM Oncology, Kidwai Institute Of Oncology, Bangalore, India

## ABOUT ICONFERENCE

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.

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# Message from Advisory Board Member

**Prof. Dr. V.D. Agarwal**
Retd. Professor, Dept. of Kayachikitsa, All India Institute of Ayurveda, New Delhi
General Secretary, All India Ayurveda Specialist (PG) Association
Online Consultant, Jiva Ayurveda

It is a great honour to be part of the Advisory Board for this remarkable Conference on Ayurveda and Health Sciences. The integration of ancient Ayurvedic wisdom with modern scientific perspectives is the need of the hour, and platforms like this play a pivotal role in catalyzing this transformation.

Having dedicated my life to the field of Kayachikitsa and Ayurvedic education, I am pleased to see the growing recognition and global appreciation of Ayurveda as a system rooted in holistic well-being, preventive care, and individualized healing. This conference not only facilitates the sharing of research and clinical advancements but also fosters cross-disciplinary dialogue that strengthens the future of integrative healthcare.

I extend my heartfelt congratulations to the organizers for their vision and tireless efforts. May this academic congregation inspire deeper research, foster innovation, and contribute to the evolution of Ayurveda in the modern world.

Wishing all participants a meaningful and enriching experience.



Warm regards,
Prof. Dr. V.D. Agarwal
Advisory Board Member
Retd. Professor, AIIA New Delhi
General Secretary, AIAS(PG) Association
Online Consultant, Jiva Ayurveda

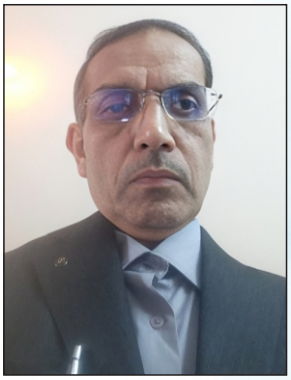
# Message from Advisory Board Member

**Dr. A. R. V. Murthy**
Medical Director and Director (Academic & Research),
Professor & Head, Department of Kayachikitsa
Aarihant Ayurvedic Medical College and Research Institute,
Swarnim Institute of Health Sciences,
Swarnim Startup and Innovation University, Gandhinagar, Gujarat

It gives me immense pleasure to extend my heartfelt congratulations to the organizing committee of this prestigious conference on Ayurveda and Health Sciences. This platform serves as a beacon of knowledge exchange, innovation, and global collaboration in the field of traditional medicine and integrative healthcare.
Ayurveda, with its time-tested principles and personalized approach, has the potential to address the complex challenges of modern health systems. I am pleased to see the growing interest among researchers, academicians, and clinicians in exploring evidence-based practices, interdisciplinary approaches, and novel therapeutics rooted in Ayurvedic wisdom.

As an Advisory Board Member, I am proud to be associated with this academic endeavor that not only celebrates our ancient heritage but also fosters a future-ready, research-driven outlook in healthcare. I encourage all participants to make the most of this opportunity to share insights, collaborate across disciplines, and work towards a healthier and more holistic world.

Wishing the conference grand success and lasting academic impact.



Warm regards,
Dr. A. R. V. Murthy
Medical Director & Director (Academic and Research)
Professor & Head, Dept. of Kayachikitsa
Swarnim Startup and Innovation University, Gujarat

# Message from Advisory Board Member

**Prof. (Dr.) S. R. Shahi**
Director, GHG Ayurvedic Medical College,
Raikot, Ludhiana, Punjab

It is a matter of great pride and privilege to be associated with this esteemed conference on Ayurveda and Health Sciences, which brings together scholars, practitioners, and researchers from across the country and beyond.

Ayurveda, the timeless science of life, continues to guide us toward sustainable health and holistic well-being. In today's world of evolving health challenges, conferences like this provide a vital platform for sharing innovative research, clinical experiences, and academic perspectives that bridge tradition with modern science.

As an Advisory Board Member, I commend the organizers for their efforts in fostering academic excellence and interdisciplinary dialogue. I am confident that the deliberations and outcomes of this conference will significantly contribute to the promotion and integration of Ayurveda in mainstream healthcare.

My best wishes to all the participants, presenters, and contributors for a successful and enriching conference experience.



Warm regards,
Prof. (Dr.) S. R. Shahi
Director
GHG Ayurvedic Medical College,
Raikot, Ludhiana, Punjab

# Message from Advisory Board Member

**Prof. (Dr.) Raja Singla**
Shri Krishna AYUSH University,
Kurukshetra, Haryana

It is a matter of immense pride and privilege for me to be associated as an Advisory Board Member with this prestigious National Conference on Ayurveda and Health Sciences. This academic initiative is truly commendable for bringing together eminent scholars, dedicated practitioners, researchers, and students under one umbrella to deliberate on the holistic and time-tested principles of Ayurveda, in the context of contemporary healthcare needs.

Ayurveda is not merely a system of medicine—it is a philosophy of life that promotes physical, mental, and spiritual well-being. In today's world, where lifestyle-related disorders and stress-induced illnesses are becoming increasingly common, the significance of Ayurveda in providing preventive, promotive, and curative care is more relevant than ever.

I appreciate the efforts of the organizing committee for curating a platform that encourages interdisciplinary exchange and promotes scientific validation of Ayurvedic principles. I am confident that the research presentations, keynote addresses, and discussions during this conference will spark new ideas, inspire innovation, and further the integration of Ayurveda with mainstream healthcare systems.

Let us all work collaboratively to preserve and promote the glorious heritage of Ayurveda while embracing modern tools of research, technology, and global health education.

My best wishes to all delegates, presenters, and the entire organizing team for a successful, enriching, and impactful academic event.



Warm regards,
Prof. (Dr.) Raja Singla
Shri Krishna AYUSH University
Kurukshetra, Haryana

# Message from Advisory Board Member

**Asst. Prof. Dr. Marwan Merkhan**
Department of Pharmacology and Toxicology
College of Pharmacy, University of Mosul, Mosul, Iraq

It is a privilege and a matter of academic pride to serve as a member of the Advisory Board for this distinguished Conference on Ayurveda and Health Sciences. In an era where global health challenges demand collaborative and holistic solutions, this conference provides a valuable forum for bridging traditional knowledge with contemporary scientific research.

The convergence of Ayurveda and modern health sciences presents a transformative opportunity to enhance patient care, preventive health strategies, and evidence-based integrative therapies. As a pharmacologist and educator, I recognize the significance of exploring plant-based medicine and ancient therapeutic frameworks through a modern scientific lens.

I commend the organizing committee for their dedication in curating this interdisciplinary platform, which not only promotes academic dialogue but also fosters innovation and cultural exchange among healthcare professionals worldwide.

I extend my best wishes for the successful execution of the conference and hope that it ignites new ideas, partnerships, and research pathways that will contribute meaningfully to the future of healthcare.



Warm regards,
Asst. Prof. Dr. Marwan Merkhan
Advisory Board Member
College of Pharmacy, University of Mosul, Iraq

# Message from Advisory Board Member

**Dr. Divya Babel**
B.D.S., M.D.S. (Prosthodontics & Implantology)
Specialist Prosthodontist, Mumbai (India)
Specialist Dentist, Dubai Health Authority, Dubai

It is a pleasure and an honor to be part of this esteemed conference on Ayurveda and Health Sciences, which brings together thought leaders and professionals from diverse medical disciplines. This event serves as a crucial platform for fostering dialogue between traditional wisdom and modern healthcare practices.

As a dental and prosthodontic specialist, I recognize the immense value of integrative approaches in delivering patient-centered care. Ayurveda, with its holistic vision, continues to inspire contemporary medical sciences in understanding wellness beyond disease treatment.

The exchange of knowledge and research at this conference will undoubtedly contribute to the growth of integrative and preventive healthcare systems. I congratulate the organizers for their vision and dedication, and I extend my best wishes to all the participants for a productive and inspiring academic journey.



Warm regards,
Dr. Divya Babel
Specialist Prosthodontist – Mumbai (India)
Specialist Dentist – Dubai Health Authority, Dubai

# Message from Advisory Board Member

**Dr. Praveen N. Sahave**
Diploma in Cosmetic Gynaecology
General Surgeon & Laser Cosmetic Surgeon, Nagpur

It gives me immense pleasure to be part of this prestigious conference on Ayurveda and Health Sciences, a platform that brings together diverse expertise to advance integrative and patient-centered care.

As a practitioner in modern surgical and cosmetic medicine, I deeply appreciate the evolving relevance of Ayurveda in promoting preventive health, enhancing quality of life, and offering natural solutions to chronic conditions. The convergence of ancient knowledge with modern techniques opens new possibilities for safe, sustainable, and holistic healthcare.

I commend the organizers for fostering such meaningful academic exchange and collaboration. May this conference inspire innovative thinking, interdisciplinary partnerships, and impactful outcomes that benefit both practitioners and patients.

Wishing all delegates a fruitful and enriching experience.



Warm regards,
Dr. Praveen N. Sahave
General Surgeon & Laser Cosmetic Surgeon
Diploma in Cosmetic Gynaecology
Nagpur, Maharashtra

# Message from Scientific Committee Member

**Prof. (Dr.) Rajendra Prasad**
Professor & Head,
Department of Kayachikitsa,
Faculty of Ayurveda, Institute of Medical Sciences,
Banaras Hindu University (BHU), Varanasi

It is a great honor to serve on the Scientific Committee of this distinguished conference on Ayurveda and Health Sciences, which stands as a beacon of academic rigor and interdisciplinary collaboration.

In today's rapidly evolving healthcare landscape, it is imperative to revisit and revalidate the timeless wisdom of Ayurveda through scientific inquiry and clinical relevance. This conference provides a vital platform for scholars, clinicians, and researchers to engage in meaningful discussions, share evidence-based practices, and promote integrative approaches to health and wellness.

I commend the organizers for their vision and commitment to advancing Ayurvedic science in alignment with global health priorities. I encourage all participants to contribute with intellectual enthusiasm and scientific integrity, so that the outcomes of this gathering resonate far beyond its duration.

Wishing the conference grand success and long-lasting impact.



With warm regards,
Prof. (Dr.) Rajendra Prasad
Professor & Head
Department of Kayachikitsa
Faculty of Ayurveda, IMS–BHU, Varanasi

# Message from Scientific Committee Member

**Prof. Dr. Aruna Ojha**
Professor & Head, Department of Kayachikitsa
Shri N. P. A. Government Ayurveda College, Raipur, Chhattisgarh

It gives me immense pleasure to be part of the Scientific Committee for this esteemed Conference on Ayurveda and Health Sciences. Such academic gatherings play a pivotal role in reinforcing the relevance of Ayurveda in today's dynamic healthcare landscape.

As a professor of Kayachikitsa, I have had the privilege of witnessing Ayurveda's profound healing capabilities rooted in the principles of balance, prevention, and personalized care. This conference provides a much-needed platform to share traditional knowledge, encourage collaborative research, and integrate ancient wisdom with modern scientific validation.

I deeply appreciate the organizers' vision in bringing together experts from diverse disciplines to discuss the evolving role of Ayurveda in addressing contemporary health challenges. I am confident that the deliberations and presentations during this conference will not only enrich our understanding but also inspire future innovations in evidence-based Ayurvedic practice.

I extend my best wishes to all participants and the organizing committee for the grand success of this academic endeavor.



Warm regards,
Prof. Dr. Aruna Ojha
Scientific Committee Member
Shri N. P. A. Government Ayurveda College, Raipur, Chhattisgarh

# Message from Scientific Committee Member

**Dr. Shashank Babel**
B.D.S., M.D.S. (Conservative Dentistry and Endodontics)
Specialist Endodontist – Mumbai (India)
Specialist Endodontist – Dubai Health Authority, Dubai

It is a great honor and privilege to serve on the Scientific Committee of this esteemed conference on Ayurveda and Health Sciences. The theme of this conference is timely and vital, as the world increasingly looks toward integrative and holistic approaches to health and wellness.

As a specialist in modern dental sciences practicing both in India and abroad, I firmly believe in the value of interdisciplinary learning. Ayurveda, with its profound understanding of preventive health and lifestyle-based healing, offers much to enrich and complement contemporary medical and dental care. Conferences such as this provide an essential platform for dialogue, collaboration, and research-driven innovation across healthcare disciplines.

I commend the organizing team for their tireless efforts in bringing together a diverse and distinguished panel of professionals, researchers, and academicians. The range of topics, depth of research, and quality of participation in this event are truly inspiring. I am confident that this academic gathering will spark meaningful conversations, nurture young minds, and contribute significantly to the global advancement of evidence-based integrative healthcare.

Wishing the conference great success and continued growth in the years to come.



Warm regards,
Dr. Shashank Babel
Scientific Committee Member
Specialist Endodontist (India & UAE)

# Message from Scientific Committee Member

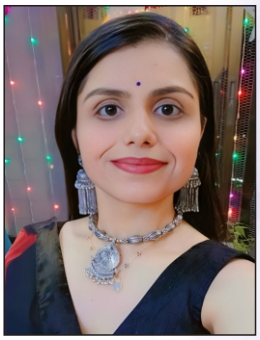
**Dr. Foram Joshi**
MD (General Medicine), DM (Oncology)
Kidwai Institute of Oncology, Bangalore, India

It is a matter of great honour for me to serve as a member of the Scientific Committee for this prestigious Conference on Ayurveda and Health Sciences. This conference stands as a beacon of interdisciplinary collaboration, drawing together practitioners, researchers, and academicians from both traditional and modern systems of medicine.

As a medical oncologist working in a leading cancer institute, I have witnessed the growing interest in integrative care approaches that enhance the quality of life for patients. Ayurveda offers a vast repository of knowledge on holistic healing, immunity enhancement, and lifestyle regulation—elements that are critically important in the prevention and management of chronic diseases, including cancer.

By fostering scientific validation, clinical collaboration, and open academic exchange, this conference contributes meaningfully to the future of evidence-based integrative medicine. I wholeheartedly commend the organizing team for creating such an inclusive and visionary academic platform. It is through such endeavors that we can build a bridge between tradition and innovation for the benefit of humanity.

Wishing all the participants, presenters, and organizers a successful and impactful event.



Warm regards,
Dr. Foram Joshi
Scientific Committee Member
Kidwai Institute of Oncology, Bangalore, India

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# Jaloukavacharan

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**Abstract**

**Sushruta samhita is an authentic science to provide the scope of surgery in Ayurvedic system of medicine.**

**The art of surgery of those days is still appreciable today, because of their spiritual, psychological and philosophical aspects can greatly improve the care and quality of surgical patients. Its logic of decision making, the diagnostic soundness and wealth of various treatment specialties makes the science a compendium of Ayurvedic surgery. It includes a specialized bloodletting method i.e. Raktamokshana with special reference to leech application.**

**Keywords**: ***Ayurvedic Surgery; Raktamokshana; Leech Therapy; Traditional Medicine; Bloodletting Techniques***

## I. Introduction

### A. Raktamokshana (Blood Letting):

Raktamokshana is the fifth main karma of panchkarma therapy and has been listed by acharya Sushruta. Acharya Vagbhatta and acharya Charaka has not included Raktamokshana into panchkarmas. But acharya Sushruta (800 B C) has included Raktamokshana as fifth karma of panchkarma therapy. Raktamokshana is practiced in blood borne diseases, in Pitta predominant diseases and also in a few Vata disorders.

In Ashtang Hriday acharya Vagbhatta (400 A D) has described that Sweda and Rakta resemble Pitta and due to intimate relation of asraya & asrayi the therapies which cause the increase & decrease of one of the other respectively. Thus, Raktamokshana becomes the choice of treatment in Pitta and Rakta disorders. The other panchkarma measures are designed to eliminate vitiated doshas but Raktamokshana aims to eliminate vitiated Rakta as a therapeutic measure. It must be kept in mind that during Raktamokshana doshas are also eliminated because Rakta and Pitta are integrally associated with each other. Thus, Raktamokshana is advocated as a measure of therapy for the purpose of swasthya rakshan and roga anutpatti.

### B. Definition:

Raktamokshana means the procedure of blood-letting for the therapeutic purpose for removing morbid doshas of blood.

### C. Synonyms:

Sonita Mokshana, Rakta Haran, Asra Visruti, Rakta Sravan, Rakta Nirharan, Rakta Avsechan, Visravan, Raktamokshana.

### D. Types of Raktamokshana:

1) Shastra visravana (invasive method)
   (a) Siravyadha (venipuncture)
   (b) Prachhan (multiple puncturing)

2) Anushastra visravana (non-invasive method)
   (a) Jaloukavacharana (leech application)
   (b) Alabuavacharana (bitter gourd application)
   (c) Sringavacharana (using cow's horn)
   (d) Khadavacharana (using pot)

New varieties of surgical instruments like the scalpel, needle etc. can be used as the condition demands.

**E. Time Schedule:**

Raktamokshana is advised once in six months. It is also advised regularly in certain cases, although its frequency should be changed according to the condition and health of the patient. It should be done during moderate weather conditions. (Neither too cold nor too hot).

## II. Jaloukacharana (Leech application)

Jaloukacharana is leeching out blood which is simplest to treat the blood-borne diseases. Leeches are applied to suck blood from patients who are afraid of surgical instruments, such as children, old aged, persons of delicate constitution like those of royal family, the rich, women and the weak.

Acharya Sushruta describes twelve varieties of leeches and out of which six are poisonous since they live in polluted waters and when applied may inject poison into the body, suck too much blood than is necessary and still not fall out by them. Healthy leeches live in clear water and are contrary to the other group. Good leeches suck the vitiated part of blood and they fall out by themselves.

The acharya also says that horn, leech and gourd mitigate Vata, Pitta and Kapha doshas respectively by virtue of their bhautik properties.

Leech by nature lives in water and therefore its effect is to counteract Pitta. Leeches are made to vomit by putting in a bowl of water containing a paste of mustard and turmeric and then in clean water till they become active.

The point where blood is to be removed must be cleaned, scratched with a needle for a little blood to appear. One of leeches must be applied to taste the blood so that it begins to suck.

The worm is wrapped in wet cotton gauze. If during sucking the patient feels throbbing or itching a little salt powder or turmeric powder must be dropped at the mouth of the leech to fall out. Bleeding continues as the saliva of the leech contains anticoagulant hirudin. Hence the part must be irrigated with water to wash of the hirudin and dressed. If the leech has not sucked enough blood but fallen out another one must be out in action. The leech must be made to vomit and cleaned as before.

The two symptoms of throbbing and itching indicate that the vitiated blood has been sucked and that pure blood is being drawn. For dressing the bleeding point a powder made of lodhra, turmeric etc. is used to stop bleeding and heal.

Diseases that are amenable to bloodletting with the help of leeches are Gulma (tumors), Arsha (piles), Vidradhi (abscess), Skin infection, Vatrakta, certain selected diseases of throat and eye and others.

Jaloukacharan is patient friendly as the patient feels no pain during the process, number of leeches used in one sitting can be increased as the case demands. Leeches can be handled on different lesions safely with little care on its suction process.

## III. Types of Leeches:

**(A) Savish jalouka (poisonous)**
1) Krishna
2) Karbura

3) Algarda
4) Indrayudha
5) Samudrika
6) Gochandana

**(B) Nirvisha jalouka (non-poisonous)**

1) Kapila
2) Pingala
3) Shankumukhi
4) Mooshika
5) Pundarika
6) Savarika

## IV. Collection and Preservation

Collection of nirvisha jalouka (healthy leeches), which do not produce allergic manifestations are from clean and flowing water. The habitat is important, leeches from clean environment alone are nontoxic and hypoallergic. It is preferably preserved in a glass jar filled with fresh water and fresh mud which should be thoroughly cleaned and refilled on every seventh day.

### A. Savish jalouka (poisonous leeches)

The poisonous leeches can produce the following symptoms.

Oedema, Itching, Fainting, Fever, Burning sensation, Vomiting, Weakness, Manovibhram.

These symptoms are due to the toxins produced by leeches or allergy upon the patient. In such situation, jalouka should be detached immediately. The antitoxic drugs like Vilwadi gullika/vati can be used orally, for external application and nasyam. Vilwadi gullika made into a paste with Tulasi swaras is used for external application. Vilwadi gullika mixed with honey can be given internally also.

### B. Leech application:

(1) Poorva karma
(2) Pradhan karma
(3) Paschat karma

### C. Poorva karma (pre-operative phase):

(a) Preparation of the leeches- Once the nirvisha leeches are selected from the flowing ponds, clean water they are kept in fresh water jars for two days and then shifted to the water tray adding turmeric powder to them.

This makes the leeches get activated with Haridra powder. Once they are activated with Haridra water are kept ready for the pradhan karma (actual application).

(b) Preparation of the patient- Tetanus toxoid injection given prophylactically is good practice. Clean the affected area with Triphala kwath and dry the area. Rubbing the area with ash of the cow dung over the affected area so as to make the area rough. Covering the eyes of the patient is preferred.

### D. Pradhan Karma (Operative Phase):

Keep the leech on to the area by holding it with cotton. If it does not bite, a drop of milk/ghee/blood should be placed on the area or even a prick can be made with surgical needle to enable the leech get attracted by it.

Then the leech will start sucking the blood. The neck of the leech will be raised and a suction movement of the leech can also be seen, confirming the sucking the blood. At this point cover the leech with a thin and wet layer if cotton, usually it detaches itself after drinking the impure blood. If itching and pain left over the area, it indicates that pure blood is being sucked. Then the leech should be detached by sprinkling turmeric powder over its head.

**E. Paschat karma (post-operative phase):**

The bite mark and surrounding are to be wiped, cleaned and bandaged with a paste made of Vilwadi gulika and Tulasi swaras so as to prevent allergic manifestations.

**F. Vaman karma of the leeches:**

Therapeutic emission to the leeches- Keep the used jalouka in a tray and sprinkle turmeric powder on its mouth region to induce vomiting. If it does not vomit completely, it should be gently squeezed from tail to head. Once vomiting process is completed, it should be washed in pure water. Acharya Sushruta suggests that these leeches can be kept ready for reusing only after seven days. Now days it will be better if they are not used in another patient to avoid the risk of contagious diseases like AIDS, Hepatitis-B, and others. Indramad is disease which affects jalouka if not treated properly means vomiting process of jalouka not done completely.

## V. Indications:

The following are the actual indications for the leech therapy.
Visarpam (cellulitis), Vidradhi (abscess), Arshas (haemorhoids), Siragat shool (thrombophlebitis), Shopha (inflammation), Granthi (cystic degeneration), Vyamalatha (painful disorders), Gulma (abdominal disorders).

**Therapeutic uses of leeches:**

1) **Venous congestion in graft and transplants:** Venous congestion is a complication that can occur after reconstructive surgery, local anticoagulant and bloodletting properties useful for relieving venous congestion in grafts and transplants failure of adequate venous return from a graft reduces blood supply, causing tissue necrosis placing a leech on the congested skin flap, finger or other compromised area removes the congested blood and enables the graft to be salvaged. Leeches are used during post-operative care of re-implanted finger's skin graft and breast reconstructions, head, neck reconstructions.
2) **Role in microsurgery:** The leech can be beneficial as an adjunct to microsurgery technical difficulties encounter with microscopic rejoining of minute veins are formidable with re-attachment of distal parts, veins might not even be present to joint together for these surgical problems, the leech has become a useful tool. Leeching promotes healing by enabling fresh oxygenated blood to enter the wound area until veins can regrow and establish circulation.
3) **Plastic and reconstruction surgery:** The arteries pump blood into the reconstructed tissue but the associated veins do not let the blood flow out, usually because the veins have become clotted. The excess blood in the tissue if sever enough can deprive the tissue oxygen and can cause it to die. Leeching can be effective as it helps to reestablish blood circulation in the affected part of the body.
4) **Analgesic effect:** Several anti-inflammatory and analgesic substances have been found in leech saliva. Arthritis pain reduces considerably after leech therapy more so than topical cream. Leech is not only help patient's arthritis pain but also help people with other causes of pain.
5) **Oedematous effect:** Leeches are being used to treat severely oedematous patients.
6) **Wound healing:** The anticoagulant they secrete into wound helps to stop a scab forming preventing the skin from sealing over too quickly. This is especially important where the delicate repairs have been made to torn tissue.
7) **Thrombophlebitis:** Leech Saliva contains a thrombolytic component which dissolves the thrombus or clot.
8) **Varicose vein**

9) **Hematoma**
10) **Glaucoma**
11) **Mental illness**
12) **Extropy of bladder**
13) **Cauliflower growth**
14) **Micro circulatory insufficiency.**

i. **Complication of leech's application:**

- **Anemia** patients undergoing a 5 days course of leech therapy typically shows a drop of 1 to 2 percentage points in hemoglobin level, with the relative drop being even large in pediatric patients.
- **Infection**
- **Allergic reaction**
- **Bleeding**
- **Scar formation etc.**

ii. **Bio-chemical, bio-physical changes after leech application.**

- Normalizes and improvement is noted in capillary circulation.
- Expressed anti-inflammatory effect.
- Anti-stress and adaptogenic.
- A local anesthetic impact.
- Anti-coagulant effect.
- Improvement of an endo-cellular changes.
- Promotes regeneration by increasing collagen matrix and elastic fibers in connective tissue.
- Provides capillary tissue exchange.

## VI. Conflict of Interest

The authors declare that they have no conflict of interest.

## VII. Funding Declaration

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

## VIII. Conclusion

The Sushruta Samhita stands as a foundational text in Ayurvedic medicine, showcasing the advanced understanding and practice of surgery in ancient India. Its integration of spiritual, psychological, and philosophical dimensions highlights a holistic approach to patient care that remains relevant even today. The text's detailed surgical techniques, particularly the specialized method of Raktamokshana through leech therapy, reflect the scientific depth and diagnostic precision of Ayurvedic surgery. Embracing these traditional practices can enrich modern surgical care by offering complementary insights into patient well-being and treatment outcomes.

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# Therapeutic Utility of Jālandhara Bandha as an Adjunctive Technique in Minor Oral Surgery: A Case Study on Tooth Extraction Without Local Anaesthesia

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**Abstract**

***Jālandhara Bandha*, a classical neuro-muscular lock from *Haṭha Yoga*, modulates autonomic function and controls *Vāyu*. This case study evaluates its efficacy as a non-pharmacological analgesic in dental surgery. A 62-year-old female with anxiety and labile hypertension underwent extraction of the lower right lateral incisor (tooth 26) without local anesthesia, relying solely on pre-trained *prāṇāyāma* and *Jālandhara Bandha*. Seated in *Sukhasana*, the patient maintained the *bandha* throughout the procedure. Remarkably, she reported minimal pain, exhibited cardiovascular stability, and cooperated fully. The findings suggest *Jālandhara Bandha* may serve as a viable adjunct in minor surgeries, particularly for high-risk patients.**

**Keywords:** ***Jālandhara Bandha; non-pharmacological analgesia; yogic surgery; prāṇāyāma; autonomic regulation***

## I. Introduction

Conventional dental analgesia relies on pharmacological agents, but alternatives are needed for patients with contraindications or procedural anxiety. Yogic *bandhas*, especially *Jālandhara Bandha* (cervical flexion with chin-lock), modulate autonomic tone and pain perception via vagal stimulation and carotid sinus compression. This case demonstrates its standalone utility in dental extraction.

## II. Background

### A. Physiological Mechanisms

*Jālandhara Bandha* activates vagal afferents and baroreceptors, inducing parasympathetic dominance—lowering heart rate, stabilizing blood pressure, and elevating pain thresholds. Yogic texts associate it with *viśuddhi cakra* activation, promoting mental clarity.

### B. Non-Pharmacologic Analgesia

Evidence links yogic breathing to endogenous opioid release and nociceptive dampening. This *bandha* may synergize with these effects.

## III. Case Description

### A. Patient Profile

- Age/Sex: 62-year-old female

- Procedure: Extraction of tooth 26

- Medical History: Anxiety, labile hypertension

- Pain Management: No anesthesia

## IV. Methodology

### A. Preoperative Preparation

- Daily *prāṇāyāma* training (10 minutes, twice/day) for 3 days.

### B. Operative Setup

- Position: *Sukhasana* with *Jālandhara Bandha*

- Technique: Breath retention (*Kumbhaka*) during extraction.

## V. Observations

| Parameter | Observation |
|---|---|
| Blood Pressure | 124/78 mmHg (pre-op), 122/80 (post) |
| Pain Response | Mild grimace; no verbal complaints |
| Patient Feedback | Painless and calming |

## VI.Discussion

The *bandha* likely attenuated nociceptive transmission via autonomic modulation. Limitations include single-patient data and applicability to superficial procedures only. May not be effective in procedures involving deeper tissue involvement or molars. Aligns with non-invasive techniques (Anarambha Chikitsa). Offers scope for preoperative yoga therapy units in dental and ENT practices. Safe and empowering to the patient when properly taught.

## VI. Conclusion

*Jālandhara Bandha* shows promise as a primary/adjunct analgesic in minor oral surgery, particularly for high-risk patients. The pranayama and dhyāna enhance cortical control over subcortical pain pathways, promoting natural analgesia through endorphin release and increased GABAergic activity. These responses are especially valuable in resource-limited environments or among patients with contraindications to sedatives, analgesics, or anxiolytics.

## VII. Conflict of Interest

The authors declare that they have no conflict of interest.

## VIII. Funding Declaration

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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# Ayurvedic Management of a Complex Fistula-In-Ano: A Case Study

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**Abstract**

**A fistula-in-Ano is an irregular, chronic, granulation tissue-lined channel that extends from the internal opening of the anorectal lumen to the perineum or other nearby structures. Fistula-in-Ano can be a complicated disease to manage. An anal fistula is divided into simple and complex fistula. Managing complex fistula is even more challenging, which typically affects younger people and causes persistent morbidity.**

**Keyword:** ***Complex fistula; Levetor Ani; Panchatiktaghrita Guggulu; IFTAK***

## I. Introduction

A fistula-in-Ano is a chronic, irregular, granulation tissue-lined channel that extends from the internal opening of the anorectal lumen to the perineum or surrounding structures[(1)]. Most anal fistulas result from an infection in the anal glands, leading to an abscess in the intersphincteric plane. From there, the infection can spread in various directions, either opening internally, externally, or remaining closed[(2)]. Fistulas are complex and present significant treatment challenges, particularly when sepsis spreads into deeper planes or affects a large portion of the sphincter musculature (>30%)[(3)].

In Ayurveda, anal fistula is referred to as "bhagandara," a surgical condition treated traditionally through excision or laying open the fistula. The ancient Indian surgeon Sushruta (500 BC) also recommended a safer, minimally invasive alternative using a medicated seton known as "ksharasutra"[(4)]. This treatment involves a thread prepared by coating it with powder from *Curcuma longa*, and alkaline ash (Kshara) from *Achyranthes aspera*. The ksharasutra is carefully threaded through the fistula, and over time, the substances on the thread dissolve, gradually removing unhealthy granulation tissue and progressively laying open the fistula track. This is achieved through both chemical fistulectomy and mechanical pressure, with an average cutting and healing rate of 1 cm per week[(5)].

While the success rate of traditional Ksharasutra therapy is reported to be as high as 96.5%, with a low incidence of incontinence[(6)], the treatment duration can be lengthy. Patients may require multiple hospital visits, especially for long or complex fistulas[(7)].

## II. Case Report

A 29-year-old male patient visited Shalya tantra Department OPD No. 25 of S. G. Patel Ayurveda Hospital & Maternity Home, Anand, Gujarat, India, with complaints of a boil-like structure with pus discharge from the perianal region in the last six months. Pain and burning at perianal region after defecation in the last six months (on & off), Alter bowel habit, Fever in the last 6 months (on & off). Patient already operated for perianal abscess before 6 months in Canada based Pvt. Hospital.

## III. Patient's Present Complaint

The patient felt a boil-like structure at the perianal region, which gradually increased and burst out after ten days. The pus discharge continued. The patient took medicine from the local doctor for one month but did not get relief, so the

patient came to our S. G. Patel Ayurveda Hospital & Maternity Home, in Shalya tantra Department, OPD No. 25, for better management.

**A. Past History:**

**S/H/O :** Incision and Drainage done for Perianal Abscess Before 6 months.

No any comorbid associated condition.

**B. Local Examination:**

On Inspection: Perianal skin is normal, with no scar mark. The external opening of the fistula is seen at 5 o'clock positions, Pus filled cavity felt at right perianal region.

**On Digital Rectal Examination:** No active bleeding, mild pus discharge, sphincter tone normal, internal opening palpated at 12 and 6 o'clock position.

**C. Pre-Op Investigations:**

- **27/11/2024: MRI FISTULOGRAM (FIGURE 1.1)**

**D. Findings :**

External opening is noted in intergluteal cleft on right side. It continues as a collection in right gluteal region. It extends superiorly up to the under surface of right levator ani.
It shows perianal enhancement on post-contrast study.
Size of the collection is about 3.7 x 2.8 x 8.4 cm = Volume 44 cc
It extends in form of a tract and opens into the anal canal at 12 o'clock position, approximately 1.0 cm proximal to the anal verge.
It then crosses the midline and extends into left intersphincteric region at 5 o'clock position.

**E. Impression**

Trans-sphincteric variety of perianal fistula with internal opening at 12 o'clock position and anterior Horse-shoe abscess.

## IV. Methods

**A. Pre-Operative:**

- Written Informed consent of the patient taken
- Surgical profile was done.
- Patient and part preparation was done.
- Proctoclysis enema was given.
- inj. Lignocaine 2% subcutaneous sensitivity test done.
- Antibiotics intravenous dose given for prevention of secondary infection.
- All injectable medicine provided by a doctor under guidelines of anaesthetic.
- Blood pressure- 118/82 mm of Hg, pulse rate 86/min, temperature afebrile.
- Patient kept NBM 6-8 hours before the operative procedure.
- Preoperative inj. TT intramuscular given.

**B. Operative:**

Under Spinal anaesthesia Primary Fistulous tract explore with H2O2 and betadine, Internal opening was fibrous no complete patency was found, A radical incision taken on most depended part at 7 o'clock position which is communicating with 6 and 5 o'clock, the whole cavity was explore with blunt dissection of underline tissue,

complete breaking of pus locule and septa. A primary linen thread was placed from chronic fissure bed at 6 o'clock position which was completely fibrosed but clinically assessable. At 11 o'clock position a conventional opening was created and dilate the tract and Sphincter complex was partially cut by electro cautery and barber 2-0 thread place in situ for drain. Further treatment was continued as per sadyo vrana protocol and Ksharasutra therapy every week.

### C. Postoperative

Daily dressing with betadine solution and H2O2 Solution for tract irrigation for at least two months under IPD observation; only betadine was used when pus discharge was reduced. After every seven days Ksharasutra was changed. On follow-up, the patient's pain was reduced in the perianal region, and pus discharge was decreased from the external opening.

### D. Conservative Treatment:

- Pancktikta ghrit guggul 250 mg 4 tabs BD after meals for two months.
- Gandhak Rasayan 2-tab BD after meal for two months.
- Erand Bhrushta Haritaki Churna 5 gm H.S. at bedtime with lukewarm.
- Panchavalkal Kwath (30 ml) + Sphatika Churna (5 gm) given BD for sitz bath.

### E. Post-Op Investigations:

- **IMPRESSION**

  No evidence of perianal collection at present study. Healing tract.

## V. Observation And Result

In the IPD section of the Shalya tantra department for dressing purposes and the healing rate of wounds. Weekly assessment was done for postoperative pain, discharge, and the cutting rate of the fistulous tract. No signs or symptoms of recurrence were observed, and sphincter tone was within normal limits during this period. After cutting through the tract, the patient was followed up for one month, weekly.

## VI. Discussion

Use of Panchatikta Ghrita Guggulu in this case, Probably Lekhana Karma and Shoshana Karma of this medicine helps in removing Sankleda. Gandhak Rasayan helps in reducing the inflammatory changes and also decreased post op burning sensation. The Earandbhrushta Haritaki as mentioned in classics acts as Anulomak virechan because of Earand and Haritaki. Erand having property of samdoshak agni vardhak. In Errand Racilonic acid which increase the peristaltic movement. An anal fistula can heal more rapidly with the use of a sitz bath. Panchavalkal Kwath with sphatik churna warm water helps alleviate pain and discomfort while also reducing inflammation. Additionally, it helps keep the affected area clean, which lowers the risk of infection.

## VII. Conclusion

Managing complex and recurrent fistula-in-Ano can be challenging, often requiring extended healing times. The IFTAK technique proves to be highly effective in treating these cases, offering a minimally invasive approach with a fast recovery rate. It carries a low risk of incontinence, allowing for minimal disruption to the patient's quality of life. Therefore, the IFTAK technique stands out as a unique and desirable option for managing complex fistula-in-Ano, a condition known for its difficulty in treatment. In this case study, the procedure was performed using Guggulu-based Apamarga Ksharasutra, which was changed weekly. A complete cut-through was achieved after six months. Regular dressing with chlorine water and betadine solution was followed by the application of Jatyadi taila in the anal canal until complete healing occurred. This case highlights the effectiveness of the IFTAK method with Ksharasutra in treating Bhagandar (complex fistula-in-Ano).

## VIII. Patient Perspective

After a thorough evaluation by my doctor and his team, I was diagnosed with a complex fistula-in-Ano. Initially, I was uncertain whether to choose Ksharasutra therapy or opt for conventional surgery. However, after discussing it with my doctor, I was convinced to proceed with Ksharasutra therapy. A few days after the procedure, all my symptoms disappeared, and I felt completely free from the disease. Honestly, it's a very patient-friendly treatment, and I was able to return to my daily activities just a few days after the procedure. I remained fully mobile throughout my treatment and would highly recommend this innovative approach to others.

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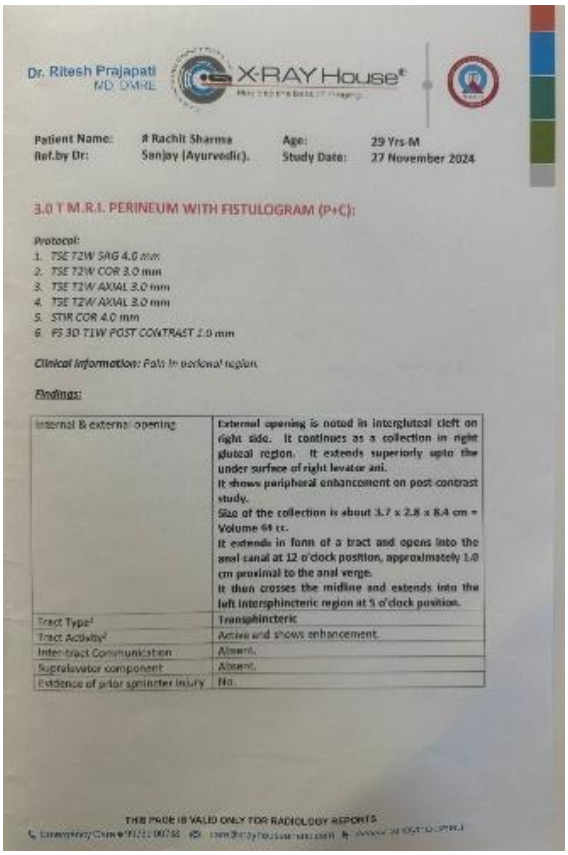
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Dr. Ritesh Prajapati
MD, DMRE

X-RAY House®

Patient Name: R Rachit Sharma Age: 29 Yrs-M
Ref.by Dr: Sanjay (Ayurvedic). Study Date: 27 November 2024

3.0 T M.R.I. PERINEUM WITH FISTULOGRAM (P+C):

Protocol:
1. TSE T2W SAG 4.0 mm
2. TSE T2W COR 3.0 mm
3. TSE T2W AXIAL 3.0 mm
4. TSE T2W AXIAL 3.0 mm
5. STIR COR 4.0 mm
6. FS 3D T1W POST CONTRAST 1.0 mm

Clinical Information: Pain in perineal region.

Findings:

| | |
|---|---|
| Internal & external opening | External opening is noted in intergluteal cleft on right side. It continues as a collection in right gluteal region. It extends superiorly upto the under surface of right levator ani.<br>It shows peripheral enhancement on post contrast study.<br>Size of the collection is about 3.7 x 2.8 x 8.4 cm = Volume 64 cc.<br>It extends in form of a tract and opens into the anal canal at 12 o'clock position, approximately 1.0 cm proximal to the anal verge.<br>It then crosses the midline and extends into the left intersphincteric region at 5 o'clock position. |
| Tract Type[1] | Transphincteric |
| Tract Activity[2] | Active and shows enhancement. |
| Inter-tract Communication | Absent. |
| Supralevator component | Absent. |
| Evidence of prior sphincter injury | No. |

THIS PAGE IS VALID ONLY FOR RADIOLOGY REPORTS

(FIGURE 1.1)

Showing timeline for health events and treatment.

| Timeline | Health Events |
|---|---|
| June, 2024 | Perianal abscess and Pain, I & D done at Canada based Pvt. Hospital but patient didn't get relief. |
| July, 2024 | Pus discharge through perianal region with on & off pain and high-grade fever. |
| July, 2024 to Oct., 2024 | Patient took treatment from local Doctor. |
| Nov., 2024 | Consulted a S. G. Patel Ayurvedic Hospital and Maternity Home for the same, Doctor examined the patient according to patient's history and Advice MRI Fistulogram for the clearing doubts about the complexity of the fistula. |
| | Go Through **Ksharasutra** Therapy (**surgical intervention)** |

| **Timeline** | **Health Events** |
|---|---|
| March, 2021 | Perianal abscess and pain, took treatment from local Doctor and recovered |
| April, 2021 | Pus discharge through perianal region with on and off pain, patient ignored |
| August, 2021 | Consulted a Govt. Ayurvedic Doctor for the same and the Doctor advised him to visit National Resource Centre on *Ksharsutra* Therapy (NRC), Banaras Hindu University (BHU), Varanasi, Uttar Pradesh, India |
| 1 September, 2021 | Patient visited NRC OPD at BHU, Varanasi and after thorough clinical examination he was diagnosed with complex fistula in ano disease |
| 6 September, 2021 | Transrectal ultrasonography **(TRUS)** was performed for clearing doubts about the complexity of the fistula |
| 11 September, 2021 | Patient operated by **IFTAK** (Interception of fistulous track with application of *ksharsutra*) technique |
| 13 September, 2021 | Patient discharged from hospital |
| ***Ksharasutra* was changed on weekly intervals** | |
| 6 October, 2021 | Cut through was done |
| 12 October, 2021 | Fistula healed completely |
| **After 4 months of follow up, patient did not complain of any discharge or discomfort** | |

# Evaluation of AI-Empowerment in Medical Radiology Imaging and Healthcare Sector and its Awareness

**Jyoti**
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*DOI: 10.37648/medinity2025.004*

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**Abstract**

**The radiology department is said to be the backbone of a hospital, and machines are the roots of the radiology department. Not only in radiology department but the complete hospital is directly or indirectly relay on machinery. Hence machines and its role in health care is dynamic. in modern health care system, artificial intelligence has potential in improving diagnostic accuracy, better workflow efficiency, resulting in improved patient care. the advanced algorithms and machine learning models are continuously increasingly being into imaging modalities to facilitate in the classification, and detection of pathologies, improving the diagnostics radiology and healthcare sector by its evaluation.**

**In recent years, artificial intelligence has integrated as a revolution in the healthcare sector, revolutionizing everything from diagnostics and treatment planning to patient monitoring and administrative tasks. As these technologies become more emerging into medical practice, raising awareness about their capabilities, limitations, and ethical implications is essential.**

**Keywords-** ***AI & Machine learning; radiology; medical-imaging; artificial intelligence; computer-aided diagnosis.***

## I. Introduction

Learning of machine is a powerful technique that can applied in rendering medical diagnoses, it can be misapplied as well hence proper knowledge in machines is mandatory. Machine learning has a greater influence in the future of radiological medical imaging as well as in healthcare sectors. Learning of machine is a tool for patterns recognizing that can be applied to health care via medical images. Although the term machine learning is new but the thought of applying machine and computer-aided diagnosis (CAD) have been applied to medical and diagnostic imaging is from decades and from the beginning era of radiology.

Artificial Intelligence (AI) refers to the simulation of human intelligence by machines, particularly computer systems. It involves technologies such as machine learning (ML), deep learning, natural language processing (NLP), and computer vision, which enable machines to perform tasks like data analysis, pattern recognition, decision-making, and language understanding. In healthcare, AI is increasingly playing a transformative role. It supports clinical diagnosis, predictive analytics, treatment planning, medical imaging interpretation, and administrative automation. AI systems can rapidly analyze vast amounts of patient data, detect complex patterns, and generate insights that assist healthcare providers in delivering more accurate, efficient, and personalized care.

Medical radiology imaging is a cornerstone of modern healthcare, playing a vital role in the diagnosis, monitoring, and treatment of a wide range of diseases and conditions. It involves the use of various imaging technology such as X-rays, CT scans, MRI, ultrasound, PET scans, and nuclear medicine to create detailed visual representations of the interior of the body. Learning in the field radiology, radiation, medical imaging, medical diagnostics, are highly relay on the note that well-annotated large data sets are a basic need as deep networks are complex. The computer hardware and software with the modern era are updating constantly. This will provide a great opportunity to improve decision making and support in medical image and along with the technology the phenotype and genotype are now also different in more difficult diagnoses and treatment of the same. diagnostic interpretation respectively. Also it is the

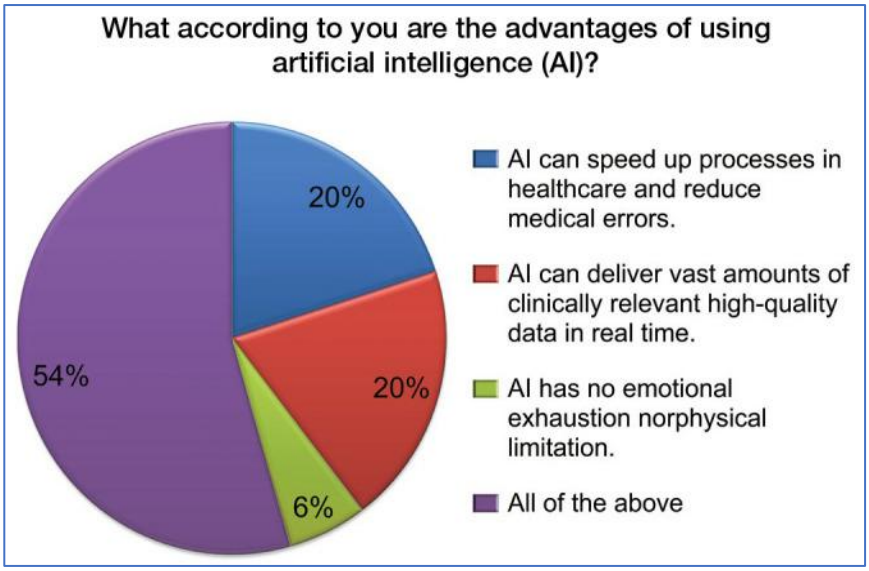
fact that decision support, indicates that the computers or AI will stand at an augmenting platform with human decision on the same. Empowerment Through AI in Radiology where Artificial Intelligence is transforming the landscape of medical radiology by enhancing the capabilities of healthcare professionals, improving diagnostic accuracy, and streamlining clinical workflows. Radiology, as a data-intensive field, is particularly well-suited for the application of AI technologies such as machine learning (ML), deep learning (DL), and computer vision. These tools empower radiologists to perform tasks with greater speed and precision.

AI-powered image analysis systems can process vast amounts of imaging data, detecting abnormalities such as tumors, fractures, hemorrhages, and lesions with high accuracy. This reduces the workload for radiologists, allowing them to focus more on clinical decision-making and complex case evaluation can prioritize urgent cases for immediate review. AI-assisted reporting tools can pre-fill structured reports, which radiologists can then verify and finalize resulting in reduction in reporting time. AI serves as a decision-support tool by providing second opinions, predicting patient outcomes, and suggesting follow-up actions based on data-driven insights  provides decision support and clinical integration. When integrated into Picture Archiving and Communication Systems (PACS) or Radiology Information Systems (RIS), AI tools help ensure a more streamlined and informed clinical workflow.

AI empowers healthcare systems to become more proactive, efficient, and patient-centric, particularly as the industry demand, workforce shortages, and the need for cost-effective care. By enhancing diagnostic, operational, and administrative capabilities, AI contributes to a more intelligent, responsive, and equitable healthcare system. However, successful implementation requires addressing challenges related to data privacy, algorithmic bias, interoperability, and regulatory compliance

Method: A review study has been done on cross-sectional survey, conducted among radiology professionals working in various healthcare settings. The survey included questions assessing demographic information, professional background, knowledge of AI applications in radiology, AI integration, perceived benefits and challenges, and overall awareness of AI advancements in the field.

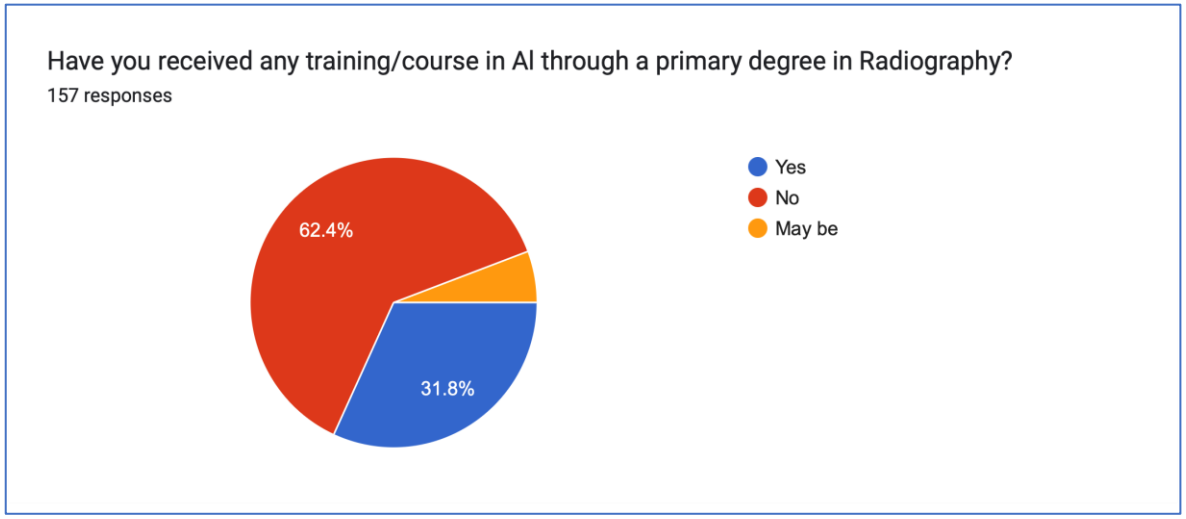
Result: The preliminary analysis indicated that while a majority of radiology professionals recognize the potential benefits of AI in enhancing diagnostic accuracy and workflow efficiency, there is a significant variation in the level of knowledge and understanding of AI applications. Many professionals expressed concerns about the impact of AI on job security and the need for adequate training and education. The perception of AI was generally positive, with respondents acknowledging its role in improving patient outcomes and streamlining radiological procedures.



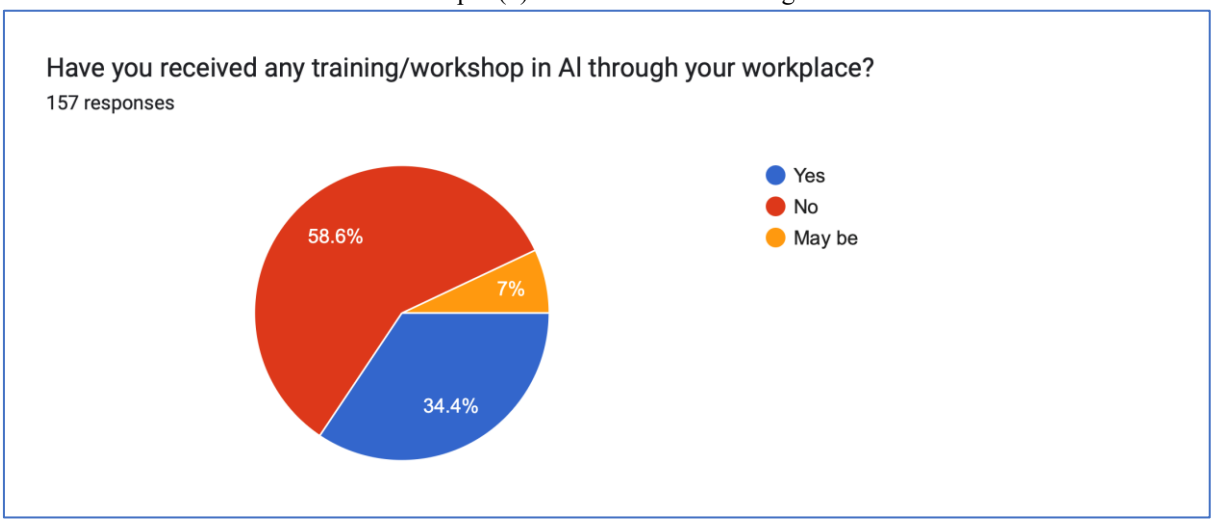

Graph1(a) interested in AI learning

However, there was a notable demand for more comprehensive educational programs to bridge the knowledge gap.

The survey was well divided into knowledge, attitude, perception and awareness of artificial intelligence in medical radiology and imaging technology. In the knowledge section it has been found from the survey results that a very few radiology professionals have received any training/course in Al through a primary degree in radiography or from their place of work. The pie charts below: A great no percentage of professionals are be interested in taking a course based on Al training within the Radiology/Radio-technology sector also many think "radiology/radiography educational programs are regularly reviewed to support the development of the "operate skills within the radiology profession". As shown in the pie chart below:

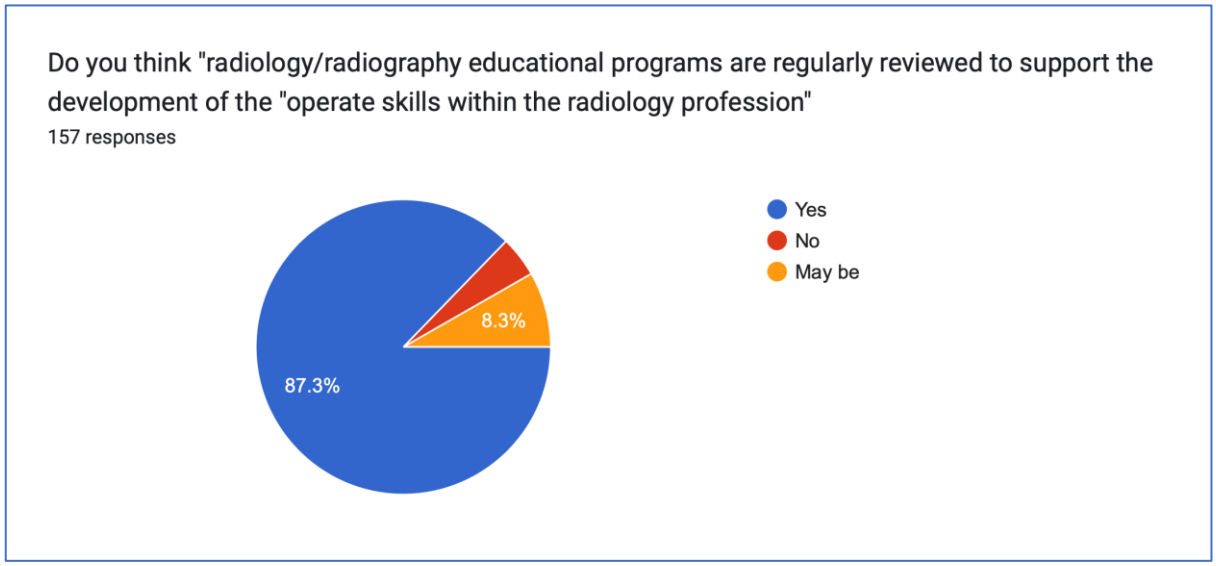



Graph1(b) interested in AI learning




Graph1(c) interested in AI learning

A great number of percentage of professionals are be interested in taking a course based on Al training within the Radiology/Radio-technology sector also many think "radiology/radiography educational programs are regularly reviewed to support the development of the "operate skills only within the radiology profession". As shown in the pie chart below:




Graph1(d) interested in AI learning

Discussion and conclusion : Radiation, medical imaging, medical diagnostics, are highly relay on the note that well-annotated large data. The computer hardware and software are updating constantly with the modern era. It is the well-known fact that in the future, machine & AI and its application in radiology is expected to have a substantial clinical impact along with the radiographic imaging examinations. The clinical impact can also lead to have the computers in the routine clinical practice that can also may allow radiology workers to further integrate their knowledge and share it with other medical specialties also and this may allow the precision in medicine field. The complex structure of many machine learning methods signify much need for continued research and development before full clinical incorporation and use. Learning of machine is a powerful technique that can applied in rendering medical diagnoses, it can be misapplied as well hence proper knowledge in machines is mandatory. Machine learning has a greater influence in the future of radiological medical imaging as well as in healthcare sectors.

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# Integrating Circadian Rhythm and Ayurvedic Practices for Metabolic Syndrome Prevention

**Dr. Anupama Monga**

*DOI: 10.37648/medinity2025.005*

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**Abstract**
**This paper emphasizes the importance of maintaining circadian rhythm, or the biological clock of the body, to prevent metabolic syndromes. By adhering to daily regimens prescribed in Ayurveda, such as Sadvritta (ethical behavior), Ritucharya (seasonal regimen), Ratricharya (night regimen), and Dinacharya(daily routine), individuals can avoid the adverse effects of unhealthy dietary habits and modern lifestyles. Metabolic syndrome has become a growing burden in contemporary life, leading to severe health complications. Despite awareness, many individuals continue to neglect healthy habits due to social obligations or lack of understanding of the importance of maintaining good health. Creating awareness about Ayurvedic lifestyles can significantly benefit the global population by reducing metabolic syndromes.**

***Keywords: Circadian Rhythm; Ayurveda; Metabolic Syndrome; Dinacharya; Lifestyle Disorders***

## I. Introduction

A group of metabolic risk factors, such as high blood pressure (hypertension), higher blood glucose (hyperglycemia), over abdominal fat (central obesity), as well as abnormal lipid profiles, such as high triglycerides as well as small high-density lipoprotein (HDL) cholesterol, are the hallmarks of metabolic syndrome, a complex and multifaceted disorder that greatly increases the risk of developing chronic diseases, like as cardiovascular disease (CVD), stroke, as well as type 2 diabetes mellitus (T2DM).[1]The global prevalence of metabolic syndrome has been rising at an alarming rate, primarily due to lifestyle changes associated with modern living. Factors such as unhealthy dietary habits, increased consumption of processed and high-caloric foods, sedentary behavior, physical inactivity, chronic stress, and disrupted sleep patterns contribute substantially to this condition [2].

Circadian rhythm disruption is one of the greatest important, although frequently disregarded, causes of metabolic disorders. The body's internal biological clock, known as circadian rhythms, controls a number of physiological functions, such as hormone production, digestion, energy metabolism, and sleep-wake cycles.[3] The hypothalamic suprachiasmatic nucleus (SCN), which regulates these rhythms, synchronizes to external environmental stimuli, primarily exposure to light and food consumption. A well-regulated circadian rhythm ensures homeostasis, allowing the body to function optimally and maintain metabolic balance.[4] However, modern lifestyle factors such as shift work, exposure to artificial light at night, erratic meal timings, and sleep deprivation lead to circadian misalignment. This disruption significantly affects metabolic pathways, predisposing individuals to conditions such as obesity, insulin resistance, dyslipidemia, and cardiovascular diseases [5].

Scientific evidence has shown that circadian misalignment directly influences insulin sensitivity, lipid metabolism, and inflammatory responses. Individuals with disrupted circadian rhythms often exhibit altered levels of key metabolic hormones such as insulin, leptin, ghrelin, and cortisol [6]. For instance, leptin, which regulates satiety, tends to decrease with sleep deprivation, leading to increased hunger and overeating. Similarly, cortisol, a stress hormone, is dysregulated, promoting fat accumulation and insulin resistance. Together, these metabolic alterations play a role in the onset and advancement of metabolic syndrome. In light of these challenges, traditional medicinal systems such as Ayurveda offer valuable insights into maintaining health and preventing metabolic disorders through a well-regulated lifestyle that aligns with natural rhythms. Ayurveda, one of the world’s oldest holistic healing systems, emphasizes the importance of living in harmony with the body’s internal clock. [9] In order to preserve physiological

balance and advance general well-being, Ayurvedic principles emphasize daily routines (Dinacharya), seasonal routines (Ritucharya), or dietary recommendations (Ahara Vidhi).[10] Dinacharya entails adhering to a set daily schedule that complements the day's natural cycles. [8]. Getting up early is part of it., practicing mindfulness and meditation, engaging in physical activities, consuming balanced meals at appropriate times, and maintaining a consistent sleep schedule. These practices help regulate digestion, metabolism, and energy levels, reducing the risk of metabolic disturbances. *Ritucharya*, or seasonal adaptation, emphasizes modifying lifestyle habits and dietary choices according to seasonal variations. This practice ensures that the body remains in harmony with environmental changes, thereby preventing seasonal metabolic imbalances. *Ahara Vidhi*, or dietary guidelines, highlights the significance of consuming fresh, nutrient-dense foods in appropriate proportions and at the right times to optimize digestion and metabolic function [9].

Modern scientific research increasingly supports the principles outlined in Ayurveda, particularly in the field of chronobiology. Studies have demonstrated that meal timing, sleep quality, and exposure to natural light play crucial roles in maintaining metabolic health.[10] The compatibility of Ayurveda with current scientific research implies that combining conventional knowledge with cutting-edge medical techniques could provide a thorough plan for controlling and preventing metabolic syndrome.[11] Given the rising burden of metabolic disorders worldwide, there is a pressing need to adopt holistic lifestyle interventions that focus on restoring circadian alignment and promoting metabolic balance. Ayurveda provides a time-tested framework that can be effectively incorporated into modern healthcare practices to mitigate the risks associated with metabolic syndrome. People may enhance their metabolic health, lower their risk of disease, and increase their general quality of life by comprehending and putting these age-old yet scientifically proven ideas into practice. [12].

## II. Biological Mechanisms of Circadian Rhythm

The retino hypothalamic tract (RHT) allows the anterior hypothalamus's suprachiasmatic nucleus (SCN), the main circadian regulator, to receive direct information from the retina. To control metabolism, this central clock coordinates peripheral clocks in the muscles, adipose tissue, liver, and other tissues. Energy expenditure, lipid metabolism, glucose homeostasis, and other metabolic processes are all governed by the expression of particular clock genes, such as CLOCK, BMAL1, PER, or CRY. These genes interact with metabolic pathways, modulating the release of insulin and other metabolic hormones that maintain glucose balance and lipid regulation. Any disruption to this system can lead to metabolic dysregulation and increase the risk of chronic diseases [13].

## III. Impact on Metabolic Processes

Circadian rhythms govern metabolic functions by regulating the release of key hormones such as insulin, glucagon, leptin, ghrelin, and cortisol. These hormones are responsible for glucose uptake, lipid breakdown, appetite regulation, and energy homeostasis. Disrupting these rhythms can lead to metabolic syndrome by impairing glucose tolerance, promoting fat accumulation, and altering lipid metabolism. Research has shown that individuals working night shifts or those with irregular sleep schedules are particularly vulnerable to metabolic disturbances due to circadian misalignment. Studies have indicated that late-night eating disrupts the normal oscillation of metabolic enzymes, leading to insulin resistance and impaired lipid metabolism [14].

## IV. Disruptions and Health Consequences

Numerous illnesses, such as obesity, diabetes, heart disease, and mental health issues, are strongly associated with circadian misalignment. Chronotypes, or an individual’s natural preference for sleep-wake timing, influence their susceptibility to these disorders. Night owls, for instance, often experience circadian misalignment due to late-night activities, which increases their risk of metabolic dysfunction and psychiatric conditions such as depression and anxiety. Additionally, chronic exposure to artificial lighting at night suppresses melatonin production, leading to oxidative stress and inflammation, further exacerbating metabolic disorders [15].

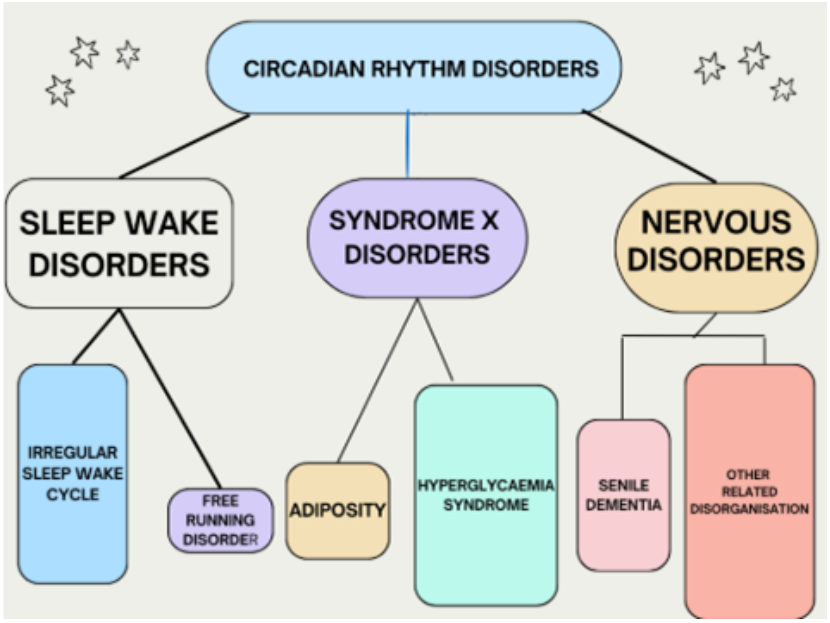



Fig 1.1 Flowchart Represeantaion on Circadium Rhythm Disorders

## V. Ayurvedic Perspective on Circadian Regulation

In light of these challenges, traditional medicinal systems such as Ayurveda offer valuable insights into maintaining health and preventing metabolic disorders through a well-regulated lifestyle that aligns with natural rhythms. One of the oldest holistic health systems in the world, Ayurveda, places a strong emphasis on living in balance with the body's natural rhythm. Ayurvedic principles focus on daily regimens (*Dinacharya*), seasonal routines (*Ritucharya*), and dietary guidelines (*Ahara Vidhi*) to maintain physiological balance and promote overall well-being [16].

### A. *Dinacharya*: Aligning Daily Activities with Circadian Rhythm

*Dinacharya*entails adhering to a set daily schedule that complements the day's natural cycles. Getting up earlier before sunrise is part of it(*Brahma Muhurta*), practicing mindfulness and meditation, engaging in physical activities, consuming balanced meals at appropriate times, and maintaining a consistent sleep schedule. These practices help regulate digestion, metabolism, and energy levels, reducing the risk of metabolic disturbances [17].

### B. *Ritucharya*: Adapting to Seasonal Changes

Ritucharya, or seasonal adaptation, emphasizes modifying lifestyle habits and dietary choices according to seasonal variations. This practice ensures that the body remains in harmony with environmental changes, thereby preventing seasonal metabolic imbalances. For instance, during winter, the body requires warming foods and activities to maintain metabolic efficiency, while summer necessitates cooling and hydrating foods [18].

### C. *Ahara Vidhi*: Dietary Practices for Metabolic Health

Ahara Vidhi, or dietary guidelines, highlights the significance of consuming fresh, nutrient-dense foods in appropriate portions and at the right times to optimize digestion and metabolic function. Ayurveda suggests eating in accordance with the body's natural digestive fire (Agni), that's at its strongest around noon, and discourages eating large meals late at night. This approach is consistent with contemporary chronobiology, which contends that the timing of meals is essential for controlling metabolism. [19].

## VI. Scientific Validation of Ayurvedic Principles

Modern scientific research increasingly supports the principles outlined in Ayurveda, particularly in the field of chronobiology. Studies have demonstrated that meal timing, sleep quality, and exposure to natural light play crucial

roles in maintaining metabolic health. The compatibility of Ayurveda with current scientific research implies that combining conventional knowledge with cutting-edge medical techniques could provide a thorough plan for controlling and preventing metabolic syndrome.

Given the rising burden of metabolic disorders worldwide, there is a pressing need to adopt holistic lifestyle interventions that focus on restoring circadian alignment and promoting metabolic balance. Ayurveda provides a time-tested framework that can be effectively incorporated into modern healthcare practices to mitigate the risks associated with metabolic syndrome. By understanding and implementing these ancient yet scientifically validated principles, individuals can improve their metabolic health, reduce disease risk, and enhance their overall quality of life [20].

## VII. Metabolic Syndrome: Causes and Risk Factors

### A. Definition and Key Components

The metabolic syndrome, or MS, is a collection of related metabolic disorders that raises the risk of heart disease, type 2 diabetes, as well as other chronic illnesses. Several risk factors, such as insulin resistance, central obesity, hypertension, as well as dyslipidemia, are its main characteristics. Common physiological mechanisms among these disorders include oxidative damage, metabolic disturbance, and chronic inflammation. Millions of people around the world are impacted by metabolic syndrome, a serious global health issue brought on by sedentary lifestyles, rising urbanization, and changes in dietary habits. Addressing metabolic syndrome requires a comprehensive understanding of its underlying mechanisms and contributing factors to develop effective prevention and treatment strategies [21].

### B. Current Understanding

Environmental causes, bad lifestyle choices, and genetic predispositions are all contributing to the rising incidence of metabolic syndrome. Because those who have a family record of diabetes, hypertension, and obesity are more likely to develop these conditions, genetic susceptibility is important. However, environmental factors and lifestyle choices frequently serve as catalysts that hasten metabolic dysfunction.

Mesenchymal stem cells play a part in adipocyte differentiation as well as fat accumulation, which can lead to obesity as well as metabolic dysfunction, according to recent studies. Adipose tissue is an endocrine organ that secretes hormones as well as inflammatory cytokines that affect systemic metabolism, making it more than just a place to store fat. Insulin resistance, a defining feature of metabolic syndrome, is caused by chronic low-grade inflammation linked to obesity that interferes with insulin signaling. Developing focused therapies to successfully prevent and manage the illness requires an understanding of these underlying mechanisms [22].

### C. Lifestyle Factors Contributing to Metabolic Dysfunction

The onset and advancement of metabolic syndrome are significantly influenced by environmental and lifestyle factors. Maternal and early childhood health are fundamental determinants of metabolic health. Poor maternal nutrition during pregnancy and inadequate early childhood nutrition can predispose individuals to metabolic syndrome later in life. Epigenetic modifications occurring in the womb can influence metabolic programming, making some individuals more susceptible to obesity and insulin resistance.

Metabolic function is also greatly impacted by dietary practices. Obesity as well as insulin resistance are caused by consuming large amounts of processed foods, sweets, and harmful fats. Diets rich in refined carbohydrates and saturated fats have been linked to chronic inflammation and metabolic disturbances. Similarly, physical inactivity leads to reduced energy expenditure, impaired glucose metabolism, and increased fat accumulation, making regular physical activity essential for maintaining insulin sensitivity and cardiovascular health.

Chronic stress and sleep deprivation furtherexacerbate metabolic dysfunction. Cortisol, a type of hormone that encourages fat storage and upsets metabolic homeostasis, is released in response to psychological stress. Lack of sleep causes a vicious cycle for poor metabolic health by impairing glucose

control and increasing desires for high-calorie foods. Furthermore, vitamin D deficiency, which has been connected to obesity, insulin resistance, as well as cardiovascular illnesses, has been linked to insufficient exposure to natural sunlight. Sunlight plays a vital role in maintaining circadian rhythm, which regulates various metabolic processes. Given the multifactorial nature of metabolic syndrome, an integrated approach is necessary to address these underlying causes effectively [23].

## VIII. Ayurvedic Concepts of Health and Wellness

### A. Basic Principles of Ayurveda

The ancient holistic medical system known as Ayurveda places a strong emphasis on maintaining equilibrium among the body's natural energies and elements in order to fend off illness. Its foundation is the idea of Tridosha, which stands for the three main biological energies: Pitta (fire as well as water), Kapha (earth and water), and Vata (air and space). An individual's physiological and psychological proclivities are determined by their Prakriti, which is a unique blend of these doshas. Metabolic health is achieved when these doshas are in harmony; imbalances can lead to disorders [24].

### B. Dosha Imbalances and Metabolic Health

Metabolic syndrome is closely linked to imbalances in the Tridosha, which manifest as various metabolic dysfunctions. A Vata imbalance disrupts digestion, leading to irregular bowel movements, bloating, and anxiety, as well as erratic eating habits and poor nutrient absorption. A Pitta imbalance causes excessive metabolic activity, leading to hyperacidity, inflammation, oxidative stress, and insulin resistance. A Kapha imbalance leads to sluggish metabolism, obesity, excessive fat accumulation, and insulin resistance. Ayurveda identifies Ama (toxins) as a major contributor to metabolic syndrome. Ama accumulates due to poor digestion and unhealthy lifestyle choices, correlating with modern concepts of oxidative stress and chronic inflammation. Detoxification strategies, such as Panchakarma, are recommended to eliminate Ama and restore metabolic balance [25].

### C. Ayurvedic Approaches to Balancing Circadian Rhythm

Ayurveda provides structured lifestyle interventions to align the body’s biological rhythms with natural cycles. The key regimens include Dinacharya (daily routine), Ritucharya (seasonal adjustments), Ahara Vidhi (dietary practices), and mind-body techniques including Pranayama (breathing exercises), yoga, and meditation. Dinacharya encourages early rising during Brahma Muhurta (pre-dawn period), maintaining consistent meal times, and practicing regular sleep hygiene. Ritucharya advises dietary and lifestyle modifications based on seasonal variations to maintain balance within the body. Ahara Vidhi emphasizes consuming fresh, whole foods at appropriate times to optimize digestion and metabolism. Mind-body practices help manage stress and improve metabolic function, supporting overall well-being [26].

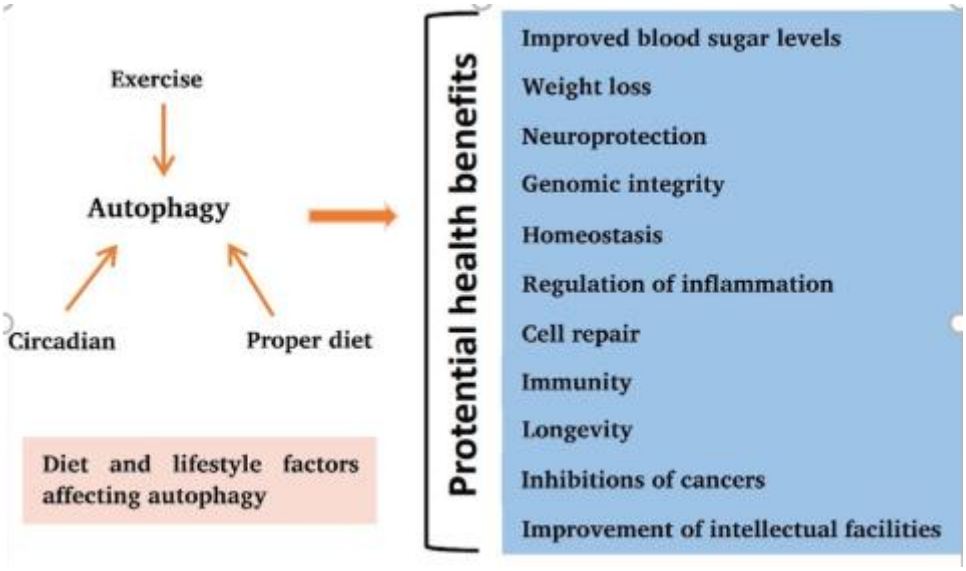



**Fig 1.2 Flowchart: Representation on Ayurvedic Approaches to Balancing Circadian Rhythm**

## IX. Integrating Circadian Rhythm and Ayurvedic Practices for Prevention

### A. Practical Interventions

Ayurveda's holistic approach aligns with modern chronobiology, which emphasizes that harmonizing lifestyle practices with natural cycles can significantly prevent metabolic disorders and enhance well-being. Implementation of Ayurvedic practices in educational institutions, workplaces, and public health initiatives can help mitigate the growing burden of metabolic syndrome. Encouraging schools and offices to incorporate structured meal timings, relaxation techniques, and stress management strategies can contribute to overall metabolic health. To inform populations about the value of circadian alignment as well as Ayurvedic lifestyle practices, public relations initiatives are crucial. Workplace wellness programs that integrate yoga, meditation, and sunlight exposure can mitigate stress and maintain biological rhythms, promoting long-term health benefits [27].

## X. Conclusion

Metabolic syndrome has emerged as a significant global health challenge, primarily driven by circadian disruptions caused by modern lifestyle habits. Scientific research confirms that circadian misalignment affects metabolic health, making it essential to develop preventive strategies. Ayurveda, with its time-tested holistic approach, offers valuable solutions for restoring balance through structured daily and seasonal regimens. Integrating Ayurvedic principles with modern scientific research can provide a comprehensive framework for managing metabolic disorders. Public health initiatives should focus on raising awareness and facilitating the adoption of Ayurvedic lifestyle practices to foster long-term health benefits. A synergistic approach that combines traditional wisdom with contemporary medical advancements can lead to more effective prevention and treatment of metabolic syndrome, promoting overall well-being and longevity.

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# Case Study on Ayurvedic Management of Vitamin B12 Deficiency Anaemia With Reference To Pandu Roga

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**Abstract**

**Introduction: Vitamin B12 deficiency anaemia occurs when the body lacks enough healthy red blood cells due to insufficient vitamin B12, often caused by poor diet, malabsorption, or conditions like pernicious anaemia. Common symptoms include fatigue, pallor, short of breath glossitis, tingling in the hands and feet or memory issues. In Ayurveda, this condition is comparable to PanduRoga, marked by pallor, exhaustion, and a lack of energy, attributed to Pitta imbalance, Mandagni, and deficient Rasa and RaktaDhatu. Given the similarities, it can be managed through Ayurvedic diet, herbs, and lifestyle interventions.**

**Method: A 32-year-old male patient with clinical symptoms of B12 deficiency anaemia and laboratory-confirmed low B12 levels was treated for 12 weeks with an Ayurvedic regimen: AmalakiSwarasa (10 ml) twice daily before food, ChitrakadiVati (250 mg) BD before food, Shatavari granules (3 g) at night with milk, and a powdered combination of TapyadiLoha (250 mg), AbhrakBhasma (75 mg) and SuvarnaMakshikaBhasma (250 mg), taken twice daily before food, MunakkaSidhhaJal whole day, DhatryadiLoha(3g) at morning.**

**Results: Following treatment, the patient showed marked clinical improvement with resolution of fatigue, glossitis, and tingling sensations. Haemoglobin increased from 9.1 g/dL to 12.8 g/dL, serum B12 rose from 138 pg/mL to 280pg/mL.**

**Discussion: The positive outcomes suggest the effectiveness of Ayurvedic interventions in managing B12 deficiency anaemia through mechanisms such as improving digestion, enhancing nutrient absorption, and supporting haematopoiesis. The combined action of Rasayana, Agnideepana, and Raktavardhak therapies addressed both symptoms and underlying pathophysiology.**

**Conclusion: Ayurvedic treatment offers a promising approach for managing Vitamin B12 deficiency anaemia, particularly in cases with chronic symptoms or malabsorption. This case highlights the need for larger clinical studies to validate its efficacy.**

***Keywords: Vitamin B12; Anaemia; Pandu; Amalaki ZSwarasa; Rasayana***

## I. Introduction

Vitamin B12 plays several vital roles in maintaining the body's health and proper functioning. It works with the vitamin folate to make our body’s genetic material i.e. DNA . A haematological disorder called anaemia is characterised by a decrease in haemoglobin concentration or red blood cell count, which lowers the blood's ability to carry oxygen. Among various types, Vitamin B12 deficiency anaemia, a form of megaloblastic anaemia, is particularly significant due to its impact on both the hematopoietic and nervous systems. It often results from inadequate dietary intake, poor absorption, or autoimmune disorders such as pernicious anaemia. Clinically, it presents with fatigue, pallor, glossitis, cognitive disturbances, and peripheral neuropathy.

In Ayurveda, a disease similar to anaemia is known as *PanduRoga*, which literally means pallor. It is a disease predominantly caused by the vitiation of *PittaDosha*, but often involves a disturbance in *Agni* (digestive fire) and the production of *Aama* (toxins), resulting the *Rasa* and *RaktaDhatus* are not properly developed or nourished. The concept of *Ashrayashrayibhava*—the mutual interdependence of *Rakta* and *Pitta*—explains how vitiated *Pitta* can directly impact blood quality and function, manifesting as symptoms similar to those seen in Vitamin B12 deficiency anaemia. The condition of *Pandu* has been further classified into subtypes based on *Doshik* predominance: *Vataja*, *Pittaja*, *Kaphaja*, *Tridoshaja*, and *MridbhakshanjanyaPandu*. Among these, *PittajaPandu* closely resembles the clinical and pathological features of megaloblastic anaemia due to Vitamin B12 deficiency. Given the striking similarities in symptomatology and pathogenesis between modern and *Ayurvedic* views, this case study aims to explore the effectiveness of Ayurvedic management in a clinically diagnosed case of Vitamin B12 deficiency anaemia, using classical herbal and mineral formulations under the framework of *PanduRoga*.

## II. Case Presentation

A 32-year-old married male patient, from an urban area, came for Ayurveda treatment at the Kayachikitsa OPD of Shree Swaminarayan Ayurvedic College and Hospital, Kalol, presenting with Following chief complaints:

- Pallor of skin, Exertion and weakness since last 6-8 months
- Breathlessness and Body ache since last 2 months
- loss of appetite since last 1 month

**A. Family history:**

No any

**B. Past history:**

No any K/C/O

**C. Personal history:**

BP-110/70 mm of Hg,

Pulse- 86/min.,

R.R. – 28

Appetite- Loss of appetite,

Sleep- Normal,

Bowel habit- Clear,

Urine- Clear

**D. Laboratory Investigations (11/02/2025):**

The values obtained on routine blood investigations were haemoglobin 9.1 gm%, total leucocyte count 8400/cumm, differential count neutrophils 56%, lymphocytes 37%, eosinophils 2%, monocytes 5%, bleeding time 2.35-minute, clotting time 5.2 minutes. Serum Vitamin B12 - 138 pg/mL

**E. Diagnosis:**

Based on the history and Laboratory investigation,B12 deficiency anaemia was diagnosed.

**F. Probable *Samprapti* Of *Panduvyadhi***

*PittaprakopakAahara*, *Vihara*→Vitiated *PittaDosha*→*Doshas* are come to *Hrudaya* (*SadhakPitta* gets aggravated) →It enters in circulation through *Dashadhamanis*→ Circulates all over body→ Settle in space between *Twak* and *Mamsa*→*PanduVyadhi*

### III. Management and Investigations

| Treatment Phase | Duration | Medications and Formulations | Dosage/Instructions |
|---|---|---|---|
| **Phase 1** | Day 1–15 | 1. AmalakiSwarasa | 10ml BD Before food |
| | | 2. ChitrakadiVati | 250mg BD Before food |
| | | 3. Shatavari Granules | 3g with milk at Night |
| | | 4. TapyadiLoha (250mg)+AbhrakaBhasma (75mg) + SuvarnaMakshikaBhasma (250mg) | 1g BD with Honey |
| **Phase 2** | Day 16–30 | Repeat: 1, 3 & 4. | |
| | | 5. MunakkaSiddhaJala | For whole day |
| **Phase 3** | Day 31–60 | Repeat: 1 &3 | |
| **Phase 4** | Day 61–90 | Repeat: 3 | |
| | | 6. Dhatryavaleha | 3g at morning |

### IV. Results and Observation

The patient was followed up on alternate week for three months during the treatment. A significant and progressive improvement was noted in each follow-up.

| Symptoms | Day 0 | Day 15 | Day 30 | Day 45 | Day 60 | Day 75 | Day 90 |
|---|---|---|---|---|---|---|---|
| ***Pandutva*** (Pallor of skin) | ++++ | +++ | ++ | ++ | + | + | Absent |
| ***Daurbalya*** (Weakness) | +++ | +++ | ++ | + | + | Absent | Absent |
| ***Shrama*** (Excessive exertion/tiredness) | +++ | ++ | + | Absent | Absent | Absent | Absent |
| ***Shwasa*** (Breathlessness) | ++ | + | + | Absent | Absent | Absent | Absent |
| ***Aruchi*** (Loss of appetite) | +++ | ++ | + | Absent | Absent | Absent | Absent |
| ***Angamarda***(Body ache) | +++ | ++ | + | + | Absent | Absent | Absent |

### V. Lab Investigation After Treatment(18/05/2025)

The values obtained on routine blood investigations were haemoglobin 12.8 gm%, total leucocyte count 8800/cumm, differential count neutrophils 59%, lymphocytes 34%, eosinophils 3%, monocytes 4%, bleeding time 2.40-minute, clotting time 5.25 minutes.
Serum Vitamin B12 - 280pg/Ml

### VI. Assessment Criteria

| | |
|---|---|
| ***Panduta*** **(Pallor of skin)** | Grade 0- Normal Hb<br>Grade 1- Hb 12.5 or more<br>Grade 2- Hb 12.4 to 11<br>Grade 3- Hb 10.9 to 9.5<br>Grade 4- Hb 9.4-8<br>Grade 5- Hb >8 |

| | |
|---|---|
| ***Daurbalya*** **(Weakness)** | Grade 0-No weakness<br>Grade 1- Mild weakness but can perform daily activities independently<br>Grade 2- Weakness but interrupted daily activities<br>Grade 3- Weakness and cannot perform daily activities<br>Grade 4- Bed redden and only can perform mental activity<br>Grade 5- Even mental activity is disturbed |

| | |
|---|---|
| ***Shrama*** **(Excessive exertion)** | Grade 0- No restlessness<br>Grade 1- Restlessness at the end of the day<br>Grade 2- Restlessness in between the working day<br>Grade 3- Restlessness even after minor work<br>Grade 4- Restlessness throughout day even without work<br>Grade 5- Both mental & Physical Restlessness |

| | |
|---|---|
| ***Shwasa*** **(Breathlessness)** | Grade 0 - No shortness of breath even after walking 100 steps<br>Grade 1 – Gets mild breathlessness after 100 Steps walking<br>Grade 2 - Gets breathlessness after 100 Steps walking but tolerable<br>Grade 3 – Can't walk up to 100 Steps due to breathlessness<br>Grade 4 – Breathlessness in routine activity<br>Grade 5 – Breathlessness without any exercise |

| | |
|---|---|
| ***Aruchi*** **(Loss of appetite)** | Grade 0- Normal taste of meal<br>Grade 1-Occasionally (about once a week), there is a temporary loss of the ability to taste food.<br>Grade 2- Intermittently (Once in 2-3 days) loss of taste of meal<br>Grade 3- Intermittently (around once a day), there is a brief loss of taste while eating meals.<br>Grade 4- Severe loss of taste of meal |

| | |
|---|---|
| ***Angamarda*** **(Body ache)** | Grade 0- No body ache (Whole body pain)<br>Grade 1- Rarely sense of body ache (Once in 3-4 Days)<br>Grade 2- Sense of body ache (Once in 1-2 Days)<br>Grade 3- Daily Sense of body ache<br>Grade 4- Body ache interrupts major work |

## VII. Discussion

Vitamin B12 deficiency anaemia, a common form of megaloblastic anaemia, presents with a constellation of clinical features including pallor, generalized weakness, fatigue, breathlessness, glossitis, loss of appetite, and neurocognitive disturbances. This condition is primarily due to impaired absorption, poor dietary intake, or autoimmune mechanisms such as pernicious anaemia. In the present case, the patient's clinical and laboratory findings (Hb 9.1 gm%, Serum B12 – 138 pg/mL) clearly indicated Vitamin B12 deficiency anaemia.

In *Ayurvedic* parlance, this condition bears a close resemblance to *PanduRoga*, particularly *PittajaPandu*, where the vitiation of *Pitta* dosha along with *Agnimandya* and *Ama* formation leads to improper formation and nourishment of *Rasa* and *RaktaDhatus*. The mutual relationship of *Pitta* and *Rakta* (*AshrayashrayiBhava*) offers a strong conceptual basis for understanding haematological disorders in Ayurveda.

The selected *Ayurvedic* intervention focused on *Deepana-Pachana*, *Raktavardhaka*, *Rasayana*, and *Pittashamana* principles. The formulation included:

- *AmalakiSwarasa* and *Dhatryavaleha* – rich in antioxidants and natural sources of Vitamin C, facilitating iron and micronutrient absorption.
- *ChitrakadiVati* – improves digestion by stimulating and regulating the digestive fire (*Deepana-Pachana*) to address *Agnimandya* (weak digestion).
- *Shatavari* granules – acting as *Rasayana* and *DhatuPoshaka*.
- *TapyadiLoha*, *AbhrakaBhasma*, *SuvarnaMakshikaBhasma* – potent hematinic and *Rasayana* formulations.
- *MunakkaSiddhaJala* – added as a supportive *Rasayana* and mildly laxative to clear *Ama* and enhance absorption.

A phased, structured approach over 90 days led to progressive and measurable improvements in clinical symptoms. Objective assessment scales showed reduction in grades of *Panduta*, *Daurbalya*, *Shwasa*, *Aruchi*, *Angamarda*, and *Shrama*. By Day 90, the patient became asymptomatic and regained functional health, affirming the efficacy of *Ayurvedic* therapy.

The observed clinical outcome substantiates the holistic and systemic action of *Ayurvedic* management not only in symptom alleviation but also in enhancing *Dhatu Poshana* and correcting the underlying pathophysiology at both *Agni* and *Rasa-RaktaDhatu* levels.

## VIII. Conclusion

This case study highlights the clinical efficacy of *Ayurvedic* management in a diagnosed case of Vitamin B12 deficiency anaemia, understood in Ayurveda as *PittajaPanduRoga*. The sequential administration of classical formulations with a focus on *Deepana*, *Pachana*, *Raktavardhana*, and *Rasayana* principles produced significant improvement in both subjective and objective parameters.

The *Ayurvedic* approach not only addressed the presenting symptoms but also corrected the underlying *Dosha-Dhatu* imbalance. This integrative management emphasizes the relevance and potential of Ayurveda in treating haematological disorders, especially those with chronic nutritional and metabolic etiologies like Vitamin B12 deficiency anaemia. Further clinical trials with larger sample sizes are recommended to validate these findings and standardize treatment protocols.

## IX. Reports

### A. Before

Ref By : DR. SANDIP RAJPUT

Date : 11/02/2025
Report ID. : 7268

Sample Type :SERUM

S.VITAMIN B12 LEVEL

| TEST | RESULT | UNIT | REFERENCE INTERVAL |
|---|---|---|---|
| S. VITAMIN | : 138 | pg/ml | 180-914 pg/ml |

TEST PERFORMED ON BECKMAN COULTER ACCESS2 (CLIA)

END OF REPORT

**B. After**

Ref By : DR. SANDIP RAJPUT

Date : 18/05/2025

Report ID. : 9823

Sample Type : EDTA

## HAEMATOLOGY ANALYSIS

| TEST | | RESULT | UNIT | REFERENCE INTERVAL |
|---|---|---|---|---|
| **BLOOD COUNTS & INDICES** | | | | |
| Haemoglobin | : | 12.8 | gm% | 12.0 - 16.0 gm% |
| RBC Count | : | 4.30 | mill/cmm | 3.80 - 5.50 mill/cmm |
| PCV | : | 38.10 | % | 36.00 - 46.00 % |
| MCV | : | 84.60 | fL | 82.00 - 101.00 fL |
| MCH | : | 27.00 | pg | 26.00 - 33.00 pg |
| MCHC | : | 31.80 | % | 31.50 - 34.50 % |
| RDW | : | 12.80 | % | 11.00 - 16.00 % |
| WBC Count | : | 8800 | /cmm | 4,000 - 10,000 /cmm |
| Platelet Count | : | 269000 | /cmm | 1.5 - 4.5 Lac/cmm |
| Platelet In Smear | : | ADEQUATE | | |
| **DIFFERENTIAL LEUCOCYTES COUNT** | | | | |
| Neutrophils | : | 59 | % | 40 - 70 % |
| Lymphocytes | : | 34 | % | 20 - 40 % |
| Eosinophils | : | 03 | % | 01 - 06 % |
| Monocytes | : | 04 | % | 02 - 10 % |
| NEUTROPHIL : LYMPHOCYTE | | | | |

*Above tests are done on Fully Automated NIHON KOHDEN MEK-6420P Cell Counter.*

**BLOOD GROUPING & Rh TYPING**

Blood Group : " B "

Rh Factor B : " NEGATIVE "

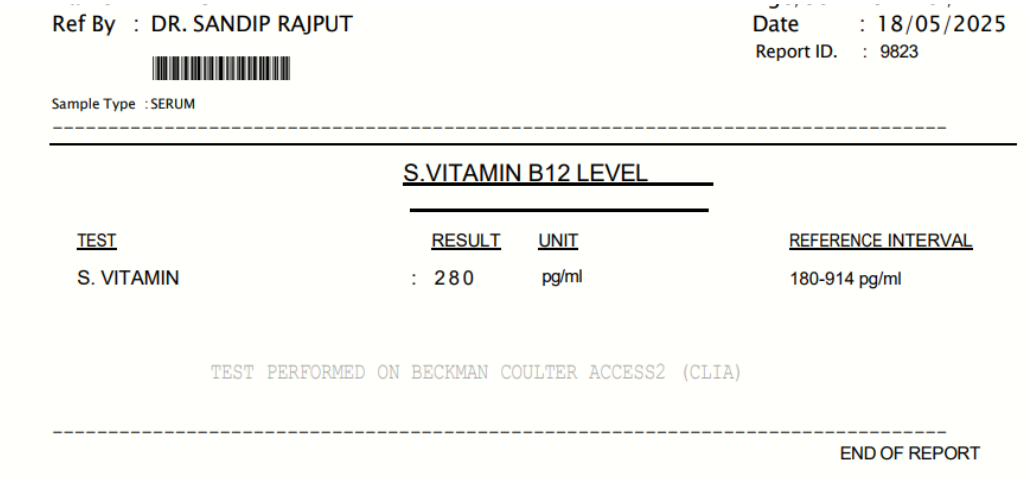
| | | | | |
|---|---|---|---|---|
| Platelet Count | : | 249000 | /cmm | 1.5 - 4.5 Lac/cmm |
| Platelet In Smear | : | ADEQUATE | | |
| **DIFFERENTIAL LEUCOCYTES COUNT** | | | | |
| Neutrophils | : | 56 | % | 40 - 70 % |
| Lymphocytes | : | 37 | % | 20 - 40 % |
| Eosinophils | : | 02 | % | 01 - 06 % |
| Monocytes | : | 05 | % | 02 - 10 % |
| NEUTROPHIL : LYMPHOCYTE | | | | |

*Above tests are done on Fully Automated NIHON KOHDEN MEK-6420P Cell Counter.*

**BLOOD GROUPING & Rh TYPING**

Blood Group : " B "

Rh Factor B : " NEGATIVE "



Ref By : DR. SANDIP RAJPUT

Date : 18/05/2025

Report ID. : 9823

Sample Type : SERUM

S.VITAMIN B12 LEVEL

| TEST | RESULT | UNIT | REFERENCE INTERVAL |
|---|---|---|---|
| S. VITAMIN | : 280 | pg/ml | 180-914 pg/ml |

TEST PERFORMED ON BECKMAN COULTER ACCESS2 (CLIA)

END OF REPORT

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# Nutrition, Lifestyle and Preventive Health

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**Abstract**

**Ayurveda is the science of life, evolved from the search of man to have a happy life, through a deep understanding of evolution, creation and its maintenance, recognized and visualized by the Maharishi's of ancient India. Ayurveda, progressively established as a scientific discipline during the Vedic period, conceptualised life as a union of the soul, mind and body, recognizing them as integral and interdependent parts of existence, A pivotal role in the maintenance of health has been given to Ahara (wholesome food), Nidra (Optimum sleep) and Brahmacharya (selective Celibacy) as 'Trayopasthambha'. Dinacharya and Rutucharya has been given important role along with diet or Ahar in the maintenance of disease. In Ayurveda, the wholesome and non-wholesome substances including diet; medicines etc. are discribed and classified into three major categories, viz, Shamana (palliative), Kopana (aggravating) and Swastha Hita (conducive to health). An Ayurveda emphasises that the development of the human body depends on assimilation of the nutrients from food as well as the excellence in the health is because excessive consumption of unhealthy foods and deficiencies in nutrient-rich foods contribute to the development of disease i.e. the wholesome food and unwholesome food. Ayurveda has developed the wisdom of dietetics or science of nutrition which is a fundamental principle for maintaining health and preventing disease on the basis of ability of various natural understandings at different levels of our sensorium. A cornerstone of palliative care is the holistic approach, encompassing Ahara (wholesome food), vihara(wholesome activities), and Aushadha (medicament) to provide comprehensive support for patients facing serious illnesses. It is imperative to review the Ayurveda for applications of measures in prevention of the upcoming epidemics, lifestyle disorders which are preventable with changes in diet or nutrition as well as lifestyle modification and environment.**

## I. Introduction

Ayurveda, recognized as a significant ancient medical science of the world, is an Upaveda of the Atharvaveda, thus demonstrating its profound roots in the Vedic period, which represents the earliest documented wisdom on earth, This connection firmly establishes Ayurveda's antiquity and its close relationship to the Vedas. Based on the fundamental laws of nature, Ayurveda puts forward for consideration a highly elaborated science of life, health and cure where the concept of aging or advancement of ageing process and rejuvenation finds a prominent place. After the birth, growth and senility or mental decline period accompanying old age ultimately leading to death are inevitable processes. Ayurveda has emphasized that aging process begins before birth and it continues throughout the life at different times, rates, races, individuals as well as for different tissues of the body. It involves the processes that simultaneously come into operation i.e. growth and atrophy which are opposite to each other. Aging forms an image of structural and functional changes of an individual over its entire lifespan. Ayurveda is likely the first tradition in India to describe the science of the life with a central focus on protecting life from various diseases and the aging process. It emphasizes a holistic approach to health and well-being, incorporating practices like diet, lifestyle modifications and rejuvenating therapies to promote longevity and vitality. This ancient system views aging not merely as physical decline but as a natural transition that can be managed with grace and balance. Rasayana, a therapeutic branch of Ayurveda, encompasses a range of specialized procedures including rejuvenating recipes, dietary regimens and specific health-promoting behaviours, all aimed at enhancing overall well-being and promoting longevity. Rasayana is described as one of the eight clinical specialties of classical Ayurveda or 'Ashtanga Ayurveda'. Rasayana is one of the eight clinical specialities of classical Ayurveda. Rasayana is not a drug therapy but is a specialized procedure practiced in the form of rejuvenative recipies, dietary regimen and special health promoting conduct and behaviour i.e. Achara-Rasayana.

Rasayana therapy, a branch of Ayurveda, aims to enhance the “Rasa” or vital essence within the body through practices and remedies. Achieving excellent rasa through Rasayana helps individuals attain longevity, improve memory and brain power, remain free from diseases, maintain a youthful appearance, enhance skin lustre, improve voice quality,optimize physical and sensory organ strength, articulate thoughts effectively, and foster respect and brilliance. Therefore, Rasayana, through the cultivation of excellent rasa, paves the way for a life of extended vitality, enhanced cognitive function and radient well-being.

Ayurveda is a overarching, complete healthcare system. It has origin in an Ancient Vedic times of India and is translated as the ‘Science of Life,’ Ayurveda has primary aim of the prevention of disease and to provide the treatment for many different disorders. The ancient Ayurvedic texts discuss the various diseases in detail that includes aetiology, patho-physiology, clinical manifestations, complications, prognosis and management. Nowadays, the people are coming under changed lifestyle like poor eating habits, poor & unhealthy diet, incompatible food or viruddhahara, lack of physical exercise, poor sleep are the most worst influencing factors causing lifestyle diseases along with increased stress because of heavy workload, So, the number of people suffering with lifestyle diseases like Hypertension, diabetes, cancer, obesity and heart disease are continuously increasing and turn into death having primary cause. The infective originated diseases have easy treatment as compared to lifestyle disorders because these lifestyle disorders are long lasting for years and generally non reversible.

In Ayurveda, the treatment is aimed at prevention of diseases (swasthavritta) and cure of already manifested diseases through sensible, wise and logical use of ahara (dietetics) with various methods, vihara (lifestyle and its modifications) and aushadha in various forms (medication and therapies). The Rational Ayurvedic treatment involves a fourfold approach: Samshamana (palliation), Doshashodhana (bio cleansing procedures), Nidana-parivarjana (avoiding causative factors) and Pathya (dietetics tailored to the disease pacification). Lifestyle or daily regimen of an individual is equally and importantly dependent while ascertaining the individual's vulnerability to disease. Ayurveda, an ancient system of medicine, emphasizes holistic health, encompassing not just physical well-being but also mental, social and spiritual aspects. It outlines a comprehensive approach to personal hygiene that goes beyond merely cleaning the body. This approach includes guidelines for daily routines (Dincharya), seasonal adaptations (Ritucharya), and ethical conduct (Sadvrutta). Ayurveda has an observance of certain rules regarding suppressible and non-suppressible urges i.e. dharaniya and adharaniya vega respectively which is also important for positive health. Based on the principle that the universe is composed of five basic elements, the Pancha Mahabhtas i.e. Earth (Prithvi), Water (Aap), Fire (Teja), Air (Vayu) and Ether (Akasha), the concept of Ahara transcends simple sustenance to encompass the fundamental interconnectedness of all living and non living entities within this elemental framework. In Ayurveda, food (Ahara) is considered the most significant among the three foundational pillars (Trayopsthambha) of the life and is regarded as the best of all medicines (Mahabhaishajya).Also, ahara is considered as ‘Brahma’ in Upanishda and Acharya Kashyapa has appraised as ‘Mahabhaishajya’. The ahara (food) and vihara (lifestyle) which are compatible to the channels, constitution or prakruti and strength of an individual is termed as pathya (wholesome) and that which Is non-compatible is termed as apathya (unwholesome). Ayurveda’s preventive and curative aspects spins around the central theme of pathya or compatible ahara and vihara or lifestyle. Ayurveda gives importance to Ashtavidha ahar vidhi vishasheyatanani and ahar vidhi vidhana i.e. the basic dietary guidelines in terms of appropriate food, combinations of foods, cooking methods, food storage, eating atmosphere or place, hygiene and etiquette.

## II. (Ashtavidha Ahara Vidhi Visheshaayatana)[2]

**Ayurvedic dietary guidelines [3]**

1. Kala bhojana means the food taken at proper time.
2. Satmya bhojana means food intake as per suitability.
3. Hita bhojana means food taken as per individual's prakriti.
4. Shuchi bhojan i.e. proper hygiene.
5. Snigdha bhojan means intake of unctuous food.
6. The warm food make the digestion easy.(Ushna bhojan)
7. Intake of food which is easy to digest means laghu bhojan.
8. When there is interest to take food and having a complete concentration while taking food, makes the process of eating and digestion easy.(tan mana: bhojana)
9. Consuming a diet rich in six tastes (shad-rasayukta ahara) as well as four types means chaturvidha ahar.

10. Food should be primarily sweet in nature i.e. madhur ras yukta(madhurapraya).
11. The food should be ingested calmly, neither too slow nor too fast (na atidruta-na ati vilambita)
12. After bathing (snatah/Snana)
13. Food intake only when there is sufficient hunger (Kshudhavan)
14. Before taking food,proper washing of hand, feet and face should be done. (Dhauta-pada-kara-anana)
15. After offering prayers and paying obeisance to gods and forefathers (pitru -deva tarpana)
16. Offer food to guests, teachers and children and make them satisfied.(athithi- balaka-guru-tarpana)
17. Without disgracing food (anindan-bhunjaana)
18. Silently (moun)

**Aharamatra (Quantity of food)**

The food as well as nutritional requirement are always different for every person and depends upon the status of Agni, Sharira, Prakriti, Age etc of an individual. Sushrutacharya and Acharya Vagbhata have suggested that if stomach capacity is hypothetically divided into 4 Parts on the basis of its filling, When eating, one should fill the stomach with solid food in 2 parts, the liquid food in 1 part and 1 part empty to facilitate the easy movement of Vata,

**Sequence of food intake [(4)]**

During the course of the meal, guru/ heavy, madhura/ sweet and snigdha food should be taken initially and then should be followed by amla, lavana rasyukta ahara. Ruksha, katu, tikta and kashaya food should be taken in the last part of the meal which helps in proper Activation of Agni, proper absorption and assimilation of food. Based on Ayurvedic principles, its recommended to rest for a period of 48 minutes, also known as a 'Muhurta', after eating to support optimal digestion which allows the body to focus its energy on processing the food consumed, promoting efficient breakdown and nutrient absorption. Avoiding strenuous activity during this time aligns with traditional health practices emphasizing well being after meals.

**Ahara vidhi visheshaayatana**

To receive the total benefits of Ahara it is also necessary to have the knowledge about" Ashta Ahara Vidhi Visheshaayatana". They are....

1. **Prakriti**- the food should be taken by considering the nature of food, such as guru ahar like Mash or Heavy food like Milk, flesh, laghu ahar like laja. Food qualities like light to digest (green gram), cold potency (Shita) like milk, hot potency (Ushna)such as spicy food, dryness inducing (Ruksha) and unctuous (Snigdha) foods like ghee, all significantly impact Agni (Digestive fire), influencing its strength, pace and efficiency, thereby affecting digestion and overall well-being.
2. **Karana**- means modification done in the food property by action of agni, water etc. Dadhi is a substance which is prohibited to be used after heating.
3. Samyoga, the context of food, refers to the combination of food items which either enhances or neutralizes the efficacies of their individual components, impacting digestion and overall well-being.
4. **Rashi**- It represents the quantum or amount of food required to the individual.
5. **Desha**- The habitat of the Individual and also the area from where the substance has originated affects the dynamics and kinetics of the food consumed.
6. **Kala**- This represents time in terms of climate, phase of digestion, timing of the day, stage (avastha) of disease etc.
7. **Upayoga-Sanstha** – The food taken as per the rules of dietetics facilitates the digestion & absorption of the food.
8. **Upayokta** - It means the consumer of the food or who consumes the food. Instead of rigid rules, healthy eating involves aligning food choices with individual preferences and oka-satmya, which refers to the unique dietary adaptations acquired through long term habits.

**Virudha ahara (Dietetic Incompatibility)** [6]

In Ayurveda, the concept of virudhahara is having very much pivotal role in the pathogenesis of the disease. Acharya Charaka defines viruddhahara as certain diet and its combinations, which interrupts the metabolism, which inhibits the process of formation of tissue and which have opposite property to that of the tissue are called as Viruddha Anna or Incompatible diet [7]. Viruddha can be considered as diet which are having mutually contradictory properties, Contradictory to tissues, diet capable of producing untoward effect on the body when processed in a particular certain types or quantities of food can produce negative effects if consumed at an inappropriate time. Ayurvedic literature has compiled almost 18 types of virudhaahara and has also mentioned complications ranging from skin diseases (kushta), visarpa (erysipelas), unmada (insanity) and marana (death).

## III. Concept of Vihara (Lifestyle) in Ayurveda

The lifestyle is how the person lives. Person's habits, his customs, social group, one's mode of dress, his general diet, kinds of entertainment as well as the language characteristics and how one performs common daily activities of living are the distinguishing (typical or personal) behaviours adopted by a person. It means entire activities and conduct during the whole day & night by a person. This is often an accurate reflection on the lifestyle. In ancient times, the people were not much get affected by various types of diseases as they were following the ideal lifestyle. But in recent era of modern civilization, the growing use of technologies and increasing competition, giving rise to changing lifestyle and then leading to rise in many lifestyle diseases like diabetes, hypertension, cancer, nephritis, chronic liver diseases, stroke, athroscherosis, alzheimers disease etc. The description given about Dinacharya, Rutucharya, Sadvrtta and Nidra in Ayurveda texts clearly illustrates the importance of a healthy regimen in the prevention and management of various diseases. A growing body of scientific evidence has demonstrated that the treatment of chronic disease is the lifestyle intervention that can be as effective as medication but considered to be safe without risks and side effects [8]. A lifestyle is a bundle of behaviours characteristics which makes sense to both others and oneself in a given time and place that includes social Relations consumption, entertainment and dress [9]. Ayurveda promotes Dincharya (Daily regimen) as a lifestyle that's in harmony with nature.

- It is advised to wake up early morning during Brahma Muhurta (preferably between 4.00 am to 5.30 am).
- Usha-pana i.e. according to one's capacity, drinking water early in the morning, enhances the elimination of toxic wastes and cleanses the body.
- Shauch-vidhi i.e. One should attend the nature's calls.
- Danta-dhavana means the soft brushes made out of twigs of Khadira, Karanja, Apamarga etc. 'Jivha-nirlekhana' is the process of cleansing of the tongue by a long flexible strip of metal or plant twigs. It not only cleanses the tongue but also stimulates appetite along with 'ras-grahan' of that particular food and facilitate the digestion. Mouth should also be cleaned properly.
- Eye cleansing with fresh water to prevent eye diseases and promote vision. Also to wash the eyes every day with Triphala Phanta is indicated. Anjana of various types are indicated in Samhitas to overcome many eye problems.
- Tamboola-sevana i.e. chewing of betel leaves with small pieces of Areca nut (kramuka) and fragrant substances like cardamom, cloves, refreshes the mouth,removes bad breath and enhance digestion.
- It is necessary to massage i.e. abhyanga to whole body with oil every day because the softness and unctuousness of skin, free movement of joints and muscles, peripheral circulation and elimination of metabolic wastes is gained through an oil massage.
- Regular exercise or Vyayama is essential for enhancing the perfect health**.** It builds up stamina and boosts the body's resistance to diseases, effectively clearing the channels (Srotas) of the body and enhancing the blood circulation**.** Vyayama enhances efficiency of body organs, promotes appetite and digestion and prevents obesity.
- Snana i.e. bathing improves enthusiasm, strength, sexual vigour, increases appetite, lifespan and helps in removal of sweat and other impurities from the body. One should wear clean clothes and smear the body with perfume after bath.
- Regular shaving, haircut, cutting of nails etc. Is essential for good health. Person should avoid extra marital sexual relationship and sexual intercourse with a woman during her menses, pregnancy,

within one and half month after delivery, devoid of passion, older than one and suffering from disease.

### IV. Rutucharya (Seasonal regimen)

Ayurvedic texts like Rutucharya emphasize that besides the daily and nightly dietary regimens, a thorough consideration of the six distinct seasons, along with specific dietary prescriptions for each, is crucial for maintaining health throughout the year. Tikta-rasatmak/bitter, ushna/hot and kashaya rasa/astringent diet is advised to take in spring season while one should not take lavanrastmak/salty, amla ras/sour and madhur rastmak/sweet food. Grains like wheat, barley, honey syrup, fruits like mango, jack fruit-etc. and meat of forest animals or jangal mansa are advised to take as a diet. An ushna/hot climate results in aggravation of pitta or pittavruddhi occurs in summer hot season. Hence, shit/cold, drav/liquid, sweet/madhur and oily/snigdha diet is advised to pacify the aggravated pitta. Excessive hot/atyushna, pungent or katu ras/spicy, amla/sour,salty/lavan diet should be avoided to lessen the pitta. Intake of shashtika tandula/rice, dugdha/milk, ghrita/ghee, sugar, grapes, coconut water and meat of forest animals/jangal mansa which are advised the most. As the rainy season aggravates vata, to pacify the vata, vatashamaka,amla/sour, madhur/sweet and lavan/salty food and drinks are advised to take in the diet. The food prepared to be ushna/hot, ruksha/dry, fatty and easily digestible is often recommended in certain traditional dietary systems like Ayurveda for specific individual or conditions.. Preserved rice, wheat, barley and mutton soups are also advised in the diet. In pre winter and winter season, vatadosha aggravates because of cold, dry, chilly atmosphere hence to overcome it, vataghna, pittavardhaka diet is recommended. So, in this season,ushna/hot,madhur/sweet, amla/sour and lavan/salty food, milk, sugarcane, rice, oils and fats are advised. An aggravation of pitta dosha occurs in autumn season. Therefore, ghee processed with bitter drugs as well as purgation (virechana), bloodletting (raktamokshana), coolantor food that reduces the body heat, and light/laghu diet are advised. Bitter or kashay, madhur/sweet, pungent dominant foods in the diets are advised as an ideal diet.

### V. Sadvritta (Ethical Regimen): Rules of good conduct

To foster healthy mind, Ayurveda prescribes rules centred on a holistic approach that includes diet, lifestyle and mental practices. These are principles of right conduct and they are applicable to all people at all times and places. By practicing them, the balance and harmony to the mind occurs. These are

- Always speak the truth.
- Ii is advised to keep and maintain calm in all situations.
- Do not get addicted to sensory pleasures.
- Always try to do not harm anyone.
- Try to not to expose yourself to hardships.
- Try to control your passions.
- Endeavour to speak pleasant and sweet words.
- Meditate every day for tranquillity of mind.
- Observe cleanliness in all things.
- Be patient.
- Observe self-control.
- Try for distribution of the knowledge, good advice and helping to others.
- Devote your services to God, whenever is possible. Also, to the wise and to respectable people or elderly individuals.
- Be straightforward and kind.
- Avoid irregularity in daily activities.
- Over eating, over drinking, too much sexual activity, too much or too little sleep should be avoided.
- Behaviour should be according to the time and place where you are residing.
- One should act always in a courteous and polite manner.
- Control your sense organs.
- One should make a habit of doing all that is good and avoiding all that is bad.

## VI. Dharaniya & Adharaniyavega (Preventive Regimens)

Ayurveda has observations of certain prescriptions and prohibitions that secure physical, mental and spiritual Well-being.

**Non-Suppressible Urges**

There are thirteen natural urges or adharaniya vegas and suppression of which leads to many diseases as given below:

- Suppression of urge for urination (mutravega) leads to difficulty in passing urine, urinary stone, atony of bladder and Inflammation of urinary tract.
- Suppression of urge for passing stool (malvega) leads to pain in abdomen, indigestion, gas in abdomen, headache.
- Suppression of flatus (apana vayu) leads to pain in abdomen, indigestion, heart diseases, constipation or diarrhoea.
- Suppression of ejaculation of semen (shukra) may produce a stone (Spermato-lith), pain in testis and difficulty in Intercourse.
- Suppression of vomiting (cchardi) produces different type of diseases like urticaria, giddiness, anaemia, hyperacidity, Skin diseases and fever.
- Suppression of sneezing (shinka) may produce rhinitis and chronic cold, headache, sinusitis and diseases of Respiratory system.
- Suppression of eructation (udgar) leads to hiccough, pain in chest, cough and loss of appetite.
- Suppression of yawning i.e. Jrumbha can cause the diseases of the eyes, throat, ear and nose.
- Suppression of hunger and thirst i.e. Kshuddha & Trushna respectively may give rise to nutritional disorders and debility.
- Suppression of tears (Ashruvega) causes mental disorders, pain in chest, giddiness and digestive disorders.
- Suppression of exertion induced respiration (shramajanya shwasa) give rise to suffocation, respiratory disorders, heart diseases and even death.
- The diseases like insomnia, mental disorders, digestive disorders and diseases of sense organs arise because of suppression of sleep (nidra).

**Suppressible Urges / Dharaniya vega**

- Healthy living necessitates the suppression of urges like greed, grief, fear, fury, pride, shamelessness, envy and excessive passion.
- Observe self-control and always speak truth. Do not harm to anyone and always act in a courteous and polite manner.
- Bad habits of diet and behaviour should be given up and good things should be taken up gradually. An intelligent person who seeks happiness should make a great effort to make good company and avoid the bad one.

## VII. Conclusion

Exposing to negative emotions like excess krodha, shoka and stress, nidradhikya (excessive sleeping), ahara and vihara forms the chief foundation upon which the life of an individual is founded. It is generally thought that diet has no direct relationship with diseases. Ayurveda emphasizes that diet and regimen serve as the primary cause of both health and disease. Contemporary medicine has less appreciated the role of dietary factors in the pathogenesis, progress and outcome of disease. Nutritional, biochemical and metabolic aspects of diet definitely play an important role in maintaining the normal integrity of all factors in the body & also promoting the immunological role iin the body. Traditionally, the verse depicts the importance of food which means that the outcome depends on the food that a person consumes. Dietary interventions may act as preventive factor by restricting the pathogenesis of many diseases which may interfere the course of disease, thereby resolving early.

• Dietary and lifestyle modifications may act as an adjuvant to nullify the adverse effects of common medicines and also may work synergistically with medicines to cure the disease.

• By adopting strict lifestyle and diet regimen which may help in preventing many life-styles induced serious systemic diseases.

• Triggering factors like observance of specific diet or activity to many diseases, avoiding such to prevent exacerbations and relapses of the disease.

• In preventing modifiable co-morbidities, these Pathya and Apathya may be helpful.

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# A Case Study: Ayurvedic Management of Vicharchika (Kushtha) Roga

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**Abstract**

**Introduction: Vicharchika, classified under KshudraKushtha in Ayurveda, is a chronic skin disorder characterized by Kandu (itching), Daha (burning), Pidaka (eruptions), and ShyavaVarna (discoloration). Vicharchika is often correlated to eczema based on the clinical presentations. Conventional treatments offer temporary relief but are often followed by recurrence. Ayurveda emphasizes a holistic approach aimed at addressing the root cause and preventing relapse.**

**Methods: A 23-year-old female presented with persistent itching, burning sensation, scaling, and hyperpigmentation on the neckline for 3 years. Symptoms temporarily resolved with allopathic treatments but recurred within 2–3 months post-treatment. Based on classical features, the case was diagnosed as Vicharchika. Ayurvedic treatment was initiated without prior Shodhana, involving internal and external therapies for two months. Internal medicines included PatolakaturohinyadiKashaya (20 ml BD before food), ArogyavardhiniVati (250 mg BD), GandhakaRasayana (250 mg BD), and GomutraHaritaki (500 mg BD). A mixture of Sarshapa Taila and BadamTaila was applied externally twice daily. Dietary and lifestyle modifications were advised.**

**Results: Significant symptom relief was noted within three weeks. Itching, burning, and scaling reduced markedly, and hyperpigmentation began to fade by the fourth week. By the end of two months, the lesions had resolved completely with healthy skin regeneration. No recurrence was reported during a three-month follow-up.**

**Discussion: The treatment effectively addressed both symptoms and underlying Dosha imbalance. Patolakaturohinyadi Kashaya pacified Pitta-Kapha, while ArogyavardhiniVati and GandhakaRasayana acted as Raktashodhaka and Rasayana. GomutraHaritaki aided in AmaPachana. The oil mixture provided local soothing and anti-inflammatory effects. The Ayurvedic regimen provided effective symptom relief and prevented recurrence in this chronic eczematous condition.**

***Keywords: Vicharchika; KushthaRoga; Ayurveda; Eczema; Patolakaturohinyadi Kashaya; Gandhaka Rasayana; ArogyavardhiniVati***

## I. Introduction

Vicharchika, a type of KshudraKushtha with Pitta and Kapha dosha dominance, is a chronic dermatological condition described in Ayurveda. Even though it is KshudraKushtha, it has a long history and tends to get worse. Vicharchika symptoms include Pidaka (pimple), Strava (discharge), Kandu (itching), and ShyavavarnaTwacha (blackish skin discolouration).[1]

According to Sushruta Acharya, the Father of Surgery, the symptoms include Raji (marked lining), Kandu (severe itching), and Rukshata (dryness of the skin).[2]

Acharya Sushruta characterises the lesion of Vicharchika as Ruksha, therefore defining it as RukshaVicharchika. Conversely, others have described lesions designated ArdraVicharchika as either Srava or Lasika, which can be associated with dry eczema and moist eczema, respectively.[3]

Modern parallels can be drawn with eczema due to overlapping clinical features.[4] Eczema is also known as Dermatitis. In the acute stage, it presents clinically as pruritus, oedema, papules, erythema, and oozing; in the chronic stage, itching, scaling, dryness, and pigmentation occurred.[5]

## II. Case Presentation

A 23 years old non-diabetic, non-hypertensive female student approached the OPD of Kayachikitsa at the Shree Swaminarayan Ayurvedic College and Hospital, Kalol, presenting with Following chief complaints:

- Persistent itching, dryness, touch sensitivity and hyperpigmentation on the anterior neckline for the last three years
- Constipation since last five years
- Frequent recurrence despite allopathic treatments

### A. History of present illness

The condition initially began with mild itching and small eruptions. Temporary relief was achieved with topical and systemic allopathic medications. However, the symptoms recurred every 2–3 months, with increasing severity and skin discoloration.

### B. Personal and family history

No significant familial history of similar conditions. Patient had a *Pitta-Kapha* predominant *Prakriti*.
Dietary habits included frequent consumption of spicy, fermented, and oily foods.

### C. Clinical findings and Laboratory Investigations

On examination of the Integumentary system, the patient had lichenified skin, Hyperpigmented with reddish dis colouration on the neck region. Coalescing of lesions was observed.

Laboratory investigations like blood routine and urine routine were performed. The values obtained on routine blood investigations were haemoglobin 12.6 gm%, total leucocyte count 9400/cumm, differential count neutrophils 66%, lymphocytes 27%, eosinophils 3%, monocytes 4%, bleeding time 2.5minute, clotting time 5.3 minutes. The results of the urine routine reports were within normal ranges.

## III. Diagnosis

Based on the medical history and physical examination, *Vicharchika* was diagnosed.

### A. Probable Samprapti

The general Samprapti of Kushtha may be taken into consideration since the *Samprapti* of *Vicharchika* is not specifically mentioned in the classics. The four *Dushyas* (*Twak*, *Mansa*, *Rakta*, and *Lasika*) lose their tone when all three doshas are simultaneously triggered by the different causal events. The agitated doshas are found in these four deranged *Dushyas*. As a result, they get vitiated, which leads to the development of Kushtha, or skin disease.[6]

### B. Samprapti Ghatakas

Doshas: Tridosha
Dushya: Twak, Rakta, Mansa, Lasika(ambu)
Srotas: Rasa, Rakta, Mansa & Udakavaha
Agni: Jatharagni & Dhatwagnimandya
Srotodusti: Sang & vimargagamana
Sanchara: Tiryaga sira
Adhishtana: Twaka
Rogamarga: Bahya

Swabhava: Chirkari

## IV. Management and Intervention:

### A. Internal Medications:

| Medicine | Dose | Timing | Duration | Indication |
|---|---|---|---|---|
| *Patolakaturohinyadi Kashaya*[7] | 20 ml | Beforefood,BD | 60 days | *Pitta-KaphaShamana*, *Raktaprasadana* |
| *ArogyavardhiniVati*[8] | 250 mg | After food, BD | 60 days | *Raktashodhana*, Hepatoprotective |
| *GandhakaRasayana*[9] | 250 mg | After food, BD | 60 days | *Rasayana*, Antipruritic, Antimicrobial |
| *GomutraHaritaki*[10] | 500 mg | After food, BD | 60 days | *Deepana*, *Pachana*, *AmaPachana* |

### B. External Application:

- *Sarshapa Taila*[11] + *BadamTaila* (equal parts) applied twice daily to the affected area.
    - *Purpose:* Local soothing, anti-inflammatory, *Vata-Kapha* pacification.

### C. 3. *Pathya-Apathya* (Diet & Lifestyle):

- Avoidance of: curd, fermented foods, spicy and oily items, irregular meals, raw salad, milk with other food items
- Encouraged: light, easily digestible food; old rice, green gram soup, bitter vegetables
- Lifestyle: Regular sleep cycle, stress management, and avoiding exposure to heat and dust, avoid day sleep

## V. Results:

**Observation and Result:**

The patient was followed up on alternate week for two months during the treatment and again at one- and three-months posttreatment. A significant and progressive improvement was noted in each follow-up.

| Symptoms | BT | Day 1 | Day 15 | Day 30 | Day 45 | Day 60 |
|---|---|---|---|---|---|---|
| *Kandu*(Itching) | + + + + | + + + + | + + + | + + | + | NA |
| *Rukshata* (Dryness) | + + + | + + + | + + | + + + | + | NA |

| | | | | | | |
|---|---|---|---|---|---|---|
| *Vivarnanta* (Hyperpigmentation) | + | + | +<br>+<br>+ | +<br>+ | + | NA |
| *SparshAsahatva* (Touch sensitivity) | +<br>+<br>+ | +<br>+<br>+ | +<br>+<br>+ | +<br>+ | + | NA |
| *Vibandha* (Constipation) | +<br>+ | +<br>+ | + | + | NA | NA |



**Day 01**



**Day 15**



**Day 30**



**Day 45**



**Day 60**

- **1- & 3-Months Post-Treatment Follow-up:**
  - Complete remission maintained
  - No recurrence or new lesions
  - Patient satisfied with outcome and compliance sustained

**Assessment criteria:**[12]

| | |
|---|---|
| ***Kandu*** **(Itching)** | 0- No *Kandu*<br>1-One time and disappear *Kandu*<br>2- Seasonal / time bounding *Kandu*<br>3- Daily *Kandu* but won't irritate mental condition<br>4- Daily *Kandu* which irritate mental condition (unbearable)<br>5- Uncontrollable *Kandu* results in bleeding or eruption of skin |
| ***Rukshata*** **(Dryness)** | 0-No line can be drawn by scrubbing with nail on skin<br>1-Faint line can be drawn by scrubbing with nail on skin<br>2- Lining & even words can be made with nail on skin<br>3-Above symptom with excessive *Rukshata* & *Kandu*<br>4- Above symptom with *Rukshata* leading to crack formation |
| ***Vaivarnya*** **(Hyperpigmentation)** | 0-Normal skin color<br>1-Brownish red discoloration<br>2-Blakish red discoloration<br>3-Blakish discoloration |
| ***SparshAsahatva*** **(Touch sensitivity)** | 0-Normal sensation; no discomfort on touch<br>1- Slight discomfort or tingling when touched<br>2- Burning or pain with normal touch; patient avoids being touched<br>3- Intense pain, burning, or hypersensitivity even with gentle touch or air contact |
| ***Vibandha*** **(Constipation)** | 0-Daily 1–2-time *Malanissarana*<br>1-Once in a two days *Malanissarana*<br>2- Once in a 3-4 days *Malanissarana*<br>3- *Malanissarana* after more than 4 days |

## VI. Discussion:

The *Pitta* and *KaphaDoshas* are primarily involved in *Vicharchika*, a kind of *KshudraKushtha*, which presents with traditional symptoms including *Vaivarnya* (discolouration), *Pidaka* (eruptions), *Rukshata* (dryness), and *Kandu* (itching). In the present case, the chronicity, recurrence after allopathic treatment, and the classical symptomatology aligned well with the Ayurvedic diagnosis of *Vicharchika*.

The management strategy was focused on *Pitta-KaphaShamaka*, *Raktaprasadana*, *Raktashodhana*, *AmaPachana*, and *Rasayana* therapy, reflecting a comprehensive approach targeting both symptoms and underlying *Dosha* vitiation. The treatment was implemented without *Shodhana* due to the chronic nature and patient's mild *Agni* dushti. Notable medicines such as *PatolakaturohinyadiKashaya*, known for its *Tikta-KashayaRasa* and *Pitta-Kapha* pacifying effects, played a central role in addressing the core doshic involvement. *ArogyavardhiniVati* acts on the *Yakrit* (liver), purifies the blood, and helps balance metabolism. *GandhakaRasayana*, a classical rejuvenator and antimicrobial agent, reduced itching, inflammation, and enhanced tissue repair. *GomutraHaritaki* acted as an excellent *Ama Pachaka* and *Deepana*, promoting digestion and preventing recurrence by improving gut health, which is often linked to skin diseases in Ayurveda. Externally, the *Sarshapa Taila* and *BadamTaila* mixture offered both *Vata-Kapha* pacification and local soothing, reducing scaling and improving the texture of the skin. Regular application likely contributed to the fading of pigmentation and enhanced skin regeneration.

The Pathya-Apathya regimen, including dietary modifications and lifestyle guidance, proved essential in supporting internal medications and maintaining Doshic balance. Avoidance of causative factors (NidanaParivarjana) such as fermented and oily foods likely aided in the long-term remission.

Clinical improvement was measured using a detailed grading system. Over the two-month period, the patient demonstrated marked reduction in Kandu, Rukshata, Vaivarnya, SparshAsahatva, and Vibandha, with all symptoms resolving by Day 60. Notably, the symptom Vibandha (constipation), often overlooked, was also addressed, reflecting the holistic nature of Ayurvedic management. The absence of recurrence during the

three-month follow-up suggests a sustainable outcome and validates the efficacy of the prescribed protocol in preventing relapse—a common limitation of conventional therapies.

## VII. Conclusion

The present case study demonstrates the effective management of chronic, recurrent Vicharchika (eczema) through a holistic Ayurvedic approach integrating internal medications, external applications, and Pathya-Apathya. The protocol not only resolved dermatological symptoms but also addressed associated gastrointestinal complaints like Vibandha, affirming the interconnection between Agni, Ama, and Kushtha pathogenesis. This case emphasizes the potential of Ayurveda to provide long-term relief, restore Doshic balance, and prevent recurrence in chronic skin disorders. Classical formulations such as Patolakaturohinyadi Kashaya, Arogyavardhini Vati, Gandhaka Rasayana, and Gomutra Haritaki, when used in a targeted and individualized manner, can significantly improve quality of life in such patients. Further studies with larger sample sizes and controlled methodologies are warranted to validate these outcomes and establish standardized treatment protocols for *Vicharchika*.

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# A Clinical Case Study – Ayurvedic Management of Knee Joint Ligament Tear

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**Abstract**

**Introduction: Knee is one of the most complex joints in the body in terms of anatomy considering it's a combination of Lateral femorotibial, Medial femorotibial and Femoropatellar joints. In this case report, a 17year old girl was brought to the Outpatient Department (OPD) of Kayachikitsa at Shree Swaminarayan Ayurvedic College and Hospital due to extreme pain, swelling, and restricted movement her right knee. She had difficulty walking as well as climbing up the stairs. An outside hospital's work up which included an MRI scan showed that she had a ligament tear of the knee joint. She received her treatment at Swaminarayan Ayurvedic Hospital where she was diagnosed with Janusandhi Marma Kshat and treated with a specially formulated combination of internal medicines and external medicine appropriate for her condition.**

**Methods: The patient received treatment consisting of internal medications: LakshadiGugulu (2 tablets twice daily), KaishorGugulu (2 tablets twice daily), Ksheerbala Capsule (1 capsule twice daily), and Brumhan Yoga (3 grams twice daily). Additionally, Panchkarma therapy was administered, specifically Parishek, for a duration of 75 days. The primary goal of this regimen was to address the condition using Sandhaniya and Brumhana medications, aiming to promote healing and support the recovery process effectively.**

**Results: The patient was monitored monthly and showed significant clinical improvement after 3 months of treatment, with no reported adverse effects. MRI scans before and after treatment demonstrated notable changes.**

**Discussion: The clinical data from this study indicates that ayurvedic treatment can be an effective approach for managing knee joint ligament tears.**

***Keywords: Knee Joint Ligament tear; ACL tear; Parishek***

## I. Introduction

The knee joint, an important weight-bearing joint in the body, is often subjected to stress because of its intricate role in offering both stability and mobility—opposite functions. Components such as the quadriceps femoris muscle and collateral ligaments are vital for knee stability[i]. Knee ligament injuries, especially among athletes and accident victims, are becoming more frequent. Anterior cruciate ligament (ACL) injuries are among the most common knee ligament injuries and account for about 25%–50% of all such injuries. The ACL is a band that links the femur (thighbone) to the tibia (shinbone) and is vital for the stability of the knee joint. The ACL is a ligament that joins the thighbone (femur) and the shinbone (tibia) and is responsible for knee stability. Injury usually results from a sudden twisting movement in sports such as basketball, tennis, football, skiing, or in car road traffic accidents[ii]. Symptoms of ACL tears are pain, swelling, limited motion—particularly extension—hemarthrosis (joint bleeding), and instability. Lachman's test and the anterior drawer test are typically used to diagnose ACL tears[iii]. In uncertain situations, MRI is the imaging modality of choice. Because of its limited biological healing ability (due to its intra-articular position),

injury to the ACL typically demands surgical repair, even though surgery is not a sure means of complete recovery of past joint function and can be expensive, particularly for those of middle class. Posterior cruciate ligament (PCL), medial collateral ligament (MCL), and medial meniscus are other knee structures often injured. Long-term pain and instability can result from damage to these. According to Acharya Sushruta, the knee joint (janusandhi) is both: 1. Vaikalyakara Marma – injury results in permanent disability. 2. Shakti Marma – sensitive point found in the lower limb. It is found at the point of junction between the jangha (leg) and uru (thigh), known as Janumarma. Damage to this marma can cause balakshaya (loss of strength) and khanjatha (lameness)[iv], leading to lifetime impairment. Sushruta categorizes joint injuries as SandhimuktaBhagna, a fracture (bhagna)[v], which is treated by employing traditional Ayurvedic procedures discussed under bhagna chikitsa.

## II. A Case Study

A 17-year-old female patient visited the Kayachikitsa OPD at Shree Swaminarayan Ayurvedic College and Hospital with the following complaints for the past 4 months.

Severe pain in right knee
Swelling in right knee
Restricted movement in right knee
Difficulty in walking and climbing stairs

} For 4 months

### A. History of present illness

The patient was not showing any symptoms 4months back. She had a sudden bicycle accident after which she started having symptoms like severe pain and swelling of the right knee, as well as difficulty in walking and going up stairs. She visited an orthopedician, who recommended surgery. But she took *Ayurvedic* conservative treatment instead.

B. **History of past illness:** Not any.
C. **Menstrual history:** Regular Menstrual Cycles
**D. Personal history:**

Occupation – Student
Diet – Vegetarian
Appetite – Regular
Sleep – Sound
Addiction – No
Weight – 52 kg
Bowel habit – Normal
Micturition – Normal
B.P. – 120/80 mmHg
Pulse – 74/min
Respiration rate – 16/min
Temperature – 98.4˙F

### E. General Examination

Asthavidha Pariksha:
Nadi: Vata Pitta
Mutra: Prakrita
Mala: Prakrita
Jihva: Nirama
Shabdha: Prakrita
Sparsha: Ruksha

Drik: Prakrita
Akriti: Madhyama

**F. Local examination of Rt knee joint:**

Anterior drawer test +
Lachmanas test +

## III. Investigations

MRI finding (Rt knee)

Cruciate ligament – Complete tear is seen involving anterior cruciate ligament involving upper femoral attachment fibres.

Joint capsule and collateral ligament – Grade III tear is seen involving mild fibres of medial collateral ligament. Moderate joint effusion is seen.

**Table 1: Assessment Criteria**

| Sign& Symptoms | Grade 0 | Grade I | Grade II | Grade III |
|---|---|---|---|---|
| Pain | NO | Mild | Moderate | Severe |
| Swelling | NO | Mild | Moderate | Severe |
| Limitation of flexion | No limitation of flexion (flexion ≥135°) | Mild limitation flexion (flexion <135° but ≥90° | Moderate limitation of flexion (flexion <90° but ≥45°) | Severe limitation of flexion (flexion <45°) |
| Limitation of Extension | Full extension to normal | | Full extension to 0° not possible- Restricted | |

**Table 2: Treatment Plan**

The patient is advised to keep her right leg immobilized for a duration of two months.

| Month | Treatment |
|---|---|
| 1st Month | • Parishek with Ghrit for 45 minutes, twice a day<br>• LakshadiGuggulu – 2 tab/ BD/ with water<br>• KaishorGuggulu - 2 tab/ BD/ with water<br>• KsheerbalaCapsule - 1 tab/ BD/ with water<br>• Brumhan Yoga – 3gm/ OD/ with Milk (Ashwagandha, Kapikachchu, Vidari, Bala, Sunthi) |
| 2nd Month | • Parishek with Ghrit for 45 minutes, once a day<br>• LakshadiGuggulu – 2 tab/ BD/ with water<br>• KaishorGuggulu - 2 tab/ BD/ with water<br>• KsheerbalaCapsule - 1 tab/ BD/ with water<br>• Brumhan Yoga – 3gm/ OD/ with Milk (Ashwagandha, Kapikachchu, Vidari, Bala, Sunthi) |
| 3rd Month | • Parishek with Ghrit for 45 minutes, once a day for 15 days<br>• LakshadiGuggulu – 2 tab/ BD/ with water<br>• KaishorGuggulu - 2 tab/ BD/ with water<br>• Ksheerbala Capsule - 1 tab/ BD/ with water<br>• Brumhan Yoga – 3gm/ OD/ with Milk (Ashwagandha, Kapikachchu, Vidari, Bala, Sunthi) |



Figure 1 – Parishek with Ghrit

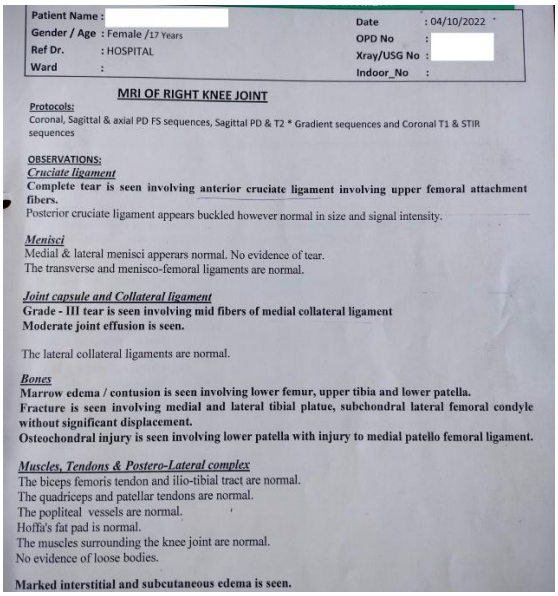
**Table 3: Result**

| Sign & Symptoms | BT | AT |
|---|---|---|
| Pain | 3 | 0 |
| Swelling | 3 | 0 |
| Limitation of flexion | 3 | 0 |
| Limitation of Extension | 3 | 0 |

MRI Finding (Rt Knee)

Cruciate Ligament – Full thickness tear is seen involving anterior cruciate ligament involving upper femoral fibres.

Joint capsule and collateral ligament – Mild joint effusion is seen.



Patient Name :
Gender / Age : Female /17 Years
Ref Dr. : HOSPITAL
Ward :
Date : 04/10/2022
OPD No :
Xray/USG No :
Indoor_No :

**MRI OF RIGHT KNEE JOINT**

**Protocols:**
Coronal, Sagittal & axial PD FS sequences, Sagittal PD & T2 * Gradient sequences and Coronal T1 & STIR sequences

**OBSERVATIONS:**

***Cruciate ligament***
**Complete tear is seen involving anterior cruciate ligament involving upper femoral attachment fibers.**
Posterior cruciate ligament appears buckled however normal in size and signal intensity.

***Menisci***
Medial & lateral menisci apperars normal. No evidence of tear.
The transverse and menisco-femoral ligaments are normal.

***Joint capsule and Collateral ligament***
**Grade - III tear is seen involving mid fibers of medial collateral ligament**
**Moderate joint effusion is seen.**

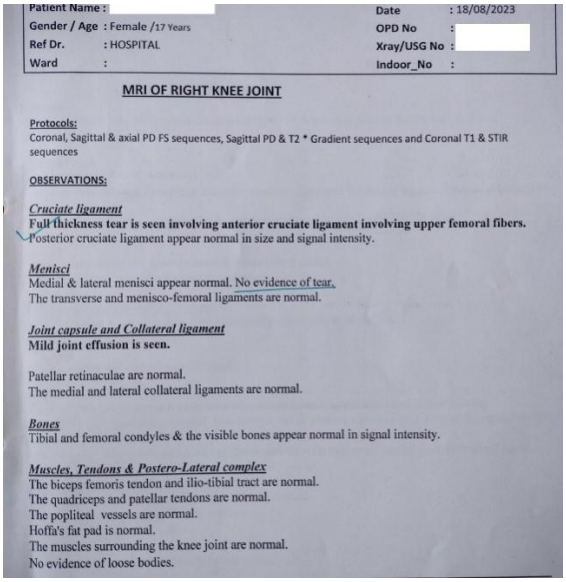
The lateral collateral ligaments are normal.

***Bones***
**Marrow edema / contusion is seen involving lower femur, upper tibia and lower patella.**
**Fracture is seen involving medial and lateral tibial platue, subchondral lateral femoral condyle without significant displacement.**
**Osteochondral injury is seen involving lower patella with injury to medial patello femoral ligament.**

***Muscles, Tendons & Postero-Lateral complex***
The biceps femoris tendon and ilio-tibial tract are normal.
The quadriceps and patellar tendons are normal.
The popliteal vessels are normal.
Hoffa's fat pad is normal.
The muscles surrounding the knee joint are normal.
No evidence of loose bodies.

**Marked interstitial and subcutaneous edema is seen.**

Figure 2 – Before Treatment



Patient Name :
Gender / Age : Female /17 Years
Ref Dr. : HOSPITAL
Ward :
Date : 18/08/2023
OPD No :
Xray/USG No :
Indoor_No :

**MRI OF RIGHT KNEE JOINT**

**Protocols:**
Coronal, Sagittal & axial PD FS sequences, Sagittal PD & T2 * Gradient sequences and Coronal T1 & STIR sequences

**OBSERVATIONS:**

***Cruciate ligament***
**Full thickness tear is seen involving anterior cruciate ligament involving upper femoral fibers.**
Posterior cruciate ligament appear normal in size and signal intensity.

***Menisci***
Medial & lateral menisci appear normal. No evidence of tear.
The transverse and menisco-femoral ligaments are normal.

***Joint capsule and Collateral ligament***
**Mild joint effusion is seen.**

Patellar retinaculae are normal.
The medial and lateral collateral ligaments are normal.

***Bones***
Tibial and femoral condyles & the visible bones appear normal in signal intensity.

***Muscles, Tendons & Postero-Lateral complex***
The biceps femoris tendon and ilio-tibial tract are normal.
The quadriceps and patellar tendons are normal.
The popliteal vessels are normal.
Hoffa's fat pad is normal.
The muscles surrounding the knee joint are normal.
No evidence of loose bodies.

Figure 3 – After Treatment

## IV. Discussion

Ligaments are important structures that link bones and are vital for stability and facilitation of good locomotion. The meniscus, which lies between the femur and the tibia, serves as a pad and is a friction reducer during motion, facilitating smooth articulation of the knee joint and providing even distribution of the load. Meniscal injury or the injury of related ligaments, like the anterior cruciate ligament (ACL), can greatly impair locomotion. Whereas standard treatment for ACL injury is usually invasive surgery to repair the ligament, this patient refused to have the surgery and so chose Ayurvedic management instead. As per Ayurvedic systems, bhagna chikitsa (musculoskeletal injury treatment) is effective for snayu (ligament) injuries. Parisheka (therapeutic pouring of medicated liquids) has been explained by Acharya Sushruta as one of the treatment modalities for bhagna (injury or fracture), for inducing sandhana (union/healing) and bruhana (nourishment). In this patient, complete immobilization of the right leg for two months was advised, along with parisheka with medicated ghee to calm Vata dosha and nourish the ligaments. The patient was also given Lakshadi Guggulu[vi], a preparation containing Laksha, Asthishrunkala, Nagabala, Arjuna, Ashwagandha (each five parts), and Shuddha Guggulu (one part). These substances have vatakaphashamaka, deepana, balya, rasayana, shotaghna, vedanashamaka, and shulaprashamana action. Guggulu, an integral constituent, has a proven shothahara (anti-inflammatory) as well as a bhagna-sandhanakara (fracture-healing) rasayana action. Experimental and clinical research has shown its antioxidant, analgesic, anti-inflammatory, as well as antimicrobial properties. Also used was Kaishore Guggulu, which included Guduchi, Triphala, Trikatu, Guggulu, Vidanga, Danti, and Trivrit. It had antibacterial and blood-purifying properties. It is beneficial for joint, muscle, and connective tissue health and relieves pain and inflammation. Ksheerbala capsules that included Bala, Tila taila, and cow's milk were utilized to increase flexibility of joints, relax muscles, tone up the muscles, and relieve stiffness. To encourage overall nutrition and healing, Bruhana Yoga—a mixture of Ashwagandha, Kapikacchu, Vidari, Bala, and Sunthi - was also given. These herbs possess balya (strength-enhancing) and bruhaniya (nourishing) qualities. Sunthi also helps in digestion by its deepana and pachana effects.

## V. Conclusion

The treatment plan, consisting of internal medicines and 75 days of Panchakarma therapy, achieved 95% relief from symptoms for the patient within three months. The MRI report indicated substantial improvements in the right knee, showing the success of combined Sandhaniya and Brumhana treatments in healing a knee joint ligament tear. This illustrates that *Ayurveda* provides an effective method for dealing with such injuries.

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# Integrative Approaches to Chronic Illness Bridging Shalakyatantra and Modern Medicine

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**Abstract**

**Chronic illnesses such as diabetes, hypertension, glaucoma, and autoimmune disorders present significant challenges to modern healthcare systems due to their long-term nature, multifactorial etiology and resistance to curative treatment. In this context, integrative approaches that combine Ayurvedic wisdom with contemporary biomedical insights offer promising pathways for holistic management. This research explores the role of Shalakyatantra—a specialized branch of Ayurveda dealing with diseases of the head and sense organs—in contributing to integrative strategies for chronic illnesses, particularly those affecting the eyes, ears, nose, and throat. Emphasis is placed on the Ayurvedic principles of Tridosha, Dhatu Kshaya, and Srotorodha, along with clinical modalities such as Kriya Kalpa, Nasya and Raktamokshana, and their synergistic use with evidence-based modern therapies. Case studies and textual analyses highlight the importance of personalized, preventive and lifestyle-oriented interventions in reducing disease progression and improving quality of life. This paper advocates for a transdisciplinary model that respects the diagnostic and therapeutic depth of Ayurveda while utilizing modern diagnostic tools to validate outcomes, ultimately aiming to bridge traditional knowledge with modern medical practice in the management of chronic diseases.**

**Keywords:** ***Chronic illness; Integrative; Shalakyatantra; Kriya Kalpas***

## I. Introduction

**"विकृतौ वा पुनः साध्ये देशकालानुसारतः।**

**भिषग्विज्ञाय तां यत्नान्नात्यर्थं संश्रयेत्सदा॥"**

*- (Sushruta Samhita, Sutrasthana 1/24)*[(1)]

Acharya Sushruta's shloka serves as a philosophical compass for today's practitioners, urging them to adapt treatments as per the changing times, environment, and evolving nature of disease. In the 21st century, we face a silent epidemic: **chronic illnesses** that erode quality of life over years or decades. Conditions such as **anxiety**, **migraine**, **tinnitus**, **recurrent epistaxis**, **mouth ulcers**, **psychosomatic disorders**, and **non-healing wounds (post-operative vrana)** challenge both the physician and the patient, not just physically but emotionally and socially.

This verse encourages physicians to modulate their therapeutic approach considering Desha (place), Kala (time), and the evolving nature of diseases. In the current scenario, chronic diseases such as migraine (Ardhavabhedaka), anxiety (Chittodvega), tinnitus (Karnanada), epistaxis (Nasa Raktapitta), oral ulcers (Mukha Paka), psychosomatic illnesses, and chronic non-healing wounds (Dushta Vrana) demand such thoughtful and adaptive interventions. [2]

Modern lifestyles, stress, environmental changes, and dietary indiscretions contribute heavily to chronic illnesses. These diseases often lie at the crossroads of physical and psychological imbalance, making them ideal candidates for an integrative treatment approach. The ancient science of Shalakyatantra offers insight into managing diseases above the clavicle, many of which overlap with these chronic disorders, providing a foundation for harmonizing with modern clinical practices.

While **modern medicine** offers advanced diagnostics, emergency interventions, and molecular-level pharmacotherapy, it often falls short in addressing the root cause, chronicity, and psychosomatic interplay of these diseases.[3]On the other hand, **Ayurveda**, through its specialized branch **Shalakyatantra**, provides insight into diseases of the head and neck region by considering not just the structural, but also the doshic, emotional, and lifestyle dimensions of disease.

This paper advocates for an **integrative approach**—one that honours the depth of Ayurveda while embracing the precision of modern science—to provide comprehensive, sustainable solutions to chronic illness.

## II. Need of the Study

Chronic illnesses exert a long-term toll on the individual and healthcare systems. Conditions like anxiety and migraine are often underdiagnosed or inadequately managed due to their subjective symptoms and varied etiology. Similarly, oral ulcers and tinnitus, although seemingly minor, significantly impair quality of life.

Modern medicine provides symptomatic relief, but chronic recurrence and side effects from prolonged pharmacotherapy often frustrate patients. On the other hand, Ayurveda views these diseases as imbalances of Doshas and Dhatus, compounded by lifestyle and dietary factors. However, traditional management sometimes lacks rapid symptoms resolution.

Thus, a holistic, integrative approach—blending the symptomatic management of modern medicine with the root-cause therapy and lifestyle correction of Ayurveda—is a pragmatic necessity today. This approach can be more sustainable, cost-effective, and patient-friendly.

The modern world, though technologically advanced, is mentally overburdened and physically overstimulated.[4]The result is a spectrum of chronic conditions that rarely respond completely to singular therapeutic approaches. For instance:

- A **migraine patient** finds partial relief in triptans but continues to suffer frequent relapses due to unmanaged stress and dietary triggers.
- A **tinnitus sufferer** may undergo multiple ENT investigations and yet live with persistent noise, often leading to anxiety or depression.
- A person with **mouth ulcers or epistaxis** may treat acute episodes but never discover the underlying dosh or systemic imbalances.
- **Post-operative wounds** heal physically but not emotionally—scars may remain, both on the skin and in the psyche.

Ayurveda brings to this clinical landscape an **individualized, constitution-based approach** that targets not just the site but also the root cause (Nidana), the pathways of disease formation (Samprapti), and the mind-body connection.
However, its diagnostic and emergency capabilities are limited compared to modern medicine.

Therefore, an **urgent need** exists for **collaborative care**, where an ENT surgeon can collaborate with an Ayurvedic Shalakyatantra expert, where a clinical psychologist acknowledges the benefit of Shirodhara, and where a chronic wound care unit includes Jatyadi Taila in its dressing protocol.

## III. Scope of Integrative Approach in Chronic Illness

The burden of chronic illness is multifaceted, impacting not only the body (śarīra) but also the mind (manas), senses (indriyas), and spirit (ātmā).[5] Conventional medicine often approaches these conditions through pathology-based protocols, focusing on symptom suppression, while Ayurveda offers a constitutional and causal-based framework, addressing root imbalances of doṣa, dhātu, agni, and mānasabhāva. The integrative approach thus emerges as a harmonized system that is holistic, patient-centric, and preventive as well as curative.

### A. Anxiety and Psychosomatic Disorders (Chittodvega, Manasika Vikara)[6]:

Modern medicine typically categorizes anxiety under psychiatric or psychological illness, relying heavily on **SSRIs**, **benzodiazepines**, and **CBT (Cognitive Behavioral Therapy)**. However, recurrence and drug dependence are common.[8]

Shalakyatantra, especially when combined with **Manas Roga Chikitsa**, provides therapies such as:

- **Shirodhara** (with Brahmi taila or Jatamamsitaila): Calms Vata and stabilizes the mind.
- **Nasya Karma**: Nourishes the higher centers of the brain via olfactory absorption.
- **Satvavajaya Chikitsa**: Builds inner resilience through guidance and lifestyle restructuring.

An integrative protocol can use modern psychiatric screening tools (GAD-7, PHQ-9) alongside Ayurvedic Prakriti and Manasika Vikriti assessments for tailored treatment.

### B. Migraine (Ardhavabhedaka)[7]:

Migraine is a **neurovascular disorder** with a substantial psychosomatic component. Current treatments include **triptans**, **anti-epileptics**, and **beta blockers**, which have limited preventive efficacy and notable side effects.

In Ayurveda, Ardhavabhedaka is a **Vata-Kapha predominant Shiroroga** managed through:

- **Nasya (Shirovirechana)** with Anu Taila or Pathyadi Taila
- **Snehapana** (internal oleation) for nervous system nourishment
- **Herbal support**: Sutshekhar Ras, Godanti Bhasma, PathyadiKwath

The integrative approach could employ:

- MRI to rule out secondary causes.
- Ayurvedic therapies for long-term reduction in attack frequency and intensity.
- Stress and dietary counselling from both disciplines.

### C. Tinnitus (Karnanada)[9]

A frustrating condition with no definitive cure in modern medicine.

Current treatments include **masking devices**, **CBT**, and off-label drugs.
Ayurveda considers it a manifestation of **Vata dosha vitiation** in the auditory pathway. Effective therapies include:

- **Karnapoorana**: Warm medicated oils are instilled into the ears.
- **Nasya** and **Dhoomapana**: Clearing upper body channels.
- **Rasayana Chikitsa**: To stabilize neural pathways.

When ENT investigations (audiometry, tympanometry) are combined with Vata-pacifying regimens, patients report improved quality of life and emotional calm.

### D. Epistaxis (Nasa Raktapitta)

Nosebleeds can be alarming and are often idiopathic or secondary to systemic conditions like hypertension.
Modern treatment: **Cauterization**, **nasal packing**, **antihypertensives**
Ayurveda: Views this as **Pitta dushti** in Urdhwanga, treated with:

- **Sheetal Nasya** (cooling oils like Yashtimadhu Taila).
- **ShitalaDravyas**: Draksha, Amalaki, Vasa.
- **Raktdhatu balancing herbs**: Kamdudha Ras, Praval Pishti.

The integrative model ensures acute management through modern techniques and long-term prevention through Ayurvedic Raktapittahara strategies.

### E. Mouth Ulcers (Mukha Paka)

Causes vary from nutritional deficiency to stress, systemic illness, or autoimmune reactions.
Modern treatment: **Topical corticosteroids**, **oral antiseptics**, **vitamin supplements**
Shalakyatantra recommends:

- **Triphala and Yashtimadhu** for Kavala (gargling).
- **Pratisarana** with cooling and healing herbs.
- Correction of **Agni and Pitta imbalance.**

An integrative approach includes lab diagnosis (CBC, B12, Folate) and adjunct herbal therapy for mucosal healing.

### F. Post-operative Wounds (Vrana Ropana)[10]

Modern surgery has transformed acute care, but chronic wound healing remains a challenge, especially in diabetics, immunocompromised patients, or in post-cancer surgeries.
Modern interventions: **Aseptic care**, **antibiotics**, **skin grafting**
Shalakyatantra's Vrana Chikitsa enhances recovery via:

- **Jatyadi Taila**, **Nimba oil**: With proven antimicrobial, anti-inflammatory, and Ropana (healing) properties.
- **Vrana ShodhanaDravyas**: PanchavalkalaKwatha.
- **Oral Rasayana therapy** to rebuild tissue.

Clinical trials show that wounds heal faster with reduced infection and fibrosis when both traditions are used synergistically.

### G. Integration of Instruments and Technology:

- **Ayurvedic Perspective:** Use of classical tools like Shalaka (probes), Netra Patra, and surgical techniques of Kriya Kalpa.

- **Modern Perspective:** Slit lamp, nasal endoscope, tonometer, OCT (Optical Coherence Tomography), and laser technologies.
- **Scope:** Researching hybrid diagnostic and therapeutic tools that combine traditional techniques (e.g., Nasya delivery devices) with modern precision tools to enhance efficacy and safety.
- This integrative model expands clinical potential by:
- **Enhancing therapeutic outcomes** through complementary use of Ayurvedic and modern techniques.
- **Reducing side effects and recurrence** in chronic conditions.
- **Innovating clinical tools and therapies** rooted in Ayurvedic principles but enhanced with modern technology.
- **Promoting preventive care and patient-centered treatment** that aligns with both evidence-based medicine and traditional holistic care.
- The study opens avenues for **interdisciplinary research**, **educational innovation**, and **clinical collaborations**, ultimately contributing to the modernization and global recognition of **Shalakyatantra**.

### H. Broader Implications:

- **Ayurvedic assessment tools** like *Prakriti*, *Vikriti* and *Rogibala* allow individualized care, which modern medicine can complement with **objective biomarkers and imaging**.
- In chronic illness, **single-mode therapy** often fails. But integrative practice ensures:
    - Short-term symptomatic relief,
    - Medium-term disease stabilization,
    - Long-term reversal or palliation.
- Such care models also reduce **polypharmacy risks**, promote **drug de-escalation**, and offer **cost-effectiveness**, especially relevant in rural and resource-limited settings.

## IV. Discussion

The chronicity of today's illnesses demands a more **humanized, multi-dimensional model** of care. Shalakyatantra does not merely classify disease—it contextualizes it within a **person's Prakriti, Dosha status, emotional state, and spiritual outlook**. Meanwhile, modern medicine enables early detection, systemic evaluation, and precise monitoring.

Together, they form a **therapeutic duet**, not a discord. Shalakyatantra can offer supportive and preventive modalities, especially in:

- Reducing drug dependence.
- Enhancing tissue repair.
- Regulating systemic imbalances.
- Rehabilitating the mind-body connection.

Yet, several roadblocks remain:

- Lack of interdisciplinary education.
- Unawareness about the other system.
- Scarcity of evidence-based clinical trials validating integrated protocols.

Collaborative case studies, mutual referrals, and joint CMEs could help cultivate trust between systems.

## V. Need of Integration and Its Clinical Examples:

The integration of Shalakyatantra and modern medicine is increasingly essential in the management of chronic illnesses, especially those involving the organs of the head and neck. Chronic disorders often have multifactorial

aetiologies—requiring both symptomatic relief and correction of underlying systemic imbalances. Ayurveda, through Shalakyatantra, offers a holistic understanding and long-term regulation of such conditions, while modern medicine provides advanced diagnostics and targeted pharmacological interventions. For instance, ***Ashwagandha* (*Withaniasomnifera*)**, rich in withanolides, has been clinically validated for its adaptogenic, neuroprotective, and anti-inflammatory properties. In conditions like chronic sinusitis or optic neuropathy, integrating Ashwagandha with corticosteroid therapy may reduce the required steroid dosage while enhancing neuro regeneration and immune modulation. Similarly, ***Durva* (*Cynodondactylon*)**, containing bioactive compounds such as flavonoids and triterpenoids, is traditionally used in Ayurveda for its haemostatic and wound-healing properties. In modern otolaryngology, Durvapastes or extract can be co-administered post nasal or oral surgical procedures to promote healing and reduce infection risk. Such clinical integrations not only enhance therapeutic efficacy but also minimize side effects, offering a more comprehensive and patient-centric approach to chronic disease management in Shalakyatantra.

Integrative medicine is a vision grounded in both tradition and innovation. Chronic disorders, which affect multiple systems, are rarely resolved with mono-therapies. Shalakyatantra offers a unique lens to view disorders of the head and sense organs, not just anatomically but energetically and psychically.

Where modern medicine offers acute care, emergency relief, and diagnostic clarity, Ayurveda excels in patient-specific interventions and long-term systemic correction. When both are combined under an evidence-informed framework, the outcome is often superior patient satisfaction, reduced recurrence, and enhanced quality of life. A collaborative mindset, shared research, and clinical trials are essential to validate and optimize integrative protocols. Interdisciplinary education among Ayurveda and modern medicine scholars is also crucial for mutual respect and knowledge exchange.

## VI. Conclusion

Chronic illnesses are not just clinical entities—they are **lived experiences** that affect the patient's body, mind, and identity. Treating them requires more than clinical acumen—it calls for compassion, comprehensiveness, and cultural sensitivity.

**Shalakyatantra** and **modern medicine** are not rivals but allies. When brought together, they can restore not only health but **wholeness**.

As Acharya Sushruta reminds us, the ideal physician must adapt with time, without abandoning the core values of care. The future lies in an **evidence-informed, compassion-driven, integrative model** of healthcare—where East meets West, and science meets soul.

In the contemporary healthcare canvas, chronic illnesses such as Ardhavabhedaka (migraine), Chittodvega (anxiety), Karnanada (tinnitus), Nasa Raktapitta (epistaxis), Mukha Paka (mouth ulcers), Manasika Vikara (psychosomatic disorders), and Dushta Vrana (post-operative wounds) are rising not only in prevalence but in complexity. These conditions are nakevalamśārīrikavyādhi (not merely physical ailments), but manifestations of doṣa-vikṛti, agni-māndya, and manasikaasāmya—deeply rooted in both external and internal disturbances.

The Ayurvedic perspective, particularly through Shālākya Tantra, provides a sūkṣmadarśana (subtle vision) of the root causes. Modern medicine offers yuktigatāupakrama, in the form of diagnostics, surgical interventions, and pharmacology.

An integrative chikitsāpaddhati (integrated therapy) combines:

- Shastra yuktapramāṇa (evidence-based intervention)
- Anubhavapramāṇa (experiential wisdom).

For this integration to succeed:
- Sahavāsikaśikṣaṇa (co-educational exposure)
- Samanvayīanusandhāna (collaborative research)
- Rogi kendritasevanīti (patient-centered policies)

Caraka says: "Na hi vyādhiḥkevalamdehevartate, manasiapiprabhāvaṁkaroti."
Disease affects both body and mind.
Hence, samagrachikitsā (holistic treatment) must address śarīra, manas, indriya, and ātmā—a healing process that integrative medicine alone can fully realize.

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# Review on The Management of Ekkustha W.S.R To Psoriasis

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**Abstract**

**Among all the organs, the skin is the largest and most vulnerable to complaint and injury. Because of its visibility, the skin reflects passions. It also serves as a link between the internal and external terrain and is the seat of complexion, which preserves beauty and personality. In Ayurveda, a term" Twacha" or" Charma" refers to the skin, which is derived from the Dhatu- TwachSamvarne, which means covering of the body. According to Ayurveda, all skin conditions have been covered under the general captions of Kushta. which is further subdivided into Mahakustha and KshudraKustha, Ekkustha is classified under KshudraKustha by various Acharyas Ekkustha is caused by an imbalance between the doshas of Kapha and Vata. It's farther similar to psoriasis, a habitual inflammatory skin complaint caused by an autoimmune process Although the exact cause of psoriasis is still unknown, it's certain that the condition has a heritable element. psoriasis is characterized by dry, well- discerned skin that resembles sanctum and erythema with layers of gray scales. Cases with psoriasis constantly have a lower quality of life due to their skin's appearance. Immunosuppressive specifics analogous as methotrexate, PUVA, vitamin D3 ointment, and steroid creams are the cornerstones of psoriasis treatment.**

## I. Introduction

In the tradition of Ayurvedic medicine, Kushtha describes every dermatological condition. Due to the dominance of Kapha and Vata, Ek-Kushtha, a disease of Shakhagata Rog Marga, manifests in Amashaya. due to an excess of Kapha and Vata. The term "Kushtha" is extensive, encompassing nearly all skin diseases. It is listed among the Ashtamahagada in the Charaka Samhita.

• Ek-Kushtha is a variant of Kshudra Kushtha.

• Acharya Sushruta has classified Kushtha as AupsargikaRoga or SankramakaRoga.

• Acharya Vagbhata has included Kushtha in the category of Sapta Mahavyadhi.

Ek-Kushtha is identified with psoriasis, as its symptoms align more closely with the clinical characteristics of psoriasis than with other forms of Kushtha. Psoriasis is among the most prevalent skin disorders, impacting 1-2% of the global population. It can affect individuals of all ages and is seen in both men and women at similar rates. This condition is chronic and recurrent, characterized by inflammation of the skin. The precise cause remains unclear, although various contributing factors such as genetic predisposition, environmental influences, immunological responses, and psychological aspects have been identified as significant in the disease's manifestation. The skin lesions associated with psoriasis can vary in terms of itchiness. Areas that have experienced trauma may develop isomorphic lesions, known as the Koebner phenomenon. Furthermore, external factors like infections, stress, and certain medications (including antimalarials, beta blockers, and lithium) can exacerbate the severity of psoriasis. Individuals suffering

from this condition often endure mental stress stemming from humiliation and social stigma, which disrupts their everyday lives.

## II. Nidan

The particular etiology of Ekakustha has not been recorded in the classics of Ayurveda.

Thus, being a form of Kushtha, its genesis can be comprehended using the general etiology of Kushtha.

For all forms of Kustha, Samanya Nidana has been described in Ayurvedic writings.

about Kushtha. Thus, the following categories apply to Nidana:-

1. The diet and dietetic pattern of Aharaja

2. Viharaja's flawed way of life

3. Other

Aharaja Nidan is characterized by the consumption of foods and beverages that are incompatible with one another, Unhealthy eating habits in Aharaja Nidana are a major contributor to Kushtha.

• Viruddha Ahara: Viruddha is the term for substances that are inherently opposed to the body's regular Dhatu.For instance, the combination of milk and fish is known as Samyogaand Virya Viruddha. SamyogaViruddha is Gramya, Anupa, or AudakaMamsa with milk.

• Mithya Ahara: This indicates unhealthy eating habits, such as taking meal before the one before it is broken down; this results in the JatharagniDushti.

• Atyaashana: Consuming too much heavy food is referred to as Atyaashana. Additionally, according to Acharya Charaka, "DurvipakakaranamGurubhojanam." Additionally, Guru Ahara causes MamsavahaSrotasa's Dushti .

• Ajirna and Adhyashana

Adhyashana is the term for the breakdown of earlier food Consumption Ajirne Anna is the term for food in an indigestion stage.

Viharaja Nidana: According to Acharya Gayadas, there are three types of ViharajaNidanas: Kayika, Vachika and Manasika.

• Kayika

According to Acharya Charaka, the suppression of natural urges like vomiting Kushtha.

Divaswapna: It vitiates Pitta and Kapha because Kandu, Kotha, and Pidika are caused by its Snigdha Guna. It is also Kledakara, and Agnimandyakara.

Unexpected shift in temperature from cold to hot and vice versa without following the rules of that alteration, this causes Dushti in SwedavahaSrotasa.

• Vachika

It covers things like verbally insulting or behaviorally problematic behaviors, such as mistreating instructors or gods, among other things. The pathophysiology of psoriasis is significantly influenced by the psychogenic stress that these VachikaNidanas induce. They are also in control of the pathophysiology of Kushtha since they aggravate Raja and Tama, which leads to an imbalance of Shareerika Dosha, or Vata, Pitta, and Kapha. Nidana is Vata Prakopaka, just

like Chinta, Bhaya, and Krodha. Dushti of SwedavahaSrotasa is also caused by Bhaya, Krodha, and Shoka , while Dushti of RaktavahaSrotasaa is caused by Chinta.

• MansikaAcharya Charaka and Sushrut have described Kushthaas chronic disorder and all Acharyas including B.P and Madhavakara have included it to be due to Papa-Karma.

## III. Samprapti

The twakraktamamsa and ambu are vitiated by the three vitiated dosas, vata pitta and kapha. When combined, these make up Kustha's seven-fold pathogenic material. Kustha are never brought on by the deterioration of only one of the harmful elements listed above. Consuming the nidan stated above creates Agnimandya, which in turn causes Amautpati, which ultimately results in TridoshaPrakopa. Dhatusaithilya and Lakshan utpati (EKAKUSTHA), or the manifestation of Ekkustha, may be brought on by tiryakgamana of vitiated tridosha. Uttoratara dhatu pravesha creates a number of difficulties in later life.

### A. Samprapti Ghatak

| | |
|---|---|
| Dosha | Tridosha (Vata- Kapha Pradhana) |
| Dushya | Twakaa, Rakta, Mamsa, Lasika |
| Strotasa | Rasavaha, Raktavaha, Mamsavaha, Medavaha |
| Srotodushti | Sanga and Vimargagamana |
| Agni | Jatharagni and Dhatwagnimandya |
| Udbhavasthana | Amashaya, Pakwashaya |
| Adhishthana | Twacha |
| Rogamarga | Bahya |
| Swabhava | Chirkari |

### B. Purvarupa

Such a particular purvaroopa of Ekkustha does not exist. Since it is a sort of kustha, its purvaroopa could be regarded as its own. These are loss of feeling, excessive sweating or not sweating at all. Skin areas that are elevated and discolored irritability Purvarupa of Kushtha could be regarded as its Purvarupa

Anesthesia, or Sparshagyatvam

Daha (feeling of burning)

Suptangta (limb numbness)

TwakaaPaurushya (skin dryness)

Horripilation, or Lomharsha

Kandu (pruritis)

Toda (painful pricking)

Fatigue (Shrama).

Sweda Ati (hyperhidrosis)

Vaivaranya, or disclosure

Kotha (rash outbreak)

Klama (tiredness)

Shoola (severe discomfort)

Chirsthiti and Shighra Uttapati (Rapid formation and ulcers' chronicity)

### C. Rupa

According to Acharya Charaka Ek- Kushthais Vata-Kapha Pradhan and Acharya Sushrut considered it as Kapha

Pradhan Vikara. Charaka has been followed by Ashtanga Hridaya, however has referred to Mahavastu as Mahashrayam. One kind of Ashtadash Kushtha is Ek-Kushtha, which is described as follows:

The disorder that results in skin discolouration is known as Kushtha. Over time, it has an impact on the entire body.

The following is how Acharya Charak described Ekkustha.

• Matsyashaklopamam & Fish-like scales;

• Mahavastu-Extensive localization or larger lesions;

• Aswedanam & Lack of perspiration.

Acharya Sushrut defines Ek-Kushtha as the condition that causes the body to turn red or black.

According to Dalhana, the Vata Dosha is responsible for the blackish color.

Lesions in Ek-Kushtha are quite broad (covering a big region), and have a fish-skin-like appearance.

### D. Chikitsa

The simultaneous vitiation of all three dosas is the cause of all types of kustha. But certain dosas are more common than others. In light of this, the doctor should determine the course of treatment after determining this from the indications and symptoms that have appeared.

Shodhan chikitsa is superior to Shamana chikitsa, according to Acharya Sharangdhar, since doshas that are pacified by shamans may re-aggravate when favorable nidan occurs, while doshas that are eradicated by Shodhana chikitsa cannot. As a result, Shodhan Chikitsa is prioritized in Kustha management. To achieve this, Acharya Sushruta suggests performing Nasya every three days, Virechana every month, Vamana every fifteen days, and Raktamokshana every six months.

According to Acharya Vagbhata, Snehapana ought to be administered in Purvarupa Avastha in Kushtha.

• Snehapana: According to Acharya Sushrut, Snehapana is the first step in treating Kushtha. He also described many Ghrita Yogas based on Doshas . According to Acharya Charaka, the Madhyam Matra for Shodhanartha should be performed in Kushtha.

• Swedana: In Kushtha, Nadi or VashpaSwedana is performed.

The Dosha is liquefied by this process.

• Raktamokshana: Siravedha is performed from five primary superficial veins, according to Acharya Sushrut.

Charaka used traditional instruments like the Alabu and Shringa to counsel Siravedha.

### E. Shamana chikitsa

The medicine used for Kushtha Roga therapy is determined by the following criteria. medications with the following characteristics:

Rasa, Rakta Shuddhikara

Rasa, Raktavaha& SwedavahaSrotoShodhana; and Rasa, Rakta Prasadana.

Shamana therapy with Tikta and Kashaya Dravyas has been recommended by Acharya Charaka.

There are some medicine yogas for ek-kushtha mentioned in texts are

- Mahatiktakaghrita
- Mahakhadirghrita
- Patoladikwath,
- Mahamanjistadikwath,
- Patolamuladikwath
- Manjistadichurna

### F. For External application

The fact that Vyaktasthana and Sthanasamshraya are Twacha makes external application crucial as well.

There are some medicinal Lepa for ek-kushtha mentioned in texts are

- Eladi lepa,
- Sidharthaksnana,
- Manasiladilepa,
- Tuthyadilepaetc.

## IV. Conclusion

Although it is impossible to completely eradicate this condition, the conditions can be improved with Ayurvedic medication and panchakarma therapy on Ek-Kushtha (psoriasis). Additionally, it enhances life quality and stops disease recurrence.

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# Clinical Implications of Asymmetrical Femoral Artery Branching Patterns: A Cadaveric Case Study

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**Abstract**

**The femoral artery, a key blood vessel in the lower limb, exhibits various branching pattern variations that are clinically important. A detailed understanding of the anatomical differences related to the origins of the Profunda femoris, medial, and lateral femoral circumflex arteries is vital for healthcare professionals, especially in today's interventional radiology practices.i Observations of variations in the origin and branching patterns of the Profunda femoris artery and its branches have been made during routine cadaver dissections. Developmental disruptions at various stages can lead to anatomical differences in how the femoral artery divides. Familiarity with the variations in the origin and pathway of the Profunda femoris artery and its circumflex branches is critical for many surgical procedures, as it aids in minimizing the risk of complications prior to surgery.ii This study was carried out on a formalin-fixed male cadaver of North Indian descent in the Rachana Sharir Department at the National Institute of Ayurveda in Jaipur. The focus of this study is on the clinical relevance of the diverse branching patterns of the femoral artery.**

***Keywords: Femoral artery; Profunda femoris artery; Medial circumflex femoral artery; Lateral circumflex femoral Artery; variant origin***

## I. Introduction

The femoral artery is a major blood vessel that supplies blood to the lower limb. It is the continuation of the external iliac artery, beginning at the inguinal ligament and extending down the thigh. As it courses through the femoral triangle, it lies superficial, making it an accessible site for various clinical interventions. The femoral artery gives rise to the profunda femoris artery (deep femoral artery) and superficial femoral artery. The profunda femoris artery further branches into the medial and lateral circumflex femoral arteries and 4 perforating arteries.The perforating arteries provide blood to muscles in all three fascial compartments, including the adductor magnus, hamstrings, and vastus lateralis. The circumflex femoral arteries form a loop around the upper shaft of the femur, anastomosing with each other and other nearby arteries, supplying both the thigh muscles and the proximal (upper) end of the femur. The medial circumflex femoral artery is particularly important as it supplies most of the blood to the head and neck of the femur through its branches, the posterior retinacular arteries (Retinacular arteries, primarily from the medial circumflex femoral artery, supply the femoral head and prevent avascular necrosis after injury.). These retinacular arteries are often damaged in cases of femoral neck fractures or hip joint dislocations. In contrast, the lateral circumflex femoral artery, which runs laterally across the thickest part of the hip joint capsule, contributes less to the blood supply of the femoral head and neck and primarily nourishes the muscles on the lateral side of the thigh.

As the femoral artery descends, it continues as the popliteal artery after passing through the adductor hiatus. Its anatomical course and branches are critical in clinical procedures such as catheterization, bypass surgeries, and trauma management, making a thorough understanding of its anatomy essential to prevent complications.

## II. Case Report

The dissection was done in the department of Sharir Rachana, National Institute of Ayurveda, Jaipur. This study was done during the routine dissection of a formalin-fixed male cadaver of North Indian origin and variations were observed in the course of femoral artery branches on both sides of the formalin-fixed cadaver.[iii]

## III. Material & Methods

During routine dissection, it was observed that the branching pattern of the femoral artery on the left and right was different.

### 3.1 Course Of Femoral Artery On Right Side[iv]

The femoral artery begins at the inguinal ligament and gives rise to MCFA 4cm below the mid-inguinal point or 2cm above PFA origin. FA extends down and gives rise to LCFA laterally 5cm below mid inguinal point and 1cm above PFA. PFA and superficial femoral artery arise from FA around 6cm below the mid-inguinal point. SFA with femoral vein extending down in the thigh and continues in the adductor canal.

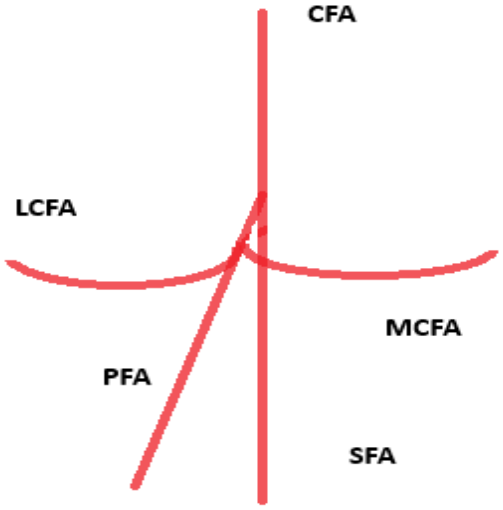



Fig 3.1 Image showing normal branching pattern of femoral artery & profunda femoris artery

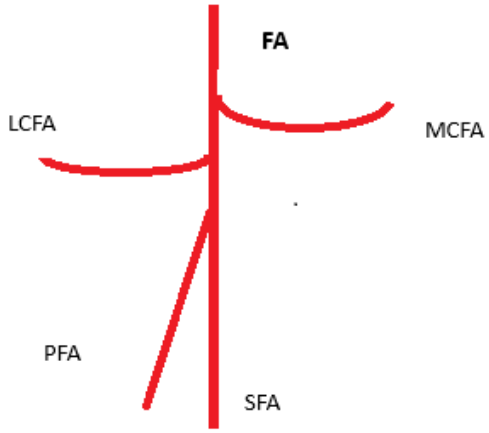



**Fig. 3.2**
Image showing the variant pattern of MCFA, LCFA & PFA (Right thigh)

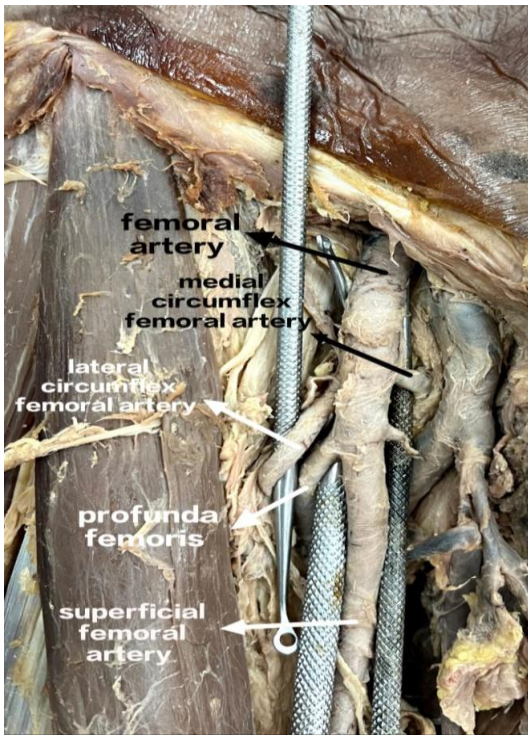



**Fig 3.3**(Rt thigh) showing origin of MCFA, LCFA,& PFA.

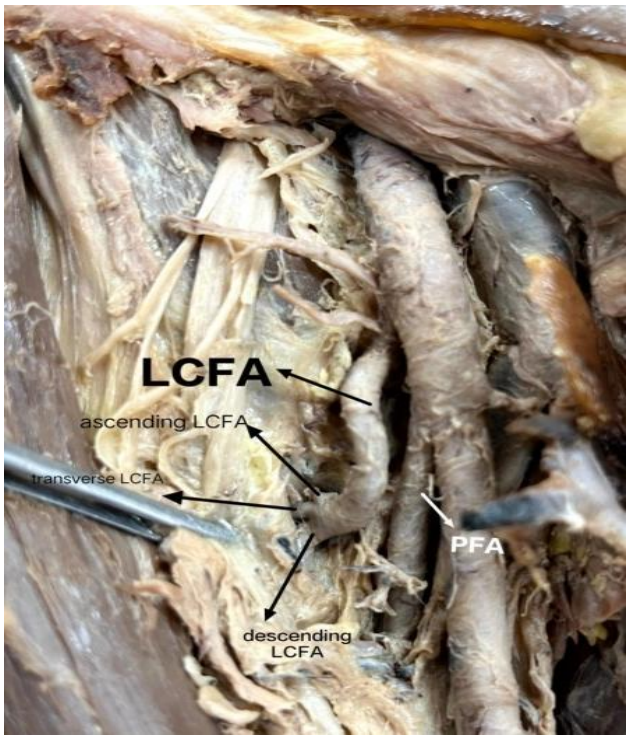



**Fig 3.4**(Rt thigh) Showing LCFA and its branches

### 3.2 Course Of Femoral Artery On Left Side[v]

The femoral artery begins at the inguinal ligament and gives rise to MCFA 4cm below the mid-inguinal point. FA extends down and bifurcates into the PFA laterally and SFA medially 5cm below the mid-inguinal point. SFA with femoral vein extending down in the thigh and continues in the adductor canal. LCFA takes origin from PFA immediate after bifurcation.

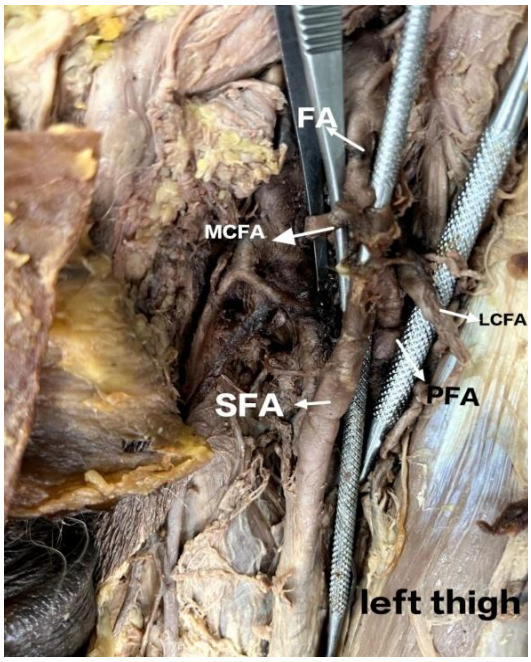



**Fig 3.5 (Left thigh)** showing the origin of MCFA, LCFA, and PFA

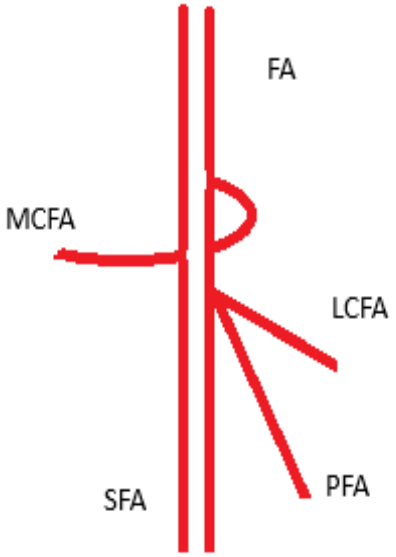



**Fig 3.6** Image showing the variant pattern of MCFA, LCFA & PFA

### 3.3 Comparison B/W Both Side

**Table 3.1** Distance of origin point of different arteries from mid-inguinal point

| S. no. | ARTERY | LEFT SIDE | RIGHT SIDE |
|---|---|---|---|
| **1.** | LCFA | 5cm | 5cm |
| **2.** | MCFA | 4cm | 4cm |
| **3.** | PFA | 5cm | 6cm |

## IV. Result

### 4.1 Clinical significance

The clinical significance of variations in the branching pattern of the femoral artery, particularly the profunda femoris artery (PFA), is crucial due to its role in supplying blood to the thigh and hip[vi]. These variations can significantly impact surgical outcomes, especially in ortho pedic and vascular surgeries, where unrecognized differences in arterial branching can lead to complications such as artery damage, haemorrhage, or ischemia. In procedures like hip replacements or femoral artery bypasses, a thorough understanding of the PFA's anatomy is necessary to avoid inadvertent injury, ensuring effective collateral circulation and minimizing postoperative risks[vii].

Variations also play a vital role in trauma management, where accurate knowledge of the PFA's branching pattern is crucial in controlling haemorrhage, particularly in femoral fractures or penetrating injuries[iv]. Emergency interventions rely on identifying the correct anatomical layout for effective bleeding control and rapid vascular repairs.

In angiographic and imaging procedures, such as those used to treat peripheral arterial disease (PAD), variations in PFA branches can affect the success of interventions like angioplasty and catheterization[viii]. Clinicians must account for these variations in ultrasound-guided procedures and during the placement of grafts or stents to prevent complications.

Detecting these variations is critical for surgical and diagnostic precision. Several methods are employed[ix]:

- Doppler Ultrasound: A non-invasive way to visualize blood flow and identify arterial variations.
- CT Angiography (CTA) and Magnetic Resonance Angiography (MRA): These provide detailed, 3D views of the vascular system, allowing precise identification of arterial patterns.
- Digital Subtraction Angiography (DSA): The gold standard for detailed mapping of arterial structures, especially in pre-surgical planning.
- Cadaveric Dissection: Used for direct visualization in anatomical studies.
- 3D Printing: Combining advanced imaging with 3D modeling to create detailed anatomical representations for educational or surgical planning.

## V. Discussion & Conclusion

The present cadaveric study highlights the clinical significance of variations in the branching pattern of the femoral artery, particularly the profunda femoris artery (PFA) and its branches. The study observed asymmetrical branching in a formalin-fixed male cadaver, with notable differences between the right and left femoral artery patterns. Such variations can have profound implications for orthopedic and vascular surgeries, as unrecognized anatomical differences may lead to serious complications such as hemorrhage, artery damage, or ischemic injury during procedures like hip replacements or femoral artery bypasses[x].

In trauma management, especially in cases of femoral fractures or penetrating injuries, understanding these variations is essential for effective hemorrhage control and rapid vascular repair. Furthermore, in angiographic and imaging-guided interventions, like those for treating peripheral arterial disease (PAD), awareness of arterial branching variations can improve the success of procedures such as angioplasty and catheterization.

Detecting these variations through modern imaging techniques like Doppler ultrasound, CT angiography (CTA), magnetic resonance angiography (MRA), and digital subtraction angiography (DSA) is crucial for precise surgical and diagnostic planning[xi]. Overall, this study emphasizes the importance of anatomical knowledge in minimizing operative risks, improving surgical outcomes, and optimizing patient care.

## VI. Conflicts of Interest: Nil

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# Role of Jalaukavacharan in the Management of Varicose Vein w.s.r. to Sirajgranthi - A Case Study

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**Abstract**

**A condition characterized by the dilation, elongation, and tortuosity of a vein is referred to as varicose. Both the superficial perforating veins and the deep veins are affected by varicose veins. Contemporary treatments encompass ligation and surgical procedures involving ligation with stripping. However, these methods may lead to a recurrence of the condition. In contrast, Ayurveda focuses on addressing the underlying cause of the ailment. Ayurvedic methods for treating varicose veins include the application of Jalauka to the affected veins and the use of Oral Ayurvedic formulations to alleviate the condition. A clinical study was conducted on a41 year old female with complaint of pain, swelling in right lower limb from calf to dorsum of foot and had visible prominent, dilated, torturous veins. The intervention included application of Jalauka on right leg (5 sittings each weekly) and Oral medications. The parameters like Subjective and Objective parameters were assessed. This research demonstrated effectiveness in alleviating pain, reducing swelling, addressing tortuosity, and managing dilated veins. Therefore, the synergistic effects of the local application of Jalauka and Oral Ayurvedic formulations are reported to be effective in managing varicose veins without causing any adverse effects.**

***Keywords –Jalaukavacharan; Varicose Vein; SirajGranthi.***

## I. Introduction

Varicose veins are a condition that is characterized by enlarged, dilated, and convoluted veins that show through the skin, particularly in the lower limbs. These veins are frequently seen on the back of the thighs and calf muscles, and they are also somewhat present on the medial side of the legs.[1]Venous segments that are sinuous and dilated and linked to valvular incompetence are known as varicose veins. Blood can move from the deep venous system to the superficial venous system due to defective valves. Venous hypertension and subsequent superficial venous system dilatation are the outcomes of this. Every year, the risk of varicose veins rises by 2.6% for women and 1.9% for men. Patients with varicose veins usually first complain of cosmetic problems, such as skin discoloration or unattractive visible veins. If left untreated, varicose veins will deteriorate over time. In fact, many individuals who have had varicose vein treatment frequently need re-intervention surgery because of the possibility of recurrence. Surgical procedures include vein ligation, stripping, avulsion, thermal ablation, and foam sclerotherapy.[2]Long periods of standing are known to increase venous pressure and cause valve incompetence, which are risk factors for varicose veins.[3]In Ayurveda, a condition similar to varicose veins is known as *Sirajgranthi*, primarily linked to the imbalance of *Rakta* and *Vatadoshas*. The buildup of impure blood (*Dustarakta*) causes blockages in the *Srotas* (body channels), leading to the development of *granthi* (nodular swellings). This treatment aids in the elimination of bad blood, thereby assisting in the restoration of the *ChalaGuna* (mobility quality) of *Vatadosha*. Leeches operate in two ways: they physically draw out the impure blood, and they also release hirudin, a natural anticoagulant, which prevents clotting and helps keep the blood fluid..[4]*Siravedha* (leech therapy), outlined in Ayurvedic literature, is a beneficial *Anushastrakarma* (para-surgical method) that aids in removing these blockages and is regarded as a significant component of treatment in surgical interventions..[5] *AcharyaSushruta* and *Vagbhatta* have promoted

*Jalaukavacharan* as a potent treatment for conditions associated with venous and blood-related issues. Its *Aashukariguna* (swift action) provides prompt symptomatic relief, rendering it an important strategy in the Ayurvedic approach to managing varicose veins.[6]The body can become impaired due to various factors that disturb *Vata*, leading to the localization of the affected *VataDosha* in different areas of the body. As described by *AcharyaSushruta*, when *Vatadosha* is disturbed, it tends to accumulate in a specific location or tissue, resulting in symptoms such as pain (*Shoola*) and swelling (*Shotha*). [7] If the vitiated *Vatadosha* is not effectively addressed, it may spread to other regions of the body and, if neglected, could lead to several health issues, including varicose veins (*Sirajgranthi*).[8]

## II. Sirajgranthi's Clinical Characteristics.[9]

A. Sira Vakrata (Irregular vein surface)
B. Sira Sankocha (Tortous veins)
C. Vishoshana (Vein hardness and roughness)
D. Sira Utsedha (Vein inflammation)

**Causative factors of Sirajgranthi[10] (Varicose veins):**

A. A weak individual who exerts more effort than they are capable of.
B. A weak individual who takes longer walks.
C. Someone who submerge his/her leg in water, particularly in cold water.
D. Someone who exercises a lot.

Sirajgranthi is regarded as a Krichchha SadhyaVyadhi in Ayurveda, which means it is a condition that can be cured, albeit with difficulty. In its advanced stages, it may progress to *Asadhya* (incurable), particularly when it impacts essential structures, thereby emphasizing the importance of early treatment.[11]

## III. Case Report

A 41-year-old housewife approached to OPD of Institute For Ayurved Studies & Research, Kurukshetrawith a 2 years with complaint of pain, swelling in right lower limb from calf to dorsum of foot. She had visible prominent, dilated, torturous veins. Upon examination, the right forefoot and calf were sensitive. For three months, she experienced a dull aching ache that was accompanied by a burning feeling on both soles and a throbbing sensation in the right leg's foreleg and ankle area. For three months ago, the pain has gotten worse with prolonged standing, particularly at night and in the evenings which are alleviated by elevating the leg and there has been some little swelling in the right ankle area. History showed that he had been standing six to 6-7 hours a day for the previous 5-6 years. There was no evidence of ulceration and deep vein thrombosis seen. Mose's Sign, which is pain in the calf area when the calf area is gently squeezed, was marginally positive in the patient.

**A. History of Past Illness** - There was no previous medical history of trauma, diabetes, hypothyroidism, surgery, or addiction.

**B. Family history** - No family member had a history of such illnesses.

## IV. Examination

The patient received treatment at the Institute for Ayurvedic Studies & Research, Shri Krishna Ayush University, Kurukshetra. (HR.)

**A. Routine Examination was found within normal limits**.

- Haemoglobin

- Random Blood Sugar
- CT and BT
- Platelets
- Erythrocyte sedimentation rate
- Urine Routine Examination
- Venous doppler study of right lower limb

**B. Astavidha Pariksha was done.**

- Nadi –Pittaj
- Mala - Found normal.
- Mutra-Found normal.
- Jivha - Found normal.
- Sabda - Found normal.
- Sparsha - Found normal.
- Drika- Found normal.
- Akriti - Madhyama
- The severity of varicosity was categorized according to the CEAP (clinical-etiological-anatomical-pathophysiological) classification. [Table 1]

## V. Treatment Protocol

Internal medication was started using

1. KaishorGuggulu- 1tablet thrice a day.
2. KanchnaarGuggulu- 1tablet thrice a day.
3. AarogyavardhiniVati- 2 tablets at night.
4. MahamanjishthadiKwatha- 15 ml thrice a day.

The patient underwent 5 sessions of Jalaukavcharan, with interval of seven days and was treated for a total of 35 days. The patient was instructed to persist with Oral medications throughout the Jalaukavcharan process. Following the 5 sessions of Jalaukavcharan, the overall reduction in pain, burning sensation, swelling, tortuosity, and skin changes was assessed using both subjective and objective criteria.

## VI. Assessment

An evaluation was performed upon the conclusion of the procedure and subsequent follow-up. Both subjective and clinical enhancements were employed to assess the procedure's impact. All symptoms selected for evaluation were meticulously analyzed for improvements, and the severity of each was rated both before and after the procedure trial. Grading was conducted for the assessment.

**Table 1: CEAP Classification**

| CEAP Clinical Score | Description |
|---|---|
| Class 0 | No visible or palpable signs of venous disease |
| Class 1 | Telangiectases or reticular veins |
| Class 2 | Varicose veins |
| Class 3 | Edema |
| Class 4 | Skin changes ascribed to venous disease (e.g. pigmentation, venous eczema, lipodermatosclerosis) |
| Class 5 | Skin changes as defined above with healed ulceration |
| Class 6 | Skin changes as defined above with active ulceration |

**Table 2: Subjective Parameters**

| Grade | Description |
|---|---|
| **Shoola (Pain)** | |
| 0 | Absent no pain |
| 1 | Mild occasional pain after long exertion |
| 2 | Moderate frequent pain |
| 3 | Severe continuous pain throughout day |
| **Daha** | |
| 0 | Absent no daha |
| 1 | Present occasional feeling of daha |

**Table 3: Objective Parameters**

| Grade | Description |
|---|---|
| ***Shotha* (oedema)** | |
| 0 | Present |
| 1 | Absent mild to moderate |
| ***SiraSankocha* (Tourtisity)** | |
| 0 | Absent |
| 1 | Mild (few dilated veins after exertion) |
| 2 | Moderate (multiple veins confined to calf or thigh) |
| 3 | Severe (extensive involving both calf and thigh) |
| ***TwakVaivarnya* (Skin changes)** | |
| 0 | Absent (no discolouration) |
| 1 | Mild (blackish patchy hyper pigmentation) |
| 2 | Moderately hyperpigmented with eczema |

**Table 3: Overall Assessment**

| S.No. | Symptoms | BT | AT |
|---|---|---|---|
| 1 | *Shoola* (Pain) | 3 | 1 |
| 2 | *Daha* | 1 | 0 |
| 3 | *Shotha* (oedema) | 1 | 0 |
| 4 | *SiraSankocha* (Tourtisity) | 3 | 1 |
| 5 | *TwakVaivarnya* (Skin changes) | 1 | 0 |

### A. Poorva Karma (Pre-Operative Procedure)

• The patient's written consent was secured.
• The patient was briefed about the procedure.
• All required materials were prepared.
• *Jalauka* was activated.
• Prior to Jalaukaavcharan, the patient was advised to consume an adequate quantity of *Yavagu*.

### B. PradhanaKarma (Main Procedure)

• 3*Jalauka* were applied to the most affected area, where the highest level of pain and discomfort is experienced. The *Jalauka* were kept in place for approximately forty-five minutes.
• Suitable bandaging was performed to avoid bleeding following the treatment; some Jalaukas fell off on their own, while others were removed by applying *Haridra* to their mouths.

### C. PashchatKarma (Post Procedure)

•The procedure involving *Vaman* of *Jalauka* was executed with precision.
• Haemostasis was successfully attained.
• *Jalauka* was placed in its designated container, clearly labelled with the patient's name and the date.
• The patient was provided with guidance on maintaining proper leg posture.
• The patient was given recommendations regarding their diet and daily routine.

## VII. Result



**Before treatment** **After treatment**

## VIII. Discussion

Varicose veins represent a chronic venous condition marked by the dilation, tortuosity, and dysfunction of superficial veins, frequently accompanied by pain, swelling, and fatigue in the lower extremities. In contemporary medicine, treatment methods such as vein stripping, sclerotherapy, or laser ablation primarily emphasize mechanical correction, yet they may lead to recurrence and complications. Conversely, Ayurveda provides a holistic strategy for managing this condition by targeting the underlying *Dosha* imbalance and the dysfunction of RaktavahaSrotas. *SirajGranthi*, which arises from the vitiation of *Vata* and *Rakta*, results in the development of knot-like swellings within the veins. The integrated approach of Jalaukavacharan (leech therapy) combined with Oral Ayurvedic formulations has demonstrated encouraging outcomes in this case study. Jalaukavacharan, conducted over five weekly sessions, effectively alleviated local congestion by eliminating vitiated blood, enhancing circulation, and diminishing inflammation. The bioactive substances found in leech saliva, including hirudin and anti-inflammatory enzymes, further facilitated pain relief and improved venous tone. Alongside local treatment, the administration of particular oral Ayurvedic medicines played a crucial systemic role. The synergistic effect of these oral formulations combined with *Jalaukavacharan* significantly contributed to symptomatic relief—substantially decreasing pain, swelling, and the visibility of tortuous veins without inducing any adverse effects. The findings of this case study reinforce the traditional Ayurvedic perspective that chronic venous disorders can be effectively managed by addressing both local *RaktaDushti* and systemic *Dosha* imbalance. The combined application of leech therapy with specific herbal formulations offers a promising non-invasive, safe, and holistic alternative for managing varicose veins. However, further extensive clinical trials are essential to validate these results and establish standardized Ayurvedic protocols for chronic venous insufficiency.

## IX. Conclusion

Varicose veins currently lack a permanent solution, and recurrences are frequently observed even after surgical intervention. Individuals who develop venous ulcers experience the highest morbidity and the lowest quality of life. When blood accumulates within them, veins enlarge and become visible beneath the skin. The veins that bulge and expand are referred to as varicose veins. Any superficial vein, which is located near the surface of the skin, can develop varicosities. Varicose veins most commonly affect the veins in the legs. Jalauka is recognized as the most practical and straightforward method. It is considered the most unique and effective technique for bloodletting. It can be safely utilized by all individuals, particularly those with low pain thresholds. During a session, live leeches attach to the targeted area to extract blood. They release peptides and proteins that thin the blood and prevent clotting. This not only helps to avert tissue death but also improves circulation. The small, Y-shaped wounds left by the leeches typically heal without resulting in any scars. In the realm of Ayurvedic science, Jalaukavachran has proven to be an effective, time-efficient, cost-effective, and popular treatment for varicosity.

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# A Case Study Of Khalitya –Ayurveda

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**Abstract**

**Hair shedding is a natural process where some hairs fall out while others grow in. When the equilibrium between hair production and shedding is disrupted, it is referred to as hair loss. This condition can arise from genetic factors, hormonal fluctuations, medical issues, or simply as a part of the aging process. While anyone can experience hair loss on their scalp, it is more prevalent among men. Baldness typically denotes significant hair loss from the scalp. The most common cause of baldness is hereditary hair loss associated with aging. In Ayurveda, this condition is referred to as KhalityaRoga, categorized under KshudraRoga or Shiro Roga. Whenever this topic is discussed, it is recognized as a progressive disorder predominantly affecting individuals who lead sedentary lifestyles, endure stress from hectic schedules, and maintain poor dietary habits, all of which can lead to bodily disturbances that manifest as hair loss. This study will explore methods to mitigate and manage the increasing issue of hair fall through the use of Bhringraj oil and Nasya. In this study, A patient suffering from diffuse hair loss were instructed to gently massage Bhringraj Taila onto their entire scalp daily. The response to the treatment was assessed after four weeks. The evaluation of efficacy was based on improvements in clinical symptoms such as hair fall, dandruff, itching, and dryness. The study demonstrated a significant reduction in hair fall, dandruff, and itching . No adverse reactions were reported or observed throughout the study period, and overall adherence to the treatment was excellent. In conclusion, Bhringraj Taila was found to be effective in alleviating Khalitya and had a significant impact on associated symptoms.**

***Keywords: Khalitya; indralopa; hair oil; Nasya; Bhringraj***

## I. Introduction

Healthy, beautiful, long, and attractive hair significantly enhances an individual's personality, as hair is frequently regarded as a measure of beauty. To sustain healthy hair, individuals must take responsibility, as hair, similar to the face, reflects the overall health of the body. Proper hair care is essential for maintaining one's crowning glory and ensuring it remains a representation of beauty and health. Hair is deemed a crucial element of personality. In Ayurveda, hair loss is termed Khalitya[(1)] and affects both genders. Khalitya is categorized as KshudraRoga in classical texts such as the Sushrut Samhita, AshtangSamgraha, Yoga Ratnakar, and Madhav Nidan. Acharya Charaka and the author of Ashtanga Hridaya categorize Khalitya under Shiroroga (diseases of the head) based on the location. As per Ashtanga Hridaya, when Pitta interacts with Vata or Kapha, it leads to hair loss[(2)] Acharya Charak observes that the combination of Teja and Vatadi Doshas swiftly impacts the scalp, resulting in Khalitya[(3)]In this condition, Bhrajaka Pitta in the skin and Roma Kupa becomes disturbed and penetrates the skin along with vitiated Vata dosha, causing hair loss. Disturbed Rakta and Kapha dosha subsequently obstruct the hair follicles, hindering new hair growth, which ultimately results in baldness. Khalitya is characterized as a Pitta-dominant tridoshajavyadhi, affecting the scalp, leading to Khalitya. In this condition, Bhrajaka Pitta in the skin and Roma Kupa becomes disturbed and penetrates the skin along with vitiated Vata dosha, causing hair loss[(4).] Disturbed Rakta and Kapha dosha subsequently obstruct the hair follicles, hindering new hair growth, which ultimately results in baldness. Khalitya is characterized as a Pitta-dominant tridoshajavyadhi, involving Vata, Pitta, and Kapha with Rakta dosha, with a predominance of Pitta and Rakta dosha.

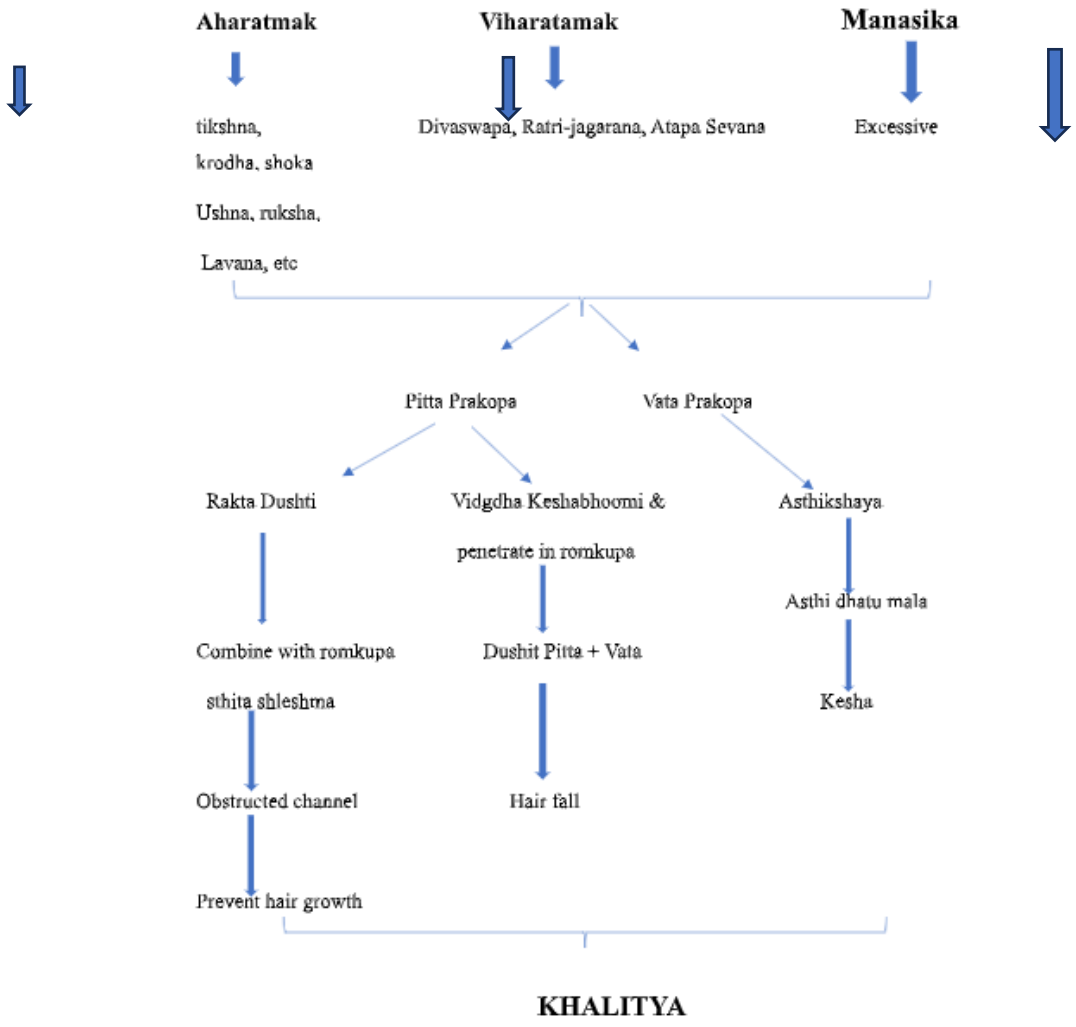
## II. Material And Methods

Ayurveda states that the human body consists of seven primary Dhatus (body elements), namely Rasa, Rakta, Mansa, Meda, Asthi, Majja, and Sukra. Most Acharyas agree that the formation of subsequent Dhatus arises from the preceding ones through the action of their respective Agni. For instance, Rasagni transforms Ahara Rasa into Rasa Dhatu, followed by Raktagni, which converts a portion of Rasa Dhatu into Rakta, and this process continues. Concurrently with the formation of later Dhatus, there is also the simultaneous production of Upadhatu and Mala

from the earlier Dhatus. During the metabolic process of Asthi Dhatu, facilitated by its Agni, Majja Dhatu is produced from the Sara component, while simultaneously, hair on the scalp and body, as well as nails, are formed as Mala. The gradual loss of hair is referred to as Khalitya. When pitta interacts with vata or kapha dosha leading to hair loss, it is termed Khalitya. According to Acharya Sharngadhar, hair on the scalp and body is considered the Upadhatu of Majja Dhatu.[5]

For the development of the fetus, hair is referred to as pitraj bhava[6],indicating that the structure, color, and quantity of offspring are influenced by the paternal lineage. Hair primarily consists of parthivamahabhoota, or the earth element. The formation of hair begins during the sixth month of intrauterine life. In contemporary science, hair is characterized as a modified epithelial structure resulting from the keratinization of germinal cells.[7]Hair serves as an epidermal appendage that is situated within the dermis. Each hair originates from hair follicles, which are akin to slender pockets within the epidermis. The development of hair follows a cyclical pattern. In the scalp, the hair growth cycle comprises three critical phases: Anagen, Catagen, and Telogen. On a healthy scalp, there are approximately 100,000 hair follicles, with around 90% of these follicles consistently in the anagen segment of hair development. Following this phase is the Catagen stage, during which the follicles begin to enter a dormant state, lasting for about 2 to 3 weeks. The telogen stage is characterized as a dormant or resting interval that persists for 3 to 4 months. Upon the conclusion of this stage, hair is shed. Subsequently, the hair follicle re-enters the anagen stage, and new hair commences its development. Thus, the hair growth cycle perpetuates. In a typical hair growth cycle, 50 to 60 hairs are lost daily.[8]

**III. Nidan Sevana[9]**



**SAMPRAPTI GHATAKA**

**Dosha**

Vata: Samana, Vyana

Pitta Pachaka Pitta and Bhrajaka Pitta

Kapha: Tarpaka Kapha

**Dushya :**Dhatu: Rasa, Rakta, Asthi

**Mala :**Sweda, Kesha

**Agni**: Jatharagni, Rasagni, Asthyagni

**Ama :**Rasa, Raktagata Ama

**Srotasa:** Rasavaha, Raktavaha, Asthivaha, Swedavaha, Manovaha

**Udbhava :**Amashaya

**Sanchara :**Rasayani (RasavahaSrotasa)

**Adhisthana :**Keshabhoomi

**Rogamarga :**Bahya Ragamarga, including Trimarma (Shira)

## IV. Case Study

A27 year old female , a student, reported to the OPD department of Rog Nidan Evum Vikriti Vigyan, Institute for Ayurved Studies and Research Kurukshetra, Haryana with the complaints of excessive scalp hair fall along with itching on scalpsince5 months

### A. History of present illness

The female experienced itching of scalp 1 back. After few months, she suffered from hair fall. Gradually she developed excessive hair loss of scalp like baldness. She was under mental stress due to her exams. She had undergone allopathic treatment but that provide her only temporary relief. With this complains, patient approached to OPD of IASR.

**B. History of past illness-**There was no relevant past history.
**C. Family history-** No member of the family had history of such illness.
**D. Personal history-**
**E. Diet-**Vegetarian **Bowel habit-**Regular
**F. Appetite**-Good **Sleep-**Disturbed
**G. Micturation-**4-6times/day
**H. Addiction-**Tea 3-4 times/day

## V. Clinical Findings :

### A. General Examination

| | | |
|---|---|---|
| Temperature – Afebrile | Respiratory Rate-18/min | Sleep-6-7 hrs., Disturb |
| Pulse rate – 82/min | weight-52 kg | Oedema-Absent |
| Blood pressure – 120/70mmHg | Height-5 feet 4 inch | Gait-Normal |

**B. Systemic Examination**

The systemic examination showed no abnormalities in respiratory, cardiovascular

and central nervous systems.

**C. Investigations-**Hematological investigation of the patient was within normal limits. The case was diagnosed Khalitya (Hair fall) on the basis of sign and symptoms. Patient was treated at OPD level of Rog Nidan department of IASR. The treatment was given according to Ayurveda principles.

**D.** ***Ashthavidha Pariksha***

Nadi – 82bpm

Mala – Sama

Mutra – samyak

Jivha – Shweta

Shabda – Spastaswara

Sparsha – Samshitoshna

Drik – Spasta

Akruti –Madhyam

**VI. Intervention-** Nasya karma with bhringaraj oil 4-5 drops/nostrils ,along with its application on scalp given to the patient.

**The total duration of the study** was 28 days

**Ingredient of *Bhringrajtaila***(A.F.I.,Part-I,8:42,Pg.147)

| **Ingredient** | **Latin name/English name** | **Composition** Each 10 ml oil prepared from |
|---|---|---|
| Bhringraja | Eclipta alba | 20.224 g |
| **BASE OIL-** | Til Taila | 10.112 g |
| **HERBS FOR KALKA (Paste)** | | |
| Manjishtha | Rubia cordifolia | 0.632 g |
| Padmaka | Pinus ceradoides | 0.632 g |
| Lodhra | Symplocos racemosa | 0.632 g |
| Candana | Pterocarpus santalinus | 0.632 g |
| Gairika | Red ochre | 0.632 g |
| Haridra | Curcuma longa | 0.632 g |
| Daruharidra | Berberis aristat | 0.632 g |
| Nagkesar | Mesua ferrea | 0.632 g |
| Priyangu | Callicarpa macrophylla | 0.632 g |
| Madhuyashtika | Glycyrrhiza glabara | 0.632 g |
| Prapaundarika | Nelumbo nucifera | 0.632 g |
| Gopi | Hemidesmum indicus | 0.632 g |
| Bala | Sida cordifolia | 0.632 g |

## VII. Medication Intervention-

Bhringraj Taila *nasya* 4-5 drops/nostrils was administered to the patient for 4 weeks and instructions to apply it every other day on the scalp [6 ml/application]. Patient was also instructed to gently massage the scalp for 10 minutes following the application of the hair oil. They were advised to use the oil in the morning. On the day designated for hair washing, they were instructed to apply the oil post-bath. The total amount of oil was left to the discretion of each patient's usage practices. The study lasted for a total of 28 days. Patient was evaluated in the outpatient department once a week throughout the 28-day study period. Clinical evaluations of scalp lesions were conducted both objectively (by a physician) and subjectively (by the patient). A comprehensive examination of the scalp was performed after one week and at the conclusion of the study.

**Assessment-**Assessment was conducted following the completion of procedure and after the follow up. Both subjective as well as clinical improvements were utilized for the assessment of the impact of the procedure. All symptoms which were chosen for assessment, their improvements were thoroughly examined and the severity of each of them was rated prior and after the trial of the procedure. Grading was done for the assessment.

**Subjective criteria[10]-**

**Keshpata [hair fall]**

| | | |
|---|---|---|
| 1 | No hair fall | 0 |
| 2 | Hair fall once in the morning while washing/combing | 1 |
| 3 | Hair fall on every time of morning | 2 |
| 4 | Hair fall even without combing and raised hairline in frontal region (mild baldness) | 3 |

**KeshbhoomiRukshata (Roughness)**

| | | |
|---|---|---|
| 1 | Smooth hair surface | 0 |
| 2 | Occasional rough hair surface | 1 |
| 3 | Slight rough hair surface | 2 |
| 4 | Rough hair surface | 3 |

**Keshbhoomi Kandu (itching)-**

| | | |
|---|---|---|
| 1 | Absent | 0 |
| 2 | Mild itching | 1 |
| 3 | Moderate itching | 2 |
| 4 | Severe itching | 3 |

**Darunaka (Dandruff)**

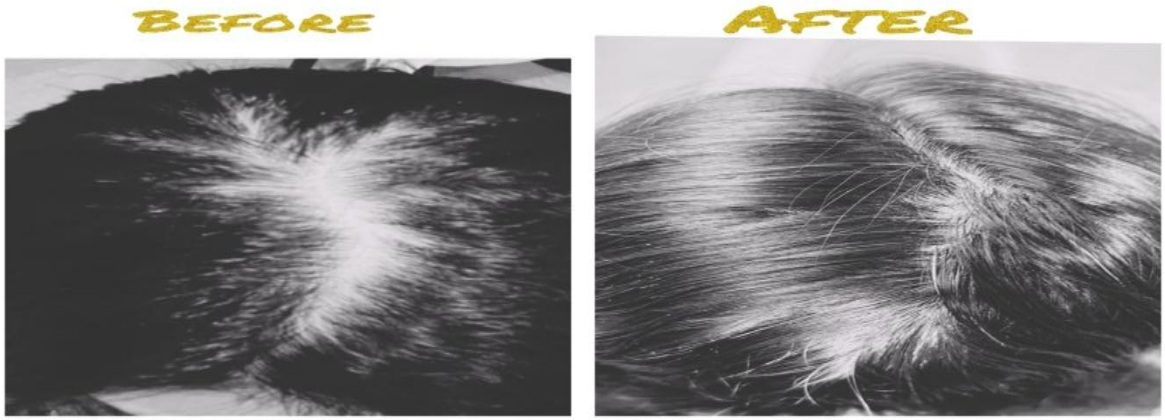
| | | |
|---|---|---|
| 1 | Absent | 0 |
| 2 | Mild | 1 |
| 3 | Moderate | 2 |
| 4 | Severe | 3 |

**Simple pull test**

| | |
|---|---|
| <2 hair | 0 |
| 2-4 hair | 1 |
| 4-6 hair | 2 |
| 6-8 hair | 3 |

**Overall assessment**

| S.No. | Symptoms | BT | AT | After follow up |
|---|---|---|---|---|
| 1 | Keshpata (hair fall) | 3 | 1 | 1 |
| 2 | Keshbhoomi (Roughness) Rukshata | 2 | 1 | 1 |
| 3 | Keshbhoomi Kandu (itching) | 3 | 1 | 2 |
| 4 | Darunaka (Dandruff) | 1 | 0 | 0 |
| 5 | Pull test | 3 | 1 | 1 |




## VIII. Discussion

Khalitya is a prevalent yet highly complex and unpredictable condition affecting the global population, significantly impacting both physical and emotional well-being. The consumption of Viruddha Ahara, along with Pitta Vardhak Ahara, Vihara contributes to this issue. Additionally, Abhishyandi Ahara and a sedentary lifestyle exacerbate the increase of Pitta and Vata, ultimately leading to Khalitya. The Ayurvedic approach to managing Khalitya includes therapies such as Abhyang, Shodhan, Lepan, Nasya, and Rasayana. Specifically, Abhyang Chikitsa, particularly when performed with oil, is most effective for alleviating Vata Dosha. The application of oil, formulated with Kapha, Pitta, and VataharDravyas, aids in balancing Vata while also addressing Pitta and Kapha. Nasya Karma represent specialized Ayurvedic therapies. Shodhana is a method designed to eliminate doshas from the closest route of their disturbance. Rasayana therapy, known for its immune-modulating, antioxidant, and rejuvenating properties, proves to be highly advantageous for hair loss resulting from chronic illnesses, premature aging, or nutritional deficiencies.

## IX. Conclusion

Khalitya is a serious condition that requires appropriate management. Implementing minor adjustments in lifestyle and dietary practices can help prevent hair loss. Adequate hair care, including oiling, washing, and protection from external factors such as environmental influences, chemicals, and heat, is crucial for preventing hair loss and maintaining hair health. Prior to initiating treatment for hair loss, it is essential for the physician to determine the underlying cause, with the initial treatment focusing on Nidanparivarjana, or the management of that cause. Subsequently, other therapies such as Abhyang, Lepana, Shodhan, Nasya, and Rasayana should be recommended as needed. This approach allows for the effective treatment of KhalityaRoga, or hair loss.

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# Nanatmaja Vatavyadhi - A Critical Conceptual Analysis

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## I. Introduction

*Vatavyadhis* are a group of diseases caused by the vitiated *vata* and are generally considered to be incurable because of their complex nature. In the modern terms *Vatavyadhis* include major Neurological, Musculoskeletal, Psycho neurological aberrations and Gastro Intestinal Disorders prevalent in those times. *Vata* System in fact, is a broader classification involving many systems as classified in current text books of medicine. All Ayurveda classics without any exception have dealt various aspects of *Vatavyadhis* such as Etiology, Pathology, Classification and Management. Though a few differences of opinion have been put forth by the authors of these texts it is generally accepted that this group is a major group of diseases involving the vitiation of *vata* and that these diseases are complicated, demanding, difficult and even mysterious ones to be tackled yet by the most efficient proficient and competent of physicians, using the best of treatment measures.

## II. Some Important Observations

- Caraka samhita (Ca.Su. 20/10) has used the term *Nanatmaja vatavyadhi* and has mentioned the number as 80 under which group both very simple and very complex pathological conditions are cited,
- Kasyapa samhita and Sharangadhara samhita too have counted 80 *vata* diseases but some different names are found other than Charaka samhita and some of those mentioned in Charaka samhita are missing. They are mentioned as *vatavyadhis* and the term *nanatmaja* is missing .
- In Charaka Cikitsa 28, the author has discussed only 26 *vatavyadhis* diseases. Out of this only 11 diseases are those which have already appeared under *Nanatmaja* variety (Sutra 20/10) .Again the term *nanatmaja* is missing. It is to be noted that nanatmaja term is used only by Caraka samhita among all the texts and that too only in sutrasthana chapter 20
- Basavarajiyam a south Indian treatise has described a number of new diseases under *Vatavyadhi* which are not found in any Ayurveda texts.
- *Vatavyadhi* group of diseases is also considered among *Ashta Mahagadas* – 8 major diseases which are extremely difficult to be cured.

  **वातव्याधिरपस्मारी कुष्ठी शोफी तथोदरी। गुल्मी च मधुमेही च राजयक्ष्मी च यो नरः||८||** *(CA ,SU, AS, AN )*

- '*Vatavyadhi'* is used as a synonym for the sage Uddhava in Kautilya's *Arthasastra*

**III. Significance of Vayu - Caraka Samhita Chikitsa 28**

वायुरायुर्बलं वायुर्वायुर्धाता शरीरिणाम् । वायुर्विश्वमिदं सर्वं प्रभुर्वायुश्च कीर्तितः Ca ci 28/3

*Vayu* is life, *vayu* is strength, *vayu* mainstays living organisms, the same *vayu* is verily the universe, and hence the Lord *Vayu* is praised.

**IV. Important Role Of Vayu In Health**

अव्याहतगतिर्यस्य स्थानस्थः प्रकृतौ स्थितः ।वायुः स्यात्सोऽधिकं जीवेद्वीतरोगः समाः शतम् || Ca ci 28/4

When normal (non-vitiated) *vayu* is at its abode with unobstructed (free) movement, is responsible for long lifespan of hundred years devoid of diseases.

***PROPERTIES OF VATA - SUSRUTA SAMHITA NIDANA 1***

स्वयम्भूरेष भगवान् वायुरित्यभिशब्दितः ।।५।।स्वातन्त्र्यान्नित्यभावाच्च सर्वगत्वात्तथैव च ।
सर्वेषामेव सर्वात्मा सर्वलोकनमस्कृतः ।।६।। स्थित्युत्पत्तिविनाशेषु भूतानामेष कारणम् ।
अव्यक्तो व्यक्तकर्मा च रूक्षः [२] शीतो लघुः खरः ।।७ तिर्यग्गो द्विगुणश्चैव रजोबहुल एव च ।
अचिन्त्यवीर्यो दोषाणां नेता रोगसमूहराट् ।।८।।आशुकारी मुहुश्चारी पक्वाधानगुदालयः ।९।

**V. Tenets of Vayu**

- ***ASANGHATAMANAVASTHITHAM-*** *INCORPOREAL,UNSTABLE*
- ***ANAASADHAM*** *INACCSSIBLE*
- ***AYAKTO VYAKTA KARMACA*** *INVISIBLE, PATENT BY ACTIONS*
- ***RUPARAHITA SPARSAVAN*** *FORMLESS, PERCEIVABLE BY TOUCH*
- ***ASUKARI MUHUSCHARI*** *INSTANTANEOUS &CON.MOBILE*
- ***NITYA SARVAGATA*** *ETERNAL, ALL PERVASIVE*
- ***SWAYAMBUH*** *SELF ORIGINATED*
- ***RUKSHASITO LAGHUH SUKHMAH*** *DRY, LIGHT, COOL, SUBTLE,*
- ***CHALOTHA VISADAH*** *UNSTABLE, ROUGH*
- ***SARVAGATA*** ***ALLPERVADING/OMNIPRESENT***
- ***NITYAGA*** ***ETERNAL***
- ***ASUKARI*** ***CAUSES MEDICAL EMERGENCIES***
- ***MUHUSCHARI*** ***FREQUENTLY MOBILE***

- ***RAJOBAHULA*** ***PREDOMINENTLY DYNAMIC***

**VI. Functions of Normal Biological Vata**

*वायुस्तन्त्रयन्त्रधरः, प्राणोदानसमानव्यानापानात्मा, प्रवर्तकश्चेष्टानामुच्चावचानां, नियन्ता प्रणेता च मनसः, सर्वेन्द्रियाणामुद्योजकः, सर्वेन्द्रियार्थानामभिवोढा, सर्वशरीरधातुव्यूहकरः, सन्धानकरः शरीरस्य, प्रवर्तको वाचः, प्रकृतिः स्पर्शशब्दयोः, श्रोत्रस्पर्शनयोर्मूलं, हर्षोत्साहयोर्योनिः, समीरणोऽग्नेः, दोषसंशोषणः , क्षेप्ता बहिर्मलानां, स्थूलाणुस्रोतसां भेत्ता, कर्तागर्भाकृतीनाम्, आयुषोऽनुवृत्तिप्रत्ययभूतो भवत्यकुपितः।*

- **SUSTAINS AND COHERS ALL THE ORGANS OF THE BODY**
- **BRINGS COMPACTNESS TO THE BODY**
- **PROMPTS MOVEMENTS OF DIVERSE KINDS**
- **RESTRAINS AND IMPELS MENTAL ACTIVITY**
- **CO-ORDINATES ALL THE SENSORY FACULTIES**
- **PRIME CAUSE OF TACTILE AND AUDITORY FACULTY**
- **THE ORIGIN OF TOUCH AND SOUND**
- **PROMPTS SPEECH, REGULATES RESPIRATION**
- **STIMULATES DIGESTIVE FIRE, DRAINS DOSAS & EXPELS EXCRETA**
- **CAUSATIVE FACTOR OF JOY AND COURAGE**
- **INDICATIVE OF CONTINUITY OF SPAN OF LIFE**

***VATAVYADHI*** **SIGNIFICANCE**

***VATAVYADIRASADYOYAM DAIVAYOGENA SIDHYATI***
***ANUMANENA KURVANTI CIKITSAM NA PRATIJNAYA (YOGARATNAKARA*)**

A disease of the *vata* system is cured at the command of the omnipotent. Treatment is done on optimism. Cure is not to be owed.

The disease caused by aggravated/vitiated *vata* of extraordinary by nature are called *vatavyadhis.* Extraordinary, because they are too many in number, highly complex by nature, acute in onset and often cause medical emergencies. They warrant contradictory approaches in the management and generally, are incurable or curable with difficulty.

**वातव्याधिवत् पित्तकफव्याधी कस्मान्नोक्तौ? उच्यते**
**वायोरतिबलत्वेन आशुकारित्वेन च गरीयस्त्वात्तद्विकाराणां दुःसाध्यत्वादाश्ववात्ययकरत्वाद्विशिष्टचिकित्स्यत्वाद्वातव्याध्यभिधानं, नतु कफ पित्तव्याध्यभिधानम्। अत एव चरकसुश्रुतादिष्वपि वातरोगाध्याय एव निर्दिष्टो, नतु पित्तकफरोगाध्यायः** MADHAVVA (MADHUKOSA )

VATAVYADHI- DEFINITION

- **ननु कोऽयं वातव्याधिः, किं वात एव व्याधिः, उत वातजनितो व्याधिः? आद्ये स्वस्थेऽपि प्रसङ्गः, द्वितीये ज्वरादिषु। उच्यते– व्याधिपदसामानाधिकरण्याद्विकृतो दुःखकारी वातो वातव्याधिः।..... वातजनितोऽसाधारणव्याधिर्वातव्याधिरिति विशेषणी यं, तेनोभयत्राप्रसङ्गः। यच्चोक्तम्– ,,,,,,,,,,,,,,,,,,,, चरके द्विविधा व्याधय उक्ताः - सामान्यजा नानात्मजाश्चेति; – तत्र सामान्यजा वातादिभिः समस्तैर्व्यस्तैर्वा जन्यन्ते, यथा– ज्वरादयः,** MADHAVVA (MADHUKOSA )

- *Vata Eva Vyadhih Vatavyadhih*
- *Vatatvyadhih Vatavyadhih*

- *Vikruto Dhukhakari Vato Vatavyadhih*
- *Vikruto Vatajanito Vyadhih Vatavyadhih*
- *Vatajanito Asadharano Vyadhih Vatavyadhih*

- *The Vata should be Vikruta (disorted)*
- *The disease should be Vatajanita*
- *The conditions should be Dukhakari (distressing.)*
- *It should be extraordinary – Asadharana*

Thus for a disease to termed *Vatavyadhi* it should be *(1) Vikruta Vatajanita (*disorted *vayu ) (2)* should be *Dukhakari (*distressing.*)* and (3) It should be *Asadharana (*extraordinary*)*

***Vikruta Vatajanito Asadharano Vyadhih Vatavyadhih***

*VATAVYADHIS*- CLASSIFICATION

- Charaka has classified the diseases into two major groups *Samanyaja* and *Nanatmaja* groups- based on the involvement of dosas either singularly or in combination.

**तत्र विकाराः सामान्यजा, नानात्मजाश्च|**
**तत्र सामान्यजाः पूर्वमष्टोदरीये व्याख्याताः, नानात्मजांस्त्विहाध्यायेऽनुव्याख्यास्यामः|**
**तद्यथा- अशीतिर्वातविकाराः, चत्वारिंशत् पित्तविकाराः, विंशतिः श्लेष्मविकाराः|| ca su 20/10**

**सामान्यजा इति वातादिभिः प्रत्येकं मिलितैश्च ये जन्यन्ते| नानात्मजा इति ये वातादिभिर्दोषान्तरासम्पृक्तैर्जन्यन्ते|**
(चक्रपाणिदत्त - ca su 20/10)

- *Samanyaja Vyadhis* - Diseases caused due to vitiation of two or more *doshas*
- *Nanatmaja Vyadhis* - caused by the vitiation of single *dosa* .- 80 types caused by vata, 40 by pitta, and 20 by kapha.

- Sushruta classifies *Vatavyadhis* into *Vatavyadhis* and *Mahavatavyadhis*, devoting separate chapters for these two in Chikitsa Sthana. Sushruta includes *Vataraka*, among *Mahavatavyadhis*. Charaka does not make any such divisions, but in Cikitsa, 28 he has considered a few diseases as *viseshavatavyadhis* where he includes *vatarakta* among *visesha-vyadhis*. Bhela divides the patients of *vatavyadhis* into
1. *Sarvanga Roginah (2) Ekanga Roginah*. However the details are not available.

**NANATMAJA VATAVYADHI**

> नानात्मजांस्त्विहाध्यायेऽनुव्याख्यास्यामः| तद्यथा- अशीतिर्वातविकाराः, चत्वारिंशत् पित्तविकाराः, विंशतिः श्लेष्मविकाराः ca su 20/10||

There are 140 types of single-*dosha* diseases, including 80 types caused by vata, 40 by pitta, and 20 by kapha.

**Eighty disorders caused due to vata dosha**

तत्रादौ वातविकाराननुव्याख्यास्यामः| तद्यथा- नखभेदश्च, विपादिका च, पादशूलं च, पादभ्रंशश्च, पादसुप्तता च, वातखुड्डता च, गुल्फग्रहश्च, पिण्डिकोद्वेष्टनं च,गृध्रसी च, जानुभेदश्च, जानुविश्लेषश्च, ऊरुस्तम्भश्च, ऊरुसादश्च, पाङ्गुल्यं च, गुदभ्रंशश्च, गुदार्तिश्च, वृषणाक्षेपश्च ,शेफस्तम्भश्च, वङ्क्षणानाहश्च, श्रोणिभेदश्च, विड्भेदश्च, उदावर्तश्च, खञ्जत्वं च, कुब्जत्वं च, वामनत्वं च, त्रिकग्रहश्च,पृष्ठग्रहश्च, पार्श्वविमर्दश्च, उदरावेष्टश्च, हृन्मोहश्च , हृद्द्रवश्च, वक्षौद्घर्षश्च , वक्षौपरोधश्च, वक्षस्तोदश्च, बाहुशोषश्च,ग्रीवास्तम्भश्च, मन्यास्तम्भश्च, कण्ठोद्ध्वंसश्च, हनुभेदश्च , ओष्ठभेदश्च, अक्षिभेदश्च , दन्तभेदश्च, दन्तशैथिल्यं च,मूकत्वं च , वाक्सङ्गश्च, कषायास्यता च, मुखशोषश्च, अरसज्ञता च, घ्राणनाशश्च, कर्णशूलं च, अशब्दश्रवणं च,उच्चैःश्रुतिश्च , बाधिर्यं च, वर्त्मस्तम्भश्च, वर्त्मसङ्कोचश्च, तिमिरं च, अक्षिशूलं च, अक्षिव्युदासश्च, भ्रूव्युदासश्च,शङ्खभेदश्च, ललाटभेदश्च, शिरोरुक् च, केशभूमिस्फुटनं च, अर्दितं च, एकाङ्गरोगश्च, सर्वाङ्गरोगश्च, पक्षवधश्च ,आक्षेपकश्च, दण्डकश्च, तमश्च , भ्रमश्च, वेपथुश्च, जृम्भा च, हिक्का च, विषादश्च, अतिप्रलापश्च, रौक्ष्यं च, पारुष्यं च,श्यावारुणावभासता च, अस्वप्नश्च, अनवस्थितचित्तत्वं च; इत्यशीतिर्वातविकारावातविकाराणामपरिसङ्ख्येयानामाविष्कृततमा व्याख्याताः||११||

**Forty disorders of *pitta dosha***

The 40 prevalent pittaja disorders pittaja nanatmaja vyadhis, ones are:

पित्तविकारांश्चत्वारिंशतमत ऊर्ध्वमनुव्याख्यास्यामः- ओषश्च, प्लोषश्च, दाहश्च, दवथुश्च, धूमकश्च, अम्लकश्च, विदाहश्च,अन्तर्दाहश्च, अंसदाहश्च , ऊष्माधिक्यं च, अतिस्वेदश्च (अङ्गस्वेदश्च), अङ्गगन्धश्च, अङ्गावदरणं च,शोणितक्लेदश्च, मांसक्लेदश्च, त्वग्दाहश्च, (मांसदाहश्च ), त्वगवदरणं च, चर्मदलनं च, रक्तकोठश्च, रक्तविस्फोटश्च,रक्तपित्तं च, रक्तमण्डलानि च, हरितत्वं च, हारिद्रत्वं च, नीलिका च, कक्षा (क्ष्या) च, कामला च, तिक्तास्यता च,लोहितगन्धास्यता च, पूतिमुखता च, तृष्णाधिक्यं च, अतृप्तिश्च, आस्यविपाकश्च, गलपाकश्च, अक्षिपाकश्च, गुदपाकश्च,मेढ्रपाकश्च, जीवादानं च , तमःप्रवेशश्च, हरितहारिद्रनेत्रमूत्रवर्चस्त्वं च; इति चत्वारिंशत्पित्तविकाराःपित्तविकाराणामपरिसङ्ख्येयानामाविष्कृततमा व्याख्याताः||१४||

**Twenty disorders of kapha dosha**

The 20 prevalent kapha disorders or *Shleshma nanatmaja vyadhi* are:

श्लेष्मविकारांश्च विंशतिमत ऊर्ध्वं व्याख्यास्यामः; तद्यथा- तृप्तिश्च, तन्द्रा च, निद्राधिक्यं च, स्तैमित्यं च, गुरुगात्रता च,आलस्यं च, मुखमाधुर्यं च, मुखस्रावश्च, श्लेष्मोद्गिरणं च, मलस्याधिक्यं च, बलासकश्च , अपक्तिश्च, हृदयोपलेपश्च,कण्ठोपलेपश्च, धमनीप्रति (वि) चयश्च, गलगण्डश्च, अतिस्थौल्यं च, शीताग्निता च, उदर्दश्च, श्वेतावभासता च,श्वेतमूत्रनेत्रवर्चस्त्वं च; इति विंशतिः श्लेष्मविकाराः श्लेष्मविकाराणामपरिसङ्ख्येयानामाविष्कृततमा व्याख्याता भवन्ति||१७||

***Nanatmaja Vyadhi* has five components:**

1. **दोषान्तरासम्पृक्तै** single-*dosha* not assorted with other *doshas*
2. **धनयतैकदोषजन्याः** *Niyataikadoshajanya*- only one dosa should be involved in the genesis of the disease.
3. **वातेनैव** *Na Anatmaja* = Aatmaja *Na Anyena Jatah* –The disease could never be produced by *dosa* other than the concerned *dosha*.
4. **तत्रारम्भको वायुरेव** *Aarambhako vaata Eva only one dosha involved at the time of origin of the disease*
5. **धपत्तकफौ त्वनुर्ध्वधवधत** *pitta & kapha* can only be *anubandhas* (associates at some stage after the disease originates)

- **नानात्मजा ये *नियतैकदोषजन्याः*, यथा आक्षेपकादयो वातेनैव जन्यन्ते, न स्वतन्त्रेण पित्तेन कफेन वा; तथा ओषचोषादयः पित्तेनैव न वातेन न वा कफेन; तथा तृप्त्यादयो कफेन, नैव च वाते** मधुकोश व्याख्या (विजयरक्षित, श्रीकण्ठदत्त कृत)
- **चरके हि द्विविधा व्याधय उक्ताः [२] सामान्यजा, नानात्मजाश्चेति; तत्र सामान्यजा ये वातादिभिः समस्तैर्व्यस्तैर्वा जन्यन्ते, यथा– ज्वरादयः; नानात्मजा ये *नियतैकदोषजन्याः*,** मधुकोश व्याख्या (विजयरक्षित, श्रीकण्ठदत्त कृत)
- **''कफपित्तान्वितो वायुर्वायुरेव च केवलः। कुर्यादाक्षेपकम्'' इत्यादि; *तत्रारम्भको वायुरेव, पित्तकफौ त्वनुबन्धाविति न विरोधः* [३] स्यात्।** मधुकोश व्याख्या (विजयरक्षित, श्रीकण्ठदत्त कृत)
- **पित्तकफयो रूपरसादियोगाद्द्रव्यविशेषयोगाद्वा हरिद्राचूर्णसंयोगवदत्यन्तविसदृशा रसादिमन्तो विकाराः पृथङ्नामानो जायन्ते, वायोस्तु [३] रूपरसाद्यभावात् [४] द्रव्यनिरपेक्षा आक्षेपकादयो वातादनतिभिन्नरूपा नानात्मजाः; तेन वातविकाराः पृथगुच्यन्ते, न तु पित्तकफविकारा इति।** मधुकोश व्याख्या (विजयरक्षित, श्रीकण्ठदत्त कृत)
- **नानात्मजा इति ये *वातादिभिर्दोषान्तरासम्पृक्तैर्जन्यन्ते।*** (चक्रपाणिदत्त - ca su 20/10)
- **एतत्तु बकुलकरप्रभृतया नानुमन्यन्ते, चरकविरोधात्। चरके हि पित्तकफयोरपि नानात्मजा उक्ताः, यथा– 'अशीतिर्वातविकाराः, चत्वारिंशत् पित्तविकाराः, विंशतिः श्लेष्मविकाराः।' सुश्रुतेन तु शल्याध्यायिना पित्तकफनानात्मजा न दर्शिताः, पराधिकारेषु न [५] विस्तारोक्तिरित्यभिप्रायेणेति** मधुकोश व्याख्या (विजयरक्षित, श्रीकण्ठदत्त कृत)

***NANATMAJA VATAVYADHI -SAMANYAJA VYADHI* OMISSISSIONS AND COMMISSIONS**

- **A few diseases are mentioned in both the groups. Charaka includes *Urusthamba, Gridhrasi* and *Hikka* in both *Vata Nanatmaja and Samanyaja Groups*. Similarly *Raktapitta and Kamala* the two *Pittaja Nanatmaja* diseases are also counted among *samanyaja* diseases. Charaka even includes *Vatarakta* among *Pittaja Nanatmaja* (though mentioning it in *Samanyaja* Group). For, *Vata Rakta* is counted among by *Maha Vatavyadhis* by Sushruta and even Charaka says that the name '*vatabalasa'* is given because vata here is most important. Charaka devotes separate chapters for *Urusthamba &Vata Rakta* though he counts them among *Nanatmaja Vata vyadhis***

POSSIBLE CLARIFICATIONS

- The term *Gridrasi in Nanatmaja vatavyadi* only refers to *Gridrasi Sula*
- In *Urusthambha ony Sthambha* should be considered. *Sthamba* is a pathognomonic condition of *Vata*.

  **गृध्रसीशब्देनगृध्रसीशूलंगृह्यते ऊरुस्तम्भेनच ऊरुस्तम्भनमात्रं वातजन्यत्वेन एवं कर्णाक्षिशूलयोशूलमात्रम्वातजातीसारेऽपि विड्भेदोवातज एवंच नगृध्रस्यादीनां सामान्यजत्ववातजातीसारेऽपिविड्भेदो वातजःएवंचनगृध्रस्यादीनां सामान्यजत्वं यथोक्तांशस्य केवलवातजन्यत्वात्** CAKARAPANI CA SU 20/9-11

- *Shuddha Pittajanya Rattapitta* alone should be considered among *Nanatmaja* variety.

**रक्तपित्तंदोषान्तरासम्पृक्तंरक्तपित्तंपैत्तिकंज्ञेयम्** CAKARAPANI CA SU 20/16

Though Kamala is generally due to pitta alone vitiation of Kapha in *Shakhasrita* kamala has been explained, inclusion of kamala among *samanyaja* vyadhis should be viewed from this angle.

**तिलपिष्टनिभं यस्तु वर्चः सृजति कामली। श्लेष्मणा रुद्धमार्गं तत् पित्तं कफहरैर्जयेत्। CA CHI 16/124**

- Similarly *Pittadika Vatarakta* may be considered among the *Nanatmaja* variety while the rest of the varieties may be counted among *Samanyaja* group.

It is difficult to justify the inclusion of Hikka into Nanatmaja group because the following statements do not quite agree**.**

- ***Kapha vatatmakavetau (Hikka and Swasa) Pitta Sthana Samudhuavau – Ca. Ci. 17/8***
- ***Vayuh Kaphenanugatah Panca Hikkam Karotihi- Su. Ut.50.***

**FINAL WORD**

- In Charaka samhita all the diseases mentioned under *Nanatmaja* (Ca.Su. 20/10) are not discussed in *Vatavyadhi* chapter(Ca.chi 28) .There is a gross difference in the number and nomenclature of diseases mentioned in these two chapters.
- In Charaka surta 80 *Nanatmaja vyaddis are mentioned while in* Charaka Cikitsa 28, the author has discussed only 26 diseases.
- Most of the diseases detailed in *vatavyadhi* chapter(Ca.ci. 28) are not mentioned among *Nanatmaja* Vatav*y*adhis. (Ca.Su. 20/10)
- Most of those mentioned in *Nanatmaja* group are very simple pathological conditions which can easily be cured which is in contrast to the nature (incurability) of *Vatavyadhis*.
- It is important to note that *nanatmaja* term is used only by Caraka samhita among all the texts and that too only in sutrasthana chapter 20
- Kasyapa samhita and Sharangadhara samhita too have counted 80 *vata* diseases which is equal to the number mentioned by caraka (80) but some different names are found other than Charaka samhita and some of those mentioned in Charaka samhita are missing. They are mentioned as *vatavyadhis* and the term *nanatmaja* is missing .
- In Charaka Cikitsa 28, the author has discussed only 26 diseases. Out of this only 11 diseases are those which have already appeared under *Nanatmaja* variety (Sutra 20/10)

**Diseases Mentioned Both at Charaka Sutra (20) and Cikista (28)**

1. **Ardita**
2. **Pakshavadha**
3. **Gridrasi**
4. **Akshepaka**
5. **Manyasthamba**

6. **Grivasthambha**
7. **Dandaka**
8. **Kubjatwa**
9. **Ekanga vata**
10. **Sarvanga vata**
11. **Pangulya**

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| | | | |
|---|---|---|---|
| ☐ | BHEL SAMHITA A | CHI | 24 |
| ■ | KASYAPA SAMHITA | CHI | 27 |
| ■ | CARAKA SAMHITA | SU | 12, 20 |
| ■ | | CHI | 28 |
| ■ | SUSRUTA SAMHITA | NI | 1 |
| ■ | | CHI | 4 & 5 |
| ■ | ASHTANGA SANGRAHA | NI | 15 |
| ■ | | CHI | 23 |
| ■ | ASHTANGA HRIDAYA | NI | 15 |
| ■ | | CHI | 21 |
| ■ | MADHAVA NIDANA | 22 | |

# A Holistic Ayurvedic Perspective on Anartava (Amenorrhea): Classical Insights and Clinical Application

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**Abstract**

**Anartava, literally meaning the absence of Artava (menstrual flow), is discussed extensively in Ayurvedic classics. Different terminologies such as Nashtartava (by Sushruta), Anartava (by Vagbhata), absence of Raja (by Bhela), and Rajonasha (by Bhavaprakasha) are used to describe this condition, although it is considered more as a symptom than a standalone disorder. However, its significant impact on female fertility makes it a condition demanding careful clinical attention.**

**Modern medicine identifies Amenorrhea (absence of menstruation) as a clinical condition often linked to hormonal imbalances such as PCOD, thyroid dysfunction, or hypothalamic-pituitary-ovarian (HPO) axis disturbances. Treatment is typically limited to hormonal replacement therapy (HRT), which may not always yield satisfactory results.**

**This study explores the classical Ayurvedic understanding of Anartava and its practical integration with modern diagnostic concepts. A case of secondary amenorrhea persisting for 8–10 years with associated PCOD and thyroid dysfunction is presented. The patient had become unresponsive even to hormonal withdrawal bleeding. Ayurvedic management included Shodhana Chikitsa (detoxification), particularly Basti and Nasya, along with tailored oral medication and lifestyle modifications. Gradual restoration of the menstrual cycle was observed — initially after six months, then at two-month intervals, eventually stabilizing at a regular 35–40-day cycle with improved flow and quality.**
**This case highlights the potential of Ayurveda in addressing chronic and resistant cases of Anartava through a personalized and root-cause-focused approach.**

***Keywords: Anartava; Amenorrhea; PCOD; HPO Axis; Ayurvedic Management; Basti; Nasya; Hormonal Therapy; Yonivyapada***

## I. Introduction

Secondary amenorrhea is defined as the cessation of menstruation for six months or more in a woman who previously had regular menstrual cycles. It may arise due to hypothalamic suppression, PCOD, thyroid dysfunction, or pituitary disorders. In Ayurveda, this condition is referred to as Anartava and is often seen as a symptom rather than an independent disease. Acharyas have mentioned various manifestations such as Nashtartava (Sushruta), Arajaska (Charaka), and Rajonasha (Bhavaprakasha), often correlated with Yonivyapada.

This case illustrates the classical Ayurvedic understanding and successful management of Anartava due to long-standing PCOD and hormonal therapy resistance.

Anartava, or the absence of Artava (menstrual flow), is a gynecological condition of significant concern, especially in women of reproductive age. It can manifest either as a primary condition (when menstruation has never occurred) or as secondary amenorrhea (cessation of previously established menses). While modern medicine attributes secondary amenorrhea to multiple etiological factors such as polycystic ovarian syndrome (PCOS), hypothalamic

dysfunction, thyroid irregularities, and hyperprolactinemia, it often offers only symptomatic relief through hormonal replacement therapies. These interventions, although effective in the short term, frequently fail to offer sustained and holistic results, particularly in chronic or resistant cases.

Ayurveda, being a science rooted in systemic balance and individual constitution (Prakriti), offers a comprehensive understanding of this condition. According to Ayurvedic classics, Anartava is not an independent disease entity but is rather considered a symptom reflecting deeper pathological disturbances, primarily within the ArtavavahaSrotas. Acharyas such as Sushruta referred to it as Nashtartava, Vagbhata as Anartava, and Bhavaprakasha as Rajonasha, each highlighting the multi-layered approach Ayurveda adopts in understanding female reproductive health.

The causative factors in Ayurveda often include vitiation of Vata and Kapha doshas, obstruction of the channels carrying Artava, depletion of Dhatus (especially Rasa and Rakta), and Agnimandya (digestive and metabolic dysfunction). Furthermore, Anartava is also recognized as a manifestation in several Yonivyapadas such as Arajaska, Shushka, Vandhya, and Shandhi, making its management multidimensional. The therapeutic approach in Ayurveda emphasizes the correction of doshic imbalance, nourishment of Dhatus, and restoration of natural reproductive rhythms through both Shodhana (purification) and Shamana (palliative) therapies.

Procedures such as **Basti** (medicated enema) and **Nasya** (nasal administration of medicated oils) have shown promising outcomes in pacifying vitiated Vata and in regulating the function of the hypothalamic-pituitary-ovarian (HPO) axis. In conjunction with Rasayana therapy, Deepana-Pachana for metabolic correction, and the administration of Artavajananadravyas (menstrual-inducing herbs), a systematic Ayurvedic protocol may bring about regularization of the menstrual cycle even in cases where modern treatments have failed.

The present case study exemplifies the successful Ayurvedic management of a complex condition of chronic secondary amenorrhea in a young female patient with associated PCOD and subclinical hypothyroidism, unresponsive to hormonal therapy. This case underscores the strength of classical Ayurvedic principles in addressing chronic gynecological disorders through personalized, cause-based, and sustainable treatment modalities.

## II. Nidana (Etiology / Causes)

**English Explanation**

The main cause of Anartava is **Vata dosha vitiation**, often due to dry, cold, and irregular food habits, excessive exertion, stress, and mental disturbances. When Vata becomes aggravated, it obstructs the normal functioning of the Apana Vata, leading to the suppression of menstrual flow.

**Sanskrit References:**

- **"रूक्षशीलोष्णतिक्ष्णाद्यैःकर्मभिर्भोजनादिभिः।**
  **वातोऽतिकोपंगच्छेत्तुयोगर्भंबाधतेध्रुवम्॥"**
  – Charaka Samhita, Sutrasthana 28/15
- **"दुःखशय्यासनात्यश्नात्यभिघाताद्रजोनष्टम्।"**
  – Ashtanga Hridaya, Sutrasthana 1/25
- **"शोणितक्षयजंचापिरजोऽनाशंविनिर्दिशेत्॥"**
  – Charaka Samhita, Chikitsa Sthana 15/24

## III. Roopa (Signs and Symptoms)

**English Explanation**

The primary symptom is **absence or cessation of menstruation**. Other associated signs include weakness, dryness of the vaginal passage, infertility, mental disturbances like irritability, insomnia, and underdevelopment of secondary sexual characteristics in young girls.

**Sanskrit References**

- **"रजोनाशोहितद्योनिरोगेष्वप्युपलभ्यते।"**
  – Ashtanga Hridaya, Nidana Sthana 1/26
- **"स्त्रीणांरजोऽभावोयोनिशूलश्चजायते।"**
  – Bhava Prakasha, Striroga Chikitsa
- **"मलसंरोधसंशोषैःस्त्रीबीजंह्युपतप्यते।"**
  – Kashyapa Samhita, Khila Sthana

**IV. Samprapti (Pathogenesis)**

**English Explanation**

Due to Nidana (causative factors), Vata dosha gets aggravated and disturbs the functioning of Apana Vata, which governs downward movements in the body. This blocks or reduces the flow of menstrual blood. If associated with Pitta or Kapha, it can lead to more complex presentations.

**Samprapti Ghataka**

- **Dosha**: Predominantly Vata; sometimes associated with Pitta or Kapha
- **Dushya**: Rasa, Rakta, Artava (menstrual blood)
- **Srotas**: Artavavahasrotas
- **Udbhavasthana**: Pakwashaya
- **Adhisthana**: Yoni (uterus & reproductive organs)

**Sanskrit References**

- **"वातात्स्तंभोभवतिरजसः, सचस्त्रीणामनार्तवत्वहेतुः।"**
  – Ashtanga Hridaya, Nidana Sthana
- **"रजोदोषोवातकृतेस्यात्स्तम्भितोरजोवहासुस्रोतोभिः।"**
  – Charaka Samhita, Chikitsa Sthana 30

**V. Chikitsa (Management and Treatment)**

**A. Shodhana Chikitsa (Purificatory Measures)**

**English Explanation**
Vata-pacifying therapies like Snehana (oleation), Swedana (sudation), and Basti (medicated enemas) are recommended. Basti is especially effective in regulating Apana Vata.

**Sanskrit Reference**

- **"तत्रवातनिबन्धनंआर्तवस्तम्भं, बस्त्यादिभिःशमयेत्।"**
  – Charaka Chikitsa 15/26

**B. Shamana Chikitsa (Palliative Treatment)**

**English Explanation**
Medications to stimulate menstruation (Artavajanana), nourish the dhatus, and pacify Vata should be used.

**Common Formulations**

- Rajahpravartini Vati
- Phalaghrita
- Dashamoolarishta
- Ashokarishta
- Shatavari Churna
- Kumaryasava

**Sanskrit Reference**

- **"बल्या: स्नेहाःस्त्रीणांरजोवर्धयन्ति।"**
  – Bhava Prakasha, Yonivyapad Chikitsa

**C. Pathya-Apathya (Diet and Lifestyle)**

- Warm, unctuous, nourishing food
- Avoidance of exertion, mental stress
- Practice of calming yoga and pranayama (like Bhramari, Anuloma-Viloma)

**Sanskrit Reference**

- **"स्नेहोष्णाहारसेवीस्याद्वातशमनहेतवे।"**
  – Charaka Sutrasthana 5/13

## VI. Case Report

### A. Patient Profile

- Age: 27 years
- Sex: Female
- Marital Status: Unmarried
- Occupation: School teacher
- Menstrual History: Menarche at 14; irregular menses for 3 years followed by complete amenorrhea
- Last menstrual period: Over 7 years ago
- Associated Symptoms: Occasional acne, hair fall, lethargy, dry skin, constipation, poor sleep, anxiety
- Medical History: Diagnosed PCOD (age 19), mild hypothyroidism (TSH ~6.9)
- Hormonal therapy: Received multiple courses of progesterone; responsive in early phase, no response past 2 years

### B. Investigations (Baseline):

- USG Pelvis: Bilateral enlarged ovaries with peripheral follicles and echogenic stroma
- TSH: 6.9 uIU/mL
- Hb: 10.2 g/dL

- BMI: 18.2

**C. Ayurvedic Diagnosis:**

- Anartava due to Vata-Kapha Dushti with ArtavavahaSrotorodha

**D. TREATMENT PROTOCOL**

**1. Purvakarma (Initial Preparation)**

- Deepana & Pachana with Trikatu Churna and Hingvashtaka Churna for 7 days
- Light and warm Pathya diet to kindle Agni

**2. Shodhana Chikitsa**

- **Yog Basti (15 days)**
    - Niruha Basti: Dashamoola decoction + Shatapushpi + Yashtimadhu
    - Anuvasana Basti: Bala Taila
- **Nasya (3 courses over 6 months):**
    - Mahanarayan Taila + Brahmi Taila (alternate use)
    - Pratimarsha continued for 1 month each after each Nasya course

**3. Shamana Chikitsa (Post-Shodhana Medication)**

- Rajapravartini Vati – 2 tab BD before meals
- Phala Ghrita – 1 tsp with milk at bedtime
- Ashwagandha Churna – 3g BD
- Shatavari Churna – 3g BD

**E. Rasayana & Pathya Ahara-Vihara**

- Rasayana: AmalakiRasayana (after 6 months), Brahma Rasayana in last phase
- Pathya: Milk, ghee, warm soups, sesame seeds
- Apathya: Cold foods, suppressing natural urges, night-watching
- Yoga: Sarvangasana, Bhujangasana, Nadi Shodhana, daily walking

**VII. Outcome & Follow-Up**

| Timeline | Menstruation Status | Interval | Flow | Associated Symptoms |
|---|---|---|---|---|
| Month 0 | No menstruation | — | — | Constipation, lethargy |
| Month 5 | Natural menstruation resumed | 60 days | 2 days | Improved appetite, sleep |
| Month 7 | Second cycle | 45 days | 3 days | Mild acne, energy better |

| | | | | |
|---|---|---|---|---|
| Month 9 | Third cycle | 40 days | 3–4 days | No constipation |
| Month 12 | Regular cycles established | 36 days | 4–5 days | No significant complaints |

USG after 12 months: Reduced ovarian volume, normal follicular pattern
TSH reduced to 4.2 uIU/mL without allopathic medication
Weight increased to 49 kg; improved BMI

## VIII. Discussion

The present case study exemplifies a typical manifestation of Anartava where multiple underlying factors—Vata-Kapha Dushti, impaired Agni, and Srotorodha—contributed to long-standing amenorrhea. The chronicity and unresponsiveness to hormonal therapy underscore the need for a deeper, systemic intervention.

Ayurvedic pathogenesis considers Apana Vata as the primary functional agent behind menstrual flow. Its vitiation not only affects the physical movement of Artava but also impairs ovulation and follicular development. Kapha obstruction in the form of cystic ovaries, as seen in PCOD, further inhibits normal hormonal rhythm. This aligns with the concept of Avarana where Kapha envelops Vata, leading to suppression of function.

Deepana-Pachana prepared the patient by removing Ama and improving Agni, a prerequisite for any further intervention. Basti was employed for its direct effect on Apana Vata and its systemic regulation via the colon. The Dashamoola and Shatapushpi-based Niruha Bastis addressed inflammation, obstruction, and nervous system coordination. Matra Basti with Bala Taila nourished the reproductive system locally.

Nasya was used innovatively in this case to influence neurohormonal centers. As the nasal route bypasses hepatic metabolism and directly impacts the hypothalamus and pituitary, Nasya with Brahmi and Mahanarayan Taila was used cyclically. This helped restore the HPO axis's balance, as reflected in the return of natural cycles.

Rasayana and Artavajananadravyas helped build Rasa and Rakta dhatus, the nutritional foundation of menstruation. Their combined effect led to the eventual re-establishment of natural menses and normalization of associated symptoms. The improved TSH without external thyroid medication reflects the systemic balance Ayurveda aims for.

This case, therefore, reinforces the integrative and individualized capacity of Ayurveda to manage not only gynaecological symptoms but the root functional disorders through its unique combination of therapies.

## IX. Conclusion

The treatment of chronic Anartava, especially in cases associated with PCOD, thyroid dysfunction, and hormonal resistance, requires a multi-dimensional approach that goes beyond symptomatic relief. The present case demonstrates how Ayurvedic interventions, tailored to individual constitution and guided by classical principles, can lead to significant improvements not only in menstrual health but also in general systemic balance.

The comprehensive strategy involving Deepana-Pachana, Basti, Nasya, Rasayana, and Artavajanana therapy helped re-establish the hormonal axis, improve ovarian function, and restore the regularity and quality of menstrual flow. This case validates the effectiveness of Shodhana and Shamana in addressing deeper reproductive and endocrine imbalances.

The Ayurvedic framework thus offers a sustainable, root-cause-oriented model for managing amenorrhea. It avoids the pitfalls of hormonal dependence and instead works through detoxification, nourishment, neurohormonal regulation, and lifestyle alignment. While this is a single case, the results are promising and warrant further exploration through controlled trials and comparative studies.

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# An Ayurvedic Approach to the Management of Sciatica (Gridhrasi)

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**Abstract**

**Sciatica describes a widely prevalent neurological condition which is associated with pain radiating along the path of the sciatic nerve. The discomfort starts in the lumbar region, progresses to encompass the buttock and leg, and is often associated with sensations of tingling, numbness, or weakness. In Ayurveda it corresponds to Gridhrasi, one among Nanatmaja Vata Vyadhi as described in ancient texts like Charaka Samhita and Sushruta Samhita.**

**The case study describes a 30-yr old woman patient from Pehowa village who presented with chronic low back ache radiating to left lower limb for 1-2 years with complaint of tingling in lateral three fingers and intermittent numbness. MRI showed L5-S1 disc desiccation with herniated disc at that level. The diagnosis was made as Vata-Kaphaja Gridhrasi. Line of management included Panchakarma (Vaitarana Niruha Basti, Ksheera Bala Anuvasana Basti), internal medications (Trayodashang Guggulu, Parijata Kashaya), and supportive therapies (Abhyanga and Swedana).**

**Ayurveda-integrative treatment resulted in significant pain reduction, improvement in functional capabilities alongside restoration of neurological function. This highlights why holistic Ayurvedic principles deserve more attention when dealing with modern-day neuromuscular problems such as sciatica by providing effective alternatives or additions to conventional treatments.**

***Keywords: Gridhrasi; Sciatica; Panchakarma, Vaitarana Basti; Ksheera Bala Anuvasana Basti; Ayurveda; Lumbar disc herniation***

## I. Introduction

Sciatica is a clinical syndrome characterized by pain along the path of the sciatic nerve. Its most common cause is nerve root compression due to lumbar disc herniation or narrowing of the spinal canal. The lifetime prevalence incidence of sciatica is reported between 13% and 40% (Ropper & Zafonte, 2015). Pain often accompanied by some form of abnormality in sensation, movement, or reflexes, typically starts in the lower back region then moves through the buttock, thigh, leg and foot.

The term Gridhrasi is etymologically derived from "Gridhra" (vulture), indicating the characteristic gait of patients who lean towards the affected side, resembling the posture of a vulture. In Ayurvedic literature, Gridhrasi is categorized both as a Nanatmaja Vata Vyadhi and as a Samanya Vyadhi, presenting in two clinical forms—Vataja and Vatakaphaja. The Vataja type is marked by classical symptoms such as Spandana (tingling), Toda (pricking pain), Ruk (aching pain), and Supti (numbness). In the Vatakaphaja variety, additional features attributed to Kapha such as Aruchi (anorexia), Tandra (drowsiness), and Gourava (heaviness) are observed.

Clinically, the pain pathway follows a defined anatomical route beginning from the Kati (lumbar region), extending through the Prishtha (back), Uru (thigh), Janu (knee), and Jangha (calf), ultimately reaching the Pada (foot). This distribution is often correlated with a limitation in the leg-raising test, known as Sakthikshep Nigraha. From an Ayurvedic perspective, this sequential progression is pathognomonic of the disease.

Conventional treatments for sciatica include NSAIDs, muscle relaxants, physiotherapy, and surgical intervention in severe cases. However, these options often provide temporary relief and may be associated with side effects or complications. Ayurveda offers a holistic management strategy addressing both the symptoms and root cause of the disease.

## II. Review of Literature

According to Acharaya Charak Gridhasi comes in 80 types of Vataj Nanatamaja Vyadi and two in number in Samanyaj Vyadhi caused by aggravated Vata characterized by Ruk (pain), Stambha, (stiffness) and Toda (pin pricking sensation) starting from low back region radiating downward to postero-lateral aspect i.e. Sphik, Kati, Prishta, Uru, Janu, Jangha, Pada in order. If the ailment is caused by the aggravated Vata and Kapha then the patient suffers from drowsiness, heaviness and anorexia.

**Acc. To Charak Samhita** types of Grudhrasi is described in Sutra Sthana 19th chapter in Samanayaj Rog and Sutra Sthana 20$^{th}$ chapter in Vat Nanatamaj Rog Aasthapan and Anuvasan both Vasti is major treatment in this. Chikitsa for Gridhrasi is described in Chikitsa Sthana 28th chapter.

**Acc. to Chakradatta** Aacharya Chakradatta described treatment of Grudhrasi in 22th chapter of Chikitsa Prakarna.

**Acc. to Sushrut Samhita:** Definition of Grudhrasi is described in NidanSthana 1$^{st}$ chapter and Vrishadi Basti & Shampakadi Basti both for Grudhrasi in Chikitsa Sthana 38th chapter.
**Acc. To Astanga Hridayam:** Definition and types of Grudhrasi are described in 15th chapter of Nidansthan.
**Acc. To Vangasena:** Definition, type and treatment of grudhrasi are described in Grudhrasi nidanam chapter.
According to signs, symptoms and site of referred pain it can be compared with sciatica in modern medical science Herniated disc, bone spur on spinal cord, repetition of irregular posture and compression of nerve root, obesity, prolonged sitting, sometimes pregnancy also is the major factor which produce sciatica pain and its management either by conservative or by surgery.

### A. Ayurvedic View of Gridhrasi

Gridhrasi is a Nanatmaja Vata Vyadhi characterized by:

Ruk (pain) starting from Sphik (hip) radiating to Kati, Prushtha, Uru, Janu, Jangha, Pada

Stambha (stiffness)

Toda (pricking sensation)

Spandana (twitching)

Difficulty in walking, resembling vulture's gait (Charaka Samhita, Chikitsa Sthana 28/56)

Types:

Vataja: severe pain, dryness, stiffness, blackish discoloration

Vata-Kaphaja: heaviness, stiffness, mild swelling, excessive salivation

**B. Causative factors** include trauma, irregular diet, excessive physical exertion, and exposure to cold and wind (Vata Prakopaka Nidana).

**C. Management principles**

Snehana, Swedana

Basti (especially Niruha and Anuvasana)

Oral medications like Trayo dashang Guggulu, Parijata Kashaya

## III. Case Report

### A. Patient Profile

Name: Priya

Age: 30 years

Gender: Female

Residence: Pehowa village

Occupation: housewife

### B. Chief Complaints

Low back pain radiating to the left leg for 1-2 years

Tingling sensation in lateral 3 toes

Numbness on/off

Difficulty in prolonged standing or walking

History: No history of trauma

Past medical history: No Hypertension and Type 2 Diabetes Mellitus (well-controlled)

### C. Examination

Gait: Antalgic, left leg slightly flexed

SLR: Positive at 30° on left

Lasegue's sign: Positive left

Pump handle test: Positive left

Gans lens sign: Positive left

Plantar reflex: Diminished left

Coin test: Positive left

### D. Ashtavidha Pariksha

Nadi (Pulse): Vatakapha prakriti type — low volume, irregular rhythm, slightly slow rate.

Mala (Stool): Irregular bowel movements; occasional hard stools.

Mutra (Urine): Normal frequency, clear urine.

Jihva (Tongue): Slightly coated, indicating Kapha dushti.

Shabda (Voice): Mild hoarseness, reflecting Vata vitiation.

Sparsha (Touch): Dry skin in lower back region.

Drik (Eyes): Normal, no icterus or pallor.

Akruti (Body build): Medium body frame, slight heaviness suggestive of Kapha anubandha.

Prakriti (Constitution): Vatakapha Prakriti

Vikriti (Morbidity): Vata-Kapha Dushti leading to Gridhrasi

Sara (Tissue excellence): Asthi sara average, Majja sara slightly compromised

Samhanana (Physique compactness): Medium, moderate stability

Pramana (Measurement): Average height and weight (BMI 24)

Satmya (Suitability): Accustomed to mixed diet (vegetarian dominant)

Satva (Mind strength): Madhyama satva — emotionally stable

Aahara Shakti (Appetite): Mildly reduced

Vyayama Shakti (Exercise tolerance): Markedly reduced due to pain

Vaya (Age): Young adult (30 years)

### E. MRI Findings

L5-S1 disc desiccation with posterior disc herniation causing left nerve root compression

### F. Diagnosis

Modern: Sciatica secondary to L5-S1 disc herniation

Ayurvedic: Vata- Kaphaja Gridhrasi

## IV. Methodology

### A. Panchakarma Therapy

Vaitarana Niruha Basti (16 sittings, alternate days)

Ksheera Bala Taila Anuvasana Basti (15 ml, intervening days)

Abhyanga with Mahanarayana Taila daily

Nadi Swedana for 20 min daily

**B. Dravya for vaitarana Basti**

| S.No. | Dravya | Botanical Name |
|---|---|---|
| 1. | Imli | Tamarindus indicus |
| 2. | Guda | - |
| 3. | Cow's Milk | - |
| 4. | Saindhav lavana | Rocksalt |
| 5. | *Taila* | - |

**C. Dose of Vaitarana Basti According to Vangsen*:***

| S.No. | CONTENTS | DOSE |
|---|---|---|
| 1. | Imli | 1 Pala |
| 2. | Guda | 1\2 pala |
| 3. | Cow's Milk | 1 kudav |
| 4. | Saindhav lavana | 1 Karsha |
| 5. | *Taila* | - |

**D. Properties and action of Vaitarana Basti:**

- ✓ Vata-Kapha Shamana
- ✓ Shodhana (purificatory effect on srotas)
- ✓ Liquefies Kapha Avarana of Vata
- ✓ Clears obstruction in Asthi-Majja Vaha Srotas
- ✓ Acts as a nerve decongestant by reducing inflammation and facilitating smooth nerve conduction

**E. Properties and action of Ksheerabala Taila:**

Ksheerabala Taila is a medicated oil prepared using Bala (Sida cordifolia), milk, and sesame oil as the base. This oil is well-known for its nourishing (Brimhana), nerve-tonic (Balya), and Vatahara properties.

Composition

Bala (Sida cordifolia)

Ksheera (cow's milk)

Tila Taila (sesame oil)

**F. Properties and action of Ksheerabala Taila:**

Vatahara, Balya, Brimhana, Rasayana

Nourishes Majja Dhatu and strengthens Asthi-Majja structures

Acts as a neuroprotective and rejuvenative agent

Lubricates dried Srotas, improves nerve conductivity

## V. Internal Medication

**A. Trayodashang Guggulu -** 2 tablets TDS with warm water
**B. Parijata Kashaya** -2 tsp TDS
**C. Pathya-Apathya**
**D. Pathya -** (Charaka Samhita Chikitsa Sthana 28/85, Sushruta Samhita Chikitsa Sthana 4/9-10) describe principles that help pacify Vata and clear Kapha Avarana:

| **Ahara (Diet)** |
|---|
| Warm, unctuous (snigdha), light-to-digest foods |
| Yusha (light lentil soups, e.g. green gram soup) |
| Mamsarasa (meat soup, especially of animals from arid regions — Jangalamamsa rasa) |
| Rice with ghrita (clarified butter) |
| Milk and milk preparations (for nourishment of Vata) |
| Siddha taila or sneha in diet |
| Regular intake of garam jal (warm water) |

| **Vihara (Lifestyle)** |
|---|
| Gentle massage (Abhyanga) with warm oils |
| Regular Swedana (sudation) |
| Avoid cold exposure (wind, cold water baths) |
| Use of warm bedding and clothing |
| Moderate activity; avoid excessive exertion |
| Regular bowel movement (avoid constipation) |

## VI. Apathya (unwholesome diet & lifestyle)

| **Ahara (Diet)** |
|---|
| Dry foods (rukshaahara) |
| Cold, stale, or refrigerated foods |
| Excessively spicy, sour, or bitter foods |
| Heavy-to-digest substances (e.g., curd at night, cheese) |
| Excessive pulses (e.g. horse gram, black gram in excess) |
| Overeating or irregular meals |
| |
| **Vihara (Lifestyle)** |
| Suppression of natural urges (vega dharana) |
| Excessive walking, standing, riding (e.g., long bike rides, driving) |
| Exposure to cold wind or damp environment |

| |
|---|
| Daytime sleep (can aggravate Kapha) |
| Excessive worry, anxiety (which can provoke Vata) |

## VII. Assessment Criteria

Pain (VAS score 0-10)

SLR angle

Numbness/tingling

Functional capacity

Duration: 16 days follow-up on 28th days

## VIII. Results

| Parameter | Baseline | Day 16 | Day 28 |
|---|---|---|---|
| | | | |
| Pain (VAS) | 8 | 5 | 3 |
| SLR (°) | 30 | 45 | 60 | 80 |
| Tingling/Numbness | Moderate | Mild | Absent |
| Plantar reflex | Diminished | Improved | Normal |
| Functional capacity | Walk <100 m | Walk 500 m | Walk comfortably |

## IX. Therapy purposes:

Vaitarana Basti: A reduction of Kapha Avarana of Vata is achieved, assists in the Shodhana process.

Ksheera Bala Anuvasana Basti: Nourishes Majja Dhatu and reinforces the neuro-musculoskeletal system.

Trayodashang Guggulu: Vatashamaka, Shothahara, Rasayana.

Parijata Kashaya: Vedanasthapana, Shothahara.

## X. Conclusion

In this case, there was a big improvement in clinical status: The VAS scale showed a big drop in pain levels. The SLR angle went from 30° to 80°. The numbness and tingling went away and functional abilities were almost back to normal. This case study shows that Ayurvedic therapies are safe and beneficial when done correctly. Follow-up evaluations done after 1 month showed that the relief lasted and did not come back, which shows that Basti in Gridhrasi can treat both symptoms and their underlying causes. In conclusion, this case shows how well Ayurveda, especially Panchakarma, works for treating and managing sciatica. This integrative approach could be used as a model for dealing with similar situations, but it is important to note that more research needs to be done to confirm these traditional methods with modern scientific methods.

# Ayurvedic Management of Amavata : A Case Report

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**Abstract**

**Amavata is a chronic inflammatory condition recognized in Ayurveda, resulting from the buildup of Ama (undigested metabolic waste) alongside the disruption of Vata dosha. This case presentation focuses on a 45-year-old male who visited the outpatient department (OPD) with a two-month history of joint pain affecting the knees, elbows, and heels, as well as systemic issues such as increased flatulence (present for six months) and thirst (for two months). Through clinical assessment and diagnostic tests, the condition was identified as Amavata. Treatment was administered according to traditional Ayurvedic guidelines, involving Langhana, Deepana, Pachana, and Panchakarma therapies, succeeded by Shamana Chikitsa and diet management. Notable progress was observed: joint pain and stiffness decreased within the first week, while flatulence diminished and overall quality of life improved by the second week. The patient was able to return to normal daily activities without pain, and there were no side effects noted.**

***Keywords: Aamvata; Deepana; Pachana; Shodhana Chikitsa; Shaman Chikitsa; Rheumatoid arthritis***

## I. Introduction

Rheumatoid Arthritis (RA) is a long-lasting autoimmune disorder marked by chronic, symmetrical inflammation of synovial joints, particularly in the hands, wrists, and feet. This condition can evolve to involve larger joints and extra-articular regions, including the heart and lungs. Worldwide, RA affects about 0.5–1% of the adult population, with women aged between 40 and 60 being two to five times more likely to be affected than men. Aamvata is an Ayurvedic condition that parallels rheumatoid arthritis in contemporary medicine. It manifests through joint pain, stiffness, swelling, and systemic symptoms stemming from the buildup of Ama (toxins) and disturbed Vata. This condition arises due to compromised digestion and metabolism, resulting in the production of undigested, toxic substances (Ama) that circulate throughout the body and settle in the joints, inciting inflammation and pain. The notion of Aamvata was initially described in classical Ayurvedic writings, including Madhava Nidana. The disorder is thought to arise from poor dietary practices, a sedentary lifestyle, and a reduced digestive fire (Agni), which together facilitate the generation of Ama and its association with Vata, ultimately leading to painful joint symptoms

### A. Patient information

Patient information A 45-year-old male daily wage laborer from Kurukshetra, Haryana, sought treatment at the OPD of our hospital on 01 MAY 2025. The patient had no history of alcohol use, did not smoke, and primarily consumed vegetarian meals. He reported a good appetite, typically enjoying home-cooked food, predominantly chapattis with seasonal vegetables. His sleep patterns were normal, with urination occurring 6–7 times daily and bowel movements 1–2 times per day. For the past two months, he experienced pain in his elbows, heels, and both knees, worsened in the mornings and after prolonged standing. Associated symptoms included heightened thirst and generalized weakness. He had previously visited a homeopathic facility for treatment and adhered to the prescribed medication

for nearly a month without any improvement in his condition. Due to these ongoing issues, the patient subsequently returned to the OPD.

**B. Clinical Findings**

The patient presented with a body weight of 52 kgs, a well-proportioned physique, a tongue coated in white, a normal body temperature, a pulse rate of 66 beats per minute, a respiratory rate of 16 breaths per minute, and a blood pressure reading of 100/74 mm Hg. Both abdominal and chest examinations did not reveal any abnormalities. The patient maintained a normal bowel routine with stools of semi-solid consistency and experienced urination 6 to 7 times a day. He frequently consumed foods such as curd, masha, and other heavy foods. No hereditary disease links were noted within the family. In the Ashtavidha Pareeksha assessment, the patient's pulse was Vata-pittaja, consistent at 74 beats per minute. The mala was identified as Aama Mala, producing 1-2 urges per day. Micturition was slightly yellow, occurring 6-7 times daily. The tongue appeared white-coated. The sound of the patient's voice was clear. The sense of touch was perceived as normal warmth with a typical appearance and medium form.

**C. Diagnostic Assessment**

a) Shandhishool (pain in joints)

| | |
|---|---|
| No pain | 0 |
| Mild pain | 1 |
| Moderate pain, but no difficulty in moving | 2 |
| Slight difficulty in moving due to pain | 3 |
| Much difficulty in moving bodily parts | 4 |

b) Sandhishotha (swelling in joints)

| | |
|---|---|
| No swelling | 0 |
| Slight swelling | 1 |
| Moderate swelling | 2 |
| Severe swelling | 3 |

c) Sparshasahyata (Tenderness in joints)

| | |
|---|---|
| No Tenderness | 0 |
| Subjective experience of Tenderness | 1 |
| Wincing of face on pressure | 2 |
| Wincing of face and withdrawal of affected part on pressure | 3 |
| Resist to touch | 4 |

d) Sandhigraha (stiffness in joints)

| | |
|---|---|
| No stiffness or stiffness lasting for 5 mins | 0 |
| 5 min to 2 hrs | 1 |
| 2 to 8 hrs | 3 |
| More than 8 hrs | 4 |

D. **Associated symptom** like Jwara, Alasya, Gaurava, Asyavairasya, Daurbalya, Akarmanyata, Utsahahani, Angamarda, Daha, Trishna were scored as mentioned below-

| | |
|---|---|
| Symptoms observed before treatment | 10 |
| Some relief after treatment | 05 |
| Complete relief after treatment | 00 |
| No improvement after treatment | 10 |

**E. Physiological normalcy**

| | |
|---|---|
| Vata (i.e. relief in Anaha, Kukshishoola, Kukshikathinya, Antrakujan) | 2 |
| Mutra (i.e. relief in Bahumutrata) | 2 |
| Purisha (i.e. relief in Vibandha) | 2 |

**II. Objective Criteria**

Diagnosed & confirmed case of Aamvata (Rheumatoid arthritis)on basis of criteria given by 2010 ACR/EULAR

**A. Classification**

| Criteria | Score |
|---|---|
| Joint Distribution | |

| | |
|---|---|
| 1 large joint | 0 |
| 2-10 large joints | 1 |
| 1-3 small joints (large joints not counted) | 2 |
| 4-10 small joints(large joints not counted) | 3 |
| >10 joints ( at least one small joint) | 5 |
| Serology | |
| Negative RF and negative ACPA | 0 |
| Low positive RF or low positive ACPA | 2 |
| High positive RF or high positive ACPA | 3 |
| Symptom duration | |
| <6 weeks | 0 |
| >6 weeks | 1 |
| Acute phase reactants | |
| Normal CRP and normal ESR | 0 |
| Abnormal CRP or abnormal ESR | 1 |

**B. Treatment**

| | |
|---|---|
| First visit | |
| Tab Singhnadguggulu [250mg] +giloysatva [250 mg] | 1 Tab BD after meal with 10 ml Amritarishta+ 10 ml Dashmularishta + equal amount of water |
| Hingwastak churna 250 mg | In between meal with Goghrita TDS |
| Rukshswedan with baluka | Local application daily |
| Dashanglepan with erandpatra | Local application daily |
| Second visit [first follow up after 14 days] | |

| | |
|---|---|
| Tab Singhnadguggulu [250mg] +giloysatva [250 mg] | 1 Tab BD after meal with 10 ml Amritarishta+ 10 ml Dashmularishta+ equal amount of water |
| Hingwastakchurna 250 mg | In between meal with Goghrita TDS |
| *Rukshswedan with baluka* | Local application daily |
| *Dashanglepan with erandpatra* | Local application daily |
| Third visit [ second follow up after 28 days] | |
| Tab Singhnadguggulu[250mg] +giloysatva [250 mg] | 1 Tab BD after meal with 10 ml Amritarishta+ 10 ml Dashmularishta+ equal amount of water |
| Hingwastakchurna 250 mg | In between meal with Goghrita TDS |
| Rukshswedan with baluka | Local application daily |
| Dashanglepan with erandpatra | Local application daily |

**C. Pathya ahara- vihara (~ Wholesome diet and activity )**

Throughout the treatment process, the patient was recommended Pathya ahara- vihara alongside the prescribed medications. He was directed to consume Laghu aahara (~ easily digestible), fresh home-cooked meals, lassi, karela, R. O. water, and barley. Guru Aahara (~ difficult to digest), curd, gudd, milk, paneer, kanji, urad dal, excessive daytime sleep (Divasavapan), and strenuous physical labor were to be avoided. Adequate rest paired with a full eight hours of sleep was recommended. Suryanamaskar, shawasana, meditation, and a 20-minute morning walk were also suggested.

## III. Follow up And Outcome

Follow-ups were conducted weekly for a duration of 28 days. There was a notable reduction in symptoms, and he is now adhering to Pathya aahara and vihara, resulting in improvements in both his personal and professional life.

## IV. Observation And Results

Effect of intervention on subjective parameters of the patient:

| Subjective parameters | BT | AT | RELIEVED | % | RESULT |
|---|---|---|---|---|---|
| Shandhishool | 2 | 0 | 1.5 | 75% | Excellent |
| Sandhishotha | 1 | 0 | 1 | 100% | Satisfactory |
| Sparshasahyata | 1 | 0 | 1 | 100% | Satisfactory |
| Sandhigraha | 0 | 0 | 0 | 0 | - |

Changes in objective parameters of patient

| | BT | AT | BT-AT | Percentage | Result |
|---|---|---|---|---|---|
| RA FACTOR | 16.7U/L | 13.5U/L | 3.5 | 19.1 | Non-satisfactory |
| ESR | 15mm/1$^{st}$ hr | 6.0mm/1$^{st}$ hr | 9 | 60% | Good |
| CRP | 2.0mg/dl | 0.0mg/dl | 2 | 100% | Excellent |

## V. Discussion

### A. Discussion on disease

Irregular dietary habits (viruddhaahara) lead to a weakening of the digestive fire (Jatharagni). This weakness results in Ama formation, which accumulates in the body and obstructs the channels. The buildup of Ama interacts with aggravated Vata and settles in the joints (Sandhis), as well as the Kapha-vaha and RasavahaSrotas.

### B. Discussion on Medication

The formulation SihnaadGuggulu contains components with Trikatu that influence agnimandya and aid in ama pachana (detoxification). Gandhaka and Eranda taila exhibit Vata-anulomana and possess mild laxative properties. Guggulu brings Lekhana and Shodhana effects that help in clearing the blocked strotas. Dashmoolarisht is characterized by Uṣṇa, Tikṣṇa, Kaṭu Rasa, and KaṭuVipāka, which address agnimandya issues. Hingwastakchurna includes Trikatu and Hingu, which improve mandagni. Its Ushna and SūkṣmaGuṇa help in eliminating Vata's obstruction caused by Ama.

### C. Discussion on Subjective Parameters

With respect to subjective parameters, the interventions yielded excellent outcomes, showcasing 100% relief in sandhishotha and sparshasahyata. For shandhishool, satisfactory results were achieved, resulting in 75% relief. Thus, the clinical efficacy of the intervention was established as outstanding in reducing subjective parameters.

### D. Discussion on Objective Parameters

In terms of objective indicators, the RA Factor saw a reduction of 3.5U/L (19.1%) before and after the treatment, reflecting unsatisfactory results. However, the ESR decreased by 9mm in the first hour (60%), indicating a positive response, while the CRP level improved significantly, dropping by 2 mg/dl (100%), evidencing an excellent outcome.

## VI. Summary And Conclusion

A 45-year-old male patient received Ayurvedic treatment for Aamvata at the Kayachikitsa OPD in IASR&H, Kurukshetra. His diagnosis was based on signs and symptoms stipulated in both Ayurvedic and modern medical literature. The treatment followed a specific protocol for a duration of 30 days. Clinical assessments were conducted at regular intervals of 14 days. The patient adhered to all recommended Pathya Ahara Vihara as described in Ayurvedic texts. No adverse reactions were reported throughout the clinical case study. A 100% excellent outcome on the majority of subjective measures demonstrates the clinical effectiveness of Ayurvedic intervention for Aamvata. Positive outcomes in ESR and CRP further indicate the effectiveness of this intervention in managing rheumatoid arthritis through the Ayurvedic approach.

## VII. Limitations

Study duration: The study was limited to a brief period of 30 days, which may not have been sufficient to properly evaluate the long-term effects of the treatment and the ability to assess durable results.

## VIII. Implication And Recommendation

Long-term follow-up: It is recommended to incorporate extended follow-up periods to assess the lasting impact of the intervention in managing Aamvata.

## IX. Declaration Of Consent

The authors affirm that patient consent was obtained, allowing the reporting of the case along with relevant images and clinical details in the journal. The patient is aware that identifying information will not be published, and efforts will be made to maintain anonymity, though complete confidentiality cannot be guaranteed.

## X. Financial Support And Sponsorship

Nil

# Endometrial Receptivity Failure? Crossing Barrier by Ayurveda!! A Case Report

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**Abstract**

**Infertility is a medical condition that indicates a couple failed to conceive in one year. A victimized couple not only suffers from social issues but also economic and psychosomatic diseases. Incidences are increasing day by day.**

**Modern techniques for fertility are also increasing, still, results are not sure for each case. IVF is a technique for fertility treatment where in that process mainly formed embryo get transferred to the uterine cavity. In the uterus, essentially endometrial receptivity is a prime factor for implantation. It is a complex process. Endometrial receptivity is a capacity marker for acceptance of embryo and it highlights the uterine environment.**

**Ayurveda coins a definition of infertility means failure to achieve a live birth. Ayurveda word to word explains this concept of Endometrial receptivity as Normal Rutukal where kshetrashuddhi / avyapannyonita will be there. In that phase formation of a place /healthy system/ uterine endometrium takes place. It is supported with continuous nutritional supply and it ends with the formation of female beej . It is an optimal fertility period.**

**Based on this concept 'a couple with recurrent IVF failure 'was treated with ayurvedic treatment for RIF.**

**Object: To evaluate the effect of proposed shodhana and basti karma. Material and methods used as classical review as well as modern literature were studied and evaluated.**

**Case description: Mrs. AK 42-year-old female came to SRPT OPD of KAD, Shiroda Goa with a major complaint of multiple IVF failure.**

**Outcome: The patient underwent ayurvedic therapy throughout and delivered a male baby of the weight of 3.1 kg at 36 completed weeks with cesarian section.**

***Key words- Infertility; endometrial receptivity; ayurvedic treatment; RIF***

## I. Introduction

Infertility is a growing issue in the current society and a big challenge for the medical field. Infertility not only indicates "failed conception" but it also contributes as a very impact factor for family disputes, socioeconomic disturbances, and psychosomatic illnesses.

The statistical data reveals that around 17.5% of the adult population roughly 1 in 6 worldwide experiences infertility.[1]The reported prevalence of infertility is 12.5% in women and 10% in men.

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.[2] According to Ayurveda, Vandhyatva (infertility) is defined as failure to achieve a child(live birth). There are many causes for infertility. Reproductive system diseases, hormonal problems, and lifestyle changes are major among them.

Modern science projects out with promising treatments with ART.IVF is top-listed of this, where a ready embryo is transferred to the uterus. Even if IVF fails, it is a big issue marked as endometrial receptivity. Diseases of the endometrium, thin poorly grown endometrium, systemic illness like DM, endometrial gene expression, immune response, and embryonic chromosomal abnormality are claimed causes for "defective Endometrial Receptivity".

Ayurved explains preconceptual sharir shodhan (cleansing of the body) care, proper nutrition and mental happiness help for healthy progeny.

The case was treated to access an Ayurvedic treatment for RIF. Objectives: to evaluate the effect of proposed shodhana and bastikarma. Materials and Methods: Classical review as well as modern literature taken and evaluated. Required investigations like routine blood tests, thyroid function tests, and Ultrasonography, Doppler study and APLA markers were ruled out.

## II. Case Description

Mrs. AK, 42 years old, with a married life of 10 years, out of which an active married life of 8 years, with a history of RIF, came to the SRPT OPD. Her major complaint was six times IVF failure with a recent episode of DNC. Initially, all investigations of both partners were normal. She underwent more than 12 IUIs with all possible modern investigations and treatment too. Her menstrual history was regular, painless, and a scanty flow of normal consistency.

### A. Past History

The patient underwent hysterolaproscopy twice and removed an endometrial polyp in 2015. She had a history of cholecystectomy in 2016. Tried IUI since 2016 continuously for 7 cycles again after a few months, IUI was tried again. Once the chemical pregnancy came positive. Since 2019, IVF has been tried 6 times, of which twice were noted as chemical pregnancies positive. In between, the patient attempted IVF with a donor egg. May 2022 conceived naturally but had an abortion of 6 weeks. After that, she visited KAD on the 15th day of the abortion,

### B. On Examination

Patient found as Pittapradhanprakriti, Rasasara, Vatapitta vitiated artava

### C. Diagnosis

Based on history, and examination, the patient was diagnosed as Vandhyatva due to kshetra dushti. Wsr to vatajaartava dushti

The modern diagnosis was –Recurrent implantation failure due to endometrial receptivity failure.

### D. Line Of Treatment

The patient visited KAD on the 15th day after abortion (D&C). Initially, the treatment focus was sutikaparicharya. The first line of treatment was given as counseling, diet modification, and routine sutikaparicharya along with meditation to reduce stress. Second cycle she underwent yonidhavan with pittaghnaaushadhi followed by Snehanswedanpurvak Matrabasti with bruhantaila for 7 days in pre pre-menstrual phase. Keen monitoring was done.

**E. Timeline**

**Table highlighting treatment timeline**

| No. | Principle of treatment | Line of treatment | Medicines |
|---|---|---|---|
| First visit on 12th August 2022 15th day post abortion with LMP 13/05/22 | Sutikaparicharya Yonistharaktasanchiti Dhatuparipurnata repair system. | Counselling, diet modification, routine sutikaparicharya | ❖ Pushyanugachurna(250mg)<br>❖ Vanga(50mg) twice/day before food with warm water.<br>❖ Liq Ashovin10ml/twice/day with warm water. |
| After 10days- with LMP 13/05/22 | Yonishodhana | Yonidhawana | ❖ Yonidhawana with panchavalkalakwath (lukewarm)(3ltrs)<br>❖ Pushyanugachurna(250mg)<br>❖ Cap Phalasarpi DS once/day. Pratakal<br>❖ LiqAshovin 10ml twice/day. |
| After 20days- Menses – PV spotting for two days (ksheenaartava) | Vatashamana | Bastikrama | ❖ Sarvangasnehana with ksheerbalataila and mrudu nadiswedana followed by<br>❖ Matrabasti with Yashtitaila M 60cc.<br>❖ Rest medicine continued as above. |
| After 1month- pt. got periods with LMP 4/10/22 | Dhatuposhana | | ❖ Kumariasava 10ml twice/day before food<br>❖ LiqAshovin 10ml twice/day before food |
| After 20days-pt. got periods With moderate flow with LMP 29/10/22 | Dhatuposhana | | ❖ Tab Pushpadhanwaras with ghee once after breakfast<br>❖ LiqAshovin 10ml twice/day<br>❖ before food with warm water |
| After 1month pt. got periods Normal flow for 3 days with LMP 22/11/22 | | | ❖ Continued medicine as above<br>❖ Follicular study done<br>❖ After 8days – pt. came with UPT positive test with LMP 22/11/22 |

### F. Outcome

The patient underwent ayurvedic therapy throughout and delivered a male baby of weight 3.1 kg at 35.4 weeks with cesarean section. The antenatal period was uneventful except she was put on MC-Donald stitch at 22 weeks. It was incidentally noticed at the anomaly scan. The postnatal event was silent.

## III. Discussion

Ayurveda coins a definition of infertility means failure to achieve live birth. Recurrent pregnancy loss turns into infertility. Ayurveda word to word explains the concept of Endometrial Receptivity means the inner layer of the uterus is proper for the reception of a newly formed embryo. Normal Rutukal means a stage of well-nourished uterine lining, and unobstructed blood supply, which leads to ovum formation. (kshetrsuddh avyapannyonita ) . It is an optimal fertility period**.** [3]

The patient reported multiple implantation failures, for which correction was tried on the same line. On the first visit, the patient was given with treatment of sutika awastha *(puerperal period*) where system recovery is the prime motto. It was observed that repeated IVF trials, medication, and DNC leads to physical and psychological distress to the patient.

Ayurved understands this condition as Vataprakopawastha ( neurometabolic destruction) Patient was first properly counseled for psychological relaxation. Along with that to make up the inner linings of the uterus which is capable of making implantation easy, the patient was given liq Ashovin; a uterine tonic-along with drugs like Pushyanug and Vang. Ashok is the ideal healer of the female reproductive system which helps for the regularization of functions.

Pushyanugchurn*(4)* is a multi-drug preparation that contains mainly pachan (micro digestive booster), and sthanbhan (hemostasis )drugs like Patha. Vang *(5)*is the best drug to absorb impure toxins of the reproductive system, especially post-abortion status.

Next phase patient was treated with snehanswedanpurvak basti with yasti oil (external oil massage followed by steam therapy along with medicated oil enema). Basti is the best treatment for the pacification of Vata. It regularizes all nervine functions, relaxes soft tissues, and controls reproductive functions.

Yonishuddhi was achieved through yonidhawan (medicated douching) of panchawalkal. Panchwalka*l(6)* contains five kashaya drugs that bear the property of astringent and help to reduce pittadusti (an inflammatory process). This process remarkably helps for the redevelopment of the endometrium, healthy unobstructed nutritional supply, and reconstruction of tissue health as well chemical environment favorable for embryo welcome.

For boosting endometrial and ovarian tissue rejuvenation patient was given liq kumariasaw and cap Falsarpi. Kumari has ushn (metabolic catalyst) and artawvardhak (gamete-supporting hormone precursor). In asaw form, it is helpful for the augmentation of expected action.

Falsarpi [7] is a ghee preparation having brumhan (anabolic) properties, which helps for the formation of the ovum as well as endometrial layers Some total this multi-drug regime helped for achievements of Yonisthraktsanchay like endometrial and ovarian parametric sustainability and repaired of endometrial receptivity.

Tab puspadhanwa ras*(8)* was given after the achievement of parametric regularization of menstrual cycles. It helps for the complete growth of the ovum.

The therapy proved helpful to a patient for natural conception and uncomplicated antenatal span.

## IV. Conclusion

A challenging case of RIF with kshetradushti treated with the ayurvedic line of treatment found promising results. This case may prove as a baseline bench-marker for further cases.

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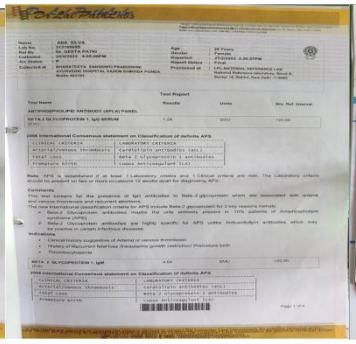
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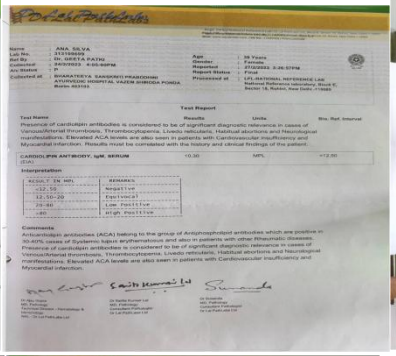
## VI. Reports

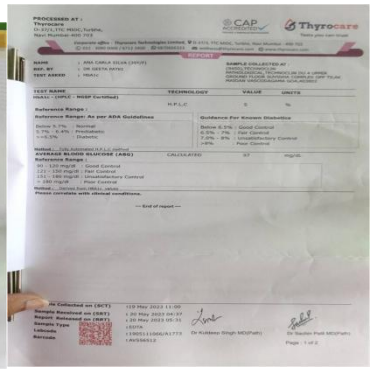


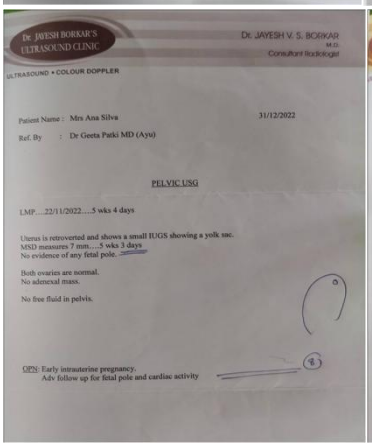


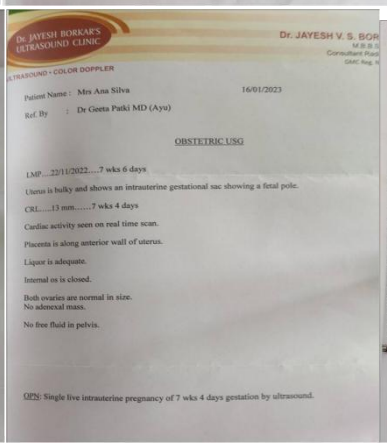














# The Role of Ayurveda in 21st Century Health and Lifestyle Management

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**Abstract**

**Ayurveda, the ancient system of Indian life science and holistic healing, is currently gaining a resurgence on a global scale in the 21st century. Its fundamental notions of equilibrium among Doshas (Vata, Pitta, Kapha) and individuality in constitution (Prakriti) impart personalized and preventive health care which is current with modern trends in medicine. Dinacharya (daily regimen), Ritucharya (seasonal regimen), Rasayana (rejuvenating therapy), and Swasthavritta (codes of healthy living) are being highlighted for management of lifestyle disorders like stress, sleeplessness, obesity, and metabolic diseases. Yoga and Meditation, which are inherent practices of Ayurvedic philosophy, have gained worldwide acceptance to improve mental and physical wellness. Therapeutic modalities such as Panchakarma (detoxification therapy) and herbo-mineral preparations have attracted rigorous scientific inquiry toward integration into holistic health care. This will be in spite of challenges like standardization and regulatory oversight wherein Ayurveda preys on the sustainable living, natural healing, and mind-body harmony, which commands contemporary relevance in today's fast-paced, health-conscious society. This research paper, evaluates the present relevance, advancements, and global integration of Ayurveda in the 21st century.**

***Keywords: Ayurveda; 21st century; Doshas; Prakriti; Dinacharya; Ritucharya; Rasayana; Yoga***

## I. Introduction

Health is a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease. (Acc. to WHO).[1]According to Ayurvedaman is said to be healthy (Swastha) whose (Doshas) humors, (Dhatus) tissues, Malas(excretory products), and Agni (digestive capacity) are in the state of equilibrium along with mental sensory and spiritual pleasantness and happiness.[2] Fundamental texts of Ayurvedaopine that diseases affect both in mana and sharer which shows the importance given to both physical and mental health inAyurveda.[3]With the average life expectancy now exceeding 65 years globally, non-communicable diseases (NCDs) such as cardiovascular disorders, diabetes, cancer, and chronic respiratory diseases have become the leading causes of mortality. About 30% of all deaths worldwide are caused by cardiovascular disorders, which continue to be the leading cause of mortality. The prevalence of these diseases has increased to concerning levels among Indians in recent years due to the country's rapid economic development and growing westernization of lifestyle over the past few decades. Through holistic methods like appropriate dietary management (Ahara), daily routine (Dinacharya), seasonal routine (Ritucharya), detoxification processes (Panchakarma), moral behavior (Sadvrtta), and rejuvenation therapies (Acharya Rasayana), Ayurveda provides efficient remedies for this. By tackling modern issues, especially the growing prevalence of lifestyle-related disorders, Ayurveda continues to significantly improve public health even in the twenty-first century. The sections that follow highlight preventive measures based on Ayurvedic principles and lifestyle.

## II. Material and Method

Information for this paper was gathered from Ayurvedic texts along with indexed and non-indexed medical journals.

### A. Dinacharya[4] (Daily Regimen)

The concept of Dinacharya or daily regimen, as explained in Ayurvedic literature, outlines a structured routine aimed at maintaining health and harmony with nature's rhythms. It is divided into two main components: the day regimen and the night regimen. The present study explores the various components, types, and methodologies of these daily routines as described in classical Ayurvedic texts.

- Components of Dinacharya include:
- Brahma Muhurta Uttishtha (Waking up early in the morning)
- Kar Darshanam (Offering prayers or praising God)
- Ushapana (Drinking water upon waking)
- Mala-Mutra Visarjana (Elimination of urine and faeces)
- Dantadhavan (Cleaning the teeth and tongue)
- Mukha prakshana, Gandush and Kaval (Washing the face and mouth gargling)
- Anjana (Application of collyrium)
- Nasya (Nasal medication)
- Dhumapana (Medicated smoking)
- Abhyanga (Oiling of the head, ear, palm, sole etc.)
- Vyayama (Physical exercise)
- Snana (Bathing)
- Wearing clean clothes
- Gandha Maladharan (Applying perfumes or fragrant substances)
- Aahar (Proper food intake according to appetite and digestive power)
- Tambul Sevan (Chewing of betel leaves)
- Attending to prescribed duties or profession
- Performing Achamana (sipping water ritual)
- Performing Sandhyavandana (spiritual rituals)
- Ratribhojana (Consuming night meals)
- Nidra (Ensuring proper and timely sleep)

Maintaining normal circadian rhythms is crucial for regulating the biological clock and ensuring overall well-being. Ayurveda emphasizes beginning the day with awareness, rising early, avoiding the suppression of natural urges, and eliminating bodily wastes in a timely manner. Daily personal hygiene—including oral care, skin cleansing, and the regular practice of Abhyanga (oil massage)—are essential practices for preserving health.

Regular bathing is not only hygienic but also known to enhance appetite and promote longevity. A suitable, wholesome diet tailored to one's appetite and metabolic capacity is considered fundamental to life and daily health maintenance. Furthermore, Ayurveda advises avoiding late-night activities and the consumption of stale or unsuitable food, as these habits disrupt circadian balance and may contribute to lifestyle-related disorders.

The principles of Dinacharya promotes physical and mental health, enhances immunity, and serves as a preventive strategy against lifestyle disorders. Awareness and consistent practice of this regimen are vital for daily well-being and long-term health maintenance.

### B. Ritucharya[5]

According to Ayurveda, the idea of Ritu (season) is categorized according to unique traits that have different impacts on the environment and the human body. Ayurveda has recommended particular dietary and lifestyle guidelines (Charya) to help the body adjust to these seasonal changes without upsetting its internal balance (homeostasis). Ritucharya is the collective term for these seasonal routines.

Preventive healthcare is the primary goal of the Ayurvedic medical system. This preventive measure reduces the risk of seasonal and lifestyle-related disorders by adjusting one's diet and lifestyle to the changing climate. According to traditional Ayurvedic texts, Ritucharya is an essential part of this preventive approach.

Ayurveda places a strong emphasis on the regular purification of the human biological system, from the gross level to the molecular level. Because the human body is constantly undergoing physiological wear and tear, it needs to be cleansed and rejuvenated on a regular basis.

Seasonal Panchakarma treatments are therefore advised by Ayurveda as a preventative strategy for the preservation and enhancement of mental and physical well-being. By restoring equilibrium to the Doshas (biological energies), these detoxification processes assist the body in adapting to seasonal changes.

### C. Rasayana[6]

Apart from food and nutrition, Ayurveda presents a unique and profound idea called Rasayana, which describes restorative practices meant to improve vitality, longevity, and general well-being. Rasayana includes a wide variety of medicinal dietary supplements that, depending on their particular types and uses, can serve as both therapeutic agents and nutritional support.

Rasayanas work primarily by strengthening the digestive fire (Agni), increasing physical strength (Bala), acting as direct nutritional agents, and facilitating the purification and appropriate operation of the body's channels (Srotas). By improving nutrient absorption, this group effort nourishes and improves the body's tissues (Dhatus), fostering systemic renewal and disease resistance.

Despite being categorized as restorative and rejuvenating agents, many Rasayanas have actions specific to specific tissues and organs, which makes their therapeutic benefits more focused. Here are a few instances:

- Medhya Rasayana: Brain and nervous system rejuvenates that enhance intelligence and cognitive abilities
- Hridya Rasayana: Good for Heart Health and Function
- Twachya Rasayana: Improving the complexion and health of the skin

Rasayana therapy is therefore an essential component of Ayurvedic therapeutic and restorative healthcare in addition to being a preventative measure. Through comprehensive nutrition and cellular regeneration, it is essential for postponing aging, boosting immunity, and improving quality of life.

Achara Rasayana, or the code of ideal conduct, is a unique type of Rasayana therapy described in Ayurveda. Achara Rasayana emphasizes emotional, ethical, and behavioural discipline in contrast to herbal or medicinal Rasayanas. It places a strong emphasis on leading a moral life by being truthful, non-violent, self-controlling, compassionate, and mentally pure—qualities that promote longevity, mental health, and spiritual development.

## III. Discussion

Lifestyle disorders like diabetes, obesity, hypertension, and mental stress have grown to be major global public health concerns in the twenty-first century. The age-old Indian holistic health system known as Ayurveda provides tried-and-true preventive and promotional techniques that are particularly pertinent in the fast-paced, unbalanced lifestyles of today.

By coordinating daily and seasonal routines with innate biological rhythms, Dinacharya (daily regimen) and Ritucharya (seasonal regimen) offer systematic guidelines for preserving mental and physical equilibrium. These habits support optimal health, strengthen immunity, and prevent disease.

Rasayana therapy provides effective tools for cellular regeneration, anti-aging, and enhancing the quality of Dhatus (body tissues). This includes both herbal and behavioral rejuvenation, such as Achara Rasayana. Additionally, it improves vitality (Ojas), fortifies Agni (digestive fire), and increases resistance to disease and stress.

In order to support mental clarity, emotional stability, and spiritual well-being, yoga, which is frequently combined with Ayurveda, enhances these ideas through physical postures (Asanas), breath control (Pranayama), and meditation.

These Ayurvedic ideas work together to create a comprehensive and long-lasting approach to health that fits in nicely with the growing need for integrative, natural, and preventative healthcare in the twenty-first century. In order to address today's health issues, their resuscitation and incorporation into contemporary lifestyles can be revolutionary.

## IV. Conclusion

Ayurveda provides a tried-and-true, comprehensive framework for prevention and health promotion in the face of the rise in lifestyle disorders like diabetes, obesity, hypertension, and mental stress. In addition to harmonizing with the body's natural rhythms, practices such as Yoga, Ritucharya, Dinacharya, and Rasayana therapy also improve immunity, mental clarity, and general well-being. Their combination meets the current need for natural and preventative solutions while promoting a sustainable and individualized approach to healthcare. Reviving these age-old customs in modern life has the potential to significantly reduce the prevalence of chronic illnesses worldwide and promote long-term health and wellbeing. This approach fosters partnerships between traditional practitioners and modern healthcare providers to build a more inclusive health dialogue, achieving sustainable public health.

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# A Detailed Study on Respiratory Muscles Disorders and Its Management Through Ayurveda and Modern

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**Abstract**

**Respiratory muscles are one of major factor in proper treatment of respiratory disorders Pranvahstrotasdushti is occur in many respiratory muscles disorders including other strotasdusti also. In ayurveda acharya (charak, sushrut, vagbhat) explained everything things minutely . we must observe, use and explain it to become integrating approach of Ayurveda with modern medical practices to provide health and wellness to patients But Physician ignore it. In Various primary neurologic and neuromuscular disorders, structural abnormalities have role of respiratory muscles it is need of every physician to study respiratory muscles in detail who practice chest medicine or critical care medicine.**

***Keywords: respiratory muscles; anatomical structure; ayurveda; modern integration***

## I. Introduction

Respiratory muscle disorders are a group of conditions characterized by impaired muscle function essential for breathing. These disorders can arise due to neuromuscular diseases, trauma, or metabolic imbalances. Both Ayurveda and modern medicine offer comprehensive treatment strategies. This paper examines these disorders in detail and outlines a synergistic treatment approach that combines ancient Ayurvedic wisdom with modern clinical science.

Breathing is essential to life, and the respiratory muscles are central to this process. Respiratory muscle weakness leads to hypoventilation, reduced oxygenation, and serious complications. In Ayurveda, Prana Vayu governs respiration and vitality. A classical shloka describes its importance:

"प्राणोअपानश्चसमानोउदानःव्यानएवच।

वायवःपञ्चसंज्ञातानित्यंदेहंधरण्तिते॥"— Sharngadhara Samhita [1]

This shloka identifies the five subdivisions of Vata Dosha, with Prana Vayu being most responsible for respiratory function. This ancient understanding aligns closely with modern respiratory physiology.

## II. Types of Respiratory Muscles

### A. Primary Respiratory Muscles

- Diaphragm – The main inspiratory muscle

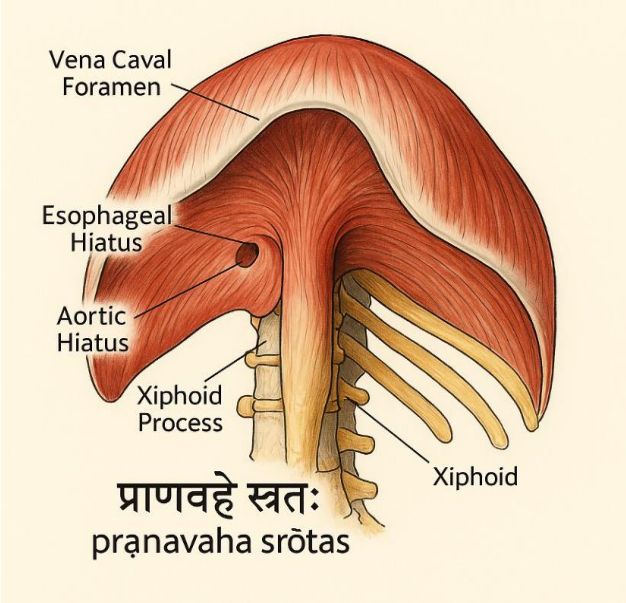



Fig no 1

- External intercostals – Assist with rib elevation

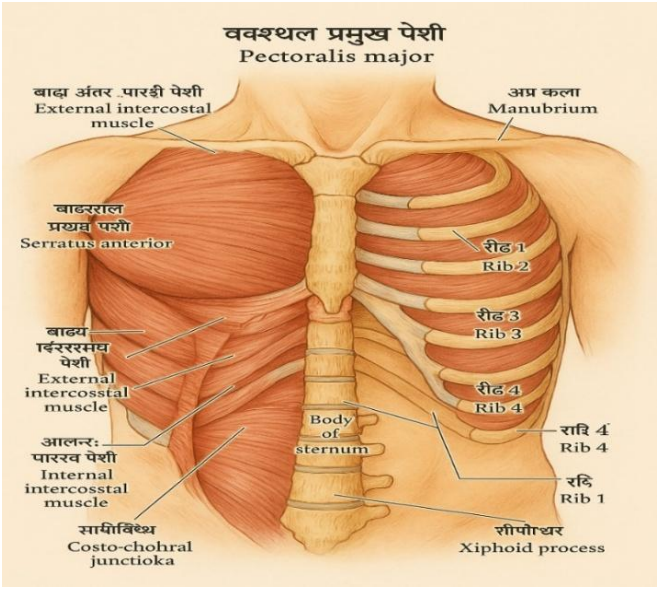



Fig no 2

**B. Accessory Muscles**
- Sternocleidomastoid
- Scalene muscles
- Pectoralis minor

**C. Expiratory Muscles**
- Normally passive during quiet breathing
- Active expiration uses:
- Internal intercostals
- Abdominal muscles (rectus abdominis, obliques)

## III. Etiology of Respiratory Muscle Disorders

| Category | Conditions |
|---|---|
| Neuromuscular | ALS, Myasthenia gravis, GBS [2] |
| Myopathic | Muscular dystrophies [3] |
| Neurogenic | Phrenic nerve injury, spinal trauma [4] |
| Structural | Kyphoscoliosis, rib fractures |
| Metabolic | Kyphoscoliosis, rib fractures, Electrolyte imbalances (hypokalemia) [5] |

## IV. Clinical Features
- Dyspnea (on exertion or rest)
- Use of accessory muscles
- Paradoxical breathing
- Fatigue
- Orthopnea
- Hypoventilation
- Daytime somnolence [6]
- In Ayurveda, these may be interpreted as Shwasa (dyspnea) and Udavarta (upward movement of Vata) disorders [7].

## V. Diagnosis
- Modern Medicine
- Chest X-ray
- Fluoroscopy of diaphragm movement
- Pulmonary function tests (PFTs)
- ABG analysis
- Electromyography (EMG)
- MRI for CNS/spinal lesions [8][9]

- Ayurveda
- Nadi Pariksha: Evaluates Vata-Vyadhi
- Dosha analysis: Mainly Vata disorders
- Rogi-Roga Pariksha: Classical 10-fold and 8-fold examination [10]

## VI. Management Approaches

### A. Modern Medical Management

- Ventilatory Support
- Non-invasive (CPAP, BiPAP) for mild-to-moderate cases
- Invasive ventilation for severe respiratory failure [11]
- Pharmacological Treatment
- Corticosteroids (e.g., in inflammatory myopathies)
- Immunoglobulin therapy (e.g., GBS) [12]
- Cholinesterase inhibitors (e.g., Pyridostigmine for Myasthenia gravis) [13]
- Respiratory Physiotherapy
- Chest percussion
- Breathing exercises
- Incentive spirometry [14]

### B. Ayurvedic Management

#### 1) Shodhana (Detoxification)

- Basti (Enema therapy): Prime therapy for Vata disorders
- Anuvasana and Niruha Basti with herbs like Dashamoola and Bala [15]
- Nasya Karma: For disorders of Prana Vayu located in the head and chest

#### 2) Shamana (Palliative Therapy)

- Herbal Medicines
- Ashwagandha (Withaniasomnifera) – Muscle strength and immunity [16]
- Bala (Sidacordifolia) – Strengthens neuromuscular pathways [17]
- Vasa (Adhatodavasica) – Respiratory health
- Pippali (Piper longum) – Acts as mucolytic and rejuvenator [18]

#### 3) Rasayana Therapy

- Strengthens Dhatus (tissues) and restores respiratory strength [19]

#### 4) Yoga & Pranayama

- AnulomVilom, Kapalabhati, Bhastrika: Improve respiratory muscle endurance [20][21]

## VII. Combined Approach

The following table shows the benefits of integrative therapy:

| Therapy Type | Effect |
|---|---|
| Basti + BiPAP | Stabilizes respiratory function |
| Ashwagandha + Steroids | Lowers dose requirement and supports strength |
| Pranayama + Chest PT | Enhances ventilatory muscle coordination |
| Rasayana + Rehab | Improves prognosis and quality of life [22][23] |

## VIII. Prognosis

- Outcomes depend on:
- Early diagnosis
- Underlying disease (e.g., GBS has better prognosis than ALS)
- Respiratory support
- Regular physiotherapy and Ayurvedic rejuvenation therapy

## IX. Conclusion

Respiratory muscle disorders can severely impair respiratory function, with long-term health consequences. An integrative approach using both Ayurvedic therapies—such as Basti, Rasayana, and Pranayama—and modern interventions like mechanical ventilation, immunotherapy, and rehabilitation offers the best outcomes. The future of respiratory care lies in combining these powerful systems of healing for holistic and personalized treatment.

## X. Conflict of Interest

The authors declare that they have no conflict of interest.

## XI. Funding Declaration

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# Development and Validation of an Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS)

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## I. Background

Pain, as a multidimensional experience, has been traditionally understood and treated in various ways across cultures and medical systems. In modern medicine, pain is typically assessed using standardized scales such as the Visual Analog Scale (VAS), Numeric Rating Scale (NRS), and McGill Pain Questionnaire. These tools primarily focus on the physiological and psychological dimensions of pain. However, in traditional Ayurvedic medicine, pain is considered to be a manifestation of an imbalance in the body's doshas (Vata, Pitta, and Kapha) and is assessed through holistic principles that encompass the mind-body connection, lifestyle, diet, and environmental factors.

While Ayurvedic practices emphasize individualized treatment and the holistic nature of pain, the lack of standardized tools for assessing pain in Ayurvedic terms creates challenges in integrating these practices with modern medical systems. Furthermore, pain is often subjective, and its impact on quality of life extends beyond what can be measured by traditional scales alone.

The need for a comprehensive, culturally sensitive, and scientifically validated tool that integrates both Ayurvedic and modern medical perspectives has become apparent. The Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS) aims to fill this gap by combining the strengths of both systems. It seeks to provide a more accurate and holistic measurement of pain, addressing not only the intensity and location of pain but also the underlying causes as viewed through an Ayurvedic lens.

This scale is intended to be used by healthcare professionals working in integrative settings, allowing them to assess pain in a way that incorporates both traditional Ayurvedic concepts of dosha imbalance and the standard criteria of modern pain assessment. By doing so, the AMPAS can help create a bridge between these two medical traditions, promoting more personalized, effective, and culturally appropriate care.

The process of developing and validating AMPAS involves creating a framework that can accurately capture the multidimensionality of pain as understood in both Ayurveda and modern medicine. This includes considerations of physiological symptoms, psychological impact, and the influence of lifestyle factors, all of which are integral to both approaches.

## II. Novelty and Innovation of AMPAS

The Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS) represents a groundbreaking innovation in the field of pain assessment by seamlessly integrating the ancient wisdom of Ayurveda with modern scientific approaches. This novel tool aims to bridge the gap between two distinct medical paradigms, providing a comprehensive and

culturally sensitive assessment of pain that acknowledges both subjective and objective dimensions. Below are the key innovative aspects of AMPAS:

**A.** Integration of Ayurvedic and Modern Pain Frameworks

AMPAS is the first known pain assessment tool that merges the concepts of pain from both Ayurvedic and modern medical perspectives. Modern pain scales typically focus on the intensity, location, and duration of pain, often ignoring the holistic and individualized factors emphasized in Ayurveda. Ayurveda views pain not only as a symptom but as a manifestation of an imbalance in the doshas (Vata, Pitta, and Kapha), which affects both the physical and psychological aspects of health. AMPAS integrates these principles with conventional pain metrics, offering a multidimensional and more holistic view of pain.

**B.** Holistic and Personalized Pain Assessment

While modern pain scales largely focus on quantifying pain intensity, AMPAS goes a step further by assessing pain in a more personalized manner, taking into account the unique constitution (Prakriti) of the individual, their doshic imbalances, and lifestyle factors. This personalized approach ensures that the pain experience is evaluated in a way that is more representative of the individual's unique bio-psychosocial state. This aspect introduces an innovative layer of individualized care that traditional pain scales lack.

**C.** Consideration of Psychosomatic Factors

One of the key innovations of AMPAS is its inclusion of the psychosomatic aspects of pain, as emphasized in Ayurveda. According to Ayurvedic principles, emotional states and mental health play a significant role in the manifestation and exacerbation of physical pain. AMPAS will assess pain not only from a physiological standpoint but also consider psychological and emotional dimensions, recognizing the complex interaction between mind and body. This approach reflects a more comprehensive understanding of pain that modern scales often overlook.

**D.** Culturally Relevant Pain Assessment

The incorporation of Ayurvedic concepts in AMPAS provides a culturally relevant pain assessment tool for populations that may seek healthcare grounded in traditional practices. By bridging the gap between modern medicine and Ayurveda, AMPAS allows healthcare providers to assess and treat pain in a way that respects cultural values, making it especially valuable in integrative medicine settings and regions where Ayurvedic practices are widely used.

**E.** A Dual Framework for Clinical Application and Research

AMPAS can be applied both in clinical settings and in research, offering a dual framework that caters to a wide range of applications. Clinically, it allows healthcare providers to assess pain with a broader understanding of the patient's health, incorporating both Ayurvedic and modern diagnostic principles. In research, AMPAS opens up new avenues for studying the relationship between doshic imbalances, psychological states, and pain perception, creating a platform for further exploration into the efficacy of Ayurvedic treatments.

**F.** Multidimensional Pain Evaluation

Most modern pain scales focus on a single dimension of pain intensity, but AMPAS evaluates multiple facets of pain. These include:

**Physical:** Location, intensity, and nature of pain

**Psychological:** Emotional impact and mental health status

**Lifestyle:** Dietary habits, stress levels, and environmental factors

**Dosha Imbalances:** Evaluation of the doshic constitution and its influence on pain perception This multidimensional approach not only provides a richer understanding of pain but also enables healthcare professionals to design more targeted and effective treatment plans.

**G.** Potential for Global Adoption in Integrative Medicine

By integrating two well-established medical systems, AMPAS has the potential for global adoption in integrative medicine settings, particularly where there is growing interest in combining traditional and modern healthcare practices. Its unique framework allows it to serve as a bridge between different cultural and medical traditions, potentially fostering collaboration between Ayurvedic practitioners and modern healthcare professionals in a variety of clinical settings.

## III. Aim

The primary aim of the Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS) is to develop and validate a comprehensive, culturally relevant, and scientifically robust tool for assessing pain that integrates both Ayurvedic and modern medical perspectives. This scale aims to provide a multidimensional evaluation of pain that incorporates the physiological, psychological, and lifestyle factors that influence pain perception, enabling healthcare providers to offer personalized and holistic pain management solutions.

## IV. Objectives

To achieve the aim of the project, the following specific objectives will be pursued:

**A. Development of AMPAS**
To create a reliable and valid pain assessment tool that merges key aspects of Ayurveda and modern medicine. This includes integrating doshic imbalances, physical symptoms, emotional impact, and lifestyle factors into a comprehensive framework for pain assessment.

**B. Validation of AMPAS**
To rigorously validate the developed scale through empirical testing, ensuring its reliability, validity, and consistency across different patient populations. This will involve pilot studies, expert reviews, and feedback from both Ayurvedic practitioners and modern healthcare professionals.

**C. Multidimensional Pain Evaluation**
To assess and quantify pain from multiple dimensions, including:

**Physical:** Evaluating the location, intensity, and nature of pain.

**Psychological:** Measuring the emotional and mental impact of pain.

**Lifestyle:** Considering dietary, environmental, and stress-related factors.

**Ayurvedic Dosha Imbalances:** Identifying the underlying doshic imbalances contributing to the pain.

**D. Comparison with Existing Pain Scales**
To compare AMPAS with commonly used modern pain scales, such as the Visual Analog Scale (VAS) and Numeric Rating Scale (NRS), to demonstrate its added value in capturing a more holistic picture of the pain experience.

**E. Integration with Modern Healthcare Systems**
To facilitate the integration of Ayurvedic principles into mainstream medical practice by providing a tool

that can be used by healthcare providers in integrative settings. This will allow for more personalized pain management that respects cultural and traditional values.

## V. Research Question

"How effective is the Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS) in providing a multidimensional and culturally relevant assessment of pain, compared to existing modern pain assessment tools?"

## VI. Research hypothesis-

H1-The Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS) provides a more comprehensive, culturally sensitive, and multidimensional assessment of pain compared to existing modern pain scales, leading to improved clinical outcomes in pain management.

H0-The Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS) does not provides comprehensive, culturally sensitive, and multidimensional assessment of pain compared to existing modern pain scales, leading to improved clinical outcomes in pain management.

## VII. Review of Literature (Brief Overview)

The review of literature for the Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS) focuses on three key areas: modern pain assessment scales, Ayurvedic perspectives on pain, and integrative approaches to pain management.

### A. Modern Pain Assessment Tools

Modern pain assessment scales are primarily focused on quantifying pain intensity and its physical manifestations. Common tools include:

**Visual Analog Scale (VAS)** and **Numeric Rating Scale (NRS)**: These scales measure pain intensity by asking patients to rate their pain on a scale from 0 to 10 or on a continuum. While widely used, they focus mainly on the subjective intensity of pain, often neglecting emotional and psychological factors.

**McGill Pain Questionnaire**: This tool assesses the sensory, affective, and evaluative dimensions of pain. However, it still tends to overlook the impact of lifestyle factors and the holistic nature of pain, especially in different cultural contexts.

These scales, although effective for assessing certain pain characteristics, have limitations in capturing the multifaceted and individual aspects of pain, which are central to more holistic approaches such as Ayurveda.

### B. Ayurvedic Perspectives on Pain

Ayurveda, an ancient system of medicine originating in India, views pain not as a standalone symptom but as a manifestation of an imbalance in the three doshas (Vata, Pitta, and Kapha). The Ayurvedic approach emphasizes:

**Dosha Imbalances**: Pain is often seen as a result of an aggravated dosha affecting the body and mind. For instance, excessive Vata may lead to sharp, shooting pains, while Pitta may cause burning or inflammatory pain.

**Psychosomatic Connection**: Ayurveda acknowledges the connection between emotional health and physical pain. Mental stress, anxiety, and emotional disturbances are considered significant contributors to physical pain.

**Holistic Treatment**: Ayurvedic treatment focuses on lifestyle modifications, diet, herbal remedies, meditation, and yoga to restore balance to the body and mind, addressing both the root cause and the manifestation of pain.

However, while Ayurvedic principles are widely applied in complementary and alternative medicine, there is a lack of standardized tools for assessing pain in an Ayurvedic context, which hampers its integration into modern healthcare.

**C.** Integrative Approaches to Pain Management

Integrative medicine, which combines modern medical practices with traditional healing systems like Ayurveda, has gained attention in recent years. Studies have shown that integrating Ayurvedic treatments with modern therapies can enhance pain relief and improve overall well-being. Research in this area indicates:

**Multidimensional Pain Management**: An integrative approach that combines modern diagnostic tools with Ayurvedic methods of personalized care offers a more complete understanding of pain, addressing both the physical and emotional aspects.

**Patient-Centered Care**: Integrative approaches are often more patient-centered, focusing on the individual's unique constitution, lifestyle, and mental health status, which can lead to better patient satisfaction and outcomes.

**Efficacy in Chronic Pain**: Studies have demonstrated the efficacy of Ayurvedic therapies (such as herbal treatments, Panchakarma detoxification, and meditation) in managing chronic pain conditions like arthritis, back pain, and fibromyalgia.

Despite the growing body of research supporting integrative medicine, there remains a gap in validated tools that merge Ayurvedic and modern approaches to pain assessment.

**D.** Need for an Integrated Pain Assessment Tool

Although there are existing tools for modern pain assessment and Ayurvedic practices for treating pain, a gap exists in comprehensive pain assessment tools that incorporate both systems. The need for a tool like AMPAS is underscored by:

**Cultural Sensitivity**: As Ayurveda is widely practiced in South Asia and other regions, creating a tool that integrates these principles can provide a more culturally relevant method of pain assessment for diverse patient populations.

**Holistic Assessment**: The integration of dosha imbalances, psychological and lifestyle factors, and modern pain metrics offers a more comprehensive approach to pain assessment than current tools, which tend to be one-dimensional.

## VIII. Methodology

The methodology for developing and validating the Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS) will involve several stages: conceptualization, scale development, validation, and evaluation. The approach will blend both qualitative and quantitative methods, with an emphasis on cross-disciplinary collaboration between Ayurveda and modern medical science.

**A.** Conceptualization and Framework Development

**Literature Review**: A thorough review of existing pain assessment tools (modern and Ayurvedic) will be conducted to identify key dimensions of pain, including intensity, location, emotional impact, and lifestyle factors. The review will also focus on Ayurvedic concepts of dosha imbalances, Prakriti, and the psychosomatic relationship between the mind and body.

**Expert Input**: Collaboration with Ayurvedic practitioners, modern healthcare providers, pain specialists, and psychologists will be sought to ensure that the scale incorporates a comprehensive understanding of pain from both perspectives. These experts will help define the key elements of the tool, ensuring it is culturally relevant, scientifically grounded, and practical for clinical use.

**B.** Item Generation and Scale Development

**Content Creation**: Based on the conceptual framework, a pool of potential items (questions or statements) will be created for each of the key dimensions of pain (physical, emotional, psychological, dosha imbalances, and lifestyle factors). These items will reflect both modern pain scales (such as VAS, NRS) and Ayurvedic concepts (such as Prakriti, dosha types, mental-emotional states, etc.).

**Format of the Scale**: The AMPAS will consist of several sections:

**Physical Pain Assessment**: Questions related to the intensity, location, duration, and nature of pain (incorporating aspects of the NRS, VAS, and McGill Pain Questionnaire).

**Psychological Impact**: Questions assessing the emotional and psychological impact of pain, including stress, anxiety, and mood disturbances (integrating Ayurvedic views on mental health).

**Lifestyle Factors**: Assessing the role of diet, sleep, physical activity, and stress management (aligning with Ayurvedic views on lifestyle influences).

**Dosha Imbalance and Prakriti**: Questions regarding the patient's doshic constitution and imbalance, helping identify the Ayurvedic basis of their pain.

**Response Format**: The items will be designed using a Likert scale (e.g., 0-10 or 1-5), where patients can rate their symptoms based on severity or frequency. This will allow for both quantitative analysis and qualitative insights.

**C.** Pilot Testing and Pre-Validation

**Pilot Study**: A pilot study will be conducted to test the scale on a small sample of patients ( 20 individuals) from diverse cultural backgrounds, including those familiar with Ayurvedic practices. The pilot phase will help refine the tool, clarify ambiguous items, and assess the scale's clarity, ease of use, and relevance.

**Expert Review**: Prior to formal validation, a panel of Ayurvedic and modern medical experts will review the tool to ensure that it accurately reflects both medical systems and covers all relevant dimensions of pain.

**D.** Validation Process

**Reliability Testing**: The reliability of AMPAS will be assessed using:

**Test-Retest Reliability**: A subgroup of participants will be asked to complete the scale at two different times to measure consistency.

**Internal Consistency**: The Cronbach's alpha coefficient will be calculated to determine how well the items within each domain (physical, psychological, dosha imbalance, etc.) correlate with one another.

**Construct Validity**: To ensure that AMPAS measures the concept of pain comprehensively, exploratory factor analysis (EFA) will be conducted. This will identify if the scale reliably measures different domains (physical, emotional, lifestyle, doshic imbalance) as intended.

**Convergent and Discriminant Validity**: AMPAS will be compared with existing modern pain scales (e.g., VAS, NRS) to determine how well it correlates with other accepted measures of pain. It will also be tested for discriminant validity by comparing results with other health measures, such as quality of life scales or mental health assessments.

**Cultural Sensitivity Testing**: The scale will be tested for cultural relevance in different populations, especially those where Ayurveda is commonly practiced, to ensure that its questions and response options are culturally sensitive and appropriate.

**E.** Clinical Validation and Application

**Large-Scale Validation Study**: A larger-scale study (200 participants) will be conducted in both Ayurvedic and modern medical settings. The participants will include individuals experiencing chronic pain conditions (e.g., osteoarthritis, lower back pain, fibromyalgia), and the scale’s effectiveness in different clinical contexts will be evaluated.

**Outcome Measures**: The clinical validation will focus on the effectiveness of AMPAS in improving pain management outcomes, such as pain reduction, enhanced patient satisfaction, and quality of life. Data will be collected on whether the use of AMPAS leads to more personalized treatment plans and better patient outcomes compared to traditional pain scales.

**F.** Data Analysis and Interpretation

**Statistical Analysis**: Descriptive statistics will summarize the responses to the scale, and inferential statistics (e.g., regression analysis, correlation coefficients) will be used to test the hypotheses. Factor analysis will help identify underlying constructs within the scale, while reliability coefficients will assess the consistency of responses.

**Comparison with Existing Tools**: AMPAS scores will be compared with scores from traditional pain assessment tools (VAS, NRS, McGill Pain Questionnaire) to evaluate its superiority in assessing pain holistically.

**G.** Final Refinement and Dissemination

Based on the findings from the validation studies, the final version of AMPAS will be refined. Feedback from healthcare professionals and patients will be used to make any necessary adjustments to the scale.

The validated AMPAS will be published in peer-reviewed journals and shared with healthcare providers, especially in integrative medicine settings, to facilitate its adoption and use.

## IX. Ethical Considerations

**Informed Consent**: Participants will be provided with a detailed explanation of the study and its objectives, and informed consent will be obtained from all participants.

**Confidentiality**: All personal data will be kept confidential and used solely for the purposes of this research.

**Cultural Sensitivity**: Efforts will be made to ensure that the scale is culturally appropriate, respectful, and adaptable to different patient populations.

**Time line- Six Months.**

## X. Resources

### A. Human Resources

**Project Team**:

**Principal Investigator (PI)**: Responsible for overall project management, research design, and ensuring adherence to objectives.

**Guide**: Specialists in Ayurveda, modern pain management, psychology, and integrative medicine, who will contribute to the conceptual framework, content development, and validation.

**Research Assistants**: To assist with data collection, literature review, participant recruitment, and administrative tasks.

**Expert Panels**:

**Ayurvedic Experts**: Ayurvedic practitioners and scholars to provide insight into Ayurvedic concepts such as dosha imbalances, Prakriti, and psychosomatic perspectives on pain.

**Modern Pain Specialists**: Physicians, psychologists, and pain management experts to contribute their knowledge of modern pain scales, clinical practices, and pain management techniques.

**Statisticians**: To assist with data analysis, reliability testing, and validation studies.

**Ethics Board**: A review committee to oversee the ethical aspects of the study, particularly informed consent and participant confidentiality.

### B. Materials and Tools

**Scale Development Tools**:

**Survey and Questionnaire Software**: Tools like **Qualtrics**, **SurveyMonkey**, or **RedCap** for designing and distributing AMPAS in both digital and paper formats.

**Pain Scales**: Existing pain assessment tools (VAS, NRS, McGill Pain Questionnaire) for comparison during the validation process.

**Cultural Sensitivity Assessment Materials**: To assess the scale's cultural relevance, adaptation, and appropriateness for diverse patient groups.

**Ayurvedic-Modern Pain Assessment Pro Forma (AMPAS)**

**Patient Details**
Name: _____
Age/Sex: _____
Date: _____
IP/OP No.: _____
Diagnosis: _____
Treatment Modality: _____

**Section A: Ayurvedic Assessment**

| Parameter | Observation | Score (0–3) |
|---|---|---|
| Vedana Swabhava (Pain Type: Toda / Bheda / Daha / Peedan) | _____ | ____ |
| Vedana Kala (Time of Pain: Day/Night/Post-prandial etc.) | _____ | ____ |
| Dosha Involvement (Vata / Pitta / Kapha / Mixed) | _____ | ____ |
| Avastha of Roga (Ama / Pachyamana / Nirama) | _____ | ____ |
| Response to Upashaya (Relief via Sneha / Sweda / Agni etc.) | _____ | ____ |

Total Ayurvedic Score (0–15): _____

**Section B: Modern Assessment**

| Parameter | Observation | Score |
|---|---|---|
| VAS Score (0–10) | _____ | ____ |
| Duration of Pain (Acute / Subacute / Chronic) | _____ | ____ |
| Type of Pain (Nociceptive / Neuropathic / Mixed) | _____ | ____ |
| Impact on ADL (Sleep, work, daily movements) | _____ | ____ |

Total Modern Score (0–19): _____

**Final Evaluation**
Total Combined Score (0–33): _____
Pain Severity Interpretation:
- Mild (0–11)
- Moderate (12–22)
- Severe (23–33)

Remarks / Notes:
_____
_____

**XI. Consent**

**Study Title**: Development and Validation of the Ayurvedic-Modern Integrated Pain Assessment Scale (AMPAS)

**Principal Investigator**:
Dr. Harshada Dholwade
SMBT Ayurved College and Hospital

**Guide**
Dr Shilpa P Badhe
SMBT Ayurved College and Hospital
9689339928

I, _____, Son/Daughter/Wife of _____ am willingly desire to participate in above study as a subject.

All the criteria written in this consent are explained to me in my words. I also permit to perform any kind of investigations necessary for this study; I am also aware that the data obtained from the study will be used for research purpose only & personal details will be kept confidential. I have reserved my right to leave the treatment schedule, at any time during the course of the treatment.

The consent form has been duly read in my own language and understood with my own interest. All the empty spaces in this consent paper have been previously filled before my signature.

In this study, I am involving with my own interest and signing consent paper

**Participant's Name**: _____

**Participant's Signature**: _____

**Date**: _____

**Researcher's Name**: _____

**Researcher's Signature**: _____

**Date**: _____

---

Thank you for your consideration in participating in this important study.

**XII.** Total Tentative Budget

| | |
|---|---|
| **Personnel Costs** | 5000 |
| **Materials and Supplies** | 25000 |
| **Technology and Data Management** | 10000 |
| **Clinical and Research Site Costs** | 15000 |
| **Participant Recruitment and Compensation** | 15000 |
| **Dissemination and Outreach Costs** | 10000 |
| **Miscellaneous Costs** | 10000 |
| **Grand Total** | Rs.90000 |

# Ayurvedic Management of Vataja Yonivyapada With Special Reference to Endometriosis - A Case Study

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**Abstract**

**Background: Vataja Yonivyapadais one of the twenty gynecological disorders described in Ayurveda, caused predominantly by vitiated Vāta dosha. It presents with pelvic pain, dryness, fatigue, and scanty or painful menstruation. In modern gynaecology, endometriosis is a chronic condition marked by ectopic endometrial tissue, dysmenorrhea, and infertility—features that correspond closely with those of VatajaYonivyapada.**

**Objective: To explore the Ayurvedic understanding and management of endometriosis in terms of VatajaYonivyapada.**

**Methodology: A 33-year-old woman with chronic pelvic pain, vomiting and headache during menses, scanty menstrual flow, and in USG: adenomyosis changes seen. Based on Ayurvedic dosha assessment, the condition was diagnosed as VatajaYonivyapada, and management was done using Vāta-shamaka chikitsa, Shirodhara.**

**Results: Notable relief was observed within three months of Ayurvedic management. Pain decreased, headache and vomiting stopped, and no adverse effects were reported.**

**Conclusion: Ayurvedic treatment targeting Vāta dosha showed good results in endometriosis when considered through the lens of VatajaYonivyapada. This supports the use of an Ayurvedic approach in managing chronic gynaecological conditions.**

**Keywords:** ***VatajaYonivyapada; Endometriosis; Adenomyosis; Vāta-shāmana chikitsa***

## I. Introduction

Ayurveda, the ancient Indian medical system, categorizes female reproductive disorders under Yonivyapada, a group of twenty distinct gynaecological conditions. Among these, VatajaYonivyapadais caused by the aggravation of Vata dosha and presents with symptoms such as pelvic pain, scanty or painful menstruation, dryness, and roughness, numbness, etc. in the yoni (female reproductive system).Yoni refers to the entire reproductive system, so if features like stiffness and roughness are attributed to the uterus instead of the vaginal canal, the condition can be correlated with endometriosis. Endometriosis cause pain, excessive and painful menstruation, and the uterus may become enlarged, hard, rough, or immobile. Chronicity of the disorder can also lead to psychological disturbances. In modern medicine, Presence of functioning endometrium (glands and stroma) in sites other than uterine mucosa is called endometriosis. Often leading to chronic pelvic pain, dysmenorrhea, and subfertility. The prevalence is about 10 percent. However, prevalence is high amongst the infertile women (30–40%) as based on diagnostic laparoscopy and laparotomy.[i]

The clinical features of endometriosis—pain, tissue degeneration, and menstrual abnormalities—closely resemble the Ayurvedic description of VatajaYonivyapada.
This case study presents an integrative approach, using Ayurvedic concepts and Vāta-pacifying therapies to manage a clinically diagnosed case of endometriosis.

## II. Case Report

**Patient Profile**

### A. Chief Complaints

A 33-year-old female presented with the following complaints:
- Chronic pelvic pain during menstruation: for 6 to 7 years
- Headaches during menstruation: since 6 to 7 years
- vomiting during menstruation: since 2 to 3 years

### B. History of present illness

The unmarried woman, aged 33 years, was healthy before 6 to 7 years ago, and then she started complaining of chronic pelvic pain and headaches during menstruation. Over the last 2 to 3 years, she also started complaining of vomiting during menstruation. Her LMP was Feb 10th, 2025.

**C. Obstetric History** - Unmarried
**Past History**—No H/O of DM/HTN/Thyroid dysfunction, no H/O of any previous major illness.

**Personal history**

Ahaara: Rice, sabji, Chapati, pickle, bakery products, junk food, etc.

Vihara: Disturbed sleep, Ratri Jagarana, Vega Dharana, Atichinta, etc.

**Family history**: Not significant

| **Menstrual History** | |
|---|---|
| **Attribute** | **Details** |
| Menstrual Cycle | 28 to 30 days |
| Duration of Menses | 2 to 3 days |
| Regularity | Regular |
| Pain | +++ |
| Pad Usage | 1 pad per day |
| Clots and Odor | Clotted with smell |

| **General Examination** | |
|---|---|
| **Attribute** | **Details** |
| Pulse | 74/min |

| | |
|---|---|
| Blood Pressure | 124/72 mmHg |
| Weight | 70kg |
| Height | 165cm |
| BMI | 25.71 $kg/m^2$ |
| Systemic Examination (RS/CVS/CNS) | Normal |
| Per Abdomen | Soft, Non-tender |

| **Ashtavidha Pariksha** | |
|---|---|
| **Attribute** | **Details** |
| Naadi | Vat-Pitta |
| Mala | 1 time/day hard stool |
| Mutra | 5-6 times/day |
| Jihva | Sama |
| Shabda | Prakruta |
| Sparsha | Prakruta |
| Druka | Prakruta |
| Akruti | Madhyama |

| **WaLIDD Score** | |
|---|---|
| **Attribute** | **Score** |
| Working Ability | 3 score |
| Location | 2 score |
| Intensity of Pain | 3 score |
| Days of Pain | 2 score |
| Total | 10 score |

| **Samprapti Ghatak** | |
|---|---|
| **Attribute** | **Details** |
| Dosha | Vata |
| Dushya | Rasa, Rakta, Artava |
| Srotas | Rasavaha, Raktavaha, and ArtavavahaSrotas |
| SrotoDushti | Margaavarodha and Vimargagamana |
| Rogamarga | Abhyantara |
| Agnimandya | Jathargnimandya and Dhatvagnimandya |
| Udbhava Sthana | Pakvashaya |
| Adhisthana | Garbhashaya |
| Vyakta Sthana | Garbhashaya |
| Differential Diagnosis | VatajYonivyapad; Udavartini Yoni Vyapad |

**D. Investigations**

| Investigation | Findings | Interpretation |
|---|---|---|
| Ultrasound (Pelvis) | - Enlarged, globular uterus<br>- Heterogeneous myometrium with cystic changes<br>- Poorly defined endometrial-myometrial junction | Suggestive of adenomyosis |
| Hemoglobin (Hb) | 13.1 g/dL | Within normal limits |
| ESR | 12 mm/hr | No active inflammation |
| TSH | 2.8 μIU/mL | Euthyroid status |
| FBS | 86 mg/dL | Normal glycemic status |
| CRP | <3 mg/L | No systemic inflammation |
| Urine Routine | - Clear, pale yellow<br>- No protein, glucose, or ketones<br>- 1–2 pus cells/HPF | No UTI or renal pathology |

**E. Nidana Panchaka**

Hetu: Ahaara: Ruksha Guna Ahaara, Katu Rasa Ahaara; Vihara—Atichinta, Ratri Jagarana, Vega Dharana.

Rupa: Chronic pelvic pain during menstruation, headaches during menstruation, vomiting during menstruation and scanty menstrual flow.

Samprapti

पित्तं पंगु कफः पंगु पंगवो मलधातवः । वायुना यत्र नीयन्ते तत्र गच्छन्ति मेधवत् ।।[ii]

It means that Pitta and Kapha are immobile on their own, and even Mala and Dhatu cannot move without Vata. Just as clouds are driven by the wind, all functions in the body are governed by Vata Dosha. So due to Chala guna of Vata Dosha, Artava undergoes Vimargagamana into the Yoni Pradesa, which can be correlated with presence of functioning endometrial tissue at sites other than uterine mucosa.

**F. Vata Prakopaka Ahara & Vihara**

*(Vata-aggravating diet and lifestyle)*
↓
Apana Vata Dushti
↓
SthanaSamshraya in Yoni and Artava Vaha Srotas
↓
VimargaGamana of Artava
↓
Yoni Dushti
↓
**Clinical Symptoms Manifested:**
→ Chronic pelvic pain during menstruation
→ Headache during menstruation
→ Vomiting during menstruation
→ Scanty menstrual flow

Ayurvedic Assessment: Based on dosha-dushya-vikruti analysis, the condition was diagnosed as VatajaYonivyapada. Signs of aggravated Vāta dosha (rukshata, shoola, alpata) were prominent. The therapeutic focus was on Vāta-shāmana and srotoshodhana.

**G. Treatment Protocol**

Yoga Basti:

Niruha Basti: Dashamoolakashaya 320 ml Day 2, 4, 6, 8

Anuvasana Basti: Rasnadi Taila: 100 ml Day: 1,3,5,7,9,10

Shirodhara with Jatamansi Kashaya

Chandraprabha vati 2 tab BD BF with Ushnodaka for 3 months

Brahmi churna 2gm BD with water for 3 months

HingvashtakaChurna 2gm BD BF with warm water for 3 months

Varunadi Kashaya 40 ml BD BF for 3 months

Pathya-Apathya:

- Warm, unctuous, and easily digestible diet; yoga and Dhyana suggested

- Avoidance of Vāta-aggravating factors (e.g., cold, stress, fasting, excessive exertion)

## III. Results

Within 10 days of yoga basti and shirodhara and three months of internal medications, the patient experienced

- Significant reduction in lower abdominal and pelvic pain; menstrual flow: less clotted and reduced dysmenorrhea during menstruation.

- Better sleep, digestion, relief from constipation, and reduction in associated headaches and vomiting

- Follow-up USG showed: Reduction in uterine size. Improved myometrial echotexture. Diminished cystic changes, indicating regression of adenomyotic features.

| **WaLIDD Score** | |
|---|---|
| **Attribute** | **Score** |
| Working Ability | 1 score |
| Location | 2 score |
| Intensity of Pain | 1 score |
| Days of Pain | 1 score |
| Total | 5 score |

## IV. Discussion

In endometriosis, Functioning endometrium present outside the uterus. It's clinical features are- pelvic pain, dyspareunia, irregular and painful menstruation- are indicative of Vāta vitiation. This aligns with the Ayurvedic pathology of VatajaYonivyapada, where ApānaVāta is disturbed, leading to impaired menstruation and uterine function.

नहि वातादृते योनिर्नारीणां सम्प्रदुष्यति । शमयित्वा तमन्यस्य कुर्याद्दोषस्य भेषजम्' ।।[iii]

The disorders of yoni do not occur without vitiation of vata, hence pacification of vata should be done by alleviating procedures of vata.

Yoga Basti played a vital role in the overall management strategy. This classical Ayurvedic therapy, involving a specific sequence of Anuvāsanaand Niruha Basti over a prescribed schedule, is particularly effective in balancing Vāta dosha. In chronic gynaecological disorders like endometriosis, where Vāta aggravation is prominent, Yoga Basti helps regulate ApānaVāta and nourishes the reproductive tissues, promotes hormonal balance, and relieves pelvic pain. Its systemic action contributes to the restoration of both physical and mental equilibrium. Dashamoola Niruha Basti, having Tridoshagna, Vatashamaka, Vedana Sthapaka and Shothagna properties[iv].Rasna Taila is composed of Rasna and Tila Taila, both known for their Vāta-pacifying and pain-relieving properties. Rasna acts as Vataghna, Vedanāsthāpana, and Sothahara, while Tila Taila provides Snigdha, Balya, and Snehana effects. As per *BhāvaprakāśaNighaṇṭu*, Tila Taila uniquely exhibits both Brimhana and Lekhana qualities, making the formulation ideal for Vāta-vyādhi and pain management.[v]

Shirodhara with Jatamansi Kashaya was administered to address psychological disturbances associated with endometriosis. This therapeutic procedure is known to calm the central nervous system and reduce symptoms such as

stress, anxiety, and mental fatigue. In this case, psychological stabilization through Shirodhara contributed significantly to overall therapeutic outcomes by complementing the physical management of the condition.

Chandraprabha Vati[vi]is beneficial in the management of menstrual disorders such as abdominal pain, cramps, and irregular bleeding. Its antispasmodic action helps relax smooth muscles and relieve uterine spasms, while its analgesic properties aid in reducing menstrual pain. These symptoms are commonly linked to an imbalance of Vāta and Pitta Doṣa in Ayurvedic understanding.

HingwashtakaChurna[vii]: It's All ingredient has Deepana, Pachana, Shulahara and Vatanulomaka properties. These combined actions make it effective in alleviating VātaDoṣa and relieving pain associated with Vāta-related disorders.

Brahmi Vati[viii] - Because of Prakupita Vata and Chinta, the patient frequently had sleep problems. As a Medhya Dravya, Brahmi promotes mental calmness and better sleep.

Varunadi Kashaya[ix] - Acharya Vagbhata and Sushruta mentioned that Varunadi Ganahas Kaphaghna and Medoghna properties. So, it is most appropriate to select this Varunadi Kashaya for doing Lekhana karma in Sthoulya. It also follows Samanya-Vishesa Siddhanta which is basic principle of Ayurveda.

This case underlines the potential of Ayurveda in managing chronic, non-infectious gynaecological disorders like endometriosis, especially when long-term hormonal or surgical options are not preferred or are ineffective.

## V. Conclusion

The effective treatment of endometriosis using Vataja Yonivyapada's Ayurvedic principles demonstrates the importance of doshic assessment and care. For such chronic gynecological diseases, a complete protocol of Vāta-shāmana therapies, lifestyle advice, and local treatments can enhance quality of life.
To confirm this integrative method and create standardized guidelines for managing endometriosis with Ayurvedic assistance, more investigation and clinical studies are required.

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# An Ayurvedic Approach to The Management of Ankylosing Spondylitis (Gambhir Vatarakta)

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**Abstract**

**Ankylosing Spondylitis is characterized by chronic inflammatory arthritis predominantly affecting the sacroiliac joints and spine, which can progress to bony fusion of the spine. Chronic back pain and progressive spinal stiffness are the most common features of the disease. Symptoms are exacerbated by inactivity and relieved by movement. Extra-articular features include fatigue, anemia, anterior uveitis, prostatitis, inflammatory bowel syndrome, osteoporosis, and cardiovascular diseases. Ankylosing spondylitis evolves slowly with fluctuating symptoms and ankylosis i.e. fusion of vertebrae develops in many patients over a period of time. Physical signs include reduced range of lumber spine movement in all directions and pain on sacroiliac stressing. Diagnosis of Ankylosing spondylitis cannot directly correlate with any particular Ayurveda disease. However, based on symptoms of disease, it can be correlated with Gambhir Vatarakta like Sandhi Shoth (Joint inflammation), Stabdhta (joint stiffness), Dhah (warmth), Kathinyata (limited joint movement), Abhyantra sandhi peda (joint tenderness), Toda (throbbing pain) in Kati (Pelvic region), Pristha (Posterior region of trunk from neck upto pelvis), Trik (shoulder girdle). These symptoms are indicative of the presence of excessive Vata and Raktadoshas in the body. Panchkarma procedures(especially Aanuvasana and Niruh basti)along with Ayurvedic internal medication were used for the treatment of Ankylosing spondylitis.**

**Keywords:** ***Gambhir vatarakta; Panchkarma; Aanuvasana basti; Niruh basti.***

## I. Introduction

Ankylosing Spondylitis is characterized by persistent inflammatory arthritis that mainly affects the sacroiliac joints and the spine, which may result in the fusion of the spinal bones.. Typically present in young adult males or late teens. It affects males about 3 times more often than females. Chronic back pain and accelerating spinal stiffness are the most common features of the disease. Symptoms tend to worsen with inactivity and improve with physical movement. Extra-articular features include fatigue, weight loss, anaemia, chest pain, enthesitis, dactylitis, anterior uveitis, prostatitis, inflammatory bowel syndrome, osteoporosis, and cardiovascular diseases. Ankylosing spondylitis progresses gradually, characterized by varying symptoms, and in many patients, ankylosis, which is the fusion of vertebrae, occurs over time. Physical signs include reduced range of lumber spine movement in all directions and pain on sacroiliac stressing. Investigations includes basic inflammatory markers like ESR and CRP and genetic test includes HLAB-27 gene. Radiological investigation includes X-Ray or MRI. Diagnosis of Ankylosing spondylitis cannot directly correlate with any particular Ayurveda disease. However, based on symptoms of disease, it can be correlated with Gambhir Vatarakta like Sandhi Shoth (Joint inflammation), Stabdhta (joint stiffness), Dhah (warmth), Kathinyata (limited joint movement), Abhyantra sandhi peda (joint tenderness), Toda (throbbing pain) in Kati (Pelvic region), Pristha (Posterior region of trunk from neck upto pelvis), Trik (shoulder girdle). These symptoms are indicative of the presence of excessive Vata and Raktadoshas in the body. Panchkarma procedures (especially Aanuvasana and Niruh basti)along with Ayurvedic internal medication were used for the treatment of Ankylosing spondylitis.

**Samprapti Ghataka**

| |
|---|
| Dosha – Vata Pradhan tridosha |
| Dushya – Rakta, Asthi, Majja |
| |
| Srotasa –Rasavaha, Raktavaha, Asthivaha, Majjavaha |
| Srotodusti –Sanga |
| Adhishthan- Rakta, Asthi, Majja |
| Agni –Dhatwaagni |
| Sadhyasadhyata –Krichasadhya |

| |
|---|
| **Dashavidha Pariksha:** |
| • Prakriti – Vatapittaz |
| • Vikarti- Vata kapha |
| • Satva- Avar |
| • Satmya- Sarva rasa |
| • Pramana – Madhyama |
| • Vyayama shakti – Madhyama |
| • Ahar shakti – Madhyama |
| **Ashtavidha Pariksha:** |
| • Nadi- Vatakaphaja |
| • Mutra – Pitabha |
| • Mala- Sama |
| • Jihwa – Awarita |

## II. Case study

A 30-year-old male patient, resident of Nilokhedi, Haryana, came to the Panchkarma Department of the Institute of Ayurvedic Studies and Research, SKAU, Kurukshetra, on 10june 2024, with complaints of low backache and mid back pain, with severe pain in sacroiliac joint accompanied by early morning stiffness for more than 30 mins, as well as mid night pain. Also pain and stiffness in neck region. The patient was already diagnosed with ankylosing spondylitis, with HLA-B27 positive.

### A. Previous History With Family History

The patient has been a known case of Ankylosing spondylitis for the last 8 years and has been taking allopathic treatment. Previously, she had IBD symptoms.

The patient had received treatment in many different hospitals, but he didn't get satisfactory results.

No history of any trauma, surgery, and other severe illness, hypertension, diabetes mellitus, thyroid disorder, Cardiovascular and Respiratory diseases.

No specific family history found.

**B. Patient Examination**

**Systemic Examination**

On examination, the patient has mild pallor, and his vitals are within normal range as

BP- 110/84mm Hg

Pulse rate-80 per minute

Temperature-97F

Respiratory rate - 19 /min

Pallor – Mild

Appetite-Normal

Sleep- Disturbed due to pain

Bowel-Constipated(on and off)

Urine-Normal

No history of active bleeding per rectum or rectal prolapse

**Physical Examination:**

| **Test** | **Right side** | **Left side** |
|---|---|---|
| SLR Test | 30 | 20 |
| Pump Handle Test | Positive | Positive |
| Ganslen Test | Positive | Positive |
| Fabers Test | Positive | Positive |
| Coins Test | Positive | Positive |

**C. Investigations:**

1. HLAB-27-positive
2. MRI shows seronegative spondyloarthropathy with bilateral sacroiliitis with bone marrow edema, Romana's lesion, squaring of vertebral bodies, and bony ankylosis.

**3. Treatment protocol:**

Treatment protocol includes both Shamana and Shodhan Chikitsa along with pathya apathya.

**a) Shamana chikitsha:**

| **Medicine** | **Dose** | **Anupana** |
|---|---|---|
| Amritaadi guggul | 2 tds | Lukewarm water |
| Praval Pisti | 250mg bd | Gulkand |
| Vatavidhvansaka ras | 1tab bd | Luke warm water |
| Guduchyadi kasayam | 15ml tds | An equal amount of lukewarm water |
| Aarogyavardhani vati | 1 bd | Lukewarm water |

**b) Shodhana chikitsa:**

| | |
|---|---|
| Guduchyadi Niruh basti | 1 cycle of *kala basti* |
| Churan pind swedana | 16 days for about 30 mins |

**c) Pathya – Apathya**

| **Pathya** | **Apathya** |
|---|---|
| Laghu ahaar, green vegetables like bottle gourd, broccoli, green capsicum, green beans, fruits like beetroot, papaya, pomegranate, blackberries,<br>Soyabean, almond milk, soya paneer, coconut water, multigrain atta, one slice of raw turmeric, bilva juice, etc | Curd, lassi, kadhi, pickles, rajma, chole, canned juices, fermented fruits, spicy food, caffeine, dark chocolate, vegetables like potato, ladyfinger, arbi, brinjal, fruits like mango, banana, all types of shakes, etc |

## III. Conclusion

The specific signs and symptoms of Ankylosing spondylitis do not align with any distinct disease in Ayurveda. Nevertheless, based on the clinical manifestation of the condition, it can be associated with the classical symptoms of *Gambhir Vatarakta.*

*Panchkarma* procedures, along with Ayurvedic internal medications, were employed for the treatment of Ankylosing spondylitis.

A number of patients received *Guduchyadi niruh basti* at both OPD and IPD levels in the Institute for Ayurvedic Studies and Research, SKAU, Kurukshetra, and we observed favourable outcomes from this treatment.

# A Case Study of Infertility - Ayurvedic Intervention

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**Abstract**

**Secondary infertility is the inability to conceive or carry a pregnancy to term after previously having a child, complexity of condition associated with previous recurrent miscarriages. Advanced maternal age, changes in reproductive health of both partners, environmental factors, systemic illness contribute to the heterogeneity of the condition. A 32-year-old female presented with a diagnosis of secondary infertility (BOH + left side hydrosalpinx + left ovary cystic lesion). She had also completed ATT treatment with a history of TORCH (IgG +VE). Other associated condition included pelvic inflammatory disease . Multiple factors were contributing to the disturbance of her reproductive system. The present case was treated with the Ayurvedic management protocol, started with Virechana for beeja suddhi, followed by Yoniprakshalan, Kshara Karma, Yonipichu dharana to manage PID, Basti-Yoga & Uttarbasti as per condition with medicated oil/ghrita for removing blockage of tube, better growth & maturity of follicles with release of ovum. The outcome of the treatment was that the patient conceived successfully and is currently in her third trimester. This case study signifies the approach of Ayurvedic principles in all disturbed factors to balance out, achieve a healthy reproductive system &conception without any consequences.**

***Keywords-Secondary Infertility; Hydrosalpinx; Uttarbasti; Cervical factor.***

## I. Introduction

According to WHO1, Infertility is a condition of male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. It can be primary or secondary. The reasons for secondary infertility can be diverse, including structural problems in the reproductive system, hormonal imbalances, or other medical conditions. However, BOH can be a factor contributing to secondary infertility. The term BOH (Bad Obstetric History) implies recurrent miscarriages, History of previous unfavourable foetal outcome in terms of two or more consecutive spontaneous abortions, early neonatal deaths, stillbirths, intrauterine foetal death, Preterm births & congenital anomalies. Surprisingly, Secondary infertility is becoming more prevalent in India. Studies2 indicate that its prevalence rose to 28.6% in 2015–16, marking a 5.9% increase as per Business Standard dated 11 June 2025.In Ayurveda, Putraghni Yonivyapad and Jatagni Yonivyapad are described in which causes of repeated abortions and repeated early neonatal deaths are explained. Acharya Chakrapani3explains the foetuses irrespective of sex are destroyed, still it is termed as Putraghni as destruction of male progeny predominates .Acharya Vagbhata4 said it as Jataghni Yonivyapad because the aggravated Vayu repeatedly kills the neonates. Along with causes treatment modalities are given which can be followed to overcome the adverse outcome in cases of bad obstetric history.

## II. Material And Methods

### A. Patient Information

A diagnosed case of 32 years old married female came in OPD of Stree roga evam prasuti tantra department of IAS&R with following complaints as Repeated miscarriages, Pricking lower abdominal pain especially in left side with white discharge per vagina & itching in private parts, Painful intercourse, Burning micturition .She also had a history of Genital TB(Took ATT treatment in 2023) and TORCH positive(IgG +ve) earlier.But for present she want treatment for BOH in secondary infertility with healthy pregnancy.

### B. History of present illness

According to the patient, she was suffering from repeated miscarriages since 3year.She was also having complaints oflower abdominal pain especially in left side with leucorrhea& dyspareunia .Also, she is complaining of bloating after meal intake with Burning micturition & generalised weakness.So initially she opted Allopathic treatment, but no satisfactory result was found. That's why she decided to shift on Ayurvedic treatment.

### C. History of past illness

She had past history of 3 abortions.

**D. Past Medical History :** History of Genital TB &TORCH IgG +ve

**E. Past Surgical History :** D&C done to remove product of conception in June 2023.

**F. Family History :**NIL

**G. Personal History**: She has Disturbed sleep, Average Appetite with c/o Bloating after meal intake occasionally. Her bowel habit is normal (constipation on/off), but complaint of burning micturition persist and she is vegetarian. There is no any significant addiction.

**H. Treatment History**

For the present illness, patient went to private allopathic Hospital for treatment but her condition not improved in subsequent pregnancy-She conceived three time after two healthy female child but in each pregnancy after 6-8 week either by spontaneous abortion or in one case cardiac activity was not there, so opted for D&C .None pregnancy bear fruit, later patient develop genital TB and TORCH Infection as well. She took treatment for that. Later she visited OPD of Streeroga Evam Prasuti Tantra department of IAS&R, Kurukshetra.She conceived and at present in last trimester of pregnancy.

**I. Menstrual History** 12 year menarche age, Initially periods were regular,28-30 days cycle with adequate flow for 5days. Patient also c/o pain during menses++,clots-Present (Red-Blackish),foul smell-Absent, Colour of Menses- Blackish>Red.

**J. Obstetric History $G_5P_2L_2A_3$**(in first visit)

**K. General Examination**

**Built-** Normal

**Height** - 160 cms

**weight** - 62 kg

**BMI**- 24.2kg/$m^2$

**Pulse** - 70/minute

**BP** - 1o6/70 mm of Hg

**Temp -** 98.4F

**L. Physical Examination**

**Ashtavidhapariksha**

**Nadi-**Vataj **Sparsha-** Shitoushna

**Mal-** Samyak **Jihva-**Malavritt

**Mutra-**Pita with daha **Drika-**Samanya

**Shabd-** Samanya **Akriti -**Madhyam

**Dashvidhpariksha**

**Prakriti-** Pittavataj **Sara-**Madhyama **Samhanana-**Madhyam

**Pramana-**Madhyam **Satmya-**Madhyam **Satva-**Madhyam

**Vaya-** Madhyam **Vyayamshakti-**Avara **Aharashakti-**Avara

**M. Systemic Examination**

**CNS:** Patient is conscious & well-oriented to time, person, place.

**CVS:** Heart sounds (S1S2)Normal, No added sound heard.

**RS :**B/l chest clear, No added sounds.

**GIS:** No abnormality in terms of colour, contour, shape

Previous pregnancy mark seen, Tenderness + in B/l flank region.

**N. Gynaecological Examination**

**Per Speculum -** Discharge ++(white, thick)

Cervix erosion ++(on both lips)

Cervix hypertrophy +

**Per Vaginal -** Uterus - N size /AV

Cervix - firm

CMT - absent

B/L fornix mild tenderness +

**O. Samprapti Ghatak**

**Dosha-**Vata,Pitta, Kapha

**Dushya-**Rasa, Rakta,Artava

**Srotas -**Rasavaha, Raktavaha, Aartavavaha

**Artava Strotodushti-**Sanga

**Agni-**Jatharagnimandya, Dhatwagnimandya, Bhutagnimandaya

**Rogmarga-** Aabhyantara

**Udbhava sthan-**Beejashaya, Garbhasya

**Vyakta sthana-** Garbhashaya

**Pratyatma lakshana-Garbhastrava, Garbhapata**

## III. Diagnosis

-Diagnosis was done clinically as per condition -

-USG Pelvis scan (19/07/2024) s/o -Bulky Uterus (91*51*58mm),vol-142cc

ET- 10mm

Left side Hydrosalpinx

Left ovary cystic lesion (21*17mm) s/o Corpus luteum

Pelvic Congestion

**-Hormonal Profile (**All relevant with raised prolactin level)

**Investigations**

Hb%- 8.0gm

BT - 4’10”

CT - 5’15”

Thyroid profile/B.Sugar -Normal

Viral Markers - Non reactive

B.Group -O+ ve and rest other required investigations were done.

## IV. Treatment

Initially patient taken on **Shodhan Chikitsa**- started with

-Deepana-Pachana (Tab Chitrakadi vati, Avipattikara churna)

- Snehapana with Phalaghrita

- Virechan with Trivritta Avaleha & Erand taila.

Later on,

### A. Sthanik Chikitsa

-Yoni prakshalana with Triphaladi kwath+ Shudhha Saftik Bhasma

-Weekly sitting of Kshara Karma with Yavakshara along with pichu of Jatyadi taila.

- Dhanwantara taila Abhyanga on lower abdomen with Baluka swedana. Along with oral medication.

**B. Shaman Chikitsa**

| Medication | Dose | Anupana | Time | Duration |
|---|---|---|---|---|
| Syp Sukumar Kashaya | 15ml | Water(30ml) | After meal | 15 days |
| Phalaghrita | 5gm | Lukewarm water | Before meal/Morning | 15 days |
| Kanchnaar guggulu | 2tab | Water | After meal | 15 days |
| Erand taila | 3ml | Milk | After meal/HS | 5Days |
| Tab Chandraparbhavati | 2tab | Water | After meal | 15 days |
| Tab Dhatri Loha | 2tab | Lemon water | After meal | 30 days |

**V. Next Month**

Aasthapana Basti with Dashmool kwath f/b **Uttarbasti with Kshara and kasisadi Taila** for 3 days after cessation of menses.

**A. Shaman Chikitsa**

| Medication | Dose | Anupana | Time | Duration |
|---|---|---|---|---|
| Tab Sukumar kashaya | 1 tab | Water | Before meal | 30 days |
| Tab Kaishor Guggulu | 2tab | Water | After Meal | 15 days |
| Tab Dhatri Loha | 2tab | Lemon water | After Meal | 30 days |
| Syp Dashmoolarishta | 10ml | Water | After Meal | 15days |
| Haridrakhand | 3gm | Water | After Meal/OD | 15days |
| Phalaghrita[8] | 5gm | Lukewarm water | Before meal/Morning | 30days |

**Matra Basti** in Luteal Phase with Dhanwantari taila and Palashadi Niruha Basti..

Dhanwantara taila **Abhyanga** on lower abdomen with **Baluka swedana.**

Similarly ,in next month **(2nd cycle) again Uttarbasti with Kshara+ Kasisadi taila** with Niruha basti of Dashmool kwath with oral medication f/b Yogbasti with Dhanwanatar taila and Palashniruha basti in secretory phase.

**3rd cycle of Uttarbasti with Narayana taila.**

Later ,Patient conceived in Nov 2024 with **POG 28 WEEKS 1DAY** AT PRESENT.

## VI. Results And Discussion

After approx 90 days of treatment , patient conceived again with LMP-29/11/2024.ongoing healthy pregnancy without any risk factor till date.

**USG (Pelvis) After Treatment**

**OB-Early scan report (24/01/2025) s/ o**

**Single live intrauterine pregnancy of around 8weeks 2 days, cardiac activity present .**

**Patient regularly came for ANC visit.**

**Discussion**

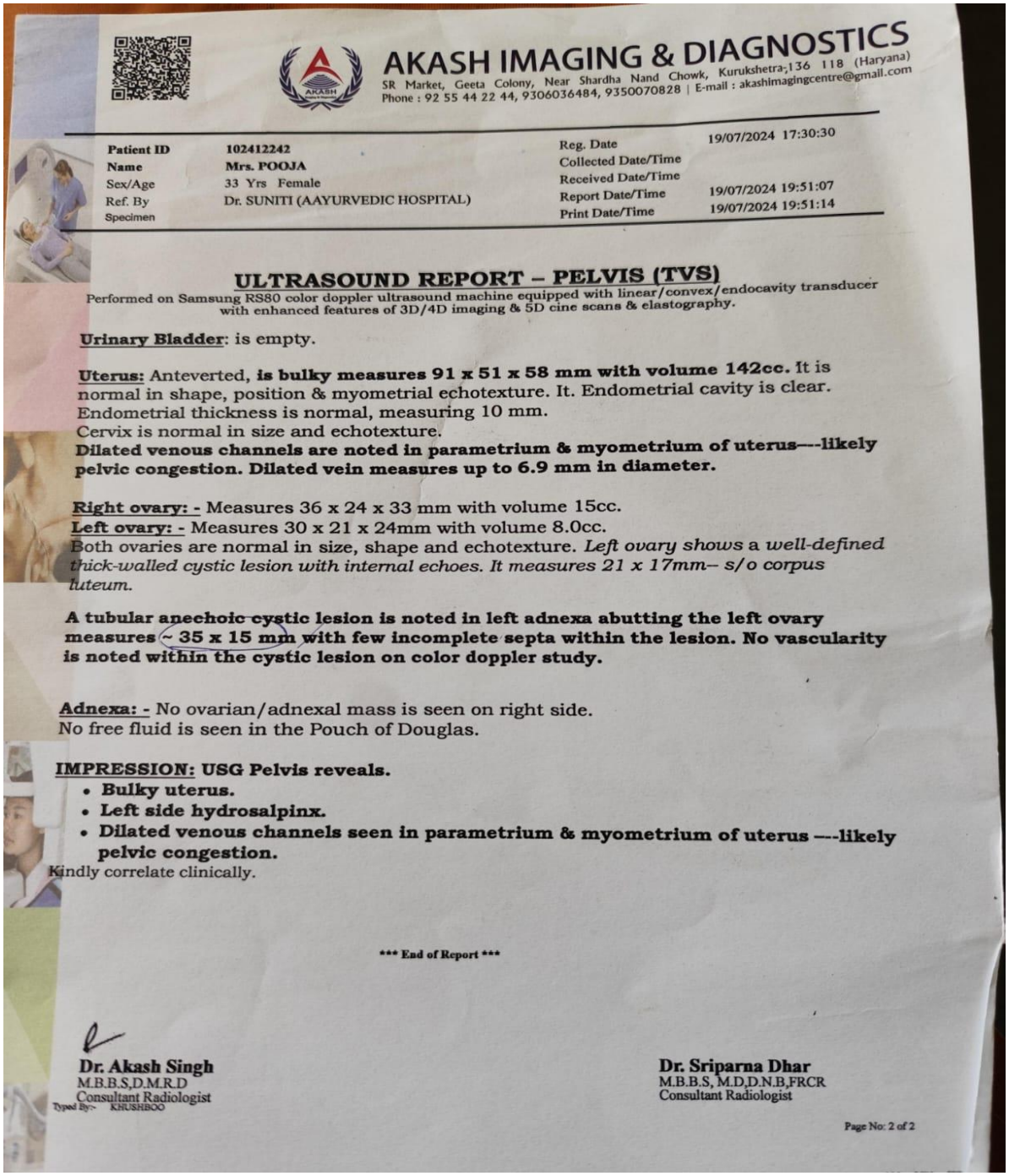
Infertility is rising concern in India now a days, especially secondary infertility. It directly have a bad impact on mental health of couple. As per Ayurveda[(5)],4 factors-Ritu, Kshetra, Ambu, Beeja are responsible for fertility, healthy conception and progeny. In case of BOH, Vataparkop takes place- which directly or indirectly have impact on these essential 4 factors of fertility. Thus, the medicine used in this study balance doshas, for uttam beeja utpatti, for proper nourishment along with that superiorly Garbhasthapaka in nature.

**Mode Of Action**

Acharya kashyap mentioned Virechana is the best for pacify Shukra and aartava beeja dushti. Even Acharya shushrut in Sharirsthan chapter-2 mentioned Uttarbasti is also best for pacifying Doshas and beeja dushti along with other sthanik chikitsa. Virechana pacify vitiated vaat and kapha doshas and removes only vaikarika Pitta, also detoxify Rakta, Uttarbasti responsible for pacify vitiated Apana vata, balances equilibrium of all three doshas. Basti well known as ardhachikitsa - balances all doshas, dhatus formation. Phalaghrita and Narayan taila helps in conception and cures female issues related to fertility. It helps in proper development of endometrium and follicles, resulting healthy progeny. Chandraprabha vati helps in balancing Vata-Pitta doshas, act as Rasayana, correcting menstrual cycle. Dhatri loha for replenishment of iron in body for self, and prevent baby for multiple neural tube defects. Rand taila vatanulomna, strotoshodhak. Dashmool is ushna veerya- acting on vata dosha, anti-inflammmatory. Palash act on granthi, pacify it, managing discharge condition and other gynaecological condition.

## VII. Conclusion

In today's era of in-vitro Fertilization as the ultimate approach in patients of infertility at last. Ayurveda as a ray of hope for many couples who wants to conceive or who wants to have healthy pregnancy without any complications. This is non-invasive approach, maintaining and improving the quality of seeds in both partners, and maintaining all basic required factors for pregnancy to be healthy and good. Although it is time consuming sometimes ,or giving result a little late but at least these chikitsa types does not disturb the body equilibrium, rather it maintains and provide that ray of hope which they want from very long period. As said not everything is possible ,so in case where all approaches fails, it also act as supportive and integrative system to provide couple the hope with allopathy/any Pathy. Only key required is patience, faith and keep a hope in heart.



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| | | | |
|---|---|---|---|
| Patient ID | 102412242 | Reg. Date | 19/07/2024 17:30:30 |
| Name | Mrs. POOJA | Collected Date/Time | |
| Sex/Age | 33 Yrs Female | Received Date/Time | |
| Ref. By | Dr. SUNITI (AAYURVEDIC HOSPITAL) | Report Date/Time | 19/07/2024 19:51:07 |
| Specimen | | Print Date/Time | 19/07/2024 19:51:14 |

**ULTRASOUND REPORT – PELVIS (TVS)**

Performed on Samsung RS80 color doppler ultrasound machine equipped with linear/convex/endocavity transducer with enhanced features of 3D/4D imaging & 5D cine scans & elastography.

**Urinary Bladder**: is empty.

**Uterus:** Anteverted, **is bulky measures 91 x 51 x 58 mm with volume 142cc.** It is normal in shape, position & myometrial echotexture. It. Endometrial cavity is clear. Endometrial thickness is normal, measuring 10 mm.
Cervix is normal in size and echotexture.
**Dilated venous channels are noted in parametrium & myometrium of uterus---likely pelvic congestion. Dilated vein measures up to 6.9 mm in diameter.**

**Right ovary: -** Measures 36 x 24 x 33 mm with volume 15cc.
**Left ovary: -** Measures 30 x 21 x 24mm with volume 8.0cc.
Both ovaries are normal in size, shape and echotexture. *Left ovary shows a well-defined thick-walled cystic lesion with internal echoes. It measures 21 x 17mm– s/o corpus luteum.*

**A tubular anechoic cystic lesion is noted in left adnexa abutting the left ovary measures ~ 35 x 15 mm with few incomplete septa within the lesion. No vascularity is noted within the cystic lesion on color doppler study.**

**Adnexa: -** No ovarian/adnexal mass is seen on right side.
No free fluid is seen in the Pouch of Douglas.

**IMPRESSION: USG Pelvis reveals.**
- **Bulky uterus.**
- **Left side hydrosalpinx.**
- **Dilated venous channels seen in parametrium & myometrium of uterus ---likely pelvic congestion.**

Kindly correlate clinically.

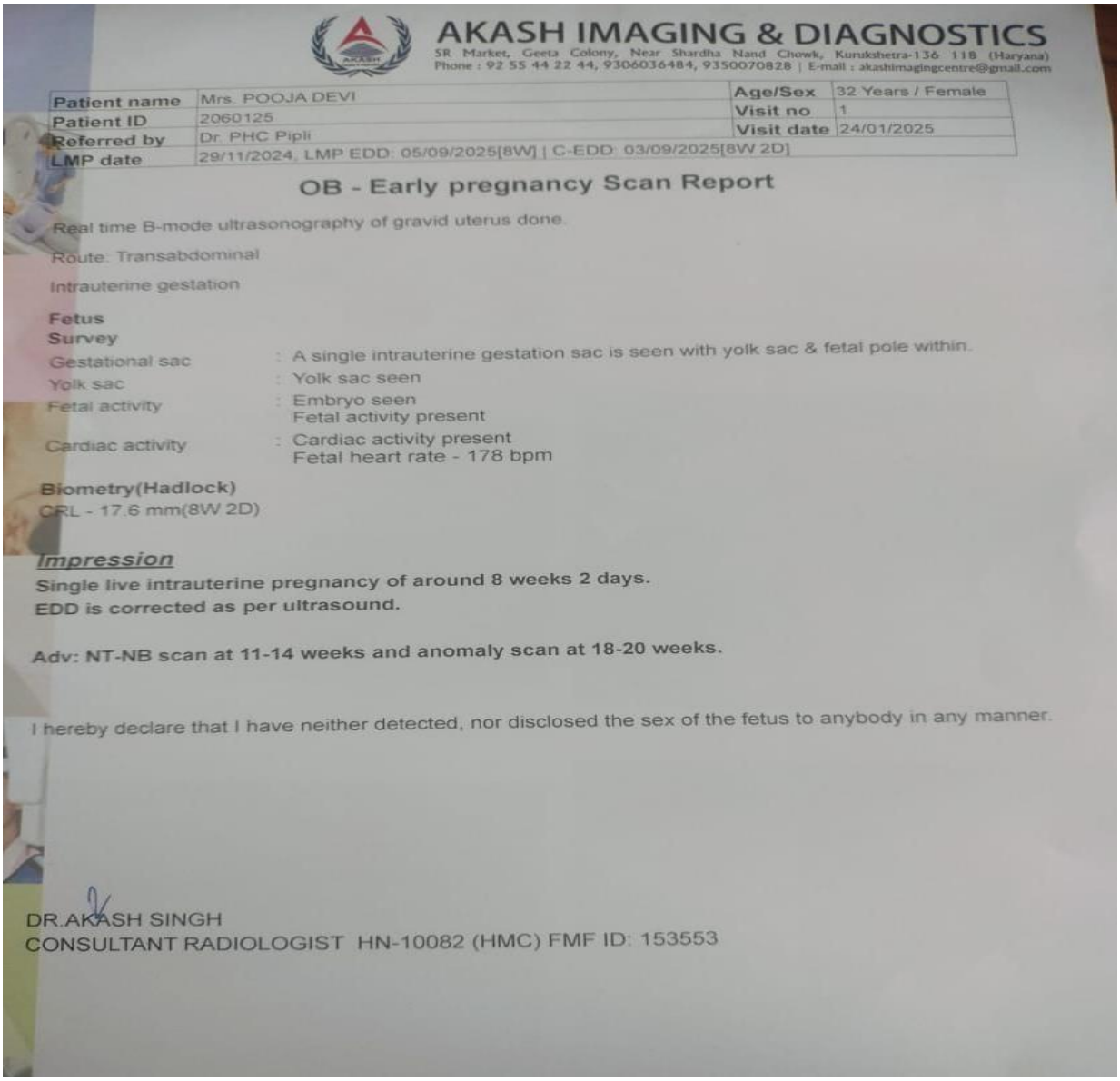
*** End of Report ***

**Dr. Akash Singh**
M.B.B.S,D.M.R.D
Consultant Radiologist
Typed By:- KHUSHBOO

**Dr. Sriparna Dhar**
M.B.B.S, M.D,D.N.B,FRCR
Consultant Radiologist

Page No: 2 of 2

**(Before Treatment)**



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| | | | |
|---|---|---|---|
| Patient name | Mrs. POOJA DEVI | Age/Sex | 32 Years / Female |
| Patient ID | 2060125 | Visit no | 1 |
| Referred by | Dr. PHC Pipli | Visit date | 24/01/2025 |
| LMP date | 29/11/2024, LMP EDD: 05/09/2025[8W] \| C-EDD: 03/09/2025[8W 2D] | | |

OB - Early pregnancy Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Intrauterine gestation

Fetus
Survey

| | |
|---|---|
| Gestational sac | : A single intrauterine gestation sac is seen with yolk sac & fetal pole within. |
| Yolk sac | : Yolk sac seen |
| Fetal activity | : Embryo seen<br>Fetal activity present |
| Cardiac activity | : Cardiac activity present<br>Fetal heart rate - 178 bpm |

Biometry(Hadlock)
CRL - 17.6 mm(8W 2D)

*Impression*

**Single live intrauterine pregnancy of around 8 weeks 2 days.**
**EDD is corrected as per ultrasound.**

**Adv: NT-NB scan at 11-14 weeks and anomaly scan at 18-20 weeks.**

I hereby declare that I have neither detected, nor disclosed the sex of the fetus to anybody in any manner.

DR.AKASH SINGH
CONSULTANT RADIOLOGIST HN-10082 (HMC) FMF ID: 153553

**(After treatment)**

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# Preventing Diabetes through Ayurveda: An Analytical Review on Pathya and Apathya in Prameha

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**Abstract**

**Ayurveda, has always focused on preserving the health of healthy individuals and treating diseases in afflicted people. It stresses basic principles like Dinacharya (daily regimen), and Ritucharya (seasonal regimen), and introduces a unique way of understanding Pathya (wholesome) and Apathya (unwholesome), both in dietary and lifestyle practices. As mentioned by Acharya Charaka, wholesome food is of prime importance in the maintenance of health and promotion of wellbeing, whereas unwholesome food is regarded as a significant etiology for diseases.**

**Prameha is a category of metabolic disorders that have primarily been described in Ayurveda and arise out of over nutrition or faulty lifestyle habits. This particular entity is usually classified by excess intake of Guru (heavy), Madhura (sweet), Snigdha (unctuous) foods and a lack of any activity and physical exercise. Out of the multiple types of Prameha, one such form is Madhumeha which bears a significant resemblance to diabetes mellitus, particularly Type 2 diabetes.**

**The purpose of this review is to look at the Ayurvedic understanding of Prameha, wherein the specific aspects of Pathya and Apathya Ahara and Vihara be looked at in terms of its preventive and remedial action. The cost-effectiveness would be emphasized along with practicality when considering lifestyle changing practices from Ayurveda in prevention and treatment against metabolic disorders. The study thus elucidates the vast wisdom that Ayurveda has in terms of its dietary and behavioral regulations and how relevant they are to modern health concerns.**

***Keywords: -Pathya; Apathya; Prameha; Diabetes Mellitus***

## I. Introduction

Ayurveda, the ancient science of life, places significant emphasis on both physical and mental wellbeing through a preventive approach. It defines health as a state where there is a harmonious balance in the functioning of Doshas (biological energies), Dhatus (tissues), Malas (waste products), as well as Agni (digestive fire), alongside a pleasant state of Atma (soul), Indriya (senses), and Manas (mind) [1]. Ayurveda describes the Tridoshas-Vata, Pitta, and Kapha-as the three main pillars (Tristhuna) [2]governing bodily functions. Similarly, Ahara (diet), Nidra (sleep), and Brahmacharya (controlled lifestyle) are regarded as the three external sub-pillars that support the main pillars. When

utilized in a proper and planned manner, these three pillars facilitate an individual with the benefits of a life endowed with strength, complexion, and a full lifespan. [3]In Ayurveda, Aahar is mentioned in Trayoupstambh, and it is called Brahma in Shastra. Acharya Kashyapa has said that food is Mahabheshaja. In this series, pathya- kalpana is the basic and most powerful component in the fight against disease. It is possible if one uses diet according the Tridosa, Deha prakriti, Satmya of person as well as panchabhautika composition of dietary substances. Pathaya Aahar, based on Panchabhoutic principles and shows effect accordingly. But now-a-days because of modernization, people are fails to follow them and suffer from lifestyle disorders. Growing urbanization, unhealthy lifestyle, fast food habits and lack of exercise these factors are acts as slow poison for lifestyle disorders like obesity, diabetes mellitus, insomnia etc. Among them, diabetes mellitus has quite importance as globally people are more prone towards the diabetes mellitus2. Its symptoms which are more nearer to Prameha mentioned in Ayurveda. It is important to note that apart from sedentary lifestyle and obesity, the type of food consumed plays a key role in diabetes.

This article finds merit, as the path focus on understanding and analyzing the knowledge of Prameha in terms of management and prevention from the preview of Pathya and Apathya Sevana.

## II. Prevalence and Causes of DM

It is estimated that there will be a 51% surge in diabetics globally by 2045, from 463 million in 2019 to700 million in 2045 [(4)]with type 2 diabetes accounting for about 90% of the total. Eighty-seven percent of diabetes-related deaths occur in low and middle income countries where there is less diversification of staple foods. It is important to note that apart from a sedentary lifestyle and obesity, the type of food consumed plays a key role in diabetes. Main staples such as refined rice, refined wheat and maize contribute up to 80% of the energy intake in developing countries [(5)]. Diversifying food staples and mainstreaming traditional nutritious and less glucogenic staples in the majority of developing countries is very important to manage and prevent diabetes; millets and sorghum figure first in this list of staples.

Diabetes Mellitus is a major health concern in many countries. Diabetes mellitus is a chronic metabolic disorder characterized by hyperglycemia with alterations in carbohydrate, protein, and lipid metabolism. It is considered as the most common endocrine disorder and results in deficient insulin production (type 1) or combined resistance to insulin action and the insulin-secretory response (type 2). Prevention of type 2 diabetes will require measures to promote healthy dietary pattern and life style which includes balanced diet and physical activity. People who eat three or more servings of wholegrains in a day, especially from high- fiber cereals, are less likely to develop insulin resistance and the metabolic syndrome, common precursors of both T2D and Coronary Heart Disease (CHD) (Mckeown et al., 2004).

## III. Prameha

Prameha, a disease that have found a significant place in the therapeutic world since time immemorial. Prameha is frequently correlated with diabetes mellitus type 2 based on clinical manifestations.

Prameha is a disease, described by Acharya Sushruta and Acharya Vagbhatta under Asthamahagada [6](Eight grievous diseases) which has widespread effect on health. Acharya Charak also accorded an immense importance to this disease due to its impact on health. The term ‘Prameha’ has two parts. ‘Pra’ denotes abundant, and ‘Meha’ denotes ‘passing of large quantity of urine. According to Acharya Madhavakara Prakarsena Prabhutam Pracuram Varam Va Mehati Mutratvagam Karoti Iti Pramehah.[(7)]

Etiologically Prameha has been classified into two types by Acharya Sushruta.[8]

- Sahaja (Hereditary)
- Apathyanimittaja (Acquired)

Sahaja Prameha occurs as a result of Beejadosha (genetically susceptible). While describing prognosis, Acharya Charaka has narrated that Prameha occurring due to Beeja dosha is incurable. [9]Apthyanimittaja Prameha is a result

of causative dietary and physical activity. According to Dosha predominance, Prameha is categorized into three major types.

1. Vataja Prameha

2. Pittaja Prameha

3. Kaphaja Prameha

The Dosha predominance is solely detected by the physical characteristics of urine.

Prameha occurs due to Tridosha Dushti but it is a Kaphapradhan in nature. Hence Kapha Dosha plays pivotal role in the Samprapti of Prameha. It has similar Guna with Rasa, Rakta, Mamsa, Meda, Majja, Shukra and Mootra which are also vitiated in Prameha. Along with Kapha dominance there is Meda Dhatu Dushti also an important factor. Meda in Prameha is Bahu (abundant in quantity and not well digested) and Abaddha (not well formed), most of the Guna of Kapha which is vitiated is as same as of Meda, so these two - Kapha (Dosha) and Meda (as Dushya) becomes main component of Samprapti of Prameha Vyadhi.

## IV. Aims and objectives

This article explores and reviews the potential role of Apathya and the significance of Pathya Ahara in managing Prameha.

### A. Apathya In Prameha

All those factors related to dietary habits and physical activities, which increase the quantity of Kapha are said to be the common etiological factors for all types of Pramehas. Mainly obesogenic diet and sedentary lifestyle have been mentioned as causative factors for Kapha Prokapa as well as Prameha. [9] Etiological factors associated with Pitta Prakopa or Vata Prakopa, can also lead to the Pittaja or Vataja Prameha respectively.

### B. Aaharaj Nidan

| S.N. | Nidana (Causative Factors) | Vitiated Dosha/Dhatu | Dominant mahabhuta | Predominant Gurvadi Gunas | Pathological Impact (Discussion) |
|---|---|---|---|---|---|
| 1 | Shali Dhanya | Kapha | Prithvi, Jala | Guru, Manda, Sthira | Increases heaviness and stability, slowing metabolism. |
| 2 | Gramya, Aanoop, Audak Mamsa | Kapha | Prithvi, Jala | Guru, Manda, Snigdha, Sthira | Brimhana and Abhishyandikara effect aggravates Kapha. |
| 3 | Shaka (Green vegetables) | Kapha | Prithvi, Jala | Guru, Snigdha, Sheeta | Madhura Rasa with Sheeta Virya enhances Kapha. |
| 4 | Tila-Palal | Kapha | Prithvi | Guru | Enhances tissue building; increases Kapha load. |
| 5 | Vilepi (Thick rice gruel) | Kapha | Jala, Prithvi | Snigdha, Guru, Drava | Santarpaka, Vrishya; promotes Kapha overaccumulation. |
| 6 | Ikshu Vikara (Sugarcane derivatives) | Kapha | Jala, Prithvi | Guru, Snigdha, Sheeta, Sara | Kapha-promoting Rasa increases viscosity and coldness. |

| | | | | | |
|---|---|---|---|---|---|
| 7 | Payasa | Kapha, Meda | Prithvi, Jala | Guru, Snigdha | Enhances Brimhana and Medodhatu due to sweet and heavy qualities. |
| 8 | Ksheera (Milk) | Kapha | Prithvi, Jala | Guru, Snigdha, Mridu | Abhishyandi, Sheetala—promotes stagnation and Kapha buildup. |
| 9 | Nava Madya | Kapha, Meda, Rasa Dhatu | Jala, Prithvi | Guru, Snigdha, Picchila | Increases Kleda and Meda; impairs digestion. |
| 10 | Mandaka Dadhi | Tridosha | Agni, Prithvi | Ushna, Guru, Manda | Though Tridoshaja, it especially increases Kapha and Pitta. |
| 11 | Drava Pana | Kapha | Jala | Drava, Snigdha, Sara | Excessive fluidity increases Kapha and leads to Agnimandya. |
| 12 | Madhura Ahara Sevan | Kapha | Prithvi, Jala | Guru, Snigdha, Sheeta, Sthira | Excess sweet causes Dhatu Brimhana and Kleda vriddhi. |
| 13 | Amla Rasa Sevan | Kapha | Agni, Prithvi | Snigdha, Drava, Picchila | Liquefies Kapha, softens Dhatus; causes Shaithilya. |
| 14 | Lavan Rasa Sevan | Kapha, Mamsa, Meda | Agni, Jala | Drava, Sara | Increases Kleda and Trushna; leads to Mamsa Daurbalya. |
| 15 | Navanna | Kapha | Prithvi, Jala | Guru, Picchila, Snigdha | Abhishyandikara property blocks Srotas. |
| 16 | Sheeta Ahara | Kapha | Jala, Prithvi | Sheeta, Sthira | Decreases Agni; promotes Kapha Prakopa. |
| 17 | Snigdha Ahara | Kapha, Meda | Jala, Prithvi | Snigdha, Sthira, Sandra | Brimhana effect on Meda and Kapha due to Sneha vriddhi. |

**C. Viharaj Nidan**

| S.N | Nidana (Behavioral Factors) | Vitiated Dosha/Dhatu | Dominant Panchamahabhuta | Predominate Gurvadi Gunas | Discussion |
|---|---|---|---|---|---|
| 1 | **Amruja** (Lack of self-massage / Udvartana) | Kapha | Jala, Prithvi | Snigdha, Guru, Picchila | Absence of Udvartana increases lethargy, heaviness, and decreases muscle tone. Promotes Kapha and Meda accumulation by enhancing Snigdha and Picchila Gunas. |
| 2 | **Avyayama** (Sedentary lifestyle) | Kapha, Meda | Prithvi, Jala | Guru, Sthira, Manda, Sthoola | Lack of physical activity suppresses Agni and promotes Medovriddhi and Gaurava. Contradicts the Laghava and Agni-deepana effects of Vyayama. |
| 3 | **Aasyasukha** (Comfortable, inactive lifestyle) | Kapha, Meda | Prithvi, Jala | Guru, Sthira, Manda | Sitting jobs and relaxed habits over time increase Kapha, contributing to Prameha by enhancing anabolic and storage functions. |
| 4 | **Swapnasuka** (Excessive sleeping) | Kapha | Prithvi, Jala | Guru, Manda, Sthira | Causes sluggish metabolism and tissue accumulation by increasing Kapha-dominant Gunas. |

| | | | | | |
|---|---|---|---|---|---|
| 5 | **Diwaswapna** (Daytime sleeping) | Kapha, Meda | Jala, Prithvi | Snigdha, Guru, Manda, Sthira | Aggravates Kapha due to increase in Drava and Picchila Gunas, impairs digestion and dhatu agni, promoting Meda Dushti and Prameha. |

According to Ayurvedic principles, the Kapha Dosha is formed predominantly by the Jala (water) and Prithvi (earth) *Mahabhutas*. These elements are heavy (Guru)**,** stable (Sthira)**,** cold (Sheeta)**,**unctuous (Snigdha)**,** and dense (Sandra) in nature. The excessive intake of *Kapha*-aggravating *Nidanas* such *as* Madhura Rasa**,** Drava Aahara**,** Sheeta Veerya substances, and Abhishyandikara Dravyas leads to an imbalance in these qualities.

This imbalance results in Kapha Vriddhi**,** leading to conditions like Agnimandya**,** Medovriddhi**,** and Kleda vriddhi**,** all of which are central to the Samprapti (pathogenesis) of diseases like Prameha**,** Sthaulya, and AmaUtpatti. The role of Gurvadi Gunas becomes critical in understanding how subtle qualitative properties (e.g., *Guru, Snigdha, Picchila*) of food substances affect *doshik* equilibrium and *dhatu* metabolism.

Behavioral habits (*Vihara*) are significant contributors to Kapha and Meda dushti when they promote qualities that are heavy (Guru)**,** slow (Manda)**,** static (Sthira)**,** and unctuous (Snigdha)**.** These qualities correspond to Prithvi and Jala Mahabhutas, which are dominant in *Kapha Dosha* and *Medo Dhatu.*

Lack of Vyayama, excessive sleep**,** inactivity**,** and comfort-seeking behaviors like Aasyasukha or Amruja reduce metabolic fire **(**Agnimandya), impair *Srotas* (body channels), and increase Kleda (fluidity). This results in Medodhatu Sanchaya, favoring the pathogenesis of Kapha-pradhana disorders such as Prameha**,** Sthaulya*, and* Agnimandya.

### D. Pathya In Prameha

| **Ahāra Varga (Food Group)** | **Dravya (Specific Food Item)** | **Rasa, Guṇa, Vīrya, Vipāka** | **Prabhāva / Doṣa-karma** | **Pathya Relevance in Prameha** |
|---|---|---|---|---|
| Śūkadhānya Varga (Cereal grains) | Yava (Barley) | Kaṣāya Rasa, Laghu, Rūkṣa, Lekhana Guṇa, Śīta Vīrya, Kaṭu Vipāka | Kapha-Medo hara | Ideal for Prameha due to Lekhana, reduces Kleda & Meda |
| | **Śāṣṭika Śāli** (Rice) | Madhura Rasa, Snigdha, Guru, sita Vīrya, Madhura Vipāka | Tridoṣa śāmaka | Balancing for Doṣas; sustains Dhātu without vitiating Kapha |
| | **Godhūma** (Wheat) | Madhura Rasa, Snigdha, Guru, Sthira, Uṣṇa Virya, Madhura Vipaka | Brimhana, Vṛṣya, Kapha vardhaka (if excessive) | Supportive if used moderately for strength in Dhātu kṣaya |
| | **Śyāmaka** | Kaṣāya Rasa, Laghu, Rūkṣa, Śīta Vīrya, Kaṭu Vipāka | Kapha-Pitta śāmaka, Grahi | Useful for frequent urination, reduces Kleda and Kapha |
| Śāmidhānya Varga (Pulses) | Mudga (Green Gram) | Kaṣāya Rasa, Laghu, Rūkṣa, Śīta Vīrya, Kaṭu Vipāka | Kaphahara, Grahi | Easily digestible; balances Agni; suitable in all Prameha types |

| | | | | |
|---|---|---|---|---|
| | Kulattha (Horse Gram) | Kaṣāya Rasa, Rūkṣa, Uṣṇa Vīrya, Kaṭu Vipāka | Kaphahara, Bhedana, Vāta vardhaka (if excessive) | Stimulates Agni and reduces Kapha, clears Āma |
| **Māṃsa Varga**(Animal protein) | Aja Māṃsa (Goat meat) | Madhura Rasa, Snigdha, Guru, Uṣṇa Virya, Madhura Vipaka | Satmya, Brimhana, Non-Abhishyandi | Nutritive and non-channel-blocking; preferable among meats |
| | **Grāmya Kukkuṭa** (Domestic Chicken) | Tikta Rasa, Laghu, Uṣṇa Vīrya, Kaṭu Vipāka | Kaphahara, Agni dīpana | Light and Agnideepaka, helps control Kleda in Prameha |
| **Śāka Varga**(Vegetables) | Pāṭola (Pointed Gourd) | Tikta Rasa, Laghu, Uṣṇa Virya, Kaṭu Vipaka | Kaphahara, Dīpana | Reduces Kleda and Kapha; indicated in Prameha |
| | Śigru (Drumstick) | Tikta–Kaṣaya Rasa, Laghu, Rukṣa, Uṣṇa Vīrya | Kapha-Vāta hara | Clears channels (Srotoshodhaka); promotes metabolic regulation |
| | **Kāravellaka** (Bitter Gourd) | Tikta Rasa, Laghu, Kaṭu Vipaka, Uṣṇa Virya | Kapha-Medo hara, Pramehaghna | Renowned in modern and Ayurvedic texts for Madhumeha |
| | **Tanduliyaka** (Amaranthus) | Tikta Rasa, Laghu, Rukṣa, sita Virya | Kapha-Vata samaka | Light vegetable supportive in metabolism and digestion |
| | Kośātakī (Ridge Gourd) | Tikta Rasa, Laghu, Sita Vīrya, Kaṭu Vipāka | Kapha-Medo hara | Traditionally recommended in Prameha Chikitsa |
| | **Kākamācī** | Kaṭu-Tikta Rasa, Uṣṇa Vīrya, Kaṭu Vipāka | Kapha-Vāta śāmaka, Dīpana | Agni-balancing and Kaphahara |
| **Phala Varga**(Fruits) | Jambu (Syzygium cumini) | Kaṣāya Rasa, Rūkṣa, Śīta Vīrya, Kaṭu Vipāka | Pramehaghna, Grahi, Kaphahara | Classical fruit indicated for all types of Prameha |
| | **Dādimā** (Pomegranate) | Kaṣāya Rasa, Laghu, Uṣṇa Vīrya, Madhura Vipāka | Kaphahara, Agnidīpana | Supports digestion and reduces excessive secretion (Kleda) |
| | Kapitha (Wood Apple) | Kaṣāya Rasa, Laghu, Śīta Vīrya, Kaṭu Vipāka | Kaphahara, Stambhana | Astringency helpful in controlling polyuria |
| | Āmalakī (Indian Gooseberry) | Pañcharasa yukta (excluding Lavaṇa), Laghu-Rūkṣa, Śīta Vīrya, Madhura Vipāka | Rasāyana, Pramehaghna, Tridoṣa hara | Rejuvenates tissues, regulates blood sugar metabolism |

| | | | | |
|---|---|---|---|---|
| | **Tinduka** (Diospyros peregrina) | Kaṣāya Rasa, Laghu, Śīta Vīrya | Kaphahara, Grahi | Acts as astringent, especially useful in Pittaja & Kaphaja Prameha |
| | **Pakva Mocha** (Ripe Banana) | Kaṣāya Rasa, Guru, Śīta Vīrya | Stambhana, Manda Agni janaka if excessive | Limited use in certain Prameha types with diarrhea tendency |
| **Madhya Varga**(Fermented beverages) | **Pūrṇa Sūrā** (Aged Wine) | Kaṭu Rasa, Laghu, Uṣṇa Vīrya, Kaṭu Vipāka | Srotoshodhaka, Dīpana | Promotes Agni and clears bodily channels in limited therapeutic use |

In the management of Prameha, which closely resembles Type 2 Diabetes Mellitus in modern medicine, Pathya (wholesome regimen) holds central importance. Ayurveda emphasizes that Pathya is not merely a supportive aspect of treatment but often the primary therapeutic measure, especially for Yapya Vyadhis like Prameha, which are chronic and difficult to cure completely.

Acharyas have strongly stated that if a patient follows appropriate Pathya Ahara (wholesome food), then the need for medication is significantly reduced. Conversely, if one continues consuming Apathya (unwholesome food), even the best medication may fail. This concept positions Pathya as Mahabheshaja—a great medicine.

The dietary regimen must be customized considering factors such as age, Dosha involvement, Desha (location), Satmya (habitual intake), and disease stage. Ahara with Kapha-Meda reducing properties—those with Laghu, Ruksha, Tikta, and Kashaya qualities—are advised. Foods such as barley (Yava), green gram (Mudga), bitter gourd (Karavellaka), and Indian gooseberry (Amalaki) are recommended. These foods help correct Dosha imbalances and reduce Kleda, which is the pathological root in Prameha.

Alongside dietary measures, lifestyle (Vihara) and mental (Manasika) disciplines are equally essential. Avoiding sedentary behavior, practicing yoga and Pranayama, and maintaining emotional stability contribute significantly to managing Prameha.

Thus, a well-planned Pathya-Apathya approach, rooted in classical Ayurved wisdom, ensures not only symptomatic relief but also enhances long-term disease control and quality of life for individuals suffering from Prameha

## V. Conclusion

Prameha, a Kapha-Meda pradhana Vyadhi, exemplifies the Ayurved understanding of metabolic disorders with a multifactorial etiology rooted in improper Ahara and Vihara. This review emphasizes that Pathya–Apathya sevana plays a pivotal role not only in the Samprapti (pathogenesis) but also in management and prevention of Prameha. The excessive intake of Madhura, Guru, Snigdha, and Sita Dravyas, combined with sedentary behavior (Avyayama, Divāsvapna), promotes Kapha and Medo Dushti, leading to Kleda Sanchaya and Agnimandya.

Conversely, adoption of Pathya Ahara rich in Kaṣaya, Tikta Rasa; Laghu and Rukṣa Guṇas, and Uṣṇa Virya, such as Yava, Mudga, Karavellaka, and Amalaki, aids in balancing Doṣas, reducing Kleda, and restoring Agni. The classical dictum "Pathyaṃ evati bhiṣajam" underscores that adherence to appropriate diet and lifestyle often surpasses medication in efficacy, particularly in Yāpya Vyādhis like Prameha.

Thus, this review reinforces the Ayurved paradigm that sustainable management of Prameha lies in individualized, Doṣa-prakṛti–based dietary and lifestyle modifications, making Pathya-Apathya a central therapeutic and preventive tool in Ayurved clinical practice.

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# Rutucharya and Its Role in Enhancing Female Reproductive Health: An Ayurvedic Perspective

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**Abstract**

**Rutucharya, the Ayurvedic discipline of seasonal regimens, is a cornerstone of preventive healthcare. It advocates for specific dietary and lifestyle modifications aligned with seasonal variations to preserve physiological balance and prevent disease.**
**In women's health, Rutucharya plays a vital role, as the menstrual cycle, hormonal fluctuations, fertility, and overall gynecological well-being are significantly influenced by seasonal and environmental changes.**
**According to classical Ayurvedic texts, the Tridoshas—Vata, Pitta, and Kapha— undergo natural variations with each season, affecting female reproductive health uniquely. For instance, aggravated Vata during Sharad Rutu may cause menstrual irregularities, while Pitta dominance in Grishma Rutu can lead to conditions like Asrigdara. Adhering to Rutucharya helps maintain the purity of Artava (menstrual blood), supports regular menstruation (Rutu Shuddhi), and Enhances fertility (Garbha Dharana Shakti). This paper explores Ayurvedic references from Charaka and Sushruta Samhita And correlates them with modern conditions like PCOS, dysmenorrhea, infertility, And menopause3. Emphasizing both preventive and promotive care,**
**Rutucharya offers a holistic framework that aligns biological rhythms with seasonal changes, contributing significantly to women's reproductive health in today's lifestyle- Challenged society.**

***KEYWORDS: Rutucharya; Female reproductive health; Ayurveda; Gynaecological disorders***

## I. Introduction

Ayurveda, the traditional system of medicine, emphasizes living in harmony with nature to maintain health and prevent diseases. One key concept in this approach is Rutucharya, which refers to seasonal regimens designed to balance the body according to seasonal changes. Each season affects the Tridoshas (Vata, Pitta, and Kapha) differently, and following Rutucharya helps in maintaining this balance.

In women, the reproductive system is highly sensitive to both internal and external influences, including seasonal variations. Changes in weather can affect menstrual cycles, fertility, and hormonal health. Rutucharya provides guidelines related to diet and lifestyle that are tailored to each season, helping to prevent and manage gynecological issues like irregular menstruation, menopausal symptoms, and Yoni Vyapads (disorders of the reproductive tract).

Ayurvedic classics like the Charaka Samhita and Ashtanga Hridaya highlight the importance of seasonal routines not just for overall well-being but also for supporting female reproductive health. This paper focuses on understanding how Rutucharya can be applied in today's context to promote and preserve women's reproductive wellness through natural and preventive care.

## II. Review of Literature

### A. Classical Ayurvedic Literature

- Charaka Samhita (Sutrasthana 6/6–8) describes the concept of Rutu (season) and outline show seasonal changes affect the balance of Tridoshas(Vata, Pitta, and Kapha). It emphasizes that following a seasonal regimen promotes doshic equilibrium, which is essential for overall and reproductive health.[4]

- Ashtanga Hridaya (Sutrasthana, Chapter 3: Rutucharya Adhyaya) provides detailed guidelines on seasonal diets, behavior, and regimens. The text clearly states that observing seasonal practices helps prevent the onset of diseases and supports the proper functioning of bodily systems, including the reproductive system.[5]

### B. Contemporary Scientific Literature:

- Satheesan S, Anjaly MV, Hemavathi SK (2018) Title: Ayurveda and Female Reproductive Health
  This article highlights how aligning daily and seasonal practices with Ayurvedic principles can help manage menstrual disorders, hormonal imbalances, and promote overall reproductive wellness.
  International Journal of Current Advanced Research.2018;7(3):11042–11044.[6]

- Oberoi A, Lal PR (2016)
  Title: Ayurvedic Concepts of Female Fertility–A Review
  The study explains classical Ayurvedic perspectives on female fertility and discusses how seasonal adaptations (Rutucharya) play a role in menstrual regulation and fertility enhancement. InternationalJournal of Ayurvedic and Herbal Medicine. 2016;6(1):2036–2042[7]

- Kumar R, Bhutada S, Jaiswal Y, Patil P (2023)
  Title: Effectiveness of Ayurveda Intervention in the Management of Infertility: A Systematic Review
  This systematic review compiles clinical evidence supporting Ayurvedic and seasonal therapies in treating PCOS, hormonal imbalance, and infertility.
  Journal of Ayurveda and Integrative Medicine. 2023;14(1):18–27.[8]

## III. Methodology

- Type of study: Conceptual review study

- Sources of data:
  1. Classical Ayurvedic texts: Charak Samhita, Sushruta Samhita, Ashtang Hridaya
  2. Contemporary literature on PCOS, Dysmenorrhea, Infertility, Menopause
  3. Ayurvedic and Integrative Journals (PubMed, Research gate), Case studies

- Selection Criteria:
  Inclusion Criteria:
  - Women aged 18 to 40 years
  - Regular menstrual cycles (21–35days)
  - Willing to follow Ayurvedic seasonal diet and lifestyle recommendations (*Rutucharya*)

Exclusion Criteria:

- Diagnosed cases of major gynecological disorders(e.g., fibroids, PCOD, endometriosis)
- Women on hormonal therapy or oral contraceptive pills
- Pregnancy or lactation
- Severe systemic illness (thyroid disorder, diabetes, etc.)

- Intervention:
  - Ahara (Diet):Based on seasonal recommendations from Ashtanga Hridaya and Charaka Samhita
  - Vihara(Lifestyle): Seasonal behavioral guidelines like exercise, sleep patterns, and dress
  - Pathya-Apathya: Specific Do's and Don'ts per Ritu

## IV. Results

- Rutucharya Supports Artava Shuddhi & Rutu Shuddhi-Proper adherence to seasonal regimens plays a crucial role in maintaining the purity of Artava (menstrual blood) and ensuring regular, healthy menstruation (Rutu Shuddhi). Classical texts like Charaka Samhita and Kashyapa Samhita explain that disturbances in seasonal regimens lead to vitiation of Doshas, which directly impact female reproductive functions. Each Rutu requires specific Ahara (diet) and Vihara (lifestyle) to keep Doshas in balance and preserve menstrual health.

- Enhancement of Garbha Dharana Shakti (Fertility Potential)- Seasonal balance of Doshas ensures the healthy functioning of the uterus, ovaries, and hormonal system, thereby enhancing the capacity to conceive. Herbs and Rasayanas consumed in specific seasons (like Shatavari in Hemanta or Ashwagandha in Varsha) act as fertility boosters, promoting Garbhasambhava Samagri Siddhi.[9]

- Preventive and Promotive Role of Rutucharya- Seasonal regimens optimize Agni (digestive and metabolic fire), which has a direct role in hormone synthesis and reproductive tissue nourishment (Rasa→Rakta → *Artava*).
  Following Rutucharya consistently prevents recurrence of disorders like:
  Artavakshaya (scanty flow)
  Rajonivrutti Lakshanas (menopausal symptoms)
  *Garbhasrava*
  (habitual abortion).

## V. Discussion

The Ayurvedic concept of Rutucharya represents a time-tested, seasonally adaptive health regimen that holds significant relevance in maintaining female reproductive health. Rooted in the principle of aligning individual physiology with natural seasonalrhythms,RutucharyaisspecificallystructuredtobalancetheTridoshas—Vata, Pitta, and Kapha—which influence Artava (menstrual function) and Garbha Dharana Shakti (conception capacity). The literature reviewed from classical Ayurvedic texts such as Charaka Samhita, Ashtanga Hridaya, and Kashyapa Samhita consistently highlights the role of seasonal regimens in preserving menstrual regularity, enhancing Reproductive tissue vitality, and preventing gynecological disorders.

The findings suggest a distinct association between seasonal doshic dominance and reproductive pathologies. For instance, Vata aggravation during Varsha and Sharad Rutu correlates with symptoms like dysmenorrhea, delayed

menstruation, and irregular ovulation. Similarly, Pitta vitiation during Grishma and Sharad Rutu is often linked with menorrhagia, leucorrhea, and inflammatory pelvic disorders. Kapha dominance in Hemanta and Shishira Rutu is associated with oligomenorrhea, weight gain, sluggish metabolism, and presentations similar to polycystic ovarian disease (PCOD). These seasonal effects can be minimized or prevented through proper adherence to Ahara (diet) and Vihara (lifestyle) tailored to each season, as prescribed in Ayurvedic classics.[10]

Importantly, Rutucharya plays a promotive role by enhancing Artava Shuddhi (purity of menstrual blood) and Rutu Shuddhi (regularity of menstruation), thereby improving reproductive efficiency. There gimenis also instrumental in maintaining Agni (digestive and metabolic fire), which governs the proper transformation of Rasa into Rakta and subsequently in to Artava. A well-balanced Agni, supported through seasonal dietary practices, aids in optimal hormonal regulation and nutrient assimilation, both of which are crucial for reproductive health. Additionally, the use of seasonal Rasayanas such as Shatavari, Ashwagandha, and Guduchi helps in reinforcing uterine health, improving ovulatory function, and alleviating stress-related hormonal imbalances.

However, the practice of Rutucharya remains underutilized, especially in urban and fast-paced lifestyles. Lack of awareness, poor dietary habits, and environmental stressors contribute to an increasing prevalence of menstrual disorders, infertility, and lifestyle-induced gynecological conditions. There is a pressing need to integrate Rutucharya-based counseling into gynecological practice and public health programs, particularly in adolescent and reproductive-age women, to promote sustainable and non-pharmacological methods of health maintenance.

## VI. Conclusion

The ancient Ayurvedic regimen of Rutucharya offers a holistic, preventive, and seasonally aligned approach to maintaining and enhancing female reproductive health. This review underscores that appropriate seasonal adaptation of diet (Ahara) and lifestyle(Vihara) not only balances the Tridoshas but also supports the physiological processes related to menstruation, fertility, and hormonal regulation.

The findings from classical Ayurvedic texts and contemporary scientific literature collectively reveal that disturbances in seasonal regimens can contribute to various gynecological disorders such as menstrual irregularities, menorrhagia, dysmenorrhea, and infertility. Conversely, strict adherence to Rutucharya helps ensure Artava Shuddhi (purity of menstrual blood), Rutu Shuddhi (regular menstruation), and enhancement of Garbha Dharana Shakti (conception capacity).

Moreover, the incorporation of Rutu-specific herbs and Rasayanas can further augment reproductive health, offering a natural and non-invasive solution to many modern-day gynecological concerns. Despite its potential, the practical application of Rutucharya remains limited due to lack of awareness and modernization of lifestyle.

Therefore, there is an urgent need to reintegrate Rutucharya into women's healthcare, especially in the domains of adolescent care, fertility planning, and menopausal support. Promoting seasonal living in clinical and community settings can significantly contribute to sustainable reproductive wellness and overall well-being of women in both preventive and therapeutic contexts.

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# The Role of Ayurvedic Lifestyle Practices in Promoting Health and Preventing Disease

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**Abstract**

**Over the years, from communicable diseases to non-communicable diseases, the burden of diseases in the world has also undergone a change. However, a few pure public health problems still remain due to the outbreaks of infectious diseases. Lifestyle and behavioural changes have emerged as major contributors to the growing incidence of chronic health conditions, thereby greatly affecting overall health and quality of life. Though modern medicine has plenty of evidence behind its approach to lifestyle management, its implementation is easier said than done. Ancient systems like Ayurveda, Yoga, and Meditation therefore emerge with encouraging complementary options to enhance health and social welfare. This article presents a novel model called the "Integrative Lifestyle," which is exposed to modern scientific evidence along with ancient traditions of health. In particular, Ayurveda proposes a more holistic approach toward living healthily through codes of discipline that include Dinacharya(daily regimen), Ritucharya (seasonal regimen), Ahara Vidhi Visheshaayatan (dietary guidelines), and Sadvritta (code of conduct). Specifically, through Dinacharya, Ayurveda offers a thorough framework for leading a healthy life. With scientific backing, the potential of these ancient traditional systems applied toward prevention, health promotion, and a well-rounded existence should not be undermined.**

***Keywords: Ayurveda; Dinacharya; Ritucharya; Ahara Vidhi Visheshaayatan; Sadvritta; Yoga***

## I. Material and Method

Information for this paper was gathered from Ayurvedic texts along with indexed and non-indexed medical journals.

## II. Introduction

Ayurveda aims to help individuals achieve the four Purusharthas — Dharma, Artha, Kama, and Moksha — by maintaining health and well-being.(1)Acharya Charaka emphasizes 'Swasthasya Swasthya Rakshanam', which means preserving the health of the healthy, highlighting the preventive aspect of Ayurveda.(2)Acharya Sharngadhara beautifully stated that 'No creature in the universe is immortal; it is impossible to prevent death, but it is possible to prevent diseases.(3) Therefore, one should strive for what is preventable. A wise person should engage in actions that promote health, avoiding harmful habits—because without a healthy body, nothing else truly exists. Thus, the primary aim of Ayurveda is to promote health, prevent diseases, and manage illnesses to enable individuals to lead a healthy and fulfilling life within society. To achieve optimum health, Ayurveda primarily emphasizes various lifestyle-related principles, among which the rules of dietetics hold paramount importance.

### A. Dinacharya

- **Brahmamuhurtha*(4)*:-**Waking up during Brahma Muhurta, which is approximately two hours before sunrise, is considered highly beneficial in Ayurveda. The term Brahma refers to knowledge, and this period is especially ideal for learning and intellectual activities due to the calm and sattvic environment. In today's world, where pollution is widespread, the early morning hours offer fresh, unpolluted air, a peaceful atmosphere, and silence—creating a perfect setting for meditation, study, and introspection.

Moreover, the gentle rays of the rising sun have a positive impact on health. In Ayurveda, the Sun is regarded as the god of health, and its early rays help energize the body and mind. Hence, rising before sunrise not only aligns with natural rhythms but also promotes physical, mental, and spiritual well-being.

After considering the condition of digestion or indigestion, one should follow proper daily routines as prescribed in Ayurveda:

- **Excretion[4]:** One should pass urine and faeces only after feeling the natural urge. During the daytime, one should face north, and during the night, face south while attending nature's calls.
- **Achamana**[4] (cleansing): Achamana should be performed (rinsing the mouth with clean water) after taking a bath, before and after meals, upon waking from sleep, and after sneezing, to maintain cleanliness and hygiene.
- **Dantadhavana**[5](brushing the teeth): After Achamana, one should chew tooth-cleaning sticks (Dantadhavana). These sticks should be from medicinal plants like Arka (Calotropis), Khadira (Acacia catechu), Karaveera (Nerium indicum), Arimeda (Acacia farnesiana), and Apamarga (Achyranthes aspera). The sticks should be astringent and bitter in taste, which help maintain oral health.
- **Jihva Nirlekhana** (Tongue Scraping):Tongue scraping should be performed daily using a scraper made of gold, silver, or iron, as mentioned in Ayurvedic texts. This practice helps in removing bad breath, reduces oral edema (swelling), and enhances the sense of taste.
- **Anjana**[6] (collyrium): One should daily apply collyrium called Sauviranjana in the eyes. It enhances eyesight, helps the eyes become bright and clear, and improves the ability to see even fine objects.
- **Nasya**[7] (nasal drops): After Anjana, Anu Taila (medicated oil) should be instilled into the nostrils. This practice nourishes the sense organs and clears the nasal passages.
- **Gandusha**[7](oil holding or mouth rinse): After Nasya, one should perform Gandusha, which involves holding oil or medicated liquid in the mouth for a specific time, aiding in oral and throat health.
- **Dhumapan**[7]or medicated smoke inhalation should be done. It helps to eliminate excess Kapha Dosha, clears the respiratory tract, and promotes clarity of voice and mind.
- **Vyayama**[8] (Exercise):Actions that cause controlled weariness or exertion to the body are known as Vyayama (exercise) in Ayurveda. Regular exercise leads to a feeling of lightness, enhanced physical strength, stimulation of digestive fire (Agni), and reduction of excess fat. It also improves overall stamina and work efficiency.(Reference: Charaka Samhita, Sutrasthana 7/31)
- **Abhyanga**[9] (Massage):Daily Abhyanga (oil massage) is highly beneficial. It helps to pacify Kapha Dosha, dissolve excess fat, strengthen the limbs, and enhances the complexion and texture of the skin, giving it a healthy glow and firmness.

### B. Ritucharya

According to Ayurveda, the year is divided into two Ayanas (solstices) based on the sun's apparent movement: Uttarayana (northern solstice) and Dakshinayana (southern solstice).

The sun's northward movement, known as Uttarayana (mid-January to mid-July), is characterized by strong winds and sun, more dryness, and a preponderance of Tikta, Kashaya, and Katu Rasa, which weakens the body. It coincides with the summer solstice and the Shishira to Grishma seasons.

The sun's southward journey, known as Dakshinayana (mid-July to mid-Jan), is characterized by a cooling atmosphere, the dominance of Madhura, Amla, and Lavana Rasa, and an increase in physical strength. It coincides with the winter solstice and spans the Varsha to Hemanta seasons.

Each Ayana comprises three Ritus (seasons), making a total of six seasons in a year. The term Ritu literally means "to go," signifying the cyclical nature of time and transformation in the environment. Seasons are considered distinct manifestations of nature that appear in a specific sequence, reflecting changes in climate, flora, fauna, and human physiology. Ritucharya refers to the discipline of life and diet during different seasons. It is designed to maintain equilibrium of doshas, prevent seasonal disorders, and enhance immunity.

Through Ritucharya offers a preventative, scientifically based approach to health. This practice helps people stay Swastha (healthy) all year round because it is not only traditional but also grounded in analytical observation of nature, body reactions, and doshic dynamics.

### C. Aahar

Ayurveda emphasizes that a balanced and healthy life is sustained by three fundamental pillars— Aahar (proper nutrition, including timely, wholesome, and suitable food according to one's constitution or Prakriti),Nidra (adequate and restful sleep, essential for mental and physical rejuvenation), and Brahmacharya (celibacy or regulated lifestyle involving self-restraint and discipline). Together, these pillars support overall well-being and longevity.[11]Diet plays a vital role in the human body by providing energy, supporting cell and tissue growth, aiding in healing, and maintaining overall health. However, dietary requirements may vary based on an individual's age, gender, and profession. The dietary habits of an individual form the foundation of many diseases. In Ayurveda, Ahara (food) is regarded as one of the key pillars of life and a central concept essential for maintaining harmony, happiness, and health. Classical Ayurvedic texts extensively describe both Pathya(wholesome) and Apathya(Unwholesome) diets in relation to various diseases. Improper consumption of Ahara is considered a major contributor to numerous lifestyle disorders of significant severity.[12] The Charaka Samhita outlines detailed food regulations and procedures under the concept of Ashtavidha Ahara Vidhi Visheshayatana[13](eight principles of dietary intake). Among these, the timing of meals is emphasized as a crucial factor in dietetics. Ayurveda also advocates for the regular consumption of warm water, recognizing its benefits for digestive health. Furthermore, it identifies eighteen types of Viruddha Ahara(Dietary incompatibilities) that must be avoided to promote longevity and maintain optimal health.

All substances are composed of the five great elements (Panchamahabhutas) in an infinite and boundless sense. This universal principle applies to everything — both material and immaterial, at both micro and macro levels. Accordingly, the human body is also made up of these five elements. Therefore, to maintain harmony and balance, we must consume food (Ahara) that is also Panchabhutika in nature — composed of all five elements.[14]

### D. Sadvritta

Sadvritta define as Sad means good and Vritta means region.[15]

**Sadvritta[16] Types**

The ideal code of conduct that fosters mental, social, spiritual, and physical well-being is known as Sadvritta. These can be broadly divided into four categories:

1. Vyavaharik Sadvritta (Personal/Ethical Behavior)
2. Dharmik Sadvritta(Religious Behavior)
3. Samajik Sadvritta (Ethical Behavior)
4. Sharirik Sadvritta(Physical Conduct)

**1. Vyavaharik Sadvritta** (Codes of Ethics)

- Never lie. Use words that are helpful, sweet, brief, and meaningful, and speak at the appropriate moment.
- Bring a walking stick, an umbrella, and a turban (head covering) when you go outside.
- In addition to providing comfort, the umbrella helps with skin, eyes, strength, and protection from rain, dust, heat, and snow.
- The walking stick protects against the fear of wild animals, dogs, and reptiles. It increases zeal, strength, and confidence while avoiding strain and injuries.
- Exercise should be stopped before total exhaustion. Don't work out too much.
- Proper exercise improves digestion and gives you strength, stamina, and lightness.
- Fatigue, thirst, bleeding, light-headedness, coughing, fever, and vomiting can all result from excessive exercise.
- Avoid sleeping on uncomfortable beds because they reduce weariness, balance Vata, and encourage courage, contentment, and restful sleep.
- Don't sleep in too late.

**2.Dharmik Sadvritta**

- It is important to touch before leaving the house: 1) Jewels 2)Respectable elders' feet3)Flowers and lucky objects
- Always wear auspicious, protective herbs like Rudraksha, Sahadevi, and Tulsi.
- Respect the elders, teachers (preceptors), cows, gods, and spiritually accomplished people.
- At night, stay away from uncharted and forbidden areas.
- Avoid spending the night at: 1)Temples 2)Beneath holy trees 3)Road crossings (where four roads meet) 4)Gardens 5)Grounds for burial 6) Slaughterhouses
- Never get rid of faeces, urine, flatus, or sputum in front of: Teachers, Wind, Fire, Water, the Moon, and the Sun
- Do not study during: Unusual lightning, Outbreaks of fire, Earthquakes, Big celebrations, Eclipses of the sun and moon, Dawn/dusk Sandhya
- Study Method: Studying should only start once a teacher initiates it.
- Steer clear of: Pronunciation errors, Inaccurate, hoarse, or high-pitched accents, Too fast or too slow of a tempo, Pitch and morphology distortion
- Do a thorough investigation before taking any action.
- Don't allow your sense organs to dictate your thoughts.
- Avoid procrastinating and finish tasks on time.
- Remain impartial whether you succeed or fail.
- Avoid being too happy or too disappointed.
- Have faith in the course and outcome of moral behavior
- Engage in activities with assurance and diligence

**3. Samajik Sadvritta**

- Treat all living things with kindness. Comfort those who are afraid, assist the underprivileged, speak the truth, maintain your composure, and exercise tolerance—even when exposed to the harsh words or deeds of others.
- Always keep a warm and inviting demeanor. Be humble when striking up a conversation and treat every guest with kindness and respect.
- Remain with instructors, elders, and successful people (Siddhas). Treat them with dignity and provide them with honest, devoted service.
- Steer clear of public grooming activities like combing your hair. Avoid touching your nose or ears with your fingers or picking your teeth, especially when other people are around.
- It is considered impolite and inappropriate to laugh aloud or make noises to release flatus in public
- Clothing that is unwashed, filthy, ripped, or uncomfortable should be avoided.
- Steer clear of clothing that is borrowed, inappropriate for the time of year or event, or composed of synthetic materials.
- Dressing in neat, appropriate, and well-kept clothing improves:
- Personal charm and desirability
- Credibility and proficiency
- Life expectancy and good fortune
- Joy and elegance

**4. Sharirik Sadvritta**

- Always apply nice fragrances and wear fresh flowers. These improve charm and attractiveness, boost libido, prolong life, and enhance the body's natural scent. Both the body and the mind benefit from such practices, which encourage strength and corpulence.
- Grace, wealth, and longevity are all improved by donning auspicious jewels and decorations. It protects against bad things like snake bites and evil spirits. These ornaments are thought to aid in the augmentation of Ojas (vital essence) and are charming and pleasant.

- Oil massage (Abhyanga) should be done on a daily basis, with special attention to the feet, nose, ears, and head. This strengthens the nervous system, enhances circulation, maintains physical health, and advances overall wellbeing.
- Clean water should be used on a regular basis to clean the feet and excretory outlets (urethra, anus, vagina, nose, skin, etc.). This habit promotes general health, keeps things clean, and guards against infections.
- Shaving, nail cutting, and hair trimming should be done as needed or at least three times every two weeks. Maintaining clean, well-groomed hair and nails helps to keep dirt and pathogens out, which is particularly crucial when it comes to preventing diseases that are spread through the faecal-oral route.

## III. Discussion

The Indian medical system known as Ayurveda emphasizes Swasthya Rakshanam, or the preservation of health, and takes a multifaceted, integrative approach to health that goes beyond treating illnesses. Preventive, promotional, and customized structured lifestyle practices form the foundation of this holistic paradigm. These include Sadvritta, Ahara Vidhi Visheshaayatan, Dinacharya, and Ritucharya. They work together to create a holistic framework for health promotion that takes into account social, emotional, psychological, physical, and spiritual well-being.

The blueprint for coordinating human activity with the circadian rhythms of nature is provided by Dinacharya. The daily routine, which includes activities like Abhyanga, Vyayama, and meditation in addition to waking up during Brahma Muhurta, attempts to preserve doshic balance and encourage the best possible functioning of Agni. Such circadian-aligned practices strengthen the preventive power of Ayurvedic chronobiology by supporting hormonal balance, improving mental clarity, and improving metabolic health, according to scientific studies.

By acknowledging the dynamic interplay between the individual and the environment throughout seasonal transitions, Ritucharya expands on this reasoning. Every Ritu affects the doshas in a different way and poses different difficulties. The predictive and adaptive intelligence of Ayurveda is best demonstrated by the seasonal modulation of diet and behavior, such as the use of light, cooling foods in Grishma to calm Pitta or nourishing, unctuous foods in Hemanta to stabilize Vata. These ideas are supported by recent research that links seasonal behavioral changes to lower rates of autoimmune flare-ups, seasonal affective disorder, and respiratory illnesses.

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# Management of Eka Kustha (Psoriasis) in Pediatric Patient Through Virechana Karma and Shaman Chikitsa: A Case Report

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**Abstract**

**Introduction: Reported prevalence rates of childhood psoriasis in India generally range from 0.5% to 2% among pediatric populations. Modern medicine science uses PUVA, corticosteroids and antimitotic drug for the treatment of psoriasis which is associated with serious side effects. Ayurveda may provide safe and long-lasting effects and better life to patient through its uniqueness. Psoriasis is a Chronic, inflammatory, hyperproliferative papulosquamous disorder involving skin, nails, scalp and joints. *Eka Kushtha*, one of the types of *Kshudra Kushtha* which consists of the signs and symptoms i.e. *Aswedanam, Mahavastu* and *Matsyashakalopam Avastha* which can be correlated with psoriasis due to the resemblance in symptoms.**

**Clinical findings: A female child aged 12 years presented with symptoms of red, scaly, dry, silvery lesions with itching over the scalp for last one month. *Eka Kushtha*(Psorasis) of moderate severity was diagnosed on the basis of variable scaly plaques with marked erythema, scaling, and induration.**

**Therapeutic interventions, and outcomes: *Shodhana Chikitsa* through *Virechana Karma* followed by *Shamana Chikitsa* as mentioned in Ayurveda classics were followed. Improvement in the clinical symptoms were observed.**

**Conclusion: Encouraging results noticed in this case report give insight that *Virechana* along with *Shamana Chikitsa* is safe and effective in managing psoriasis in the pediatric age group.**

**Keywords: *Eka Kustha;* Psoriasis; *Virechana*; *Shaman Chikitsa;* Case Report**

## I. Introduction

In Ayurveda texts skin disorders are described under one broad term called *Kustha*. Which is further categorised into two major group i.e. *Mahakustha* and *Kshudrakustha. Eka Kustha* is described under *Kshudra Kustha* in ayurvedic texts.[1]

Psoriasis is a Chronic, inflammatory, hyperproliferative papulosquamous disorder involving skin, nails and joints. There is altered differentiation of keratinocytes and other internal organs may be involved rarely.[2] Reported prevalence rates of childhood psoriasis in India generally range from 0.5% to 2% among pediatric populations. Modern medicine science uses coal tar, PUVA (Psoralen and ultraviolet A), corticosteroids and antimitotic drug for the treatment of psoriasis and it has serious systemic side effects like liver, kidney failure, bone marrow depletion etc. Thus, our duty to establish a safer and effective line of treatment for human welfare. *Ayurveda* may provide long lasting effects, results and better life to patient through its uniqueness. As psoriasis is a chronic disease prone to recurrence, there is a need for treatments that not only manage symptoms but also prevent relapse. According to Ayurvedic texts, *Shodhana Chikitsa* are designed to expel accumulated doshas from the body and thereby help prevent recurrence of the disease.[3]

## II. Patient Information

A 12-year-old female child, came to outpatient department with complaint of red, scaly, dry, silvery lesions with itching over the scalp for last one month. The complaint starts with small red, dry, scaly patch over scalp at 9 years of age. after 6-7 months of that patch occur on both ankles. Which diminish after taking allopathic medicine temporarily. Now recently patch re appear on scalp from last one month. There is no other dermatological history or relevant family history of *Eka Kustha* (Psoriasis). There is no relevant family history of psoriasis or autoimmune conditions among her siblings or parents. She had neither a history of drug allergy, autoimmune disorder or addiction. She had a negative history of addiction.

### A. Baseline Findings

The patient's general condition was moderate, with 31 kg of weight, 138 cm of height, and 16.3kg/m2 of body mass index. The patient's vitals were 98.1°F temperature, 70 beats/min of pulse rate, 19breaths/ min of respiratory rate, and 110/70 mm Hg of blood pressure.

On systemic examination, the patient was conscious and well oriented; on auscultation of heart S1, S2 heard, the chest was clear with air entry to lungs bilaterally equal, and gastro-intestinal system examination showed that the abdomen was soft, non-tender with normal bowel sound.

### B. Clinical Findings
**Physical examination**

The patient was examined based on the Ayurveda system, and findings were summarized in Table 1.

| **Astavidha pariksha (eight-fold examination)** |
|---|
| Nadi (~pulse)—Kapha-Vataja Prakriti (physical constitution) |
| Mala (stool)—Sama (sticky stool) |
| Mutra (urine)—Anavila (normal) |
| Jihwa (tongue)—Malavrita (coated tongue) |
| Shabda (sound—Spashta (clear sound) |
| Sparsha (touch)—Anushna-Sheeta (normal) |
| Drika (eyes)—Samanya (normal) |
| Akriti (built)—Madhyama (medium) |
| **Dashavidhapariksha (ten-fold examination)** |
| Prakriti (physical constitution)—Kapha-Vataja |
| Vikriti (morbidity)—Tridoshaja |
| Sara (essence of all Dhatus)—Rasa Sara |
| Samhanana (compactness)—Madhayam |
| Pramana (anthropometry)—Madhayam |
| Satmya (suitability or homologation)—Madhyam |
| Satva (psyche)—Madhyam |
| Ahara Shakti (intake of food)—Madhyam |
| Vyayama Shakti (capacity of exercise)—Avara |
| Vaya (Age)—Balyavastha |

Table (1)

On examination colour of lesion is reddish with dryness and silvery scales present over it. All the signs & symptoms were assigned scores by W.H.O Standard Scoring pattern for psoriasis, depending upon their severity to assess the effect objectively.

**Before Treatment**



**Image (1)**

**Subjective parameters**

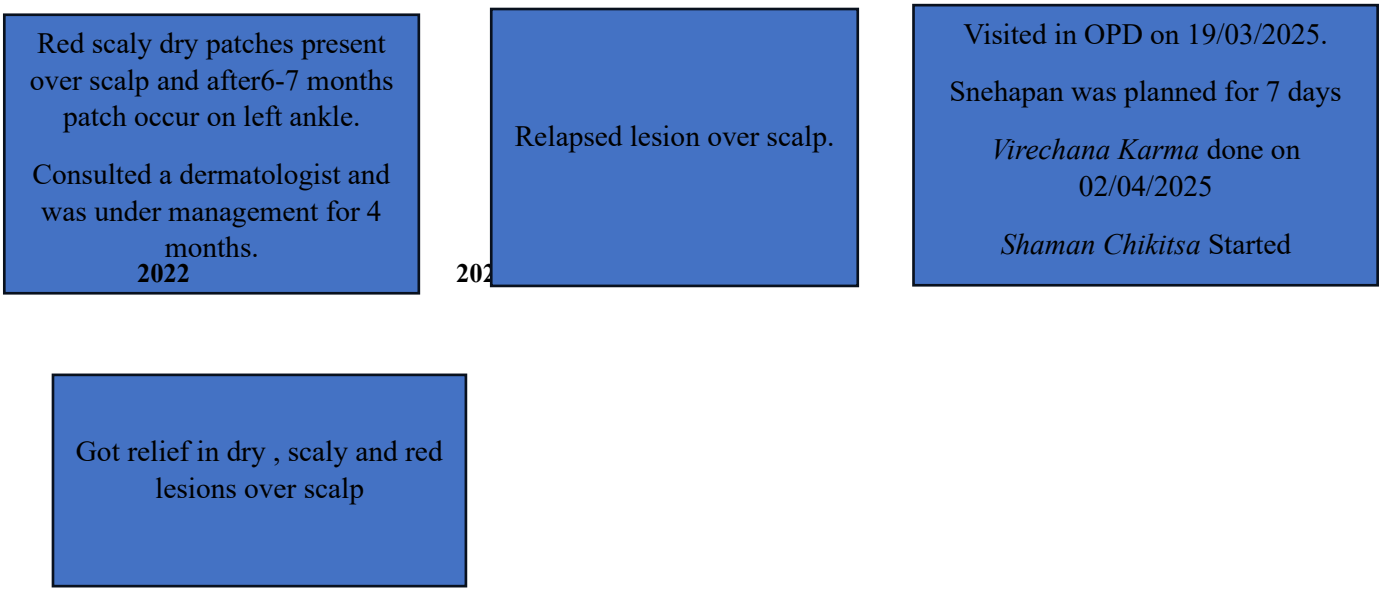
**Before treatment**

Table (2)

| **Symptom** | **Status** | **Grade** |
|---|---|---|
| **Aswedanam (Anhydrosis)** | Aswedanam in lesion and uninvolved skin | 4 |
| **Mahavastu (Degree of involvement)** | Lesion on partial part of hand, leg, neck, scalp, trunk, back. | 1 |

| | | |
|---|---|---|
| **Mandala (Circular skin lesion)** | Few Mandalas and big (larger) than coin | 2 |
| **Bahaltva (thickening in skin lesion)** | Moderate thickening | 2 |
| **Unnati (Elevation in skin lesion)** | Slight elevation that cannot be felt | 2 |
| **Matsyashakalopam (scaling)** | Scaling without rubbing / by itching (from all lesions) | 4 |
| **Kandu (itching)** | Kandu disturbing patient attention | 2 |
| **TwakVaivarnya (Discoloration)** | Reddish coloration | 2 |
| **Auspitz sign** | Absent | 0 |

**Timeline –**




### III. Therapeutic Intervention

The *Pachana* (enhancing digestion) and *Vyadhihara* (removal of disease) medicines were prescribed in the management. *Deepan* and *Pachana* with *Chitrakadi Vati* given orally for 1 day and *Mahatiktaka Ghrita* with hot water was administered for internal oleation for nine days that yielded proper oleation symptoms. 30gm *Trivrit* (*Operculina turpethum* L.)Avleha, which is *Kapha-Pitta Shamaka*, was administered for purgation, with which 15 *Vegas* (urges) were noticed. *Samarjan Karma* was followed for 6 days. *Samshamana* medicines were continued. Therapeutic intervention is summarized in Table 1.

Table (3) - Therapeutic intervention

| Duration | Intervention |
|---|---|
| 19/03/25 | Chitrakadi Vati 1 tab BD<br>For Deepana – Pachana |
| 20/03/25 | Snehapan with Mahatikta Ghrita for 9 days. (till Samyak Snigdha Lakshanas)<br>1st day-25ml<br>2ndday-30ml<br>3rd day-35ml<br>4th day-40ml<br>5th day-45ml<br>6th day-50ml<br>7th day-55ml<br>8th day -55ml<br>9th day -55ml |
| 30/03/25 | Sarvanga Abhyanga with Tila Taila and Nadi Sweda with Dashmoola Kwath for 3 days. |
| 02/04/25 | Virechana Karma with 30gm Trivritta Avleha along with 500 ml Mridvika Phanta given sip by sip. |
| 02/04/25 | Samsarjana Karma for 6 days.<br>Day 1 – Morning – Peya<br>Evening – Peya<br>Day 2 – Morning- Peya<br>Evening – Vilepi<br>Day 3 – Morning – Vilepi<br>Evening – Vilepi<br>Day 4 - Morning – Akrut Yusha<br>Evening – Akruta Yusha<br>Day 5 - Morning – Akruta Yusha<br>Evening – Kruta Ýusha<br>Day 6 - Morning – Kruta Yusha<br>Evening – Kruta Yusha |
| | Sanshaman Chikitsa-<br>Karanjadi Taila local application over scalp.<br>Triphala Churna for hair wash |

## IV. Follow up and Outcomes

The assessments were conducted on May 10, 2025, one month after the Virechana Procedure. The second assessment took place on June 8, 2025, one month after the 1st follow up.

**After treatment**



**Image (2)**

Table 3

| **Symptom** | **Status** | **Grade** |
|---|---|---|
| **Aswedanam (Anhydrosis)** | Normal | 0 |
| **Mahavastu (Degree of involvement)** | No lesion on Mahasthanam | 0 |
| **Mandala (Circular skin lesion)** | Few mandalas | 0 |
| **Bahaltva (thickening in skin lesion)** | Mild thickening | 1 |
| **Unnati (Elevation in skin lesion)** | No elevation | 0 |
| **Matsyashakalopam (scaling)** | Mild Scaling by rubbing / by itching (scaling from some lesions) | 1 |
| **Kandu (itching)** | No Kandu | 0 |
| **Twak Vaivarnya (Discoloration)** | Near to normal which looks like normal colour to distant observer | 1 |
| **Auspitz sign** | Absent | 0 |

## V. Discussion

In this case the symptoms of Psoriasis like red, dry scaly lesions with itching can be correlated with *Eka Kustha* here, on the basis of similarities with *Aswedanam, Mahavastu*, *Matasyashakalopam* as mentioned in Charak Samhita. *Eka Kustha* is a *Vata* and *Kapha* dominant disease as described by Acharya Charak.[5] According to Ayurvedic texts, *Shodhana Chikitsa* are designed to expel accumulated doshas from the body and thereby help prevent recurrence of the disease.[6] As psoriasis is a chronic disease prone to recurrence, there is a need for treatments that not only manage symptoms but also prevent relapse. Virechana is a *Shodhana Chikitsa* which expels the accumulated doshas out of the body and helps to prevent its recurrence. As mentioned by *Acharya Charak* in *Kustha Chikitsa* when there is *Bahudosha* in *Kustha Rogi, Sodhana Karma* should be done many times.[7] Here, before *Shodhana Karma, Depana Pachana* done with *Chitrakadi Vati. Chitrakadi Vati, because of its Laghu, Tikshna, Ruksha Gunas and Katu, Tikta - Rasa (dominant with Agni, Vayu and Akasha Mahabhuta) it subsides the aggravated Kapha. While, by Usna Virya and Tikshna, Snigdha Guna it counteracts Vata. Due to Madhura rasa (Snigdha guna, Anushnasita Virya, Madura Vipaka it balances the Pitta overall it helps in increasing Agni.*[8] After Deepana Pachana Snehpan with *Mahatiktaka Grita* was done. *Mahatiktaka Ghrita*, as described in *Ashtanga Hridaya* under *Kushta Chikitsa*, primarily consists of ghee and *Tikta Gana Dravyas*. Owing to its *Laghu* and *Ruksha* properties, it exhibits *Kandughna* (anti-pruritic), *Kleda* and *Vikrita Meda Upashoshana* (absorption of pathological exudates and fat), and Vranashodhaka (wound-cleansing) actions. It targets imbalanced Pitta, Sweda, Lasika, Rakta, Meda, Kleda, and Shleshma at both systemic and cellular levels. Its Rasa (Katu, Tikta, Kashaya, Madhura), Ushna Veerya, and Katu *Vipaka* enable action on *Vikrita Kleda*, *Meda*, and *Mamsa Dhatu*, aiding in detoxification and tissue repair. The lipophilic nature of ghee facilitates deeper cellular penetration, modulating keratinocyte turnover and restoring the skin's normal texture by reducing symptoms like itching, discoloration, oiliness, and abnormal sweating.[9]

After that Abhyanga with *Tila Taila* was done. Abhyanga produces *Srotomukha Vishodhanam*, *Abhishyandanam* of Dosha and reduces *Vata* which is aggravated, thereby moving the aggravated Dosha from *Shakha* to *Koshtha* after which the doshas can be easily removed through *Shodhana Karma*.[10] After that *Nadi Sweda* with *Dashmooladi Kwath* was followed. *Swedana Karma* open up the body channels (srotas), remove blockages, and facilitate the expulsion of aggravated doshas. It is considered an essential *Purva Karma* (preparatory procedure) in *Shodhana Chikitsa*, performed after *Snehana* to enhance the loosening and movement of doshas towards the *Koshta* for elimination.[11] When duly applied, *Abhyang* followed by *Swedan* can even bend dried pieces of wood and when *Swedan* is administered properly after *Abhyanga*, it can bring *Vata* under control.[12] *Dashmoola Kwath* is chosen for *Nadi Sweda* in this case, as *Dashamoola* mainly acts on the *Vata Dosha* and pacifies it, and also normalise *Kapha Dosha*. It has beneficial impact on *Rasa, Mamsa* and *Asthi Dhatu*.[13]

After that *Virechana Karma* with *Trivritta Avleha* was followed. *Pradhana karma,* i.e., *Virechana,* has *Prithvi* and *Jala guna* (earth and water element) which causes liquefied *Doshas* to get disintegrated and expelled out of the body through the rectum by virtue of its *Prabhava* (specific action).[14] *Trivrita* is considered the best for *Sukha Virechana.*[15] *Lehya* form was used to overcome palatability and administration-related issues among children. *Samsarjana Krama* is important to stabilize the remaining *Doshas* inside the body and to gradually improve and normalize the weak digestive capacity (*Agni*) due to the *Virechana* post effect. Abhyanga with *Karanjadi Taila* over scalp was advised as *Karanjadi Taila* is performing function like wound healing and helps in skin related disorders as mentioned in Ayurvedic classical texts.[16] *Triphala Churna* was used for hair wash as *Triphala* has shown promise as an anti-inflammatory agent.[17]

## VI. Conclusion

*Eka Kustha* (Psoriasis) is a difficult to manage disease. This case report provides an encouraging outcome, giving hope to the suffering patients. Ayurveda offers a customized approach with treatment modalities such as purification therapies, pacifying therapies, external therapies, dietary modifications, and lifestyle changes. This case report has demonstrated positive outcomes in the management of *Eka Kustha* (Psoriasis) using Ayurveda approaches. However, there is a need for more case reports/planned clinical studies that will help in generating evidence against adopting Ayurveda treatment approaches in the management of *Eka Kustha* (Psoriasis).

## VII. Patient Perspective

Patient have Taken allopathic medicines for months for Psoriasis but didn't get any relief. After taking she get relief in her complaints. Patient has relief in Kandu, and symptoms of dry, scaly, red lesions have been reduced. Patient was satisfied by the treatment and results she gain. She had no more itching and scaly patches over scalp. Her quality of life has improved to a greater extent.

## VIII. Informed Consent

Authors certify that they have obtained a patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands the whole information provided in the consent form regarding the case report and that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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# Rediscovering Daivavyapashraya Chikitsa: Traditional Spiritual Therapies for Holistic Mental Health Care

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**Abstract**

**Daivavyapashraya Chikitsa, an integral pillar of Ayurvedic medicine, encompasses spiritual therapies aimed at restoring balance to the mind, body, and soul. Rooted in ancient Indian wisdom, this approach integrates rituals, mantras, meditation, and divine interventions to address mental health disorders holistically. In the modern era, where mental health challenges such as anxiety, depression, and stress-related disorders are prevalent, revisiting Daivavyapashraya Chikitsa offers a complementary framework to conventional psychiatric care. This abstract explores the principles, practices, and therapeutic mechanisms of Daivavyapashraya Chikitsa, emphasizing its role in fostering emotional resilience and spiritual well-being. By examining traditional texts and contemporary case studies, the study highlights how spiritual therapies, including mantra chanting, yajnas (sacred rituals), and astrological remedies, influence psychosomatic health. The integration of these practices with modern psychotherapy and mindfulness-based interventions is discussed, underscoring their potential to enhance mental health outcomes. This rediscovery of Daivavyapashraya Chikitsa advocates for a synergistic model of care, blending ancient spiritual wisdom with evidence-based modern approaches to promote holistic mental health.**

***Keywords: Daivavyapashraya Chikitsa; Spiritual Therapies; Holistic Mental Health; Ayurveda; Mantra Chanting***

## I. Introduction

Mental health, as defined by the World Health Organization, is a state of well-being enabling individuals to realize their abilities, manage life's stresses, and contribute meaningfully to society. While mental health is often under-addressed issue in developing countries like India, Indian society draws strength from its rich cultural heritage and strong social bonds. Traditional values such as family support, community togetherness, and spiritual practices have played a significant role in keeping Indians connected to their roots. These deep-rooted social structures—marked by close-knit families, festivals, and collective responsibility—help provide emotional stability and foster resilience, contributing to a greater sense of mental balance among individuals even in the face of modern challenges.

## II. Prevalence of Mental Health Disorders

India: Lifetime prevalence of mental health disorders is around 13.7%, with current prevalence at 10.6%. Common mental disorders (CMDs) such as depression and anxiety affect 5.1% of the population. Substance use disorders impact 22.4% of adults, and severe mental illnesses such as schizophrenia and bipolar disorder affect 1.9%.

Western Nations: The United States shows a 12-month prevalence of 26% and a lifetime prevalence of ~50%. The United Kingdom and Australia report similarly high rates.

India has 0.75 psychiatrists per 100,000 people, compared to the WHO recommendation of 3 per 100,000. In contrast, Western nations are closer to meeting these benchmarks due to stronger infrastructure and health investments.

**III. Treatment Gap**

- India: 84.5% treatment gap.
- USA: Approximately 40% of adults with mental illness receive treatment.
- UK: 63% treatment gap for common mental disorders.
- Australia: 35% treatment gap.
- Mental Health Expenditure
- India spends less than 1% of its total health budget on mental health.
- Western nations spend significantly more, as per OECD data.

**IV. Suicide Rates**

- India: Suicide rate is 12.4 per 100,000, with the highest rate among individuals aged 15–24, accounting for 35% of suicides.
- Global rates vary, but India's figures are among the highest in absolute terms.
- Ayurveda, Music, and Colour: Traditional Approaches to Mental Health

**V. Ayurvedic and Yogic Perspectives Ayurveda classifies healing into three categories:**

Daivavyapashraya (spiritual methods), Yuktivyapashraya (rational methods), and Sattvavajaya (psychotherapy). Music and colour fall under Daivavyapashraya Chikitsa, which uses non-pharmacological tools like mantras, rituals, and sensory inputs to align the mind and body.

**VI. Music Therapy in Indian Tradition:** Indian classical music is based on Svaras (musical notes), Ragas (melodic frameworks), and Raginis (variants), which correspond to different emotional states and times of the day. Each note and Raga affects the Prana (vital energy) in specific ways:

- Agni Tattva (Fire): Induces passion, digestion, and energy; red hues.
- Vayu Tattva (Air): Inspires movement, creativity; blue hues.
- Apas Tattva (Water): Evokes calmness, love; white hues.
- Akasha Tattva (Ether): Promotes detachment, introspection; dark hues.
- Prithivi Tattva (Earth): Grounds the listener, evokes stability; yellow hues.

These elements influence psychological states and can alleviate symptoms of anxiety, depression, and stress. Music therapy, particularly through the use of classical ragas, has shown remarkable potential in promoting mental and physical well-being. Different ragas influence the body and mind in unique ways. For instance, Bhairavi can provide relief from common ailments like cold, sinus, toothache, and backache, while Shivaranjani aids in addressing memory-related issues. Ragas like Todi and Chakravakam are known to reduce blood pressure, and Ananda Bhairavi has a positive effect on high blood pressure. Nilambari improves the quality of sleep, whereas Bilahari is effective in reducing stomach-related problems. To combat stress, ragas such as Hamsadhwani and Kalavathi help in relieving tension, and Hindolam is useful for managing hypotension. Additionally, Punnagavarali and Sahana are known to calm the mind and control anger, while Sama is particularly effective in alleviating anxiety. This therapeutic approach highlights the deep connection between music and holistic health, offering a natural and non-invasive way to manage various physical and psychological conditions.

**VII. Color Therapy and Pranic Alignment**

Colour therapy, also known as chromotherapy, is a holistic healing method that uses colors to balance and enhance the body’s energy centers (chakras), thereby promoting physical and emotional well-being. According to the chart titled Color Therapy for Illnesses, different colors are believed to help alleviate specific health conditions. For instance, turquoise is used for treating acne and fatigue, while green is associated with healing common colds, angina, cancer,

heart diseases, and shock. Blue is believed to relieve anxiety, cramps, insomnia, and vocal issues, among others. Orange is linked with easing bladder problems, depression, and ulcers. Magenta is thought to support healing in cases of cancer, morning sickness, and trauma. Yellow is used for diabetes, jaundice, and liver conditions, violet for earaches and paranoia, and red for leukemia. Although color therapy is not a substitute for medical treatment, it is often used as a complementary practice in holistic medicine to support overall wellness.

## VIII. Bridging the Gap: Integrative Mental Health Strategies

### A. TeleMANAS and Public Awareness

India's TeleMANAS initiative and rising mental health insurance coverage reflect improved access and awareness. These programs can benefit from integrating culturally grounded practices like music and color therapy.

### B. Policy Implications

- Integrate Daivavyapashraya methods into primary mental healthcare.
- Train community workers in basic sound and color-based interventions.
- Invest in research validating traditional healing techniques.

### C. Implementation in Rural India

Given the shortage of mental health professionals, especially in rural India, accessible tools like sound and color—administered via temples, local musicians, or wellness centers—offer viable, low-cost solutions.

## IX. Conflict of Interest

The authors declare that they have no conflict of interest.

## X. Funding Declaration

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

## XI. Conclusion

India's mental health challenges can be addressed by embracing its rich heritage of spiritual and sensory therapies. Daivavyapashraya Chikitsa, through mantras, music, sound, and color, can revitalize mental health systems. A culturally integrated, spiritually enriched approach holds promise for accessible, inclusive, and holistic mental well-being.

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# A Case Study of Management of Smritivibhramsa W.S.R. To Dementia

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**Abstract**

**Dementia is a broad term that encompasses a variety of diseases and conditions impacting cognitive functions such as thinking, memory, reasoning, personality, mood, and behavior. The deterioration of mental capabilities disrupts daily life and activities. It is estimated that approximately 50% of individuals aged 85 and older are affected by dementia. Dementia signifies a reduction in mental function from a previously higher level, which is significant enough to hinder daily living. Ayurveda, as a foundational science, addresses the importance and responsibility of mental health in maintaining a healthy lifestyle. A proper understanding and enhanced appreciation of Ayurvedic philosophy yield social advantages for mental health. Smriti refers to the recollection of experiences that have been directly perceived, heard, or encountered in the past. When an individual struggles to comprehend or retain current events or experiences, this condition is termed smritivibhramsa, and Ayurvedic science provides various remedies aimed at enhancing memory. Goghrita Nasya involves the application of ghee (clarified butter) through the nasal passages. Acharya Charak stated that the practice of ksheer and ghrut is the most effective rasayana. This case study investigates the efficacy of Goghrita Nasya in managing smritivibhramsa.**

***Keywords- Smritivibhramsa; Nasya; Goghrita***

## I. Introduction

Dementia is defined as a disease process characterized by a gradual decline in cognitive abilities while maintaining clear consciousness. [(1)]In the DSM-5, dementia has been reclassified as a major neurocognitive disorder, which also acknowledges the initial phases of cognitive decline as mild neurocognitive disorder.[(2)]The two terms serve as different designations for the same condition; thus, major neurocognitive disorder is synonymous with dementia. [(3)]The ICD-11 has adopted the term neurodevelopmental disorder and employs diagnostic criteria that closely resemble those found in the DSM-5.[(4)] Dementia encompasses various cognitive domains and deficits that result in considerable impairment in an individual's social and occupational functioning. [(5)]According to the DSM-5, there is definitive evidence of a decline in memory and learning, along with at least one additional cognitive domain.[(6)]Dementia is a syndrome resulting from brain disease, typically chronic or progressive, which disrupts multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment.[(7)]Dementia leads to a noticeable decline in intellectual functioning and often significantly interferes with personal daily activities, such as washing, dressing, eating, maintaining personal hygiene, and managing excretory and toilet functions.[(8)]There are various forms of dementia classified according to their aetiology: Alzheimer's disease, dementia with Lewy bodies, vascular dementia, frontotemporal dementia, dementia due to traumatic brain injury, Parkinson's disease, and Huntington's disease. This condition may be progressive or static; it can also be permanent or reversible. Dementia that occurs after the age of 65 is known as senile dementia. In the elderly population, Alzheimer's disease has been identified as the most prevalent cause, leading to the term Senile dementia of Alzheimer's type.

## II. Material And Methods

Cow Ghee is optimal for balancing the doshas associated with Vata (air) and Pitta (fire).[9]It serves as an excellent foundation for the preparation of Ayurvedic medicines, owing to its unique ability to reach all parts of the body in a short time, which aids in the transport of medicine without alteration, a process referred to as -yogawahil action in Ayurveda.[10] In the Ayurvedic tradition, ghee is categorized among the most sattvic foods, promoting positivity, growth, and heightened consciousness. Cow ghee is utilized in all internal bodily functions and is regarded in Ayurveda as 'amrita' (nectar). It offers numerous health benefits, including slowing the aging process, enhancing the immune system, facilitating bowel movements, improving dental and gum health.[11]Ghrita is recommended for individuals experiencing ailments such as ruksata, ksata, Vata vikara, Pitta vikara, Unmada, Mada, Apasmara, Murcha, Siroroga, Aksiroga, Vrana, Sosa, Jwara, Daha, Smrti, Angimandya, as well as for those who are Vriddha, Bala, and those seeking Ayu, Bala, Varna, Swara, Pusti, Praja, Saukumarya, Bala, Buddhi, Indriya, and clarity of voice[12].The key characteristic that sets it apart from Taila, Vasa, or Majja is its influence on higher mental functions, namely Dhi, Medha, and Smrti. In cases of mastiskajanyavikras, the use of snehana, particularly through ghrita, is crucial due to the resemblance of mastulungasnehadravyas. Therefore, it has a specific effect on intellectual and cognitive abilities and in this study Goghritanasya was given in dementia patient to prove its clinical efficiency.

### A. Presenting Concern

An73 year old female came to the OPD of Rognidan department, IASR, Kurukshetra, 8 months back. As per the patient's daughter, she have progressive memory loss and confusion over the past 1.5 years

### B. Personal History And Present Living Condition

She is retired school teacher ,now a days living with her daughter. Patient was brought to the OPD by her daughter due to worsening forgetfulness and occasional disorientation. Initially, she had difficulty remembering recent conversations and misplaced items. Over the past 6 months, she began repeating questions, showed difficulty managing household finances, and occasionally forgot familiar routes .She has also exhibited personality changes, such as increased irritability and apathy. No hallucinations or delusions were reported. There is no recent history of trauma, stroke, or substance abuse.

### C. Past Medical History

1] Hypertension ( 10years,controlled on medication)

2] Type 2 DM ( 8years,wellmanaged )

3] No known psychological illness

### D. Family History

Mother had Alzheimer’s disease

She had reduced motor activity. Her social No family H/O Stroke or Parkinson’s disease

### E. Mental Status Examination

interactions and behaviors were impaired. In terms of speech, it was characterized by a decreased rate, volume, and duration. Her mood was both depressed and anxious, yet her affect appeared happy and anxious, with noticeable mood lability. In terms of thought processes, her stream and form of thought were not goal-oriented, and there were no delusions or obsessions.

### F. Mini Mental Status Examination

Attention and concentration were found to be impaired. She had lost her orientation concerning time, place, and person. With respect to memory, both immediate and recent memory, as well as remote memory, were impaired. Her intelligence and abstract thinking were also compromised, with insight rated at 4. Additionally, her judgment and writing abilities were impaired, although her reading capacity remained intact.

### G. General Examination

BP=140/90 mmHg Pulse=86/min RR=24/min

Weight=65kg

## III. Investigation

MRI Brain was indicative of age related cerebral and cerebellar atrophy.

## IV. Diagnostic Focus And Assessments

Considering the reported symptoms, comprehensive history, and MRI results, the case was identified as Dementia of the Alzheimer's type according to the WHO's International Classification of Diseases, 10th edition criteria for mental and behavioral disorders. It is classified under F 01.1[13] An assessment was conducted using the Dementia Severity Rating Scale[14] and the Mini Mental Status Examination [15]both prior to and following the treatment.

## V. Ayurvedic Clinical Examination

**Dasavidha Pariksha**

| | | |
|---|---|---|
| Dushya | Dosa | Vata Pitta |
| | Dhatu | Rasa |
| Desa | Deha | Siras, Hrdaya |
| | Bhumi | Sadarana |
| Bala | Rogi | Avara |
| | Roga | Madhyama |
| Kala | Ksanadi | Hemantha |
| | Vyadiavasta | Purana |

| | | |
|---|---|---|
| Anala | Jaranasakti | Madhyama |
| | Abhyvaharanasakti | Avara |
| Prakruti | Sarira | Kaphavata |
| | Manasa | Tamasa |
| Vaya | Vardhakya | |
| Satva | Avara | |
| Satmya | Madhura | |
| Ahara | Abhişhyandi, snigdha | |

## VI. Diagnosis

The patient exhibited various forms of Ashta vibhrama. Irrelevant self-talk and self-laughter may be categorized under manovibhrama. She reported seeing her deceased relatives, which is indicative of buddhi vibhrama. The inability to recognize or identify objects, along with disorientation regarding time, place, and person, falls under samjajnanavibhrama. Forgetting the names of her son, daughter-in-law, grandchildren, and others is classified as smrtivibhrama. A diminished desire concerning clothing is referred to as bhaktivibhrama, while emotional instability is identified as silavibhrama. Childish behavior and aimless wandering are categorized as cesta vibhrama. Unhygienic practices during toilet use and the repeated application of soap to the same body parts are noted in acara vibhrama. Consequently, this case was classified as Unmada. The symptoms of wandering, irrelevant self-talk, and self-laughter are characteristic of Varikonmada. Exhibiting anger and leaving her home are symptoms associated with Paithikonmada. Therefore, considering the involvement of dosas, the case was approached as Vatopaithikaunmada

**Management-**

Nasya karma with Goghrut 4-5 drops/nostrils ,along with diet and lifestyle modification.

## VII. Discussion

Nasa serves as the gateway to the Siras, where the drugs administered through the nostrils travel via nasasrota to reach Sringataka, subsequently spreading in the murdha to scrape away the morbid dosa and extract them from the uthamanga. Goghrut demonstrates optimal effects on the central nervous system. Consequently, due to these various modalities, there was a notable symptomatic relief, characterized by a reduction in irrelevant self-talk, a decrease in childish behavior, and an improvement in sleep quality. When evaluated using the Dementia Severity Rating Scale, the score decreased from 36 to 27 after a period of 28 days. During a follow-up after two weeks, a slight disturbance in sleep was observed. Therefore, she was advised to take Aswagandhashirpak.

## VIII. Conclusion

The patient exhibited various forms of Ashta vibhrama. Irrelevant self-talk and self-laughter may be categorized under manovibhrama. She reported seeing her deceased relatives, which is indicative of buddhi vibhrama. The inability to recognize or identify objects, along with disorientation regarding time, place, and person, falls under samjajnanavibhrama. Forgetting the names of her son, daughter-in-law, grandchildren, and others is classified as smrtivibhrama. A diminished desire concerning clothing is referred to as bhaktivibhrama, while emotional instability is identified as silavibhrama. Childish behavior and aimless wandering are categorized as cesta vibhrama. Unhygienic practices during toilet use and the repeated application of soap to the same body parts are noted in acara vibhrama. Consequently, this case was classified as Unmada. The symptoms of wandering, irrelevant self-talk, and self-laughter are characteristic of Varikonmada. Exhibiting anger and leaving her home are symptoms associated with Paithikonmada. Therefore, considering the involvement of dosas, the case was approached as Vatopaithikaunmada.

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# Metabolic Syndrome: An Ayurvedic Prospective

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**Abstract**

**Introduction: Metabolic Syndrome is a lifestyle illness that has emerged as a serious public-health concern worldwide as obesity and sedentary behaviour have risen. Hypertension, hyperlipidemia, insulin- resistance, obesity are the common pathological conditions included in metabolic syndrome. Ayurveda is a science that provides an extensive structure for comprehending and regulating such challenging illnesses through its unique principles of dosha, dhatu, and agni. This review will look into the Ayurvedic correlation, aetiology, and treatment of Metabolic Syndrome. A qualitative analysis of classical Ayurvedic books (such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya) was carried out to discover vital notions that match to Metabolic Syndrome components. There is no direct mention of metabolic syndrome in Ayurvedic texts. varied researchers have varied ideas regarding the most likely diseases. Some scholars categorized it as Medapradooshajavikaras, while others termed it Sthoulyaupadravas or Avaranajanyavikaras. Metabolic Syndrome is linked to conditions such as Medoroga (obesity), Prameha (diabetes), and Rasa-RaktaDushti (tissue vitiation). The primary cause is Agnimandya (low digestive/metabolic fire) and Kapha-Meda vitiation. Ayurvedic remedies such as palliative (Shaman), panchkarma (Shodhan), Sadhvrit (good conduct/ethical regimen for balanced state), exercise, diet, and yogic practices can be utilized alongside lifestyle modifications. Ayurvedic treatment for metabolic syndrome varies by stage. Ayurveda classics suggest adhering to Pathya (Do's) and Apathya (Don'ts) to modify one's lifestyle.**

***Keywords: Metabolic Syndrome; Panchkarma; Hypertension; Obesity; Hyperlipidemia***

## I. Introduction

In a society where lifestyle disorders such as diabetes & obesity are on increasing prevalence, ancient healing systems are gaining traction as modern medicine seeks holistic solutions. Metabolic syndrome also known as Insulin resistance syndrome or Syndrome X, is characterised by at least three of the following medical conditions: obesity, elevated blood pressure, elevated fasting plasma glucose, high serum triglycerides, & low HDL levels. The syndrome increases the chance of getting cardiovascular disease & type 2 diabetes.[1,2] The prevalence varies around the world, reflecting the age and ethnicity of the people studied, as well as the diagnostic criteria used. In general, the frequency of metabolic syndrome rises with age. Approximately 35% of adults in the United States have metabolic syndrome that meets NCEP and ATPIII criteria. Greater global industrialization is linked to rising obesity rates and a rise in the prevalence of metabolic syndrome, particularly as the population ages. Furthermore, the increased incidence and severity of obesity among children's mimic symptoms of the metabolic syndrome in a younger population, which is now estimated to be 12 and 30% among obese and overweight children, respectively.[3]Our ancient literature is enormous and contains detailed accounts of a wide spectrum of diseases, including their causes and pathophysiology. A closer look at these classical texts finds significant connections between modern lifestyle diseases and the conditions described by our Acharyas, demonstrating the everlasting significance of their findings. As Acharya Charak has defined in Trishothiyaadhyaya of Sutrasthana,

विकारनामाकुशलो न जिह्रीयात् कदाचन |
न हि सर्वविकाराणां नामतोऽस्ति ध्रुवा स्थितिः ||१८/४४||[4]

This shows that not all ailments can be given typical names. As a result, rather of focusing exclusively on nomenclature, it is more appropriate to discover and study common indications and symptoms. This technique enables us to make significant comparisons between modern diseases and the numerous Vyadhis (diseases) mentioned by our Acharyas, based on the role of distinct doshas and dushyas in aetiology.

## II. Literary Review

A qualitative textual analysis was conducted to investigate references and descriptions in classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. The primary aim was to identify Ayurvedic concepts that correlate with the modern understanding of Metabolic Syndrome. Given the absence of a direct term for Metabolic Syndrome in Ayurvedic literature, the study focused on related conditions. Various Acharyas have proposed different interpretations. Some consider under the Medapradooshaja Vikara (disorders due to vitiated fat tissue), while others associate it with Sthoulya Upadravas (complications of obesity).

### A. Nidana or Etiology

Avyayam (Not doing any exercise), Atisampurana (Excessive intake of diet specially Madhura, Sheeta, Sanigdha Ahara), Diwaswapna, Harsha, Achitana (less mental work), Beeja Dosha (Genetic /Hereditary factor)[5] are the primary causes of metabolic syndrome, which vitiates Agni, particularly MedoDhatuagni. These nidanas (causes) vitiate Agni, aggravating Kapha and Meda and resulting in the development of aama.

As a result, metabolic syndrome might be categorized as a Santarpanajanya Vyadhi (a disorder caused by overnutrition). Obesity, type 2 diabetes, and dyslipidaemia are all examples of Santarpanottha Vyadhis. Ayurveda describes the core symptoms of metabolic syndrome- as the result of Medovaha Srotas dysfunction. The discovery of the ob gene, which codes for leptin protein, supports the role of hereditary factors in obesity and metabolic syndrome. Leptin may increase blood pressure through sympathetic activation.[6] As a result, the early stages of metabolic syndrome can be linked to Medovaha Sroto Dushti. In the intermediate stage, metabolic syndrome often progresses to conditions such as type 2 diabetes mellitus and coronary artery disease. This stage can be identified as a manifestation of Sankara Vyadhi—a condition involving the coexistence or overlap of multiple disorders. In the advanced phases of metabolic syndrome, problems from specific diseases emerge. These may include coronary artery disease (CAD) caused by hypertriglyceridemia; diabetic retinopathy, neuropathy, and nephropathy caused by diabetes mellitus; and cerebral haemorrhage, hypertensive cardiomyopathy, and hypertensive retinopathy and nephropathy caused by chronic hypertension.

Acharya Charaka in Apasmaranidanaadhyaya has mentioned that

कश्चिद्धि रोगो रोगस्य हेतुर्भूत्वा प्रशाम्यति|
न प्रशाम्यति चाप्यन्यो हेत्वर्थं कुरुतेऽपि च||२१||

एवं कृच्छ्रतमा नृणां दृश्यन्ते व्याधिसङ्करा:|
प्रयोगापरिशुद्धत्वात्तथा चान्योन्यसम्भवात्||२२||[7]

This means that some diseases may resolve but leave sequelae or become the root cause of other disorders or abnormalities. Certain diseases may linger throughout the body even after they have caused severe or life-threatening conditions. VyadhiSankara refers to a cluster of interrelated pathogenic disorders. These illnesses are generally difficult to monitor and cure because they encompass several diseases, create a vicious pathological cycle, and lack targeted or complete therapeutic techniques. Acharya Chakrapani refers to VyadhiSankara as Vyadhi Melaka, which means a mixture or cluster of diseases. He categorizes such conditions as Krichchhatama—extremely difficult to cure—for two primary reasons: Prayoga Aparishuddhatvat (improper or inappropriate therapeutic approach in treating such conditions) and Anyonyasambhavat or Paraspara Karana Roopatvat (the diseases involved have either common causative factors or act as mutual causative agents for one another).

Furthermore, a very comparable notion in Ayurveda is NidanarthakRoga, which refers to a secondary sickness that develops as a direct result of another main disease, demonstrating the complex interplay of pathogenesis, similar to VyadhiSankara.

पूर्वोत्पन्नं व्याधिं जघन्यकालजातो व्याधिरुपसृजति, स तन्मूल | एवोपद्रवसञ्ज्ञः ||[8]

Long-term sickness can lead to significant consequences.

### B. Metabolic Syndrome

Metabolic syndrome was first described by Reaven (1988) as Syndrome X, whereby he noted that the clustering of several risk factors, which is the central feature of cardiovascular diseases and diabetes. The major components of the syndrome include hyperglycaemia, abdominal obesity, dyslipidaemia, elevated blood pressure, elevated triglyceride levels, and low high-density lipoprotein cholesterol levels. The existence of this syndrome is a more general indicator of increased risk for various illnesses.[9]The prevalence has risen dramatically, approaching pandemic levels around the world. The International Diabetic Federation (IDF) estimates that around 25% of the world's population has Metabolic Syndrome. It can vary greatly depending on factors such as age, race, and gender. The prevalence of disease in India has been recorded to range from 11% to 41% across the broad country with diverse socioeconomic cultures[10]; in Kerala, it is 33% according to harmonized criteria[11]. Several organisations have attempted to produce a simple diagnostic criterion in order to integrate it into clinical practice. Various definitions have been proposed by the World Health Organization (1998), the European Group for the Study of Insulin Resistance (1999), the United States' third report of the National Cholesterol Education Program, the Adult Treatment Panel (ATP) (2001), the ATPIII revised criterion (2005), the International Diabetes Federation (IDF 2005), and the harmonized ATP III and IDF consensus in 2009.

| **DIAGNOSTIC CRITERIA FOR METABOLIC SYNDROME NCEP-ATP III[12]** | |
|---|---|
| **PRESENCE OF 3 OR MORE THAN 3 OF THESE 5 CRITERIAS** | ➢ Waist circumference >102 cm in males >88 cm in females<br>➢ Raised Triglyceride >150 mg/dl or specific medication<br>➢ Low HDL cholesterol <40 mg/dl in males <50 mg/dl in females or specific medication<br>➢ Hypertension- Blood Pressure >130/85 mm/Hg or specific medication.<br>➢ Fasting plasma glucose >100 mg/dl or specific medication or previously diagnosed Type2 DM. |

Metabolic Syndrome is mostly caused by central obesity and insulin resistance. FFAs from central (Visceral) adipose tissue are typically directed to the liver. FFAs trigger inflammation and release pro-inflammatory cytokines from the liver, including TNF-alpha and ILs.[13]It causes pro-inflammatory mediators to circulate throughout the body, leading to additional effects. Mostly, it is caused by insulin resistance, which results from excessive free fatty acids in the blood from a high-calorie diet.[3]

## III. Correlations

### A. Sannatar panjanya Vyadhi

Metabolic syndrome has a similar parallel in Ayurveda under the category of Santarpanajanya Vyadhis. The causes of metabolic syndrome, such as an excessive intake of calorie-dense, oily, and heavy foods, as well as a sedentary lifestyle, are directly related to the Ayurvedic concept of Santarpana (over-nutrition). These causes aggravate Kapha dosha, that weaken Agni (digestive and metabolic fire), particularly Medodhatvagni and cause the formation of Medadhatu (adipose tissue). As a result, Ama (toxins) are generated, causing Srotorodha and contributing to the emergence of numerous diseases (group of Santarpanottha Vyadhis).

### B. Avarana

In Ayurveda, Avarana is defined as the obstruction or covering of the normal functioning of Vata dosha by other doshas, dhatus, or malas, resulting in pathological circumstances. Avarana plays an important part in the etiology of Metabolic Syndrome. Excessive accumulation of Meda (adipose tissue) due to sedentary lifestyle and poor diet causes the Avarana of VyanaVata and Samana Vata, which regulate circulation and digestion, respectively. This blockage impairs metabolism and circulation, leading in insulin resistance and poor glucose utilization. Furthermore, the

Avarana of Pachaka Pitta andKledakaKapha disrupts the Agni(digestive fire), resulting in Agnimandya, which adds to the accumulation of Aama(metabolic waste) and leads to Srotorodha. Thus, Avarana emerges as a major Ayurvedic concept explaining the underlying mechanism of doshic imbalance in metabolic syndrome, emphasizing the importance of removing blockages and restoring normal Vata flow in order to successfully manage and prevent the disease.

### C. Medodusti

Medodusti is the vitiation of Meda Dhatu (fat tissue), which is a major factor in the development of Metabolic Syndrome. Because of a poor diet, sedentary lifestyle, and a weak digestive fire (Agnimandya), Meda becomes excessive and aberrant, resulting in fat accumulation, particularly around the abdomen. This inhibits metabolism, produces Ama, and alters the function of Vata, notably Vyana and Samana, impairing circulation and digestion. Medodusti also adds to insulin resistance and lipid imbalance, making it a key component in Ayurvedic knowledge of metabolic syndrome.

### D. VyadhiSankara

In Ayurveda, VyadhiSankara refers to the development of several illnesses with common etiologies and pathophysiology. The mutual aggravation and overlapping clinical symptoms of various illnesses demonstrate VyadhiSankara, emphasizing the complexity and chronic nature of metabolic syndrome. This notion emphasizes the importance of taking a holistic, multifaceted approach to Ayurvedic management.

## IV. Ayurvedic Management Of Metabolic Syndrome

The Ayurvedic treatment of Metabolic Syndrome focuses on resolving the basic imbalances of Kapha and Meda, correcting Agnimandya (digestive and metabolic dysfunction), and restoring normal Vata and circulatory-hormonal function. The treatment is primarily focused on Aptarpana Chikitsa (lightening therapy), which seeks to remove extra nourishment and body fat.[14]

Drugs that balance Vata, reduce Kapha, and increase metabolic activity are advised. Formulations having Lekhana (scraping) and Kaphahara (Kapha-alleviating) Gunas are especially effective at reducing fat buildup and metabolic dysfunction. Herbal decoctions like Kapha- Nashak Kashaya and Lekhana Kashaya, made from herbs with fat-reducing and digestion-stimulating qualities, play an important role. Triphala, Guggulu, Mustaka, Guduchi, and Shilajit are some of the most commonly utilized herbs. Panchakarma therapies like as Vamana, Virechana, and Lekhana Basti can also help with detoxification and dosha management. Lifestyle therapies such as Vyayama (exercise), healthy dietary practices, and stress management contribute to the long-term repair of metabolic abnormalities. This integrative approach demonstrates Ayurveda's efficacy in treating the complex character of metabolic syndrome.

**Table: Pathya Apathya[15]**

| PATHYA | APATHYA |
|---|---|
| Yava, Kodrava | Godhuma, Navanna, Shali |
| Mudga, Rajamasha, Kulatha | Masha, Tila |
| Patola, Vrunthaka | Madhura Phala |
| Takra, Madhu, Ushnodhaka, SarshapaTaila, Arista, Asava, JeernaMadya | Dugda, Draksha, Navaneeta, Grutha, Dadhi |
| | Anupa, Gramya Mansa |

## V. Yogic Practices

Ardha Matsyendrasana, Pada-Hastasana, Bhujangasana, Mandukaasana, Suryanamaskar, Dhanurasana, Shashankasana and others.

## VI. Discussion

Metabolic Syndrome, a cluster of interrelated metabolic abnormalities, is a major public health concern caused mostly by sedentary lifestyles, overnutrition, and poor eating habits. Ayurveda provides a comprehensive and holistic approach for understanding and managing lifestyle-related illnesses, with a focus on Agni (digestive fire) regeneration, dosha balance (particularly Kapha and Vata), and Meda Dhatu management. According to the Ayurvedic perspective, it is a symptom of Santarpanajanya Vyadhi- which also includes clinical analogies such as Sthoulya (obesity), Prameha (type 2 diabetes), and Medoroga.

Avarana is a major pathophysiological process in which Meda obstructs the proper function of Vata, particularly Samana and Vyana Vata, resulting in decreased metabolism and circulation, and hence insulin resistance. Furthermore, Medodusti, or vitiation of fat tissue, exacerbates these imbalances by raising Aama (toxins), decreasing Agni, and disturbing metabolic equilibrium. These degenerative processes eventually lead to VyadhiSankara, or the presence of numerous interconnected illnesses that are difficult to cure due to similar causal elements and complex development paths. The Ayurvedic notion of NidanarthakRoga, in which one disease causes another, corresponds to the cascade of consequences caused by metabolic syndrome, including cardiovascular disorders, diabetes complications, and chronic hypertension.

The Ayurvedic treatment of metabolic syndrome includes Aptarpana Chikitsa (lightening therapies) to reduce excess Kapha and Meda, as well as the prescription of Lekhana and Kaphahara formulations to boost metabolism and fat mobilization. This medicinal technique relies heavily on herbs like Guggulu, Triphala, Guduchi, and Shilajit, as well as preparations like Kaphahara Kashaya and Lekhana Kashaya. Furthermore, Panchakarma treatments such as Vamana, Virechana, and Lekhana Basti promote detoxification and doshic balance. Dietary changes, as shown in the Pathya-Apathya table, should include light, dry, and readily digestible foods, while avoiding heavy, unctuous, and sugary things that irritate Kapha and Meda.

Yogic activities that promote metabolic function, insulin sensitivity, and fat loss are also available. Asanas like Ardha Matsyendrasana, Bhujangasana, Mandukasana, and Suryanamaskar stimulate the abdominal organs while also improving circulation and digestion. Overall, the Ayurvedic view of metabolic syndrome takes a multifaceted approach based on individualized care, stressing lifestyle changes, herbal therapy, cleansing, and psycho-physiological well-being. This holistic paradigm treats not only the symptomatic signs of metabolic syndrome, but also the underlying causes, providing a long-term foundation for health restoration and disease prevention.

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# A Review of Ayurvedic Literature in Surgical Treatment of Cataract (Kaphaja Linganasha)

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**Abstract**

**The crystalline lens is a transparent structure. Its transparency maybe disturbed due to degenerative process leading to opacification of lens fibers. Development of an opacity in the lens is known as cataract. In Ayurvedic literature, the conditions Kacha and Linganasha represent progressive stages of vision deterioration, with Kacha refers to initial blurring and Linganasha denoting complete vision loss. Kaphaja Linganasha (fully matured cataract) is considered amenable to surgical management, termed Shastra Sadhya, whereas other forms are often viewed as difficult to treat surgically. When cataract has advanced to the final stage (Asthi Dhatu), vision loss becomes irreversible. There are varying perspectives regarding the surgical technique employed by ancient practitioners. While many classical texts describe couching as a standard procedure, for that further critical analysis is needed. This paper aims to consolidate and review the Ayurvedic references related to surgical intervention for Kaphaja Linganasha.**

***Keywords: Linganasha; Cataract; Shalaka; Vedhana; Drishti mandala; Ayurveda***

## I. Introduction

Cataract is a leading cause of blindness globally and has been emphasized in the“ VISION 2020 : the right to site” initiative by World Health Organization, urging member nations to enhance cataract surgical rates to combat preventable blindness.[i]Cataract is the major contributor to blindness in adults, accounting for over 15 million people (45%)[ii]

There is no direct mentioning of senile cataract in Ayurveda. Considering the signs, symptoms and histological changes in the lens, different stages of senile cataract maybe compared to Kaphaja Timira, Kacha, Linganasha. Acharya Sushruta has considered Linganasha under 12 types of Drishtigata Rogas. When the Doshas are situated in the fourth Patala, Linganasa occurs. Various medical measures have been advised in different authoritative textbook of Ayurveda to correct Kaphaja Timira in the initial stage. Surgery is mentioned only in the final stage of Kaphaja Linganasha where there is total loss of vision.[iii]

## II. Indications For Surgery

Mature cataract (Sujatam), Complete vision loss (niprekshyam), and conditions arising predominantly from Kapha Dosha (kaphodbhavam) are traditionally considered appropriate for surgical management.[iv]

For an effective surgical outcome in Kaphaja Linganasha, it is emphasized that the cataract should not have characteristics like a semicircular shape or the appearance of a droplet of sweat or pearl. It should be free from features

such as being fixed, irregular, centrally thin, striated, or presenting excessive shine, and should not be accompanied by pain or redness.[v]

## III. Contra-Indications For Surgery

Cataract cases with certain complications should not be taken up for surgery. These includes:[vi]

1. Avartaki (pupillary circle appears like whirlpool, hyper-reactive, of reddish white colour)
2. Sharkara (cataract that resembles coagulated milk or shows calcification)
3. Rajimati (when the anterior surface of the lens shows visible lining, indicating hard or capsular calcification)
4. Chhinanshuka (pupil is irregular with tears, charred coloured and painful – anterior uveitis and posterior synechiea)
5. Chandraki (when the pupil appears moon-like, white and linked with retinal complications)
6. Chhatraki (when the cataract appears multicolored, resembling a mushroom i.e., posterior segmental pathology)

Patient's suffering from Trishna (excessive polydipsia), Peenasa (sinusitis), Kasa (bronchitis), Ajeerna (indigestion), vamit (having vomiting), diseases of karna (ear), Akshi (eye) and shira (head), patients contraindicated for siravyadha (blood-letting) and who is Bheeru (fear for surgery).[vii]

## IV. Pre-Operative Measures

The patient should undergo oleation (Snehana) and fomentation (Swedana) before surgery, ideally in moderate weather- avoiding extreme heat or cold.[viii]

### A. Shalaka for surgery

Shalaka which is eight Angul in length, wrapped up with a thread in the center, is as thick as the (interphalangeal) joint of thumb, is shaped like the bud of a flower at the ends and is made of copper, iron or gold is always to be recommended.[ix]

### B. Operative procedure

After preoperative preparations the patient is seated and asked to focus on the tip of the nose. The surgeon uses a barely shaped Shalaka, holding it correctly to puncture the eye near the temporal canthus while avoiding key vascular structures. Precision is crucial in selecting the puncture site and angulation to prevent complications. Signs of correct puncture include characteristic sound and fluid discharge. Human milk and Vata pacifying fomentations are applied post puncture and the lens substance is delicately dislodged. The patient is then instructed to forcefully expel the Kapha by closing the opposite nostril and blowing through the other. Once vision is partially restored the Shalaka is gently withdrawn, the eye lubricated and bandaged.[xxi]

### C. Features of proper operation

When the Drishti becomes as bright as the sun in a cloudless sky and there is no pain, it should be regarded as properly scraped. In a case of failure to expel the Doshas or in case the Doshas reappear therein, the whole process from oleation to puncturing should be repeated.[xii]

## V. Post Operative Measures

### A. Do's for patient

The patient should be made to lie supine in a room free from dust, smoke, blowing wind and sun etc. Should lie on soft bed with a pillow below the head, reclining on the left side if the right eye has been operated, on

the right side if the left eye has been operated and on the back if both the eyes have been operated and kept happy by telling him pleasant stories. Fasting maybe advised according to patient's tolerance.[xiii]

**B. Dont's for patient**

Avoid acts such as belching, sneezing, coughing, spitting and getting up suddenly for 3 days.

Avoid bath, brushing the teeth and postures of keeping the face downwards for 7 days.[xiv]

**C. Diet**

Drink gruel prepared from barley mixed with powder of trikatu, Amalaka and ghee or drink vilepi for 3 days.[xv]

Soup of meat of animals of desert-like lands processed with the decoction of Jeevaniya drugs or with milk processed with Vatahara group of drugs.[xvi]

Head and feet should be massage every day.[xvii]

**D. Wound care**

On the third day, the bandage should be gently removed and the eye cleansed with warm decoction made from tender Eranda leaves or medicated milk or ghee prepared with Jeevaniyaor Laghu Panchmoola herbs. Then it should be bandaged again.

This procedure should be done daily till 7 days. On 7$^{th}$ or 10$^{th}$ day the bandage should be removed finally.[xviii]

**E. Post operative complications:[xix]**

1. Redness
2. Inflammation
3. New growth
4. Sucking pain
5. Bubble like projections
6. Squint
7. Secondary glaucoma

These should be treated as follow:[xx]

- A lukewarm application of a compound, containing Gairika, Sariva, Durva, barley paste, Ghrita and milk, will relieve pain and redness.
- Mildly fried Tila, white Sarsapa and juice of Matulunga for application etc.

If the complications are not relieved even after above treatment, Raktamokshana, after Snehana and Swedana, by Siravedha and Agnikarma becomes necessary.[xxi]

Treat like Adhimantha (glaucoma).[xxii]

**ShalakaDosha (Improper instrument):**[xxiii]

| S.no. | Defect in Shalaka | Features |
|---|---|---|
| 1 | Brittle | Ocular pain |
| 2 | Rough | Scatters Dosha |
| 3 | Blunt tipped | Big ocular wound |
| 4 | Very sharp | Multiple injuries |
| 5 | Irregular | Watery discharge |
| 6 | Unstable | Causes difficulty in operation |

**Shalaka Bhramana Dosha (Improper movement of Shalaka):**[xxiv]

| **S.no.** | **Improper movement of Shalaka** | **Features** | **Management** |
|---|---|---|---|
| 1 | Ksobhana (unstable movement) | Constriction/relaxation of pupil<br>Piercing/pricking pain | a. Pindimade from Yashtimadhu and Ghrita<br>b. Seka with luke warm Ghrita<br>c. Bloodletting by Jalauka |
| 2 | Urdhva Pranayama (Excessive upward movement ) | Redness<br>Excessive pain | a. Fasting<br>b. Pariseka with Ghrita |
| 3 | Adhonayana (excessive downward movement) | Pain<br>Haemorrhage | a. Same as Ksobhana |
| 4 | Atyartha Drishti vighattana (Pupil damage) | Cloudiness of vision | a. Anuvasana Basti and Nasya karma using Sarpi Manda |
| 5 | Atitya Drishti Prerana (by expanding the area of vision/pupil) | Haemorrhage | a. Seka with Ghrita<br>b. Fasting<br>c. Bloodletting by Jalauka |

## VI. Discussion

Linganasha is one of the major causes of blindness. As Sushruta described Kaphajalinganasha is only surgically treatable type rest all being incurable.[xxv]The indicated site of incision for cataract surgery is Daivakrita Chhidra (keyhole), which is the junction of medial 2/3$^{rd}$ and lateral 1/3$^{rd}$ of the area between limbus and outer canthus in interpalpebral space. On measuring this area with vernier caliper, it is found to be 9 mm on an average. Thus, the Daivakrita Chhidra (natural point) should be about 6 mm away from the limbus on temporal interpalpebral area. These measurements correspond with pars plana, the site which is least vascular and devoid of retinal tissue and also the preferred site for intra ocular (posterior segment) approach to the eyeball.[xxvi]Blowing the nose by closing the opposite nostril was the method adopted to remove the cortical matter.

## VII. Conclusion

The surgical procedure of cataract of the ancient eye surgeons of India is suggestive of small incision extra-capsular cataract extraction by temporal approach as per the description available in the Sushruta Samhita. On the other hand, couching was a later development in the surgical technique of cataract around the period of Acharya Vagbhatta. Couching technique being easy and time saving, remained in practice till mid of the 20$^{th}$ century in many tribal areas of the country. A comprehensive and systematic account of pre-operative preparation, operative technique and post operative care of the patients and the surgical wound has been given by the ancient surgeons. Besides this, various iatrogenic and post operative care related complications has been vividly detailed along with their treatment. Thus the surgical treatment of cataract was selective, systematic and in continuous process of transition since its recognition as major catastrophe in the literature of Ayurveda.

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# Ayurvedic Management of Right Para-Ovarian Cyst: A Case Report

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**Abstract**

**Introduction: Ovarian cysts are fluid-filled sacs occurring in or on the ovaries, commonly affecting women in their reproductive years. Though often asymptomatic, some cysts cause significant discomfort and menstrual irregularities. Ayurveda offers an alternative treatment approach, correlating ovarian cysts with Kaphaja Granthi, involving Vata-Kapha dominated Tridosha and Dushyas such as Rakta, Mamsa, and Meda.**

**Aim/Objectives: To evaluate the efficacy of Ayurvedic management in the treatment of a diagnosed para-ovarian cyst.**

**Material and Method: A 21-year-old unmarried female presented at the Prasuti Tantra and Stri Roga OPD on 21/01/2025 with complaints of intermittent pelvic pain and menstrual irregularities for 6 months. She had been diagnosed with a right para-ovarian cyst (2x2 cm) via ultrasonography. Previous allopathic treatment with oral contraceptives was unsatisfactory due to side effects. Ayurvedic treatment was initiated comprising Saptasara Kashaya, Kanchanara Guggulu, and Ovoutoline FORTE (Zandu) for 3 months. The medications were selected based on their Vata-KaphaHara and Lekhana properties.**

**Result: After 3 months of Ayurvedic therapy, the patient reported complete relief from pelvic pain and normalization of menstrual cycles. Follow-up USG confirmed the resolution of the para-ovarian cyst. No adverse effects were observed during or after the treatment.**

**Discussion: This case highlights the effective and safe treatment of ovarian cysts through Ayurvedic management using classical formulations tailored to Dosha and Dushya, following holistic and individualized Ayurvedic principles.**

***Keywords: Cyst; Granthi; Vata-Kaphaj Doshas***

## I. Introduction

Ovarian cysts are sac-like structures filled with fluid that can develop either on the surface of the ovaries or within them[1]. These are commonly encountered in women, particularly during their reproductive years, although they can arise at any age. These cysts are broadly categorized into two types: physiological and pathological[2]. Follicular and luteal cysts are classified under physiological types, whereas pathological cysts include ovarian tumors, which may be benign, borderline, or malignant in nature[3].Common symptoms of ovarian cysts include pelvic discomfort that can be dull or sharp, bloating, irregular menstrual cycles, discomfort during sexual intercourse, frequent urge to urinate, and early satiety during meals[4]. While many cysts remain harmless, some may lead to complications such as rupture, which can result in acute pain and require emergency care, or ovarian torsion, where the ovary twists and compromises its blood supply. There is also a potential, though less common, for certain cysts to be malignant. Treatment approaches in the modern medical system include hormonal therapy with contraceptives or surgical interventions, which may involve removal of the cyst or, in severe cases, the ovary itself. In Ayurveda, conditions similar to ovarian cysts are described under Granthi[5], which can be specifically correlated to Kaphaja Granthi Roga. The pathogenesis involves an imbalance of Tridosha, predominantly Vata and Kapha, and the affected Dushyas are Rakta, Mamsa, and Meda. Therefore, treatment is aimed at pacifying Vata and Kapha using medicines with Lekhana (scraping) and Vata Kaphahara properties[6].

## II. A Case Study

A 21-year-old female unmarried patient came to Prasuti Tantra and Stri Roga OPD on 21/01/2025 with chief complaints of Pelvic pain that comes and goes, Changes in menstrual patterns, since 6 months. She had also brought her USG report and some other blood investigations along with her. She was diagnosed as Right para ovarian cyst (2x2 cm). She took advice from allopathic hospital and took one month of oral contraceptive pills. She was not happy with that treatment and her body show some side effects. Then, she came to our hospital for Ayurvedic management.

### A. Menstrual History

The patient had attained her menarche at 13 years of age. She was having regular menstruation since menarche but presently since 6 months, she was having irregular menstruation. LMP: 12/01/2025, Previous LMP: 16/12/2024;Regularity: Irregular; Interval: 20- 28 days; Duration: 6-7 days; Pain: present; Clots: Present; Foul smell: Absent; Amount of bleeding: Pad history: Day 1 and 2: 3pads/day (fully soaked), Day 3: 2 pad/day (fully soaked), Day 4,5,6: 1-2 pads/day (fully soaked).

### B. Past Medical History

No H/O thyroid dysfunction, DM, HTN or any other significant medical history was found.

### C. Past Surgical History

No history of any general, gynaecological or any other surgery.

### D. Family history

No significant family history was found in this case.

### E. Personal History

Personal history revealed that the patient had a normal appetite with clear bowel habits, normal micturition also with sound sleep. No history regarding sudden weight loss or gain was noted.

### F. Allergic History

No history of any allergy was found in this patient.

## III. General Examination

Built - Normal, Weight - 65kg, Height – 5 feet 3 inches, BMI – 25.38

Pulse rate - 76/min, B.P. - 120 /80 mmhg, Respiration rate - 18/min, Temp. - 98.6°F

### A. Astavidha pariksha

| | |
|---|---|
| Nadi: 80/ min | Sparsha: Anushnasheeta |
| Mala: Nirama, once in a day | Sabda: Prakrut |
| Mutra: 5-6 time/ day, 1-2time / night | Drika: Prakrut |
| Jihva: Alipta | Akruti: Madhyam |

### B. Dashavidha pariksha

| | |
|---|---|
| Prakruti: VataPittaj | Satmya: Madhyam |
| Vikruti: Vishmasamveta | Ahara shakti: Madhyam |
| Sara: Rasa | Vyayam Sakti: Madhyam |
| Samhanan: Madhyam | Vaya: Madhyam |
| Praman: Madhyam | Satva: Madhyam |

### C. Samprapti Vighatana Of Vata-Kaphaj Granthi (Ovarian Cyst)

| Samprapti Ghataka | Details |
|---|---|
| **Dosha** | **Vata** (Prakopa, Vilayana) + **Kapha** (Sthana, Sthiratva, Abaddhata) |
| **Dushya** | Rasa, Rakta, Mamsa, Meda, Artava (Shukra Dhatu in females) |
| **Srotas involved** | Artavavaha Srotas (Reproductive channels), Rasavaha & Medovaha Srotas |
| **Srotodushti** | Sanga (obstruction), Vimargagamana (misdirection) |
| **Adhisthana** | Beejagranthi, Garbhashaya |
| **Agni dushti** | Dhatvagni Mandya (especially Rasa, Meda, and Artava Dhatu Agni) |
| **Strotorodha** | Due to Kapha and Ama leading to accumulation and cyst formation |

## IV. Investigation

**CBC:** Hb – 9.8gm%, RBC – 4.57 mill/cmm, MCV – 85 fl, MCH – 30 pg, WBC – 9000/cmm

**Urine Test:** Pale Yellow - colour, Sp. Gravity – 1.015, Ph - 5.5

**USG Abdopelvis:** 2x2 cm size simple cyst medial to the right ovary. Rest of the both ovaries are normal in size and echotexture. No evidence of any adnexal mass lesion is seen.

## V. Treatment

| No. | Medicine | Dose |
|---|---|---|
| **1** | Saptasara Kashaya[7] | 20 ml BD before food |
| **2** | Kanchanara Guggalu[8] | 2 tab BD after food with lukewarm water |
| **3** | Ovoutoline FORTE (Zandu) | 1 tab BD after food with lukewarm water |

## VI. Observation

| Menstrual history | Before treatment | 1st follow up | 2nd follow up |
|---|---|---|---|
| **Interval** | 20- 28 days | 28 days | 30 days |
| **Duration** | 6-7 days | 6 days | 6 days |
| **Pain** | Present (+++) | Present (++) | Absent |
| **Amount** | 3 pads/ day | 2 pad/ day | 2 pad/ day |
| **Clots** | Small | Moderate | No clots |
| **Pelvic Pain** | Present (+++) | Present (++) | Absent |

| | Before treatment | After treatment |
|---|---|---|
| **USG Abdo-Pelvis** | 2x2 cm size simple cyst medial to right ovary. Rest of the both ovaries are normal in size and echotexture. No evidence if any adnexal mass lesion in seen. | Both ovaries are normal in size and echotexture. No other abnormality detected. |

## VII. Discussion

Saptasara Kashaya, a classical Ayurvedic formulation containing Punarnava, Bilva, Kulattha, Eranda, Sahachara, Sunthi, and Agnimantha, plays a significant role in managing ovarian cysts by addressing Kapha-Vata dosha dushti, Artavavaha srotas dushti, and granthi (cystic) formations. Its combined actions—Lekhana (scraping), Shothahara (anti-inflammatory), Vata-Kapha Shamaka, Srotoshodhana (channel-clearing), and Stree Roga Hara (gynecological regulation)—contribute to reducing cystic mass, relieving pelvic congestion, and normalizing menstrual function. Ingredient-wise, Punarnava and Kulattha exhibit potent granthi-nashana and diuretic effects; Bilva and Sunthi improve digestion and reduce Kapha, thereby aiding in cyst resolution; Eranda and Sahachara alleviate Vata and relieve congestion and pain; Agnimantha detoxifies and rejuvenates the reproductive system. From both Ayurvedic and modern perspectives, the formulation exerts anti-inflammatory, hormone-modulating, anti-edematous, and digestive-stimulating effects, making it beneficial in conditions like ovarian cysts and PCOS.

Kanchanara Guggulu is a potent Ayurvedic formulation used in the management of ovarian cysts by targeting the underlying Kapha-Vata dosha imbalance and granthi (cystic) formations. Its key actions include Lekhana (scraping) to dissolve cystic masses, Kapha-Vata Shamana to balance doshas, Granthi-nashana to resolve cysts and nodules, and Srotoshodhana to cleanse the Artavavaha Srotas, thereby enhancing menstrual and ovulatory function. Additionally, by improving digestion and metabolism (Agni), it indirectly aids hormonal balance, which is crucial in conditions. The ingredients—Kanchanara (targets glandular swellings), Guggulu (anti-inflammatory and rasayana), Trikatu (digestion enhancer), Triphala (detoxifier and rejuvenator), and Varuna (granthi-resolving)—work synergistically to reduce cyst size, regulate menstruation, relieve pelvic congestion, and support fertility in ovarian cyst-related disorders.

The ingredients of Ovoutoline FORTE—Lodhra, Ashoka, Shatavari, Yashti, Guduchi, Tagar, Sunthi, and Swetajeerak—work synergistically to manage ovarian cysts and PCOD by targeting multiple aspects of the condition. Lodhra and Ashoka act as uterine tonics and anti-inflammatories, reducing cystic swelling and regulating menstrual flow. Shatavari and Yashti help balance hormones, promote follicular development, and reduce androgen excess. Guduchi supports detoxification and immune modulation, while Tagar helps manage stress, which plays a key role in hormonal imbalance. Sunthi and Swetajeerak enhance digestion and metabolism, indirectly improving hormonal processing. Together, these herbs balance estrogen and androgens, reduce inflammation, regulate the menstrual cycle, promote ovulation, and minimize the impact of stress, making the formulation effective in treating functional cysts, PCOD, and related infertility.

## VIII. Conclusion

| **Samprapti ghataka** | **Pathological Features** | **Vighatana** | **Role of Medicines** |
|---|---|---|---|
| **Dosha(Vata +Kapha)** | Vata causes movement dysfunction, Kapha causes growth/accumulation (granthi) | Dosha Shamana | **Kanchanara Guggulu** – Vata-Kapha Shamaka, Lekhana |
| **Ama** | Formed due to Agnimandya – contributes to srotorodha and granthi formation | Deepana-Pachana, Ama Pachana | **Saptasara Kashaya** – Deepana, Pachana, Srotoshodhana |
| **Srotodushti (Sanga)** | Obstruction of Artavavaha Srotas and Medovaha Srotas by Kapha & Ama | Srotoshodhana, Granthi Bhedana | **Saptasara Kashaya** + **Kanchanara Guggulu** – clears obstruction, reduces mass |
| **Dhatu Dushti** | Rasadhatu to Medodhatu dushti, leading to cystic swelling | Dhatu Prasadana, Lekhana | **Kanchanara Guggulu** – Meda-Shleshma Lekhana |
| **Artavavaha Srotas Dushti** | Irregular menstrual function, blocked ovulation | Artava Shodhana, Srotoshodhana | **Ovoutoline FORTE** – Stimulates ovarian function, harmonizes hormones |

In short, the Ayurvedic management of a right para-ovarian cyst using **Saptasara Kashaya**, **Kanchanara Guggulu**, and **Ovoutoline Forte** provides a holistic, root-cause-oriented approach that balances doshas, clears reproductive channels, regulates hormones, and supports menstrual and ovarian health—offering an effective, natural alternative to conventional therapy with minimal side effects.

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# A Clinical Case Report on Dushta Vrana With Reference to Venous Ulcer

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**Abstract**

**The term "Vrana" is derived from the phrase "Vrana gata avachurnane," which signifies the process of disrupting or lacerating the body's tissues. This denotes a pathological state characterized by tissue damage and potential disruption of normal physiological function. It is associated with ruja (pain), srava (discharge), etc.**

**The etiology of vranas can be attributed to dosha imbalances or external trauma. Vranas are fundamentally categorized into two distinct types: Shuddhavrana and dushtavrana. Shuddhavranas refer to those wounds that can be treated with relative ease, while dushtavranas are chronic ulcers that are hard to heal. Acharya Sushruta has outlined various treatments for managing these vranas.**

**A venous ulcer is a chronic wound resulting from venous insufficiency, characterized by the impaired function of venous valves. This dysfunction leads to increased venous pressure and subsequent tissue ischemia, resulting in ulceration. If not adequately addressed, venous ulcers can result in serious complications such as cellulitis, necrosis, and potentially necessitate amputation due to the extent of tissue damage. Therefore, it is crucial to ensure that they receive appropriate treatment.**

**The present case involves a 40-year-old male patient who is neither diabetic nor hypertensive, presenting with an ulcer in the ankle region that has persisted for three months. The patient experiences severe pain (teevraruja) and foul-smelling discharge (srava). Treatment following the principle of dosha pratyaneeka chikitsa involved the internal administration of Kaishora Guggulu, Gandhaka Rasayana, and Mahamanjistadi Kada, along with Triphala Kashaya Parisheka and Jatyadi Grita Lepa externally**

**This multifaceted approach demonstrated significant efficacy in the complete healing of the wound. Consequently, this case highlights the effectiveness of Ayurveda principles in the treatment and management of chronic ulcers.**

***Key Words: Dushtavrana; venous ulcer; dosha pratyaneeka chikitsa***

## I. Introduction

Varicose ulcers, also known as venous ulcers, are chronic wounds commonly found on the lower limbs as a complication of varicose veins or deep vein thrombosis. Their management poses significant clinical challenges due to their chronicity, recurrence, and resistance to conventional therapy. Ayurveda, the ancient Indian system of medicine, identifies these non-healing ulcers under the category of Dushta Vrana and offers a holistic, multi-modal approach for their management.

In Ayurveda, Dushta Vrana refers to chronic, non-healing wounds characterized by foul smell (durgandha), pain (vedana), chronicity (chirakali), elevated margins (utsangi), excessive pusdischarge (atipoovasrava), and delayed healing. These features closely mirror the clinical presentation of varicose ulcers. Dushta Vrana is considered difficult to treat and is managed using principles of wound cleansing (shodhana), dosha pacification, and tissue regeneration

Varicose ulcers develop due to chronic venous hypertension, resulting from incompetent venous valves. This leads to persistent inflammation, extravasation of macromolecules, iron overload, and a cascade of inflammatory cytokines that impair wound healing. Over time, tissue destruction outweighs repair, resulting in chronic, non-healing ulcers

According to Acharya Sushruta, Vrana (wound/ulcer) can be of two types: Shuddha Vrana(clean, healing wound) and Dushta Vrana (chronic, non-healing wound)Dushta Vrana may originate from endogenous (Nija) causes-primarily the vitiation of the three doshas (Vata, Pitta, Kapha)or exogenous (Agantuia) causes such as trauma

The pathology involves the disturbance of doshas, which in turn vitiate the Rakta (blood),Mamsa (muscle), and other dhatus (tissues), leading to chronicity and non-healing nature of the wound. The chronicity is further aggravated by factors such as poor circulation, infection, systemic diseases (e.g., diabetes, anaemia), and malnutrition, which are recognized as contributing factors in both Ayurveda and modern medicine

Dushta Vrana refers to chronic, non-healing, or infected wounds that are difficult to treat and often present with foul odour, excessive discharge, pain, and delayed healing. The management of Dushta Vrana in Ayurveda is comprehensive, involving both internal and external therapies, as described in classical texts such as the Sushruta Samhita, Charaka Samhita, and Ashtanga Hridaya. Ayurvedic management of Dushta Vrana is based on two main approaches: Aushadhi Chikitsa (Conservative/Medicinal Management)Shastra Chikitsa (Surgical/Procedural Management)Central to treatment is the concept of Shodhana (purification), followed by Ropana (healing and regeneration)

## II. Case Report

The present case involves a 40-year-old male patient who is neither diabetic nor hypertensive, presenting with an ulcer in the ankle region that has persisted for three months. The patient experiences severe pain (teevraruja) and foul-smelling discharge (srava). Patient was apparently well 3 months ago when he noticed a small ulcer over the medial aspect of his right ankle. The ulcer gradually increased in size, associated with severe, continuous pain, aggravated by standing and relieved on elevation. There is persistent serous and sometimes purulent discharge. There is no history of trauma at the site. Associated with swelling of the right lower limb, especially towards the end of the day, which reduces on lying down. History of visible, tortuous veins over the right lower limb for several years, increasing in prominence with prolonged standing. No history of similar ulcers in the past. No history of fever, chills, or systemic symptom

## III. Clinical Findings And Diagnostic Assessment

### A. Inspection

- Ulcer present over the medial aspect of the right ankle, measuring approximately 2*2 cm.
- Edges: Sloping
- Floor: Covered with pale granulation tissue, areas of yellowish slough
- Discharge: Serous, occasionally purulent
- Surrounding skin: Hyperpigmented,
- Multiple dilated, tortuous veins visible over the medial aspect of the right lower limb, extending from the ankle to the thigh.

### B. Palpation

- Ulcer is tender, base is not fixed to underlying bone.
- Surrounding skin is warm and indurated.
- Dilated veins are compressible, refill from below upwards.
- Trendelenburg test: Positive
- Multiple tourniquet test: Positive

### C. Dashavidha Pariksha

- **Prakriti** (Constitution): Pitta-Kapha 2
- **Vikriti** (Current Imbalance): Pitta and Rakta vitiation 2
- **Sara** (Tissue Quality): Madhyama (medium)
- **Samhanana** (Body Build): Madhyama
- **Pramana** (Measurement): Madhyama
- **Satmya** (Adaptability): Mixed
- **Satva** (Mental Strength): Madhyama
- **Aharashakti** (Appetite): Normal

- **Vyayamashakti** (Exercise Tolerance): Reduced due to pain
- **Vaya** (Age): Madhyama (middle age)

**D. Nidana Panchaka**

- **Nidana** (Etiology) -- Long-standing varicose veins (Siraja Granthi),
  Standing for prolonged periods.
- **Purvarupa** (Prodromal Symptoms) -- Swelling, heaviness, aching in the lower limb
- **Rupa** (Symptoms) -- Chronic, non-healing ulcer with pain (Teevra Ruja), discharge (Srava), discoloration (Krishna Rakta Varna), foul smell (Atyartha Gandha).
- **Upashaya-Anupashaya** -Aggravated by standing, relieved by limb elevation .
- **Samprapti** (Pathogenesis) -Vitiation of Pitta and Rakta dosha leading to Dushta Vrana (chronic ulcer) in the presence of Siraja Granthi (varicose veins).
- **Srotas Affected** - Rasavaha, Raktavaha, and Medovaha Srotas

## IV. Treatment

| FIRST 3 WEEKS | | | NEXT 3 WEEKS | | |
|---|---|---|---|---|---|
| INTERNAL | | EXTERNAL | INTERNAL | | EXTERNAL |
| Kaishoraguggulu | 1-1-1 | Triphala Kashaya parisheka | Kaishoraguggulu | 1-0-1 | JatyadiGritha ointment |
| Gandhaka Rasayana | 1-1-1 | JatyadiGritha ointment | Gandhaka Rasayana | 1-0-1 | |
| Mahamanjistadi Kashaya | 10 ml – 10 ml – 10 ml | | Mahamanjistadi Kashaya | 10 ml – 0 – 10 ml | |

**Progression Of Treatment**

| | |
|---|---|
| 1st week | Mild reduction in pain<br>Discharge reduced<br>Temperature of surrounding area reduced |
| 2nd week | Reduction in pain<br>Wound – Clean |
| 3rd week | Mild pain was present<br>Wound –Healthy granulation tissue observed |
| 4th Week | No pain, wound–size reduced |
| 5th week | No pain, wound –further reduction in size |
| 6th week | No pain, wound – healed |

Before Treatment



During Treatment



After Treatment



## V. Discussion

In this patient due to nidana, doshas accumulate and localize at a site of khavaigunya. The vitiated doshas affect the Mamsa, Rakta, and Meda dhatus, leading to tissue breakdown and pus formation. Then wound becomes chronic, with features such as foul-smelling discharge, pain, discoloration, and delayed healing. The continuous presence of vitiated doshas and dhatu dushti prevents the wound from progressing to the healing stage (shuddhavrana), resulting in a persistent, non-healing ulcer.

Ayurveda conceptualizes Dushtavrana as a result of vitiated doshas (Vata, Pitta, Kapha) and impaired tissue (dhatu) integrity, leading to delayed wound healing. The classical management is based on two main principles Vrana Shodhana (wound purification) and Vrana Ropana (wound healing)

| **Step** | **Pathology** | **Ayurvedic Intervention** | **Mechanism of Action** |
|---|---|---|---|
| ***Dosha* imbalance** | Pitta/Rakta vitiation | Kaishora Guggulu, Mahamanjistadi Kwatha | Pacifies doshas, raktashodhana |
| ***Ama* accumulation** | Ama, chronic inflammation | Kaishora Guggulu, Gandhaka Rasayana | Removes ama, Reduce inflammation |
| **Impaired healing** | Poor granulation, infection | Gandhaka Rasayana, Triphala Kwatha | Enhances cell regeneration, controls infection |
| **Local wound issues** | Slough, pus, foul smell | Triphala Kwatha Parisheka | Cleanses wound, promotes healthy tissue growth |

The kaishora guggulu has many contents in which Guggulu, Guduchi, and Triphala reduce inflammation and pain, which are prominent in dushtavrana. Triphala, Guduchi, and Guggulu act as Raktashodhaka (blood purifiers), removing ama that impede vranaropana. Trikatu and Triphala enhance agni, reducing ama formation, which is a key factor in the pathogenesis of dushtavrana. The formulation exhibits antimicrobial properties, reducing microbial load and preventing secondary infection in wounds. The combination also Supports both shodhana(cleansing) and ropana (healing) of the wound, ensuring healthy granulation and closure.

Gandhaka and Triphala components in gandhakarasayana possess strong anti-inflammatory and anti-infective properties, crucial for controlling infection and inflammation in chronic wounds. The formulation does raktashodhana

and removes ama, which is essential in dushtavrana where raktadushti (vitiation of blood) is a key factor. Gandhaka Rasayana reduces excessive kleda (moisture) and discharge from wounds due to its ruksha (drying) properties, promoting a healthier wound environment. It acts as a rejuvenator, supporting the formation of healthy new cells and accelerating tissue repair and granulation. The ingredients help digest accumulated ama, balance aggravated doshas (especially Pitta and Kapha), and reduces shotha. Promotes wound ropana by supporting the proliferative and remodelling phases of tissue repair.

Mahamanjistadi Kashaya removes toxins from the blood, addressing the root cause of chronic wounds and improving tissue nutrition. Triphala, Guduchi, and digestive herbs present in it enhance agni(digestive/metabolic fire), reducing ama that impedes healing. Nimba, Haridra, and Daruharidra control infection and reduce inflammation, creating a favourable environment for wound healing. The formulation pacifies aggravated Pitta and Kapha doshas, which are central to the chronicity and non-healing nature of dushtavrana. Supports granulation tissue formation and accelerates wound closure, ensuring effective and lasting healing.

Triphala pacifies vitiated Vata, Pitta, and Kapha, which are all involved in dushtavrana. Its Kashaya (astringent), Tikta (bitter), and Lekhana (scraping) properties help remove slough, pus, and unhealthy granulation tissue, creating a clean wound bed. The antioxidant and anti-inflammatory actions promote healthy granulation and accelerate wound closure. Triphala contains gallic acid, chebulinic acid, ellagic acid, flavonoids, tannins, and polyphenols, which possess strong antimicrobial and wound-healing properties. Its ruksha (drying) and kledaghna (reducing moisture) qualities help decrease excessive discharge and foul smell from chronic wounds.

In jatyadigrita ointment Anti-microbial herbs (Neem, Turmeric, Daruharidra, Tuttha) reduce microbial load, control infection, and cleanse the wound bed, Ghee base, Manjishta, and Sariva promote granulation tissue formation, accelerate wound closure, and support regeneration of healthy skin. Turmeric, Katuka, reduce local swelling, redness, and pain. Manjishta and Sariva detoxify blood, improving local immunity and tissue nutrition. Astringent herbs and ghee help control excessive exudate, keeping the wound environment optimal for healing. The formulation pacifies aggravated Pitta and Kapha doshas, restoring balance and facilitating healing.

So, in this way using the proper ayurveda treatments the vitiated doshas are bought back to normalcy and the condition was managed.

## VI. Conclusion

The integrative Ayurvedic management of dushtavrana (non-healing or varicose ulcers) using a combination of Kaishora Guggulu, Gandhaka Rasayana, Mahamanjistadi Kashaya, Triphala Kwatha Parisheka, and Jatyadi Ghrita ointment demonstrates significant efficacy in promoting wound healing and addressing chronicity. This multifaceted protocol targets the core pathophysiological factors-dosha vitiation, raktadushti, infection, inflammation, and impaired tissue regeneration-through both internal and external therapies.

This approach, rooted in classical Ayurvedic principles, not only resolves the chronic wound but also prevents recurrence and complications, even in cases resistant to conventional therapies. The results underscore Ayurveda's potential as a comprehensive and effective alternative for the management of dushtavrana and varicose ulcers, warranting further research and wider clinical application.

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# Nutritional and In Vitro Anti-Diabetic Assessment of an Ayurvedic Therapeutic Diet for Blood Glucose Regulation

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**Abstract Background**

**Diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycemia and associated with severe complications if left unmanaged. Ayurveda identifies a comparable condition, *Prameha*, and emphasizes therapeutic dietary interventions such as *Pathya* for disease management. *Mudgadi Kanji Kashaya*, a traditional Ayurvedic dietary formulation, is commonly recommended for *Sthoulya* (obesity) and *Prameha*.**

**Objective**
**This study aimed to evaluate the nutritional composition and in vitro anti-diabetic and antioxidant potential of *Mudgadi Kanji Kashaya* to validate its therapeutic efficacy in blood glucose regulation.**

**Methods**
**The formulation was prepared using *Khadira* (Acacia catechu), *Mudga* (Vigna radiata), and *Laja* (puffed rice) as per Ayurvedic principles. Nutritional profiling assessed carbohydrate, protein, and lipid content. Antioxidant potential was evaluated using DPPH, FRAP, and hydrogen peroxide scavenging assays. Anti-diabetic activity was determined through α-amylase and α-glucosidase inhibition assays and glucose uptake in yeast cells. Acarbose and ascorbic acid served as standard references. All experiments were conducted in triplicate and statistically analyzed.**

**Results**
***Mudgadi Kanji Kashaya* exhibited high protein content (80%), minimal lipids, and moderate carbohydrate presence. It demonstrated significant antioxidant activity with $IC_{50}$ values of 179.99 µg/mL (DPPH), 155.23 µg/mL (FRAP), and 155.23 µg/mL (hydrogen peroxide scavenging), comparable or superior to ascorbic acid. Anti-diabetic assays revealed moderate α-amylase ($IC_{50}$ = 556.7 µg/mL) and α-glucosidase inhibition ($IC_{50}$ = 433.3 µg/mL), along with glucose uptake enhancement ($IC_{50}$ = 485 µg/mL), indicating potential in glycemic regulation.**

**Conclusion**
**Mudgadi Kanji *Kashaya* offers a promising dietary intervention for diabetes management, combining traditional Ayurvedic wisdom with scientific validation. Its antioxidant properties, protein-rich profile, and moderate glucose-regulating effects highlight its potential as a functional nutraceutical in managing metabolic disorders like diabetes.**

## I. Introduction

Diabetes mellitus, a chronic metabolic disorder marked by persistent hyperglycaemia due to insulin deficiency, resistance, or both, poses a significant public health challenge. In 2021, India reported 74.2 million cases, a figure projected to escalate by 68% over the next 25 years.[1] Alarmingly, over half of these individuals remain undiagnosed, heightening their risk for complications such as neuropathy, nephropathy, retinopathy, cardiovascular diseases, and stroke. Ayurveda identifies a similar condition known as Prameha, attributing its onset to imbalanced diets and sedentary lifestyles. Central to Ayurvedic management is the concept of Pathya, or therapeutic diet, which emphasizes the use of specific formulations to restore health.

One such formulation, Mudgadi Kashaya Peya, has been traditionally recommended for conditions like AtiSthoulya (obesity) and Prameha. Recent studies have explored its efficacy. A study published in the International Journal of Ayurveda and Pharma Research investigated the combined effect of Mudgadi Kashaya Peya and selected yoga techniques on overweight individuals, highlighting its potential benefits in weight management and metabolic regulation (IJAPR).[2] Another case study in the International Journal of Advanced Complementary and Alternative Medicine Research examined the effects of Mudgadi Kashaya alongside Triphala Udvartana in managing Athisthaulya (obesity), showing positive outcomes in reducing body fat and improving metabolic balance (IJACARE).[3]

Despite its traditional use, there is limited scientific research on the nutritive value and in vitro anti-diabetic properties of Mudgadi Kashaya Peya. Existing studies primarily focus on its role in weight management and metabolic regulation, but a comprehensive evaluation of its biochemical composition and potential to modulate blood glucose levels is lacking. This study aims to bridge this gap by analyzing its nutritional profile and assessing its anti-diabetic potential through in vitro models. By integrating Ayurvedic dietary principles with modern scientific validation, this research seeks to establish Mudgadi Kashaya Peya as a viable complementary approach in diabetes management, reinforcing the relevance of traditional therapeutic diets in contemporary healthcare.

## II. Review of Literature

In pharmaceutical development, clinical testing—including animal studies—is essential to validate the efficacy and safety of drugs. In contrast, the field of nutrition historically lacked standardized methods to scientifically verify the disease-preventive effects of food. However, in recent years, the scientific understanding of food composition and its link to lifestyle-related diseases has advanced significantly, making it a growing public health concern.

This shift has given rise to novel concepts such as nutraceuticals, nutritional therapy, phytonutrients, and phytotherapy. These health-promoting foods and plant-derived compounds have demonstrated potential in enhancing overall well-being, boosting immune function, and preventing specific diseases. Moreover, they offer promising benefits in minimizing side effects and reducing healthcare costs.[4]

The term nutraceutical, coined by Stephen DeFelice in 1989, combines “nutrient” and “pharmaceutical” to describe food-derived substances with health or medical benefits.[5] Inspired by Hippocrates’ principle—“let food be your medicine”—nutraceuticals encompass dietary supplements, functional foods, medicinal foods, and farmaceuticals.[6] With increasing scientific evidence linking diet to lifestyle diseases, these products are gaining traction as safe, preventive alternatives to conventional therapies. The growing demand for clean, evidence-based nutrition has significantly boosted the nutraceutical sector, with the Indian market expected to grow at a CAGR of 15% from 2023 to 2028.

Nutraceuticals play a crucial role in managing conditions like arthritis, cardiovascular diseases, cancer, and especially metabolic disorders such as obesity and type 2 diabetes. Given the limitations of conventional treatments, dietary supplements offer a cost-effective, low-toxicity option. Many nutraceuticals possess antioxidant properties that reduce oxidative stress and support mitochondrial function, helping to improve insulin sensitivity and glucose metabolism. While several herbal compounds show promise in preclinical studies, further clinical validation is needed. Still, nutraceuticals are emerging as a key component in preventive healthcare and chronic disease management.

Acharya Lolimbaraja, in Vaidyajeevana, emphasizes the supremacy of Pathya by stating that medicine (Aushadha) is of no use to one who does not adhere to a prescribed regimen (Pathya), and conversely, one who consistently follows Pathya may not even require medicine.[7]

Pathya refers to that which is wholesome and does not harm the bodily channels (Srotas).[8] Its importance is well articulated in Kashyapa Samhita, which highlights that consuming a six-tasted (ṢaḍrasaYukta) diet, in appropriate quantity (Mita), suitable to the individual (Hita), and at the right time (Kala), enhances Tṛṣṭi, Pushti, Dhṛti, Buddhi, Utsaha, Pauruṣa, Bala, Swarasya, Ojas, Tejas, Jivita, Pratibha, and Prabhā—all indicators of holistic health.[9]

According to Sushruta Samhita, four types of Pathya Kalpana are described—Manda, Peya, Vilepi, and Yavagu. Among these, Yavagu is a semi-liquid gruel with moderate viscosity, prepared using one part of grains with six parts of water. Based on the medium used for cooking, Yavagu can be of three types: Kalka-siddha (prepared with medicinal paste), Kwatha-siddha (using herbal decoction), and Mamsa-siddha (prepared with meat soup). Yusha, as defined in Kashyapa Samhita and Kritaanna Varga of Kaashyapa Nighantu, refers to decoctions made with pulses like Mudga, Masha, or Masura, cooked in 18 parts of water, sometimes fortified with herbs like Shunthi and Pippali.[10]

## III. Mudgadi Kanji Kashaya: A Functional Pathya Kalpana

The Sahasrayoga describes Mudgadi Kanji Kashaya as beneficial in managing disorders like Atisthoulya (obesity) and Prameha (diabetes). It is prepared by boiling one part of Khadira (Acacia catechu) in eight parts of water and reducing it to one-fourth. This Kwatha is then used as a medium to cook equal parts of Mudga (green gram) and Laja (parched paddy) in a sixfold quantity of the prepared decoction, yielding a nourishing Yavagu-like preparation.

| Sl.no | Ingredients | Rasa | Guna | Veerya | Vipaka | Karma |
|---|---|---|---|---|---|---|
| 1 | Khadira | Tikta<br>Kashaya | Laghu<br>Ruksha | Sheeta | Katu | Medoghna<br>Amahara<br>Shotahara |
| 2 | Mudga | Madhura | Ruksha<br>Laghu<br>Vishada | Sheeta | Katu | Jwarahara Pittahara<br>Pushtibalapradha |
| 3 | Lajja | Madhura | Laghu | Sheeta | Madhura | Deepana<br>Medoghna |

**Table 1: Properties of ingredients of Mudgadikanji Kashaya**

## IV. Materials and Methods

The study was conducted to evaluate the nutritive value and in vitro anti-diabetic potential of Mudgadi Kanji Kashaya, a therapeutic Ayurvedic dietary formulation. The primary literature sources for this study were compiled from classical Ayurvedic texts, pharmacological textbooks, peer-reviewed journals, and previously conducted research from various universities and research institutions. Additionally, relevant information available online was incorporated to enhance the comprehensiveness of the study.

This experimental study focused on the preparation and evaluation of Mudgadi Kanji Kashaya, an Ayurvedic therapeutic diet, assessing its physicochemical properties, nutritive value, antioxidant potential, and anti-diabetic activity through in vitro assays. The study followed a structured methodology beginning with the collection and authentication of raw drug ingredients. After formulation, the preparation underwent organoleptic and physicochemical evaluation to establish its sensory characteristics, density, specific gravity, and pH.

Further, the nutritional composition was analyzed through chemical tests for carbohydrates, proteins, and lipids, while its antioxidant potential was assessed through DPPH, FRAP, and Hydrogen Peroxide Scavenging assays. The anti-diabetic potential was evaluated using α-amylase and α-glucosidase inhibition assays, as well as the glucose uptake capacity of yeast cells. All data obtained from these analyses were statistically examined to determine the efficacy of Mudgadi Kanji Kashaya with its antioxidant and anti-diabetic properties.

The structured approach ensured a comprehensive evaluation of the formulation, integrating Ayurvedic principles with modern scientific methodologies to explore its therapeutic potential.

## V. Study Design

The raw ingredients for Mudgadi Kanji Kashaya were procured from local grocery stores and Ayurveda raw drug suppliers in Dakshina Kannada District. The authenticity of the raw drugs was confirmed by an expert from the Department of Dravyaguna. The formulation was prepared following a standardized Ayurvedic method, where Khadira (Acacia catechu) was decocted in water in a 1:14 ratio and boiled until it was reduced to one-eighth of its

original volume. Mudga (Vigna radiata) and Laja (puffed rice) were enclosed in a muslin cloth (Pottali) and cooked using the prepared Khadira Kashaya until a medicated gruel (Yavagu) was obtained.

The organoleptic characteristics of Mudgadi Kanji Kashaya, including taste, color, odor, and texture, were analyzed through blindfolded volunteer testing. Physical parameters such as density, specific gravity, and pH were measured using standard pharmacopoeial methods. The nutritive value of the formulation was assessed through the estimation of carbohydrates, proteins, and lipids. The presence of carbohydrates was confirmed using Iodine, Barfoed's, and Benedict's tests, proteins were quantified using the Biuret method, and lipid presence was determined through foam formation using potassium hydroxide.

For the in vitro antioxidant evaluation, the DPPH assay, Ferric Reducing Antioxidant Power (FRAP) assay, and Hydrogen Peroxide Scavenging assay were performed, comparing the results with the standard antioxidant Ascorbic acid. The percentage of antioxidant activity was calculated based on absorbance measurements at specific wavelengths using spectrophotometry.

To assess the in vitro anti-diabetic activity, the study employed α-amylase and α-glucosidase inhibition assays, using acarbose as a reference standard. Additionally, the glucose uptake capacity by yeast cells was examined to determine the formulation's potential impact on glucose metabolism. The experimental procedures were conducted in triplicates to ensure accuracy and reliability.

## VI. Results

The organoleptic analysis of Mudgadi Kanji Kashaya was conducted through blindfolded volunteer testing to evaluate its sensory characteristics, including taste, color, odor, and texture. The formulation exhibited a pinkish-brown color with a pleasant odor. In terms of taste, it was predominantly sweet. The texture was non-sticky, non-slimy, and liquid with a slightly thick consistency, making it easy to consume.

## VII. Physical Evaluation

The physical parameters of Mudgadi Kanji Kashaya, including density, solubility, and pH, were evaluated using standard pharmacopoeial methods. The density was determined by measuring the weight of the sample using a standard gravity bottle. The weight of the empty bottle was recorded as 12.86g, while the weight of the bottle with Mudgadi Kanji Kashaya was 29.29g, resulting in a sample weight of 16.43g. Given a volume of 11 mL, the density was calculated as 1.49 g/mL.

Solubility analysis revealed that the formulation was sparingly soluble in water with visible sedimentation. The pH measurement was performed by dissolving 5 mL of the sample in neutral (pH 7.0) water, and the pH of the formulation was recorded as 6.5, indicating a slightly acidic nature.

### A. Assessment of Nutritive Value

The chemical estimation of carbohydrates, lipids, and proteins in Mudgadi Kanji Kashaya was carried out using standard biochemical tests.

For carbohydrate estimation, the Iodine test confirmed the presence of starch, as indicated by the appearance of a blue color in the test tube containing the sample. The Barfoed's test resulted in a reddish precipitate, confirming the presence of carbohydrates. Similarly, the Benedict's test produced a precipitate, further validating the presence of carbohydrates in the formulation.

Protein estimation was performed using the Biuret test, where the absorbance of the test sample (A) was recorded as 0.45, the standard (B) as 0.56, and the blank (C) as 0.45. The total protein content was calculated using the formula $(A/B) \times 100$, yielding a result of 80%.

Lipid estimation was conducted using a potassium hydroxide test. The absence of foam formation indicated that lipids were not present in the formulation.

**B. Antioxidant Activity of Mudgadi Kanji Kashaya**

1. DPPH Free Radical Scavenging Assay

The antioxidant potential of Mudgadi Kanji Kashaya was evaluated using the DPPH free radical scavenging assay, with ascorbic acid as the standard reference. The percentage inhibition was measured at concentrations ranging from 10 to 100 µg/ml, and the $IC_{50}$ value was determined.

Ascorbic acid exhibited a dose-dependent increase in inhibition, ranging from 13.46% at 10 µg/ml to 91.56% at 100 µg/ml, with an $IC_{50}$ value of 197.62 µg/ml.

Mudgadi Kanji Kashaya showed a similar trend, with percentage inhibition increasing from 16.63% at 10 µg/ml to 77.28% at 100 µg/ml, and an $IC_{50}$ value of 179.99 µg/ml.

These results indicate that Mudgadi Kanji Kashaya possesses notable DPPH radical scavenging activity, comparable to ascorbic acid, suggesting its potential as an effective antioxidant.

| Test material | Conc. (µg/ml) | Mean% Inhibition | $IC_{50}$ Value |
|---|---|---|---|
| **Ascorbic acid** | 0 | 0 | 197.62 |
| | 10 | 13.46±0.017 | |
| | 20 | 29.26±0.023 | |
| | 30 | 38.53±0.028 | |
| | 40 | 48.56±0.019 | |
| | 50 | 67.24±0.031 | |
| | 100 | 91.56±0.025 | |
| **Mudgadi Kanji Kashaya** | 0 | 0 | 179.99 |
| | 10 | 16.63±0.024 | |
| | 20 | 32.49±0.018 | |
| | 30 | 42.70±0.023 | |
| | 40 | 56.87±0.024 | |
| | 50 | 70.14±0.025 | |
| | 100 | 77.28±0.016 | |

**Table 2: Result of in vitro DPPH Antioxidant Assay**

2. Ferric Reducing Antioxidant Power (FRAP) Assay

The ferric reducing power of Mudgadi Kanji Kashaya was assessed using the FRAP assay, with ascorbic acid as the reference standard. The reduction potential was measured at concentrations between 10 and 100 µg/ml, and the $IC_{50}$ value was calculated.

Ascorbic acid demonstrated a percentage inhibition ranging from 18.11% at 10 µg/ml to 73.97% at 100 µg/ml, with an $IC_{50}$ value of 184.07 µg/ml.

Mudgadi Kanji Kashaya exhibited a stronger reducing capacity, with inhibition increasing from 20.43% at 10 µg/ml to 81.04% at 100 µg/ml, and an $IC_{50}$ value of 155.23 µg/ml.

These findings suggest that Mudgadi Kanji Kashaya has a higher ferric reducing antioxidant power than ascorbic acid, highlighting its strong electron-donating ability and potential role in oxidative stress management.

| Test material | Concentration (µg/ml) | Mean% Inhibition | $IC_{50}$ Value |
|---|---|---|---|
| **Ascorbic acid** | 0 | 0 | |
| | 10 | 18.11±0.023 | |
| | 20 | 37.65±0.012 | |

| | | | |
|---|---|---|---|
| | 30 | 49.84±0.024 | 184.07 |
| | 40 | 53.33±0.034 | |
| | 50 | 61.51±0.015 | |
| | 100 | 73.97±0.023 | |
| **Mudgadi Kanji Kashaya** | 0 | 0 | |
| | 10 | 20.43±0.014 | |
| | 20 | 43.60±0.032 | |
| | 30 | 56.03±0.015 | 155.23 |
| | 40 | 62.14±0.021 | |
| | 50 | 73.97±0.026 | |
| | 100 | 81.04±0.034 | |

**Table 3: Result of in vitro Ferric Reducing Antioxidant Power (FRAP) Assay**

3. Hydrogen Peroxide Scavenging Assay

The hydrogen peroxide scavenging activity of Mudgadi Kanji Kashaya was evaluated and compared to ascorbic acid as a standard. The percentage inhibition was recorded at different concentrations (10–100 µg/ml), and the $IC_{50}$ value was determined.

Ascorbic acid exhibited inhibition ranging from 18.11% at 10 µg/ml to 73.97% at 100 µg/ml, with an $IC_{50}$ value of 184.07 µg/ml.

Mudgadi Kanji Kashaya showed a dose-dependent increase in scavenging activity, with inhibition ranging from 20.43% at 10 µg/ml to 81.04% at 100 µg/ml, and an $IC_{50}$ value of 155.23 µg/ml.

These results indicate that Mudgadi Kanji Kashaya exhibits significant hydrogen peroxide scavenging activity, effectively neutralizing hydrogen peroxide and demonstrating a higher antioxidant potential than ascorbic acid.

| **Test material** | **Concentration (µg/ml)** | **Mean% Inhibition** | **$IC_{50}$ Value** |
|---|---|---|---|
| **Ascorbic acid** | 0 | 0 | 184.07 |
| | 10 | 18.11±0.023 | |
| | 20 | 37.65±0.012 | |
| | 30 | 49.84±0.024 | |
| | 40 | 53.33±0.034 | |
| | 50 | 61.51±0.015 | |
| | 100 | 73.97±0.023 | |
| **Mudgadi Kanji Kashaya** | 0 | 0 | 155.23 |
| | 10 | 20.43±0.014 | |
| | 20 | 43.60±0.032 | |
| | 30 | 56.03±0.015 | |
| | 40 | 62.14±0.021 | |
| | 50 | 73.97±0.026 | |
| | 100 | 81.04±0.034 | |

**Table 4: Result of in vitro Hydrogen Peroxide Scavenging Assay**

## VIII. In Vitro Anti-Diabetic Activity

The anti-diabetic potential of Mudgadi Kanji Kashaya was assessed by evaluating its inhibitory effects on α-amylase, α-glucosidase, and yeast cell glucose uptake, with acarbose as the standard reference.

The $IC_{50}$ values for acarbose were 80.8 ± 10.83 µg/ml for α-amylase inhibition, 68 ± 14.43 µg/ml for α-glucosidase inhibition, and 75 ± 12.43 µg/ml for yeast cell glucose uptake.

For Mudgadi Kanji Kashaya, the $IC_{50}$ values varied across trials. In one trial, the values were 556.7 ± 3.63 µg/ml for α-amylase inhibition, 433.3 ± 4.41 µg/ml for α-glucosidase inhibition, and 485 ± 2.63 µg/ml for yeast cell glucose uptake. In another trial, the $IC_{50}$ values were significantly lower, recorded at 83.3 ± 4.17 µg/ml for α-amylase inhibition, 95.7 ± 1.67 µg/ml for α-glucosidase inhibition, and 78.5 ± 6.56 µg/ml for yeast cell glucose uptake.

These results suggest that Mudgadi Kanji Kashaya exhibits moderate inhibitory activity against α-amylase and α-glucosidase, indicating its potential in managing postprandial hyperglycaemia. Furthermore, its influence on yeast cell glucose uptake highlights its possible role in regulating glucose metabolism.

| Sample | Concentration (µg) | $IC_{50}$ α-amylase | $IC_{50}$ α-glycosidase | $IC_{50}$ Yeast Cells |
|---|---|---|---|---|
| **Acarbose (standard)** | 100<br>200<br>300<br>400<br>500<br>1000 | 80.8±10.83 | 68±14.43 | 75±12.43 |
| **Mudgadi Kanji Kashaya** | 100<br>200<br>300<br>400<br>500<br>1000 | 556.7±3.63 | 433.3±4.41 | 485±2.63 |
| IC50: Inhibitory concentration, values are expressed as mean+SEM, SEM: Standard error of the mean | | | | |

**Table 5: Results of in vitro anti-diabetic activity**

## IX. Discussion

The increasing prevalence of metabolic disorders such as obesity, diabetes, and cardiovascular diseases is closely linked to modern dietary patterns characterized by excessive fat, sugar, protein, and processed food consumption. Ayurveda describes these conditions under Santarpanottha Vikara, where Medodushti, or disordered fat metabolism, plays a crucial role in disease manifestation. Obesity, a major risk factor for diabetes, is associated with an increased Body Mass Index (BMI) and reduced insulin sensitivity. As obesity rates rise, so does the incidence of diabetes, necessitating dietary and therapeutic interventions. The primary approach to managing conditions like Sthoulya and Medodusha involves Apatarpana or Langhana, emphasizing dietary modifications alongside medical interventions. Ayurveda underscores the importance of Pathya, suggesting that treatment alone is ineffective without proper dietary discipline, whereas a well-regulated diet can sometimes eliminate the need for medication.

Ayurvedic texts highlight that individuals with excessive food intake, sedentary lifestyles, and poor hygiene are more prone to Prameha (diabetes). The key to maintaining health is balancing Doshas and Dhatus through appropriate dietary and lifestyle choices. Mudgadi Kanji Kashaya contains ingredients predominantly characterized by Tikta and Kashaya Rasa, alongside Laghu and RukshaGuna and KatuVipaka. Despite the Madhura Rasa of Mudga and Laja, the formulation exhibits Medohara properties, aiding in weight management. The combination of its Rasa, Guna, and Vipaka contributes to its Kaphahara action, making it beneficial in Sthoulya and associated metabolic disorders.

Additionally, the presence of Madhura Rasa mitigates Vata Dosha, which also plays a role in obesity. These properties collectively help balance Kapha Dosha, Medo Dhatu, and Vata Dosha, the key factors in the manifestation of Prameha (diabetes mellitus).

The nutritive assessment of Mudgadi Kanji Kashaya revealed a significant protein content while showing minimal starch and lipid presence. Proteins play a crucial role in glucose metabolism, with clinical studies suggesting that a high-protein diet can aid in plasma glucose control. Unlike carbohydrates, protein does not significantly elevate blood glucose levels when insulin function is adequate. This suggests that the high protein content of Mudgadi Kanji Kashaya could contribute to improved glycaemic control, supporting its role as a dietary intervention in diabetes management.

The antioxidant properties of Mudgadi Kanji Kashaya were demonstrated through various in vitro assays. The DPPH free radical scavenging assay showed notable activity, with an $IC_{50}$ value of 179.99 µg/ml, indicating a free radical-neutralizing effect comparable to ascorbic acid. The Ferric Reducing Antioxidant Power (FRAP) assay revealed even stronger activity than ascorbic acid, with an $IC_{50}$ value of 155.23 µg/ml, highlighting its potent reducing ability and potential role in oxidative stress management. The hydrogen peroxide scavenging assay further confirmed its antioxidant efficacy, with an $IC_{50}$ value of 155.23 µg/ml, demonstrating superior hydrogen peroxide neutralization compared to ascorbic acid. These findings suggest that Mudgadi Kanji Kashaya can mitigate oxidative stress, which plays a significant role in diabetic complications.

The anti-diabetic potential of Mudgadi Kanji Kashaya was evaluated through its inhibitory effects on α-amylase, α-glucosidase, and yeast cell glucose uptake, using acarbose as a reference standard. The $IC_{50}$ values for acarbose were 80.8 ± 10.83 µg/ml for α-amylase inhibition, 68 ± 14.43 µg/ml for α-glucosidase inhibition, and 75 ± 12.43 µg/ml for yeast cell glucose uptake. In one trial, Mudgadi Kanji Kashaya showed $IC_{50}$ values of 556.7 ± 3.63 µg/ml for α-amylase inhibition, 433.3 ± 4.41 µg/ml for α-glucosidase inhibition, and 485 ± 2.63 µg/ml for yeast cell glucose uptake. However, another trial revealed significantly lower $IC_{50}$ values of 83.3 ± 4.17 µg/ml for α-amylase inhibition, 95.7 ± 1.67 µg/ml for α-glucosidase inhibition, and 78.5 ± 6.56 µg/ml for yeast cell glucose uptake. These findings indicate that Mudgadi Kanji Kashaya exhibits moderate enzyme inhibition, suggesting its potential role in controlling postprandial hyperglycaemia. Additionally, its ability to enhance yeast cell glucose uptake further supports its involvement in glucose metabolism regulation.

Overall, Mudgadi Kanji Kashaya demonstrates promising antioxidant and anti-diabetic potential. Its ability to modulate glucose metabolism, inhibit carbohydrate-digesting enzymes, and reduce oxidative stress highlights its therapeutic significance in managing diabetes and associated metabolic disorders. Its composition, rich in proteins and devoid of excessive starch and lipids, further supports its dietary inclusion for individuals at risk of or managing diabetes.

## X. Conclusion

Nutraceuticals are products derived from herbal sources, dietary supplements, specific diets, and processed foods such as cereals, soups, and beverages that provide both nutritional and medicinal benefits. They offer physiological advantages and protection against chronic diseases, playing a crucial role in improving health, delaying aging, preventing ailments, increasing life expectancy, and supporting bodily functions. The broad classification of nutraceuticals includes dietary supplements, functional foods, medicinal foods, and pharmaceuticals.

Ayurveda describes Pathya Kalpana as a diverse range of food preparations aimed at maintaining health and preventing or managing diseases. These preparations align closely with the concept of nutraceuticals. With the rise of lifestyle disorders due to high-fat, high-calorie diets and sedentary habits, incorporating Pathya Kalpana into daily life can help manage conditions such as obesity, diabetes, and cardiovascular diseases. Many disorders caused by improper dietary habits can be effectively addressed with Ayurvedic dietary interventions.

In the search for suitable dietary plans for diabetes management, numerous studies have examined region-specific and condition-specific diets. Mudgadi Kanji Kashaya is a formulation mentioned in Ayurveda in the context of Sthoulya (obesity) and is also indicated for Prameha (diabetes). This preparation is known for its Kapha-Vatahara properties and Langhana (lightening) action, making it a suitable dietary choice for managing diabetes.

Beyond theoretical assumptions, these formulations demonstrated significant anti-diabetic and antioxidant activity, reinforcing their relevance in diabetes management. Nutritional analysis revealed a high protein concentration with minimal starch and lipid content, supporting their role in blood glucose regulation without compromising nutritional balance.

This in vitro study highlights the importance of a healthy diet in managing lifestyle disorders like diabetes. The findings confirm that Mudgadi Kanji Kashaya can be a beneficial addition to a diabetic diet plan, helping regulate blood glucose levels while maintaining overall nutritional health.

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# A Case Study of Amavata (Rheumatoid Arthritis)

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**Abstract**

**Amavata, an Ayurvedic term combining "Ama" (toxic substances) and "Vata" (vitiated vata dosha), describes a disorder marked by the accumulation and systemic circulation of toxins due to impaired digestion (mandagni). These toxins target shleshma sthan (mucous sites), particularly the joints, leading to symptoms similar to those observed in Rheumatoid Arthritis (RA). This case study focuses on a 47-year-old female patient, XYZ, who presented with bilateral joint pain, stiffness, and loss of appetite over two months. Despite previous allopathic treatments, her condition remained unresolved, prompting her to seek Ayurvedic care at D.Y. Patil Ayurvedic Hospital.**

**Assessment using Ashtavidha Pariksha and Dashvidha Pariksha revealed an imbalance of vata and kapha dosha along with elevated ESR and a positive RA test, supporting the diagnosis of a rheumatoid-like condition. Dietary indiscretions, particularly the intake of incompatible foods, were identified as aggravating factors. The Ayurvedic management included detoxification and therapeutic interventions such as Sarvang Snehan (oil massage), Swedan (sweating), Vaitarana Basti (medicated enema), and herbal formulations including Ajmodadi Churna and Yograj Guggul. After an 8-day treatment regimen, the patient exhibited significant improvement in pain, stiffness, and joint swelling. Laboratory results substantiated these clinical observations, indicating effective management of her symptoms. This case highlights the potential of Ayurvedic methodologies in treating conditions akin to RA by addressing root causes such as dietary and lifestyle factors, while integrating holistic practices to restore bodily balance. Further research is warranted to validate the efficacy of these traditional approaches in the management of systemic inflammatory disorders.**

## I. Introduction

Amavata comprises of two vital words i.e. Ama (endogenous toxic substance) and vata (vitiated vata dosha). It is a commonest disorder where mandagni causes production of Ama or toxins in the digestive tract. Thus formed ama circulates in the entire body due to yogvahi effects of vitiated vata. It spreads to various sites of shleshmasthan like joints, head, heart and stomach.

Amavata can be correlated with Rheumatoid Arthritis due to similarities of the clinical features. Rheumatoid arthritis is a common form of inflammatory arthritis or a multisystem inflammatory disease primarily affecting the synovium and adjacent tissues. Management is done with the help of NSAID's, DMARDs, corticosteroids, etc. Chikitsasiddhant in ayurveda includes administration of tikt, katurasatmak drugs, Langhan, Swedan, Deepan, Pachan, Basti.

## II. Case Study

### A. Details of the patient

Name - XYZ. UHID - 283321

Age/Sex – 47Yrs, OPD NO - 310411

Religion – Hindu IPD NO - 1008409

Marital status – Married D O A - 14/10/2024

Occupation – Housewife D O D - 22/10/2024

Address - Nerul

**B. Chief complaints**

Pain in both wrist joints since 2 months Stiffness over multiple joints since 2 months Pain and mild swelling in B/L knee joints since 2 months Loss of appetite since 1 month.

**C. H/O of present illness**

As per the patient she was alright 4 months back. One day she experienced mild pain in both wrist and metacarpophalangeal joints. Gradually she started complaining of pain and stiffness in multiple joints sometimes associated with swelling. She took allopathic treatment but did not got satisfactory results , for further management she came to D.Y. Patil Ayurvedic hospital for treatment.

**D. H/O of past illness**

no h/o of any major illness

**E. Family H/O**

no relevant family h/o contributing to current condition of the pt.

**F. Ashtavidhapariksha**

- Nadi- 78/min
- Mutra- 4-5times /day
- Mal- 1 time /day
- Jivha- Saam
- Shabda- Spasht
- Sparsha- Anushna
- Druk- Prakrut
- Aakruti – Madhyam

**III. General Examination**

- BP- 130/80mmHg
- PR- 78/min
- Tongue coating- ++
- Pallor- absent
- Built- moderate

**IV. Laboratory Investigations**

HB- 12.2 g/dl

FBS- 87.5 mg/dl

RBC- 4.51 millions/cumm

PP- 99mg/dl

Total leucocyte count- 6,900/cumm

Sr. Uric Acid- 5.6 mg/dl

ESR- 76mm/hr

RA- +ve (1:80)

**A. Chikitsa( shodana )**

Upkarma

1. SarvangSnehan with vishgarbha oil.
2. SarvangSwedan with bashpswed.
3. Valukapottalisweda.
4. Vaitaran Basti - 24gm gud.
   12gm saindhav lavan
   48gm chincha kalka

Gomutra 200ml

Tiltaila 100ml

**B. Shaman chikistaabhyantraaushadi**

| Sr no | Medicine | Dose | Anupana |
|---|---|---|---|
| 1 | Ajmodadichurna | 4gm bd after food | Warm water |
| 2 | Erandshutiyog | 20 ml suntikwath + 10 ml erand tail (HS) | Warm water |
| 3 | Yograjguggulu | 350 mg 2 TDS ( AF ) | Warm water |
| 4 | Sinhnaadguggulu | 350 mg 2 TDS ( AF ) | Warm water |
| 5 | Rasnasaptakkwath | 20 ML BD ( AF ) | Warm water |
| 6 | Amavatariras | 500 mg 1 BD ( AF ) | Warm water |

## V. Assessment

### A. Assessment of Pain of joints as per VAS score

| Name of joints | Left before treatment | After treatment | Right before treatment | After treatment |
|---|---|---|---|---|
| Wrist joint | 3 | 1 | 3 | 1 |
| Knee joint | 2 | 1 | 2 | 1 |
| Phalangeal joint | 3 | 1 | 3 | 1 |

### B. Assessment of Stiffness of joints

| Name of joint | Left before treatment | After treatment | Right before treatment | After treatment |
|---|---|---|---|---|
| Wrist joint | 3 | 1 | 2 | 0 |
| Knee joint | 2 | 0 | 1 | 0 |
| Phalangeal joint | 3 | 1 | 2 | 1 |

### C. Assessment of Swelling of joints

| Name of joint | Left before treatment | After treatment | Right before treatment | After treatment |
|---|---|---|---|---|
| Wrist joint | 2 | 0 | 1 | 0 |
| Knee joint | 0 | 0 | 0 | 0 |
| Phalangeal joint | 3 | 1 | 2 | 1 |

## VI. Discussion

1. Ajmodadi Churna is a classical Ayurvedic formulation composed of herbs like Ajamoda, Vacha, Kustha, Amalvetas, Saindhava Lavana, and Sajjikshar, all of which possess ushnavirya (hot potency) and deepana-pachana (digestive and metabolic enhancing) properties. This combination effectively stimulates the jatharagni (digestive fire), thereby promoting digestion and elimination of ama (toxic metabolic waste) from the entire body. Additionally, it plays a vital role in pacifying vitiated Vata dosha, thus interrupting the pathogenesis of Amavata (a condition resembling rheumatoid arthritis) at its root.
2. Eranda Sneha (castor oil) possesses Sukshma Guna (subtle quality), enabling it to penetrate deep into the micro-channels (srotas) and eliminate obstructions effectively. Its Katu Rasa (pungent taste) and Ushna Virya (hot potency) help in rekindling the digestive fire (Agni). Owing to its Snigdha Guna (unctuous nature), it pacifies aggravated Vata dosha. Upon reaching the Dhatu level (tissue/cellular level), it functions as a potent Ama Pachaka (detoxifier of metabolic toxins) and also serves as a Kapha Shamaka (alleviator of Kapha-related disorders).
3. Yograj Guggulu is a classical Ayurvedic formulation widely used in the management of Vata-related disorders. Its key components are Guggulu and Triphala. Guggulu exhibits properties such as Vata-shamaka (Vata-pacifying), Shodhana (detoxifying), Saraka (promoting bowel movement), Rochana (appetite stimulant), and Poshaka (nourishing). These attributes help in balancing aggravated Vata, clearing Ama (metabolic toxins), and stimulating digestive fire (Agni), thereby supporting the disruption of the pathogenesis of Amavata (akin to rheumatoid arthritis). Triphala, on the other hand, modulates the intense Ushna (heat) and Tikshna (sharpness) of Guggulu, while enhancing its disease-curing efficacy (Rogaghna karma).
4. Simhanada Guggulu is characterized by Laghu (light), Ruksha (dry), Ushna (hot), and Tikshna (sharp) qualities. The ingredients in this formulation predominantly exhibit actions such as Deepana (enhancing enzymatic activity), Ama Pachana (detoxifying undigested toxins), Shothahara (reducing inflammation), Shoolahara (relieving pain), Jwaraghna (fever-reducing), Balya (strength-promoting), and Amavatagna (anti-rheumatic). By boosting Agni Bala (digestive and metabolic strength), it facilitates digestion of existing Ama and prevents new Ama formation, thereby arresting the progression of systemic toxicity. This ultimately helps to reduce the symptomatic expression of Amavata (rheumatoid arthritis) and aids in disrupting its Samprapti (pathological mechanism).
5. Rasna Saptak Kwath is a classical Ayurvedic decoction comprising eight potent herbs, with Zingiber officinale (Sunthi) commonly used as an adjuvant to enhance bioavailability and therapeutic efficacy. Key ingredients such as Rasna (Pluchea lanceolata), Guduchi (Tinospora cordifolia), and Punarnava (Boerhaviadiffusa) are traditionally classified as Rasayana (rejuvenative agents) in Ayurveda, known for their systemic strengthening and immune-modulating effects. From a modern scientific perspective, herbs like Rasna, Guduchi, Punarnava, and Aragvadha (Cassia fistula) have demonstrated notable antioxidant properties. Various extracts of these herbs have also been studied for their anti-inflammatory, analgesic, and anti-arthritic activities, showing promising relevance in the management of rheumatoid arthritis (RA).
6. Aamvatari Rasa, as mentioned in the classical text Bhaishajya Ratnavali, is a well-established formulation for the management of Amavata (rheumatoid arthritis). It contains potent ingredients like Shuddha Parada (purified mercury), Shuddha Gandhaka (purified sulfur), Triphala, Chitrakmoola (Plumbago zeylanica root), and Guggulu. This formulation exerts strong anti-inflammatory properties and is particularly effective in alleviating neurosensory symptoms such as tingling and numbness caused by aggravated Vata dosha. Through these actions, Aamvatari Rasa plays a crucial role in dismantling the Samprapti (pathogenesis) of Amavata, offering both symptomatic relief and disease-modifying effects.
7. Vaitarana Basti, owing to its Laghu (light), Ruksha (dry), Ushna (hot), and Tikshna (penetrating) qualities, directly targets the Pakvashaya—the principal site of Vata dosha—and effectively pacifies aggravated Vata. From there, it spreads systemically, helping to dislodge and eliminate accumulated doshas throughout the

body. The Sneha Dravya (unctuous component) in the Basti, due to its Sukshma Guna (subtle nature), penetrates deeply into the Sukshma Srotas (microchannels) and reaches the Grahani, the region associated with digestion and metabolism. Here, it acts on Samana Vayu, which resides near the Jatharagni (digestive fire), leading to its rekindling and strengthening. Thus, Vaitarana Basti not only performs Apana Anulomana (regulation of downward-moving Vata), but also enhances Agni, which is central to reversing the pathogenesis of Amavata

## VII. Conclusion

From the present case study, it can be concluded that the results obtained after the treatment was encouraging. Ayurvedic management in combination of Panchakarma and Herbo-mineral drugs as described in classical texts is helpful in giving significant relief in signs and symptoms of the disease Aamavata (Rheumatoid Arthritis), thereby improving quality of life. So, this kind of approach can be taken for treating further cases of Aama Vata.

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# Review Article on Vatashthila wsr Benign Prostatic Hyperplasia

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**Abstract**

**Introduction- Benign Prostatic Hyperplasia (BPH) is a pathological condition of men aged over 50 years and it is associated with the bladder outlet syndrome like reduced urine flow, increased frequency of urination, urgency, nocturnal urination, straining to pass urine, bladder incomplete evacuation. In Ayurveda, Vatasthila and Mutragranthi are conditions cited under Mutraghata which resembles something akin to obstructive uropathy secondary to BPH. In contemporary medicine, the management of benign prostatic hyperplasia (BPH) is done either surgically or by hormonal treatment and the use of alpha blockers, etc., which are overlaid by many complications. Hence, there is an appeal to improve herbal medicine to treat BPH. Materials and Methods: This work was carried out through PubMed, Science Direct, Scopus, Web of Science, and Google Scholar from where data was obtained employing a planned and wide-ranging data mining approach. The author achieved desired results using the keywords "role of Ayurveda in BPH" and "BPH Ayurvedic management." Results: A set of systematically analyzed commonly prescribed drugs was used in the identifiable people of the study sample. Conclusion: The use of Varuna, punarnawa, gokshura and complex formulations such as Kanchanara Guggulu, Chandraprabha Vati, Vridhivadhika Vati and Dashmool Kwath have appreciable effect in BPH..**

***Key words: vatasthila; BPH; burning micturition; prostatemegaly; mutraghat***

## I. Introduction

Urinary disorders are not new to medical science. From ancient times, Acharyas of Ayurveda have classified various types of urinary retention and obstructive pathologies under the broad term "**Mutraghata**." The word "**Mutraghata**" is a compound Sanskrit term derived from "**Mutra (Urine)**" and "**Aghata (Obstruction or Suppression)**", collectively meaning "**urinary retention or obstruction of urine flow**" [1].

Among the twelve types of Mutraghata described in Ayurvedic texts, "**Vatastila**" holds special relevance in terms of its clinical similarity with **Benign Prostatic Hyperplasia (BPH)**, a highly prevalent urological condition in elderly men [2].

Vatastila refers to a "**stone-like, immovable, firm swelling**" in the **Basti-moola (bladder neck and perineal region)** that causes **urinary obstruction, pain, and other voiding disturbances** [3]. The clinical features described under "**Mootrasteela**" and "**Vatastila**" show remarkable similarity to the **lower urinary tract symptoms (LUTS)** seen in BPH [4].

### A. Etiopathogenesis (Nidana and Samprapti)

#### Ayurvedic Perspective

Ayurvedic classics attribute **Mutraghata-Vatastila** primarily to the vitiation of "**ApanaVayu**", which governs the functions of urination, defecation, ejaculation, and menstruation [5].

### B. Major Nidana (Causative Factors)

- **Vega Vidharana (Suppression of natural urges)** [6]
- **Ativyayama (Excessive physical exertion)** [7]
- **Ruksha, Tikshna, Laghu, and UshnaAhara (Dry, light, pungent, and hot foods)** [8]
- **Excessive sexual activity (Ativyavaya)** [9]
- **Mental stress and anxiety (Chinta, Bhaya)** [10]
- **Chronic constipation (Mala Sanga)** [11]

These factors aggravate **Vata Dosha**, leading to **obstruction (Sanga), displacement (Vimargamana), and Granthi formation (Siragranthi) in Mutravaha Srotas** [12].

### C. Shatkriyakala-based Samprapti (Pathogenesis Stages)

| Kriya Kala | Pathological Events |
|---|---|
| **Sanchaya** | Initial accumulation of vitiated **Vata** in **Basti, Pakvashaya**, and **Medhra** [13] |
| **Prakopa** | Further aggravation of **Vata**, affecting **Pitta** and **Kapha**, leading to "**Ama**" production [14] |
| **Prasara** | Spread of **Doshas** through **Mutravaha Srotas**, causing "**Srotoavrodha (Obstruction)**" [15] |
| **Sthanasamshraya** | Localized **Doshas** at "**Basti-Mukha**", leading to "**Granthi (Nodular mass)**" [16] |
| **Vyakti** | Manifestation of **typical symptoms of Mutraghata** like **Mutrakricchra, Mutrasanga, Adhmana** [17] |
| **Bheda** | Complications like **bladder distension, infection, residual urine, or kidney damage** [18] |

### D. Samprapti Ghataka (Ayurvedic Diagnostic Components):

- **Dosha:** Apana Vayu
- **Dushya:** Rasa, Rakta, Kleda, Mutra
- **Agni:** Jatharagni (Hypofunctional)
- **Srotas:** Mutravaha
- **Srotodushti:** Sanga, Vimargamana, Siragranthi
- **Adhisthana:** Basti Mukha (Bladder neck and perineal region)
- **Udbhava Sthana:** Pakvashaya (Colon and pelvic area)
- **Roga Marga:** Madhyama Rogamarga (Viscera and hollow organs) [19][20]

## II. Clinical Features

**Ayurvedic Lakshanas of Vatastila Mutraghata:**

- **Mutrasanga (Obstructed micturition)**
- **Vinmutra Vega Sanga (Urine and stool suppression)**
- **Adhmana (Lower abdominal bloating)**
- **Vedana (Pain in Basti-Moola)**
- **Nabhigata Shula (Suprapubic pain)** [21].

## III. Modern Clinical Features of BPH

Divided into

**1. Obstructive Symptoms**

- Hesitancy
- Weak urinary stream
- Intermittent stream
- Straining
- Incomplete emptying
- Terminal dribbling
- Urinary retention [22][23]

**2. Irritative Symptoms**

- Frequency
- Urgency
- Nocturia
- Urge incontinence [24].

## IV. Investigations

### A. Ayurvedic Diagnosis

- **Nadi Pariksha**
- **Mutra Pariksha (Urine examination for color, quantity, frequency)**
- **Basti Pariksha (Palpation for distension, tenderness)**
- **General Dosha-Vikriti assessment** [25].

**Modern Investigations**

| Test | Purpose |
|---|---|
| Digital Rectal Examination | Prostate size and consistency |
| PSA (Prostate-Specific Antigen) | Rule out prostate cancer |
| Ultrasonography (USG-KUB) | Prostate size, PVR (Post-Void Residual) |
| Uroflowmetry | Measure urinary flow rate |
| Cystoscopy | Evaluate urethral and bladder pathology |
| Serum Creatinine, Blood Urea | Check renal function |
| Urine R/M, Culture | Rule out infection [26][27]. |

**B. Management**

**Ayurvedic Line of Treatment**

**Chikitsa Sutra: "Vatanulomana, Mutravirechana, Shothahara, and Sroto Shodhana"** [28].

**1. Shodhana Chikitsa (Bio-purificatory Therapy)**

- **Abhyanga with Dashmoola Taila**
- **Snehapana (Internal oleation) with Ghrita/Taila**
- **Swedana (Sudation therapy)**
- **Niruha and Anuvasana Basti with Dashamoola or Eranda Taila**
- **Uttarabasti with Bala Taila or Narayana Taila** [29][30].

**2. Shamana Chikitsa (Palliative Management)**

| Formulation Type | Examples |
|---|---|
| Kashaya | Varunadi Kashaya, Dashmoola Kwatha |
| Vati | Gokshuradi Guggulu, Chandraprabha Vati |
| Avaleha | Ashwagandha Avaleha |
| Ghrita | Dashmooladi Ghrita, Changeri Ghrita |
| Churna | Ushiradi Churna, Chandana Churna [31][32] |

### 3. Diet and Lifestyle (Pathya-Apathya)

#### 3.1 Pathya:

- Barley, Green gram, Buttermilk (Takra)
- Shali rice, Pumpkin, Ghee, Warm water

#### 3.2 Apathya

- Dry, spicy, fried foods
- Alcohol
- Suppression of natural urges
- Excessive sexual activity [33][34].

**Modern Management of BPH**

| Conservative (Medical) Treatment | Surgical Options |
|---|---|
| Alpha-blockers (Tamsulosin, Alfuzosin) | TURP (Gold standard) |
| 5-alpha reductase inhibitors (Finasteride, Dutasteride) | Laser Vaporization |
| Combination therapy | Open Prostatectomy |
| Lifestyle changes | Prostatic Artery Embolization (New) [35][36] |

## V. Comparative Clinical Studies (Ayurveda vs Modern)

Several studies published in **AYU Journal**, **IJAR**, and **PubMed** reported significant improvement in **IPSS scores, urinary flow rate**, and **PVR urine** in BPH patients using **Ayurvedic formulations like Gokshuradi Guggulu, Chandraprabha Vati, and Varunadi Kashaya** [37][38].

## VI. Recent Research Highlights (Modern and Ayurveda Integrated)

- **Chandola HM et al (AYU Journal 2011)**: Clinical efficacy of **Varunadi Kwath** in **Mutraghata** management [39].
- **Gupta AK et al (2014)**: Positive role of **Dashamoola Niruha Basti** in BPH cases [40].
- **Roehrborn CG (Lancet 2008)**: Meta-analysis on alpha-blocker therapy in BPH [41].
- **Parsons JK (Am J Epidemiol 2008)**: Role of obesity in BPH progression [42].
- **Patel H et al (AYU 2015)**: Effectiveness of **Uttarabasti with Bala Taila** in obstructive uropathy [43].

## VII. Conclusion

The ancient Ayurvedic understanding of **Mutraghata and Vatastila**, when critically analyzed and compared with **modern BPH pathology**, reveals striking clinical similarities. Early identification using **Shatkriyakala stages** and **effective Vata management through Shodhana and Shamana therapies** can reduce disease progression and complications.

With increasing global interest in **integrative medicine**, **Ayurveda offers a time-tested, natural, and holistic approach** to urinary disorders like BPH. Large-scale clinical trials, pharmacological validations, and interdisciplinary collaborations can further establish the role of **Ayurvedic regimens in BPH management**.

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# Role of *Ashvatha Phala Churna* And *Shveta Palandu Swarasa Bhavita Yavani* in the Management of *Ksheena Shukra* (Oligozoospermia) after Shodhana Therapy - Clinical Study

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**Abstract**

**Almost 30% of cases of infertility will have a male factor attached to it, though in the society there are many misconceptions and wrong ideas regarding the cause and occurrence of infertility in men. A low sperm count is in no way related to weakness or one being abnormal, hence the semen count needs to be assessed and the cause for it being low should be determined as timely treatment can not only prevent it from falling further but counts may improve. Aims & Objectives: To compare the clinical efficacy of *Ashvatha Phala Churna* and *Shveta Palandu Swarasa Bhavita Yavani Vati* after performing *Virechana Karma* on *Ksheena Shukra* (Oligozoospermia). Materials and methods: For the clinical study, 40 male patients complaining of symptoms and features of oligozoospermia or suffering from primary or secondary infertility for more than one year and having sperm count less than 15 million/ml were selected irrespective of religion, caste. Before administrating of *Shveta Palandu Swarasa Bhavita Yavani Vati and Ashwatha Phala Churna, Virechana* procedure was carried out. Result and discussion: Analysis of generated data showed that in Group A (*Ashwattha Phala Churna*) 19 patients were treated with *Ashvatha Phala Churna* 3gm twice a day with warm milk and *Sharkara* for 60 days after performing of *Virechana Karma* provided increase in Sperm count of 59.78 %, 16.18% decrease in Abnormal forms, and increase in Semen volume by 36.81%. In Group B (*Shveta Palandu Swarasa Bhavita Yavani Vati*); 19 patients were treated with 4 Vati twice a day with Goghrita for 60 days. Provided increase in sperm count (65%), and abnormal form of sperm (20.74%) decrease .Conclusion: Both the trial drugs *Ashwattha Phala Churna* and *Shveta Palandu Swarasa Bhavita Yavani Vati* have definite role in the management of *Ksheena Shukra* when administered after Virechana Karma, But *Shveta Palandu Swarasa Bhavita Yavani Vati* is comparatively better than *Ashwattha Phala Churna*.**

***Key word: Ksheena Shukra; Oligozoospermia; Shveta Palandu Swarasa Bhavita Yavani Vati; Ashwatha Phala Churna; Virechana***

## I. Introduction

Since Vedic period, to have healthy children has been praised and desired. Love, strength, happiness, professional excellence, wide spread influence, fame, pleasure are reliant upon children. Nature has gifted living being with the unique quality to procreate; these are the key of existence and survival of their own generation. Every human has always been instrument of this rule of nature to become a parent. Parenting is always an important aspect of social life. On the other hand, infertility has been considered as a cursed condition and is looked as a medico-social problem,

as it is said that a person without a child is like a tree just with one branch devoid of fruits and shadow with an unwanted smell[1].

Many aspects of male infertility are poorly understood, and many cases of male infertility are diagnosed as idiopathic [2] except some physical defects, low sperm count and poor sperm quality are responsible for the male infertility more than 90% of cases.

Male factor is present in one half of infertile couples [3]. Some of the known responsible factor for male infertility are poor semen quality, endocrine inter relationship, testicular function and genetical factors etc [4].

Infertility is defined as the inability of a couple after 1 year of coital activity without contraception (Mosher and Pratt 1991). In today's era, increased mental stress, tobacco –alcohol addiction, pollution, faulty eating & clothing habit, change in culture etc. have endangered reproductive capacity of men, leading to oligozoospermia(*Ksheena Shukra*) and ultimately ending up with infertility. *Kshina Shukra* is one of the eight types of *Shukradushti* mentioned in the classics and is a *Vata Pittaja Vyadhi*[5] being more prevalence in *Madhyama Vaya*, a disease from *Apana Vata* province, which incapacitates man from conceiving his life partner, ending in Infertility.

Current treatment of this disease is hormone therapy, other placebo therapies and surgical approaches. In the past pharmacological treatment has been used empirically for infertile patients, when surgical treatment had failed or was unavailable. Hence, there is a search for alternative treatment modalities in other system of medicine, which is safe and cost effective.

Number of *Vajikarana* drugs has been mentioned in the *Ayurvedic* classics. *Ashwatha Phala Churna* and *Shveta Planadu Swarasa Bhavita Yavani Vati* are two among those. Further *Samshodhana* is one of the important therapies of *Ayurveda* which deals mainly with elimination of the aggravated *Doshas* from the body. These *Doshas* (toxins and waste material) should be eliminated from natural as well as the nearest root of the body [6].

The role of *Shodhana* procedures as preoperative regimens before the administration of medicine is adequately substantiated by *Acharya Charaka*, as mentioned that with these therapies only, the occluded channels in the body can cleared off to enhance the therapeutic efficacy of the drug[7]. It is clear from the available references that *Virechana* enhances the quality level of *Shukra*[8]. Therefore, *Virechana Karma* was also selected for the present study.

## II. Aims and Objectives

To evaluate and compare the clinical efficacy of *Ashvatha Phala Churna* and *Shveta Palandu Swarasa Bhavita Yavani Vati* after performing *Virechana Karma* on *Ksheena Shukra* (Oligozoospermia).

## III. Material and method:

For the clinical study, 40 male patients complaining of symptoms of *Ksheena Shukra* or suffering from primary or secondary infertility from more than one year and having sperm count less than 15 million/ml and willing to participate for the clinical trial were selected irrespective of religion, caste from the O.P.D of *Kayachikitsa* Department or referred from SRPT Department Ethical clearance was obtained from Institutional Ethics Committee of Institute; Vide Ref-PGT/7/-A/2013-14/1767, Dated:10/9/2013. The study has also been registered in CTRI (Clinical Trials Registry-India) (CTRI; www.ctri.nic.in) vide CTRI/ /2014/01/006207. Informed consent was also taken from all the study subjects before including them in the present study.

### A. Inclusion criteria:

Male patient with age between 20-50 years with clinical presentation of *Ksheenashukra* ( Oligozoospermia ) .i.e. *Daurbalya , Shukra Avisarga, Pandu* etc. And having Sperm count <15 million/ml[9]

**B. Exclusion criteria**

Male patient age below 21 and above 50 years having Sperm count >15 million/ml , Patient of azoospermia and aspermia or suffering from varicocele, accessory sex gland infection, sexually transmitted diseases, severe systemic diseases etc. Patients who had genetic disorders like Klinfelter's syndrome or taking treatment for major psychiatric illness, history of previous medications and trauma leading to oligozoospermia, and Patient *Ayogya* for *Virechan*a were also excluded from the present clinical trial.

## IV. Laboratory Investigation

Semen analysis: Was done on registering the patient which was take as baseline, thereafter it was repeated after *Samsarjana Krama* and 60$^{th}$ day of the treatment. S. Follical stimulating hormone( FSH) , S. Luteinizing hormone( LH) , S.Testosterone was done as a biomarkers before and after the treatment in selected patients. Routine haematological and urine examination was carried out to assess the present status of the patient and to exclude other pathologies. In suspected cases USG was done to rule out hydrocele, vericocele and other pathologies.

**Semen analysis:** Was done on registering the patient which was take as baseline, thereafter it has repeated after *Samsarjana Krama* and 30$^{th}$ and 60$^{th}$ day of the treatment.

**A. Collection of semen sample:**

Sexual abstinence of 3—5 days was strictly followed in collection of sample in the study to avoid natural fluctuation in semen parameters with duration.

**B. Method of Collection**:

Preferably masturbation was recommended for the collection of semen sample because there are fewer chances for contamination and it provides the complete collection of ejaculate. Before collection to avoid contamination all the patients were instructed to clean the hands and glans penis thoroughly with tap water. Collection was done adjacent to the Laboratory. If the patient fails to masturbate, penile vibrator was used to induce the ejaculation. In case of failure of both of above said methods, collection by coitus interrupts method was advised. The different timings of the day is having effect on the quality of semen ( Valsama 1988).In the present study to avoid such differences the collection time was fixed between 8.30 am.to 9.30am throughout the study period.

Precleaned, warmed and labeled wide mouth containers i.e. 50ml glass beakers were used for semen collection. After collection the semen samples were examined at room temperature for Volume, percentage of motility, Liquefaction time, Morphology, Total sperm count, and presence of White blood cell.

**C. Methods:**

The present clinical trial was an open labeled randomize study with efficacy as an end point.

**D. Method of *Virechana Karma***

Before administration of *Ashwattha Phala Churna or Shveta Plandu Swarasa Bhavita Yavani Vati* , all the registered patients were given *Virechana*. For this purpose after the patient qualified for inclusion criteria and gave consent for the *Virechana,* for the initial 3 days, for *Deepana* and *Pachana*, 2gm of *Trikatu Churna* was administered twice in a day with luke warm water after meal. on 3$^{rd}$ day, after assessing the status of the patient, plain ghee in the dose of 40ml was given, early morning on empty stomach with luke warm water and was observed for *Sneha Jeerna Lakhshana* and accordingly for next 5 to 7 days, the dose of ghee was given in increased dose pattern till the patient achieved proper *Snehana* features. After completion of internal *Snehanapana,* for the next 3 days whole body massage with *Bala Taila* and *Vashpaswedana* was done twice daily. During all this period, patient was kept on normal diet with precautions, to avoid excessive oil or heavy food items. On the day of *Virechana* after massage and fomentation in the morning, *Virechana Yoga* of *Triphaladi Kwatha* was given which was prepared. For by 50gm of coarse powder

of *Triphala* and 25gm of *Trivritta* . To this 4 times water was added and boiled until it was reduced to one fourth. To this prepared *Kwatha*, 2-10 gms of *Danti* powder was added taking into consideration *Koshtha* of the patient.

Thereafter according to the type of *Shuddhi* at end of *Virechana,* 3, 5, 7 days of dietary regimen was followed which included of *Manda, Peya, Vilepi, Yusha* in a sequential pattern.

After completion of the therapy, follow up was done for 1 month, to assess the status of patient, where patient were asked to report fortnightly.

**E. Criteria for assessment:**

**Objective:**

Improvement in the semenogram was observed especially in total sperm count. Change in S.FSH, S.LH, S.Testosterone was also considered for the assessment.

**Statistical Analysis:**

General data was subjected to suitable statistical analysis such as descriptive statistics for demographic data, Wilcoxon Signed Rank test for non-parametric paired data, paired t-test for quantitative parametric paired data, un-paired t-test for quantitative unpaired data.

After preparing the master chart of all the required data in Microsoft excel work sheet, statistical calculations were made with the help of Sigma stat 3.5 software and In stat 3 software. The results were interpreted as significant $p < 0.05$, highly significant $p < 0.01$, very highly Significant $p < 0.001$, insignificant $p>0.05$.

**Posology**

**Table No.1 : Ingredients of *Ashwatha Phala Churna***

| No. | Drug. | Latin Name | Part Use |
|---|---|---|---|
| 1. | *Ashwatha* | *Ficus religiosa. Linn* | Fruit |

**Group-A:**

***Ashwatha Phala Churna***

For the preparation of *Ashwatha Phala Churna,* fruits of *Ashwatha* were dried under indirect sunlight and thereafter fine powder was done.

After completion of *Samsarjana Krama, Ashvatha Phala churna[10]* were given in the dose of 3gm twice a day orally Before food in Morning and evening a cup of warm milk with 5gm of *Sharkara* cup of warm milk for 60 days,

**Table No.2: Ingredients of *Shveta Palandu Bhavita Yavani Vati***

| No. | Drug. | Latin Name | Part Use |
|---|---|---|---|
| 1. | *Yavani* | *Tachyspermumammi* .Linn.*(*Apeacea) | Fruit |
| 2. | *Palandu* | *Allium cepa* .Linn.(Liliacea) | Bulb |

**Group-B:**

***Shveta Palandu Bhavita Yavani Vati***

For the preparation of *Shveta Palandu Bhavita Yavani Vati* fine powder of *Yavani* fruit was made and then six *Bhavana* of *Shveta Palandu Svarasa* was given. For each *Bhavana*, sufficient amount of *Shveta Palandu Svarsa* was added to

the powder of *Yavani* and was triturated for 6-8 hrs daily till the *Bhavana* given to the powder was completely absorbed. On the 6th day, *Vati* was prepared by this powder in the pills machine.

In this group, after performing of *Virechana Karma* as per the procedure mentioned in group-A, *Shveta Palandu Swarasa Bhavit Yavani Vati* was administered after the completion of *Samsarjana Krama given orally in dose of 2gm of 4 vati twice a day* Before food in Morning and evening with 5 gm of ghrita for the 60 days of period.

Effect of therapy:

Considering the relief in major symptoms and improvement in the quantity and quality of semen, the subjects were divided into the following groups to assess the total efficacy of each therapy. 0% - No change, < 25 % - mild positive response, 26-50 % - moderate positive response, 51- 75% - marked positive response, 75% -100%- Excellent response

## V. Results and Discussion

In this clinical trial total 40 male patients were registered. In Each group out of which 38 patients completed the course of therapy. In group A 19 patients completed and in group B 19 patients had completed the trail. Only 2 patients left the treatment, among them 1 left the course of treatment due to job transfer to other city while another did not report for the treatment due to family issue.

### A. Effect of therapies on objective criteria

For the Present clinical trial, semen analysis done before treatment, after completion of *Samsarjana Krama* and after two months of treatment with the trial drugs. The data thus generated on the semen parameters has been presented in the sequence of effect on semen analysis before treatment and after *Samsarjana Krama*, Then after *Samsarjana Krama* and after two months of treatment.

Analysis of 38 patients effect on sperm count showed that positive improvement was obtained in both the groups i.e. in Group A 59.78% increase and Group B 65% increase was reported. When subjected to statistical analysis, these finding were statistically highly significant ($p<0.001$). On applying Un-paired t Test, the difference of increase in Sperm count in A group and B group was statistically significant. That shows group B is better than Group A for increase Sperm count. Analysis of effect on sperm count after Virechana Karma showed that positive improvement was obtained in both the groups i.e. Group A 91.74% increase and Group B 74. 50% increase was reported which was statistically highly significant ($p<0.001$). (Table No-1) (Table No-2)

In 38 patients of oligozoospermia analysis of effect on sperm motility showed that Group A provided 4.97 % increase and Group B – 10.99 % increase in sperm motility. However, this change in motility of sperm was statistically insignificant.(Table No.3 ). On Analysis of effect on increase in normal sperm showed that both the groups i.e. Group A (24.94 %) and Group B (9.04 %) provided increase in normal sperm count respectively. When subjected to statistical analysis, increase in the groups was statistically insignificant ($p<0.1$). (Table No. 4). Analysis of effect on Abnormal Sperm form in 38 patients showed that there were decrease in abnormal form by 16.18% in group A and 20.74% in group B. When subjected to statistical analysis, it was found that these results statistically significant in both the groups ($p<0.01$).(Table No.5).On applying Un-paired t Test, the difference of decrease in abnormal form of Sperm in A group and B group was statistically insignificant. (Table No.6)

The 36.81% increase in semen volume was found after the completion of treatment in group A which was statistically highly significant. In group B 22.67% increase in semen volume was found, but this increase was statistically insignificant (Table No.7). A group provided 8.27% decrease and group B provided 17.38% increase in serum FSH value. However these changes reported in Serum FSH was statistically insignificant in both the groups. Group A provided 6.57% increase and Group B provided 24.08% increase in serum LH. The effect provided on serum LH in group A was statistically insignificant. Whereas 24.08% increase provided by group B was statistically significant. Group A provided 13.58% decrease and Group B provided 6.55% increase in serum testosterone, but these changes provided in serum testosterone was statistically insignificant in both the group (Table no.8).

In both the group heamatological and biochemical parameters remained within normal limits before and after the treatment.

### B. Overall Effect of Therapy

The overall effect of therapies showed that 4 patients (20%) each had mild positive response in group A and group B. 12 patients (60%) showed moderate positive response in Group A and 14 patients ( 70%) in group B. Whereas 4 (20%) and 2 (10%) patients in group A and Group B showed marked positive response respectively (Table No-9).

**Probable mode of action of *Virechana Karma:***

*Vajikarana* drugs (Aphrodisiac recipes) should be administered after purifying the body[14] i.e. proper *Shodhana* either by *Vamana or Virechana.* In both the groups, statistically significant increase in sperm count was found after the completion of Virechana Karma and hence, It is clear from the generated data that *Virechana* enhance the level of *Shukra* definitely. Further, *Virechana Karma* increases bio-availability of drugs by opening channels and improves the nutritional assimilation which may lead to increase S.LH level.

**Probable mode of action of *Ashwattha Phala Churna*:**

Due to *Madhura Rasa*, *Shita Virya*, *Snigdha Guna* of *Ashwattha Phala, Vata* and *Pitta Shamana* take place which are the *Dosha* involved in the pathogenesis of *Ksheena Shukra.* It leads to *Shukra Gata Vata-Pitta Shamana* .Additionally *Ashwattha Phala Churna* possess *Vrishya* effect and hence increases the production of spermatozoa which ultimately causes increase sperm count.

**Probable mode of action of *Shveta Palandu Swarasa Bhavita Yavani Vati* :**

Due to *Deepana, Pachana* and *Vatanulomana* action, *Yavani,* it corrects *Jatharagni* and *Apanavayu* thus resulting into the proper formation of *Rasadi Dhatu* and *Shukra Dhatu.* Further *Shveta Palandu* possess *Vrishya* and *Rasayana* properties thus help to form best of *Rasa* formation and *Shukra* by *Uttarottar Dhatu Poshana. Allium cepa(Palandu)* contains variety of phytochemical and micro constituents such as trace elements, vitamins like vit. C. and flavonoids and sulphur compounds which helps in increasing the spermatozoa formation.

Combine effect of *Shweta Palandu Swarasa Bhavita Yavani Vati* increase the *Vrishya* effect of each other & remove demerits of *Palandu* i.e. *Adhmana* , ultimately increase sperm count.

## VI. Conclusion

*Ashwattha Phala Churna* group provided statistically highly significant improvement on sperm count and significant decrease in abnormal form of Sperm, whereas *Shveta Palandu Swarasa Bhavita Yavani Vati* group provided statistically highly significant improvement on sperm count, abnormal form of sperm and statistically significant increase in Serum LH.

Hence it can be concluded from present clinical trial that *Virechana Karma* is must procedure to be performed before administration of *Vajikarana* drugs and better and early changes in total sperm count can be achieved by *Virechana Karma*. Both the trial drugs *Ashwattha Phala Churna* and *Shveta Palandu Swarasa Bhavita Yavani Vati* have definite role in the management of *Ksheena Shukra*, But *Shveta Palandu Swarasa Bhavita Yavani Vati* is comparatively better than *Ashwattha Phala Churna*.

**Table No.1: Effect of trial drugs on Sperm count of 38 patient of Ksheena Shukra(oligozoospermia):**

| Gr. | Mean Value Million/ml | | Diff. | % | Paired 't' test | | | | Significance |
|---|---|---|---|---|---|---|---|---|---|
| | BT | AT | | | S.D. (±) | S.E. (±) | 't' | P | |
| A | 7.58 | 27.84 | 20.26 | 59.78%↑ | 19.18 | 4.40 | 4.60 | <0.001 | HS |
| B | 8.68 | 35.47 | 26.79 | 65%↑ | 20.14 | 4.62 | 5.78 | <0.001 | HS |
| **Gr.** | | | | | | | | | |
| | **BT** | **AS** | | | | | | | |
| A | 7.58 | 15.18 | 7.61 | 91.34 | 9.31 | 2.15 | 3.53 | 0.002 | S |
| B | 8.68 | 26.53 | 17.84 | 72.50 | 15.22 | 3.49 | 5.109 | <0.001 | HS |
| **Gr.** | **AS** | **AT** | | | **S.D. (±)** | **S.E. (±)** | **'t'** | **P** | |
| A | 15.18 | 27.84 | 12.66 | 35 | 13.55 | 3.10 | -4.07 | <0.001 | HS |
| B | 26.53 | 35.47 | 8.94 | 70 | 16.35 | 3.75 | -2.38 | 0.02 | S |

BT- Before treatment, AT- After treatment, Gp-Group

AS- After *Samsarjana Krama,* AT- After treatment

n=19 in A group, n=19 in B group. HS= Highly Significant

**Table No. 2: Comparison of effect of therapy on Sperm count**

| Group | N | Difference in means | Unpaired 't' test | | | | |
|---|---|---|---|---|---|---|---|
| | | | S.D. (±) | S.E. (±) | 't' | 'p' | Significance |
| A | 19 | 9.18 | 7.81 | 1.79 | -2.027 | 0.03 | S |
| B | 19 | 17.84 | 15.20 | 3.49 | | | |

**Table No.3: Effect of trial drugs on Sperm motility of 38 patients of *Ksheena Shukra* (Oligozoospermia):**

| Gr. | Mean Value % | | Diff. | % | Paired 't' test | | | | Significance |
|---|---|---|---|---|---|---|---|---|---|
| | BT | AT | | | S.D. (±) | S.E. (±) | 't' | P | |
| A | 46.58 | 48.95 | 2.37 | ↑4.97% | 29.69 | 6.81 | 0.35 | 0.732 | IS |
| B | 40.79 | 46.84 | 6.05 | ↑10.99% | 28.12 | 6.45 | 0.94 | 0.360 | IS |

n=19 in A group, n=19 in B group. . IS= Insignificant

**Table No.4: Effect of trial drugs on Normal Sperm of 38 patient of *Ksheena Shukra* (oligozoospermia)**

| Gr. | Mean Value % | | Diff. | % | Paired 't' test | | | | Significance |
|---|---|---|---|---|---|---|---|---|---|
| | BT | AT | | | S.D. (±) | S.E. (±) | 't' | P | |
| A | 24.21 | 35.79 | 11.58 | ↑24.94 | 29.96 | 6.87 | 1.69 | 0.109 | IS |
| B | 22.79 | 34.47 | 11.68 | ↑9.04% | 24.74 | 5.68 | 2.06 | 0.054 | IS |

n=19 in A group, n=19 in B group. IS= Insignificant

**Table No.5: Effect of trial drugs on Abnormal Sperm form of 38 patients of *Ksheena Shukra*(oligozoospermia):**

| Gr. | Mean Value % | | Diff. | % | Paired 't' test | | | | Significance |
|---|---|---|---|---|---|---|---|---|---|
| | BT | AT | | | S.D. (±) | S.E. (±) | 't' | P | |
| A | 40.84 | 29.63 | 11.21 | ↓16.18 | 21.87 | 5.02 | 2.23 | 0.038 | S |
| B | 34.42 | 20.32 | 14.11 | ↓20.74 | 23.19 | 5.32 | 2.65 | 0.016 | S |

n=19 in A group, n=19 in B group. S= Significant,

**Table No.6: Comparison of effect of therapy on abnormal form**

| Group | N | Difference in means | Unpaired 't' test | | | | |
|---|---|---|---|---|---|---|---|
| | | | S.D. (±) | S.E. (±) | 't' | 'p' | Significance |
| A | 19 | 23.58 | 21.44 | 4.91 | 0.532 | 0.603 | NS |
| B | 19 | 27.05 | 19.97 | 4.58 | | | |

**Table No.7: Effect of trial drugs on volume of Semen of 38 patients of *Ksheena Shukra*( oligozoospermia):**

| Gr. | Mean Value Ml | | Diff. | % | Paired 't' test | | | | Significance |
|---|---|---|---|---|---|---|---|---|---|
| | BT | AT | | | S.D. (±) | S.E. (±) | 't' | P | |
| A | 1.021 | 1.605 | 0.584 | ↑36.81% | 0.68 | 0.16 | 3.74 | <0.001 | HS |
| B | 0.90 | 1.16 | 0.263 | ↑22.67% | 0.75 | 0.17 | 1.53 | 0.145 | IS |

n=19 in A group, n=19 in B group. HS= Highly Significant, IS= Insignificant

**Table No.8: Effect of trial drugs on Hormone in 38 patients of *Ksheena Shukra*( oligozoospermia):**

| Hormone | Gr. | Mean Value (ng/ml) | | Diff. | % | Paired 't' test | | | | Significance |
|---|---|---|---|---|---|---|---|---|---|---|
| | | BT | AT | | | S.D. (±) | S.E. (±) | 't' | P | |
| S.FSH | A | 12.54 | 10.71 | 1.83 | 8.27%↓ | 3.74 | 1.18 | 1.55 | 0.157 | IS |
| | B | 6.98 | 10.00 | 3.022 | 17.38↑ | 7.12 | 2.37 | 1.27 | 0.239 | IS |
| S.LH | A | 5.02 | 5.25 | 0.23 | 6.57%↑ | 1.47 | 0.46 | 0.47 | 0.639 | IS |
| | B | 4.16 | 5.57 | 1.41 | 24.08↑ | 1.04 | 0.35 | 4.09 | 0.004 | S |
| S.Testosterone | A | 548.53 | 525.72 | 22.81 | 13.58↓ | 110.89 | 35.07 | 0.65 | 0.532 | IS |
| | B | 574.98 | 630.00 | 55.02 | 6.55↑ | 128.38 | 42.79 | 1.29 | 0.234 | IS |

n=10 in A group, n=10 in B group. IS= Insignificant, S= Significant

**Table No. 9: Overall effect of therapies in 38 patients of Oligozoospermia:**

| Groups | No response | Mild Positive response | Moderately Positive response | Marked Positive response | Excellent response |
|---|---|---|---|---|---|
| **Group A –** *Ashwatha Phala Churna* | 0 | 20% | 60% | 20% | 0 |
| **Group B –** *Shveta Palandu Swarasa Bhavita Yavani Vati* | 0 | 20% | 70% | 10% | 0 |

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# Nutrition, Lifestyle, and Preventive Health: A Pathway to Holistic Wellbeing

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**Abstract**

**A healthy nutritional lifestyle is a key pillar in preventive healthcare. Balanced nutrition, regular physical activity, proper hydration, and mindful eating habits help reduce the risk of chronic diseases like obesity, diabetes, and hypertension. Modern lifestyles, often marked by processed food and inactivity, have increased the burden of non-communicable diseases. Integrating traditional dietary wisdom, such as that found in Ayurveda, with modern nutritional science offers a holistic approach to health promotion. Preventive strategies that focus on lifestyle and diet can significantly improve individual and community well-being. This abstract emphasizes the need for awareness and education to encourage long-term, health-promoting behaviors.**

***Keywords: Nutritional lifestyle; Preventive health; Balanced diet; Lifestyle diseases; Ayurveda; Public health; Disease prevention***

## I. Introduction

In the 21st century, the burden of chronic non-communicable diseases has become one of the greatest public health challenges. Conditions like obesity, diabetes, cardiovascular diseases, and certain cancers are closely linked with poor dietary choices and unhealthy lifestyles. These diseases are often preventable through timely interventions in nutrition and lifestyle practices. Preventive health, therefore, focuses not just on curing disease, but avoiding it altogether.

## II. The Role of Nutrition in Health Promotion

Nutrition forms the cornerstone of preventive health. A well-balanced diet supplies essential nutrients that fuel body functions, support immunity, and maintain cellular integrity.

**1. Balanced Macronutrients**
- Carbohydrates: Prefer complex carbs from whole grains over refined sugars.
- Proteins: Essential for tissue repair and immunity; sources include legumes, dairy, nuts, and lean meats.
- Fats: Healthy fats (omega-3, MUFAs) reduce inflammation and improve heart health.

**2. Importance of Micronutrients**
Micronutrient deficiencies, even in the absence of calorie deficiency, can lead to serious health complications:
- Vitamin D: Crucial for bone health and immune function.

- Iron: Prevents anemia, especially in women and children.
- Zinc & Vitamin C: Support healing and disease resistance.

**3. Functional Foods**
- Probiotics (like curd) improve gut health.
- Antioxidant-rich foods (berries, green leafy vegetables) help prevent cellular damage and aging.

## III. Lifestyle Factors and Their Impact

Modern sedentary lifestyles, poor sleep, high stress, and substance abuse are major contributors to poor health. Adjusting these elements promotes long-term wellness.

**1. Physical Activity**
- Reduces risk of cardiovascular disease, diabetes, and obesity.
- Improves mood and cognitive functions.
- WHO recommends at least 150 minutes of moderate exercise per week.

**2. Sleep Hygiene**
- Sleep deprivation increases stress hormones and insulin resistance.
- Aim for 7–8 hours of sleep; maintain a consistent sleep-wake cycle.

**3. Stress Management**
- Chronic stress leads to hormonal imbalances, weak immunity, and mental disorders.
- Techniques like meditation, yoga, journaling, and deep breathing improve resilience.

**4. Avoidance of Harmful Habits**
- Tobacco, alcohol, and processed junk food contribute to premature aging and disease onset.
- Behavioral counseling and education play a key role in reversing such habits.

## IV. Preventive Measures through Ayurveda and Traditional Wisdom

- Dinacharya (Daily Routine) and Ritucharya (Seasonal Regimen) promote health maintenance.
- Satmya (Personalized Habits) and Ahara-Vihara (Diet & Lifestyle) tailored to individual constitution (Prakriti) are key principles.
- Rasayana therapy enhances immunity and rejuvenation.

## V. Role of Public Awareness and Health Education

Educating communities about healthy lifestyle choices and early warning signs of diseases can reduce healthcare costs and disease burden.

- School programs, media campaigns, and digital health tools (apps) play an essential role.
- Routine screening and regular health check-ups help in early detection and intervention.
- Traditional systems like Ayurveda have emphasized preventive healthcare for centuries.

  - Ahara (Diet): Food as medicine, with seasonal and individual customization.
  - Vihara (Lifestyle): Discipline through Dinacharya (daily routine) and Ritucharya (seasonal regimen).
  - Rasayana: Rejuvenation therapies and herbs like Ashwagandha, Amla, and Guduchi enhance immunity and delay aging.

Ayurveda aligns with the modern principle of personalized preventive medicine by focusing on Prakriti (body constitution).

**Community and Public Health Approaches**

Preventive health must not be limited to individuals but implemented at the societal level:
- Nutrition education in schools and workplaces.
- Public campaigns promoting healthy eating (e.g., Eat Right India).
- Free screenings and early detection camps.
- Policy regulation of processed foods and trans fats.

## VI. Conclusion

Nutrition and lifestyle are no longer secondary considerations but the primary defense against disease. Prevention is both effective and economical. By adopting balanced diets, regular physical activity, mental relaxation practices, and traditional health wisdom, we can move toward a healthier society. The integration of modern nutrition science with age-old practices like Ayurveda offers a holistic and sustainable model for preventive healthcare.

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# Integrating Public Health and Holistic Wellness for Comprehensive Well-Being

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**Abstract**

**Public health focuses on disease prevention and population health, while holistic wellness emphasizes a balanced integration of physical, mental, emotional, and spiritual health. This paper highlights the need to combine both approaches for improved community well-being. By incorporating practices like mindfulness, nutrition, physical activity, and traditional healing systems such as Ayurveda, public health strategies can become more effective and sustainable.**

**Using models like the Social Determinants of Health and the Six Dimensions of Wellness, this study supports the integration of holistic methods into mainstream health initiatives. The combined approach can help prevent chronic diseases, reduce healthcare costs, and promote a more resilient, health-conscious population. A collaborative, culturally sensitive framework is essential for long-term success in public health.**

## I. Introduction

Public health aims to protect and improve the health of communities through education, policy-making, and research for disease and injury prevention. However, modern-day health challenges require a more inclusive model that goes beyond the biomedical approach. Holistic wellness offers this broader lens. Rooted in ancient systems like Ayurveda, Traditional Chinese Medicine, and indigenous healing traditions, holistic wellness emphasizes preventive care, lifestyle, mental well-being, and spiritual growth. The integration of these two approaches can create a model of care that is not only curative but also preventive and promotive.

## II. Objectives of Integration

1. To promote a more person-centered approach to health.

2. To reduce the burden of chronic non-communicable diseases.

3. To encourage preventive healthcare practices.

4. To improve community participation in health initiatives.

5. To make mental, emotional, and spiritual health a public health priority.

## III. Components of Holistic Wellness

1. Physical Health – Nutrition, exercise, and proper sleep.

2. Mental Health – Stress management, emotional intelligence.

3. Spiritual Health – Meaning and purpose in life.

4. Environmental Health – Living in harmony with nature.

5. Social Health – Strong interpersonal relationships.

## IV. The Need for Integration

- Rise in Lifestyle Disorders: Diabetes, hypertension, obesity.
- Mental Health Crisis: Depression, anxiety, addiction.
- Environmental Stressors: Pollution, climate change, urbanization.
- Pandemic Impact: COVID-19 has shown the gaps in conventional public health systems.

## V. Models for Integration

1. School and Community-Based Wellness Programs

- Yoga, meditation, and mindfulness can be introduced in schools and workplaces.
- Health education must include lifestyle awareness.

2. AYUSH Integration in Public Health Infrastructure

- Ayurveda, Yoga, Unani, Siddha, and Homeopathy clinics at PHCs.
- Use of Rasayana therapies and diet plans for preventive care.

3. Digital Wellness Platforms

- Use of mobile apps for guided meditation, fitness tracking, and dietary consultations.
- Telehealth services incorporating holistic counseling.

4. Training and Capacity Building

- Healthcare professionals should receive basic training in holistic practices like Yoga, diet therapy, and mindfulness.
- Collaborative workshops between allopathy and holistic health experts.

## VI. Case Study: India's AYUSH System

India has successfully integrated AYUSH into its public health policy.

- National AYUSH Mission promotes infrastructure and research.
- COVID-19 protocols included AYUSH guidelines for immunity and recovery.
- Increased acceptance of yoga and Ayurveda globally.

## VII. Benefits of Integration

- Improved patient satisfaction and health outcomes.
- Reduction in healthcare costs due to preventive care.
- Empowerment of individuals in managing their health.
- Stronger resilience against pandemics and chronic illness.

## VIII. Challenges And Solutions

Lack of awareness | Community education programs

Skepticism among professionals Evidence-based research and pilot studies

Integration barriers in policy Interdisciplinary policy-making and inclusion of AYUSH |

Training gap Modular courses and certification programs

## IX. Conclusion

Integrating public health with holistic wellness is not a luxury, but a necessity for the 21st century. A combined approach ensures not just disease control but also health promotion and overall well-being. Policies should encourage this fusion by supporting infrastructure, research, and community-based models.

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# Ayurvedic Preconception Care: Emphasizing Panchakarma and Beeja Sanskar

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**Abstract**

**Preconception care is essential for promoting the health and vitality of future generations. Ayurveda places significant importance on this phase through the concept of Beeja Sanskar, which refers to the purification and fortification of reproductive elements—Shukra (male gamete) and Artava (female gamete)—before conception. Central to this process is Panchakarma, the traditional Ayurvedic system of detoxification and rejuvenation, which plays a vital role in eliminating accumulated Aama (toxins), balancing the Doshas, and nourishing reproductive tissues.**

**The five classical therapies of Panchakarma—Vamana (therapeutic vomiting), Virechana (purgation), Basti (medicated enema), Nasya (nasal therapy), and Raktamokshana (bloodletting)—facilitate deep systemic detoxification and restore physiological balance. Alongside these, targeted treatments such as Uttar Basti (a specialized enema for reproductive organs) and Vajikarana (rejuvenative therapy for sexual vitality) are particularly effective in enhancing fertility and reproductive function.**

**These therapies have been observed to aid in hormonal regulation, improve endometrial receptivity, and boost gamete quality, thereby lowering the risk of infertility and supporting healthy conception. By reestablishing Dosha harmony and strengthening Agni (digestive/metabolic fire), Panchakarma creates an optimal internal environment for conception and supports the birth of a robust and healthy progeny.**

**Combining Ayurvedic principles like Beeja Sanskar and Panchakarma with contemporary reproductive science offers a holistic, natural, and effective approach to managing fertility and ensuring favorable outcomes in preconception care.**

***Keywords: Panchakarma; Beeja Sanskar; Ayurveda; Preconception Care; Fertility; Detoxification; Reproductive Health***

## I. Introduction

Ayurveda, the ancient science of life, offers a holistic framework for health and well-being, encompassing physical, mental, emotional, and spiritual dimensions. A central objective of Ayurveda is the maintenance of health in the healthy and the treatment of disease in the ill, as expressed in the classical verse:

>"प्रयोजनं च अस्य स्वस्थस्य स्वास्थ्यरक्षणम्, आतुरस्य विकारप्रशमनं च।"

(Charaka Samhita, Sutrasthana 30/26)

A crucial component of this holistic view is reproductive health. Ayurveda emphasizes the importance of preparing both the male and female reproductive systems for healthy conception through a process known as Beeja Shuddhi or

Beeja Sanskara—the purification and optimization of the Shukra (sperm) and Artava (ovum). The quality of these reproductive tissues is believed to directly influence not only the physical health of the child but also their mental, emotional, and spiritual well-being:

>"शरीरेन्द्रियसत्त्वात्मसन्नियोगो धार्यते जीवितम्।"

(Charaka Samhita, Sutrasthana 1/42)

The Ayurvedic concept of "Supraja Janan"—the birth of a healthy and virtuous child—advocates for the adoption of preconceptional and prenatal measures aimed at optimizing the health of future progeny:

>"सुप्रजाजननार्थं स्त्रीषु पुरुषेषु च संस्कारान् विधाय ततः सुतानुत्पादयेत्।"

(Charaka Samhita, Sharirasthana 8/14)

According to Acharya Charaka, the purity of Beeja is fundamental:

>"शुद्धं हि बीजं कुरुते अशुद्धात् शुद्धतरं परम्।

तस्मात् प्रयत्नतः शुद्धिं कुर्यात् शुक्राश्रितां नरः॥"

(Charaka Chikitsa Sthana 2/3/4)

Just as a healthy seed is essential to grow a strong tree, the Beeja must be free from defects to ensure the birth of a robust and disease-free child. Impurities arising from poor diet, unhealthy lifestyle, or the accumulation of Ama (toxins) can result in infertility, congenital anomalies, or weak progeny.

To address this, Ayurveda recommends preconceptional detoxification and rejuvenation, with Panchakarma therapies being the most effective tools for deep bodily purification. Panchakarma comprises five primary cleansing techniques:

>"वमनं विरेचनं चैव नस्यं बस्तिस्तथाऽपरः।

रक्तमोक्षणमित्युक्तं पञ्चकर्म च शोधनम्॥"

(Ashtanga Hridaya, Sutrasthana 8/1)

These five therapies—Vamana (therapeutic emesis), Virechana (purgation), Basti (medicated enema), Nasya (nasal administration), and Raktamokshana (bloodletting)—are designed to eliminate deep-seated toxins, balance the Doshas, and enhance the functioning of the Dhatus (body tissues), particularly Shukra and Artava.

Classical Ayurvedic texts such as the Charaka Samhita and Sushruta Samhita emphasize the role of Panchakarma in Beeja Shuddhi. Beyond detoxification, these procedures improve fertility, strengthen reproductive organs, and enhance the overall quality of reproductive elements. Special treatments like Uttar Basti are particularly effective in cleansing and nourishing the reproductive system.

In addition to Shodhana (purification), Rasayana (rejuvenation) therapies are recommended to further support and revitalize reproductive health. Integrating Panchakarma into the preconceptional care regimen can significantly improve fertility outcomes and promote the birth of healthy, well-balanced children.

This paper aims to explore the importance of Panchakarma in Beeja Shuddhi, its impact on reproductive wellness, and its role in Ayurveda's holistic approach to conception and the health of future generations.

## II. Objectives

To examine the Ayurvedic concept of Beeja Shuddhi and its importance in reproductive health.

To analyze the role of Panchakarma therapies in enhancing the quality of reproductive elements.

To evaluate the impact of preconceptional detoxification on fertility and progeny health.

To highlight clinical and classical evidence supporting the use of Panchakarma in Beeja Shuddhi.

## III. Material And Methods

1. Literary information about the study compiled from ayurveda texts charak samhita, Sushruta Samhita, kashap Samhita, Ashtanga Hridaya, and Bhavprakash
2. Various publications, text books of Panchakarma, research papers also considered to collect the literary material.

## IV. Concept Of Beeja Sanskara

The term Beeja refers to the fundamental reproductive elements — sperm and ovum — that are essential for the formation of a fetus.

As stated in Charaka Samhita (Sharira Sthana 4/3):

"बीजमर्थं च गर्भस्य तस्मात्तत्परिपालयेत्।"

Translation: "The fetus is dependent on the Beeja (sperm and ovum); hence, it must be properly protected and preserved."

Furthermore, the concept of Sanskara is defined in Charaka Samhita (Sutra Sthana 1/29) as:

"संस्कारो हि गुणान्तराधानम्।"

Translation: "Sanskara is the process of enhancing the quality of a substance by introducing desirable attributes and eliminating the undesirable ones."

This principle of Sanskara is applied in various contexts such as Beeja Sanskar (refinement of reproductive elements), Garbha Sanskar (prenatal education and nurturing), and Ahara Sanskar (processing and purification of food).

## V. Need of Study

1. Increasing Fertility Challenges: Modern lifestyles are contributing to a growing number of fertility-related issues.

2. Benefits of Detoxification: Panchakarma, an Ayurvedic detoxification therapy, may help purify and enhance the quality of sperm and ova.

3. Limited Research: There is a noticeable lack of studies exploring the integration of Ayurvedic practices with modern fertility treatments.

4. Reducing Genetic Risks: Improving the quality of sperm and eggs through natural methods may help lower the chances of genetic disorders in offspring.

5. Gap in Integrative Approaches: Contemporary fertility treatments mainly focus on conception, often neglecting the importance of preconceptional purification emphasized in Ayurveda.

## VI. Factors Responsible for Conception

Acharya Charaka describes the essential components for conception as "Garbha Sambhav Samagri" in the Charaka Samhita (Sharira Sthana 4/3):

"ऋतुक्षेत्रं अम्बु बीजं स्यागर्भस्य कारणम्।"

This analogy likens conception to the germination of a seed, where four key elements must align:

1. **Ritu** (Timing/Fertile Period): Refers to the optimal time for conception, specifically the woman's ovulatory phase.

2. **Kshetra** (Reproductive Field): Represents the health of the uterus and reproductive system, which must be well-prepared for implantation and fetal development.

3. **Ambu** (Nourishment and Circulation): Denotes proper nutrition and adequate physiological support necessary to sustain pregnancy.

4. **Beeja** (Seed – Sperm and Ovum): Indicates the quality and purity of the reproductive cells, forming the genetic basis of the fetus.

According to Ayurveda, successful conception requires all four factors to be present in a balanced and healthy state, along with the harmony of the three doshas—Vata, Pitta, and Kapha.

## VII. Importance of Panchakarma

Ayurveda places great emphasis on the quality of reproductive tissues—Shukra (sperm) and Artava (ovum)—as foundational to the health of the future child. Ancient Ayurvedic texts highlight the crucial role of both parents' physical and mental well-being in conception and fetal development.

### 1. Influence of Parental Health on Fetal Development

According to Acharya Charaka, the parents' reproductive health directly determines the quality of the offspring. In Charaka Samhita (Sharira Sthana 2/4), it is stated:

"गर्भस्य वृत्तिकर्तारौ माता पिता सुखदुःखयोः।

दोषा ह्युपहितं बीजं गर्भं दूषयन्ति तत्त्वतः॥"

Translation: The mother and father shape the growth and well-being of the fetus. If their reproductive material (Beeja) is tainted by Dosha imbalances, it can negatively affect the developing embryo, possibly leading to genetic or congenital disorders.

### 2. Importance of Preconceptional Purification

Charaka further explains the significance of purification before conception. In Sharira Sthana (8/15), he states:

"तस्मात्पुंसां शुद्धेन्द्रियार्थसत्त्वां शुद्धशुक्रशोणितगर्भाशयम्।

प्रदोषदुष्टानपहृत्य दोषान्प्रजाविधिं शंसति शुद्धदेहः॥"

Translation: A person who has undergone proper purification, such as Panchakarma, achieves purity of the senses, mind, reproductive tissues, and uterus. The elimination of vitiated Doshas creates a conducive environment for the birth of a healthy and well-formed child.

**3. Pure Beeja Leads to Healthy Progeny**

The concept is reinforced in Ashtanga Hridaya (Sharira Sthana 1/10):

"गर्भं जनयति क्षेमं शुद्धशुक्रार्थसंभवः।

रसं चाशुद्धशुक्रात्तथैव सम्भवं॥"

Translation: Only when both sperm and ovum are pure can conception result in a healthy, disease-free child. Impurities in these tissues can contribute to various health issues in the offspring.

Similarly, the Bhavaprakasha text (Purva Khanda 3/14) states:

"शुद्धे बीजे शुभं गर्भं दोषयुक्ते विपर्ययः।

तस्मात्सदा प्रयत्नेन शुद्धिं कुर्यात् विशेषतः॥"

Translation: A pure Beeja ensures the birth of a healthy child, while impurities lead to complications. Hence, it is essential to make deliberate efforts to purify reproductive elements before conception.

## VIII. Importance of Panchakarma in Beeja Shudhi

>Aids in eliminating accumulated toxins (Ama) from the reproductive system.

>Harmonizes Doshas to improve the quality of sperm and ovum.

>Supports optimal endocrine function, promoting healthy hormonal balance.

>Enhances the strength and functionality of the uterus and fallopian tubes, facilitating successful implantation.

>Reduces stress levels and promotes mental well-being, creating a favorable environment for conception.

**1)Vaman: Therapeutic Emesis in the Context of Beeja Sanskar**

**Mode of Action**

Vaman, or therapeutic emesis, is a principal Panchakarma procedure used primarily to eliminate excess Kapha dosha. Its mechanisms offer several physiological benefits relevant to reproductive health:

**Neurohormonal Activation**

Vaman stimulates the medulla oblongata, triggering emesis and initiating a neurohormonal response that supports the expulsion of toxins from the upper gastrointestinal tract (Sharma et al., 2011). This regulated emetic response contributes to the elimination of Ama (metabolic waste), which is known to obstruct nutrient assimilation.

**Gastrointestinal Cleansing**

By clearing the stomach and upper digestive tract, Vaman restores digestive fire (Agni) and enhances the metabolism and absorption of nutrients critical for spermatogenesis and oogenesis (Charaka Samhita, Sutra Sthana 16/20).

**Impact on Reproductive Physiology**

Excessive Kapha in the reproductive system is associated with conditions such as anovulation, polycystic ovarian syndrome (PCOS), and poor sperm motility. Vaman helps remove this vitiated Kapha, thereby supporting reproductive health (Tripathi et al., 2014).

**Benefits in the Context of Beeja Sanskar**

Hormonal Regulation: Vaman helps normalize the levels of prolactin and testosterone, which are essential for ovulation, spermatogenesis, and libido.

Improved Semen Parameters: It enhances sperm motility and reduces oligospermia, supporting male fertility.

PCOS and Insulin Resistance: Vaman contributes to the management of PCOS by reducing Kapha-related metabolic disturbances and improving insulin sensitivity, thereby promoting ovulatory cycles.

**2) Virechana: Purgation Therapy and Its Role in Beeja Sanskar**

**Mode of Action**

Virechana is a key procedure in Panchakarma, indicated primarily for Pitta disorders and systemic detoxification. It exerts specific physiological effects relevant to reproductive health:

**Hepatic Detoxification**

Virechana improves liver function, facilitating the metabolism and excretion of hormones such as estrogen. Impaired hepatic function is known to disrupt hormonal balance and reproductive physiology (Tripathi et al., 2011).

**Gastrointestinal Cleansing**

By eliminating accumulated Ama (toxins) from the gastrointestinal tract, Virechana enhances gut function and nutrient absorption, which is essential for gametogenesis and follicular development (Charaka Samhita, Sutra Sthana 16/17–20).

**Hormonal Regulation**

The process supports the balance of FSH and LH, which regulate ovulation and spermatogenesis (Acharya Vagbhata, Ashtanga Hridaya, Sutra Sthana 2/25–27).

**Benefits in the Context of Beeja Sanskar**

-Promotes detoxification of the liver, intestines, and reproductive system, supporting the purification of Beeja (Shukra and Artava).

-Reduces endometrial inflammation and relieves dysmenorrhea, improving uterine receptivity.

-Enhances sperm morphology and ovarian function, contributing to improved fertility outcomes.

**3) Basti: Medicated Enema Therapy in Beeja Sanskar**

**Mode of Action**

Basti is considered the most effective therapy for balancing Vata dosha, which governs all movements in the body, including the transport of hormones and gametes. Its physiological actions relevant to reproductive health include:

**Vata Regulation**

Basti pacifies Vata in the pelvic and reproductive regions, improving the functions of the uterus, ovaries, and testes (Charaka Samhita, Siddhi Sthana 1/39).

**Nourishment of Reproductive Tissues**

Medicated oils and decoctions used in Basti directly nourish Shukra and Artava dhatus, enhancing gamete quality and hormonal balance.

**Gut–Brain–Reproductive Axis**

By improving gut function and reducing systemic inflammation, Basti modulates neuroendocrine signals involved in fertility regulation (Patil et al., 2016).

**Benefits in the Context of Beeja Sanskar**

-Enhances sperm count, motility, and morphology.

-Regulates menstrual cycles and improves ovulatory function.

-Alleviates conditions such as PCOS, endometriosis, and unexplained infertility.

-Supports implantation by improving uterine tone and endometrial receptivity.

**4) Nasya: Nasal Administration in the Context of Beeja Sanskar**

**Mode of Action**

Nasya, or nasal administration of medicated substances, is a specialized therapy in Panchakarma primarily used to stimulate and purify the head and central nervous system. As described in Charaka Samhita (Sutra Sthana 5/56):

**"Nasa hi shiraso dwaram" –** The nose is the gateway to the brain.

Its physiological effects are particularly relevant to the endocrine and neuro-reproductive systems:

**Direct Neuroendocrine Stimulation**

Medicated oils administered through the nasal route are absorbed via the olfactory mucosa and reach the olfactory bulb, influencing the hypothalamus, pituitary, and pineal glands. This stimulation helps regulate the secretion of reproductive hormones such as FSH, LH, and GnRH (Acharya et al., 2017; Kulkarni, 2018)

**Stress Regulation**

Nasya helps reduce cortisol levels and balances neurotransmitters, thereby mitigating the effects of chronic stress—a key contributor to infertility, menstrual irregularities, and libido disorders (Rathi et al., 2019).

**Effect on Shukra Dhatu**

By regulating the hormonal axis, Nasya indirectly supports Shukra dhatu (reproductive tissue) formation, promoting both spermatogenesis and ovulation.

**5) Raktamokshana: Bloodletting Therapy in the Context of Beeja Sanskar**

**Mode of Action**

Raktamokshana, or bloodletting, is one of the five main purification therapies (Shodhana) described in Ayurveda, primarily indicated for disorders associated with vitiated Rakta (blood) and Pitta dosha. It plays a therapeutic role in enhancing reproductive health through the following mechanisms:

**Detoxification and Reduction of Oxidative Stress**

Raktamokshana helps eliminate Ama (toxins) and excess free radicals from the bloodstream, thereby reducing oxidative stress, which is a known contributor to reproductive cell damage, poor gamete quality, and hormonal imbalance (Charaka Samhita, Sutra Sthana 24/18; Sharma et al., 2012).

**Enhanced Tissue Perfusion and Oxygenation**

By improving microcirculation and reducing blood stasis, Raktamokshana increases oxygen and nutrient delivery to reproductive organs, including the testes and ovaries, thereby supporting spermatogenesis and folliculogenesis (Tiwari, 2005).

**Regulation of Hormonal and Metabolic Functions**

The therapy has shown effectiveness in balancing insulin levels and improving metabolic function, which is crucial in managing polycystic ovarian syndrome (PCOS) and related endocrine disorders that impair fertility (Patil & Jadhav, 2016).

**Benefits in the Context of Beeja Sanskar**

-Enhances ovarian reserve and improves oocyte quality, especially in women with metabolic or inflammatory reproductive conditions.

-Alleviates varicocele-related infertility in males by improving venous drainage and reducing testicular temperature.

-Supports the management of autoimmune conditions that affect fertility, such as antiphospholipid syndrome and thyroid autoimmunity, by modulating immune responses and purifying the bloodstream.

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## X. Discussion

Panchakarma plays a pivotal role in Beeja Sanskar (preconceptional purification) by purifying and rejuvenating reproductive tissues prior to conception. In Ayurvedic understanding, the accumulation of Ama (metabolic toxins) can adversely affect reproductive health by impairing gamete quality, disrupting hormonal balance, and diminishing overall fertility. The classical Panchakarma therapies—Vamana, Virechana, Basti, Nasya, and Raktamokshana—are employed to eliminate these toxins, restore Dosha equilibrium, and optimize the body's physiological functioning.

These therapies specifically cleanse the Shukravaha and Artavavaha Srotas (reproductive channels), enhancing reproductive potential in both males and females. For instance, Vamana and Virechana target Kapha and Pitta imbalances, helping in conditions like PCOS, anovulation, and low sperm motility. Basti, particularly Uttar Basti (a localized enema for the uterus), strengthens pelvic tissues, improves endometrial receptivity, and enhances implantation success, making it especially beneficial in unexplained infertility.

From a modern biomedical perspective, Panchakarma not only detoxifies reproductive tissues but also significantly influences the neuroendocrine axis. Procedures like Virechana and Basti contribute to the regulation of FSH, LH, insulin, and thyroid hormones, which are essential for ovulation, spermatogenesis, and menstrual regularity. Nasya therapy, through its action on the hypothalamic-pituitary-gonadal (HPG) axis, reduces stress-related infertility by balancing cortisol and enhancing emotional well-being—factors often overlooked in modern infertility care.

In males, Panchakarma interventions have shown promising outcomes in improving sperm parameters such as count, motility, and morphology, primarily by alleviating oxidative stress and regulating reproductive hormones. In females, these therapies support ovarian function, follicular maturation, and uterine health, thereby facilitating natural conception.

Unlike contemporary reproductive technologies that often rely on hormonal stimulation or assisted reproductive techniques (ART), Ayurveda offers a preventive and holistic model that addresses the root causes of infertility by strengthening the reproductive system organically. This natural approach may reduce dependency on synthetic interventions and minimize the risk of side effects.

Despite these potential advantages, the clinical application of Panchakarma in fertility care remains underutilized due to limited scientific validation and integration within mainstream reproductive medicine. There is a pressing need for clinical trials and interdisciplinary research combining biochemical, endocrinological, and Ayurvedic frameworks to elucidate the mechanisms by which Panchakarma influences reproductive physiology.

Enhancing awareness of Ayurvedic preconceptional care among healthcare providers and the general public is also essential for its broader acceptance. With sustained research, clinical evidence, and scientific collaboration, Panchakarma has the potential to emerge as an effective complementary and preventive strategy in fertility management, offering long-term benefits for both male and female reproductive health.

## XI. Conclusion

Panchakarma, as outlined in classical Ayurvedic texts, offers a comprehensive and preventive approach to reproductive health through its emphasis on Beeja Shuddhi (purification of gametes) and preconceptional care. By targeting systemic toxins (Ama), restoring Dosha balance, and optimizing the function of the Shukravaha and Artavavaha Srotas, Panchakarma therapies such as Vamana, Virechana, Basti, Nasya, and Raktamokshana contribute significantly to improving gamete quality, hormonal regulation, and overall fertility outcomes in both males and females.

Unlike conventional fertility treatments that often focus solely on ovulation induction or assisted reproductive technologies (ART), Ayurveda addresses the root causes of subfertility—such as oxidative stress, endocrine disorders, and psychosomatic factors—through a natural and individualized treatment approach. Furthermore, evidence from contemporary research supports the physiological relevance of Panchakarma in regulating neuroendocrine function, enhancing reproductive hormone levels, and reducing stress-related infertility.

While promising, the integration of Panchakarma into mainstream fertility care requires further scientific validation through clinical trials, biomedical research, and interdisciplinary collaboration. Promoting awareness of Ayurvedic preconceptional care among medical professionals and couples planning conception can pave the way for its broader acceptance as a complementary or preventive modality in infertility management.

In conclusion, Panchakarma represents a time-tested, holistic, and sustainable strategy that may serve as a valuable adjunct to modern reproductive medicine, enhancing the likelihood of healthy conception and long-term reproductive well-being.

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# A Clinical Study of Shatavari Taila Matrabasti in Nashtabeeja

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**Abstract**

**Nastabeeja with a correlation to Anovulation is one of the common gynecological problem faced in daily practice. The most common cause of infertility is ovulatory disorder characterized by anovulation or by infrequent & / or irregular ovulation. Menstrual disorder like oligomenorrhoea or complete amenorrhea usually indicates ovulatory disorders.30 patients being diagnosed as primary Infertility according to inclusion & exclusion criteria where divided in to two groups of 15 each.**

**Group A where treated with Shatavari taila matra basti**

**Group B where treated with placebo (til taila matra basti)**

**The entire patients were assessed clinically, pathologically & sonographically before treatment & after treatment & finally the results were analyzed statistically before treatment & at the end of three cycles. Finally the effectiveness of the trial drug was assessed 73.33% in the anovulation. During the treatment no side effect was observed.**

***Key Words : Anovulation; Nastabeeja; Shatavari; Matrabasti.***

## I. Introduction

In India marriage is a religious rite obligatory to each individual for completion of the life cycle to obtain “Purusharth chatushtaya”, the four foremost of the human beings. From the four essential factors for garbha i.e. Rutu, Kshetra, Ambu, and Beeja, the woman is responsible for the two important factors i.e. Kshetra and Beeja. Rutu also related to the Rutukala of the woman. The union of Beeja of the both side i.e. Shukra and Artava (ovum) with Atma inside the kukshi is called garbha. So, the Beeja is the core stone of the female reproductive process and absence of this factor, Garbha cannot occur in spite of the proper Rutu, Kshetra and Ambu..

Ovulation refers to the physical act of rupture of the follicle with extrusion of the oocyte. When follicle does not rupture then ovulation failed and that is called anovulation or Beejopaghata or nastabeeja. All Acharyas have mentioned Beeja dosha with Beejopaghata is a factor for Vandhyatva. Ashtartava dushti are direct cause of the Abeeja, is described by all Acharyas. Artava Kshaya and its treatment which described in ayurvedic texts indicates both for menstrual cycle and ovulation. Acharya Kashyapa has described that Revatigraha, misuse of Panch Karma and mental illness for nastabeeja. He also described a separate chapter Shatpushpa Shatavari Kalapadhaya in Kalapasthana to treat the artavadosha with Abeejata.

## II. Objectives of The Study

1. To know the samprapti of Abijotsarga according to Ayurvedic literature and modern science.
2. To assess the efficacy of Shatavari taila matra basti on Ovulation

## III. Drug Review

### A. Selection of Taila

1. The choice of taila and ghrita is depended upon the accompanying doshas. If Vata is associated with Kapha, the taila is preferred and if Pitta is associated the Ghrita is preferred.
2. Ruksha guna of Vataand guna of kapha are two main etiological factors of the ovarian factor. So, taila has been selected for the present study.

### B. Selection of Drug

1. The drug selected for the present study is Shatavari taila. It is described in Kasyap samhita kalpa sthana 5/11 .
2. Hence selected Shatavari taila from Sharangdara samhita Sneha kalpana

**Table No. 2 : Ingredients of Kwatha dravyas**

| Sr no | Name of the drug | Botanical name | Family | Rasa | Guna | Virya | Vipaka | Doshaghnta |
|---|---|---|---|---|---|---|---|---|
| 1. | Shatavari | Asparagus recemosus | Liliaceae | Madhura, Tikta | Laghu, Snigdha, Picchila | Sheeta | Madhura | Vata-Pitta |
| 2. | Bala | Sida cordifolia | Malvaceae | Madhura | Laghu, Snigdha, Picchila | Sheeta | Madhura | Vata-Pitta |
| 3. | Atibala | Abutilon indicum | Malvaceae | Madhura | Laghu, Snigdha, Picchila | Sheeta | Madhura | Vata-Pitta |
| 4. | Shalaparni | Desmodium gangticum | Leguminosae | Madhura, Tikta | Guru, Snigdha | Ushna | Madhura | Tridosha |
| 5. | Prishniparni | Uraria picta | Leguminosae | Madhura, Tikta | Laghu, Snigdha | Ushna | Madhura | Tridosha |
| 6. | Eranda | Ricinus communis | Euphorbiaceae | Madhura, Kashaya | Snigdha, Sukshma, Tikshna | Ushna | Madhura | Kapha-Vata |
| 7. | Ashwagandha | Withania somnifera | Solanaceae | Tikta, Katu, Madhura | | Ushna | Madhura | Kapha-Vata |
| 8. | Gokshura | Tribulus terrestris | Zygophyllaceae | Madhura | Guru, Snigdha | Sheeta | Madhura | Vata |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 9. | Bilva | Aegle marmelos | Rutaceae | Kashaya, Tikta | Laghu, Ruksha | Ushna | Katu | Vatakapha |
| 10. | Kasa | Saccharum spontaneum | Graminae | Madhura, Kashaya | Laghu, Snigdha | Sheeta | Madhura | Pitta |
| 11. | Sairiyak | Barleria prionitis | Acanthaceae | Tikta, Madhura | Laghu | Ushna | Katu | Vatakapha |

**Table No. 3 Ingredients of Kalka dravyas**

| Sr no | Name of the drug | Botanical name | Family | Rasa | Guna | Virya | Vipaka | Doshaghnta |
|---|---|---|---|---|---|---|---|---|
| 1. | Shatavari | Asparagus recemosus | Liliaceae | Madhura, Tikta | Laghu, Snigdha, Picchila | Sheeta | Madhura | Vata-Pitta |
| 2. | Kamala | Nelumbo nucifera | Nymphaeceae | Kashaya, Madhura | Laghu, Snigdha, Picchila | Sheeta | Madhura | Kapha-Pitta |
| 3. | Yashtimadhu | Glycyrrhiza glabra | Leguminosae | Madhura | Guru, Snigdha | Sheeta | Madhura | Vata-Pitta |
| 4. | Jatamansi | Nordostachys jatamansi | Valerianaceae | Tiksta, Kashaya, Madhura | Laghu, Snigdha | Sheeta | Katu | Tridosha |
| 5. | Tagar | Valeriana walichii | Valerianaceae, | Tikta Katu, Kashaya | Laghu, Snigdha | Ushana | Katu | Kapha-Vata |
| 6. | Chandan (Shweta) | Santallum album | Santallaceae | Tikta, Madhura | Laghu, Ruksha | Sheeta | Katu | Kapha-Pitta |
| 7. | Kustha | Saussarea lappa | Compositate | Tikta, Katu, Madhura | Laghu, Ruksha, Tikshna | Ushna | Katu | Kapha-Vata |
| 8. | Ela | Elletaria cardamomum | Zingiberaceae | Katu, Madhura | Laghu, Ruksha | Sheeta | Madhura | Tridosha |
| 9. | Mishreya | Foenieulum vulgare | Umbelliferae | Madhura, Katu, Tikta | Laghu, Snigdha | Sheeta | Madhura | Vata-Pitta |
| 10. | Shaileya | Parmelia perlata | Parmeliaceae | Tikta, Kashaya | Laghu, Snigdha | Sheeta | Katu | Kapha-Pitta |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 11. | Varahi | Dioscorea bulbifera | Dioscoreaeceae | Katu, Tikta, Madhura | Laghu, Snigdha | Ushna | Katu | Tridosha |
| 12. | Ashwagandha | Withania somnifera | Solanaceae | Tikta, Katu, Madhura | | Ushna | Madhura | Kapha-Vata |

## IV. Preparation

Shatavari taila was prepared according to Snehapaka Kalpana

### A. Til Taila

Taila is considered for all oils. In Ayurveda, .Tila Taila means oil extracted from the seeds of Sesamum indicum

### B. Rasa Panchaka

Rasa -Katu, Tikta, Madhura

Anurasa -Kashaya

Guna -Tikshna, Vyavayi, Vikashi, Sukshma, Vishada, Ushna, Guru, Sara.

Doshaghnata -Vata Kaphahara

Karmukta -Garbhashaya Shodhaka, Vrishya, Twakprasadana, Mardavkara, Balya, Brimhana, Lekhana, Prinana, ,Vranashodhana, Vranaropana .

Rogaghnata -Yoni roga, Karna Roga, Vata Roga, Shiroroga, Bhagna, Keshapata, Vrana etc.

## V. Materials And Methods

**Sources of Data**

i) Patient will be selected from the OPD of Prasuti and Stree Roga Dept.
ii) Samhita, modern books of medicine, physiology, & pharmacology.
iii) Journals, magazines, seminars, conferences.
iv) Pathological laboratory attached to the hospital.
v) Pharmacy attached to the College for preparation of Medicine.
vi) Research Compound will be given in the form of Matra Basti.

### A. Material

**Tail Niramana Vidhi**

The Tail prepared for this project is made by using the method of Siddh sneha Kalpana stated by Acharya Sharangadhara.
kalka(paste) - 1 part
Til Tail (sesame oil) - 4 part
Qwath (decoction) - 16 part

Kalka of all the 11 drugs is prepared and also Qwath by these 14 drugs is prepared. For making Qwath , in 1 part of drug 4 part of water mixed and it is boiled till 1/4th of its remaining. Then kalka, Qwath and Tail mixed and boiled till samyak snehapaka lakshana occurs as noted in texts.

### B. Methods

**Trial procedure:** Each case of both trial and control group was registered for the study. A specially designed Research Case Sheet which contains details about her personal data, obstetric data, gynaec data and examination etc was prepared. Being a clinical study, patients will be selected by Simple Randomized Sampling method after thorough physical and laboratory investigations.

**Sample Size:** 30 patients will be selected according to the inclusion criteria. Patients will be assigned in two groups:-
**Group A (Treatment Group):**
15 Patients belonging to trial group will be administered Shatavari taila matra basti (after stoppage of menstruation)
Dose: 70ml
Duration: 7 days X 3cycles
Retention Period: 3 yama/9hrs.
**Group B (Standard Group):**
15 Patients belonging to trial group will be given placebo (after stoppage of menstruation)
Dose: 70ml
Duration: 7 days X 3 cycles
Retention Period: 3 yama/9hrs
**Follow Up:** Evaluation will be done before and after treatment.

**Table No. 4 : Intervention Chart**:

| Sr. No | Karma | Procedure | Retention time | Duration |
|---|---|---|---|---|
| 1. | Poorva Karma | -Abhyanga with Moorchita tila taila<br>-Nadi sweda.<br>-Laghu ahara | - | 7 days |
| 2. | Pradhana Karma | -Matra Basti<br>with Shatavari taila | 9 hours/ 3 Yama | |
| 3. | Paschat Karma | -Massage over the lower abdomen.<br>-Flexion extension of legs.<br>-Keeping pillow below the buttocks.<br>-Lukewarm water intake after administration of Basti& light diet after 3-4 hours of basti. | - | |

## VI. Selection Criteria

**Inclusion Criteria**

i) Married women, age group 20-35 year.
ii) Infertile patients with Anovulatory cycles.

iii) Anovulatory cycles with or without PCOD.

**Exclusion Criteria**

i) Systemic pathology like TB, DM, HIV, HBsAg, hyperthyroidism, hypothyroidism.
ii) Menorrhagia, Metrorrhagia, DUB.
iii) Benign and malignant lesions of ovaries.
iv) Streak ovaries, Accessory ovaries, Supernumery ovaries.

**Assessment Criteria**

**Subjective Parameters**

1) Scanty and Regular/Irregular menses

**Objective Parameters**

1) Follicular study.

**Score for Assessment**

The Clinical assessment was made depending upon the changes in the subjective and objective features as mentioned in assessment scale.

1. Ovulation positive by follicular study.
2. Increased in size of follicle
3. Relief of associated symptoms of menstruation.
4. Unchanged

## VII. Assessment Scale

### A. Ovulation will be assessed by follicular study

a. GRADE 0 **:** Ovulated
b. GRADE 1 **:** > 20 mm follicular size
c. GRADE 2 **:** 12-20 mm follicular size
d. GRADE 3 **:** < 12mm follicular size

### B. Dysmenorrhoea

a. GRADE 0 **:** No dysmenorrheoa
b. GRADE 1 **:** Mild dysmenorrheoa
c. GRADE 2 **:** Moderate dysmenorrheoa
d. GRADE 3 **:** Severe dysmenorrheoa

### C. Bleeding Duration

a. GRADE 0 **:** 1 – 3 days
b. GRADE 1 **:** 4 – 6 days
c. GRADE 2 **:** 7 – 9 days

### D. Interval duration

a. GRADE 0 **:** 28-35days
b. GRADE 1 **:** 36-45 days
c. GRADE 2 **:** More than 45 days

### E. Investigations required:

1) Routine blood picture.
2) Routine urine analysis.
3) Follicular study.
4) Hormonal assay (if strictly necessary).

### F. Criteria for Assessment of Statistical Significance

P > 0.05 is - NS (Non-Significant)

P < 0.05 and > 0.001 – S (Significant)

P < 0.001 – HS (Highly Significant)

## VIII. Results

a) Cured - Ovulation
b) Improved – Follicle size increased & relief of menstrual problems
c) Unchanged – remains same

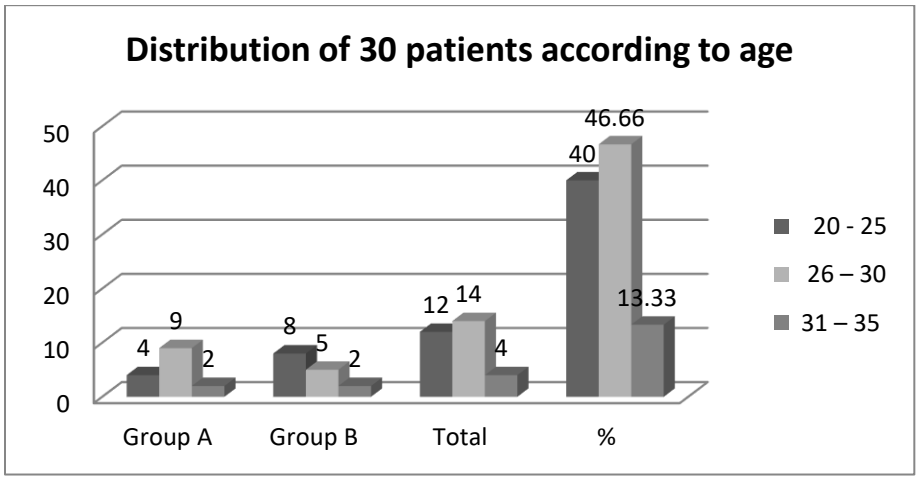
## IX. Observations

The present study was carried out in total 30 patients as a prospective study by simple randomized method of selection. All the selected patients are thoroughly examined, diagnosed and selected based on inclusion and exclusion criteria. The assignment revealed the following statistics. The patients were analyzed according to various factors like age, sex, religion, education etc. The data's were collected and analyzed demographically according to the degree of severity and result wise evaluated statistically.

**Table No.5 : Showing 30 Patients According to Age.**

| Age | Group A | Group B | Total | % |
|---|---|---|---|---|
| **20 – 25** | 4 | 8 | 12 | 40 |
| **26 – 30** | 9 | 5 | 14 | 46.66 |
| **31 – 35** | 2 | 2 | 4 | 13.33 |

It has been observed from the study that out of 30 patients, maximum no. of patients i.e. 14 (46.66%) were in between the age group 26 to 30 years followed by 40% in the age group of 20 – 25 years and in the age group of 31-35 years, 13.33%.

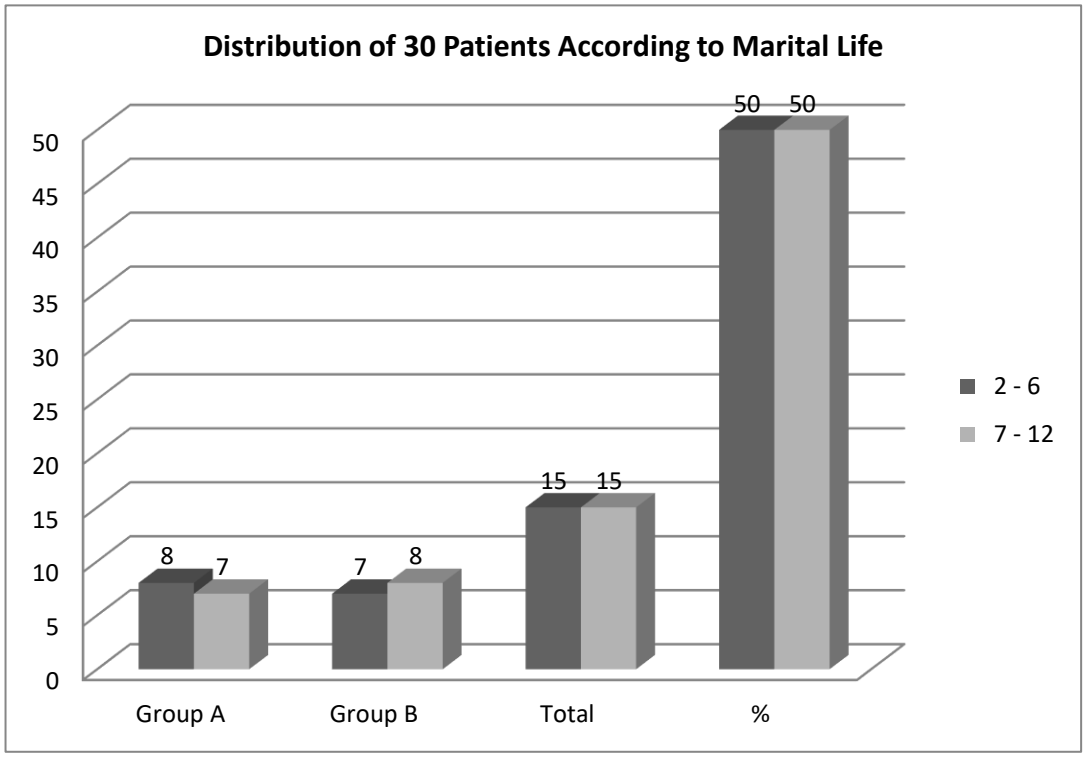



**Graph No. 1**

**Table No. 6 : Showing 30 Patients According to Marital Status.**

| Marital life (yrs) | Group A | Group B | Total | % |
|---|---|---|---|---|
| **2 – 6** | 8 | 7 | 15 | 50 |
| **7 – 12** | 7 | 8 | 15 | 50 |

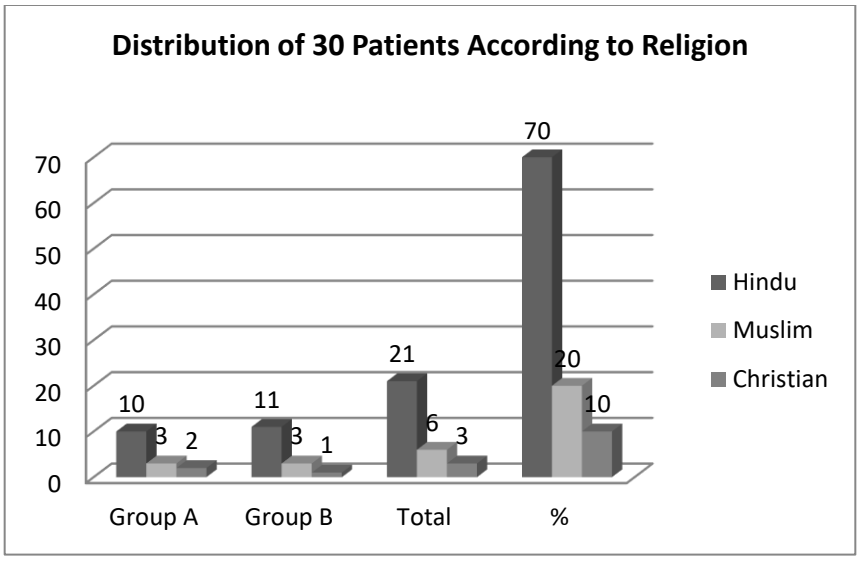
The above table reveals that the majority of the patients 50% were having marital life of 2 – 6 yrs and 50% patients were having marital life of 7 – 12 yrs marital life.




**Graph No. 2**

**Table No. 7 : Showing 30 Patients According To Religion.**

| Religion | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Hindu** | 10 | 11 | 21 | 70 |
| **Muslim** | 3 | 3 | 6 | 20 |
| **Christian** | 2 | 1 | 3 | 10 |



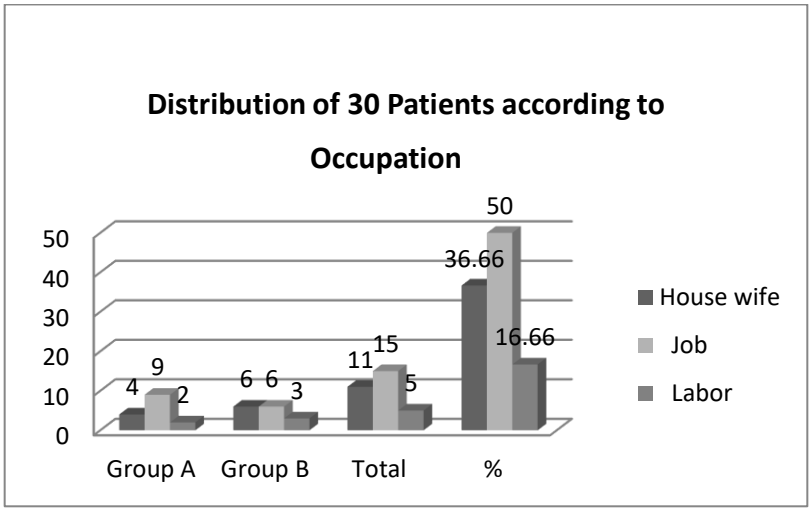

**Graph No. 3**

It was evidenced from the study that, out of 30 patients, maximum no. of patients i.e. 21 (70%) were Hindu, whereas 6 (20%) were Muslims, Christian patients were 3 (10%) .

**Table No.8: Showing 30 Patients According to Occupation.**

| Occupation | Group A | Group B | Total | % |
|---|---|---|---|---|
| **House wife** | 4 | 6 | 11 | 36.66 |
| **Job** | 9 | 6 | 15 | 50 |
| **Labor** | 2 | 3 | 5 | 16.66 |

From the above observation the incidence of occupational status revealed that 50% patients were Job class, 36.66% were Housewife, 16.66% were labors.

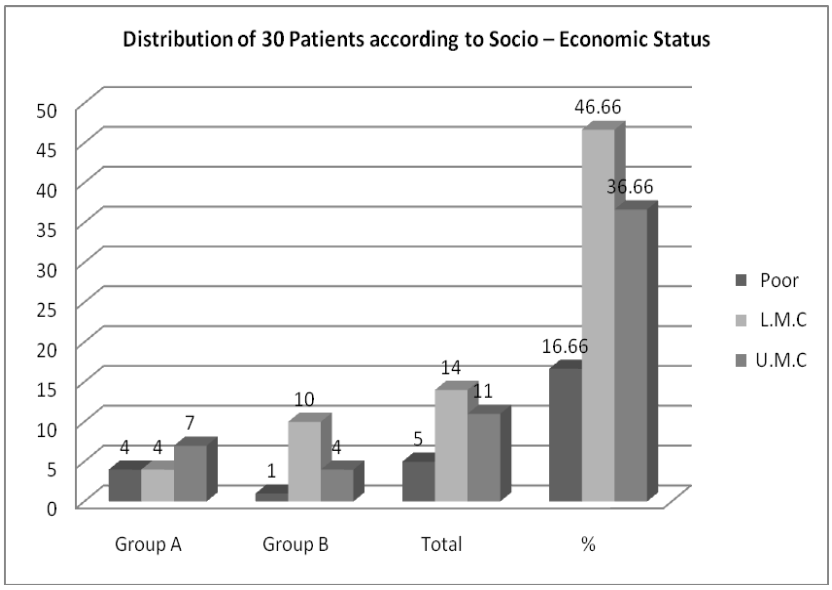



**Graph No. 4**

**Table No.9 : Showing 30 Patients According to Socio-Economic Status.**

| S.E.S | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Poor** | 4 | 1 | 5 | 16.66 |
| **L.M.C** | 4 | 10 | 14 | 46.66 |
| **U.M.C** | 7 | 4 | 11 | 36.66 |

Analysis of socio-economic status of 30 patients revealed that majority of patients belongs to lower middle class i.e. 46.66%, 36.66% were from upper middle class & 16.66% were belong to poor class respectively.

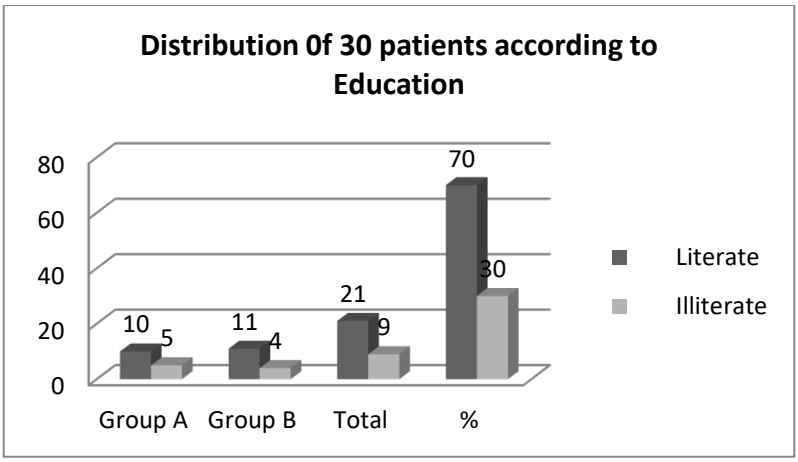



**Graph No. 5**

**Table No.10 : Showing 30 Patients According to Education**

| Education | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Literate** | 10 | 11 | 21 | 70 |
| **Illiterate** | 5 | 4 | 9 | 30 |

Analysis of education of 30 patients revealed that majority of patients belongs are literate i.e. 70% & 30% belong to illiterate respectively.

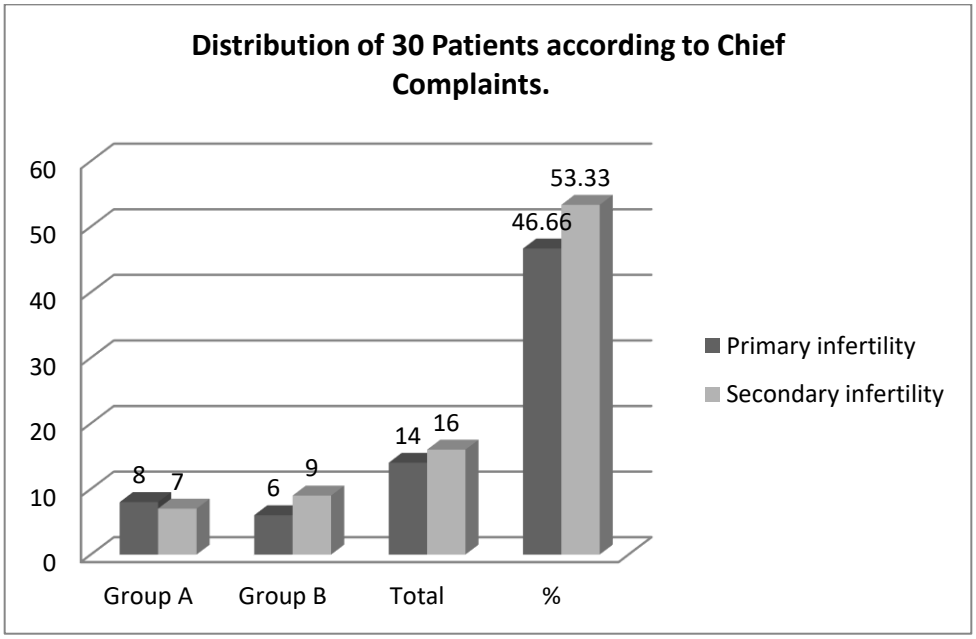



**Graph no. 6**

**Table No.11: Showing 30 Patients According to Chief Complaints.**

| Chief complaint | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Primary infertility** | 8 | 6 | 14 | 46.66 |
| **Secondary infertility** | 7 | 9 | 16 | 53.33 |

As observed from above table, chief complaint of Primary infertility was present in 14 (46.66%) patients and Secondary infertility were present in 16 patients (53.33%).

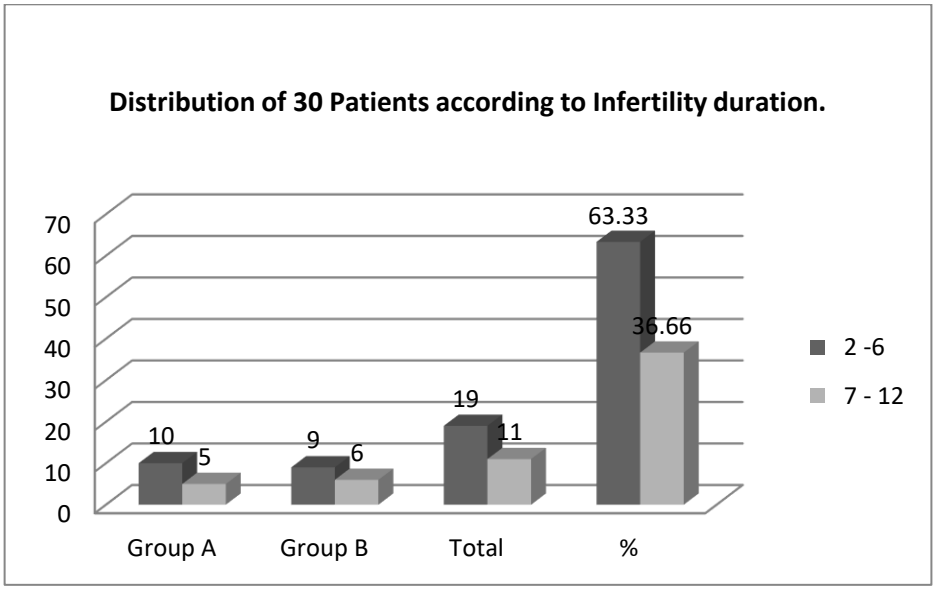



**Graph No. 7**

**Table No.12 : Showing 30 Patients According to Infertility Duration.**

| Infertility Dura(yrs | Group A | Group B | Total | % |
|---|---|---|---|---|
| **2 -6** | 10 | 9 | 19 | 63.33 |
| **7 - 12** | 5 | 6 | 11 | 36.66 |

The above table shows that 63.33% patients were between 2-6 yrs of infertility & 36.66% were suffering from infertility of 7-12yrs

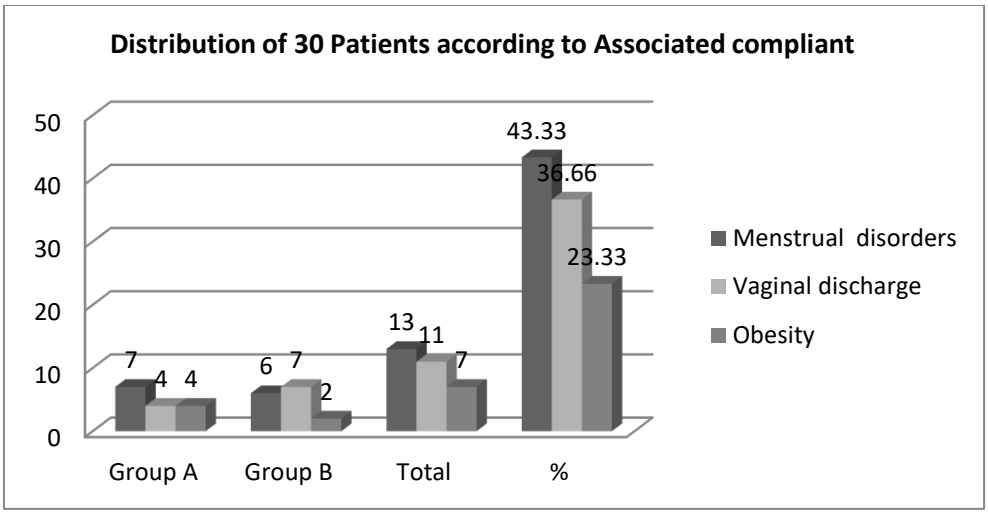



**Graph No. 8**

**Table No. 13 : Showing 30 Patients According to Associated compliant.**

| Associated compliant | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Menstrual disorders** | 7 | 6 | 13 | 43.33 |
| **Vaginal discharge** | 4 | 7 | 11 | 36.66 |
| **Obesity** | 4 | 2 | 7 | 23.33 |

The above table shows that 43.33% patients were have menstrual disorders and 36.66% of patients have vaginal discharge and 7 (23.33%) of patients were have obesity.

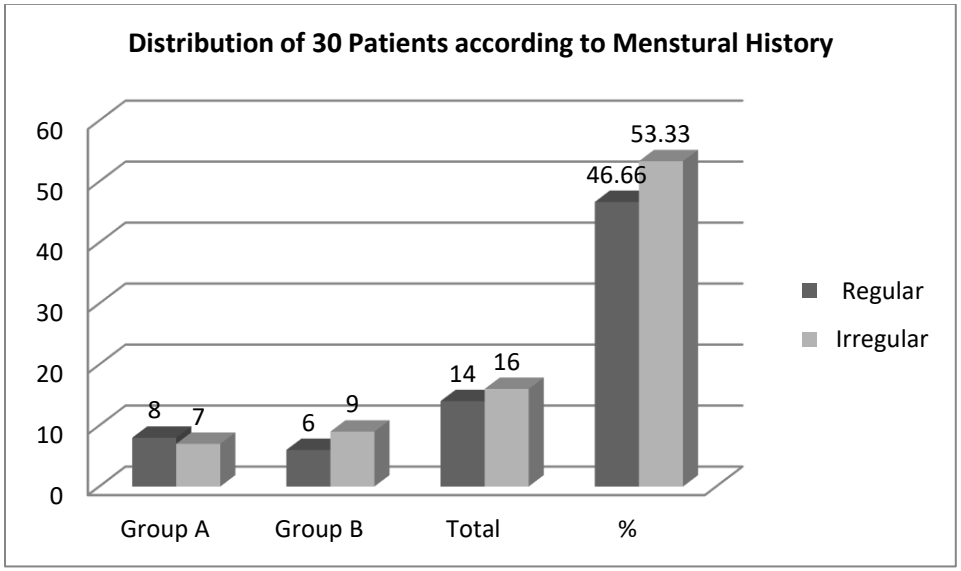



**Graph No. 9**

**Table No. 14: Showing 30 Patients According to Menstrual History.**

| Menstrual History | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Regular** | 8 | 6 | 14 | 46.66 |
| **Irregular** | 7 | 9 | 16 | 53.33 |

Above data shows that 46.66% patients were having regular menses and 53.33% patients having irregular menses.

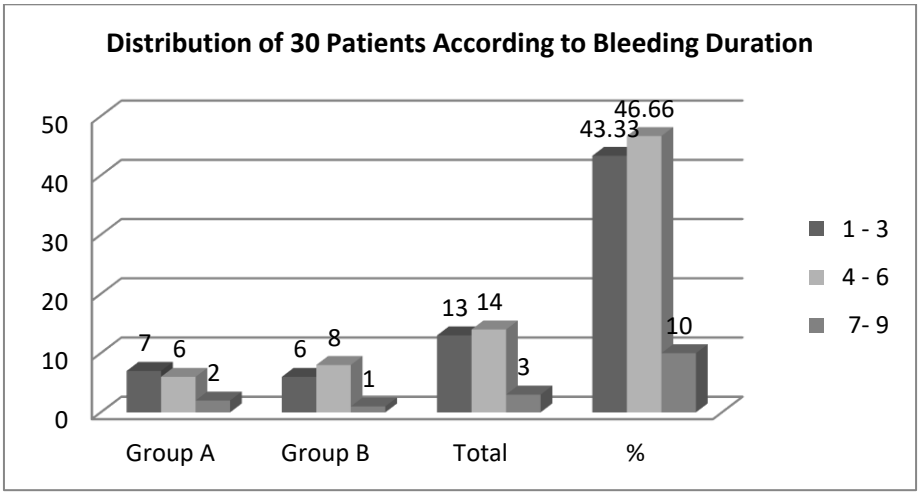



**Graph No. 10**

**Table No. 15 : Showing 30 Patients According to Bleeding Duration.**

| Bleeding Dura(days) | Group A | Group B | Total | % |
|---|---|---|---|---|
| **1 - 3** | 7 | 6 | 13 | 43.33 |
| **4 - 6** | 6 | 8 | 14 | 46.66 |
| **7- 9** | 2 | 1 | 3 | 10 |

The above table shows that 14 patients i.e. 46.66 % were having 4-6 days bleeding, 43.33% were having 1-3 days bleeding & 10% were having bleeding duration of 7-9 days.

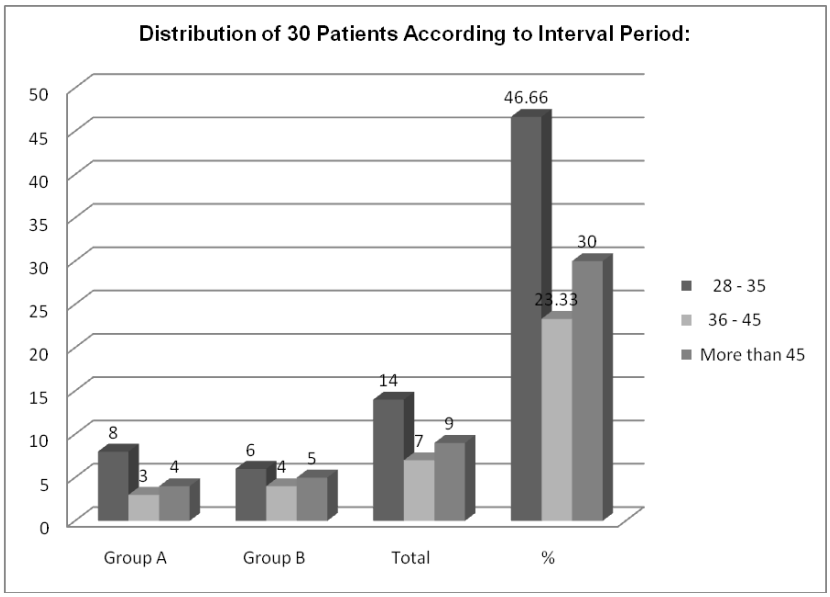



**Graph No. 11**

**Table No. 16 : Showing 30 Patients According to Interval Period.**

| Interval period (days) | Group A | Group B | Total | % |
|---|---|---|---|---|
| **28 - 35** | 8 | 6 | 14 | 46.66 |
| **36 - 45** | 3 | 4 | 7 | 23.33 |
| **More than 45** | 4 | 5 | 9 | 30 |

The above table shows that maximum patients i.e. 46.66% were having intermenstural period of 28-35 days, 30% patients were having 36-45 days of intermenstural period & 23.33% patients were having more than 45 days.

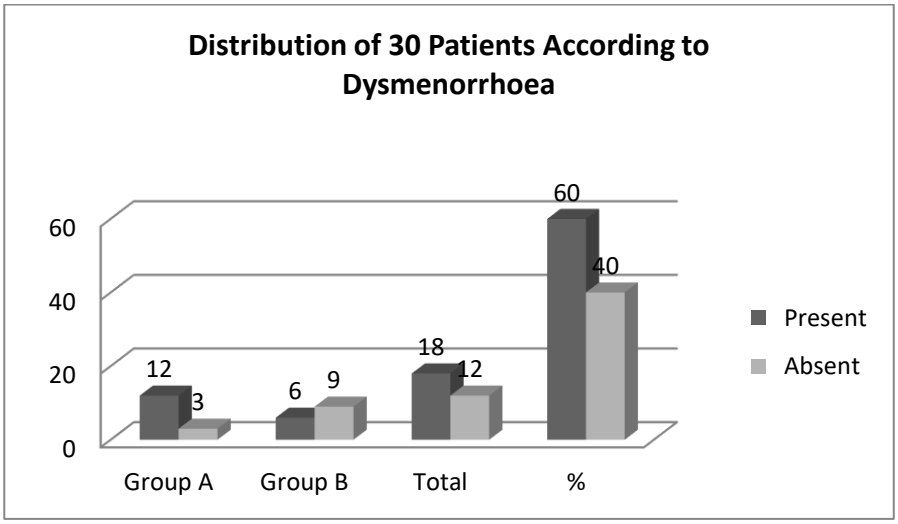



**Graph No.12**

**Table No. 18 : Showing 30 Patients According to Dysmennorhoea.**

| Dysmenorrhoea | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Present** | 12 | 6 | 18 | 60 |
| **Absent** | 3 | 9 | 12 | 40 |

The above observation shows that in 60% of cases have dysmenorrhoea and in 40 % of patients dysmenorrhoea was absent.

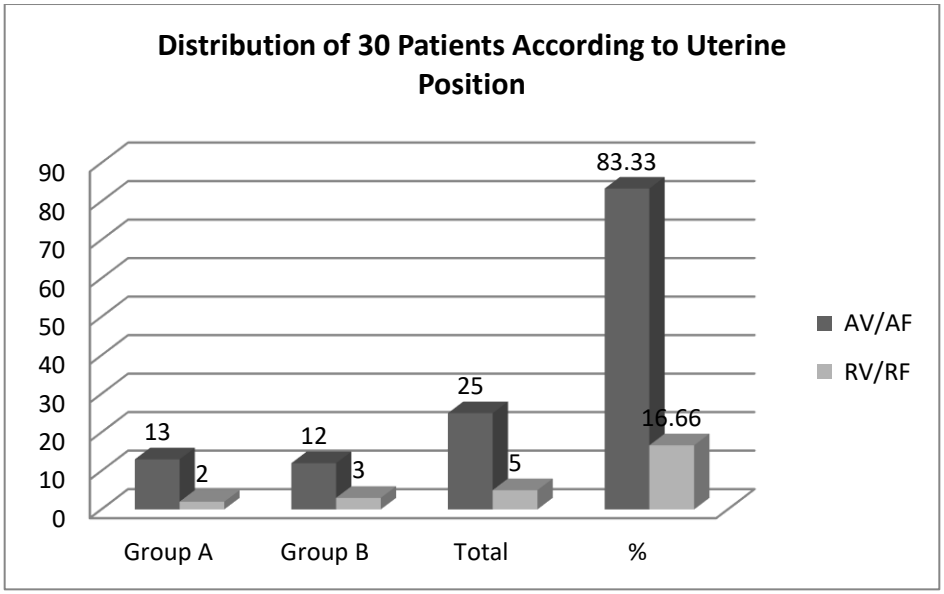



**Graph No.14**

**Table No. 19 : Showing 30 Patients According to Uterine position.**

| Uterine position | Group A | Group B | Total | % |
|---|---|---|---|---|
| **AV/AF** | 13 | 12 | 25 | 83.33 |
| **RV/RF** | 2 | 3 | 5 | 16.66 |

The above table shows that in 83.33% of patients were having anteverted & anteflexed uterus and 16.66% patients having retroverted & retroflexed uterus.

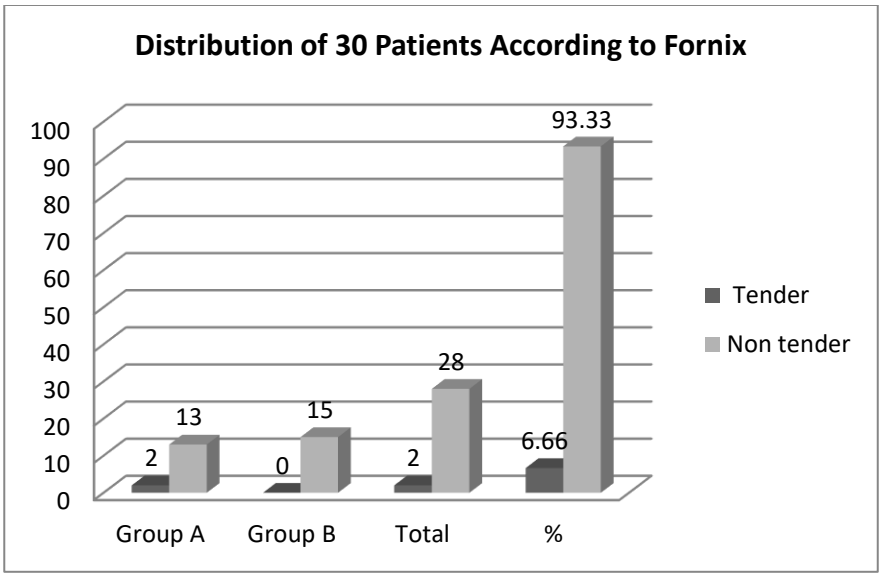



**Graph No. 15**

**Table No. 20 : Showing 30 Patients According to Fornix**

| Fornix | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Tender** | 2 | - | 2 | 6.66 |
| **Non-tender** | 13 | 15 | 28 | 93.33 |

The above table shows that 93.33% cases were having non-tender fornices & only 2 patients had tender fornix

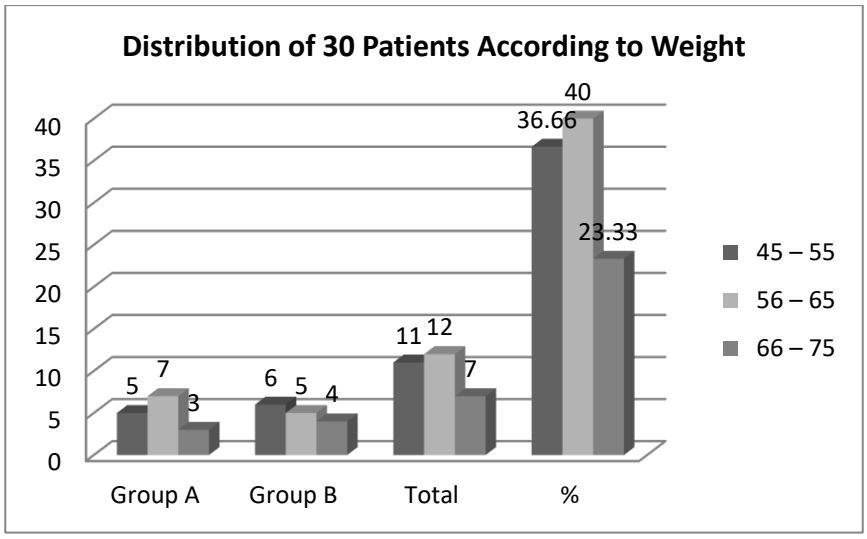



**Graph No. 16**

**Table No. 21 : Showing 30 Patients According to Weight.**

| Weight (Kgs) | Group A | Group B | Total | % |
|---|---|---|---|---|
| **45 – 55** | 5 | 6 | 11 | 36.66 |
| **56 – 65** | 7 | 5 | 12 | 40 |
| **66 – 75** | 3 | 4 | 7 | 23.33 |

The above table shows that 40% patients were between 56-65 kgs & 36.66% were between 45-55 kgs and 7 patients were between 66-75 kgs.

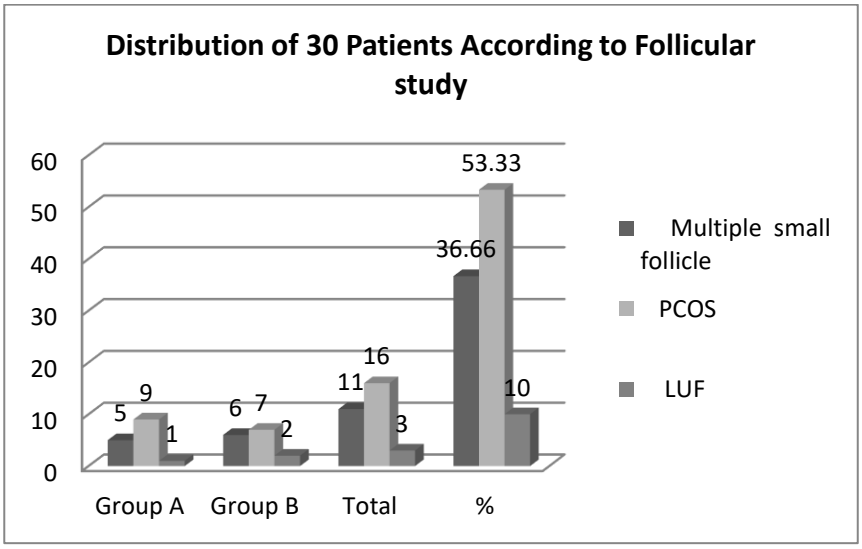



**Graph No. 17**

**Table No. 22 : Showing 30 Patients According to Follicular study.**

| Follicular study | Group A | Group B | Total | % |
|---|---|---|---|---|
| **Multiple small follicle** | 5 | 6 | 11 | 36.66 |
| **PCOS** | 9 | 7 | 16 | 53.33 |
| **LUF** | 1 | 2 | 3 | 10 |

The above table shows that 53.33% patients were having PCOS & 36.66% were having multiple small follicles and 3 patients were having LUF.

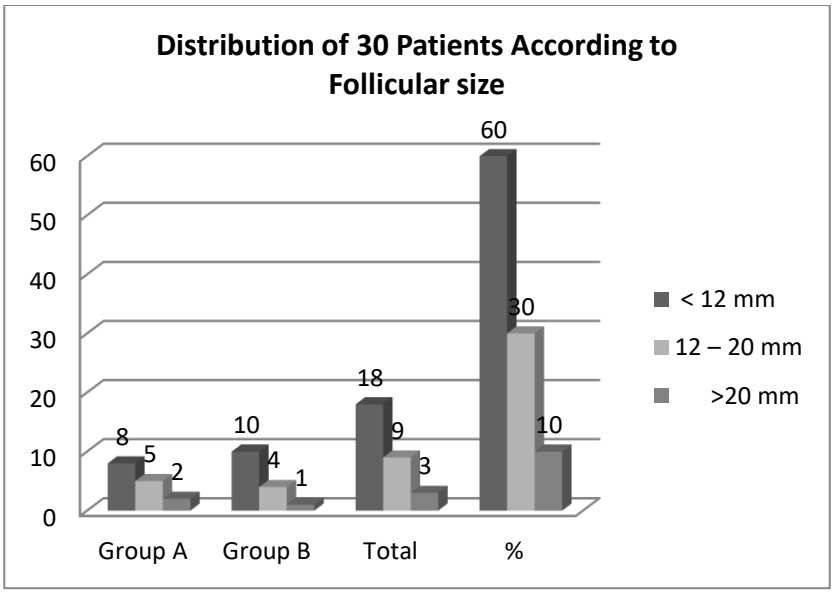



**Graph No. 18**

**Table No. 23 : Showing 30 Patients According to Follicular size.**

| Follicular size | Group A | Group B | Total | % |
|---|---|---|---|---|
| **< 12 mm** | 8 | 10 | 18 | 60 |
| **12 – 20 mm** | 5 | 4 | 9 | 30 |
| **>20 mm** | 2 | 1 | 3 | 10 |

The above table shows that 60% patients were having follicles size< 12 mm& 30% were having follicles size between 12-20 and 3 patients were having follicle size >20 mm.




**Graph No. 19**

## X. Results

**Table No. 24 : Showing Incidence According To Symptomatology (Trial Group)**

| Sign and Symptoms | BT Mean ± S.E. | AT Mean ± S.E. | df | T-value | p-value | Remark |
|---|---|---|---|---|---|---|
| **Dysmenorrhea** | **2.06 ± 0.300** | **0.533 ± 0.160** | **14** | **0.599** | **< 0.001** | **HS** |
| **Interval period** | **0.733 ± 0.228** | **0.266 ± 0.118** | | **2.64** | **>0.001** | **S** |
| **Duration of bleeding** | **0.666 ± 0.186** | **0.266 ± 0.118** | | **3.05** | **<0.001** | **HS** |
| **Follicular size** | **2.4± 0.190** | **0.6 ± 0.235** | | **6.44** | **< 0.001** | **HS** |

The above statistical analysis shows that in case of **dysmenorrhoea** the mean ± S.E. before treatment was **2.06 ± 0.300** and was reduced to **0.533 ± 0.160** after treatment. The test of significantly shows that Shatavari taila matra basti has highly significantly effect to reduce dysmenorrhoea with the P-value <0.001 after treatment.

In case of **interval period** between menses the mean ± S.E. before treatment was **0.733 ± 0.228** and was reduced to **0.266 ± 0.118** after treatment. The test of significance shows that Shatavari taila matra basti is significantly effective to reduce intermenstrual period with the P-value >0.001 after treatment.

In case of **duration of bleeding** the mean ± S.E. before treatment was **0.666 ± 0.186** and **0.266 ± 0.118** was reduced to after treatment. The test of significance shows that Shatavari taila matra basti has highly significantly effect to reduce duration of bleeding with the P-value <0.001 after treatment.

In case of **Follicular size** the mean ± S.E. before treatment was **2.4± 0.190** and was **0.6 ± 0.235** after treatment. The test of significance shows that Shatavari taila matra basti has highly significant in increasing the follicular size & ovulation with the P-value <0.001 after treatment

**Table No. 25 : Showing Incidence According To Symptomatology (Trial Group)**

| Sign and Symptoms | BT Mean ± S.E. | AT Mean ± S.E. | df | T-value | p-value | Remark |
|---|---|---|---|---|---|---|
| **Dysmenorrhea** | **1.2 ± 0.340** | **0.866 ± 0.236** | **14** | **2.645** | **< 0.05** | **S** |
| **Interval period** | **±0.933 0.228** | **0.733 ± 0.206** | | **1.870** | **>0.001** | **NS** |
| **Duration of bleeding** | **0.666 0.159** | **0.533 ± 0.165** | | **1.467** | **<0.001** | **NS** |
| **Follicular size** | **2.6± 0.163** | **1.533± 0.273** | | **4.298** | **< 0.001** | **S** |

The above statistical analysis shows that in case of **dysmenoorhoea** the mean ± S.E. before treatment was **1.2 ± 0.340** and was reduced to **0.866 ± 0.236** after treatment. The test of significance shows that Shatavari taila matra basti is significant to reduce dysmenorrhoea with the P-value <0.05 after treatment.
In case of the **interval period** between menses mean ± S.E. before treatment was **0.933 ± 0.228** and was reduced to **0.733 ± 0.206** after treatment. The test of significance shows that Shatavari taila matra basti is not significantly effective to reduce intermenstrual period with the P-value >0.05 after treatment.

In case of **duration** of menses the mean ± S.E. before treatment was **0.666 ± 0.159** and was reduced to **0.533 ± 0.165** after treatment. The test of significance shows that Shatavari taila matra basti is not significantly effective to reduce duration of menses with the P-value >0.05 after treatment.

In case of **Follicular size** the mean ± S.E. before treatment was and was **2.6± 0.163** and was reduced to **1.533± 0.273** after treatment. The test of significance shows that Shatavari taila matra basti is significantly effective in increasing the follicular size & thus in ovulation with the P-value >0.05 after treatment.

**Table: 26 Overall Effect on follicle size**

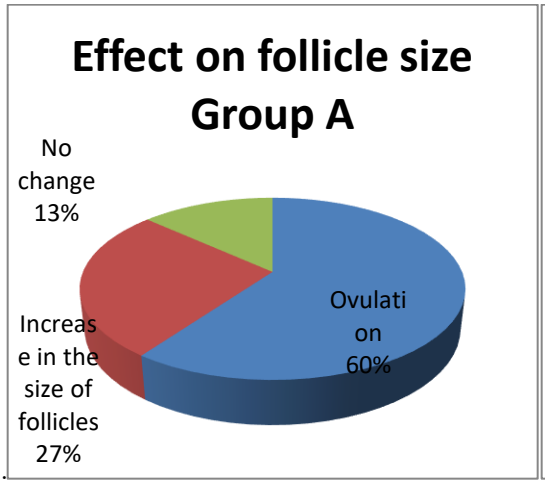
**Group – A(N = 15)**

| Result | No. of patients | Percentage% |
|---|---|---|
| Ovulation | 10 | 66.66 |
| Increase in the size of follicles | 3 | 20 |
| No change | 2 | 13.33 |

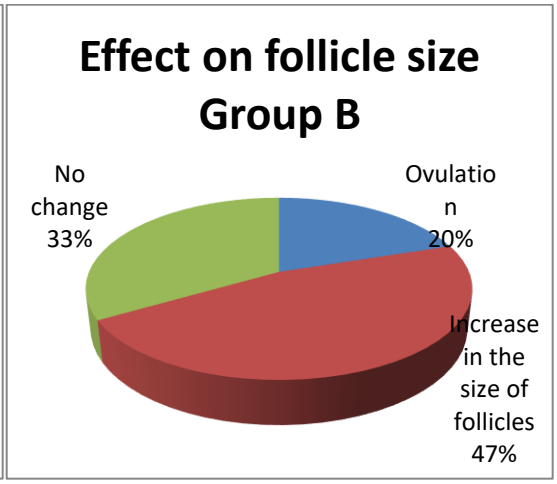
**Group – B (N = 15)**

| Result | No. of patients | Percentage% |
|---|---|---|
| Ovulation | 3 | 10 |
| Increase in the size of follicles | 7 | 46.66 |
| No change | 5 | 33.33 |

The above table shows that Ovulation was seen in 66.66% patients & follicular size improved in 20% and 2 patients were having no change




**Graph no. 20**

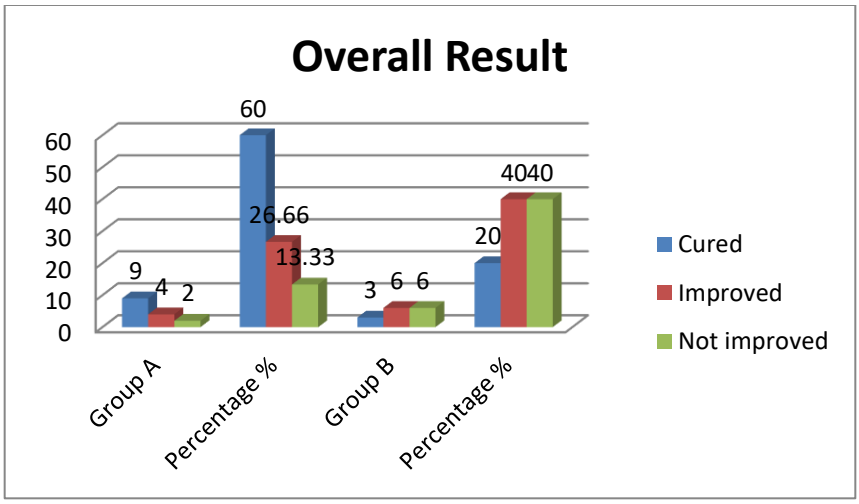



**Graph no. 21**

**Table: 27 Overall Result**

| Result | Group A | Percentage % | Group B | Percentage % |
|---|---|---|---|---|
| **Cured** | 9 | 60 | 3 | 20 |
| **Improved** | 4 | 26.66 | 6 | 40 |
| **Not improved** | 2 | 13.33 | 6 | 40 |

The above table shows that 60 % patients completely cured & improvement was seen in 26.66% patients and 2 patients were having no change in group A whereas only 20% cured, 40% got improvement & 40% remained unchanged in group B.




## XI. Discussion on Drug

### A. Probable Mode Of Action Of Drugs

Drug which is used internally or externally effects through its Rasa, Guna, Virya, Vipaka and Prabhava. Evaluation of action of drugs depends on above points. According to Ayurvedic Classics vitiation of Tridosha is a basic factor in any disease. According to Ayurvedic point of view action of drug on disease depends upon interaction between Tridosha and Drug's rasa panchaka.

### B. Properties of Shatavari taila

The drug used for Shatavari taila nirmana are mostly of Madhura rasa, Sheeta virya and having Madhura Vipaka with Laghu and Snigdha Guna. It can be said that due to Laghu guna it is easily absorbable and it can enter every part of the cells easily. Madhura rasa and Madhura vipaka has the same property. Madhura rasa is suitable for body and it increase the rasa and also helps in formation of Shukra. It has vataghna property having Tarpana and Brimhana karma.

So by these qualities, it nourishes the body. It has also regeneration capacity. Due to proper nutrition and vatanulomana follicle starts to get mature as we observed increase in size of follicle and after getting maturity rupture of follicle also occurs.

**Probable Mode Of Action Of Shatavari Taila**

**(By Matra Basti) According To Modern Concept**

To understand the possible mode of action of Shatavari taila we should consider route of administration, concept of enteric nervous system and endogenous opioids.

**(I) Route of Administration:**

According to modern pharmacokinetics, it is also proved that rectal drug administration might exceed the oral value due to partial avoidance of hepatic first pass metabolism, the rectum has a rich blood supply and lymph supply and drugs can cross the rectal mucosa like other lipid membrane. Thus unionized and lipid soluble substances are readily absorbed from the rectum. The rectal wall contains neuroreceptors and pressure receptors which are stimulated by various Basti dravyas. The portion absorbed from the upper rectal mucosa is carried by the superior haemorrhoidal vein into the portal circulation.

**(II) Concept of Enteric Nervous System (ENS):**

According to Ayurveda, the entire body physiology is governed by the Tridosha factor comprising of Vata, Pitta and Kapha Systems. The Vata system possibly governs all aspects of neuro impulsive activities; the Pitta system represents digestive and metabolic activities and related functions while the Kapha system is responsible for the body's solid substratum its stability as well as its immune defense system.

**(III) Endogenous Opioids:**

Endogenous opioids were first isolated and characterized by Hyges et al, in 1975; opioid receptors were first identified and isolated in the brain by Goldstein et al, in 1971. Endogenous opioids are a group of peptides which play an important role in the menstrual cycle through an inhibitory effect on hypothalamic GnRH secretion. Other pituitary hormones are also modulated by opiates. There are essentially three classes of Opioides:

(1) Endorphins
(2) Enkephalins
(3) Dynorphins

Matrabasti having best efficacy in the treatment of Vatika disorder is considered here to be most beneficial in curative, preventive and rejuvenate aspects of Basti as a whole.

Considering all the above factors we can **summarize** the following points.

1. Matrabasti through rectum reaches instantly into systemic circulation, thus has faster absorption and quick results.
2. Enteric and nervous system controls the motility, exocrine and endocrine secretions and microcirculation of the G.I. tract. ENS closely resembles the CNS.
3. Endogenous opioids are mainly present in G.I. tract and in brain (hypothalamus, pituitary). Endorphin has a role in regulation of normal menstrual cycle.

Matrabasti enters into G.I tract which is considered as enteric nervous system. Virya of Basti dravya stimulates endogenous opioids which are usually present in G.I. tract. These endogenous opioids ( endorphin) may influence GnRH release and aids to regulate Hypothalamo-pituitary ovarian axis and thus regulate menstrual cycle. Shatavari taila is having Tridoshashamka (especially vatashamaka), Artavajanana, Anulomana, Deepana, Rasayana, etc properties, thus vitiation of tridosha and Agni is checked, leading to samyaka ahara pachana and rasaraktadi dhatu utpatti.

Hence the Shatavari taila fulfills all the possible criteria of the therapeutic aspects for the Nastabeeja. As we observed through our clinical study that apart from matra basti as common procedure between two groups, maximum patients had ovulation in group A because of the additional effect of shatavari taila.

A Clinical study of Shatavari taila matra basti in Nastabeejs (Anovulation)" can be concluded based on discussion by mentioning the following important points.

- Infertility is a condition where the couple never conceives after one or more years of regular & unprotected intercourse.
- Though the defect in process of fertilization lies in both partners, the female is responsible to 40-60% of cases. Commonly the lacuna in female reflects as irregular & scanty menstruation which suggestive of Anovulation, thus contributes 20% cases.

- The treatment adopted in both Group A i.e. Shatavari taila matra basti and Group B, Placebo (til taila matra basti) were found to be effective but compare to Group B(control group), Group A (trial group) shows better results in normalizing the menstrual abnormalities & ovarian dysfunction .
- It can be concluded that Shatavari taila matra basti shows much more promising results in managing anovulation. No untoward effects were observed in any of the cases in both the groups.
- The method of treatment applied in both the groups was simple, economical and required no hospitalization and could be done at OPD level.

- After treatment it was found that most of the patients had ovulation & many patients relived of menstrual symptoms in trial group (Shatavari taila matra basti).However efficacy of the drug may be fully established with a large sample size in further research.

In conclusion, Shatavari taila matra basti was effective in the Management of Nastabeeja (Anovulation).

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# Integrated Approach of Janubasti in Pain Management of Janusandhigatavata: A Review

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**Abstract**

**Aim and Objectives: To review literature on the role of Janubasti in the pain management of Janusandhigatavata. Materials and Methods: Review of Charak Samhita, Nighantus, and Panchakarma textbooks was conducted to understand the application and efficacy of Janubasti.**

**Background: Janusandhigatavata, a form of Vata Vyadhi, presents with Sandhishool (joint pain), Sandhishotha (joint swelling), Sandhihanti (restricted movement), and Atopa (crepitus). It correlates with knee osteoarthritis in modern medicine, a degenerative disorder common in old age due to Dhatu Kshaya, lifestyle changes, and repetitive stress. The global prevalence is 28.7%, and in India, it ranges between 22-39%. Janubasti provides oleation (Snehana) to degenerating cartilage, improving pain, stiffness, and inflammation while enhancing oxygen and nutrient-rich blood flow to the joint, facilitating functional restoration.**

**Conclusion: Janubasti effectively oleates degenerative cartilage, alleviating pain, stiffness, and restricted movement, thus improving the quality of life in Janusandhigatavata patients.**

***Keywords: Janusandhigatavata; Janubasti; Vata Vyadhi***

## I. Introduction

Janusandhigatavata, described under Vata Vyadhi, is a degenerative disorder characterized by Sandhishool, Sandhishotha, Sandhihanti, and Atopa. It is analogous to knee osteoarthritis, which affects daily activities and independence among the elderly due to pain and stiffness (Singh et al., 2016). The condition arises due to Dhatukshaya and lifestyle factors contributing to joint degeneration (Sharma & Chopra, 2020).

Modern pharmacological treatments often provide symptomatic relief but may lead to adverse effects with long-term use. Ayurveda offers Janubasti, a localized oleation procedure, which can be an effective, non-invasive therapy for pain management in Janusandhigatavata (Tillu et al., 2019).

## II. Aim and Objectives

- To review classical and contemporary literature on Janubasti for pain management in Janusandhigatavata.

- To understand the mechanism of action of Janubasti in alleviating symptoms of knee osteoarthritis.

- To evaluate its role in restoring joint function and improving the quality of life.

## III. Materials and Methods

- Classical references from Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Nighantus were reviewed.
- Contemporary references from textbooks on Panchakarma and research articles were assessed.
- Studies evaluating the clinical outcomes of Janubasti on Janusandhigatavata were analyzed for understanding its efficacy and safety.

## IV. Review of Literature

### A. Janusandhigatavata

- Classified under Sandhigatavata in Ayurveda, primarily affecting Kaphasthana (joints).
- Pathogenesis involves Vataprakopa due to Dhatukshaya, leading to Sandhishoola and Sandhishotha (Charaka Samhita, Chikitsa Sthana 28/37).
- Modern correlation: Knee Osteoarthritis (Felson et al., 2000).

### B. Janubasti

- A Sthanika Snehana procedure where warm medicated oil is retained over the knee joint within a well-formed using black gram dough.
- Indications: Pain, stiffness, degenerative joint diseases (Sharma, Panchakarma Vijnana, 2018). Mechanism:
- Provides local Snehana and Swedana effect, improving circulation and reducing stiffness.

- Nutrient-rich medicated oils penetrate the joint capsule, aiding cartilage nourishment and pain relief (Tillu et al., 2019).

## V. Results (Literature-Based Inference)

Studies and classical references suggest:
- Reduction in pain (Sandhishool) and swelling (Sandhishotha).
- Improvement in range of motion and walking ability.
- No significant adverse effects when administered under supervision.

Example study:
Tillu et al. (2019) reported a significant reduction in VAS scores for pain and improved WOMAC scores in patients treated with Janubasti using Dashamoola Taila.

## VI. Discussion

The role of Janubasti in Janusandhigatavata aligns with the principles of Vata Shamana and Srotoshodhana. The warmth and medicated oil aid in pain relief, reduction of stiffness, and functional improvement. Modern studies have validated its role in reducing inflammatory markers and improving joint lubrication (Kulkarni et al., 2021).

Given the limitations of long-term NSAIDs in knee osteoarthritis, Janubasti offers a safe, effective, and affordable intervention, especially suitable for the geriatric population.

## VII. Conclusion

Janubasti, when administered as an integrated approach in Janusandhigatavata, provides effective pain management, reduces stiffness, and restores joint functions without adverse effects. It can be used as a standalone therapy or as part of a Panchakarma protocol for managing knee osteoarthritis.

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# Importance and Effect of Padabhyanga in Prevention and Management of Netra Rogas – A Review

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**Abstract**

**In Ayurvedic science, the eyes are regarded as the most significant among the five sense organs, fundamental to overall wellness. With increasing screen exposure and changing lifestyles, visual health is under growing threat. Ayurveda advocates daily practices (Dinacharya) to uphold systemic and sensory health. Among these, Padabhyanga—therapeutic foot massage—is emphasized for its nourishing effects on the eyes, being categorized as Chakshushya (eye-rejuvenating). Ancient Ayurvedic texts cite specific foot veins (Siras) directly connected to ocular pathways, which rationalize the impact of Padabhyanga on eye health. Incorporating this practice regularly is believed to restore systemic equilibrium, thus establishing its value in disease prevention and holistic care, particularly in the realm of Shalakya Tantra.**

***Key Words: Padabhyanga; Chakshushya; Swasthavritta; Dinacharya***

## I. Introduction

Swasthasya Swasthya Rakshanam[(1)], or maintenance of health, is the primary goal of Ayurveda. Ayurveda has placed greater emphasis on maintaining health and healing illness. It is crucial to adhere to a daily routine that includes exercise, organ care, and personal hygiene in order to achieve optimal physical and mental health. In Brihatrayee, Padabhyanga (foot massage) is mentioned as a dinacharya (daily ritual) element and its advantages are explained. Padabhyanga is a therapeutic approach that promotes general well-being and is often used in Ayurveda as a kind of self-care. The feet have a large number of Marma points that are associated with various organs and systems, including the eyes. Daily Practicing may influence the pertinent organs and systems, such as the eyes, by using Padabhyanga to activate these locations. In Ayurveda, the body is seen as a unit, where every component has an impact on the whole. As a result, taking care of the feet and stimulating specific Marma points associated with the eyes may improve eye health and general well-being.

## II. Materials And Methods

This review was compiled through a qualitative assessment of classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, along with contemporary research articles and online journals. Electronic databases like PubMed, ResearchGate, and Google Scholar were searched using terms like “Padabhyanga,” “eye health,” “Chakshushya,” and “foot reflexology.” References from peer-reviewed journals and online Ayurveda platforms were evaluated for relevance, authenticity, and scientific value.

## III. Significance of Abhyanga in Dinacharya[(2)]

Abhyanga is advised to be done daily to whole body, and special importance to be given to Shiras (Head), Shravana (Ears) and Paada (Feet). Its benefits are

- Jaranashana (Slows aging)
- Shramahara (Reduces fatigue)
- Vatahara (Normalises vatachalana)
- Dristhiprasadana (Improves vision)
- Pushtikara (Nourishes the body)
- Ayushkara (Extends lifespan)
- Swapnakara (Induces good sleep)
- Twakdaryakara (Nourishes skin)

## IV. Importance of Padabhyanga [3]

Padabhyanga as a separate entity has been special importance as it induces,

- Nidra (Good Sleep)
- Dehasukha (Pleasure to the body)
- Chakshushya (Good vision)
- Paadamrudukari (Softens the feet)

It's also indicated to alleviate Paada Kharatva (Roughness), Sthabdadtva (Stiffness), Rouksya (Dryness), Suptata (Numbness), Sphutana (Cracks), Gridhrasi (Sciatica), Sira and Snayu Sankocha[4](Vascular and tendon disorders).

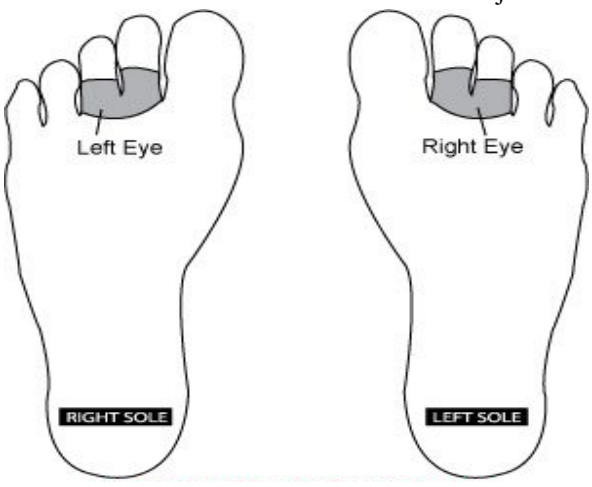
## V. Nadis Related to Eye and Feet

According to Nadi vigyana, Nadi darpana, there are 10 Nadis (Nerves) in the head, two of which are related to eyes. Pushya and Alambusha are two nadis connecting to the retinas and eye-balls, carrying ocular perceptions to the brain

- Gandhari - surrounds Ida Nadi (Type of nerve), which extends from pada and ends in left eye.
- Hastijihwa - surrounds Pingala Nadi (Type of nerve), which extends from pada and ends in right eye.[5]

Acharya Vriddha Vagbhatta mentions siras, or vessels, which are located in the middle of the foot and are connected to the eyes. These Nadis are activated during Padabhyanga, which results in the Chakshushya effect. According to Ayurveda, both Pada and Netra have their roots in Rajas-Ahamkara (passionate source of creation) and Vaikarika (modified source of creation), and they both emerge in the same month of intrauterine existence. Because of their shared ancestry, we can therefore apply therapy to Paada and have its effects on Netra.[6]

Fig 1 : Gandharinadi on right soul Hastijihwa nadi on left sole of feet



Padashritha Marma – 4

i) **Kshipra**–Snayu and Kalantar pranahara marma
ii) **Kurcha** –Snayu and Vaikalyakara marma
iii) **Kurchashira** – Snayu and Rujakara marma
iv) **Talahridaya** – Mamsa and Kalantara pranhara marma

These are vital points situated in Paada where muscles, bones, vessels, ligaments join each other where prana resides.




Fig 2:Sites of Padashritha Marma [7]

These marma points directly influence on functioning of the internal organs. Any dysfunction or injury to these marmas can lead to imbalances that affect not only physical movement but also emotional and psychological states. It's the influence of marmavignana in ayurveda is the base of origin on reflexology, acupressure and acupuncture methods of healing.

## VI. Reflexology and Acupressure[8]

It is an ancient therapy used by Chinese, Egyptians, North American tribes for healing. It works on the principle saying that each area of hands and feet represent each part of the body, Such as eyes, heart, liver, spleen, lungs, kidneys and other internal organs, When various areas of hands and feet are massaged, it stimulates energy, blood circulation, nerves resulting in therapeutic effects including relieving mental stress, promoting blood circulation, delaying aging, detoxifying body. The energy meridians in body cross over each other at the neck, so reflex points for left eye is on right foot and vice-versa. Foot reflexology is being widely practiced in treating many systemic disorders.

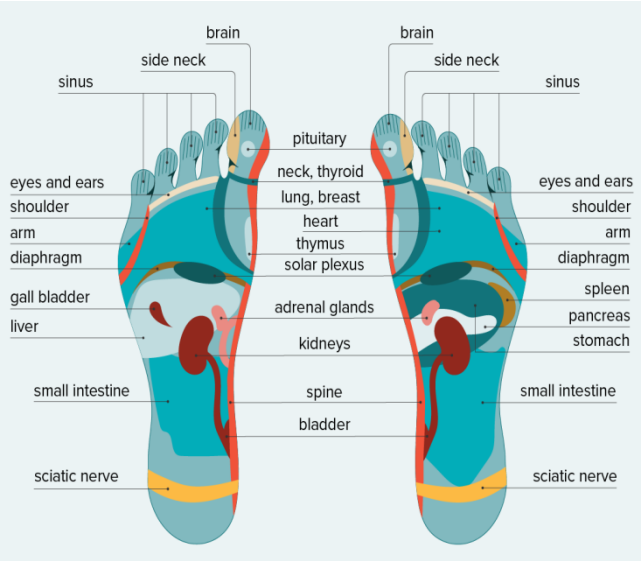



Fig 3: Foot Reflexology Chart [9]

## VII. Acupuncture

Is a traditional Chinese medicine which has been used for over 5000 years, for various degenerative and psychosomatic disorders which increases the blood flow in several organs by modulating central circulatory and autonomic nervous system dysfunction. It has been reported that acupuncture targeting the vision-related acupuncture points around the orbits and on the limbs increased blood flow through supratrochlear, which is a branch of ophthalmic artery, by inducing changes in vascular resistance.[10]

## VIII. Connection between foot massage and vision enhancement

- Padabhyanga may stimulate the somato sensory area in the cerebral cortex which has eyes and feet in the same area, its stimulant effect may reach the eyes and may act by improving the functioning of eyes.[11]
- According to Vaishistha Samhita, there are 10 types of vayu, among those vyana and kurma vayu within the nadi system are responsible for eye function, by directly connecting the feet to eyes, Padabhyanga impacts vayu balance, ensuring proper eye function.[12]
- Acc to Charaka samhita, it has been stated that vayu predominantly resides in twak, this vayu, flows throughout the body via nadis, carrying the tactile sensations.

## IX. Results

Several clinical and observational studies, although limited, support the efficacy of Padabhyanga in relieving eye strain, improving sleep, reducing stress and enhancing visual performance. Reports also suggest its effectiveness in managing Computer vision syndrome, dry eyes and refractive error such as myopia, hyperopia and astigmatism when practiced consistently as a preventive measure. Case studies from Ayurvedic OPDs have noted improvement in Timira, Abhishyanda and Adhimantha when Padabhyanga is administered as an adjunct therapy.

## X. Discussion

Padabhyanga is a self-practicable therapy which can be practiced by an individual daily and can be included in everyday as a routine. Every individual from pediatric to geriatric population can practice it daily. In present era, adopting it can prevent many diseases mentioned above. It aligns with Ayurvedic principles, which emphasize the balance of mind, body, and spirit for optimal health. It involves massaging the soles of feet with processed oils of medicated ghee used according to the individual constitutions. It can be practiced as a complimentary therapy for various health conditions due to its add on effects on the whole body, aiding in betterment of the life.

## XI. Conclusion

Practicing Padabhyanga daily can promote the eye health by bringing vata to equilibrium balancing the doshas in the body. Balancing the shareerika and manasika doshas aids in imbalance impacting the eye health. It reduces the fatigue experienced by the eyes throughout the day through relaxation. it complements the existing eye care techniques but can't be replaced with professional eye care. Individuals should consult an ophthalmologist for complete evaluation and appropriate treatment.

Further clinical research and large scale studies are needed to establish standardized protocols and confirm its role in mainstream ophthalmic care.

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# *Ritusandhi*: A Critical Evaluation and Its Modern-Day Correlation

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**Abstract**

**A significant goal of ayurveda is to prevent disease through lifestyle management, diet, habits and self-care. *Ayurveda* has explained *Dincharya, ritucharya, Sadvritta, ratricharya* in *ritucharya* described *ritusandhi* (transit season) lowers down the immune system of the body and makes the conditions favourable for the spread of the disease. *Ritusandhi*, the *Ayurvedic* concept of seasonal transitions, emphasizes the importance of adapting one's lifestyle, diet, and habits during the junction between two seasons to maintain physical and mental balance. This ancient wisdom, rooted in preventive health care, highlights the vulnerability of the human body during these transitions due to environmental changes. In the modern era, where lifestyle disorders, stress, and environmental challenges such as climate change are on the rise, the principles of *Ritusandhi* are more relevant than ever. This article critically evaluates the concept of *Ritusandhi*, examining its theoretical foundation and exploring its practical applications in contemporary health management. By drawing correlations between *Ayurvedic* seasonal practices and modern wellness strategies, such as immunity boosting, detoxification, and mental health support, this paper argues for the integration of *Ritusandhi* into modern preventive health care. Furthermore, the article examines the scientific basis behind seasonal transitions and their effects on the human body, offering a holistic perspective on maintaining well- being in today's fast-paced world.**

***KEYWORDS: Ritusandhi; immunity; ritucharya; vyadhi; uttarayan; dakshinayan***

## I. Introduction

Ayurveda is not just a system of medicine; it is a comprehensive science of life. Its primary goal is to prevent illness and promote overall health. Unlike other medical systems, Ayurveda emphasizes the fundamental principles of healthy living. Throughout the centuries, while the nature of diseases may have changed and new ones emerged, the Ayurvedic approach to maintaining health remains timeless, addressing both ancient needs and future challenges. The concept of positive health, known as "Swasthavritta," is thoroughly explored in the second *Chatuska* of the Charaka Samhita[1]. Among the key principles outlined by our sages is *Rituandhi*. Ayurveda outlines specific seasonal regimens, and abruptly changing practices between seasons can increase susceptibility to illness.[2] The transition period between two seasons, known as Ritusandhi, is crucial for health; it's recommended to minimize activities during this time and to gradually adjust habits.[3] A rapid change can lead to *Asatmyaja roga,* as explained by Hemadri in the Ashtanga Hrdaya. Acharya Charaka emphasized *Ritusatmya*, focusing on maintaining optimal health and avoiding seasonal disorders *(Kalaja Vyadhi)*. The duration of each regimen should be adjusted slowly based on the dosha and the specific seasons in each region. With today's unpredictable seasonal patterns, recognizing Ritusandhi *charya* requires careful observation. A healthy environment is vital for well-being, highlighting the importance of environmental protection during key seasonal transitions. The principles of Ritusandhi can also help in adapting to significant climatic changes, promoting a shift from *asatmyaja* to *satmyaja* for better health.

## II. Aims and Objective:

1. To define Ritusandhi and its significance in Ayurveda.
2. To critically assess the relevance of Ritusandhi, the Ayurvedic concept of seasonal transitions, in the context of modern health practices and environmental changes.
3. To assess the potential health risks associated with abrupt changes in lifestyle and diet during seasonal shifts, drawing parallels with *Asatmyaja roga.*

## III. Materials and Method:

References have been gathered and pertinent information compiled from Ayurvedic literature. Available commentaries on the Samhita have also been reviewed. The compiled material has been reorganized and critically analysed to facilitate discussion, with efforts to identify the practical significance of these findings in the current context.

*Ritusandhi:*

*Ritusandhi,* the transitional period between seasons, is not explicitly mentioned in the *Charaka Samhita or Sushruta Samhita*. However, *Acharya Charaka* emphasized the importance of *Ritu Satmya,* the practice of adapting to seasonal changes, to maintain good health and prevent seasonal disorders *(Kalaja Vyadhi*).[4] Proper adjustment to seasonal shifts helps the body cope with environmental stress and maintain overall well-being.

The concept of *Ritusandhi* was first introduced in the *Ritucharya* chapter of *Sangrahakala* by *Vagbhata.[5]* Later, *Acharya Sharangadhara* refined it, defining *Ritusandhi* as a fifteen-day transition period during *Kartik* (October–November) and *Margashisha* (November–December), which he termed *Yamadamshtra Kala.*[6] *Nagarjuna,* the author of *Rasavaisheshika*, also acknowledged *Ritusandhi*, referring to it as *Sadharana Ritu*. He noted that during transitional periods such as *Pravrat, Vasanta, and Sharad*, temperatures remain moderate, which makes it an ideal time for gradual bodily adaptation.

Commentators of the *Charaka Samhita*, including *Chakrapani, Gangadhar,* and *Yogindranath Sen,* followed the *Astanga Hridaya*, which was composed after *Srinivasa's* 17th-century medical treatise, *Chikitsa-tilaka*. This further reinforced the significance of seasonal transitions in *Ayurvedic* practice.

To maintain health and vitality, it is essential to gradually shift from one season's regimen to the next rather than making abrupt changes. Proper diet and lifestyle adjustments during *Ritusandhi* help prevent *Asatmyaja Roga* (seasonal disorders). A person who follows an appropriate seasonal routine will experience enhanced strength, vitality, and radiance. Therefore, during *Ritusandhi*, one must progressively discontinue the previous season's habits while gradually introducing the new season's practices in a structured manner to avoid health complications. This is referred as *Padanshik* Krama.[7]

**Definition of Ritusandhi –**

The last seven days of ongoing Ritu and first seven days of next Ritu. The regimen prescribed for Ritusandhi period is calculated to help in a smooth change over from one season to the other.[8]

Table 1: Characteristics of *Uttarayana and Dakshinayan*

| *Uttarayana[9]* | *Dakshinayana [10]* |
|---|---|
| *Ritu- Shishir, Vasanta, Grishma* | *Varsha, Sharad, Hemanta* |
| *Sun & air- Teekshana, Ushana, Ruksha* | *Moon is strong, sun weaker, air colder* |
| *Earth's Samyansh decreases* | *Due to clouds and rain earth cools down* |
| *Tikta, Kashaya, Katu ras* | *Madhur, Amla, Lavana ras* |
| *Aagneya Pradhan* | *Saumya* |
| *Jatharagni- Mand* | *Jatharagni- Teekshana* |

This table represents *Aaharakrama* for 14 days of Ritusandhi according to *Acharya Hemadri*[11]

| Day of Ritusandhi | Ahara of preceding season ( Apathya part) | Ahara of Succeeding season (Pathya Part) |
|---|---|---|
| 1st day | 3parts | 1 part |
| 2nd day | 4 parts | - |
| 3rd day | 2 parts | 2 parts |
| 4th day | 2 parts | 2 parts |
| 5th day | 3parts | 1 part |
| 6th day | 1 part | 3 parts |
| 7th day | 1 part | 3 parts |
| 8th day | 1 part | 3 parts |
| 9th day | 2 parts | 2 parts |
| 10th day | 2 parts | 2 parts |
| 11th day | 2 parts | 2 parts |
| 12th day | 2parts | 2 parts |
| 13th day | 2parts | 2 parts |
| 14th day | 2parts | 2 parts |
| 15th day | - | 4 parts |

## IV. Discussion

Biological Changes According to Ritu Sandhi-

In the Indian calendar, the year is divided into six distinct seasons, each transitioning into the next through a phase known as Ritu Sandhi. This seasonal junction influences bodily functions, requiring specific dietary and lifestyle adjustments to maintain health. The six Ritu Sandhi periods are as follows:

1. Varsha to Sharad Ritu Sandhi-

   The transition from the Varsha to Sharad results in the accumulation of Pitta dosha, which becomes aggravated as the sun's rays intensify. To balance this, Ayurveda recommends therapies such as Ghritapana, Virechana (purgation therapy), and Raktamokshana (bloodletting). A diet rich in Tikta, Madhura, and Kashaya rasa is beneficial. The consumption of Hansodak—a naturally purified form of water—helps pacify the aggravated Tridoshas during this time.

2. Sharad to Hemanta Ritu Sandhi-

   This marks the final phase of Visarga Kala, strengthening the body. However, due to blocked Srotas (channels), the digestive fire (Agni) intensifies. The transition from Sharad to Hemanta stimulates Agni, leading to the digestion of bodily tissues i.e. Dhatus. To maintain balance, food enriched with Madhura, Amla and Lavana rasa should be consumed. Acharya Sushruta emphasizes the importance of Kshara, Tikta, Amla, ghee (Ghrita), oil (Taila), and warm foods during this phase.

3. Hemanta to Shishir Ritu Sandhi-

   Hemanta Ritu a part of Visarga Kala, provides maximum strength, but as Shishir Ritu begins, this strength starts diminishing. The drop in temperature increases Vata dosha, leading to dry and cracked skin. Due to longer nights, hunger intensifies in the morning. A diet rich in Madhura, Amla, Lavana rasa, along with heavy (Guru) and unctuous (Snigdha) foods, is recommended. The cold weather preserves body heat, strengthening Jatharagni (digestive fire) and enhancing digestion.

4. Shishir to Vasanta Ritu Sandhi-

   The Kapha dosha, accumulated during Hemanta and Shishir, starts liquefying due to increased sunlight in

Vasanta Ritu, weakening Pachakagni (digestive fire). This seasonal transition results in decreased strength and a heightened susceptibility to diseases. A reduced appetite is common, so avoiding Snigdha, Amla and Lavana foods is advisable. Daytime sleep should also be avoided as it can increase Kapha levels in the body.

5. Vasanta to Grishma Ritu Sandhi-

As Vasanta transitions into Grishma, Kapha dosha decreases while Vata dosha rises due to intense heat. The sun's strong rays deplete bodily moisture, making hydration and cooling foods essential. A diet incorporating Madhura rasa, Laghu, Snigdha, Sheeta , and liquid-based foods is ideal. Cold baths and Shramahar Dravyas help counteract the effects of increased heat. Since digestion weakens, light and easily digestible meals are recommended.

6. Grishma to Varsha Ritu Sandhi-

The transition from Grishma to Varsha belongs to Adana Kala, where digestive fire (Agni) weakens, and Doshas become imbalanced. Rainfall and cloud cover cause water contamination, leading to the aggravation of Tridoshas. To counteract this, dry foods rich in Amla, Lavana, snigdha properties, preferably consumed with honey, are recommended. Sadharana Ritucharya (a balanced seasonal regimen) should be followed to support Agni and maintain overall health.

Disease onset and relation of Ritu – Vataj Vyadhi-Pravritta[12] Pittaj Vyadhi - Sharad [13] Kaphaj Vyadhi- Vasanta [14] Raktaja Vyadhi– Sharad

## V. Conclusion

1. Physiological Impact

From a scientific perspective, the human body undergoes several metabolic and immunological shifts during seasonal transitions. Sudden changes in temperature and humidity can lead to weakened immunity, increasing susceptibility to infections.

2. Chronobiology and Circadian Rhythms

Modern research in chronobiology supports the Ayurvedic concept of *Ritusandhi*. The body's internal clock, which regulates hormone secretion, digestion, and sleep cycles, is influenced by seasonal changes. Disruptions in these rhythms can lead to seasonal affective disorders, metabolic imbalances, and weakened immunity.

3. Role of Microbiome

The gut microbiome plays a critical role in adapting to dietary and environmental changes. Ayurveda's emphasis on gradual dietary transitions aligns with modern findings that suggest abrupt dietary changes can disrupt gut flora, leading to digestive and metabolic disorders.

4. Immunological Adaptation

During *Ritusandhi*, the body's immune system needs time to adjust to new allergens, pathogens, and climatic conditions. Ayurveda's recommendation for herbal adaptogens and immune- boosting foods finds validation in contemporary immunology, which emphasizes the role of nutrition in immune modulation.

The concept of *Ritusandhi* offers a valuable framework for understanding seasonal transitions and their impact on human health. Modern scientific studies in chronobiology, microbiology, and immunology validate the Ayurvedic principles associated with this period. By integrating traditional wisdom with contemporary research, we can develop holistic strategies for maintaining health and preventing seasonal ailments in today's fast-paced world.

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# Therapeutic Efficacy of a Polyherbal Formulation in The Management of Menorrhagia - A Holistic Approach

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**Abstract**

**Asrugdara, a raktapradoshaja vikara, is characterized by abnormal uterine bleeding caused primarily due to rakta dushti and associated dosha imbalances. The present study evaluates the efficacy of Shonithasthapana Mahakashaya (SSMK) subgroups—specifically Ghana Vati formulations—on the three doshaja variants of Asrugdara: Vataja (VA),Pittaja (PA), and Kaphaja (KA). Results demonstrated a significant reduction in bleeding duration, volume, and associated symptoms across all groups, indicating the sangrahana (hemostatic), shodhana (detoxifying), and doshaghna (dosha pacifying) properties of the SSMK drugs. Anupana (madhu) and adherence to pathya-apathya (diet and lifestyle recommendations) further enhanced outcomes. The study concludes that tailored SSMK subgroup administration based on dosha predominance offers an effective therapeutic strategy for managing Asrugdara.**

***Keywords – Asrugdara; Shonitasthapana Mahakashaya; Management of Menorrhagia***

## I. Introduction

Menorrhagia (Asrugdara) poses a significant challenge in gynecological practice, often attributed to raktapradoshaja vikara in Ayurvedic medicine. The pathogenesis revolves around rakta dushti—impurity or vitiation of the blood—and its interplay with the three doshas: Vata, Pitta, and Kapha, which dictate the clinical manifestations of the disease[1]

Classical texts provide varying perspectives on the classification and management of Asrugdara, necessitating a detailed doshaja analysis for targeted treatment. The Shonithasthapana Mahakashaya[2] group of herbal drugs, known for their rakta sthapana (hemostatic and restorative) properties, have been traditionally used but lack systematic clinical evaluation in dosha-specific contexts.

This study aims to evaluate the efficacy of SSMK subgroups—formulated as Ghana Vati—on Vataja, Pittaja, and Kaphaja types of Asrugdara using a Black Box design for holistic diagnosis and therapeutic application.

## II. Review of Literature

Menstrual disorders have been extensively described in classical Ayurvedic literature under the concepts of artava and its derangements, including asrugdara. Artava is considered an upadhatu of rasa dhatu[3], agneya in nature, and vital for reproductive function and overall female health. Its normal characteristics (shuddhaartava) include color, quantity, duration, and periodicity, which are elaborated in ancient texts such as Charaka Samhita, Sushruta Samhita, and

Ashtanga Sangraha. Classical scholars described its appearance, quantity (e.g., 4 anjali according to Ashtanga Sangraha[4]), and ideal qualities, while also outlining disorders caused by its increase (vriddhi) or decrease (kshaya).

The formation of artava is attributed to transformation of rasa and rakta, while its physiology involves specific srotas (artavavahasrotas) originating from the uterus and related dhamanis. Disruptions in these pathways manifest as menstrual disorders, including asrugdara.

Asrugdara refers to excessive uterine bleeding or Menorrhagia, correlated with raja atipravritti, and is considered a raktapradoshajavikara. Definitions and synonyms such as pradara, atiraja, and rakta yoni[5] are found across Ayurvedic treatises. Nidaana (etiology) includes dietetic, behavioural, mental, and trauma-related factors, with classifications elaborated by Charaka, Bhavamishra, Yogaratnakara, and Madhavakara. The pathogenesis involves vitiation of rakta and doshas, carried to the uterus through artavavahasrotas, producing excessive menstrual discharge beyond normal menstrual flow.

The clinical features (roopa) of asrugdara are detailed as both general and specific according to doshic dominance, leading to its classification into vataja, pittaja, kaphaja, and sannipataja forms. Prognostic features distinguish between curable (saadhya) and incurable (asaadhya) cases, based on chronicity, doshic involvement, and systemic complications.

Management (chikitsa) of asrugdara is described in line with therapies for raktapitta and garbhasrava[6], involving shodhana (purificatory therapies) and shamana (pacifying therapies), as well as supportive local treatments like uttarabasti and pichu. Internal medications, including formulations from shonitasthapanamahakashaya, aim to stabilize and restore normalcy of rakta. Drugs such as madhu[7], lodhra, gairika, and laja[8] are highlighted for their rakta-stambhana (haemostatic) and rakta-prasadana (blood-purifying) actions, with their properties elaborated across Nighantus and Brihatrayees.

## III. Materials and Methods

### A. Study Design

A prospective, open-label clinical study using a Black Box design, focusing on Ayurvedic diagnostic principles and integrated clinical assessment.

### B. Participants

Subjects diagnosed with Asrugdara were classified into three groups based on dominant dosha involvement:

- Group 1: Vataja Asrugdara (VA)
- Group 2: Pittaja Asrugdara (PA)
- Group 3: Kaphaja Asrugdara (KA)

Inclusion criteria comprised females aged 18–45 years with clinical symptoms of abnormal uterine bleeding, confirmed by Ayurvedic diagnostic parameters.

### C. Intervention

Each group received a specific Ghana Vati formulation of the Shonithasthapana Mahakashaya subgroup corresponding to their doshaghnata:

- Group 1 (VA): Madhuka, Priyangu, Kumkuma
- Group 2 (PA): Mocharasa, Shrakara, Gairika
- Group 3 (KA): Mritkapala, Lodhra, Laaja

The drugs were administered with madhu as an anupana[5] (after-drink), alongside strict adherence to pathya-apathya guidelines.

### D. Outcome Measures

A self-prepared assessment scale evaluated severity of symptoms on Day 0 and Day 60, including:

- Duration and amount of bleeding (pad usage, degree)
- Color and nature of bleeding
- Pain during bleeding
- Associated symptoms (e.g., kati shoola, prushta shoola, daha, chardi)
- Intermenstrual interval

### E. Statistical Analysis

Paired t-tests and Wilcoxon signed-rank tests were used to analyze pre- and post-treatment data, with $p<0.05$ considered statistically significant.

## IV. Results

### A. Vataja Group (VA)

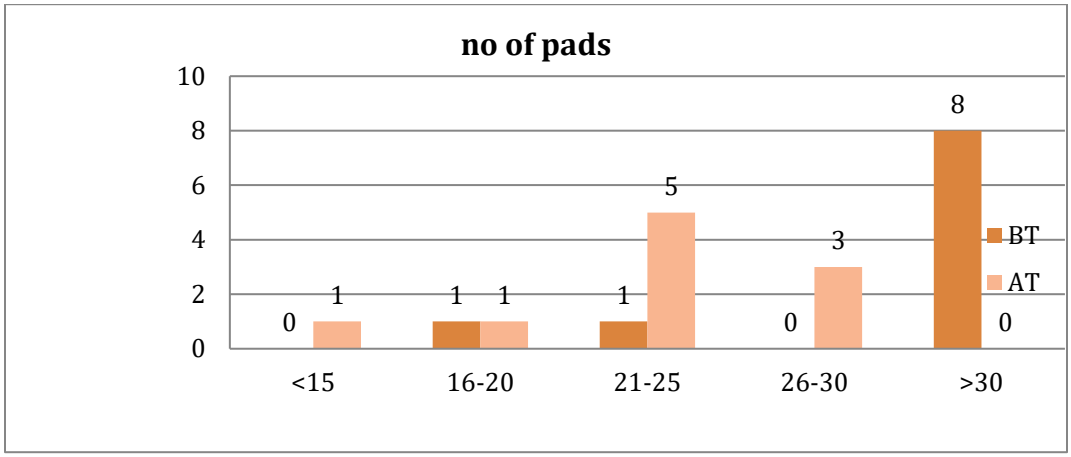
Table No.1, Showing percentage change in "**chief complaints**" of VA group, pre and post treatment i.e. on baseline and day sixty.

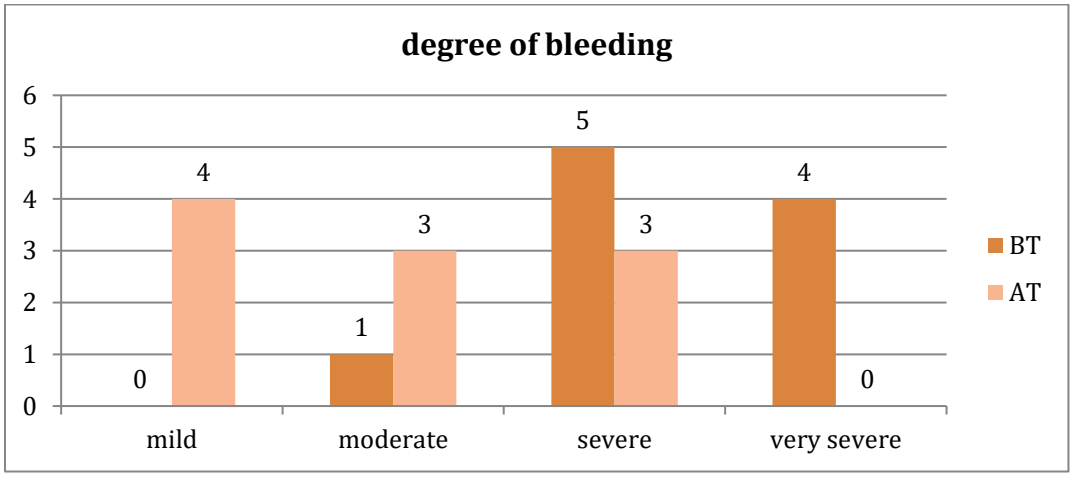
| Parameter | | | Sessions | | Total | Test to statistics |
|---|---|---|---|---|---|---|
| | | | BT | AT | | |
| Duration | 4-6 days | F | 1 | 6 | 7 | CV=.590; p=.073 |
| | | % | 10.0% | 60.0% | 35.0% | |
| | 7-9 days | F | 6 | 4 | 10 | |
| | | % | 60.0% | 40.0% | 50.0% | |
| | 9-12 days | F | 2 | 0 | 2 | |
| | | % | 20.0% | 0.0% | 10.0% | |
| | >12days | F | 1 | 0 | 1 | |
| | | % | 10.0% | 0.0% | 5.0% | |
| No. of pads | <15 | F | 0 | 1 | 1 | CV=.876; p=.004 |
| | | % | 0.0% | 10.0% | 5.0% | |
| | 16- 20 | F | 0 | 6 | 6 | |
| | | % | 0.0% | 60.0% | 30.0% | |
| | 21-25 | F | 1 | 2 | 3 | |

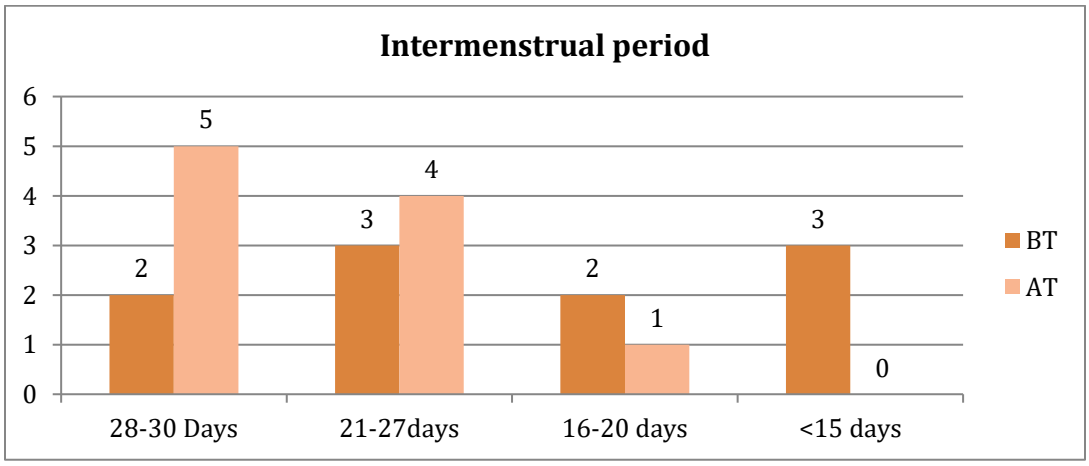
| | | | | | | |
|---|---|---|---|---|---|---|
| | | % | 10.0% | 20.0% | 15.0% | |
| | 26-30 | F | 1 | 1 | 2 | |
| | | % | 10.0% | 10.0% | 10.0% | |
| | >30 | F | 8 | 0 | 8 | |
| | | % | 80.0% | 0.0% | 40.0% | |
| Degree of bleeding | Mild soiling | F | 0 | 5 | 1 | CV=.791; p=.006 |
| | | % | 0.0% | 50.0% | 5.0% | |
| | Moderate soiling | F | 3 | 5 | 6 | |
| | | % | 30.0% | 50.0% | 30.0% | |
| | Severe soiling | F | 5 | 0 | 3 | |
| | | % | 50.0% | 0.0% | 15.0% | |
| | Very severe | F | 2 | 0 | 2 | |
| | | % | 20.0% | 0.0% | 10.0% | |
| Inter menstrual period | 28- 30 days | F | 4 | 8 | 12 | CV=.425; p=.164 |
| | | % | 40.0% | 80.0% | 60.0% | |
| | 21- 27 days | F | 5 | 2 | 7 | |
| | | % | 50.0% | 20.0% | 35.0% | |
| | 16-20 days | F | 0 | 0 | 0 | |
| | | % | 0.0% | 0.0% | 0.0% | |
| | <15days | F | 1 | 0 | 1 | |
| | | % | 10.0% | 0.0% | 5.0% | |

- ✓ The majority of subjects who had a prolonged duration of bleeding i.e. more than 7 days before treatment were reduced to a period of 4 to 6 days after treatment. But statistically the change from baseline to intervention was not significant.(p = 0.73)
- ✓ On assessment of no. of pads used per cycle it was seen that 8 subjects out of 10 used more than 30 pads per cycle and after treatment it reduced to 16 to 20 pads per cycle in 6 subjects. There was marked relief before and after treatment and the result was statistically significant (p= 0.004)
- ✓ Majority of the subjects had severe soiling of pads which was reduced to moderate and mild type of soiling after treatment. The result was statistically significant (p=0.006)
- ✓ The inter menstrual period of majority of the subjects in VA group lied between 21 to 27 days, which was

improved to 28 to 30 days after treatment, but the change was statistically insignificant (p=0.164)



-Bleeding duration reduced from 7–9 days to 4–6 days.
-Significant decrease in pad usage (p=0.004) and degree of bleeding (p=0.006).
-Color normalized (p=0.002), phenila and tanu srava improved (p=0.025, p=0.032).
- Pain and associated symptoms decreased significantly (p=0.003, p=0.001).

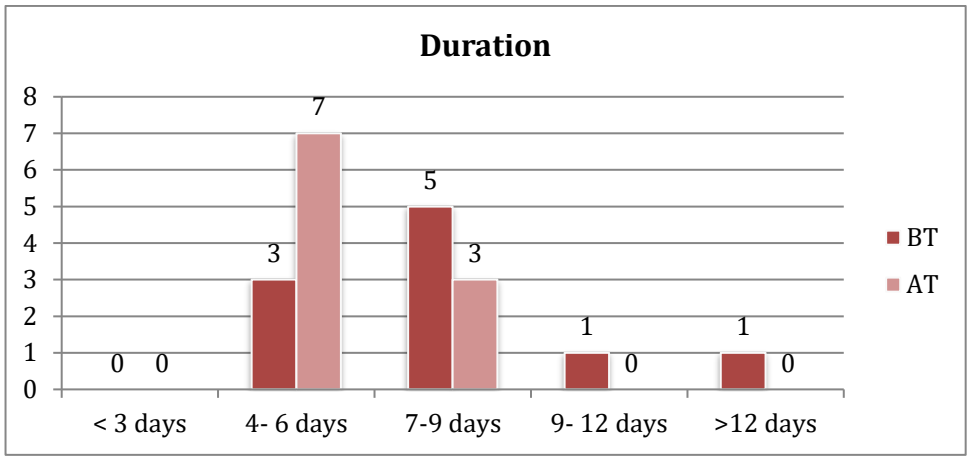
**B. Pittaja Group (PA)**

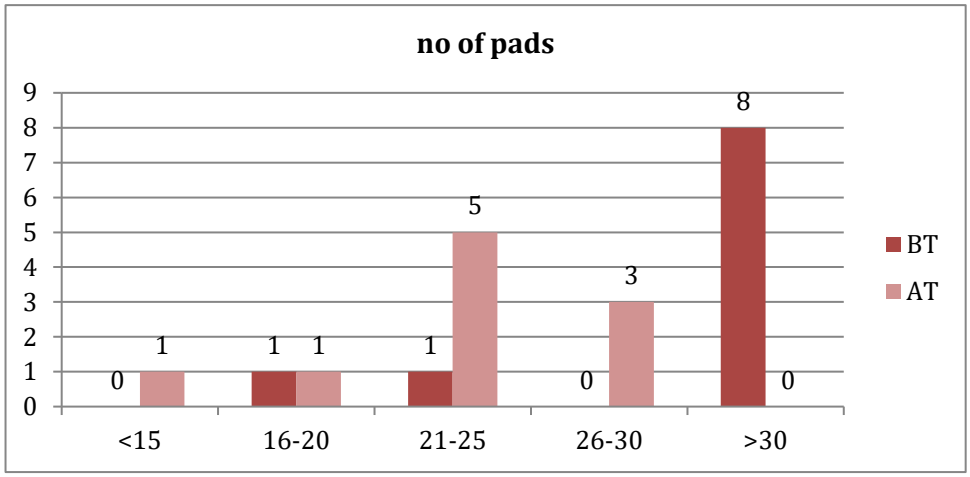
**Table no-2,** Showing percentage change in "**chief complaints**" of PA group, pre and post treatment i.e. on baseline and day sixty.

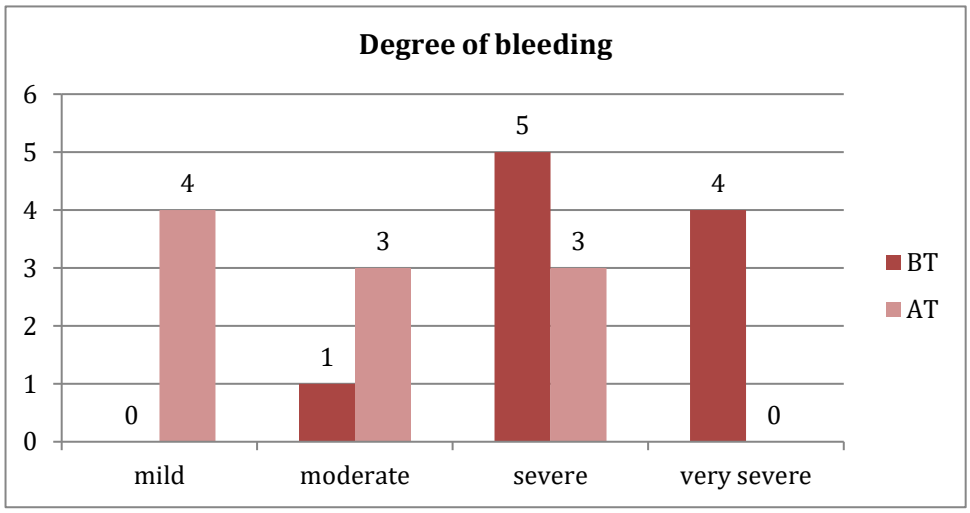
| Parameter | | | Sessions | | Total | Test to statistics |
|---|---|---|---|---|---|---|
| | | | BT | AT | | |
| Duration | 4-6 days | F | 3 | 7 | 10 | CV=.453; p=.251 |
| | | % | 30.0% | 70.0% | 50.0% | |
| | 7-9 days | F | 5 | 3 | 8 | |
| | | % | 50.0% | 30.0% | 40.0% | |
| | 9-12 days | F | 1 | 0 | 1 | |
| | | % | 10.0% | 0.0% | 5.0% | |
| | >12days | F | 1 | 0 | 1 | |
| | | % | 10.0% | 0.0% | 5.0% | |
| No. of pads | <15 | F | 0 | 1 | 1 | CV=.856; p=.005 |
| | | % | 0.0% | 10.0% | 5.0% | |
| | 16- 20 | F | 1 | 1 | 2 | |
| | | % | 10.0% | 10.0% | 10.0% | |
| | 21-25 | F | 1 | 5 | 6 | |
| | | % | 10.0% | 50.0% | 30.0% | |
| | 26-30 | F | 0 | 3 | 3 | |
| | | % | 0.0% | 30.0% | 15.0% | |
| | >30 | F | 8 | 0 | 8 | |
| | | % | 80.0% | 0.0% | 40.0% | |
| Degree of bleeding | Mild soiling | F | 0 | 4 | +4 | CV=.689; p=.023 |
| | | % | 0.0% | 40.0% | 20.0% | |

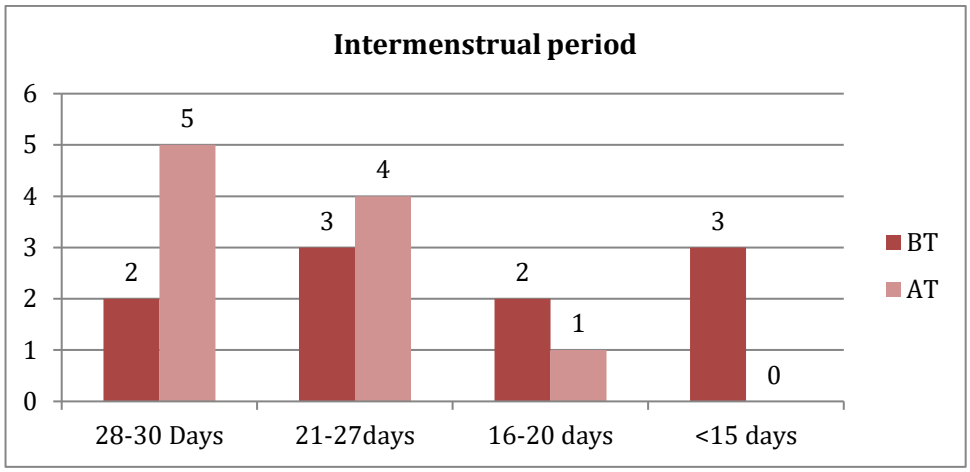
| | | | | | | |
|---|---|---|---|---|---|---|
| | Moderate soiling | F | 1 | 3 | 4 | |
| | | % | 10.0% | 30.0% | 20.0% | |
| | Severe soiling | F | 5 | 3 | 8 | |
| | | % | 50.0% | 30.0% | 40.0% | |
| | Very severe | F | 4 | 0 | 4 | |
| | | % | 40.0% | 0.0% | 20.0% | |
| Inter menstrual period | 28- 30 days | F | 2 | 5 | 7 | CV=.488; p=.190 |
| | | % | 20.0% | 50.0% | 35.0% | |
| | 21- 27 days | F | 3 | 4 | 7 | |
| | | % | 30.0% | 40.0% | 35.0% | |
| | 16-20 days | F | 2 | 1 | 3 | |
| | | % | 20.0% | 10.0% | 15.0% | |
| | <15days | F | 3 | 0 | 3 | |
| | | % | 30.0% | 0.0% | 15.0% | |

- ✓ 7 subjects were having a bleeding duration of more than 7 days before treatment, which was reduced to a duration of 4- 6 days ,after treatment. But the change from baseline to intervention was not significant (p= 0.251)
- ✓ The statistical analysis of the number of pads used per cycle was found to be significant (p= 0.005). 8 subjects used more than 30 pads before intervention which was reduced considerably to 21-25 pads per cycle in 5 subjects and 16-20 in 2 subjects after intervention.
- ✓ Effect of intervention on the degree of bleeding was statistically significant (p= 0.023). 4 subjects had very severe degree of bleeding and 5 had severe degree. After intervention, 3 subjects had moderate degree and 4 had mild degree of bleeding, which showed marked improvement.
- ✓ 3 subjects among PA group had an intermenstrual period of less than 15 days before intervention which was nil after intervention. However the result was statistically insignificant (p= 0.19)


Duration
8
7
6
5
4
3
2
1
0
0 0
3 7
5 3
1 0
1 0
< 3 days
4- 6 days
7-9 days
9- 12 days
>12 days
BT
AT


no of pads
9
8
7
6
5
4
3
2
1
0
0 1
1 1
1 5
0 3
8 0
<15
16-20
21-25
26-30
>30
BT
AT


Degree of bleeding
6
5
4
3
2
1
0
0 4
1 3
5 3
4 0
mild
moderate
severe
very severe
BT
AT




-Bleeding duration decreased notably.
-Pad usage and bleeding degree reduced significantly (p=0.005, p=0.023).
- Improvement in bleeding color (p=0.025), nithantha rakta srava (p=0.05), and pain during bleeding (p=0.019).
- Associated features like daha and moorcha showed significant reduction (p=0.004).

### C. Kaphaja Group (KA)

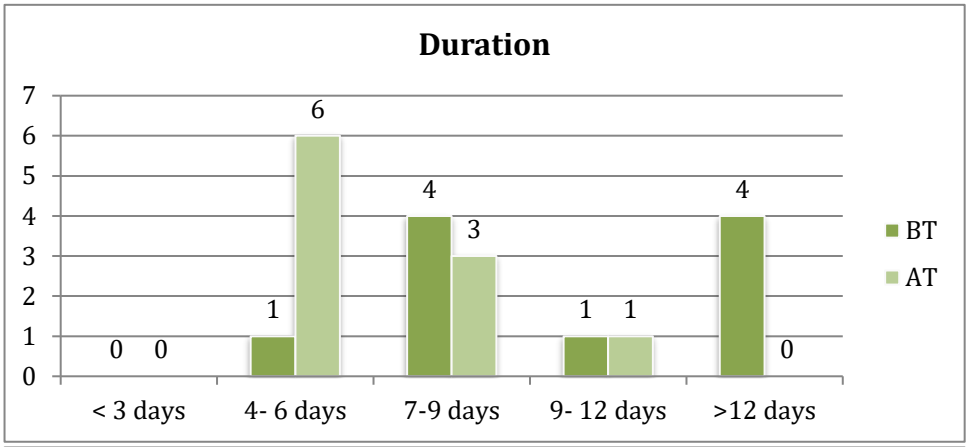
**KAPHAJA ASRUGDARA GROUP**

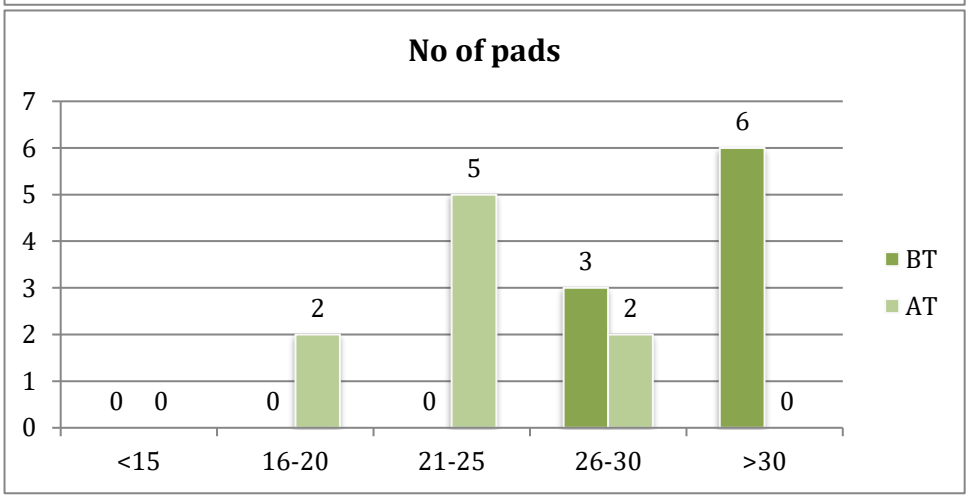
**Table No -3** .Showing percentage change in "**chief complaints**" of *Kaphajaasrugdara* group, pre and post treatment i.e. on baseline and day sixty.

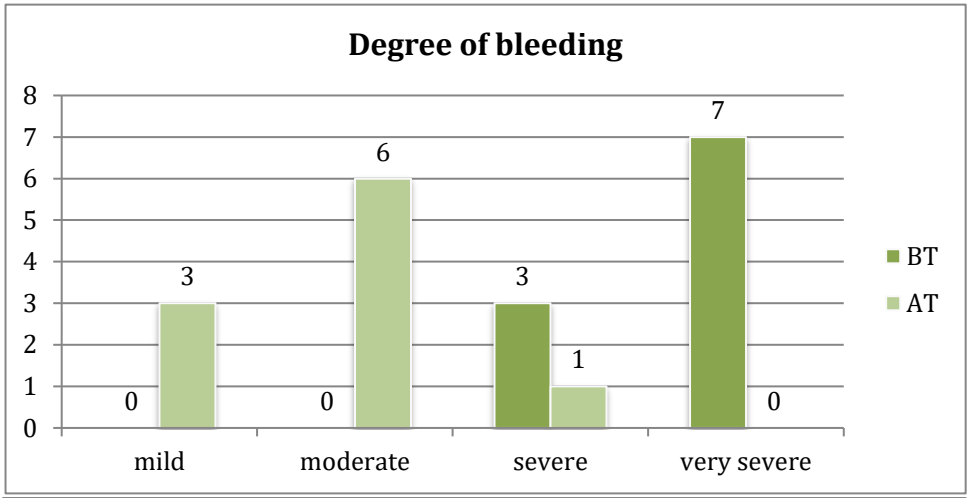
| Parameter | | | Sessions | | Total | Test to statistics |
|---|---|---|---|---|---|---|
| | | | BT | AT | | |
| Duration | 4-6 days | F | 1 | 6 | 7 | CV=.621; p=.052 |
| | | % | 10.0% | 60.0% | 35.0% | |
| | 7-9 days | F | 4 | 3 | 7 | |
| | | % | 40.0% | 30.0% | 35.0% | |
| | 9-12 days | F | 1 | 1 | 2 | |
| | | % | 10.0% | 10.0% | 10.0% | |
| | >12days | F | 4 | 0 | 4 | |
| | | % | 40.0% | 0.0% | 20.0% | |
| No. of pads | <15 | F | 0 | 0 | 0 | CV=.856; p=.004 |
| | | % | 0.0% | 0.0% | 0.0% | |

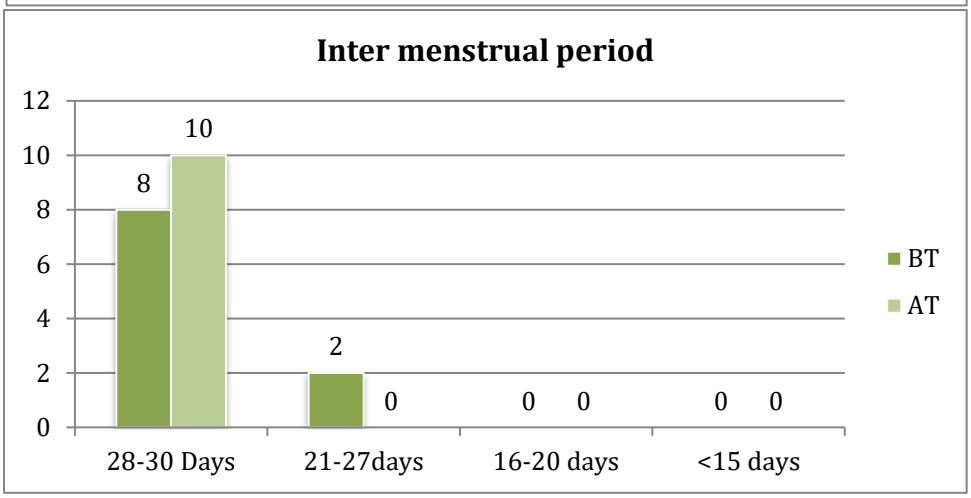
| | | | | | | |
|---|---|---|---|---|---|---|
| | 16- 20 | F | 0 | 2 | 2 | |
| | | % | 0.0% | 22.2% | 11.1% | |
| | 21-25 | F | 0 | 5 | 5 | |
| | | % | 0.0% | 55.6% | 27.8% | |
| | 26-30 | F | 3 | 2 | 5 | |
| | | % | 33.3% | 22.2% | 27.8% | |
| | >30 | F | 6 | 0 | 6 | |
| | | % | 66.7% | 0.0% | 33.3% | |
| Degree of bleeding | Mild soiling | F | 0 | 3 | 3 | CV=.922; p=.001 |
| | | % | 0.0% | 30.0% | 15.0% | |
| | Moderate soiling | F | 0 | 6 | 6 | |
| | | % | 0.0% | 60.0% | 30.0% | |
| | Severe soiling | F | 3 | 1 | 4 | |
| | | % | 30.0% | 10.0% | 20.0% | |
| | Very severe | F | 7 | 0 | 7 | |
| | | % | 70.0% | 0.0% | 35.0% | |
| Inter menstrual period | 28- 30 days | F | 8 | 10 | 18 | CV=.333; p=.136 |
| | | % | 80.0% | 100.0% | 90.0% | |
| | 21- 27 days | F | 2 | 0 | 2 | |
| | | % | 20.0% | 0.0% | 10.0% | |
| | 16-20 days | F | 0 | 0 | 0 | |
| | | % | 0.0% | 0.0% | 0.0% | |
| | | % | 0.0% | 0.0% | 0.0% | |

- ✓ 4 out of 10 subjects had a prolonged duration of bleeding for more than 12 days. After treatment the duration was reduced to less than 9 days. Statistically the change from baseline to intervention was significant.(p = 0.05)
- ✓ On assessment of no. of pads used per cycle it was seen that 6 subjects out of 9 used more than 30 pads per cycle and after treatment it reduced to 21 to 25 pads per cycle in 5 subjects. There was marked relief before and after treatment and the result was statistically significant (p= 0.004)
- ✓ Majority of the subjects had very severe degree of bleeding which was reduced to moderate and mild degree of bleeding after treatment. The result was statistically highly significant at the level of (p=0.001)
- ✓ There was a normal inter menstrual period in majority of the subjects of *Kaphajaasrugdara* group and only 2 subjects had a IMP of 21- 27 days which showed improvement to 30 days after intervention. The result was not significant (p=0.136)






## V. Discussion

The study demonstrates that the efficacy of SSMK subgroups correlates closely with the dosha predominance in Asrugdara. The sangrahana and rakta shodhana effects of these formulations, supported by their grahi, stambana, and dosha hara properties, account for the clinical improvements observed.

Vataja Asrugdara's improvement in bleeding consistency and pain correlates with the vatahara and rakta shodhana properties of Group 1 drugs. Pittaja Asrugdara benefits from pittahara and analgesic effects of Group 2, while Kaphaja Asrugdara's amelioration of excessive discharge and associated symptoms reflects the kaphahara and hemostatic action of Group 3.

The contribution of madhu as an anupana and strict adherence to pathya-apathya likely enhanced the bioavailability and therapeutic effects. The Black Box design facilitated a comprehensive clinical approach integrating Ayurvedic diagnostics with modern symptom quantification.

## VI. Conclusion

The tailored use of Shonithasthapana Mahakashaya subgroups shows significant therapeutic efficacy in managing doshaja Asrugdara. By addressing both rakta dushti and dosha imbalances, these formulations provide a holistic and effective approach. The study validates the classical Ayurvedic concept of rakta sthapana therapy and emphasizes the importance of dosha-based customization.

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# A Conceptual Study of *Vatarakta* with Special Reference to Gouty Arthritis

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**Abstract**

**An individual's health depends significantly on diet and lifestyle. In contemporary India, the adaptation of fast food culture, stressed daily life, and sedentary lifestyle has reached even rural India, rendering people prone to metabolic disorders. *Vatarakta*, a prevalent metabolic disorder falling under the category of *Vatavyadhis* in *Ayurveda*, occurs as a result of the vitiation of *Vata Dosha* and *Rakta Dhatu*. Aggravated *Vata* is hampered by vitiated *Rakta,* causing increased aggravation of *Vata Dosha*. *Vatarakta* occurs in two stages: *Uttana* (superficial, involving *Twacha* and *Mansa Dhatu*) and *Gambhir* (deep, involving *Majja* and *Asthi Dhatu*). Lifestyle modifications, mental tension, and eating non-vegetarian and protein foods predispose to it. Overindulgence in alcohol is an important precipitating factor for acute exacerbations. The aetiological aspects, pathology, and clinical presentation of gouty arthritis closely resemble that of *Vatarakta*. Hyperuricemia with elevated serum uric acid is a distinctive feature of gout due to enhanced production, impaired excretion, or both. Gout is an inflammatory type of arthritis due to monosodium urate crystal deposits within and around synovial joints. Ayurvedic treatment of *Vatarakta* involves *Raktamokshan, Virechan, Basti Karma, and Shamana Chikitsa*.**

***Keywords: Vatarakta, Uttana; Gambhir; Hyperuricemia; Gouty arthritis.***

## I. Introduction

*Vatarakta*, a clinical entity in *Ayurveda*, is a metabolic disorder that occurs due to the interaction of vitiated *Vata Dosha* and *Rakta Dhatu*. Shown in classical Ayurvedic works like *Charaka Samhita* and *Sushruta Samhita, Vatarakta* is placed under *Vatavyadhis* because of the overlying involvement of *Vata Dosha*. The disease comes with pain, inflammation, and stiffness of joints, strongly resembling gouty arthritis in contemporary medicine. Gout, an inflammatory arthritis, results from the deposition of monosodium urate crystals within synovial joints secondary to hyperuricemia. The increasing rate of *Vatarakta* and gout in India is responsible for modern lifestyle factors including inappropriate food habits, stress, and decreased physical activities. This article reviews the conceptual similarities between *Vatarakta* and gouty arthritis, their aetiology, pathogenesis, clinical presentation, and Ayurvedic management.

## II. Aetiology and Pathogenesis

### *Vatarakta* in *Ayurveda*

As per *Ayurveda*, *Vatarakta* is caused by the vitiation of *Vata Dosha* and *Rakta Dhatu*. The main aetiological factors are:

**Dietary Factors**: Intake of excessive quantities of pungent, salty, sour, and protein- containing foods, especially non-vegetarian foods, increase *Vata* and *Rakta*

**Lifestyle Factors**: Lazy lifestyle, irregular sleep, and undue physical or mental strain are responsible for *Vata* vitiation.

**Alcohol Consumption**: Taking large quantities of alcohol affects *Rakta Dhatu* and provokes acute exacerbations.

**Other Factors**: Suppression of natural desires, trauma, and exposure to cold or wet conditions further increase *Vata Dosha*.

The pathogenesis (*Samprapti*) includes aggravated *Vata Dosha* being blocked by vitiated *Rakta Dhatu*, causing arrested circulation and deposition of morbid material within the joints. This causes redness, pain, and swelling. *Vatarakta* is of two forms depending upon the depth of the involved tissue:

***Uttana Vatarakta***: Occurs in external tissues (*Twacha* and *Mansa Dhatu*), characterized by redness, itching, and burning.

***Gambhir Vatarakta***: Invokes inner tissues (*Majja* and *Asthi Dhatu*), leading to intense joint pain, swelling, and deformity.

**Gouty Arthritis in Contemporary Medicine**

Gout results from hyperuricemia, i.e., increased serum uric acid levels (>6.8 mg/dL). Uric acid, a purine metabolite, precipitates out as monosodium urate crystals and deposits in synovial joints, initiating inflammation. Important aetiological factors are:

**Dietary Factors**: Purine-rich diet (e.g., red meat, shellfish, and alcohol) raises the levels of uric acid.

**Metabolic Factors**: Defective renal excretion of uric acid, usually secondary to a genetic predisposition or impaired renal function, leads to hyperuricemia.

**Lifestyle Factors**: Sedentary lifestyle, obesity, and heavy alcohol use are major risk factors.

**Other Factors**: Medications (e.g., diuretics) and comorbid conditions (e.g., diabetes, hypertension) worsen hyperuricemia.

The pathogenesis of gout is through crystal-induced inflammation, wherein the monosodium urate crystals stimulate the inflammasome, causing the release of pro-inflammatory cytokines (e.g., IL-1β). The latter leads to acute arthritis with exquisite pain, swelling, and erythema.

## III. Parallels Between *Vatarakta* and Gout

Aetiological causes of *Vatarakta*, including immoderate intake of protein-containing foods and alcohol, are similar to those of gout. Vitiation of *Rakta Dhatu* in *Vatarakta* corresponds to hyperuricemia, which includes deposition of morbid material within joints. Clinical manifestation of joint pain, swelling, and redness in *Vatarakta* also closely corresponds to gouty arthritis. Division of *Vatarakta* into *Uttana* and *Gambhir* corresponds to acute and chronic phases of gout, respectively

**Clinical Features**

The clinical presentation of Vatarakta depends on its stage:

**Uttana Vatarakta**:

- Redness, itching, and burning sensation in involved areas.
- Mild joint pain and tenderness.
- Skin discoloration and heat.

**Gambhir Vatarakta:**

- Severe joint pain and stiffness.
- Swelling and deformity of joints.
- Involvement of deeper structures, causing limited mobility.
- Systemic symptoms like weakness and fever in severe cases.

**Gouty Arthritis**

Four stages of gout are seen:

1. **Asymptomatic Hyperuricemia**: Increased uric acid with no symptoms.
2. **Acute Gouty Arthritis**: Abrupt onset of severe joint pain, usually in the first metatarsophalangeal joint (podagra), with swelling, erythema, and heat.
3. **Inter-critical Gout**: Intervals of asymptomatic periods between acute attacks.
4. **Chronic Tophaceous Gout**: Urate crystal deposition as tophi in joints and soft tissues, resulting in chronic pain and deformity.

The acute inflammatory manifestation of gout closely mimics *Uttana Vatarakta*, and chronic tophaceous gout is similar to *Gambhir Vatarakta* because of involvement of deeper tissues.

## IV. Management Strategies

**Ayurvedic Management of *Vatarakta***

*Ayurveda* resolves *Vatarakta* with an approach that is holistic in nature, pacifying *Vata Dosha and Rakta Dhatu*, removing morbid materials, and restoring equilibrium. Major treatment modalities are:

***Raktamokshan* (Bloodletting):**

Indicated in the condition of vitiated *Rakta Dhatu* to eliminate poisonous blood. Methods involve *Siravedha* (venesection) or J*alaukavacharana* (leeching).

***Virechan* (Purgation):**

Removes excess *Pitta* and morbid substances from the body.

*Trivrit* and *Danti* are commonly used drugs.

***Basti Karma* (Medicated Enema):**

Calms *Vata Dosha* and feeds deeper tissues.

Types are *Niruha Basti* (decoction-based) and *Anuvasana Basti* (oil-based).

***Shamana Chikitsa* (Palliative Treatment):**

Internal medicines like *Guduchi, Manjistha*, and *Punarnava* to cleanse *Rakta* and minimize inflammation.

External therapies like *Lepana* (herbal pastes) and *Abhyanga* (oil massage) to relieve pain and swelling.

### V. Diet and Lifestyle Changes:

Avoid pungent, salty, and proteinaceous foods.

Include anti-inflammatory foods like barley, bitter gourd, and green leafy vegetables. Practice stress-reducing activities like yoga and meditation.

**Contemporary Management of Gout**

Management of gout involves relief of acute attacks, prevention of recurrences, and reduction of serum uric acid concentrations. Methods include:

**Pharmacologic Treatment:**

Acute Attacks: NSAIDs, colchicine, or corticosteroids to control inflammation.

Long-Term Management: Urate-lowering therapy (e.g., allopurinol, febuxostat) to keep serum uric acid ≤ 6 mg/dL.

**Lifestyle Changes:**

Decrease purine-rich food and alcohol consumption.

Maintain a normal weight and be physically active on a regular basis. Ensure proper hydration to enhance uric acid excretion.

The Ayurvedic management of *Vatarakta* augments contemporary management of gout by treating the underlying cause by means of detoxification, dietary control, and stress management. *Raktamokshan* and *Virechan* may be investigated as add-on treatments to decrease systemic inflammation, whereas *Shamana Chikitsa* provides plant-based anti- inflammatory options. Joint research is required to establish the effectiveness of Ayurvedic treatments in the control of gout.

### VI. Discussion

The similarities in concepts between *Vatarakta* and gout are indicative of the applicability of Ayurvedic concepts to explain and treat contemporary metabolic disorders. The vitiation of *Rakta Dhatu* in *Vatarakta* is equivalent to hyperuricemia in gout, and the inflammatory symptoms correspond to crystal-induced arthritis. In both conditions, dietary and lifestyle patterns have a pivotal role, underlining the importance of preventative measures. Ayurvedic procedures such as *Raktamokshan* and *Basti Karma* present novel strategies in detoxification and nourishment of joints, not specifically tackled with standard gout management. Standardization of Ayurvedic protocols and accessibility for integration with allopathy are areas that need further investigation.

### VII. Conclusion

*Vatarakta* and gouty arthritis are remarkable for their similarities in aetiology, pathogenesis, and clinical manifestation. The increasing incidence of these disorders highlights the effect of modern lifestyle modifications on metabolic well-being. *Ayurveda* provides an holistic system of *Vatarakta* management by detoxification, pacification of *Doshas*, and lifestyle changes, which can be integrated with contemporary management of gout. Validation of Ayurvedic interventions and developing integrative practice to improve patient outcomes are the future areas of research.

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# *Amlapitta*: An Ayurvedic Approach to Hyperacidity

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**Abstract**

***Amlapitta* (hyperacidity) is one of the most typical illnesses in the present era. In our fast- moving world , *Amlapitta* is the common disorder within the society because people eat unhealthy or incompatible foods & follow irregular routines. A luxury-loving lifestyle provokes people to shun a busy, stress filled lifestyle, which makes us ignore healthy eating habits. The main reasons behind *Amlapitta* are eating in a hurry, constant worrying, and eating spicy and oily food. *Acharya Charaka, Sushruta, and Vagabhata* have not described *Amlapitta* as a disease. *Acharya Kashyap, Harita & Madhava,* first described *Amlapitta***

***.Amlapitta* is seen in all ages, all classes, and all communities. *Amlapitta* is a disease of *Annavaha strotas. Amlapitta* usually happens when the *mandagni* (weak digestive fire) & *amaa* (undigested food) build up in the body. In *Amlapitta, kapha* and *pitta* are dominant *doshas. Avipak, Utklesh, Kantha dah, Tikt amla udgaar & aruchi* are the hallmark symptoms of *Amlapitta*. The excessive consumption of *amla, katu, ushna*, and *viruddhashana* (incompatible food combinations) can lead to the aggravation of a *pitta dosha*. Normally *pitta* has a *Katu rasa*, but when it is converted into *Amla rasa* , it results in *amlapitta.* Hyperacidity is caused by an imbalance between the acid secreting mechanism of the stomach & the protective mechanism. When there is an increase in the secretion of hydrochloric acid by the cells of the lining of stomach is known as hyperacidity. In hyperacidity, heartburn is felt around the lower chest. Poor lifestyle is thought to be one of the main reasons for acidity.**

***Keywords: Amlapitta; Hyperacidity; Amla rasa; Katu rasa; Annavaha strotas; Mandagni***

## I. Introduction

*Amlapitta*, which is often equated with hyperacidity in contemporary medical parlance, represents a very common gastrointestinal complaint in modern society. Defined in *Ayurvedic* literature, *Amlapitta* occurs as a result of *dosha* imbalances in the body, most significantly *kapha* and *pitta*, and is very much linked with lifestyle and food habits' misdoings. The hectic, stressful contemporary lifestyle, in combination with untimely food intake and ingestion of incompatible or unsuitable foods, has lent a hand in bringing about the commonality of this condition. *Amlapitta* from an *Ayurvedic* point of view is discussed here by drawing similarities with hyperacidity, etiology, pathophysiology, clinical presentation, and management principles, as gleaned from ancient Ayurvedic classics as well as in contemporary times.

## II. Etiology of *Amlapitta*

Ayurveda blames *Amlapitta* on a mix of dietary, lifestyle, and psychological causes that upset the equilibrium of the digestive system, the *annavaha srotas* (pathways in charge of food digestion and assimilation). Some of the main etiological factors are:

**Dietary Factors**: Overindulgence in foods that are *amla* (sour), *katu* (pungent), *ushna* (hot), and *viruddha ahara* (unwholesome food combinations) increases *pitta dosha*. Spicy, oily, or salt-spiced or spice-spiced foods are specifically involved. For example, regular consumption of fermented foods, citrus fruits, or pungent spices like chili can incite *pitta* imbalance.

**Lifestyle Factors**: Eating quickly, irregularity of food timing, and poor mastication weaken the digestive fire (*agni*) and produce *mandagni* (unstable digestive fire). The product is *ama* (food toxins that have not been digested), an important component of *Amlapitta* pathogenesis.

**Psychological Stress**: Prolonged stress, worry, and anxiety activate *pitta dosha*, causing metabolic imbalance in the digestive system.

**Incompatible Food Combinations**: *Ayurveda* places importance on the role of *viruddha ahara*, for instance, mixing milk with sour fruits or fish with milk, which causes perturbation of digestion and *dosha* vitiation.

Under *Ayurvedic* physiology, *pitta dosha* inherently has *katu rasa* (pungent taste). But when vitiated by the above causes, it gets qualitatively changed to *amla rasa* (sour taste), producing the clinical syndrome of *Amlapitta.*

## III. Pathophysiology

*Amlapitta* mainly takes place through the *annavaha srotas* and is marked by *mandagni* and *ama srota*. Vitiation of the *pitta dosha*, coupled in certain presentations with *kapha*, impairs the regular functioning of the stomach and intestines. Excessive production of sour *pitta* irritates the gastric mucosa, with characteristic symptoms. As per Ayurveda, the course of *Amlapitta* includes:

***Mandagni***: Weakened digestive fire does not digest food effectively, creating *ama.*

***Dosha* Imbalance**: Exacerbated *pitta*, usually with an increase of *kapha*, settles in the stomach, converting its acidic nature.

***Srotas Dushti***: *Annavaha srotas* are blocked by *ama* and vitiated *doshas*, thus hindering digestion and absorption of nutrients.

## IV. Symptoms Manifestations

The vitiated *doshas* produce clinical symptoms like *avipak* (indigestion), *utklesh* (nausea), *kantha daha* (burning in the throat), *tikta-amla udgar* (bitter-sour eructations), and *aruchi* (anorexia).

In contemporary medicine, hyperacidity is a condition of augmented secretion of hydrochloric acid (HCl) by gastric parietal cells together with an imbalance between mucosal defense and acid production mechanisms. It results in symptoms that are very similar to *Amlapitta*, such as heartburn, acid reflux, and epigastric pain. The *Ayurvedic* idea of *pitta* aggravation is in line with the overproduction of acid, and *ama* could be equated with residues of undigested food or gut inflammatory mediators.

### Historical Background in *Ayurveda*

*Acharya Charaka, Acharya Sushruta, and Vagbhata's* classical *Ayurvedic* works do not clearly define *Amlapitta* as a specific disease entity. Its elaboration as a clinical entity was done by later authors like *Acharya Kashyapa, Harita, and Madhava*. These works highlight its connection with incorrect digestion and *dosha* imbalance, especially *pitta* and *kapha*. The elaborate accounts of *Amlapitta* in these texts emphasize its applicability to all age groups, socio-economic classes, and populations, pointing towards its omnipresence.

### Clinical Manifestations

The characteristic manifestations of *Amlapitta*, as outlined in *Ayurvedic* texts, are:

***Avipak***: Indigestion or partial digestion of food.

***Utklesh***: Nausea or fullness in the stomach.

***Kantha Daha***: Throbbing or chest-burning sensation, similar to heartburn. ***Tikta-Amla Udgar***: Sour or bitter belching, often accompanied by vomiting. ***Aruchi***: Loss of appetite or aversion to food.

These presentations closely match those of hyperacidity in contemporary medicine, such as heartburn, acid reflux, bloating, and epigastric pain. The similarity indicates a common pathophysiology, with *Amlapitta* providing an integrated approach that incorporates diet, lifestyle, and psychologic considerations.

## V. Management Principles in Ayurveda

*Ayurvedic* treatment of *Amlapitta* is aimed at restoring *dosha* balance, *agni* strengthening, removal of *ama*, and prevention of recurrence through dietary and lifestyle changes. Some major therapeutic interventions are:

**Dietary Changes**:

- Avoid spicy, sour, oily, and fermented foods, which tend to increase pitta.
- Prioritize cooling, sweet, and bitter foods such as ghee, milk, cucumber, and leafy vegetables.
- Adopt mindful eating habits like regular mealtimes and adequate chewing.

**Herbal Interventions:**

Typically employed herbs are *Yashtimadhu* (Glycyrrhiza glabra) due to its calming and *pitta*- pacifying effects, *Amalaki* (Emblica officinalis) due to its antioxidant and cooling effects, and *Shatavari* (Asparagus racemosus) for gastric mucosal health.

Formulations such as *Avipattikar Churna* and *Kamdugdha Rasa* are given to counteract excess acidity and facilitate digestion.

***Panchakarma*:**

In chronic or severe diseases, treatments like :

- *Virechana* (therapeutic purgation) are used to remove vitiated *pitta* and *ama* from the body.
- *Basti* (medicated enema) can be employed to regulate dependent *vata* imbalance.

**Lifestyle Advice:**

Stress management using activities such as *yoga, pranayama,* and meditation to minimize *pitta* provocation.

Proper rest and not taking meals late at night or in a hurry.

**Patient Counseling:**

Assist patients in avoiding *viruddha ahara* and having a balanced regimen to avoid recurrence.

In current medical practice, hyperacuity is treated with proton pump inhibitors (PPIs), antacids, and dietary modifications. Although these are symptomatic cures, *Ayurveda* treats the underlying reasons, providing an alternate view to manage conditions in the long term.

## VI. Discussion

Similarities between *Amlapitta* and hyperacidity identify the timelessness of *Ayurvedic* concepts and their applicability to meet contemporary health needs. The *Ayurvedic* focus on individualized diet, lifestyle, and stress management is consistent with existing data on the role of these variables in gastrointestinal health. In addition, the theory of *ama* and *mandagni* offers a distinct framework to view chronic digestive disorders, not necessarily addressed by standard therapies. Combining *Ayurvedic* interventions with contemporary medicine may improve patient outcomes, especially for recurrent or lifestyle-associated hyperacidity.

## VII. Conclusion

*Amlapitta* or hyperacidity is a multifactorial condition with dietary, lifestyle, and psychological origins. *Ayurveda* presents an extensive system of managing this condition based on the restoration of dosha balance, the optimization of digestion, and the prevention of relapse. Through targeting the underlying causes in an individualized approach, *Ayurveda* presents a holistic solution to conventional therapies. More studies should be conducted to support the efficacy of *Ayurvedic* therapies and its integration in mainstream medicine, providing patients with a complementary modality of managing this prevalent yet debilitating illness.

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# Role of Erandamoola Kshara Basti in the Management of Intervertebral Disc Prolapse (IVDP): A Case Study with Radiological Evidence

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## I. Introduction

The increasing demands of contemporary lifestyle and occupational engagements exert significant strain on the body's musculoskeletal framework, often disrupting physiological homeostasis.[1] Contributing factors such as prolonged sedentary behavior, excessive physical exertion, sudden or repetitive movements during travel, and improper lifting techniques are well-documented precursors to mechanical stress and resultant low back pain.[2] Among the etiological factors, intervertebral disc prolapse (IVDP) remains a prominent cause, characterized by the herniation of the nucleus pulposus through a defect in the annulus fibrosus.[3] Notably, the L4–L5 and L5–S1 intervertebral discs are affected in approximately 95% of lumbar disc herniation cases.[3]

From an Ayurvedic perspective, the clinical manifestations of IVDP align closely with the condition known as Gridhrasi (sciatica). Classical features include Ruk (pain), Toda (pricking sensation), Muhuspandana (intermittent tingling), and Stambha (stiffness), typically involving the Sphik (buttocks), Kati (waist), Uru (thigh), Janu (knee), Jangha (calf), and Pada (foot), in sequential order. Additionally, Sakthikshepanigraha (difficulty in leg lifting) is considered a cardinal diagnostic feature. When Kapha is associated with Vata, accompanying symptoms such as Tandra (drowsiness), Gaurava (heaviness), and Aruchi (loss of appetite) may also be observed.[4–7]

This case report discusses the Ayurvedic clinical management of a 45-year-old male patient diagnosed with lumbar IVDP, presenting with symptoms consistent with Gridhrasi, who was admitted for further evaluation and Panchakarma-based intervention.

## II. Case Presentation

### A. Patient Information

A 45 -year-old male presented with complaints of progressive low back pain over six months. The pain, initially localized around the left superior iliac spine, gradually radiated to the entire lower back and later became sciatic in distribution. The patient reported difficulty walking, abnormal gait, pricking pain exacerbated by standing or walking, stiffness in the lumbar region and lower limbs, and generalized heaviness.

He had no history of diabetes, hypertension, trauma, or systemic illness. The patient was advised spinal surgery in a conventional medical setup but opted for Ayurvedic management to avoid surgical intervention.

### B. Clinical Findings

On inspection, the patient demonstrated a limping gait and scoliosis. There was no swelling or visible deformity. Deep tendon reflexes were normal except for a mildly exaggerated right knee jerk. Palpation revealed Grade 3+ tenderness at the L3–L4 and L4–L5 levels. Muscle strength was preserved (5/5), but lumbar spine movements were restricted. Special tests revealed:

- SLR: Positive at 35° (right), 30° (left)
- Bragard's Test: Positive (right leg)
- Lasegue's Sign: Positive
- Schober's Test: Positive
- Flip Test: Positive

### C. Diagnostic Assessment

MRI findings revealed lumbarisation of S1 and a mild central thecal sac bulge at the L4–L5 level, consistent with early disc prolapse

## III. Therapeutic Intervention

### A. Shodhana Line of Management

| SI No | Therapy | Medicine/Material | Duration |
|---|---|---|---|
| 1 | Sarvanga Abhyanga + Swedana | Brihat Saindhavadi Taila | 7 Days |
| 2 | Sarvanga Parisheka | Twak-Nirgundi Kashaya | 7 Days |
| 3 | Kati Basti | Maha Vishagarbha Taila | 3 Days (final) |
| 4 | Kshara Basti (Yoga Basti) | ***Madhu*** : *80ml*<br>***Saindhava Lavana*** : 05gms<br>***Sneha***:MurchitaTilaTailam60ml<br>***Kalka*** : Shatapuspa + Guduchi + Vaishwarana + Manjista<br>***Kashaya***: Erandamoola Kashaya 150ml<br>***GoArka***: *80ml*<br>**Kanji** : *80ml* | 6 Niruha Basti |
| 5 | Matra Basti | Balaguduchyadi Taila, 30 ml | 3 Days |

### B. Shamana Line of Management

| SI No | Medicine | Dose | Duration |
|---|---|---|---|
| **1** | **Trayodashanga Guggulu** | **300 mg, 1 TID** | **7 Days** |
| **2** | **Vishamushti Vati** | **250 mg, 1 TID** | **7 Days** |

| | | | |
|---|---|---|---|
| **3** | **Rasna Saptaka Kashaya** | **3 tsp TID** | **7 Days** |
| **4** | **Tablet Mahavatavidwamsa Rasa** | **1 BD** | **7 Days** |
| **Discharge Medicines** | | | |
| **5** | **Trayodashanga Guggulu** | **1 TID** | **2 Months** |
| **6** | **Tablet Muscalt Forte** | **1 TID** | **2 Months** |
| **7** | **Rasna Saptaka Kashaya** | **3 tsp TID** | **2 Months** |
| **8** | **Tablet Mahavatavidwamsa Rasa** | **1 BD** | **2 Months** |
| **9** | **Tablet Ekangaveera Rasa** | **1 TID** | **2 Months** |

| **2nd AdmissionOralMedications** | | | |
|---|---|---|---|
| | Medicine | Dosage | 7 Duration Days |
| 1. | Tablet Trayodasanga Guggulu | 300mg 1TID | 7 days |
| 2. | Syrup Dhanadanayadi Kashaya | 3tspTID (200ml ) | 7days |
| 3. | Capsule Antanil | 1TID 250mg | 7days |
| **3rd AdmissionOralMedications** | | | |
| 4. | Cap Antanil | 1TID 250mg | 7days |
| 5. | Syrup Dhanadanayadi Kashaya | 3tspTID (200ml ) | 7days |
| 6. | Sukumar Ghrita | 30ml initial | 5 days |
| **4th AdmissionOralMedications** | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7. | Cap Antanil | 1TID 250mg | 7days |
| 8. | Tablet Vishamusti Vati | 1TID 250mg | 7 days |

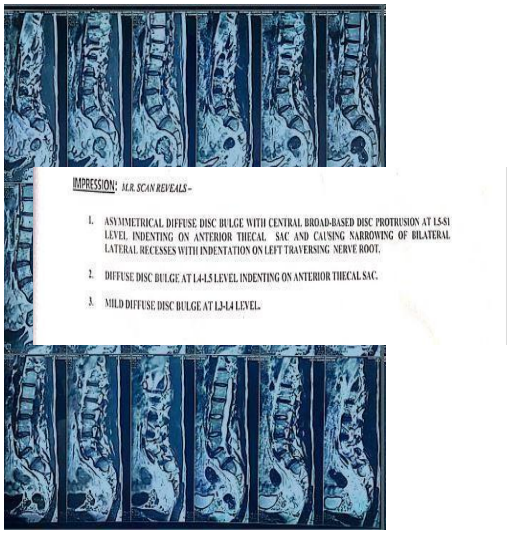
## IV. Follow-Up and Outcomes

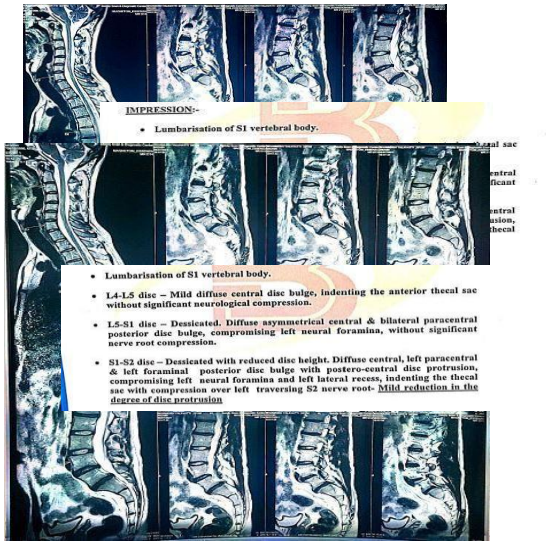
Over a span of six months, the patient was admitted on four separate occasions:

- Second Admission: Same Shodhana protocol was repeated, including Kshara Basti.
- Third Admission: Due to decreased Bala and a history of vomiting, Nitya Virechana was planned using Sukumar Ghrita.
- Fourth Admission: Only external therapies and Shamana medicines were administered.

After 6 months of therapy, the patient showed significant improvement in symptoms. Pain, stiffness, tingling sensations, and scoliosis resolved, with complete normalization of gait and spinal mobility. Follow-up MRI confirmed reduction in disc protrusion (Figure 2, 3).

## V. Results




**Before Treatment** **After Treatment**

## VI. Discussion

The treatment protocol was strategically designed based on Vedanasthapana Chikitsa (analgesic), Shothahara (anti-inflammatory), and Vata-Kapha pacifying principles, alongside the incorporation of Brimhana and Balya therapies to enhance strength and nourishment.

Abhyanga plays a crucial role in stimulating Mamsavaha Srotas, Snayu, Twak, and Raktavahini, thereby aiding the nourishment of both superficial and deep muscular structures and enhancing joint stability. It also positively influences

Sparshanendriya, the sensory root of Vata Dosha. The use of Brihat Saindhavadi Taila in Abhyanga therapy provides significant Vedanasthapana, Shothahara, and anti-neuralgic effects. This medicated oil is composed of ingredients such as Saindhava Lavana, Triphala, Rasna, Pippali, Sarshapa, Kustha, and Eranda Taila, among others—all of which are inherently Snigdha, Ushna, and Vata-Kapha Shamaka, contributing to the alleviation of muscular spasm, joint stiffness, back pain, and arthritic conditions [8,9].

Basti therapy, particularly Kshara Basti as described by Acharya Chakradatta, was utilized in the form of Yoga Basti. This variant, predominantly composed of Saindhava Lavana, Shatapushpa, Kanji, and Gomutra, exhibits Laghu, Ruksha, Ushna, and Tikshna properties and is efficacious in mitigating Vata-Kapha disorders [10,11]. Saindhava Lavana with its Lavana Rasa, Laghu, Sukshma Guna, and Ushna Veerya aids in Tridosha Shamana and acts as a digestive stimulant. Shatapushpa is Deepana, Pachana, and Vata-Kapha Hara, while Gomutra serves as an effective Agnideepaka and Kapha-Vata Nashaka agent [12].

Kshara Basti exerts a systemic effect by reaching the site of pathology and facilitating Dosha Nirharana, especially the clearance of Kapha Avarana over Vata. It acts upon Pakwashaya, the principal seat of Vata Dosha, and helps in alleviating constipation, reducing oedema, inflammation, and tissue necrosis through Srotoshodhana and Vata-Kaphahara properties. Eranda and Guduchi, due to their Snigdha, Ushna and Vedanasthapana properties, synergistically assist in pacifying Vata Dosha, nourishing Dhatus, and enhancing Dhatvagni [13].

Kati Basti using Vishagarbha Taila addresses localized pathology by delivering both Snehana and Swedana effects. The procedure helps in lubricating muscles, softening tissues around the protruded disc, and increasing peripheral circulation, which aids in resolving inflammation and promoting local healing. The loss of Shleshaka Kapha due to disc degeneration and resultant vertebral compression is countered effectively, making Kati Basti a valuable intervention in Gridhrasi [14].

Trayodashanga Guggulu, a classical formulation, provides Vatanulomana, Amapachana, and Shothahara actions. It alleviates symptoms such as Malabaddhata, Tandra, Gaurava, and Aruchi while also exhibiting anti-inflammatory, anti-arthritic, analgesic, and neuroprotective activities. The formulation promotes osteoblastic activity and inhibits pro-inflammatory cytokines and oxidative stress by modulating pathways such as xanthine oxidase and histamine-mediated inflammation, and by enhancing dopamine levels [15,16].

Rasna Saptaka Kashaya, indicated in Vatavyadhi, exhibits Vata-Kapha Shamaka and Shothahara effects, providing notable relief from pain and inflammation in lumbosacral radiculopathy [17].

Sukumara Ghrita, which includes Dashamoola, Ashwagandha, Eranda Taila, and Goghrita, supports Apana Vata Anulomana and acts as a Rasayana. Its Snigdha and Vatahara properties support bone health and counteract degenerative changes. It rejuvenates Asthi Dhatu and helps in preventing Asthi Sosha (osteoporosis), making it suitable in chronic Vata Vyadhi conditions with Dhatukshaya [18].

Mridu Virechana was adopted as a preparatory and supportive therapy to eliminate Avarana and enhance Vatanulomana. The formulation includes Snigdha, Vatahara, and Vrishyadravyas that contribute to alleviating symptoms such as pain, indigestion, and loss of appetite—common features in Gridhrasi and Sandhivata [19,20].

Overall, the integrative Panchakarma approach, with carefully selected formulations and procedures, addressed the multifactorial pathophysiology of Gridhrasi (sciatica), especially when correlated with lumbar disc pathology. It effectively targeted Vata-Kapha vitiation, neuro-muscular inflammation, disc degeneration, and systemic strength depletion. This case reiterates the potential of classical Ayurvedic interventions in the comprehensive management of neuro-musculoskeletal disorders

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# Review on Effect of Atasi Upanaha In Katigatavata (Low Back Pain)

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**Abstract**

**Aim : To review on effect of Atasi Upanaha in Katigatvata.**

**Objective: To study of literature of Katigatavata , To review of AtasiUpanaha in Katigatavata. Material and Methods - This study is conceptual type. For this study textual materials are used from which various references have been collected. Charaksamhita, Nighantus, textbook of Panchakarma.**
**Background : Acharya Charak explained Katigatavata (low back pain ) among the 80 nanatamajvatavyadhi. Katigatvata (Low Back Pain) i.e. Katishula. "KATI" it means low back and "SHULA" is a pain, that means pain in lower back. Katigatavata symptoms are radiating pain form Low back, buttocks, thighs to the legs; muscle spasm, muscle weakness etc. Katigatavata is caused by vitiation of vata characterized by pain in katipradesh. Katigatavata is not explained separate in bruhatryayee but references are found in Gada Nigraha. Katigatavata is the major cause of disability to affect the day today activity as well as work efficiency of an individual. In middle and old age i.e., 18-70 years the low back pain is common problem in which male and female are equally affected. Usually, pain exacerbate at morning time due to prolonged rest and with sitting over prolonged time. Acharya mentioned Atasiupanaha is vatashamaka by its madhur rasa ,guru and snigdhaguna which reduce the vatadosha and help to relief the pain of Katigatavata .**
**Conclusion: Hence we conclude that Atasiupanaha can be used to treat Katigatavata .**

***Keywords- Katigatavata; Kati ; Atasichurna ; Upanahasweda.***

## I. Introduction

Katigatavata is not directly mentioned in Bruhatrayee but references permit us to treat it as individual pathology.[1]

Katigatavata is the major cause of disability affecting the routine life as well as work efficiency of an individual. In present days Low Back Pain is common problem in middle and old age i.e., 18-70 years in which male and female are equally affected. Usually, pain worsens with sitting over prolonged time and during morning due to prolonged rest. Now a day's human is suffering from many lifestyles related disorders due to adaptation of modern lifestyle. Katigatavata or low back pain is one among them. prevalence=2.3% (Ref of prevalence - International Journal of Physical Education, Sports, and Health 2019; 6(3): 233-237)

## II. Need of study

Now a days people are aware related to side effects of NSAIDS (Non- steroidal anti-inflammatory) and showing concern towards Ayurveda/panchakarma. To fulfil their needs, one must focus on treatment that should be pain reliving with minimal or no side effects.

## III. Aim and objectives

Aim -To review the effects of AtasiUpanaha in the management of Katigatavata.

Objectives-Review the literature on Katigatavata.

Analyze the role of AtasiUpanaha in treating Katigatavata.

## IV. Materials and methods

## V. Type of Study

This research is a conceptual review study, synthesizing both classical and contemporary literature on the effects of AtasiUpanaha in the management of Katigatavata (low back pain).[2]

- Classical references from Charaka Samhita, Gadanigraha and Nighantus were reviewed.

- Contemporary references from textbooks on Panchakarma and research articles were assessed.

- Studies evaluating the clinical outcomes of Atasiupanaha on katigatavata were analyzed for understanding its efficacy and safety.

## VI. Review of literature

### A. Katigatvata

Katigatvata (Low Back Pain) is mentioned among 80 nanatamaj Vatavyadhi elaborated by Acharya Charak. Katigatvata (Low Back Pain) i.e. Katishula.[3]

### B. Upanahasweda

-Under panchakarma Swedan is included which helps in reducing pain, stiffness, and heaviness and upanaha Sweda is one of its types Acharya charaka has included it in niragni swedan and Acharya Sushrut has included it in sagni Sweden.[4]

-Provides local Swedana effect, improving circulation and reducing stiffness.

## VII. Result

-The available literature suggests that AtasiUpanaha is an effective Ayurvedic treatment for Katigatavata, significantly relieving pain and improving patient outcomes with minimal adverse effects.

-Improve the day today activities

## VIII. Discussion

The properties of Atasi, including its Madhura Rasa (sweet taste), Guru (heaviness), and Snigdha Guna (unctuous quality), are likely contributors to its therapeutic effects. These qualities not only help in nourishing the tissues but also play a critical role in pacifying the vitiated Vata.[5]

It Involve the anti-inflammatory and analgesic properties attributed to the active constituents of Atasi, as supported by modern phytochemical studies.[6] [7]

## IX. Conclusion

This review highlights that AtasiUpanaha is a promising treatment for Katigatavata, demonstrating significant efficacy in alleviating symptoms such as pain and muscle spasms based on classical texts and contemporary studies

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# Comparative Clinical Study to Evaluate the Efficacy of Madhudak and Chavyadi Saktu in the Management of Sthaulya (Obesity)

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**Abstract**

**Obesity, referred to as Sthaulya in Ayurveda, is a growing health concern marked by an excessive buildup of fat tissue , or meda dhatu, in the body. It is recognized as a disorder arising from over-nourishment (Santarpanottha Vyadhi) and reflects an imbalance in the body's metabolism. Ayurvedic texts attribute the development of Sthaulya to the derangement of Kapha dosha and Meda dhatu, along with weakened digestive fire (Agni) and blockage in bodily channels (Srotas), resulting in poor fat metabolism and systemic health complications. Ayurveda addresses obesity through a comprehensive approach that combines dietary guidance, lifestyle regulation, detoxification therapies (Shodhana), and herbal preparations (Shamana Chikitsa). Among the classical Ayurvedic remedies for Sthaulya, two noteworthy formulations are Madhudak and Chavyadi Saktu. Madhudak, a traditional mixture of honey and water, is known for its Lekhana (fat-reducing) and Medohara (anti-obesity) effects. Honey is valued in Ayurveda for enhancing metabolic activity, promoting detoxification, and reducing fat deposits when taken appropriately. Chavyadi Saktu is a powdered herbal formulation that includes Chavya (Piper retrofractum) and other digestive herbs. It is known to kindle the digestive fire, eliminate metabolic toxins (Ama), and improve fat metabolism-thereby addressing one of the fundamental causes of Sthaulya. This study seeks to evaluate and compare the clinical effectiveness of Madhudak and Chavyadi Saktu in individuals suffering from Sthaulya. By using a combination of physical measurements and symptom-based assessments, the research aims to provide evidence-based support for the use of these Ayurvedic treatments in the management of obesity.**

***Keywords: Sthaulya; Obesity; Ayurveda; Madhudak; Chavyadi Saktu; Clinical Trial.***

## I. Introduction

Ancient Ayurvedic writings such as the Samhitas, Sangraha,, and others have made reference to Sthaulya. An excessive accumulation of Meda Dhatu, in the body causes the disease known as Sthaulya.

Asthaninditiyo Adhyaya provides an explanation of Sthaulya. Sthaulya is the most challenging condition to cure in Astauninditiya. Obesity is one of the top 10 chosen risk diseases According to the WHO.

BMI > 30 indicates obesity

BMI > 24.9 indicates overweight.

According to Acharya Chakradatta's explanation of Madhudak, Madhu should be taken with water in the morning on an empty stomach.
Chavyadi Saktu has been stated by Chakradatta in the sthaulya Chikitsa Adhikar for the administration of sthaulya.

## II. Review on *Madhudak* And *Chavyadisaktu*

### MADHUDAK [8]

**प्रातर्मधुयुतं वारि सेवितं स्थौल्यनाशनम् *( chakradatta chi* 36)**

Every morning, on an empty stomach, each patient will get 10 ml of madhu (2 tola) mixed well with 40 ml of regular water.

Madhu is beneficial in sthaulya since it is sheet, laghu, swadu, ruksh, grahi, and vilekhan.

### CHAVYADISAKTU[8]

**सचव्यजीरकव्योषहिङ्नु सौवर्चलानलाः ।**

**मस्तुना शक्तवः पीता मेदोघ्ना वह्निदीपनाः॥ ( chakradatta chi 36)**

For the administration of Sthaulya, Chakradatta has cited Chavyadi Saktu in Sthaulya Chikitsa Adhikar.

The body's overabundance of meda dhatu is the cause of sthaulya vyadhi.

In the samprapti of sthaulya, medadhatvagni mandya, kapha dosha, strotorodha, deepan meda dhatu are essential.

The treatment of sthaulya benefits from the use of drugs with qualities like pachan, lekhan, ruksha, and strotorodhanashak.

Along with dudhis mastu and Chavyadi Saktu includes chavya, chitrak, sauvarchal, hingu, jeerak, vyosha, hingu. These properties include pachan, strotovishodhan, deepan, lekhan.

## III. Criteria for Diagnosis

Thorough clinical history and physical examination will be conducted based on the previously described performa. and ayurved dosh dhatu and agni

### A. Subjective Parameters

**Criteria For Assessement Of Sthaulya:**

Chala Sphik -Udara-Stana

Krichha Vyavayta (Loss of Libido)

Angagandha (Bad Odour)

Swedadhikya (Perspiration)

Kshudha-Adhikya (Increased Appetite): (1 meal = about 350gm diet)

Pipasa-Adhikya (Increased Thirst):

Kshudra Shwasa (Exertional Dyspnoea):

Nidradhikya (Increased Sleep):

### B. Objective Parameters

The three main components of anthropometry are

- body mass index (BMI),
- height
- weight.

**The preparation method is Madhudak**

Take 10 ml of madhu with 40 ml of regular water empty stomach to produce madhudak.

**Method for Making Chavyadi Saktu**:

Chavya
Vyosha (pimpali-shunthi-Marich-)
Hingu (shodhit)
Sauvarchal
(Chitrak)
Jeerak

Taken in churna form which is two mashas (2 grams) twenty-four grams of roasted yava powder.

100 ml of mastu were added.

Taken empty stomach in the morning.

## IV. History of Present Illness

The patient was apparently healthy 3 years ago when she started noticing a gradual weight gain, which she initially attributed to sedentary lifestyle and dietary indulgences during the pandemic. Over time, she began experiencing difficulty in performing daily household chores due to fatigue and shortness of breath.

She has made multiple attempts at weight loss through commercial diets and exercise regimens but failed to sustain results. She also observed increasing cravings for sweets and deep-fried food. Recently, she noticed swelling in her ankles by evening and reported episodes of constipation and abdominal heaviness.

The patient now seeks Ayurvedic management after learning about the comparative study on Madhudak and Chavyadi Saktu for obesity.

## V. Materials And Methods

### A) Review of Literary

Data selection: Ayurvedic classics, commentaries, contemporary parameters, PubMed, Google Scholar, the AYUSH research site, and the internet will all be used to gather and discuss the literary references.

### B) Clinical Research

Type of Study: Clinical Randomized Open Control Study
The objective is to assess the relative impact of Madhudak and Chavyadisaktu.
Distribution: Randomized Assignment: Computer-Generated Randomization in Parallel Assignment
Patient Selection: - Patients with Sthaulya (obesity) signs and symptoms who do not have comorbidities will be selected for this study from the OPD of Swasthavritta & Yoga at the Institute for Ayurveda Studies and research Faculty of Ayurved Kurukshetra, Haryana. Patients will be assigned for a 60-day period.
There are 40 patients in all, split into two groups.
Watch: -0, 15, 30, 45, and 60 days.

## VI. Discussion

In order to assess and compare the effectiveness of Madhudak and Chavyadi Saktu in the treatment of Sthaulya (obesity), a condition identified in Ayurveda due to Kapha-Meda Dushti and Agni Mandya, the current clinical investigation was conducted. The possible Lekhana (scraping), Deepana (digestive stimulant), and Medoghna (fat-reducing) benefits of both treatments are well-documented in Ayurvedic classics. Body weight, BMI, waist circumference, hip circumference, and waist-to-hip ratio all decreased statistically significantly in the Madhudak and Chavyadi Saktu groups in our study, suggesting a beneficial effect on both central and peripheral adiposity. The Kapha-Meda Nashaka effect of Madhudak, a mixture of honey and water, is well-known. Honey contains modest

laxative and appetite-suppressive properties and functions as a Yogavahi (catalytic carrier), improving the uptake of bioactive components.

Additionally, it encourages Agni Deepana, which enhances metabolism and digestion. With substances like Chavya, Pippali, Shunthi, Jeeraka, and Yavachurna, Chavyadi Saktu provides more potent Deepana-Pachana effects. In addition to lowering Ama and increasing Agni, the combination promotes efficient Srotoshodhana (channel cleansing). Saktu's high satiety index and low glycemic load may also help people consume fewer calories. In contrast to the Madhudak group, the Chavyadi Saktu group demonstrated a somewhat greater improvement in anthropometric measures and metabolic markers. This may be explained by the combinatorial effects of several herbs on digestive fire and fat metabolism.

## VII. Conclusion

With quantifiable changes in anthropometric and metabolic markers, the comparative clinical trial shows that Madhudak and Chavyadi Saktu are both useful in the treatment of Sthaulya (obesity). But because of its strong Deepana, Pachana, and Lekhana effects, Chavyadi Saktu was found to be more successful in lowering weight and belly fat.

This study supports the use of traditional Ayurvedic treatments as safe and effective adjuncts or substitutes in the treatment of obesity. It is advised that bigger sample sizes and biochemical markers be used in future long-term research to validate these results and thoroughly examine the underlying mechanisms.

## VIII. Observation & Result: -

The parameters of the laboratory results and assessment criteria, both before and after the clinical trial is finished. Compounded statistical analysis will be performed, and conclusions will be derived from the findings.

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# *Garbhasanskara:* An Ayurvedic Perspective on Reproductive Health in Modern Times

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**Abstract**

**In today's fast-paced and changing environment, reproductive health is increasingly challenged by infertility, hormonal imbalances, stress-related disorders, and pregnancy complications. Ayurveda, the ancient Indian system of holistic healing, offers a comprehensive approach through Garbhasanskara-a practice aimed at preparing the body, mind, and spirit for conception and the birth of a healthy child. Garbhasanskara includes Ayurvedic practices such as a balanced diet (Ahara), healthy lifestyle habits (Vihara), ethical behavior (Achara), and a positive mindset (Vichara) before and during pregnancy. These principles support maternal health and promote optimal fetal development. Modern research affirms that the maternal environment-both physical and emotional- plays a vital role in fetal growth, aligning with Ayurveda's emphasis on positive thoughts, music, meditation, and spiritual practices. In contemporary times, Garbhasanskara is gaining recognition for enhancing physical wellness, emotional stability, and cognitive development in children. These practices help reduce pregnancy related complications, strengthen the maternal-child bond, and contribute to the development of healthier, well-balanced individuals. This paper explores the Ayurvedic foundation of Garbhasanskara, reviews supporting scientific evidence, and highlights its relevance in modern prenatal care, advocating for its integration into contemporary health practices for holistic maternal and child well-being.**

***Key Words: Garbhsanskar; Principle of garbhsanskar; Benefits in modern lifestyle; Pre conceptional and post conceptional sanskara***

## I. Introduction

The term **"Garbh Sanskar"** originates from the Sanskrit words *"Garbh"* meaning **womb**, and *"Sanskar"* referring to the **process of conditioning or educating**. At its core, Garbh Sanskar is based on the belief that a child's mental, emotional, and physical development begins in the womb and can be significantly influenced by the mother's thoughts, emotions, and lifestyle choices during pregnancy.

This ancient Indian practice has been followed for centuries and is rooted in a **holistic approach to prenatal care**, emphasizing the mother's mental and emotional well-being as crucial for the healthy growth of the fetus. As highlighted in a review article from the *Journal of Ayurveda & Integrative Medicine* (Sharma et al., 2010), Garbh Sanskar promotes optimal development for both mother and child through mindfulness, diet, yoga, and spiritual practices.

The origins of Garbh Sanskar can be traced back to the **Vedic period**, around 1500 BCE. The Vedas-ancient Indian scriptures-contain references to prenatal care practices that were deeply embedded in ritual and daily life. These included the chanting of mantras, practicing specific yoga postures, and adhering to a nutritious, sattvic (pure) diet to support fetal health and development.

While Garbh Sanskar has seen a resurgence in modern times and continues to gain popularity, it is important to note that **scientific validation of its efficacy remains limited**. Further interdisciplinary research is needed to substantiate its benefits and integrate its principles with contemporary healthcare practices.

**Aim**

To explore the Ayurvedic principles of Garbhasanskara in relation to reproductive health, analyze its relevance in the context of modern lifestyle challenges, and assess its scientific validation as a holistic prenatal care approach.

## II. Review of Literature

In Ayurveda, the term *sanskar* broadly refers to education, training, refinement, and purificatory rituals that aim to enhance inherent qualities. *Garbha Sanskar* encompasses practices designed to ensure the healthy development of a child right from the time of conception. It is divided into three main stages:

1. Pre-Conception Sanskar
2. Conception Sanskar
3. Post-Conception Sanskar

### A. Garbhadhan Sanskar (Pre-Conception Ritual)

Garbhadhan Sanskar emphasizes the importance of a healthy reproductive system, hormonal balance, mental well-being, viable gametes, and appropriate age for conception. According to Ayurvedic texts:

- Ideal marriageable age: 21 for men, 12 for women.
- Ideal age for conception: 25 for men, 16 for women.
- Partners should be *Atulyagotriya*, i.e., not from the same genetic lineage.

Conception depends on four vital factors:

- **Ritu** (Timing/Ovulation)
- **Kshetra** (Reproductive system)
- **Ambu** (Nutrition)
- **Beej** (Gametes: sperm and ovum)

Acharya Charaka emphasized, "*Saumanasya agra Garbhadharnanam*" — a peaceful and joyful state of mind is ideal for conception.

**Punsavana Sanskar (Genetic Upliftment Ritual)**

This ritual aims at healthy conception and stabilizing the pregnancy. Also known as *Garbharakshana Sanskar*, it focuses on protecting and nurturing the fetus in the womb.

**Simantonnayan Sanskar (Psychological & Emotional Balancing)**

Performed in the fourth month of pregnancy, this ritual purifies the environment and ensures the emotional well-being of the mother. It supports her psychological balance during hormonal changes and contributes to the fetus's holistic development.

**B. Conception Sanskar**

This involves specific rituals on the fourth day of menstruation. Both partners bathe, wear white garments, and adorn garlands. Copulation is advised on even days for a male child and odd days for a female child. The ritual includes entering the bed in a specific manner — the man with his right leg and the woman with her left — while chanting the mantra "*Ahirasi Ayurasi*", fostering a calm and pleasant atmosphere.

**C. Post-Conception Sanskar**

Post-conception care includes a disciplined routine involving proper diet (*Ahar*), lifestyle (*Vihar*), and ethical conduct (*Sadvrutta*).

The word *Garbha* means fetus and *Sanskar* means refining or educating. Thus, Garbha Sanskar refers to nurturing the fetus's physical, mental, and emotional development.

Ayurveda believes that a child's education begins in the womb. Practices like positive thinking, gentle music, visualization, and soothing massage help in molding the baby's mind and body. An example is of Vinayak Damodar Savarkar's mother, who read stories from the *Ramayana* and *Mahabharata* during pregnancy, reflecting how such inputs influence the unborn child.

*Suprajajanana* (well-prepared conception) is a key Ayurvedic principle, suggesting that pregnancy should be by conscious choice rather than by chance. Pre-conception preparations include *Pindashuddhi* (cleansing of gametes) and achieving mental peace. Mental balance, influenced by food habits and lifestyle, is essential for giving birth to a healthy child.

Modern research now supports the idea that a fetus can respond to sound, touch, and emotional changes, making Garbha Sanskar a proactive approach to prenatal care.

## III. Monthly Dietary Regimen (Masanumasik Pathya Ahara)

According to Ayurveda, a pregnant woman should consume sweet, nourishing, easily digestible foods such as:

- Fresh rice, milk, butter, and meat soups
- Diets prepared with *Madhura* herbs
- Foods that are sattvik (pure and balanced)

Nutrition from the mother is divided to support:

1. Maternal health
2. Fetal development
3. Breast milk formation
4. Nutritional needs vary as the fetus grows.

**Garbha Sanskar Practices for Pregnant Women**

❖ **Healthy Eating Habits**

A balanced diet rich in calcium, iron, folic acid, and other essential nutrients is crucial.

Freshly prepared sattvik food that includes all five tastes—sweet, salty, pungent, bitter, and sour—is recommended.

❖ **Positive Thinking**

Pregnancy may cause emotional swings. Garbha Sanskar encourages optimism, engaging in hobbies,

and maintaining a joyful mindset to benefit both mother and child.

❖ **Light Exercise or Yoga**

Yoga and light exercise:

- Enhance flexibility and blood circulation
- Reduce pregnancy-related discomfort
- Pranayama helps in relaxation and prepares for labor
- Certain asanas promote normal delivery

❖ **Meditation**

Meditation calms the mind, fosters peace, and deepens maternal bonding. Visualizing positive outcomes during meditation supports fetal development.

❖ **Prayer**

Chanting mantras and shlokas fosters the baby's spiritual development and moral foundation. These prayers are believed to instill good health and virtues.

❖ **Listening to Peaceful Music**

From the fourth month, the fetus can hear and respond to sounds. Melodious music and spiritual chants relax the mother and positively influence the baby.

❖ **Reading Calming or Spiritual Literature**

Reading mythological or value-based books is said to shape the fetus's personality. The mother's thoughts and reading habits are believed to affect the unborn child's intellectual development.

❖ **Benefits of Garbha Sanskar**

Garbha Sanskar helps in:

- Building a strong emotional bond between mother and baby
- Enhancing mental and physical well-being
- Making the baby more responsive, emotionally balanced, and confident
- Promoting better sleep and breastfeeding behavior

❖ **Music and Fetal Development**

Fetuses respond to rhythm and sound, particularly from the seventh month onward. Familiar sounds, like the mother's heartbeat or calming music, can soothe the baby. Instruments like the *veena* and *flute* are believed to have a deeply calming effect

Garbha Sanskar is rooted in ancient wisdom and remains relevant today as a holistic approach to prenatal care. It promotes the mother's well-being while ensuring optimal physical, emotional, and spiritual development of the baby. By practicing Garbha Sanskar, parents can create a nurturing environment that supports lifelong health and happiness for their child.

## IV. The Principles of Garbh Sanskar

Garbh Sanskar is a traditional Indian practice designed to enhance the overall health of the fetus throughout pregnancy. It highlights the significant influence a mother's thoughts, emotions, and actions can have on the development of her unborn child's mind and body. To foster a nurturing environment for the fetus, Garbh

Sanskar incorporates techniques such as yoga, meditation, dietary adjustments, and positive affirmations. While scientific evidence specifically supporting its role in preventing pregnancy complications is limited, combining Garbh Sanskar with evidence-based medical care and following recommended practices may contribute to a more positive prenatal experience.

Research suggests that practicing Garbh Sanskar alongside standard medical care can support the well-being of both mother and fetus. Some common pregnancy complications and general preventive strategies include:

1. **Gestational diabetes:** Reducing the risk involves maintaining a healthy lifestyle with regular exercise, a balanced diet, and appropriate weight gain during pregnancy.
2. **Pre-eclampsia:** Although Garbh Sanskar may promote overall wellness, prevention mainly depends on regular prenatal checkups, monitoring blood pressure, and managing any pre-existing health conditions.
3. **Gestational hypertension:** Regular blood pressure monitoring, healthy nutrition, physical activity, and stress management can help lower the risk.
4. **Miscarriage:** Prevention focuses on maintaining a healthy lifestyle, avoiding harmful substances like smoking and excessive alcohol, and seeking early prenatal care.
5. **Preterm labor:** While Garbh Sanskar may support general well-being, preventing preterm labor requires regular medical care, avoiding smoking and illicit drugs, managing chronic health issues, and promptly addressing any signs of early labor.

## V. Recommendations for Practicing Garbh Sanskar

Garbh Sanskar is a holistic approach rooted in Ayurveda, focusing on the mental, emotional, and physical well-being of the mother and fetus during pregnancy. However, these recommendations should not be followed independently without professional guidance. Consulting a qualified Ayurvedic or traditional medicine practitioner is essential for personalized and safe practice. Here are some general guidelines:

1. **Begin Early**: Ideally, Garbh Sanskar should start before conception, but it remains beneficial if initiated anytime during pregnancy.
2. **Adopt a Healthy Lifestyle**: Maintain a balanced diet, regular physical activity, and adequate rest. Avoid harmful habits like smoking or alcohol.
3. **Practice Relaxation Techniques**: Engage in yoga, meditation, and breathing exercises to reduce stress and support emotional well-being.
4. **Create a Positive Environment**: Foster a calm, joyful atmosphere by avoiding stress and participating in uplifting activities.
5. **Bond with the Baby**: Talk to your baby, listen to calming music, and engage in activities that encourage emotional connection.
6. **Seek Expert Guidance**: Always consult a trained practitioner to ensure safe and appropriate implementation of Garbh Sanskar practices.

Garbh Sanskar complements modern medical care and should be integrated with regular prenatal check-ups for the best outcomes.

## VI. Modern Trends in Garbh Sanskar

Modernizing Garbh Sanskar involves adapting ancient wisdom to today's medical knowledge and lifestyle, creating a balanced and evidence-informed approach. Key trends include:

1. **Integration with Medical Care**: Combining traditional practices with prenatal check-ups,

nutritional advice, and medical guidelines enhances overall care.

2. **Scientific Research**: More studies are needed to evaluate the safety and effectiveness of specific Garbh Sanskar practices through scientific methods.
3. **Cultural Sensitivity**: Recognizing diverse cultural beliefs ensures inclusive practices that respect various traditions surrounding pregnancy.
4. **Use of Technology**: Mobile apps, online classes, and digital tools provide access to guided meditation, music therapy, and prenatal education.
5. **Collaboration with Healthcare Experts**: Coordinating between Ayurvedic practitioners and doctors ensures a well-rounded, safe pregnancy experience.
6. **Online Platforms**: Blogs, YouTube channels, and courses offer accessible guidance on Garbh Sanskar for expectant mothers and families.
7. **Community Events**: Workshops and Garbh Sanskar programs offer hands-on experiences and group learning.
8. **Integration with Modern Therapies**: Practices like yoga and meditation are increasingly recommended by healthcare providers as complementary therapies.

While preserving its traditional roots, modern Garbh Sanskar prioritizes maternal and fetal health through a balanced, respectful approach. Evidence-based information and professional advice should always guide decision-making during pregnancy.

## VII. Conclusion

Garbhasanskara offers a time-tested, holistic framework that remains highly relevant in addressing current reproductive health challenges. By combining ancient Ayurvedic knowledge with modern scientific insights, Garbhasanskara enhances maternal wellness, fosters strong maternal-child bonds, and contributes to the development of healthier future generations. Integrating these practices into contemporary prenatal care can bridge the gap between traditional healing and modern medicine, promoting a comprehensive approach to maternal and child well-being.

Garbh Sanskar has shown potential benefits in supporting mental well-being and managing minor physical discomforts during pregnancy. However, current research indicates that it is **not effective** for treating **infertility** or addressing **developmental abnormalities** in the fetus. These areas require further scientific investigation to fully understand the scope and limitations of Garbh Sanskar. For concerns related to infertility or fetal development, it is essential to seek guidance and treatment from qualified medical professionals.

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# Integrative Role of Yoga and Naturopathy in Mental Health Promotion

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**Abstract**

**Mental health disorders are a growing global concern, requiring integrated preventive strategies. This study elaborates on the influence of yoga and naturopathy as complementary systems in bringing about mental well-being. Yoga practices include asanas, pranayama, and meditation, which have been seen to reduce stress, anxiety, and depressive symptomatology. Naturopathy uses natural means to help correct the mental and physical imbalance through a balanced diet and lifestyle changes. Together, these sciences work toward a holistic alternative with very few side effects and affordable means of treatment regarding mental health. Findings indicate that yoga and naturopathy should also be incorporated into public health interventions as protective measures for emotional resilience and psychological balance.**
**This research paper explores the role of yoga and naturopathy as complementary approaches to improving mental health. It focuses on how these holistic systems can be integrated into preventive mental health strategies to enhance emotional resilience and psychological well-being.**

***Keywords: Yoga; Naturopathy; Mental Health; Holistic Healing; Stress Management***

## I. Introduction

In this paper, we present evidence supporting the use of yoga as a means of promoting health, preventing disease, and treating mental health imbalances. Yoga is not a panacea for mental health issues, just like other forms of therapy. Yoga has a lot of potential to help people achieve greater mental health when combined with other strategies.

As the Patanjali Sutras notes: "Yoga is the practice of quieting themind".[1]Yoga The word has multiple meanings, but according to Yagyavalkya smriti, "Samyogo yoga ityaktojeevatma – pramaatmano" meaning is to join or link the soul to God or the Super soul.[2]The word 'Ayurveda' is derived from the combination of two Sanskrit words - 'Ayu', which refers to the union of body, senses, mind, and soul, and 'Veda', meaning knowledge.[3] The ultimate goal of Ayurveda is to maintain health-physically, mentally, and spiritually.[4]

In addition to specific techniques for body and mind rejuvenation, Ayurveda offers comprehensive lifestyle recommendations for fostering health, longevity, and disease prevention. As essential tools for healing and general well-being, it integrates yoga practices, from asana and pranayama to mantra and meditation.

**Table 1: Yoga Techniques for Specific Mental Health Conditions**

| Condition | Recommended Yoga Practices |
|---|---|
| **Stress & Anxiety** | Anulom Vilom, Bhramari Pranayama, Savasana |
| **Depression** | Surya Namaskar, Bhujangasana, Meditation |
| **Insomnia / Poor Sleep** | Yoga Nidra, Viparita Karani, Forward bends |
| **Cognitive Issues / ADHD** | Trataka, Nadi Shodhana, Dhyana |
| **Emotional Trauma / PTSD** | Restorative Yoga, Mindful movement, Breath awareness |

**Table 2: Key Mental Health Benefits of Yoga**

| Mental Health Aspect | Yoga's Impact |
|---|---|
| **Stress** | Reduces cortisol levels, activates parasympathetic nervous system |
| **Anxiety** | Enhances relaxation, improves breath awareness, calms the mind |
| **Depression** | Boosts serotonin and dopamine, promotes positive mood |
| **Sleep Disorders** | Enhances sleep quality through calming asanas and Yoga Nidra |
| **Cognitive Decline** | Improves memory, focus, and mental clarity |
| **Emotional Imbalance** | Develops emotional resilience and self-regulation |
| **Trauma & PTSD** | Provides safe space for healing through gentle, mindful movement |

According to Ayurveda, yoga is essential for attaining and preserving general health because it balances the body (Sharira), mind (Manas), and consciousness (Atma). With their approaches to holistic well-being, Ayurveda and Yoga—two sister sciences with roots in the Vedic tradition—are closely related.

Ayurveda prioritizes illness prevention and treatment, whereas yoga emphasizes mental discipline and spiritual development. They provide a complete lifestyle system when combined. Yoga is recommended in Ayurvedic practice based on Prakriti (body constitution) and imbalances (Dosha vitiation) to restore harmony, not just for physical fitness.

Yoga is beneficial

- Calm unbalanced Doshas (Pitta, Kapha, and Vata)
- Boost metabolism and digestion (Agni)
- Cleanse the body (Shodhana)
- Boost emotional stability and mental clarity
- Encourage the use of Rasayana (rejuvenation) therapy
- Encourage sattva, or mental purity.

**Yoga and Dosha Balance: Ayurvedic Perspective**

| Dosha | Characteristics | Imbalanced Symptoms | Recommended Yoga Practices |
|---|---|---|---|
| **Vata** | Light, dry, mobile | Anxiety, insomnia, dryness | Slow, grounding poses (e.g., Tadasana, Balasana), deep breathing |
| **Pitta** | Hot, sharp, intense | Irritability, inflammation | Cooling postures (e.g., Shitali pranayama, Ardha Matsyendrasana), meditation |
| **Kapha** | Heavy, stable, moist | Lethargy, depression, congestion | Stimulating practices (e.g., Surya Namaskar, Kapalabhati), dynamic flows |

An alarming sign of the worsening mental health conditions in the contemporary world is the increase in suicidal incidents worldwide. The 21st century has seen a rise in psychological distress despite improvements in living standards and technological advancements. People today are under more and more strain from a variety of sources, including unstable finances, toxic or broken relationships, unmet professional goals, and unresolved family matters. These elements not only cause emotional upheaval but also progressively weaken mental fortitude.

Chronic stress, anxiety, depression, and other mental disorders result from a person's continued exposure to a persistently negative environment. Mental wellness is a dynamic state of balance that enables an individual to manage life's obstacles, form relationships, and make a meaningful contribution. It is not just the absence of illness.

It's crucial to detect mental distress early. Ignoring the symptoms could have long-term negative effects on one's physical and mental health. Naturopathy can be a game-changer in this situation. Naturopathy, which has its roots in nature-based healing, promotes mental clarity, emotional control, and overall wellness through the use of natural remedies, lifestyle modifications, balanced diet, and mind-body practices like yoga and meditation.

We must change from a reactive to a preventive approach as the prevalence of mental illnesses keeps rising. A solid basis for emotional resilience can be established through consistent mental health evaluations, thoughtful lifestyle decisions, and the incorporation of naturopathic treatments. People can find long-term stress relief and restore their mental calm in a chaotic world by adopting natural healing practices.

Through natural remedies, lifestyle changes, and holistic practices, naturopathy emphasizes the harmonious balance of mind and body. It provides a gentle yet efficient route to recovery, particularly for people looking for alternatives to traditional mental health care.

Naturopathic doctors (NDs) emphasize that maintaining good health requires consistent daily effort. They support patients through basic counseling, lifestyle modifications, hypnotherapy, meditation, biofeedback, and stress management techniques. In addition, NDs may lead group sessions focused on lifestyle changes and stress management, fostering a sense of community and mutual support among patients.

“Let food be thy medicine and medicine be thy food,” so goes Hippocrates. Nutrition is fundamental to naturopathic practice, and food is said to promote health and prevent disease. NDs will typically offer their patients a diet that is individualized for each person, but in most instances, this means a balanced whole-foods diet, rich in fruits, vegetables, whole-grains, legumes, wild-caught fish, lean animal proteins, and whole dairy products. Foods are considered best if they are grown in their natural habitat, locally sourced, and consumed seasonally. The aim is to maximize nutritional value and minimize environmental impact.There is substantial evidence that unhealthy eating habits significantly increase the risk of morbidity and mortality.

**Aromatherapy** is one of the most approachable and calming naturopathic methods. People can take advantage of the therapeutic benefits of aromatic steam by simply adding a few drops of essential oils—like peppermint for emotional uplift, eucalyptus for mental clarity, or lavender for relaxation—into a bowl of hot water. These natural essences can be inhaled to promote emotional well-being, lower stress levels, and ease mental tension.

he efficacy of aromatherapy can be increased by combining it with other naturopathic treatments like yoga, meditation, breathing techniques, or herbal medicine. When carefully incorporated, it can be a potent tool for the natural treatment of emotional exhaustion, depression, and anxiety while encouraging composure and mental toughness in day-to-day living.

**Hydrotherapy**

Various forms and temperatures of water are used for therapeutic purposes in hydrotherapy, also referred to as water therapy. Hydrotherapy is known for its relaxing, restorative, and stress-relieving properties in the context of mental health. To affect the nervous system and enhance mental health, methods like foot soaks, steam baths, cold showers, warm baths, and contrast hydrotherapy are employed.

By stimulating the parasympathetic nervous system and promoting relaxation, warm water treatments help ease tension in the muscles and reduce stress and anxiety. By promoting the release of endorphins, exposure to cold water may elevate mood and increase alertness. Frequent hydrotherapy sessions have been linked to better sleep, fewer depressive symptoms, and improved emotional control.

Hydrotherapy is a helpful supplement to traditional therapies for ailments like anxiety disorders, depression, and insomnia because it also fosters mindfulness and body awareness.

**Table: Naturopathic Approaches in Mental Health Care**

| Therapeutic Modality | Description | Benefits for Mental Health |
|---|---|---|
| Nutritional Therapy | Personalized diet plans and supplementation focusing on essential nutrients (e.g., omega-3s, B-vitamins, magnesium). | Enhances neurotransmitter function, mood stability, and reduces symptoms of anxiety and depression. |

| | | |
|---|---|---|
| Herbal Medicine | Use of adaptogenic and mood-enhancing herbs like Ashwagandha, St. John's Wort, and Rhodiola. | Reduces stress, balances cortisol levels, and improves emotional resilience. |
| Mind-Body Techniques | Practices such as meditation, yoga, deep breathing, and guided imagery. | Lowers stress hormones, improves emotional regulation, and supports overall psychological well-being. |
| Lifestyle Counseling | Behavioral therapy, motivational interviewing, and stress management education. | Addresses negative thought patterns, promotes positive coping skills, and supports long-term mental wellness. |
| Hydrotherapy | Application of water in various temperatures via baths, sitz baths, foot soaks, and compresses. | Relaxes the nervous system, improves sleep, reduces anxiety and physical tension. |
| Sleep Hygiene Management | Techniques to restore natural circadian rhythms, including light therapy, sleep routines, and melatonin support. | Enhances sleep quality and duration, which is vital for mood regulation and cognitive function. |
| Detoxification Strategies | Use of natural detox methods to reduce toxic load from environmental or dietary sources. | May improve mental clarity, reduce irritability, and support overall neurological function. |
| Integrative Collaboration | Combining naturopathic treatments with conventional psychological or psychiatric care. | Offers comprehensive and individualized care, promoting both symptom relief and long-term healing. |

## II. Conclusion

Combining yoga and naturopathy provides a comprehensive, non-invasive, and long-lasting method of treating mental health issues by addressing the underlying causes of psychological imbalances as well as their symptoms. In order to foster emotional resilience and mental health, both systems place a strong emphasis on the value of self-control, lifestyle changes, and mind-body balance.

Through the regulation of the autonomic nervous system and the enhancement of neuroplasticity, yoga's combination of asanas (postures), pranayama (breath control), and dhyana (meditation) has been scientifically demonstrated to reduce stress, anxiety, and depression. In order to restore physiological and psychological balance, naturopathy supports nutritional correction, detoxification, hydrotherapy, and herbal remedies.

As global mental health challenges continue to rise, particularly stress-related disorders, these ancient yet evidence-informed systems provide valuable tools for prevention, management, and long-term recovery. Incorporating Yoga and Naturopathy into mainstream mental health strategies can not only improve therapeutic outcomes but also empower individuals to cultivate self-awareness, resilience, and a proactive approach to their mental wellness.

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# Application of Swasthavrutta in Shalakya Tantra

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## I. Introduction

Ayurveda considers Swasthavrutta as one of the most important concepts for health and well-being. It focuses on maintaining overall health through a balanced lifestyle and crucial for disease prevention and longevity. Shalakyatantra is a clinical branch devoted to all sense organs and their health and explains maintenance of health of Indriya.

## II. Components of Swasthavritta

Swasthavritta includes:

- Dincharya (daily regimen)
- Ratricharya (night regimen)
- Ritucharya (seasonal regimen)
- Ahara-Vihara (diet and lifestyle)
- Sadvritta (code of good conduct)

## III. Dinacharya

**A. Bramhimuhurtha –** Person who desires health should get up early in the morning. Bramhi Muhurta time is around 4:00 am. It helps in swastha rakshanartha and indriyaprassanartha.

**B. Dantadhavana** -It removes bad breath of mouth, exudates from teeth, enhance taste and hence desire for food, mana indriya prassanata, and due to use of medicinal plants it makes gums strong.

**C. Jihwanirlekana-** It makes easy respiration without obstruction, clears mouth smell, taste buds work properly, stimulates taste perception and increases the salivation.

**D. Anjana** – It helps to remove unwanted substance from eyes and gives clear vision. As Acharya Charak states that by the use of anjana eyes get clear and vision of the person shines brightly like moon in the sky.

**E. Dhumapana** -It is a special therapy to treat Kaphaja disorders of Shiro, Nasa, Karna, Vaksha, and Deha. Indriyas become activated and keen in their function with clarity and freshness of mind, improves and cleans the oral cavity, gives a pleasant odour.

**F. Nasya karma** is an important therapy among kriyakalpa for the management of diseases of shalakya Tantra. Nasya is used in Shalakya Tantra disorders like Vataja Shiro roga, danthapaatha, keshapaatha, karnashoola, karna kshweda, nasa roga, muka sosha, avabahuka, netra vatrma roga, vata-pittaja mukha roga, darunaka etc

G. **Kama Poorana** – Those people who practice the karna poorana regularly will get good result against deafness, neck rigidity and hanushoola

H. **Shiroabyanga** -It is beneficial in Roughness, itching sensation, dirt scalp and diseases of the hair. By regular Shiroabyanga a person may get relief from shiroshoola, palitya, khalitya, kesha pata, kesha, Vikara, twak vikara and give strength to head and scalp.

I. **Padabhyanga -.**Padabhyanga enhance the vision and also help to prevent insomnia.

J. **Snana**-Shiras being an uttamanga and one of the trimarmas, it must be protected from the external climatic variations like excessive heat, wind and rain. Hot water must not be used for the head as it is harmful for eyes and hair. Shiras is an abode of many marmas. Marmas must never be subjected to heat as it may affect the prana in it.

## IV. Ratricharya

Ratricharya starts after Dinacharya, It includes Dinner, sexual activities, nidra, swapna. One should clean his hand properly before and after the meal and touch his eye with a moist Fingertip.

After meal or dinner, Triphalachurna mixed with madhu and ghruta should be given that Strengthens the vision.

Souviraanjana should be used daily in the night before the sleep as it is beneficial for eyes. Rasaanjana should be used once on the $5^{th}$ or $8^{th}$ day. It removes doshas from eyes.

If sexual intercourse is done with Rajaswala stree, it causes defects of vision, ayukshaya, indriya Nasha.

## V. Rutucharya

Ayurved explains rutucharya as a set of rules to follow in each season to keep ourselves healthy and to prevent seasonal diseases.

If the rutucharya followed correctly the dosha pacify by themselves in the upcoming season (shaman) and defect progress to the next stage of disease manifestation.

As ear is a sthana of vata dosha, nasika and mukha is sthana of kapha and netra of pitta dosha respectively, So often due to kala disease arises in karna, nasika and netra due to prakopa of their respective dosha.

Hence Shodhana karma must be done such as vamana, virechana and basti according to rutu that is vata, pitta, kapha shodhana karma done in pravruta, sharad and vasant rutu respectively. The main root cause of disease is vitiated dosha which is treated by shodhana karma that stops the Recurrence and hence patient never falls ill.

## VI. Ahara and Vihara (Diet and Lifestyle)

### A. Pathya Ahara

- Milk and milk products like Go ghrita, Stanya, Navaneeta, Aja ghrita (Sushrutha sutrasthana).
- Kharpara, Raktachandana, Kasturi, Lavanga, Prapoundarika (Raja nighantu)
- Triphala, Ghrita, Madhu, Yava, Shatavari Payasa, Mudga (Vangasena).
- Swarna, Abhraka, Tämra, Vanga, Loha, Swarnamakshika. Juttha, Käseesa.
- Shakapanchakas like Jeevanti, Vaastuka, Matsyaakshi, Meghanada and Punarnava (yogaratnakara)

**B. Apathya Ahara**

- Shuktha
- Aranala
- Amla
- Kulattha
- Masha
- Madhya
- Ikshu
- Phanitha

**C. Pathya Vihara**

- Sun basking
- Eye wash
- Swinging
- Eye ball movement exercise
- Padhabyanga
- Padaprakshalana
- Trataka

**D. Apathya Vihara**

- Atiswapna
- Ratrijagarana
- Atisweda
- Amaithuna
- Veghadharana
- Atirodhana
- Bashpa nigraha
- Kopa
- Shoka
- Bhaya

**VII. Sadvrittha**

- For maintaining the health of the *Indriyas* (sense organs) and *Mana* (mind), one should follow proper guidelines, including the appropriate use and interaction of the senses. This contributes to intellectual development.
- One should not become a slave to the senses.
- Do not look directly at the sun or other bright objects for prolonged periods.
- One should not overburden the senses.
- Avoid continuously looking at minute, brightly lit, or undesired objects.
- "Early to bed and early to rise" is a key principle. Improper *Nidra* (sleep) is itself one of the causes (*Nidana*) of *Netra Roga* (eye disorders).
- Regular consumption of ghee and milk nourishes (*Preenana*) the *Indriyas* and helps in providing them with the necessary *Bala* (strength).
- Neither be harsh on the *Indriyas*, nor overly indulgent by fulfilling every desire of the senses.

# Ayurvedic Management of Swetapradara (Excessive Vaginal White Discharge): A Case Study

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**Abstract**

**Women are central to family well-being and national development, yet many today prioritize career and financial goals over personal health, leading to issues like Shwetapradara (excessive white vaginal discharge). While normal vaginal secretion maintains hygiene and moisture, excessive discharge accompanied by symptoms such as foul odor, itching, burning, and lower abdominal pain can cause significant discomfort and stress.**

**Shwetapradara can result from physiological changes (e.g., puberty, premenstruation, around ovulation, pregnancy) or pathological conditions like infections. Though not specifically described in the Brihatrayee, Ayurvedic texts such as Sarngadhara Samhita, Bhawaprakasa, and Yogaratnakara mention it. The term combines "Shweta" (white) and "Pradara" (excessive flow). According to Chakrapani, it relates to Pandura Asrigdara, primarily involving Kaphadosha imbalance. Contributing factors include poor hygiene, unhealthy diet, and repeated abortions, leading to Rasadhatu dysfunction.**

**Ayurvedic management focuses on correcting lifestyle and diet, along with the use of herbs under Shamana Chikitsa (palliative care). A case study demonstrated marked symptomatic relief using this approach, underscoring Ayurveda's potential in managing Shwetapradara and enhancing women's overall health and quality of life.**

***Key Words: Shwetapradara; Health; Women.***

## I. Case Presentation

### A. Patient Information

- Name:-XYZ
- Age:-27 years
- Gender:- Female
- Religion:- Hindu
- Occupation:-job
- Marital status:- Married
- Address:-Kalol

- Socioeconomic status:- Middle class
- Date:- 30/01/2025

**B. Chief Complaints With Duration**

- White discharge per vagina with itching 4-5 months.
- lower abdominal pain since 15 days

**C. History of Present Illness**

Patient was asymptomatic before 5 months After that she started complaining of white discharge per vagina, itching and lower abdominal pain since 15 days. So she came to PTSR department of PSAM hospital, kalol

**D. Past History**

No any significant medical and surgical past history to present condition.

**E. Past Treatment History**

Nothing significant

**F. Family history**

Nothing significant

**G. Personal history**

Diet:- vegetarian, sleep:- sound ,habits:- Tea, bowel:- 1 time/day, urine:- 4-5 times/ day

**H. Past Menstrual History**

- 3-4 days in 26-28days of interval the bleeding was average there is no scanty or heavy bleeding, regular, painful+,1-2 pad/day
- lmp: 22/01/2025
- AML: 2.5 years
- Menarche:-at the age of 11 years.

**I. Obstetric History**

G0 P0 A0 L0 (Nulligravida)

**J. Ashtavi dhapariksha**

- Nadi: Pitta Pradhana
- Mala: prakrut (1 time/ day)
- Mutra: 4-5 times a day
- Jiwha: Niram
- Shabda: prakrut
- Sparsha: Anushna Sheeta

- Drik: Prakruta
- Akruti: Madhyam

**K. Vital Data**

- Pulse: 78 bpm,
- Bp: 120/80 mm of hg,
- Temp:- 98 f,
- wt:- 60kg

**L. Systemic Examination**

- CVS: S1 S2 heard
- CNS: well oriented to date, time & place, conscious
- RS: AEBE clear, No added sound
- P/A : soft, non-tender
- P/S :white watery discharge +++, Cx healthy, foul smell+
- P/V: UT AV, tenderness in left fornix

**M. Investigation**

- CBC: WBC:- 11,000cumm, RBC , RBC- 4 mill/cumm
- ESR: 18mmhr
- VDRL: Non- reactive
- USG ( Abdomino pelvis): No any abnormality detected

## II. Diagnosis

Based on the patient's symptoms, medical history and physical examination patient is diagnosed with Swetapradara

Samprapti: Kapha, aggravated due to its vitiating factors, influences or vitiates rasadhatu of the reproductive system, already influenced by excessive coitus, improper mode of life and dietetics during menstruation and rutukala along with non-cleanliness and then produces white and painless vaginal discharges due to dominance of its liquid property

Samprapti Ghatak

- Dosha: Kapha
- Dushya: Rasa
- srotas: Artavvaha
- Adhishthan: Yoni pradesha
- Sadhyasadhyata: Sadhya

Differential diagnosis: kaphajyonivyapda, karnini yoni vyapad, yoni arsh, swetapradara

Diagnosis:-Swetapradara

## III. Treatment

### A. Samanachikitsha

Chakramardamoolchurna Oral 6 gm with 50 ml Tandulodaka 21 days Before Meal, BD

(Yogratnakar, somrogachikitsha 3 )

### B. Pathyapathya

Maintain personal hygiene , To avoid Excess salt, sour and sweet Test.

To avoid Mental Stress.

To take more Green Leafy Vegetables & Simple food.

## IV. Observations and Results

| SN | Parameter | BT | DT | 1st follow up | 2nd follow up |
|---|---|---|---|---|---|
| 1. | White discharge | +++ | ++ | - | - |
| 2. | Itching | +++ | + | - | - |
| 3. | Lower abdominal pain | ++ | + | - | - |
| 4. | Foul smell | + | - | - | - |

Investigation after treatment : CBC: WBC: 9000 CU/MM, RBC: 4 MILL/CUMM

ESR: 15 MMHR

### A. Mode of action

चक्रमकमूलंतुसंपिष्टंतण्डुलाम्बुना।प्रभातसमयेतंजलप्रदरनाशनम्।।३।।

(Yogratnakar, somrogachikitsha 3 )

"The root of Chakramarda with Tandulodak and drinking it in the morning prevents Jala Pradara."[i]

Katu Rasa, Ushna Virya and Ruksha Guna of Chakramarda will act as Grahi and treat Shwetpradar.

Katu Rasa acts as Jatharagni Deepaka, Amapachaka and Kapha Dosha Shamaka.

Its Kandughna properties relieve Itching in Shwetapradara.

Laghu, Ruksha Guna act as a Kledahara (Snigdhtahara)

It is also Krumighna (krumi due to lack of hygiene), Yakrut Uttejak

Rasayana and useful in Upsargik Vyadhi.[ii]

Chakramarda is Vatahara so it acts as Shoolhara.

**B. Tandulodaka**

Tandulodaka is a storehouse of antioxidants, vitamins (vitamin B&E) and minerals and offers many benefits for women's health. It is Sheet virya and hence it is useful in Raktapradara, Pradara, Mutradaha, Raktapitta and Atisara. Rice water also reduces Hstapadataladaha. It is rich in starch and contains various important antioxidants that are immensely beneficial for our health. Rice water is laden with many minerals and vitamins that have astonishing results for the skin. It contains a compound called 'inositol' that promotes cell growth, delays the process of ageing and stimulates blood flow. Rice water also has antioxidant, moisturizing and UV rays absorbing properties that tighten the pores and prevent pigmentation and age spots. Energy drink: Tandulodaka is a natural drink to boost energy levels.[iii]

**C. Modern co relation**

- Excessive vaginal white discharge:
- Becterialvaginosis: The causative organism: Gardnerellavaginalis (Haemophilusvaginalis).
- The present concept is that along with G vaginalis, anaerobic organisms such as Bacteroides species, Peptococcus species, mobiluncus, and Mycoplasmahominis act synergistically to cause vaginal infection.
- There is marked decrease in lactobacilli. Clinically, it is characterized by creamy vaginal discharge with fishy smell without extensive evidence of inflammation.
- Clinical Features
- Bacterial Vaginosis (BV) is characterized by malodorous vaginal discharge. The term vaginosis is preferred as there is no vaginal inflammation. The discharge is homogeneous, greyish-white and adherent to the vaginal wall. Clinical implications of BV, in pregnancy are, preterm rupture of membranes, preterm labor, andchorioamnionitis.
- Complications: Recurrent infection leading to PID, Development of PID following abortion or Pregnancy complications: second trimester miscarriage, preterm birth, endometritis.
- Diagnosis (A) Amsel's four diagnostic criteria are: (1) Homogeneous vaginal discharge. (2) Vaginal pH > 4.5 (litmus paper test). (3) Positive whiff tests (4) Presence of clue cells
- (B) Gram stained vaginal smear (Hay/Ison):
- Presence of more Gardnerella or mobiluncusmorphotypes with few or absent lactobacilli.
- Whiff Test: Fishy (amine) odor when a drop of discharge is mixed with 10 percent potassium hydroxide solution.
- Clue cells: A smear of vaginal discharge is prepared with drops of normal saline on a glass slide and is seen under a microscope. Vaginal epithelial cells are seen covered with these coccobacilli and the cells appear as stippled or granular. At times, the cells are so heavily stippled that the cell borders are obscured.
- These stippled epithelial cells are called "clue cells"(. Presence of clue cells ( >20% of cells) are diagnostic of BV.
- Treatment is highly effective with metronidazole — 200 mg orally thrice daily for 7 days. Clinda-mycin cream (2%) and metronidazole (0.75%) gel are recommended for vaginal application daily for 5 days to prevent obstetric complications. The patient's sexual partner should be treated simultaneously. Cure rate is 80%.

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[ii]Acharya Priyavrat Sharma, Dravyaguna Vigyana, part 2 pages no 186 to 188.
[iii]https://www.hindustantimes.com Rice water or Tandulodaka can rejuvenate skin, treat heavy periods; all benefits

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# A Sustainable Integrative Approach of Ayurveda and Modern Science for Todays Healthcare and Research

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**Abstract**

**Ayurveda provides a holistic framework of health as a state of equilibrium among bodily organs, mental purity, and spiritual health. This is compatible with the World Health Organisation's conceptualisation of health as integral physical, mental, and social well-being. This review discusses how it is possible to effectively integrate Ayurveda into modern medicine systems. It does not present Ayurveda as an alternative, but rather as a complement that complements modern medicine through its preventive, promotive, curative, and rehabilitative aspects. Ayurvedic regimens like daily and seasonal lifestyles, rejuvenation treatments, and mind-body techniques provide sustainable preventive options. Therapeutic interventions based on individualised diagnosis and psychosomatic equilibrium aid in controlling chronic and idiopathic disorders. Of particular emphasis is the Ritu–Kshetra–Ambu–Beeja model of pathogenesis, a multi-levelled theory similar to contemporary disease progression theory. The season (Ritu), host susceptibility and immunity (Kshetra), nutritional condition and internal environment (Ambu), and pathogenic stimuli (Beeja) all together decide disease onset and course. Additionally, Ayurvedic theories of metabolism, especially the conversion of nutrients into tissues through Dhatvagni and the elimination of metabolic waste through Dhatu Mala, closely mimic biochemical models with oxidative stress and cellular detoxification. The systematic use of Ayurvedic epistemology, based on Pramanas like observation, inference, and reasoning, enhances its likeness with evidence-based research approaches. This holistic strategy illustrates how Ayurveda can integrate into current healthcare by providing patient-focused, long-term, and sustainable solutions for disease management, prevention, and overall well-being in today's time.**

***Keywords: Integrative Approach; Disease Progression; Pramana; Oxidative Stress; Dhatuposhan***

## I. Introduction

Ayurveda does not define health merely as the absence of disease. Instead, it envisions swasthya—a dynamically balanced state of the body, mind, and spirit—as the ideal foundation of human well-being.[1] In the classical Sushruta Samhita, health is described as a state in which the doshas (Vata, Pitta, Kapha) are in equilibrium, the agni (digestive and metabolic fire) is functioning optimally, the dhatus (bodily tissues) and malas (waste products) are in proper balance, and the atma (soul), indriyas (sense faculties), and manas (mind) exist in a state of internal contentment or prasannata.[2]

This definition, though composed centuries ago, closely aligns with the modern understanding of holistic health as proposed by the World Health Organisation. Ayurveda's vision, however, delves deeper, integrating not only physical and mental aspects but also spiritual wellness. Health in Ayurveda is not passive; it is an active, cultivated state of harmony.

In line with WHO's four-dimensional framework of healthcare—preventive, promotive, curative, and rehabilitative[3]—Ayurveda offers a structurally rich and conceptually complete response. Daily regimens (dinacharya), seasonal routines (ritucharya), balanced diet and lifestyle (ahara-vihara), and ethical conduct (achar

rasayana) serve as preventive pillars. These practices, deeply rooted in svabhava (nature) and kala (time), are designed to align the human microcosm with the external rhythms of the cosmos.

On the curative side, Ayurveda employs a triad of therapies: yuktivyapashraya chikitsa (logical or rational therapeutics), daivavyapashraya (spiritual methods), and sattvavajaya (psychological therapies). Together, they address not only adhyatmika (internal) and adhibhautika (external) causes of disease, but also karmic and mental origins, thereby offering a more inclusive model of healing.[4] Chronic disorders, idiopathic illnesses, and lifestyle-related conditions—often complex and multifactorial—find space in Ayurvedic pathology under the frameworks of agantuja vyadhi, janapadodhwamsa, and hetu-linga-aushadha chatushtaya (cause, symptoms, treatment, and genetic/environmental predisposition).

Promotive healthcare in Ayurveda centers around rasayana and vajikarana, specialized disciplines aimed at tissue regeneration, mental clarity, immune enhancement (vyadhikshamatva), and vitality. These are not merely pharmacological interventions but involve a code of living rooted in discipline, sattvic food, and mental poise.

Rehabilitation is methodically addressed through sansarjana karma, a step-wise reintroduction of diet and activity after shodhana (purification therapies). The process ensures the restoration of digestive strength (agni) and the stabilization of tissue functions (dhatu-bala).[5]

Furthermore, Ayurvedic theories of disease causation—based on the interaction between kshetra (body as the field), beeja (pathogenic seed), ambu (nutrient fluid), and ritu (season or environment)—resonate closely with ecological and biomedical models of pathogenesis.[6] The samanya-vishesha siddhanta (principle of similarity and dissimilarity) and karya-karana bhava (cause-effect theory) provide not only diagnostic clarity but also therapeutic direction.

In the present context, integrating these time-honored principles with modern biomedical frameworks provides not only a sustainable healthcare model but also a culturally resonant and scientifically valid approach to individual and community well-being.

## II. Material and Methods

This narrative review was conducted by analysing classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita) alongside modern scientific literature from databases like PubMed, WHO, and AYUSH portals.

## III. Result and Discussion

The analytical exploration of Ayurvedic texts alongside contemporary health frameworks revealed a profound and multi-layered understanding of Ayu and Swasthya, with significant implications for integrative healthcare. In classical Ayurveda, Ayu is more than a measure of time—it is the conscious union of Sharira (body), Indriya (sense organs), Manas (mind), and Atma (soul).[7] This union commences with the meeting of Shukra and Shonita and persists until the departure of Prana, marking not just biological life but the embodied experience of consciousness. The delineation into Hitayu, Ahitayu, Sukhayu, and Dukhayu demonstrates that Ayurveda classifies life not only by duration but by quality—ethical, emotional, and social.[8] Similarly, the characteristics of a Swastha Purusha emphasise the equilibrium of Doshas, balanced Agni, proper formation and elimination of Dhatus and Malas, and the serenity of Manas, Indriya, and Atma. Signs of health such as Annabhilasha (a natural appetite), Sukha Paripaka (comfortable digestion), and Sharira Laghava (lightness of the body) reflect the subtle interdependence of physiological processes and mental clarity.[9] These findings align remarkably well with the WHO's expanded model of health, which incorporates physical, mental, and social well-being, but Ayurveda adds greater nuance by including spiritual, emotional, vocational, and occupational wellness. The Ayurvedic view of health is further shaped by determinants such as Ahara (diet), Vihara (lifestyle), Desha (environment), and Kala (season or time), which correspond to modern health determinants like nutrition, lifestyle habits, ecology, and genetic predisposition. Evaluation of health in both systems involves subjective and objective assessment, though Ayurveda uniquely incorporates Pramana—a framework of Pratyaksha (direct observation), Anumana (inference), and Yukti (rational application)—to derive diagnostic and prognostic insight. The synthesis suggests that Ayurveda is not merely a traditional system of healing but a sophisticated science of life that offers a sustainable, ethically grounded, and individualized approach to enhancing Ayu, promoting Bala (strength), and preserving Saumanasya (mental harmony), ultimately improving health-related quality of life in a manner that is scientifically relevant and culturally meaningful.

This broader Ayurvedic definition of health shares key features with the World Health Organisation's 1948 definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[10] However, Ayurveda extends this framework by embedding spiritual, emotional, ethical, and even occupational dimensions into its conception of well-being. A comparative analysis of the WHO's four key domains—preventive, promotive, curative, and rehabilitative—against corresponding Ayurvedic principles reveals strong parallels and some unique insights. Preventive health in Ayurveda is managed through Dincharya (daily routines), Rutucharya (seasonal regimens), Ahara-Vihara (diet and conduct), and Achar Rasayana (ethical living). The curative domain includes rational treatments (Yuktivyapashraya), spiritual therapies (Daivavyapashraya), and mental health practices (Satwavajaya Chikitsa), effectively addressing both psychosomatic and idiopathic disorders. Promotive health is maintained through Rasayana (rejuvenation) and Vajikarana (vitality therapies), while rehabilitative care is conducted through Sansarjana Karma and seasonal Shodhana (cleansing therapies), restoring metabolic balance and digestive fire (Agni).

Within this framework, the roles of Ritu, Kshetra, Ambu, and Beeja are paramount in understanding conception and reproductive health. Ritu refers to the fertile window (Ritukala)—optimally spanning from menstruation to the 16th day—during which the union of Shukra and Shonita is most likely to result in successful Garbha formation. Disruption of Ritukala through hormonal imbalance, stress, or Ama-induced Srotorodha can result in anovulation, luteal defects, or infertility. Equally vital is the condition of Kshetra, which includes the Yoni, Garbhashaya, and Yoni Marga—the structural and functional domain where fertilisation and fetal development occur. Abnormalities in Kshetra, such as fibroids, uterine malformations, cervical anomalies, or fallopian tube obstruction (Srotorodha), impair implantation and often lead to infertility, miscarriage, or pregnancy loss.[11]

Ambu, which correlates with Rasa Dhatu and the maternal nutritional flow, ensures fetal nourishment through Upasneha and Upasveda, initially via Garbhodaka and later through the Rasavaha Srotas into the Nabhinadi. Any obstruction in this flow due to deficient Rasa-Rakta Samvahana or poor maternal nutrition can result in fetal Shosha, miscarriage, or stillbirth. Lastly, Beeja—referring to both Shukra (sperm) and Artava (ovum)—is the biological basis of conception. Impairments in Beeja, including conditions like oligospermia, azoospermia, PCOS, or genetic anomalies, directly influence fertility outcomes.[12][13] Ayurveda places strong emphasis on Shuddha Beeja (pure gametes) and even outlines preventive genetic guidelines such as Atulyagotra marriage to reduce congenital anomalies, which aligns with modern insights into consanguinity and inherited disorders.

The foundation of tissue nourishment and vitality in Ayurveda rests on the concept of Dhatwagni—the specialised metabolic fire inherent in each of the seven Dhatus. This internal fire governs the transformation of nutrients delivered through Ahara Rasa, sequentially converting them from Rasa (plasma) to Shukra (reproductive tissue) in a process known as Dhatwagnipaka. At each stage, the essential portion (Sara Bhaga) is assimilated to build the next tissue, while the by-product (Kitta Bhaga), or Dhatu Mala, is eliminated.[14] When Dhatwagni functions in a balanced state (Samagni), it ensures proper tissue regeneration and supports overall physiological harmony. Conversely, its imbalance—manifesting as either Tikshna (intensified) or Manda (weakened)—can lead to either tissue overgrowth (Vriddhi) or depletion (Kshaya). This layered understanding of metabolic activity closely parallels modern concepts of anabolic and catabolic balance and even resonates with current theories of oxidative stress and cellular ageing. Ayurveda's explanation of Ama formation, disturbances in Agni, and obstruction of Srotas shares conceptual ground with the modern understanding of free radical pathology.[15] In this context, Rasayana therapies—long valued for their rejuvenating and immune-supportive qualities—can be interpreted as natural antioxidants, offering protective effects at the cellular level and helping to prevent degeneration and premature ageing.

Complementing this physiological framework is Ayurveda's deeply rooted epistemological system, known as Pramana. Unlike the notion that ancient sciences lack empirical grounding, Ayurvedic inquiry is guided by a rigorous method of validation that includes Pratyaksha (direct observation), Anumana (logical inference), Aptopadesha (authoritative testimony), and Yukti (reasoned application).[16] These tools are not only theoretical; they form the backbone of research, from the identification of a problem and formulation of hypotheses to data collection, analysis, and drawing of conclusions (Nirnaya). When applied with clarity and purpose, Pramana offers a nuanced yet structured methodology that harmonises well with modern scientific frameworks while preserving the philosophical depth and cultural integrity of Ayurvedic knowledge. Together, these insights reaffirm that Ayurveda is far more than

a healing tradition—it is a comprehensive life science, deeply capable of contributing sustainable, individualised, and ethically grounded solutions to contemporary healthcare challenges.

## IV. Conclusion

This study highlights that Ayurveda, with its concepts of Ayu, Swasthya, Ritu, Kshetra, Ambu, Beeja, and Dhatwagni, offers a structured and deeply holistic approach to health. When thoughtfully aligned with modern science, it enriches our understanding of prevention, fertility, metabolism, and overall well-being. Rather than being alternative, Ayurveda emerges as a complementary science—rooted in basic principles yet highly relevant to today's evolving healthcare needs.

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# Nutrition, Lifestyle, and Preventive Health in Ayurveda: A Holistic Approach to Well-being

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**Abstract**

**In Ayurveda, health is not merely defined as the absence of disease but as a dynamic equilibrium between the Sharira (body), Manas (mind), and Atma (spirit). This holistic model centers on Ahara (nutrition), Vihara (lifestyle), and Swasthavritta (preventive strategies) to maintain the balance of the Tridoshas—Vata, Pitta, and Kapha. Ayurveda advocates individualized dietary regimens based on Prakriti (body constitution), Agni (digestive capacity), Ritu (season), and Desha (region). Foods are classified not only by their nutritive value but also by Rasa, Virya, Vipaka, and Prabhava, ensuring holistic nutrition in Ayurveda. Daily and seasonal routines (Dinacharya), seasonal routines (Ritucharya), moral conduct (Sadvritta), and mindfulness practices such as meditation and Pranayama are core to maintaining Ojas (vital immunity). Preventive health also includes Panchakarma (detoxification), Rasayana (rejuvenation), and Nidana Parivarjana (elimination of causative factors), which form the foundation of a sustainable and integrative approach to long-term health.**

***Keywords: Nutrition; Lifestyle; Preventive Health; Holistic Health; Disease Prevention***

## I. Introduction

Ayurveda, the science of life, defines health as the absence of disease. As per Sushruta Samhita:

समदोषः समाग्निश्च समधातुमलक्रियः |प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ||सु. सू 15/41||

This highlights the balance of Doshas, Agni, Dhatus, Malas, along with a peaceful mind and soul, as key determinants of health. To maintain this dynamic balance, Ayurveda prescribes personalized Ahara, disciplined Vihara, and preventive guidelines under Swasthavritta.

**A. Ahara (Nutrition): The Cornerstone of Preventive Health:** In Ayurveda, Ahara is not merely a source of sustenance but also a therapeutic tool. Food is believed to influence not only the body but also the mind, immunity, and consciousness. Hence, it is described as Mahabhaishajya (the greatest medicine).

### i. Personalized Dietary Planning

Ayurveda emphasizes that "one man's food may be another man's poison." Therefore, dietary recommendations are never generic; they depend on the following:

- **Prakriti (Body Constitution):**Vata individuals benefit from warm, oily, and nourishing foods.

Pitta types need cooling, mildly spiced, and less acidic items.

Kapha types are advised to eat light, dry, and spicy food.

- **Agni (Digestive Fire):**Determines the efficiency of food digestion. Strong Agni (Tikshna) can digest heavier food. Weak Agni (Manda) requires light and easily digestible meals.
- **Ritu (Season):**Grishma (Summer): Light, cooling foods, such as rice, ghee, and seasonal fruits, are best.
    - Sharad (autumn): Avoid Pitta-aggravating foods, such as sour, salty, and spicy items.
    - Hemanta (Winter): The body's Agni is strong; hence, nourishing foods such as milk, ghee, and meat are beneficial.
- **Desha (Habitat/Geography):**Dry and cold regions may require more unctuous and warming foods, whereas humid climates require lighter, drying foods.

**ii. Attributes of Food (Ahara Dravya)**

Food is analyzed based on the following:

- Rasa (Taste) – Determines the doshic effect (e.g., sweet pacifies Vata and Pitta).
- Virya (potency) – Ushna (hot) or Sheeta (cold); affects metabolic actions.
- Vipaka (Post-digestive taste) – Long-term impact on Doshas.
- Prabhava (Unique Action) – Special effect regardless of the above attributes, for example, Shilajit's rejuvenative nature.

**iii. Viruddha Ahara (Incompatible Foods)**

Certain combinations are inherently incompatible and produce Ama (toxins): milk + sour fruits or fish. Honey + ghee in equal quantities.

**iv. Ahara Vidhi Vidhan (Rules of Eating)**

Eat when hungry (physiological hunger, not emotional hunger).

Avoid overeating or eating without hunger.

Eat in a calm environment and focus on the food.

Avoid talking or watching TV during meals.

**B. Vihara (Lifestyle): The Practice of Harmonious Living**

Ayurveda treats lifestyle as a form of medicine. Through Dinacharya and Ritucharya, one can align their biology with the rhythms of nature, which is vital for mental clarity, immunity, and longevity.

**i. Dinacharya (Daily Regimen)**

Practices followed from morning to night:

- Brahma Muhurta Jagrana (Waking before sunrise): Enhances spiritual and mental energies.
- Dantadhavana and Jihva Nirlekhan: Cleaning the mouth and tongue to remove toxins.
- Nasya and Gandusha: Lubricate and detoxify the nasal and oral passages.
- Abhyanga (Oil Massage): Nourishes the skin, tones the muscles, and prevents aging.
- Vyayama (Exercise): Improves circulation, digestion, mental stability.
- Snana (Bathing): Refreshes body and clears energetic channels.
- Timely meals and sleep: Synchronizes with circadian rhythms and supports Agni.

**ii. Ritucharya (Seasonal Regimen)**

Each season uniquely impacts the doshas.

- Spring (Kapha increase): Induction of Vamana (therapeutic emesis) to prevent seasonal illness.
- Summer (Pitta dominance): Cooling herbs such as Shatavari and foods such as ghee and rice.
- Rainy season (Agni is weak): Light foods like gruels and soups are preferred.

**iii. Sadvritta (Ethical Conduct)**

They practice Satya (truth), Ahimsa (non-violence), Brahmacharya, and compassion.

Cultivating gratitude, respecting elders, and controlling negative emotions.

Strong mental hygiene supports Manasika Swasthya (mental health).

**iv. Mindfulness Practices**

Pranayama: Balances energy, improves lung function, and reduces anxiety.

Dhyana (Meditation): Enhances focus, mental clarity, and emotional resilience

**C. Swasthavritta and Preventive Health Strategies**

Swasthavritta is a science of health preservation and disease prevention. It encompasses daily and seasonal routines, moral values, and hygiene.

**i. Ojas and Vyadhi Kshamatva (Immunity)**

Ojas is the vital essence of all seven dhatus.

Balanced Ojas = strong immunity, mental stability, and endurance.

Ojas is supported by nourishing food, adequate sleep, emotional stability and Rasayana therapy.

**ii. Panchakarma (Bio-Cleansing Therapies)**

Aimed at removing accumulated doshas and toxins:

- Vamana – emesis for Kapha disorders.
- Virechana: purgation for Pitta.
- Basti: Medicated enema, especially for Vata disorders.
- Nasya: Nasal cleansing.
- Raktamokshana: Bloodletting for skin and blood disorders.

These are done seasonally or based on disease-prone tendencies, enhancing the body's innate healing ability.

#### iii. Rasayana (Rejuvenation Therapy)

It rejuvenates tissues, delays aging, and improves memory, voice, skin complexion, strength, and resistance.

Examples include Chyawanprash, Guduchi, Amalaki,

It acts as Swasthavritta Rasayana (for healthy people) and Naimittika Rasayana (for the diseased).

#### iv. Nidana Parivarjana (Avoidance of Causative Factors)

Avoidance of Hetu (causes) is the primary prevention.

For example, avoiding junk food, a sedentary lifestyle, and incompatible food combinations.

### D. Modern Relevance and Integration

The rise in Non-Communicable Diseases (NCDs) highlights the need for preventive models.

Ayurvedic principles align with modern wellness goals, including personalized nutrition, stress management, seasonal detoxification, and holistic immune health.

## II. Conclusion

Ayurveda, with its deep-rooted wisdom and holistic perspective, offers a proactive blueprint for achieving and maintaining optimal health. Unlike conventional approaches that often emphasize disease management, Ayurveda centers on disease prevention and life enhancement through individualized nutrition (Ahara), a harmonious lifestyle (Vihara), and ethical conduct supported by Swasthavritta. The integration of personalized dietary regimens, seasonal and daily routines, Panchakarma, and Rasayana therapies builds a resilient foundation for physical, mental, and spiritual health. In an era marked by an increase in non-communicable diseases and lifestyle-related disorders, Ayurvedic principles resonate profoundly with modern health paradigms. Embracing these time-tested strategies not only empowers individuals to prevent disease but also fosters longevity, vitality, and a deeply rooted sense of well-being. Hence, Ayurveda stands not only as a system of medicine but also as a way of life, offering a sustainable and integrative approach to holistic health in the 21st century and beyond.

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# Restoring Digestive Fire in Agnimandya-Induced Vibandha: An Ayurvedic Case Report

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**Abstract**

**In Ayurveda, constipation is termed Vibandha and is a prevalent gastrointestinal disorder characterized by infrequent, difficult, or delayed bowel movements. It is primarily associated with an imbalance of Vata dosha, often resulting in Agnimandya (diminished digestive fire) and the accumulation of Ama (toxins), leading to colonic obstruction. A 28-year-old male presented with chronic constipation persisting for 4 years, accompanied by hard stools, abdominal discomfort, poor appetite, headache and general fatigue. Ayurvedic evaluation identified Agnimandya as the underlying cause. The treatment protocol focused initially on Deepana and Pachana to stimulate and regulate digestion, followed by Shodhana Chikitsa (detoxification) and Samsarjana Karma (post-detox dietary regimen). This was succeeded by Shamana Chikitsa (palliative care) with dietary modifications emphasizing warm, light, and easily digestible foods. The patient showed significant clinical improvement with restoration of regular bowel movements, enhanced digestive capacity, increased appetite, and reduced fatigue. The treatment was well tolerated with no adverse effects observed. This case highlights the effectiveness of Ayurvedic interventions targeting Agnimandya in the management of chronic Vibandha. By restoring Agni and eliminating accumulated Ama, the Ayurvedic intervention effectively resolved the symptoms and led to significant enhancement in digestive function and overall quality of life."**

***Keywords: Agnimandya; Deepana; Pachana; Shodhana Chikitsa; Samsarjana Karma; Shaman Chikitsa; Vibandha.***

## I. Introduction

Constipation is defined as decrease infrequency of stools to <1 per week and difficulty in defecation; may Result in abdominal pain, distention and fecal impaction, with consequent obstruction[1]. Different patients have different perceptions of symptoms. Some patients regard constipation as straining (52%), while for others, it means hard, pellet-like stools (44%) or an inability to defecate when desired (34%), or infrequent defecation (33%) [2]. Vibandha**,** a condition correlated with constipation in modern medical terminology, is a commonly Encountered gastrointestinal complaint that significantly impacts quality of life across all age groups. Although Vibandha is not classified as a distinct Vyadhi in classical Ayurvedic texts, it is recognized as a symptom or a consequence of various digestive disorders such as Agnimandya (hypo functioning of Agni)[3], Grahani (malabsorption syndrome)[4],andUdavarta(upwardmovementofVata)[5].Thepathogenesis(Samprapti) of Vibandha predominantly involves the vitiation of Apana Vata and the formation of Ama, resulting from impaired Agni[6]. Apana Vata, a subtype of Vata dosha located in the pelvic region **(**Adho bhaga), governs the downward movement of Mala (feces)[7]. When Apana Vata becomes vitiated—due to causative factors such as irregular dietary habits (Vishamashana), sedentary lifestyle, suppression of natural urges (Vegadharana), and psychological stress—it disturbs Vatagati (peristaltic activity) and hinders the normal downward movement, leading to the obstruction and retention of feces[8]. Simultaneously, impaired Agni (Agnimandya) leads to incomplete digestion and the formation

of Ama[9] .The accumulation of Ama obstructs the channels (*Srotorodha*), further aggravating Vatadosha, particularly Apana Vata, thereby worsening bowel irregularity[10]. Clinically, this manifests as Pakwashaya-gata Vata, with characteristic symptoms such as: Antrakujana (intestinal gurgling), Shoola (colicky pain), Aatopa (abdominal distension), Krichra-mutra-purisha (difficulty in urination and defecation), Anaha (flatulence), Trikvedana (pain in the pelvic region)[11]. From the perspective of contemporary medicine, constipation is defined by the Rome IV criteria, encompassing symptoms like infrequent bowel evacuation, hard stools, straining, and incomplete emptying. Modern treatment strategies often include dietary fiber supplementation, laxatives, and behavior modification. However, these measures tend to provide only short-term symptomatic relief. In contrast, Ayurveda offers a holistic and root-cause-based management approach, which includes Agnidipana (enhancing digestive strength), Amapacana (eliminating metabolic waste), Anulomana (regulating bowel movement), and various Vata-pacifying therapies such as Snehana (internal and external oleation), Swedana (sudation), Mridu Virechana (gentle purgation), and Basti (medicated enemas)[12]. Long-term management also involves dietary guidelines (Pathya-Apathya), yoga, and lifestyle Changes to maintain digestive health and prevent recurrence. Given the increasing prevalence of constipation in today's sedentary, stress-prone society, this integrative and personalized Ayurvedic approach proves to be both safe and sustainable compared to conventional treatment.

## II. Case History

A 28-year-old male presented to the OPD of Kayachikitsa, Institute of Ayurved Studies & Research Hospital, with complaints of chronic constipation. He reported difficulty in passing stools regularly, with infrequent bowel movements occurring every month, accompanied by abdominal discomfort, poor appetite, headache and general fatigue. Overtime, the condition had progressively worsened, and he began experiencing these symptoms every 10 days. The patient stated that these issues had been persisting for the past 4 years.

### A. History of Present Illness

A28-year-old male patient visited the OPD of Kayachikitsa, Institute of Ayurved Studies & Research Hospital, with complaints of chronic constipation lasting for the past 4years. Initially, he experienced difficulty in passing stools, with infrequent bowel movements occurring approximately once in a month, accompanied by abdominal discomfort, poor appetite, headache, and general fatigue. Over time, the frequency and severity of symptoms increased, and for the past 7 months, he has been experiencing these issues every 10 days. The patient had previously consulted local practitioners and received symptomatic treatment, which provided only temporary relief. To rule out other underlying causes, several investigations were conducted, including Complete Blood Count (CBC), Thyroid Function Test (TFT), Fasting Blood Sugar (FBS), HbA1c and Liver function test. All investigations were within normal limits, and no significant pathological findings were observed. As the condition persisted and began to impair his daily functioning and quality of life, he sought Ayurvedic management for further evaluation and treatment.

### B. Past History

The patient has no history of type II diabetes mellitus, hypertension, endocrine disorders, or pulmonary tuberculosis. There is no history of prolonged hospitalization or any known food or drug allergies. The patient is not on any regular medications but takes Dulcoflex on an as-needed (SOS) basis.

**C. Surgical History**

The patient has no history of having any surgical interventions.

**D. Personal History**

1. Educational Qualification: Graduated
2. Nature of Occupation: Private Job
3. Habitat: Urban
4. Diet: Veg
   Appetite: Reduced
   a) Regularity of meals: Irregular
   b) No. of Meals/ day: 3
   c) Interval of meals: 5-6hours
   d) Type of food: Non-Spicy
   e) Other servings: Wafers, chips, cold drinks, pizza, burger once in a week
5. Amount of Exercise patient takes:- No
6. Addiction: Not any
7. Bowel Habits: Consistency: Hard stool Regularity: Irregular
8. Urine: Normal
9. Lifestyle: Sedentary
10. Sleep: Sometimes disturbed

**III. Vitals**

On examination, the patient is afebrile with a blood pressure of 114/70 mmHg. The pulse rate is 74 beats per minute and regular, and the respiratory rate is 18 breaths per minute.

**Astavidha Pariksha**

| | |
|---|---|
| Nadi (Pulse rate) | Mandagati, kapha pradhan |
| Mutra (Urination) | Samanya, ishatpeetavarna |
| Mala(Excretory Products) | Pravrattimanda, shuska, kathina mala |
| Jihwa(Tongue) | Avrit |
| Shabda (Sound) | Spashta |
| Sparsha (Touch) | Samsheetoshna |
| Drik(Vision) | Samanya |
| Akriti (built) | Samanya |

**Dasvidhapariksha**

| | |
|---|---|
| Prakriti (body constitution) | Vata-kaphaj |
| Vikriti | Prakritisamsamveta |
| Saara | Madhyam |
| Samhanan | Madhyam |
| Praman | Madhyam |
| Satmya | Madhyam |
| Satwa | Pravar |
| AaharShakti | Alpa |
| Vyayam Shakti | Alpa |
| Vaya | Madhyam |

**IV. Systemic Examination**

Abdominal Examination: On general inspection, the abdomen appeared mildly distended with a centrally placed, invertedumbilicus.Therewerenovisibleperistalticwavesorabnormalpulsations.Theoverlyingskinwasintact, with no evidence of surgical scars, striae, or discoloration. On palpation, the abdominal wall was soft and compressible. Mild tenderness was localized to the left iliac region, though there were no signs of involuntary guarding, rigidity, or rebound tenderness. No organomegaly or palpable masses were appreciated. Percussion revealed a predominantly tympanic note across all quadrants, more marked in the upper and lower abdominal regions, suggestive of gaseous distension. There was no clinical evidence of free fluid, as shifting dullness and fluid thrill were absent. Auscultation demonstrated the presence of bowel sounds, though they were reduced in both intensity and frequency, without any bruits or abnormal vascular sounds.

Rectal examination- Digital rectal examination revealed normal resting anal sphincter tone. The rectal vault was empty, and no tenderness, mucosal abnormalities, masses, or strictures were palpated. There was no bleeding or dischargenotedduringoraftertheexamination.Thefindingscollectivelysuggestedanon-acuteabdominalprocess with possible functional or obstructive etiology requiring further evaluation.

**Samprapti ghatak**

Dosha–Apanavata & kapha Dushya- Rasa, Purisha
Agni-Mandagni
Srotas-Rasavaha & Purishvaha Srotas dushti prakara – Sanga Adhishthana- Pakwashya
Udhbhavasthana-Amashya Vyakt sthana- Pakwashya
Swabhava- Chirakari

## V. Investigations

CBC:Hemoglobin-14.6%gm/dl TLC- 6.7*$10^3$/cumm
DLC – Polymorphs – 60% Lymphocytes–29%
Eosinophil– 04%
Monocytes-07%
Basophils – 00% RBC–4.54million/cumm ESR- 03 mm/hr
Thyroid profile: T3– 1.17ng/ml
T4- 6.99 ug/dlTSH–1.00uIU/ml
FBS-75mg/dl HbA1C-4.5%
Liver function test– SGOT– 15.0 U/L
SGPT-18.9 U/L
Alkalinephosphatase-98IU/L Bilirubin total – 0.3 mg/dl

## VI. Assessment Criteria

### A. Rome IV Criteria[13]

The **Rome IV Diagnostic Criteria** were utilized as a standardized tool to assess the presence and severity of constipation in the patient. According to Rome IV, a diagnosis of functional constipation requires the presence of at least two of the following symptoms for the past three months, with symptom onset at least six months prior to diagnosis:

1. Straining during >25% of bowel movements.
2. Lumpy or hard stools for >25% of bowel movements.
3. Sensation of incomplete evacuation for >25% of bowel movements.
4. Sensation of ano-rectal blockage for >25% of bowel movements.
5. Manual maneuvers to facilitate >25% of bowel movements.
6. Less than 3 bowel movements per week.

**Before treatment**: In the present case, the patient fulfilled five out of six criteria, indicating significant functional constipation, justifying a score of 5 on the Rome IV scale.

**After treatment**: Improvement was observed in the Rome IV criteria for constipation, indicating better bowel function.

### B. The Rapeutic Intervention

**Tableno:1(*Deepana-pachana &vatanulomana chikitsa*) for1week**

| S.NO. | DRUG | DOSE | ANUPANA | ROUTE | FREQUENCY | TIME |
|---|---|---|---|---|---|---|
| 1. | Hingvastak Churna | 2gm | Ghrita | Oral | TDS | Before meal |
| 2. | Chitrakadi Vati | 500mg | Ushnodaka | Oral | TDS | After meal |
| 3. | Haritaki Churna | 5gm | Koshana jala | Oral | HS | After meal |

**Tableno:2 (*Shodhanachikitsa*) for1 month**

| S.NO. | PROCEDURE | DRUG | DURATION |
|---|---|---|---|
| 1. | Snehana (Abhyantra) | Mahatriphalagritha (10ml) | For1 week |
| 2. | Swedana (Sarvanga) | Erandapatrakwatha | For 2 days |
| 3. | Basti | ***Anuvasana:*** Sehcharaditaila (50 ml) ***Niruh:*** Erandamuladikwatha (100ml) | Kalabasti (16 days) |

**Tableno:3 (*Shamanachikitsa*) on discharge & followup**

| S.NO. | DRUG | DOSE | ROUTE | FREQUENCY |
|---|---|---|---|---|
| 1. | Shankhvati | 125mg | oral | BID |
| 2. | Dadimashtaka churna | 2gm | oral | TDS |
| 3. | Abhyaristha | 20ml | oral | BID |

**Table no: 4 (Pathya-Apathya)**

| | | |
|---|---|---|
| ***Pathya*** | ***Ahara*** | Snigdha, Ushna, Laghu foods, use of Ghee (especially with warm milk at night) Fruits rich in fiber- Ripe banana, papaya, figs, raisins and guava. Cooked vegetables- Lauki, turai, spinach, carrots etc, Whole grains-Rakta shaali, oats, barley, wheat with husk, Plenty of lukewarm water, moong dal yusha. |
| | ***Vihara*** | Adequate sleep, exercises and yoga, abhyanga, avoid suppression of natural urges. |
| ***Apathya*** | ***Ahara*** | Ruksha, Sheeta, Guru food, unripe fruits, raw vegetables, sprouts, curd, spicy food, Cold drinks, caffeinated drinks, fast foods, packed food, bakery items, refined flour. |
| | ***Vihara*** | Diwaswapana, Ratrijagran, vegadharana, mental stress and overthinking. |

## VII. Discussion

The treatment approach adopted in this case of Vibandha (constipation) was rooted in the fundamental Ayurvedic understanding of the disease, focusing on the correction of Agnimandya (weakened digestive fire) and Vata Dushti, especially Apana Vata vitiation, which is the principal doshic factor in the pathogenesis. The comprehensive therapeutic strategy combined Deepana-Pachana, Vatanulomana, Shodhana, and Shamana Chikitsa, aiming not only at symptomatic relief but also at correcting the underlying Samprapti. The initial phase employed Deepana-Pachana and Vatanulomana Chikitsa, using Hingwashtaka Churna, Chitrakadi Vati, and Haritaki Churna. Ingredients such as Hingu, Chitraka, Pippali, and Shunthi stimulate the Jatharagni, facilitate the digestion of Ama and stimulate the Agni. Haritaki, known for its mild Virechana and Vata Anulomana properties, assists in Mala Mriduta (softening stool), Koshta Shuddhi (cleansing the bowel) and enhancing Apana Vata function. Once Agni was improved and Ama reduced, Shodhana Chikitsa was introduced. Snehana with Mahatriphala Ghrita served a dual purpose: It provides internal Snehana, thereby lubricating the Antarashaya (intestines), and promotes Dosha Utkleshana and Sanchalana (aiding in the movement of doshas), was followed by Swedana with Erandapatra

kwatha was done to facilitate dosha anulomana by promoting the downward movement of doshas. The core of the Shodhana phase involved Basti Chikitsa, the best therapy for Vatavyadhis. Anuvasana Basti using Sahacharadi Taila provided nourishment and pacification to Vata with its Snigdha and Ushna qualities, while Niruha Basti with Erandamooladi Kwatha offered a cleansing action and enhanced gut motility. This combination promoted the evacuation of accumulated doshas and corrected the functional impairment in Apana Vata. Subsequently, Shamana Chikitsa was incorporated to stabilize the gains from the cleansing therapies and to manage any residual doshic imbalances. Formulations like: Shankha Vati–possessing Deepana, Pachana, and Vatanulomana actions, effectively addresses ajirna and aatopa. Hingwashtaka Churna – continued for ongoing Vata pacification and digestive support. Abhayarishta – supports smooth bowel movements and is especially helpful in chronic constipation due to its mild laxative and Rasayana properties. This stepwise and multidimensional approach, beginning with correction of Agni, followed by Shodhana, and then consolidation with Shamana Chikitsa, led to a holistic restoration of gastrointestinal balance. The treatment successfully addressed both the Samprapti Ghatakas and the symptomatic manifestations of Vibandha. The outcome of the intervention reinforces the efficacy of classical Ayurvedic treatment protocols in managing chronic functional constipation in a safe, natural, and sustainable manner.

## VIII. Conclusion

The case highlights the effectiveness of Ayurvedic management in Vibandha caused by Agnimandya. By correcting impaired Agni and balancing Apana Vata through Deepana-Pachana, Basti, and Shamana Chikitsa, sustained relief was achieved. Post-treatment assessment showed significant improvement in constipation symptoms asper Rome IV criteria. The treatment not only resolved symptoms but also addressed the root cause, demonstrating the authenticity and efficacy of classical Ayurvedic protocols in managing functional constipation.

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# From Imbalance to Harmony: Ayurveda for PCOD

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## I. Introduction

Polycystic ovary syndrome (PCOS) impacts approximately 6–13% of women of reproductive age(1). Up to 70% of these women remain undiagnosed globally. PCOS is the most common cause of anovulation and a significant contributor to infertility. This condition is linked to various long-term health issues that can affect both physical and emotional well-being(2). Polycystic Ovarian Disease (PCOD) is a widespread endocrine disorder that affects women around the world, resulting in hormonal imbalances, irregular menstrual cycles, and metabolic issues. From an Ayurvedic perspective, the symptoms of PCOD resemble those of Pushpaghani jataharini (3), Artavkshaya, and Bandhayatva due to the involvement of Tridosha (predominantly Vata-Kapha), along with the Rasa, Rakta, Meda, and Shukra dhatus. Consequently, the Rasavaha, Raktavaha, and Artav-vaahi srotas are impacted, leading to the aforementioned symptoms. PCOD is characterized as a Kapha predominant disorder; the aggravation of Kapha occurs through the consumption of Kaphavardhak and Sneha-rich Ahara, as well as a sedentary lifestyle. In modern medicine, the primary treatment approach is hormonal therapy. Conversely, Ayurveda recommends treatment based on Dosha predominance, focusing on Kaphahara, Strotoshodhaka, Shothahara, Deepan-Pachana, and Anulomana. Ayurveda provides a comprehensive approach to managing PCOD by targeting the root cause with herbal formulations and Panchakarma therapies. This study investigates the effectiveness of Ayurvedic medicines—Kumaryasava, Dashmularishta, Sukumar Kashay, and Matra Basti therapy utilizing Tila Taila, Sahachar Taila, Dashmool Kwath, along with Pushpadhanva ras and Trivang Bhasma administered orally—in restoring reproductive health and achieving hormonal balance.

Patho Physiology

Alterations in the release of GnRH result in a relative increase in the biosynthesis and secretion of LH and FSH. LH promotes the production of ovarian androgens, while FSH inhibits sufficient stimulation of aromatase activity in granulosa cells. This inhibition reduces the conversion of androgens into estrogen and estradiol (4). Follicular atresia occurs due to elevated levels of intrafollicular androgens, and circulating androgens also lead to abnormalities in the lipid profiles of patients, presenting as hirsutism and facial acne. Increased adipose tissue and genetic factors contribute to insulin resistance, which subsequently causes follicular atresia in the ovaries. The lack of follicular development ultimately results in anovulation, leading to conditions such as oligomenorrhea or amenorrhea.

## II. Material and Methods

### A. Patient Information

A diagnosed case of 24 years old married(ML-2yrs) female came in OPD of Stree roga evam prasuti tantra department of IAS&R with the complaints as Irregular menstruation since 2 year along with scanty menses, mild acne on face & Hair fall. She also complained of Mood swings, Disturbed sleep and Constipation. She also complained of difficulty in conceiving. But for present she want treatment for PCOD.

**B. History of Present Illness**

According to the patient, she was suffering from irregular menses since 2 years. She was also having complaints of scanty menses, acne on face and hair fall. Also, she is complaining of constipation& bloating after meal intake with mood swing & generalised weakness. So initially she opted allopathic treatment- She had gone through 1 year of allopathic treatment (OCP pills) but no satisfactory result was found. For better management she came to OPD, PTSR dept IAS&R Hospital Kurukshetra.

**C. History of past illness:** No significant medical, surgical, gynaecological and psychiatric diseases found.

**D. Past Medical History :** No relevant history was present.

**E. Past Surgical History :** No surgical illness.

**F. Family History:** No relevant history found.

**G. Personal History**: She has Disturbed sleep, poor appetite with c/o Bloating after meal intake. She experiences constipation quite frequently. Her bladder habit is normal and she is vegetarian. There is no any significant addiction.

**H. Menstrual History**: 12 year menarche age, Initially periods were regular,30 days cycle with adequate flow for 4days & without any complaint of pain during cycle. But since 1 year periods were irregular with disturb cycle length of 45-60 days, duration for 2 days, quantity - 1 pad/day(Not fully soaked) with mood swings 10 days before menses till 1 week after periods. Patient also c/o pain during menses++,clots-Present (Red-Blackish),foul smell-Absent, Colour of Menses- Blackish>Red.

**I. Obstetric History :** P0L0

**III. General Examination**

**Built-** Normal
**Height** - 160 cms
**weight** - 60 kg
**BMI**-23.4kg/$m^2$
**Pulse** - 70/minute
**BP** - 110/80 mm of Hg
**Temp-** 98.4F

**IV. Physical Examination:**

**A. Ashtavidhapariksha**

**Nadi-**Pittakaphaj **Sparsha-** Shitoushna
**Mal-** Kathina **Jihva-**Malavritt
**Mutra-**Samyak **Drika-**Samanya
**Shabd-** Samanya **Akriti -**Madhyam

**B. Dashvidhpariksha**

**Prakriti-** Pittakaphaja
**Sara-**Madhyama
**Samhanana-**Madhyam
**Pramana-**Madhyam
**Satmya-**Madhyam
**Satva-**Madhyam
**Vaya-**Yuvati

**Vyayamshakti-**Avara
**Aharashakti-**Avara

## V. Systemic Examination

**CNS:** Patient is conscious & well-oriented to time, person, place.
**CVS:** Heart sounds (S1S2)Normal, No added sound heard.
**RS :** B/l chest clear, No added sounds.
**GIS:** No abnormality in terms of colour, contour, shape
No scar marks seen, Tenderness + in epigastric region.
**Samprapti Ghatak**
**Dosha-**Vata(Apana, vyana, Samana), Kapha (Kledak), Pitta (Pachak, Ranjak)
**Dushya-**Rasa, Rakta, Meda, Artava
**Srotas -**Rasavaha, Raktavaha, Medhovaha, Aartavavaha
**Artava Strotodushti-** Sanga, Vimarggamana
**Agni-** Jatharagnimandya, Dhatwagnimandya
**Rogmarga-** Aabhyantara
**Udbhava sthan-**Beejashaya, Garbhasya
**Vyakta sthana-** Garbhashaya ,Beejashaya,
**Pratyatma lakshana-** *artavkshaya, sthaulya*
.

## VI. Diagnosis

-Diagnosis was done clinically by following symptoms as per Rotterdam criteria.
-USG Pelvis scan
-Hormonal Profile

## VII. Investigations

**Hb%-** 12.0gm
**TSH –**6.05muIU /mL
**Vit $D_3$ -** 16.76ng/ml
**Vit $B_{12}$ -**245pg/ml
**LH:FSH ->**2.50
**PRL -** 44.77 ng/ml
**RBS -** 96mg/dl
**USG (PELVIS):** s/o Uterus - AV/N size (85*45*35mm) ,volume-70ml ET - 6.8mm
Cervix - bulky in size. Multiple nabothian cysts seen.
Ovaries bulky in volume and shows multiple small cysts
Rt. Ovary - (36.2*26.4*25.0mm) , vol- 12.5ml
Lt. Ovary - (33.4*37.3*21.1mm) , vol - 11.5ml
B/L ovaries enlarged in volume & shows multiple small follicles in ovaries.
Minimal amount of free fluid seen in POD.

## VIII. Treatment

### A. Nidan Parivarjana

**Pathya** [5] - *Purana ghrita, Purana shaali, Yava, godhuma, Mudga, Masoor, Patola, Soaked dry fruits,* Asparagus sticks, garlic, black sesame, Multigrain, fish, Jaggery/Shakkar/Khand ,walk for 30-45 minutes every day, Follow rajaswala paricharya.

**Yogasana**[6]**-** Bhujangasana, Sarvang Asan, Surya namaskar, Butterfly pose, Meditation daily for 30 mins.

**Apathya**- Dairy products, Sausages, Preservatives, Junk food, Caned/Packed food, Cold drinks, Maida, Refined carbs, Sugar, Processed Meat, Caffeine, Alcohol, Smoking, Soy Products, Fries.

**B. Drug Regimen -**

**Table 1. Treatment for 1st 60 days**

| S. No. | Ayurveda Medication | Mode of administration |
|---|---|---|
| **1** | Tab Rajahpravartini vati | 1 tablet TDS orally |
| **2** | Tab. Sukumar Kashaya | 1 tablet BD orally (6AM/6PM) |
| **3** | Dashmoolarishta | 2 tsf BD with equal water orally |
| **4** | Kaumaryasava | 2tsf BD with equal amount of water after food |
| **5** | Hingwashtak churna | 3gm HS with luke warm water |

**Table 2 Treatment for next 30 days**

| S NO | Ayurveda Medication | Mode of administration |
|---|---|---|
| 1. | Pushpadhanva ras | 250 mg with milk |
| 2. | Trivanga bhasma | 125mg with milk |
| 3. | Dashmoolarishta | 2 tsf BD with equal water orally |
| 4. | Kaumaryasava | 2tsf BD with equal amount of water after food |
| 5. | Hingwashtak churna | 3gm HS with luke warm water |

Matra basti before menses(In secretory phase) for 5 days with Tila taila and sahchar taila and niruh basti with dashmool kwath on 3rd day for 3 months.

## IX. Results and Discussion

After 60 days of treatment , patient found improvement in flow of menses with relief in pain. Assessment was done on the basis of following points:

**Table 4: Improvement before and after the treatment**

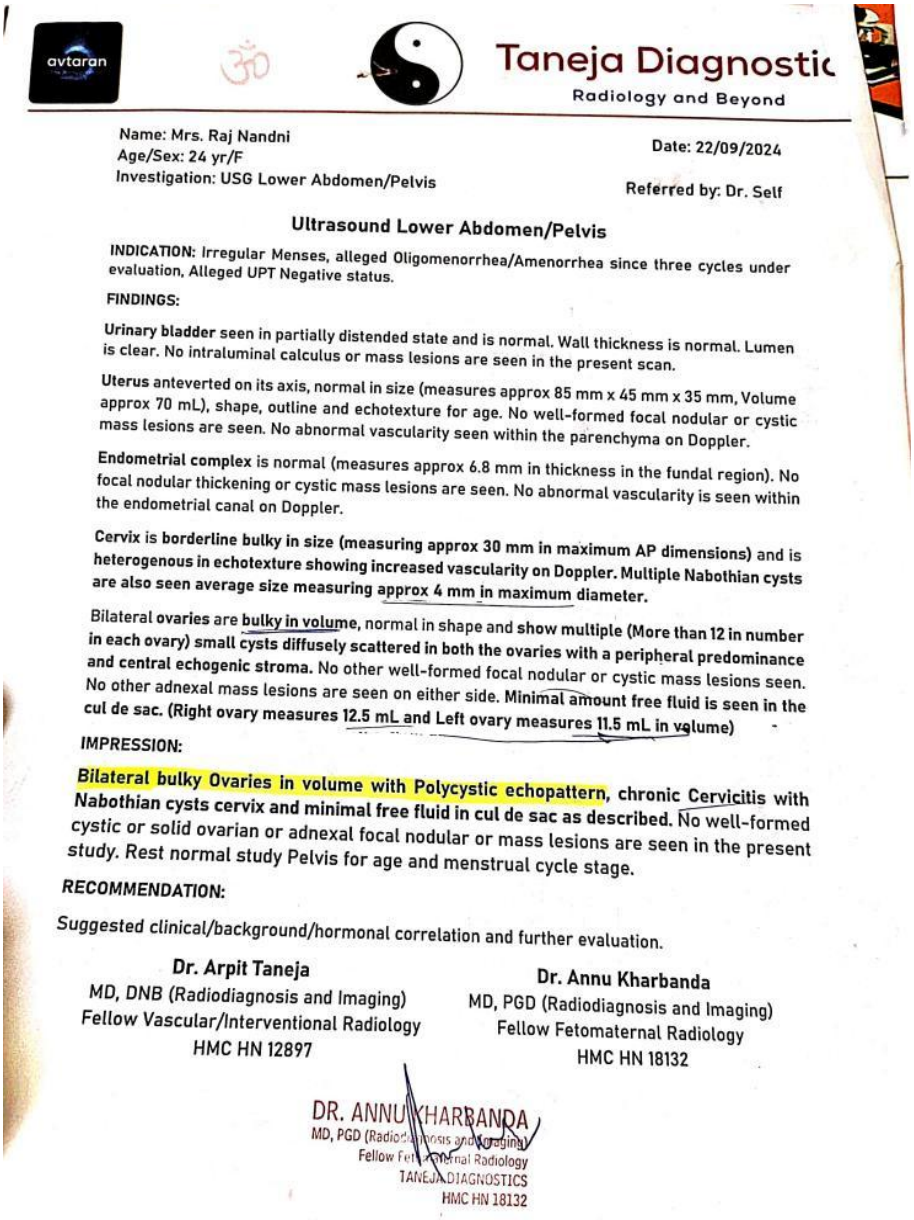
| S. No. | SIGN AND SYMPTOM | DAY 1 | DAY 30 | DAY 60 | DAY 90 |
|---|---|---|---|---|---|
| 1. | **Amount of bleeding** | 1pad/day (Not fully soaked) | 1pad/day | 1-2pad/day | 2pad/day (almost soaked) |
| **2.** | **Interval between two cycles** | 45-60days | 45 days | 40 days | 35 days |
| **3.** | **Duration of menses** | 2days | 2days | 3days | 3-4days |
| **4.** | **Pain during menstruation** | ++ | + | + | Absent |
| **5.** | **Weight** | Normal | Normal | Normal | Normal |
| **6.** | **Facial hair** | + | + | _ | _ |

| | | | | | |
|---|---|---|---|---|---|
| **7.** | **Mood swings** | +++ | ++ | ++ | + |
| **8.** | **Dark patches on neck** | Nil | Nil | Nil | Nil |

**USG (PELVIS) AFTER TREATMENT**

**s/o** Uterus **-** Normal size (6.9*3.6*4.6),ET-6mm

B/L Ovaries are normal in size, shape. No e/o pcod is seen.



avtaran

Taneja Diagnostic

Radiology and Beyond

Name: Mrs. Raj Nandni
Age/Sex: 24 yr/F
Investigation: USG Lower Abdomen/Pelvis

Date: 22/09/2024

Referred by: Dr. Self

**Ultrasound Lower Abdomen/Pelvis**

**INDICATION:** Irregular Menses, alleged Oligomenorrhea/Amenorrhea since three cycles under evaluation, Alleged UPT Negative status.

**FINDINGS:**

**Urinary bladder** seen in partially distended state and is normal. Wall thickness is normal. Lumen is clear. No intraluminal calculus or mass lesions are seen in the present scan.

**Uterus** anteverted on its axis, normal in size (measures approx 85 mm x 45 mm x 35 mm, Volume approx 70 mL), shape, outline and echotexture for age. No well-formed focal nodular or cystic mass lesions are seen. No abnormal vascularity seen within the parenchyma on Doppler.

**Endometrial complex** is normal (measures approx 6.8 mm in thickness in the fundal region). No focal nodular thickening or cystic mass lesions are seen. No abnormal vascularity is seen within the endometrial canal on Doppler.

**Cervix is borderline bulky in size (measuring approx 30 mm in maximum AP dimensions) and is heterogenous in echotexture showing increased vascularity on Doppler. Multiple Nabothian cysts are also seen average size measuring approx 4 mm in maximum diameter.**

Bilateral **ovaries are bulky in volume**, normal in shape and **show multiple (More than 12 in number in each ovary) small cysts diffusely scattered in both the ovaries with a peripheral predominance and central echogenic stroma.** No other well-formed focal nodular or cystic mass lesions seen. No other adnexal mass lesions are seen on either side. **Minimal amount free fluid is seen in the cul de sac. (Right ovary measures 12.5 mL and Left ovary measures 11.5 mL in volume)**

***IMPRESSION:***

***Bilateral bulky Ovaries in volume with Polycystic echopattern*, chronic Cervicitis with Nabothian cysts cervix and minimal free fluid in cul de sac as described.** No well-formed *cystic or solid ovarian or adnexal focal nodular or mass lesions are seen in the present study. Rest normal study Pelvis for age and menstrual cycle stage.*

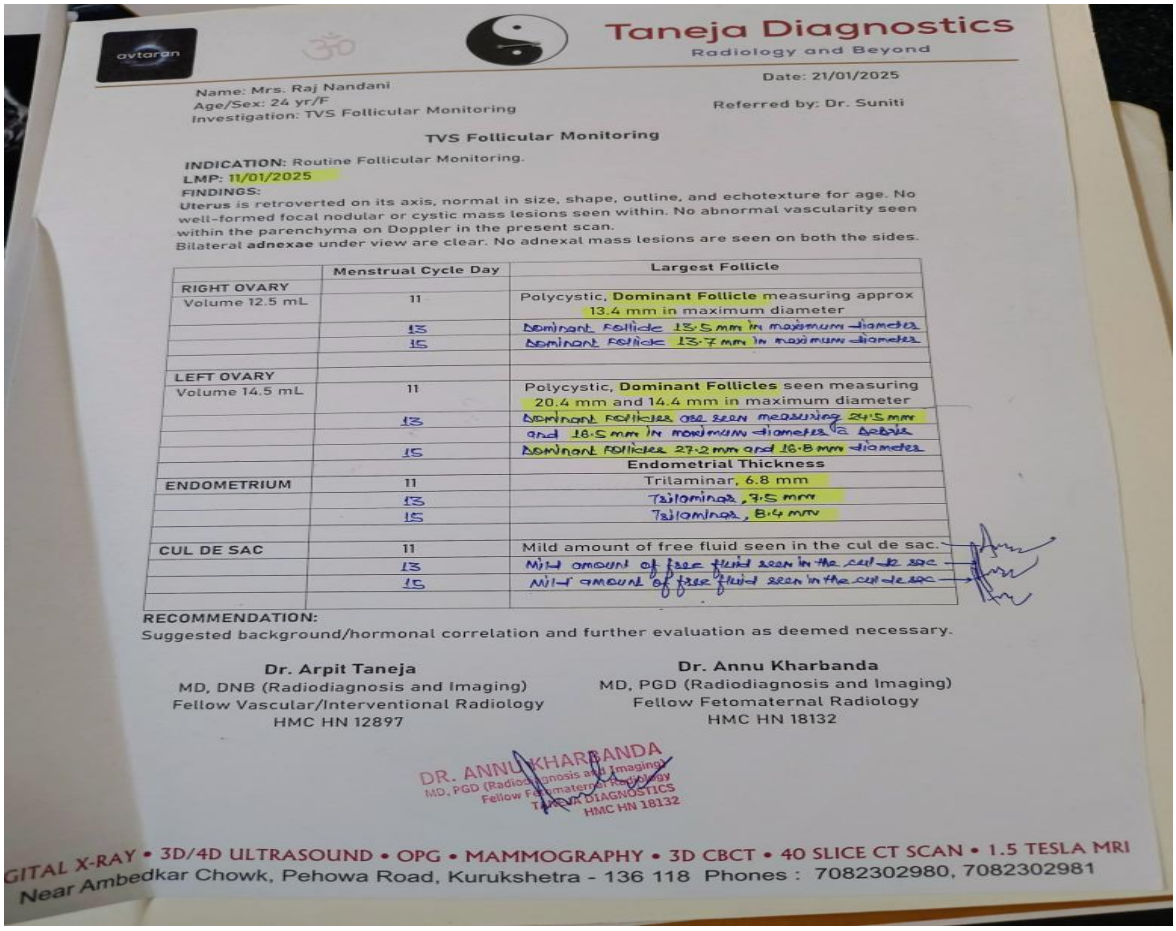
***RECOMMENDATION:***

*Suggested clinical/background/hormonal correlation and further evaluation.*

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Taneja Diagnostics
Radiology and Beyond

Name: Mrs. Raj Nandani
Age/Sex: 24 yr/F
Investigation: TVS Follicular Monitoring
Date: 21/01/2025
Referred by: Dr. Suniti

**TVS Follicular Monitoring**

**INDICATION:** Routine Follicular Monitoring.
**LMP:** 11/01/2025
**FINDINGS:**
**Uterus** is retroverted on its axis, normal in size, shape, outline, and echotexture for age. No well-formed focal nodular or cystic mass lesions seen within. No abnormal vascularity seen within the parenchyma on Doppler in the present scan.
Bilateral **adnexae** under view are clear. No adnexal mass lesions are seen on both the sides.

| | Menstrual Cycle Day | Largest Follicle |
|---|---|---|
| RIGHT OVARY | | |
| Volume 12.5 mL | 11 | Polycystic, **Dominant Follicle** measuring approx 13.4 mm in maximum diameter |
| | 13 | Dominant follicle 13.5 mm in maximum diameter |
| | 15 | Dominant follicle 13.7 mm in maximum diameter |
| LEFT OVARY | | |
| Volume 14.5 mL | 11 | Polycystic, **Dominant Follicles** seen measuring 20.4 mm and 14.4 mm in maximum diameter |
| | 13 | Dominant follicles are seen measuring 24.5 mm and 18.5 mm in maximum diameter respectively |
| | 15 | Dominant follicles 27.2 mm and 16.8 mm diameter |
| | | **Endometrial Thickness** |
| ENDOMETRIUM | 11 | Trilaminar, 6.8 mm |
| | 13 | Trilaminar, 7.5 mm |
| | 15 | Trilaminar, 8.4 mm |
| CUL DE SAC | 11 | Mild amount of free fluid seen in the cul de sac. |
| | 13 | Mild amount of free fluid seen in the cul de sac |
| | 15 | Mild amount of free fluid seen in the cul de sac |

**RECOMMENDATION:**
Suggested background/hormonal correlation and further evaluation as deemed necessary.

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## X. Discussion

PCOD is primarily a Vatakapha dominant disorder, thus the treatment mainly targets the alleviation of Vatakapha dosha through both shamana and shodhana therapies.

Shamana therapy includes Aahara, which refers to the consumption of pathya aahara while avoiding apathaya aahara, Vihara, which involves minimal exercise, and Aushadh, which pertains to the prescribed medications. Shodhana therapy consists of Basti, recognized as the most effective treatment for Vata dosha and its associated conditions with Kapha and Pitta. Basti is straightforward to administer, and Acharya Vagbhata regarded it as half of the treatment. The primary goal of the treatment is to normalize the menstrual cycle and ensure a proper flow of Aartava during each menstrual period.

Rajahpravartini Vati: This formulation is beneficial for Artavavikara. The primary components of Rajah Pravirtini Vati include Hingu, Kumari, Tankan, and Kasis. Hingu (Ferula Asafoetida Linn) possesses Shoolahara (relief from colic pain) and Vatanulomana (promotes the downward movement of Vata) properties, aiding in the normalization of Apanvata function. Kumari has a distinct bitter flavor and is primarily utilized as a purgative, enhancing digestion; the cathartic effects of aloes are due to a blend of glycosides known as 'aloin'. Additionally, Kumari contains beta-sitosterol, which exhibits anti-prostaglandin activity. The cathartic nature of this ingredient alleviates blockages in the pathways of Vayu, thus relieving spasms. Hingu, Tankana, and Kasis are recognized as Artavajanana agents. Kasis contributes to the increase of Rakta Dhatu, thereby enhancing blood circulation in the uterus (as reduced blood flow can lead to dysmenorrhea). The strength-promoting properties (Balya) of Kumari, Hingu, Tankana, and Kasis, along with the Rasayana effects of Kumari, provide support to the uterine muscles, facilitating the smooth expulsion of Raja.

Sukumara Kashayam consists of 27 medicinal plants. It possesses antioxidant properties. Research has shown that three antioxidants, specifically DPPH, FRAP, and hydrogen peroxide scavenging activity, exhibit significant

effectiveness. This may be one of the mechanisms through which this medicine operates (8). Sukumara Kashayam is beneficial for alleviating intense pain during menstruation and severe back pain. It is suitable for sensitive Kostha, weak Agni, and helps to normalize Apana Vata function, particularly with a focus on the renal and reproductive systems.

Dashmularishta(9) is a traditional polyherbal Ayurvedic remedy created through the natural fermentation of a decoction made from various powdered herbs. This formulation includes over 50 herbs, featuring a group of ten root herbs known as Dashamula. Its therapeutic applications are recognized in treating vatasaman. In Ayurveda, Vata is considered a significant factor in the aggravation of female-related disorders. Therefore, to mitigate Vata, Dashamularishta is essential. The Sharangadhar Samhita mentions its use in addressing infertility.

Kumaryasavam (10) aids in balancing Vata and Kapha within the body, enhances digestion, and stimulates appetite. Primarily utilized for liver ailments, menstrual irregularities, and abdominal concerns.
Additionally, it possesses the ability to promote ovulation, making it advantageous for the treatment of PCOD.

Hingawashtaka churna is a polyherbal powder that possesses properties such as Pachan, Agnideepan, and Vata anulomana. It is especially beneficial for alleviating gaseous distension, also known as Apan vayu dushti, and shows significant improvement in the symptoms of Gulma, Shula (abdominal discomfort), and Agnimandya.

The properties of Pachana alleviate the fundamental step of Agnimandya involved in the process of Samprapti. Consequently, this leads to the correction of Dhatvagni, which facilitates the proper formation of Rasa dhatu. As a result, Upadhatu, Artava is correctly formed, which can be understood as hormones, menstrual blood, and ovum. The Vatashamaka property is present in all Bhasmas. Notably, Rasasindoora possesses the unique Panchavataniyamana property. Therefore, the Vatashamaka property of all Bhasmas addresses Vata dushti, which is the primary cause of Artavavaha Srotasa dushti. Consequently, the natural functions of Vata, including Vyuhana, Sanghatkara, Vibhajana, Rasa-rakta samvahana, and Utsarjana karma, are all restored, leading to proper Beejotpatti and Beejotsarga.

Trivangabhasma is a blend of three metals: Vanga (Tin), Naga (Lead), and Yashada (Zinc). It is used for treating Madhumeha (Diabetes) and MutraRoga (urinary disorders), as well as Napunasakta (impotency), Vandhyatva (Infertility), Swetapradara (Leucorrhea), and is recognized as Shaktivardhaka (strength).

Garbhashya serves as the Moola for Aartavaha srotas and Aartava vahini dhamani, which is the primary location of Apanvayu. In cases of PCOD, there is predominantly Apanvayudushti, and Basti is recognized as the most effective treatment for this condition. Therefore, we have opted for Basti treatment as a Vatahar chikitsa for this patient. If we were to solely apply Lekhan and Bhedan treatments (which focus on reducing and disintegrating), it could result in Vatavruddhi. To avoid this, utilizing Sneha in the treatment is more beneficial. Consequently, Sahacharadi tail (14) combined with Tila taila Matra basti is recommended for the patient.

Sahachara, Devadaru, Nagara, and Tila Taila are all components of Sahacharadi Taila. Cedrus deodara, commonly referred to as Devadaru, acts as a Kapha-Vatashamaka and shares properties akin to Vedana Sthapana, Shothahara, Kusthaghna, Kaphanisaraka, and Vranashodhana. It also aids in Vranaropana. Furthermore, nagara (Zingiber officinalis) is beneficial in Shothahara and Shulahara conditions, functioning as a Kapha-vatashamaka and possessing digestive qualities. In addition to being a Kapha-vatashamaka, Sahachara (Barleria prionitis) exhibits characteristics similar to Vedana Sthapana and Shothahara, along with Kaphanisaraka, Kushtaghna, Vranashodhana, and Vranaropana(15).

## XI. Conclusion

In this case, we can conclude that the pathogenesis of polycystic ovarian disease is significantly disrupted by chikitsa in conjunction with Sukumar Kashaya, Dashmoolarishta, and Kaumaryasava, along with Matra basti using Sahacharadi taila and Murchhit til tail, as well as Dashmool Niruha Basti. Throughout the treatment process, no side

effects or complications were noted. The results of the study are promising, indicating that ayurvedic treatment can help regulate the disturbed menstrual cycle and alleviate symptoms of PCOD.

The study revealed a notable improvement in menstrual regularity. Hormonal levels exhibited a favorable change, with reduced androgen levels and a better balance of estrogen and progesterone. Ultrasound findings showed a decrease in the size of ovarian cysts and improved ovulatory function. Additionally, metabolic parameters, such as insulin sensitivity and lipid profiles, demonstrated significant improvement. Patients reported a reduction in symptoms including acne, hirsutism, and weight gain.

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# Ayurvedic Management of Oral Lichen Planus (Charma Kushta): A Case-Based Approach

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**Abstract**

**Oral Lichen Planus (OLP) is a persistent inflammatory disorder primarily targeting the oral mucosa. While modern medicine attributes its etiology to immune dysregulation, Ayurveda identifies similar pathological features under the classification of Charma Kushtha, a subtype of Kshudra Kushtha. This article explores the Ayurvedic perspective of OLP and presents a case study evaluating the efficacy of Ayurvedic management through internal medications, external applications, and lifestyle modifications.**

***Keywords: Oral Lichen Planus; Charma Kushtha; Ayurveda; Kustha Chikitsa; Autoimmune Disease***

## I. Introduction

Oral Lichen Planus (OLP) is a long-standing, immune-mediated disorder primarily affecting the oral mucosal lining, especially the buccal region. It is a subtype of lichen planus that targets mucosal tissues, although the condition can affect skin and other mucous membranes of the body, including the gastrointestinal and respiratory tracts. T-cell-mediated immune responses—particularly cytotoxic CD8+ lymphocytes—play a key role in the pathogenesis, attacking basal keratinocytes that might be perceived as foreign due to genetic or environmental triggers[1].

Possible etiological contributors include genetic predisposition, psychosocial stress, allergic reactions to dental materials (such as amalgam), pharmaceutical agents (e.g., NSAIDs, antimalarials, beta-blockers), and underlying infections like Hepatitis C[2,3]. Autoimmune diseases such as Sjögren's syndrome and lupus also share associations with OLP[3].

Clinically, OLP often manifests bilaterally in the buccal mucosa, tongue, gingiva, and palate. It may present in various morphological forms—reticular, erosive, atrophic, bullous, or papular. Specific variants like Lichen Planus Pigmentosa are more prevalent in individuals with darker skin, especially among Indians, whereas Lichen Planus Pigmentosa Inversus is more commonly seen in lighter-skinned populations, affecting flexural and intertriginous zones[4,5].

In modern medicine, management often involves corticosteroids (topical or systemic) and antihistamines, offering symptomatic relief but limited success in halting recurrences or providing permanent remission.

From an Ayurvedic standpoint, OLP symptoms align closely with Charma Kushtha, a subtype of skin disorders described in classical texts. The condition is attributed to vitiated Kapha and Vata doshas affecting skin (Twak), blood

(Rakta), muscle tissue (Mamsa), and lymphatic fluid (Lasika). The interplay of doshic imbalance and mental stress (Manasika Bhavas) contributes significantly to disease onset and progression.

This paper explores a clinical case of OLP managed effectively through Ayurvedic interventions grounded in the principles of Kushtha Chikitsa.

## II. Materials and Methods

### A. Study Location

The clinical observation and treatment were conducted at Outpatient Department No. 12385, Department of Kayachikitsa, School of Ayurveda, D.Y. Patil Deemed to Be University, Nerul, Navi Mumbai, Maharashtra, India.

### B. Case Presentation

A 38-year-old male patient reported to the Ayurvedic hospital on **20th November 2024**, complaining of a persistent burning sensation over the buccal mucosa and dorsum of the tongue, particularly during mastication. Symptoms were aggravated by the consumption of spicy food and hot beverages. Over time, the discomfort escalated, leading to painful chewing.

The patient had previously consulted a dental specialist and received symptomatic relief through modern pharmacological treatment. However, symptoms recurred once the medication was discontinued, prompting him to seek alternative management through Ayurveda.

### C. Clinical Observations

- White, radiating striae were observed bilaterally on the buccal mucosa.
- The striae were non-scrapable and remained unchanged upon stretching.
- The dorsum of the tongue displayed mild-to-moderate plaque accumulation with extrinsic staining.
- No ulcerative lesions were found.

### D. Diagnostic Evaluation

Diagnosis was confirmed based on clinical findings and a histopathological biopsy, which revealed hyperplastic squamous epithelium with signs of mild to moderate chronic, nonspecific inflammation in the submucosal tissues.

### E. General and Ayurvedic Examination

**General Information:**

- **Age/Sex:** 38 years/Male
- **Height:** 165 cm
- **Weight:** 58 kg
- **BMI:** 24.6 kg/m²
- **Diet:** Mixed (Veg/Non-veg)
- **Bowel/Bladder Habits:** Regular

- **Sleep:** Sound
- **Addictions:** None
- **Habitat:** Urban
- **Occupation:** Laborer
- **Prakriti:** Kapha-Pitta
- **Agni:** Vishamagni
- **Koshtha:** Madhyam
- **Satmya:** Adapted to all Rasas
- **Bala:** Madhyam

**Ashta Vidha Pariksha:**

- **Nadi:** 74/min
- **Shabda, Sparsha, Drik, Mutra, Mala:** Normal
- **Jivha:** Coated white
- **Aakriti:** Krusha (lean body frame)

### F. Ayurvedic Diagnosis and Pathogenesis (Nidana & Samprapti)

**Nidana (Etiological Factors):**

- Consumption of incompatible food combinations (Viruddha Aahara), e.g., fish with milk, or sour fruits with milk.
- Simultaneous intake of spicy, cold, and hot foods.
- Irregular dietary and behavioral habits.
- Emotional disturbances such as anxiety, guilt, or fear.
- Aggravation of Kapha and Vata doshas due to above factors.

**Purva Roopa (Premonitory Signs):**

- Anhidrosis (absence of sweating)
- Diminished tactile sensation

**Samprapti (Pathogenesis):**

Indulgence in etiological factors results in vitiation of primarily **Kapha** and **Vata Doshas**, which in turn contaminate **Rasa**, **Rakta**, **Mamsa**, and **Lasika Dhatus**. This leads to the manifestation of thickened, discolored patches on the skin and mucosa accompanied by burning sensations, indicating **Charma Kushtha**[6].

**Samprapti Ghataka (Elements of Pathogenesis):**

- **Dosha:** Vata (Vyana), Pitta (Bhrajaka)
- **Dushya:** Rasa, Rakta, Mamsa, Lasika
- **Srotas Affected:** Rasavaha, Raktavaha, Mamsavaha
- **Agni:** Jatharagni vitiated (formation of Ama)
- **Ama:** Present

- **Udbhava Sthana:** Aamashaya
- **Vyaktasthana:** Twak (skin)
- **Srotodushti Type:** Sanga (obstruction)
- **Roga Marga:** Bahya (external)
- **Nature of Disease:** Chirakari (chronic and persistent)

**Symptoms (Lakshana):**

- **Hasticharma:** Thickened, elephant-like skin texture
- **Kharasparsha:** Rough, coarse feel upon palpation
- **Raga and Daha:** Reddish-blackish discoloration with burning sensation

## III. Treatment Plan

### A. Patient Counseling

The patient was informed about the chronic nature of the condition and the absence of a well-established Ayurvedic protocol specifically for Oral Lichen Planus. He opted for Ayurvedic management due to the recurrence of symptoms despite prior corticosteroid treatment and concerns over potential side effects of long-term modern pharmacotherapy.

### B. Internal Medicines

- Chandrakala Ras 2 bd after food with warm water
- Chandanadi Vati 2 bd after food with warm water
- Avipattikar Vati 2hs with warm water
- Manspachak Churna 5gm bd with warm water
- Local Application of Gairik with cow's ghee on oral lichen planus

### C. Dietary and Lifestyle Modifications

- **Recommended (Pathya):** Laja (puffed rice), Jowar roti, bitter gourd, pomegranate, mung dal, ridge gourd, Shali rice.
- **To Be Avoided (Apathya):** Excessively sour or salty foods, curd, fermented products, milkshakes, seafood, bakery items.

### D. Behavioral Guidelines:

- Follow a disciplined daily routine (Dinacharya).
- Avoid sun, dust, rain, and exposure to strong wind.
- Prevent emotional disturbances like anxiety and stress.
- Avoid suppression of natural urges (urination, defecation, sneezing, etc.).
- Stay physically active and avoid a sedentary lifestyle.

### E. Follow-Up and Outcome

The patient adhered strictly to the prescribed treatment and lifestyle regimen for a duration of **2 months**. Notable improvements were observed with each follow-up visit. The burning sensation resolved, white patches regressed significantly, and there were no new lesions reported. The patient, who had been symptomatic for **over two years**, experienced **near-complete remission** of symptoms through Ayurvedic management alone.

## IV. Discussion on Therapeutic Approach

Ayurveda offers a comprehensive approach for managing skin disorders through internal detoxification, dosha pacification, tissue rejuvenation, and immune modulation. The following medicines were used:

### A. Avipattikar Vati

Primarily composed of Khanda Sharkara and Trivrit, this formulation pacifies Pitta and Vata doshas. It acts as a mild laxative, correcting Agni (digestive fire), aiding in the elimination of toxins (Ama), and reducing internal inflammation. Its sweet and cooling properties help neutralize burning sensations and hyperacidity, common in Pitta-dominant disorders.

### B. Chandrakala Ras

Traditionally used for managing chronic fever and metabolic disorders, Chandrakala Ras is also beneficial for inflammatory skin conditions. Ingredients like Amalaki, Haritaki, and Guduchi support liver function, enhance immunity, and soothe aggravated Pitta. This formulation works by improving digestion and reducing dermal irritation.

### C. Chandanadi Vati

Known for its anti-inflammatory, antimicrobial, and coolant effects, Chandanadi Vati targets Pitta aggravation and supports skin repair. Herbs like Chandana (Sandalwood), Karpoora, and Khadira play a role in reducing burning, discoloration, and pruritus. Alpha- and beta-santalol present in sandalwood exhibit tyrosinase-inhibitory activity, potentially controlling abnormal pigmentation.

### D. Topical Application – Gairik with Ghrita

Gairik (red ochre) in combination with Ghrita (ghee) acts locally to pacify aggravated Pitta and Raktadhatu. This lepa (poultice) provides soothing, anti-inflammatory, and detoxifying actions. It is absorbed transdermally via hair follicles and sweat ducts, supporting localized dosha pacification. Classical Ayurvedic texts also explain that external applications can metabolically interact with Bhrajaka Pitta to promote healing.

### E. Mansapachak Churna

This polyherbal powder includes Nimba, Triphala, Patol, Musta, and Vatsaka. These herbs possess Deepana (appetite stimulating) and Raktaprasadana (blood purifying) properties. It aids in clearing Ama, reducing inflammation, and enhancing immunity—all crucial in autoimmune disorders like lichen planus[7,8,9].

## V. Conclusion

Skin, being a highly sensitive and visible organ, profoundly affects the quality of life when afflicted with chronic disorders. Conventional medicine often offers temporary symptomatic relief in conditions like Oral Lichen Planus, with frequent relapses and adverse effects. This case demonstrates that holistic Ayurvedic intervention—comprising internal medicines, local therapies, diet, and lifestyle modification—can offer significant and lasting relief.

In this case, pacification of **Vata and Pitta doshas**, blood purification, and Rasayana (rejuvenative) support were the core therapeutic principles applied. With disciplined adherence, the patient experienced full symptom resolution within **2 months**, without any modern pharmacological agents.

This case adds clinical value to the Ayurvedic understanding of **Charma Kushtha** and its modern correlate, Oral Lichen Planus, showing that with proper diagnosis and individualized treatment, even chronic immune-mediated conditions can be successfully managed through traditional systems of medicine.

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# Management of Deviated Nasal Septum with *Balashwagandha Lakshadi Taila Nasa Picchu Varti* – A Case Study

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**Abstract**

**Deviated Nasal Septum (DNS)[1] is a common structural disorder where the nasal septum, dividing the nasal cavity, deviates from its normal midline position. This condition often results in nasal obstruction, difficulty in breathing, recurrent sinus infections, snoring, and diminished quality of life. Septoplasty is the standard treatment in contemporary medicine; however, surgical intervention carries inherent risks and may not be feasible or acceptable for all patients.**

**In Ayurveda, DNS can be correlated with *Nasa Vikara*, particularly *Nasa Pratinaha*[2], which is primarily caused by the vitiation of *Vata* and *Kapha Doshas*, leading to functional and structural disturbances of the nasal passages. Ayurvedic treatment aims to restore *Doshic* balance and improve nasal function using non-invasive therapies such as *Nasya* (nasal administration of medicated oils), *Abhyanga* (oil massage), *Swedana* (therapeutic sudation), and internal herbal medications.**

**This clinical study evaluated the efficacy of *Balashwagandha Lakshadi Taila*[3] administered as *Nasa Picchu Varti* (nasal packing) in the management of DNS. The medicated oil contains *Bala* (*Sida cordifolia*), *Ashwagandha* (*Withania somnifera*), and *Laksha* (*Laccifer lacca*), which possess *Brimhana (nourishing*), *Vatashamaka (Vata*-pacifying), and *Shothahara* (anti-inflammatory) properties. The intervention involved placing sterile cotton swabs soaked in lukewarm oil into the affected nostril for 15–20 minutes daily over 7 days.**

**A 29-year-old male patient presenting with nasal obstruction, headache, breathing difficulty, and snoring was diagnosed with *Nasa Pratinaha* (left nostril). He underwent the 7-day *Nasa Picchu Varti*[4] therapy. Post-treatment assessment showed marked improvement in nasal obstruction, breathing ease, headache relief, and overall comfort. The therapy was well-tolerated, with no adverse effects, indicating its potential as a safe, non-invasive alternative for managing DNS.**

***Keywords: Deviated Nasal Septum; Nasa Picchu Varti; Balashwagandha Lakshadi Taila***

## I. Introduction

Deviated Nasal Septum is one of the most frequently encountered conditions in otorhinolaryngology. It occurs when the nasal septum is displaced from the midline, leading to impaired airflow, mucosal irritation, and susceptibility to infections. DNS can be congenital or acquired due to trauma.

In Ayurveda, DNS can be correlated with *Nasa Vikara*, particularly *Nasa Pratinaha*, which is primarily caused by the vitiation of *Vata* and *Kapha Doshas*, leading to functional and structural disturbances of the nasal passages. Ayurvedic treatment aims to restore *Doshic* balance and improve nasal function using non-invasive therapies such as *Nasya* (nasal administration of medicated oils), *Abhyanga* (oil massage), *Swedana* (therapeutic sudation), and internal herbal medications.

**A. Case Profile**

- A 29-year-old male patient presenting with nasal obstruction, headache, breathing difficulty, and snoring was diagnosed with *Nasa Pratinaha* (left nostril).
- Occupation: Software Engineer

**B. Medical History**

- No known history of nasal trauma or surgery
- No allergic or chronic sinus conditions
- Non-smoker and otherwise healthy

**C. Clinical Findings**

- Inspection and Palpation: Left nasal cavity appeared narrower on anterior rhinoscopy
- Radiological: X-ray PNS (Water's view) revealed DNS towards the left
- ENT Diagnosis: Deviated Nasal Septum (left side)

## II. Materials and Methods:

**Treatment Protocol:** Intervention

- Medicine Used: *Balashwagandha Lakshadi Taila*
- Method: *Nasa Picchu Varti* (application of medicated wick)
- Procedure:

A sterile cotton wick (approx. 3–4 cm) was soaked in warm Balashwagandha Lakshadi Taila

Inserted into the affected (left) nostril for 30 minutes daily

**Duration:** 7 consecutive days

- Pre-Procedure Care: *Nasa Abhyanga and Swedana*
- Post-Procedure Care: *Dhumapana* with *Haridradi Dhumavarti* after wick removal

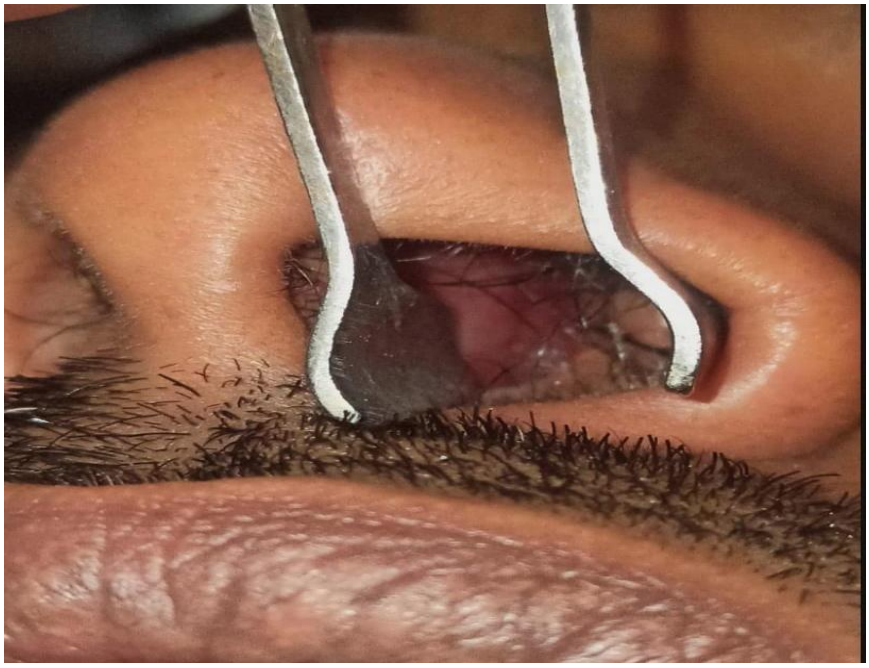
**Assessment Parameters :**

Subjective Evaluation (Scored 0–10 Analog Scale)

| Symptom | Day 0 | Day 7 |
|---|---|---|
| Nasal obstruction | 8 | 4 |
| Headache (frontal) | 6 | 3 |
| Post-nasal drip | 5 | 2 |
| Snoring | 7 | 3 |
| Sleep disturbance | 6 | 2 |

### III. Objective Observations

- Anterior Rhinoscopy: Reduced mucosal congestion and better airflow through the left nasal cavity by Day 7
- Mucosal Condition: Less crusting, moist and healthy appearance



**On Day 1**



**On Day 7**

## IV. Discussion

DNS is largely structural, and surgery remains the gold standard in modern medicine. However, in mild to moderate cases, symptom management can significantly improve quality of life. The chosen formulation *Balashwagandha Lakshadi Taila* contains ingredients such as *Bala* (*Sida cordifolia*), *Ashwagandha* (*Withania somnifera*), and *Laksha* (*Laccifer lacca*), known for their *Vatahara*, *Brimhana*, and *Ropana* (healing) effects.

*Nasa Picchu Varti* ensures prolonged contact of the drug with nasal tissues, enhancing absorption and local therapeutic action. The consistent reduction in symptoms over 7 days demonstrates the role of medicated oil in reducing inflammation, lubricating nasal mucosa, and potentially improving nasal airflow by reducing turbinate swelling.

The patient tolerated the procedure well with no adverse reactions, supporting its safety and feasibility for outpatient care.

## V. Conclusion

This single case study suggests that *Balashwagandha Lakshadi Taila Nasa Picchu Varti* is a safe, non-invasive, and effective conservative therapy for managing the symptoms of Deviated Nasal Septum, especially in patients who are unwilling or unfit for surgical intervention. The *Taila* has the properties that are *Vatahara* and also the procedure gives a mechanical pressure on the septal wall which helps in reduction of the symptoms of nasal blockage and hence improving the patient's qua;ity of life.

Larger and controlled clinical trials are warranted to further validate these findings and establish standardized protocols.

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# Ayurvedic Management of Psoriasis (*Kitibha Kushtha*): A Case Study With *Virechana Karma*

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**Abstract**

**The skin is a glass mirror which reflects the balance of the body's interior functions. Nowadays, psoriasis has become one of among the most prevalent disorders. It affects 2% of world's population.(1) Erythematous, scaly patches are the hallmark of psoriasis, a papulo-squamous, long-lasting dermatological condition caused by the immune system that primarily affects the extensor regions, especially the scalp, elbows, knees, and lower back.(2) Psoriasis is connected to widespread inflammation and has an intricate cause involving an immune system malfunction, environmental stressors, and a genetic background.**

**In *Ayurveda*, similar signs and symptoms are defined under the term *Kitibha Kushtha*, one of the *Kshudra Kushthas* (minor skin diseases), that is marked by *kinakhara sparsha* (lesions with rough texture like an elephant's skin), *shyava varna* (dark discoloration), and *parusha* (roughness).(3) Ayurvedic concept of *dosha-dushya sammurchana* in *Kitibha Kushtha* primarily involves *Vata* and *Kapha doshas*, along with *twak*, *rakta, mamsa*, and *lasika* as the *dushyas*(4),which closely aligns with the modern knowledge of immune and system involvement in psoriasis. Modern pharmacological treatments like corticosteroids and immunomodulators often present side effects. *Ayurvedic* treatments focusing on *shodhana* (detoxification) and therapy, supported by dietary regulations and lifestyle modifications, may help in mitigating symptoms and improving quality of life.**

***KEYWORDS: Psoriasis; Kitibha kushtha; Koebnar's phenomenon; Auspitz sign.***

## I. Introduction

Psoriasis is a chronic, non-infectious immune mediated inflammatory skin disease with thick silvery scale plaque over extensor surface (elbow, knee) scalp & nails. Psoriasis frequently genetic predisposition with one affected parent, children have 15% chance of developing psoriasis, if both parents have psoriasis, then children have 50% chance of having psoriasis. If parent is non-psoriatic, then child have 10% chance of being psoriatic. HLA-cw6 is implicated in psoriasis. In psoriasis, epidermal proliferation due to excessive multiplication of cells in basal layer. Transient time of keratinocytes get shorter in psoriasis. Rather than 52-72 days, the epidermal changeover time has become 4 days. . Cells of stratum basalis have capacity to divide and skin shed off (keratinisation). Psoriasis actually has a complicated etiology that involves an assortment of immune system dysregulation, genetic predisposition, environmental triggers. It is primarily driven by an abnormal immune response, particularly the activation of T-cells and overproduction of inflammatory cytokines such as TNF-α, IL-17, and IL-23. These immune responses speed up skin cells changeover, which causes psoriatic lesions to develop. TNF-α (Cytokines helps in initiation and maintenance of lesion). Precipitating factors of psoriasis is trauma, emotional (stress), infection (β-haemolytic streptococcal throat infection), drugs (β- Blocker), HIV infection (low CD4 level ), obesity, smoking & alcohol and metabolic disorder (DM, HTN, Cardiac Disorder). Psoriasis present in variable form like plaque, guttate, pustular, exfoliative/erythrodermic psoriasis. Commonest is plaque psoriasis5 having salmon pink lesion (mm-cm) i.e. present on elbow, scalp, gluteal cleft & knees. On scratching, Koebnar's phenomenon is found(5). In some case Psoriatic Arthritis is also found. Guttate psoriasis affects children mainly. It often associated with β haemolytic streptococcal infection(6) and appearance of

lesion is found on trunk and proximal part. In Psoriatic Arthropathy, distal joints are involve mostly with nail changes like thibble appearance, subungual hyperkeratosis seen. In Modern treatment mainly mid-potency topical glucocorticoids, topical vitamin D analogue (calcipotriene), coal tar & salicylic acid used. Cyclosporine and immunosuppressive agents is effective in psoriasis[7]. However on the basis of some typical symptoms, can be correlated with *Kitibha kushtha* like *shyava* (discoloration, often dark or blackish lesions), *kinn khar sparsha* (rough in touch), parusha (roughness of skin). Psoriasis disease *(Kitiabha kushtha*) is *Tridoshaja vayadhi*, firstly involves vitiation of *Kapha* & *Vata doshas*. It helps in formulating Ayurvedic management strategies based on dosha predominance, using *Shodhana* i.e. *virechana karma* (purification) therapy. *Samprapti* (Pathogenesis): When a person consumes incompatible food like *Guru, Snigdha, Abhishyandi ahara* (*viudha aahar*), or suppresses natural urges (*vega dharana*), the Doshas (mainly *vata* and *kapha dosha*) get vitiated. *Vata-Kapha prakopa* leads to improper function of *bhrajaka pitta* and blockage of *srotas* (channels). This leads to *Rakta, Twaka, Mamsa,* and *Lasika* being affected, resulting in *Kushtha*.

***Samprapti* (Pathogenesis)**:

When a person consumes incompatible food like *Guru, Snigdha, Abhishyandi ahara* (*viudha aahar*), or suppresses natural urges (*vega dharana*), the *Doshas* (mainly *vata* and *kapha dosha*) get vitiated. *Vata-Kapha prakopa* leads to improper function of *bhrajaka pitta* and blockage of *srotas* (channels). This leads to *Rakta*, *Twaka*, *Mamsa*, and *Lasika* being affected, resulting in *Kushtha*.

***SAMPRAPTI GHATAKA:***

| | |
|---|---|
| *Dosha* | *Vata kapha aadhikya tridoshaj* |
| *Dushya* | *Twaka* |
| *Dhatu* | *Rasa, Rakta, Mamsa* |
| *Agni* | *Jathragini & Dhaatvagni* |
| *Strotas* | *Rasavaha, Raktavaha, Mamsavaha* |
| *Savbhava* | *Chirkaari* |
| *Sadhya* | *Krichara Sadhya* |

**Table No.1**

## II. Case Study

### A. History of Present Illness:

A female patient of aged 49 years old, resident of Dadri (Haryana) having occupation as a teacher, came to *Panchkarma* department of Institute for *Ayurved* Studies & Research, SKAU, Kurukshetra, on 2024, with complaints of scaly, dry, reddish and blackish patches over the whole body mainly at elbows, knees, forehead, palm, lower back and scalp from 2 years & itching and burning sensation in affected areas. The itching worsens during winter and after exposure in sunlight. Her blood reports are within normal range but sometime AEC get raised. patient have no comorbidity at present.

### B. Past History:

Patient was suffering from psoriasis from last 2 years and had already taken allopathic treatment like antihistamines and topical steroids, but according to patient, there is mild improvement in burning sensation and itching during the

allopathic course & then flare up suddenly after course completion. There is no history of diabetes, thyroid, Hypertension, cardiovascular and respiratory disease.

**C. Drug History:**

- Topical corticosteroids (e.g. Betamethasone)
- Vitamin D analogues (e.g. Calcipotriol Oint.)
- Emollients and moisturizers.
- Retinoic acid (Vit. A) e.g. Acietrin
- Immunosuppressant: e.g. Methotrexate, Cyclosporine, Biologics

**D. Family History:**

Not any kind of family history regarding psoriasis.

**E. Personal History:**

**Sleep:** Disturbed sometime due to itching

**Appetite:** Poor

**Bowel:** Regular **(**2 times/ day)

**Bladder:** Regular (7-8 times/day)

**F. Menstrual History:**

- Menopause at the age of 47 years.
- White discharge per vaginal present on & off.

**Obstetric History :** $G_2P_1A_1L_1$

**G. Patient Examination:**

***Asthavidh Pariksha*:**

| | |
|---|---|
| ***Nadi*** | *Vata kaphaj* |
| ***Mala*** | *Sama* |
| ***Mutra*** | *Ishat pitabha* |
| ***Jivha*** | *Aavrita* |
| ***Shabad*** | *Sapashta* |
| ***Saparsh*** | *Khara* |
| ***Drik*** | *Samanya* |
| ***Aakriti*** | *Samanya* |

**Table no. 2**

***Dashvidha Pariksha:***

| | |
|---|---|
| ***Prakruti*** | *Vata pittaja* |
| ***Vikruti*** | *Vata kaphaj* |

| | |
|---|---|
| ***Sara*** | *Madhyama* |
| ***Samhanan*** | *Madhyama* |
| ***Satva*** | *Madyama* |
| ***Satamya*** | *Sarva Rasa* |
| ***Pramana*** | *Madhyama* |
| ***Vaya*** | *Madhyama* |
| ***Vayayam Shakti*** | *Avara* |
| ***Aahar Shakti*** | *Avara* |

**Table no. 3**

**H. Systemic Examination:**

- CNS: Patient is calm & conscious & well-oriented to time, place, person.
- CVS: Heart sound $S_1$ & $S_2$ Normal & No added sound heard.
- Respiratory system: Bilateral entry equal, no abnormality found.
- P/A: soft, non-tender, not distended.

**I. Vitals During Examination :**

| | |
|---|---|
| **BP(mm Hg)** | 124/86 mm Hg |
| **PULSE(/min)** | 78/min |
| **TEMPERATURE (°F)** | 98 F |
| **RESPIRATORY RATE(/min)** | 18/min |

**Table no. 4**

❖ No pallor, icterus, cyanosis, clubbing or edema is found.

**III. Investigation:**

CBC, LFT & KFT were in normal limits & AEC & ESR raised sometime.

**A. Physical Examination:**

- On scratching, thicky silvery scale was present.
- Pinpoint bleeding on removal of scales i.e. **Auspitz Sign** is positive.
- **Koebner Phenomenon** is positive i.e. new lesions at sites of trauma.
- Grattage's test (Candle grease sign) was positive.
- Onycholysis found (separation of nail from the nail bed).

**B. Treatment Protocol:**

➢ ***Shodhana Chikitsa***[7]

**1. *Virechana karma* (Bio-purificatory measures)**

✧ Firstly *Deepana- Pachana* is advised to patient with *Aarogyavardhini vati* for 3 days i.e. (2 tab- TDS).
✧ On $4^{th}$ -$10^{th}$ day, patient is advised to take *ghritpana* in early morning with increasing dose i.e. 30 ml, 60 ml, 90 ml, 120 ml, 140 ml and so on.
✧ In between *ghritapana* days, *samayaka snehana lakshana* is observed.

- ✧ Then after 10th day, on about 11th-12th day- *Sarvaanga abhyanga* with *Tila tailam* followed by *nadi swedana* is advised.
- ✧ On 13th day, *Virechana Karma* is done with *Icchabhedi ras*(2 *Ratti*) tablets, then followed by *samsarjan karma* for 5 days.

**2. *Pathya /Apathya Aahar.*[8]**

| ***PATHYA AAHAR*** | ***APATHYA AAHAR*** |
|---|---|
| *Laghu aahar* (*mudaga*) | *Guru, snigdh aahar, Amal ras* |
| Use of *Tikta draya* (neem, karela) | Avoid use of curd, paneer & milk |
| Vegetables: gourds, leafy green vegetables | Incompatible food like milk & salty combo |
| | Non-vegetarian foods like fish with milk |

**Table No.4**

## IV. Outcome

The patient noted a good improvement, since there was reduction in the scaling, dryness and redness of the skin and itching on her scalp, elbow, knees, abdomen, forehead and eyebrows. Auspitz Sign was absent.

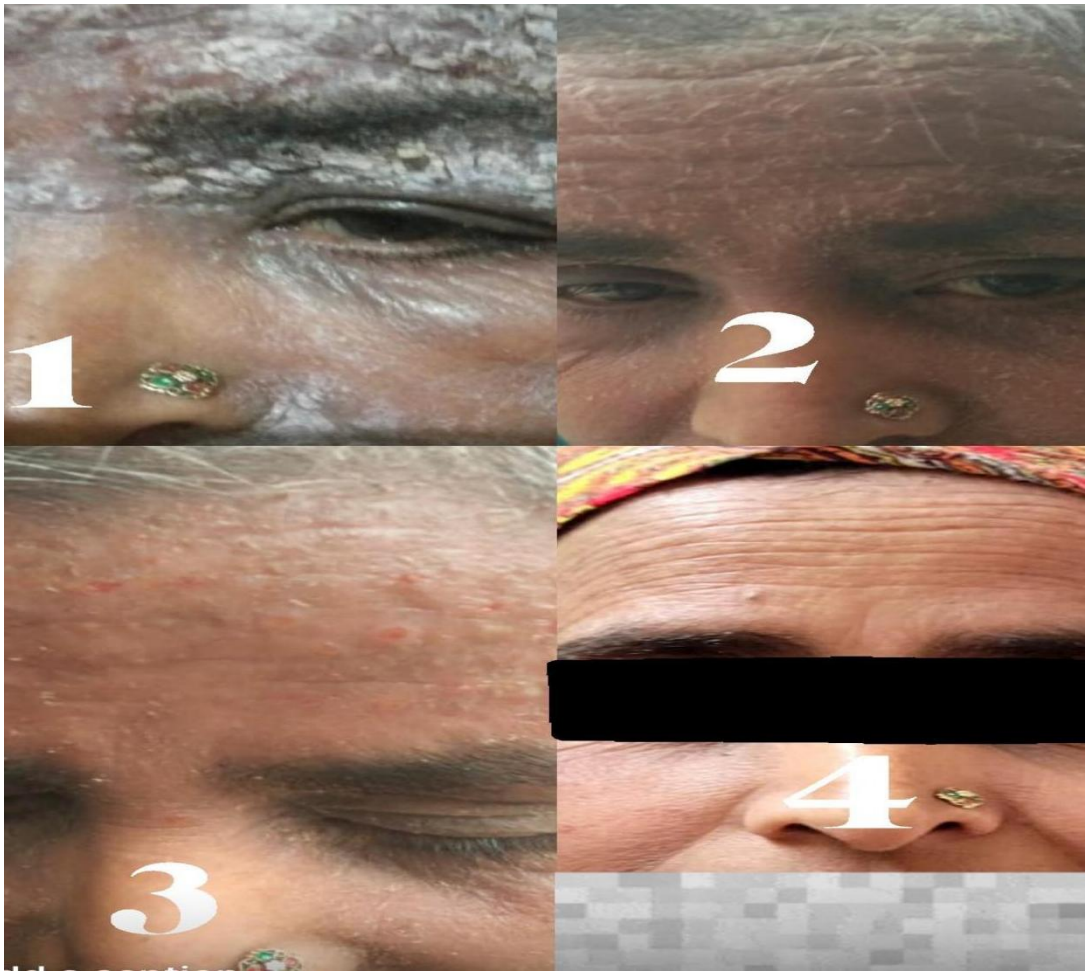



**Fig No. 1: Before & After Result of *Virechana Karma* in Psoriasis**

**Mode of Action of *Icchabhedi Ras*:**

*Icchabhedi ras* balance *vata & kapha dosha.* It enhance digestion & detoxify the body. Ingredient of *icchabhedi ras* like *shuddha parada* and *gandhaka* stimulate cellular metabolism & act as a catalyst *shuddha gandhaka* act as a laxative. *Tankana* act as a carminative agent. *Trikatu* helps in digestion of *ama*(undigested metabolic toxins) & clear metabolic toxins. Heat & pungency of herbs reduces *kapha.*

## V. Discussion

As psoriasis is an autoimmune disease, then according to genetic factors (*kulaja nidana*), some dietary factors (*aaharaja nidana*),the etiopathogenesis of psoriasis can be correlated with *kitibha kushtha* (a type of *kshudra kushtha*). Instead of pathogenesis, the epidermis is infiltrated by huge amount of activated T-cells which is capable for inducing keratinocytes proliferation, Epidermal hyperplasia cause increase in cell turnover rate that leads to improper cell maturation and cause dry, scaly lesion over the skin with redness and burning sensation over the skin. With the help of *virechana karma* i.e. a *panchkarma* procedure helps in breaking pathogenesis of *kitibha kushtha* and helps in decreasing of signs & symptoms.

## VI. Conclusion

Considering the incredibly wide range of clinical symptoms, we have to come to the inference that no single *Ayurvedic* circumstance can be accurately related to psoriasis. We may investigate *Kitibha Kustha* as Psoriasis in some detail according to *Ayurvedic* concepts and disease symptoms. *Kitibha Kustha* is a *Vata-Kapha Pradhana Tridoshaja Vyadhi.* Classical *karma* such as *virechana karma* was done which helps in allievating symptoms of *kitiabha kushta* and patient got enough improvement in dryness, scaling, itching and burning sensation.

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# BPPV An Ayurvedic Approach- A Case Report

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**Abstract**

**Benign paroxysmal positional vertigo is one of the inner ear disease featured mainly with severe whirling vertigo associated with change in head position. Causes of BPPV include head injury, infections, old age ,surgery and also associate with Meniere's disease. It is more common cause for 20-40% of peripheral vertigo and much common in age group of 11-80 years . There is no particular medication for it but repositioning Maneuvers will reduce the course of BPPV .**

**In Ayurveda, the symptom of giddiness will be present in *Bhrama* which cause by p*rakupita vata* and p*ittadosha* along with *Rajas* and causes the above symptoms . Main line of treatment is to reduce the *Vata dosha* which can be achieved by *Abhyanga, Sneha nasya karma* performed with *Dravyas* which have the properties to reduce *Vata and pitta.***

**AIM- To evaluate the effect of m*ukha abyanga* with s*hatapaka taila* followed by m*arsha nasya* with k*sheerabala* 101 drops in BPPV.**

**MATERIALS AND METHOD: The subject approached to *Shalakya tantra* ENT OPD of Sri Dharmasthala Manjunatheswara college of Ayurveda and Hospital, Hassan with the symptoms of giddiness evaluated and prescribed m*ukha abyanga* with s*hatapaka taila* and m*arsha nasya* with ks*heerabala 101 drops.***

**RESULT: The Ayurvedic management shows remission of Benign Paroxysmal Positional vertigo within 9 days.**

***KEYWORDS: BPPV; Mukha Abyanga; Marsha Nasya; Shatapaka Taila; Sarvanga abhyanga; Ksheerabala 101 Drops.***

## I. Introduction

Benign paroxysmal positional vertigo is caused due to displacement of otoconia from utricle to semicircular canal, commonly posterior semicircular canal. Based on involvement of semicircular canal it is classified into posterior semicircular canal, lateral semicircular canal, and superior semicircular canal variety of Benign Paroxymal positional vertigo[1]. Feature associated with change in head position such as rolling over in bed, arising from a bending position, turning rapidly which last for seconds[1] . There is no treatment for BPPV except repositioning maneuvers[2].

Ayurveda defines giddiness as *Bhrama* where vitiated v*ata dosha* associate with pi*tta* and *Manasika dosha* as *Rajas* cause symptoms as spinning of body and person falls on ground[3]. Treatment for *Bhrama* is *Snehana* line of treatment which includes *Abhyanga, Marsha nasya* with *Ksheerabala taila, Dhanvantara taila, Anu taila*. The aim of the study is to evaluate the effect of *Mukha abhyanga* with*Shatapaka taila* followed by *Marsha nasya* with*Ksheerabala*101 drops in BPPV.

## II. Case Report

### A. History of present Illness (Pradhana Vedana*) :*

A female patient age of 72 years with Known case of Diabetes mellitus since 10 years (under medication of Tab. Glimiperide 500mg 1-0-0 B/F) and Not known case of Hypertension and thyroid dysfunction was apparently healthy 3 years back. Gradually she started developing giddiness which last maximum of 1 minute and episodes of 3-4 times a week. Complaints aggravates while waking up from sleep, while walking for long distance reduces after rest. For

the above complaint patient have visited various hospital where they diagnosed as BPPV and advised to follow maneuvers along with lifestyle changes. Patient also have history of Road traffic accident 6 years back and also undergone Burr hole surgery at 2019. Patient have visited to SHALAKYA TANTRA ENT OPD at Sri Dharmasthala Manjunathehwara college of Ayurveda and Hospital, Hassan for ayurvedic management of above complaint.

**B. History of Past illness (*Purva vyadhi Vruttanta*):**

Patient had history of road traffic accident at 2018 and surgical history of Burr hole surgery on 2019.No other history

**C. Family History (*Koutumbika Vruttanta)***

All family members are said to be healthy. No any significant history related to above disease was found.

**D. Personal History:**

i. BOWEL-Regular (2 time/day)

ii. APPETITE-Unaltered

iii. MICTURITION-Regular (3-4 times/day)

iv. SLEEP-Disturbed

v. DIET-Mixed Diet

***Dosha dushya vikruti and adhisthana ( Samprapti)***

• *Dosha: Tridosha, Vata pradhana pitta dosha*

• *Dushya: Rasa, rakta*

• *Adhishthana: Shiras*

• *Srotas: Rasavaha, raktavaha*

• *Srotodushtiprakara: Attipravritti, sanga, vimargagamana*

• *Udhbhava Sthana: Pakvashya*

• *Agni: Mandya*

**E. On Examination- On the day of admission**

***General Examination:***

BP-130/80mmHG

PR-72cpm

RS- B/L NVBS

CNS- Conscious and oriented to time, place and self

CVS- S1 and S2 Heard, no murmurs

***Specific Examination:***

1. Dix- Hallpike Positional Test[4]-Horizontal geotropic and apo geotropic nystagmus present which last for less than 1 minute

***Investigations***

- Hb- 11 g/dl
- WBC- 7000 cells/cmm

- E.S.R- 18 mm/hour
- FBS- 89.1 mg/dl
- PPBS- 120.1mg/dl
- Sodium- 144.5 mmo/L
- Potassium- 4.1 mmo/L

### F. Treatment plan

Patient is planned for sn*ehana* line of treatment through s*arvanga abhyanga* done with*Ksheerabala taila* and *Bashpa sweda*. Followed by main course of treatment -*Mukha abhyanga* with *Shatapaka taila* and m*arsha nasya* with *Ksheerabala*101 drops twice daily for 9 days.

Time period- 9 days (24/12/2024-01/01/2025)

| DAY | TIME AND DURATION | TREATMENT PROTOCOL |
|---|---|---|
| 24/12/2024-01/01/2025 | 08:30AM AND 12:00PM | *Mukha Abhyanga with shatapaka taila followed by Marsha nasya with Ksheerabala 101 drops( 12 drops to each nostril).* |
| | 10AM | *Sarvanga abhyanga with Ksheerabala taila followed by bashpa sweda.* |

Table 1:Treatment plan and protocol

### G. Pathya Ahara and Vihara

***PATHYA AHARA***- Patient is advised to take Soft diet during treatment. Advised to avoid oily and spicy food items while treatment period. Patient also advised to stay in empty stomach during *Mukha abyanga* and *Nasya karma.*

***PATHYA VIHARA***- Patient is advised to follow Epley Maneuver[5] twice daily and advised to stay warm during treatment.

## III. Observation and result

After the treatment period of 9 days there was improvement in the complaints related to BPPV. Patient felt the symptom of giddiness reduced by 80% and nystagmus absent when performing Dix -hallpike position test. There was no side effects noted during and after completion of treatment. After the follow up of 7 days ,patient had complete recovery from the symptoms such as giddiness which aggravates during wake up and while walking for long distance.

## IV. Discussion

BPPV cause due to displacement of otoconia from utricle to Semicircular canal[2] leads to Vertigo (giddiness) which last for less than 1 minute. In Ayurveda the Giddiness is defined as *Bhrama* where the *Prakupita Vata* along with *Pitta* will get *Sthanasamsraya* to *Shiras* and cause symptoms. Treatment involves *Abyanga, Sneha* type of *Nasya* have property of *Snigdha*, *Guru guna* which act as *Vata doshahara*.

i. *Sarvanga Abhyanga- Abhyanga* with *Ksheerabala taila* will reduce the *Vata* which present over *Sarva shareera* and to avoid *Kapha prakopa* due to *Abyanga ,Bashpa sweda karma* is done.*Ksheerabalataila* have the property of *Guru, Snigdha guna, sheetaveerya* and m*adhura vipaka* which reduces the *Vata -Pitta dosha* [6].

ii. *Mukha abhyanga- Mukha abhyanga* act as s*hamana chikitsa* which reduces the v*ata dosha* present in *Urdwajatru pradesha* . By mu*kha abyanga* the *Vata* present in *Srotas* of *Shiras* will get reduced and s*hatapaka taila* have properties of *Sheeta, guru, snigdha guna ,sheetaveerya* and m*adhura vipaka* which reduces p*rakupita vata-pitta dosha* present in *Shiras* [7].

iii. *Marsha nasya- Nasa* is considered as gateway of s*hiras*. Here sn*eha nasya* is preferred to reduce the v*ata dosha* present in s*hiras. Marsha nasya* done with *Ksheerabala* 101 which act as s*thanika chikitsa* as it reduces the *Vata-pitta dosha* present in *Shiras* and thereby clean the *Srotas* and act as *Indriya prasadana*.

## V. Conclusion

BPPV is one of Inner ear disease which cause vertigo which last for less than 1 minute and episodes varies based on severeness. There is no particular medication for BPPV [5] . Giddiness is said to be as *Bhrama* according to ayurveda which cause due to p*rakupita Vata-pitta dosha* along with r*ajasika bhava* will get s*thana samshraya* to *Shiras* and leads to *Vyadhi. Snehanachikitsa* is preferred to reduce the *Vata dosha. Sarvanga abhyanga* with *Ksheerabala taila* will reduce the *Vata* present in all over the body and *Mukha abyanga* and *Nasya* acts as *Sthanika chikitsa* which do *shamana* of va*ta dosha present* in s*rotas* of *shiras*. Over all there was a significant improvement in the condition with no recurrence of symptoms even after 7 days of follow up. Further clinical trials on large sample size may be conducted to as certain findings of this observations.

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# A Case Study of Nidranasha and Its Management Through Ayurveda

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**Abstract**

**Nidranasha (insomnia) is a condition discussed in Ayurveda as a disturbance of one of the essential supports of life, Nidra (sleep). Along with Aahara (diet) and Brahmacharya (celibacy), sleep is considered vital for maintaining health. Disruption in sleep can significantly affect physical and mental well-being. Various Ayurvedic texts identify causes of Nidranasha including Dosha imbalances (particularly Vata and Pitta), lifestyle, age, constitution, and disease. Modern perspectives also link sleep disorders with stress, pain, psychological conditions, and aging. Ayurveda proposes numerous herbal formulations and treatment strategies to address insomnia. This case study explores an Ayurvedic approach to treating a chronic case of Nidranasha, detailing its causes, symptoms, and therapeutic interventions.**

***Keywords: Ayurveda; Nidranasha; Insomnia; Sleep Disorders; Vata;, Manovaha Srotas.***

## I. Introduction

The quality of an individual's life and how efficiently he/she is functioning depends upon how healthy sleep the person has in the night. Sleep plays an integral part being of the individual [1]. The quality of an individual's life and how efficiently he/she is functioning depends upon how healthy sleep the person has in the night. Sleep plays an integral part in the health and well-being of the individual Despite strong evidence of the relationship between insufficient sleep and health problems, most people are ignorant of the amount of sleep they need, their level of sleep deprivation, and the deleterious effect of sleep deprivation on their health [2]. By definition, insomnia is "a difficulty in initiating or maintaining sleep, or both" or the perception of a poor-quality sleep [3]. The sleep is an indicator of good health because it brings the normalcy in body tissue and relaxes the person [4]. person's daily life, including his social and occupational life. If it is very chronic, the person may tend to develop varieties of psychiatric illness. Relationship between insufficient sleep and health problems, most people are ignorant of the amount of sleep they need, their level of sleep deprivation, and the deleterious effect. Nidranasha is not explained as a separate disease in any of the classical text books. The minimum descriptions that are available are also scattered and mentioned incidentally in the context of vatajananatmaja Vikara, Vataja jwara, Vataja hridroga etc.

## II. Review Of Literature

Nidra is considered to be one among the trayopastambha [5]. Proper timely taken sleep leads to Sukha, Pushti, Bala, Vrishta and Jnana and life to the organism [6]. Whereas sleep Deprivation leads to Dukha, Karshya, Alaba, Kleebta, Ajnana and Marana [7]. The one who takes proper sleep at proper time will not suffer from disease and their mind will be peaceful, will gain strength, good complexion, and their body will be attractive. A man who gets proper sleep at appropriate time is stated to be healthy [8]. charaka Samhita and Astanga sangraha have described this as disease belonging to the category of Vataja Nanamtaja Vikara [9]. Other reasons alluded for Nidranasha are Karya, Kala, Vikara or Vyadhi, Prakruti and Vata Vriddhi. It is also caused by Manaha santapa, Kshaya, Abhighata. Lakshanas of Nidranasha are Angamarda, Shirogaurava, Jrumbha, Jadyatha, Glani, Bhrama, Apakti, Tandra, and other Vataja Rogas [10]. Continuous Nidra vegadharana leads to Gourava of head and eye, Aalasya, Jrimbha and Angamarda [11]. Insomnia

is defined as difficulty in getting to sleep, staying asleep or having non- restorative sleep despite having adequate opportunity for sleep, together with associated impairment of daytime functioning with symptoms being present for at least 4 weeks18. Primary insomnia refers to complaint of difficulty initiating or maintaining sleep or of nonrestorative sleep that lasts for at least one month and causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. The disturbance in sleep does not occur exclusively during the course of another sleep disorder or mental disorder and is not due to the direct physiological effects of a substance or a general medical condition. It exhibits irritability, lethargy, debilitated appearance, skin lesions, weight loss, decreased body temperature and death [12].

## III. Methodology

A 42-year-old female patient presented with a chronic history of disturbed sleep for over 13years, characterized by difficulty in sleep initiation and frequent nocturnal awakenings. The baseline Insomnia Severity Index (ISI) score was 18, indicating moderate insomnia [13]

Following detailed Ayurvedic assessment, the condition was diagnosed as Vata-predominant Nidranasha, involving Manovaha Srotas dushti. The therapeutic strategy was formulated based on Snehana, Srotoshodhana, Vatahara, and Medhya Rasayana principles, and executed over 28 days as follows:

1. Deepana-Pachana (Prior to Snehapana)
To enhance digestive fire and facilitate proper digestion and absorption of medicated ghee (Ghrita) during Snehapana:

- Chitrakadi Vati: 2 tablets (500 mg each) twice daily before food, for 3 days. Known for its Agni-deepana and Ama-pachana effects, it helps in preparing the gut for oleation [14]
- Panchakola Phanta: 50 ml thrice daily after food, for 3 days. This classical formulation contains *Pippali, Pippalimoola, Chavya, Chitraka*, and *Shunthi*, and is indicated in Mandagni, Ama conditions, and Vata-Kapha disorders [15]

2. Snehapana with Guggulu Tikta Ghrita
Administered as Mridu Snehapana for 4 consecutive days:

- Day 1: 30 ml
- Day 2: 60 ml
- Day 3: 80 ml
- Day 4: 110 ml

*Guggulu Tikta Ghrita* is beneficial in Vatavyadhi, Rasayana, and inflammatory disorders, possessing Shodhana, Ropana, and Medhya qualities [16] The patient was monitored daily for Samyak Snigdha Lakshanas (signs of proper oleation), including improved appetite, softness of body, and clarity of belching. A light Vata-pacifying diet and rest were advised during this phase.

3. Sarvanga Udwartana with Dhanyamla
Conducted for 7 days, using warm medicated fermented liquid (Dhanyamla) for full-body massage to stimulate circulation, remove Ama, and assist in Dosha rechana. It is Katu, Amla, Ushna, and helps pacify Vata-Kapha doshas [17].

4. Dashamoola Kwatha Parisheka (DMQ Parisheka)
Given for 7 days post-Udwartana. Warm *Dashamoola decoction* was poured over the body for 20 minutes daily to facilitate Srotoshodhana, reduce Vata, and support the nervous system [18].

5. Takradhara Performed over the forehead (Sthapani Marma) for 45 minutes daily for 7 days, using medicated buttermilk. Takradhara has cooling, stress-relieving, and Vata-pacifying effects and is well-documented in managing insomnia and mental restlessness [19].

6. Shiropichu with Kalyanaka Ghrita
After Takradhara, Shiropichu was applied for days, wherein a sterile cotton pad soaked in Kalyanaka Ghrita was placed on the crown (Adhipati Marma) for 30 minutes daily. *Kalyanaka Ghrita* is a Medhya Rasayana, known to nourish mind and nervous tissues, beneficial in psychiatric and sleep disorders [20].

7. Internal Medication Saraswatarishta – Given in a dose of 30 ml with equal water at bedtime, for the entire 28-day course. This classical formulation contains Brahmi, Shankhapushpi, Vacha, and other *Medhya* herbs known for improving memory, calmness, and sleep quality [21].

8. Lifestyle and Pathya-Apathya Guidelines
The patient was advised:

- To avoid day sleep, caffeine, screen exposure at night, and heavy meals in the evening.
- To consume warm, light, freshly prepared Vata-pacifying food.
- To follow daily evening walks, light stretching, and breathing practices like *Anuloma Viloma* before sleep.

**Outcome**

Post-intervention ISI score reduced significantly from 18 to 6, suggesting a transition from moderate to subthreshold insomnia. The patient also reported improved sleep latency, continuity, duration, and daytime alertness, with no adverse effects noted.

## IV. Results

The patient underwent a comprehensive 28-day Ayurvedic treatment protocol aimed at addressing chronic Nidranasha through internal and external therapies along with lifestyle modifications. The outcomes were evaluated using the Insomnia Severity Index (ISI), a validated clinical tool to assess the severity of insomnia symptoms [22].

- Pre-treatment ISI Score: 18
- Post-treatment ISI Score: 6

This significant reduction from moderate clinical insomnia to subthreshold insomnia represents a 12-point improvement, suggesting strong therapeutic efficacy of the Ayurvedic interventions.
In addition to the objective ISI score, the patient reported the following subjective improvements:

- Reduction in sleep latency (time taken to fall asleep), from over 1 hour to less than 20 minutes by the third week.
- Decreased nocturnal awakenings, from 3–4 times per night to once or none.
- Increased total sleep duration, from 3–4 hours/night to 6–7 hours/night.
- Enhanced daytime alertness, mental clarity, and reduced irritability and fatigue during the day.
- No adverse reactions or complications were observed throughout the course of treatment.

Therapies such as Snehapana with Guggulu Tikta Ghrita contributed to systemic Vata-pacification, while Takradhara and Shiropichu with Kalyanaka Ghrita provided sustained Manasika stability and nervous system nourishment. The use of Saraswatarishta internally appeared to augment the Medhya (nootropic) and sleep-inducing effects, enhancing long-term outcomes.

These results support the efficacy of a holistic, Vata-pacifying, and Medhya-oriented Ayurvedic approach in the successful management of chronic insomnia.

## V. Discussion

Nidranasha, or insomnia, is classified in Ayurveda as a disturbance in Vata Dosha and Manovaha Srotas, resulting in the derangement of sleep regulation, mental stability, and sensory coordination [23] The chronic nature of the condition in this case (13 years) reflects Dhatukshaya, Manasikabhava vikaras (psychological imbalances), and possible Srotorodha (channel obstruction), necessitating a comprehensive, multi-modal intervention.

In modern terms, chronic insomnia often stems from hyperarousal, stress, and neuroendocrine dysfunction, aligning well with Ayurvedic views on Vata-Prakopa and Rajo Guna dominance [24]. The therapeutic regimen in this case was aimed at correcting these derangements through Deepana, Pachana, Snehana, Shamana, and Medhya Rasayana therapies.

**Deepana-Pachana & Snehapana**

The initial administration of Chitrakadi Vati and Panchakola Phanta was essential to improve Agni and eliminate Ama, which forms the base of pathogenesis in Nidranasha[25]. This phase optimized the body's receptivity to Snehapana, which was performed using Guggulu Tikta Ghrita. This Ghrita formulation is Tikta-Kashaya Rasa pradhana, and is indicated in Vatavyadhi, inflammatory disorders, and mental health disturbances [26]. The gradual increase in dosage over 4 days allowed for systemic Vata-pacification and deep tissue nourishment.

**Sarvanga Udwartana & DMQ Parisheka**

Post-Snehapana, Sarvanga Udwartana with Dhanyamla enhanced peripheral circulation, supported Kapha reduction, and activated the lymphatic and nervous systems, which are intricately connected to sleep physiology [27]. Dashamoola Kwatha Parisheka, used for Srotoshodhana and Vatahara, provided grounding and anti-inflammatory benefits [28].

**Takradhara & Shiropichu with Kalyanaka Ghrita**

Takradhara plays a significant role in reducing cortical hyperexcitability, calming the hypothalamic-pituitary-adrenal (HPA) axis, and increasing serotonergic activity — mechanisms comparable to anxiolytic and sedative therapies in modern pharmacology [29]. Ayurvedically, Takradhara reduces Urdhwaga Vata and pacifies Rajo guna, facilitating nidra janana (sleep induction).

Shiropichu with Kalyanaka Ghrita supports neuroprotection and mental stability. Kalyanaka Ghrita, being a Medhya Rasayana, is classically recommended in Unmada, Apasmara, and Manasika Vikaras, and contains ingredients like *Haritaki*, *Shatavari*, and *Yashtimadhu*, which improve memory, stress resilience, and sleep quality [30].

**Internal Medication – Saraswatarishta**

Saraswatarishta contains herbs such as *Brahmi*, *Shankhapushpi*, and *Vacha*, which are clinically proven to enhance GABAergic and serotonergic neurotransmission, improving sleep latency and depth [31]. As an oral Rasayana, it strengthened Dhi, Dhriti, and Smriti — the three cognitive faculties disturbed in Nidranasha.

**Lifestyle & Behavioral Modifications**

The lifestyle guidance, including avoidance of daytime naps, digital detox, and evening walks, complemented the internal therapies by resetting the patient's biological clock and encouraging circadian rhythm restoration, essential in both Ayurvedic Dinacharya and modern sleep hygiene protocols [32].

**Clinical Significance**

This case reinforces the Ayurvedic principle that Nidra is one of the Trayopastambha (three supporting pillars of life). Loss of Nidra affects Sharira, Manas, and Atma functions. A holistic, dosha-specific, and neuro-psychologically informed Ayurvedic protocol significantly reversed the chronicity of symptoms in this patient, as evidenced by the ISI score reduction from 18 to 6, and improved subjective well-being. The interventions showed no adverse effects, highlighting the safety, sustainability, and integrative potential of Ayurveda in insomnia management.

## VI. Conclusion

This case study demonstrates that a well-structured Ayurvedic treatment protocol can provide significant clinical improvement in chronic Nidranasha (insomnia). The integrative approach — consisting of Deepana-Pachana, Snehapana with Guggulu Tikta Ghrita, Sarvanga Udwartana, Dashamoola Kwatha Parisheka, Takradhara, Shiropichu with Kalyanaka Ghrita, and internal use of Saraswatarishta — effectively addressed the root causes of Vata imbalance, Manovaha Srotas dushti, and psychosomatic disturbances [33],[34].

Post-treatment, the patient's ISI score reduced from 18 to 6, indicating a shift from moderate to subthreshold insomnia, along with marked subjective improvement in sleep onset, continuity, and mental clarity [35] The combination of Vata-pacifying therapies and Medhya Rasayana interventions appeared to calm the nervous system, enhance mental tranquility, and restore normal sleep physiology [36],[37].

No adverse effects were observed, reinforcing the safety, tolerability, and holistic potential of Ayurvedic management in sleep disorders. These findings are in alignment with classical Ayurvedic principles that describe Nidra as one of the Trayopastambha (three pillars of life) and affirm the central role of Vata dosha and Rajo guna in the pathogenesis of insomnia [38].

This case highlights the clinical relevance and applicability of Ayurveda in chronic, treatment-resistant insomnia and underscores the need for larger-scale clinical research to validate such approaches in broader populations [39].

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# Integrative Ayurveda and Acceptance and Commitment Therapy for Obsessive-Compulsive Disorder: A Case Report

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**Abstract**

**Obsessive-Compulsive Disorder (OCD) is a chronic, debilitating psychiatric illness marked by intrusive thoughts and repetitive behaviours aimed at reducing associated distress. Despite the availability of evidence-based treatments such as selective serotonin reuptake inhibitors (SSRIs) and Cognitive Behavioural Therapy (CBT), including Exposure and Response Prevention (ERP), many patients with long-standing or spiritually-influenced symptom profiles remain partially or non-responsive to conventional care approaches[1]. This case report is unique in its integrative use of Ayurvedic medicine and Acceptance and Commitment Therapy (ACT), demonstrating a novel combination of traditional and third-wave psychotherapeutic frameworks. The inclusion of spiritually-aligned interventions such as Agnihotra makes this case particularly relevant in socio-culturally sensitive contexts. To date, there is limited scientific literature documenting the combined application of Ayurvedic therapeutics with ACT principles in OCD management, thereby contributing a valuable perspective to integrative mental health practices[2,3].**

**The patient, a 48-year-old male, presented with an eight-year history of intrusive religious obsessions such as persistent fears of divine punishment and compulsive prayer rituals accompanied by emotional dysregulation, anxiety, frequent crying episodes, and a markedly increased frequency of bowel movements (10–12 per day). These symptoms significantly impaired his occupational functioning and interpersonal relationships.**

**He was clinically diagnosed with OCD as per DSM-5 criteria, with a Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score of 26, indicating moderate-to-severe symptom severity. Ayurvedic assessment revealed Vata-Pitta imbalance and Manovaha Srotas vitiation, correlating with the classical description of Unmada, particularly Atatvabhiniveshaa pathological attachment to non-rational ideas[4,5]. The therapeutic intervention was twofold: first, classical Ayurvedic treatments including Sarvanga Abhyanga, Shirodhara, Nasya, Matra Basti, and internal medications; and second, six structured ACT sessions targeting psychological inflexibility through mindfulness, cognitive diffusion, and values-based action. Additionally, daily Agnihotra was used as a culturally resonant spiritual ritual to foster emotional regulation and symbolic release. Within two weeks, the patient showed marked improvement, with the Y-BOCS score dropping to 12, normalization of bowel movements, reduction in ritualistic behaviours, improved emotional regulation, and restored work performance.**

**This case highlights the importance of individualized, integrative treatment frameworks that consider both the psychosomatic and spiritual dimensions of mental illness. The main takeaway is that combining Ayurvedic somatic therapies with ACT's cognitive-emotional techniques can yield clinically significant improvements in patients with chronic, treatment-resistant OCD especially when symptoms are entangled with culturally rooted belief systems. Such dual-modality approaches may broaden the scope of psychiatric care in diverse populations and deserve further empirical investigation[6,7].**

***Key words: Obsessive-Compulsive Disorder(OCD); Atatvabhinivesha; Ayurveda; Acceptance and Commitment Therapy(ACT); Mindfulness; Yale-Brown Obsessive-Compulsive Scale (Y-BOCS).***

## I. Introduction

Obsessive-Compulsive Disorder (OCD) is a chronic, disabling psychiatric condition characterized by persistent, intrusive thoughts (obsessions) and repetitive behaviours (compulsions), performed in response to those thoughts to alleviate distress or prevent feared outcomes. Globally, OCD affects approximately 2% of the population and is associated with significant functional impairment, emotional distress, and reduced quality of life[8]. The disorder typically follows a chronic course, with early onset and high comorbidity with anxiety and depressive disorders[9].

Standard treatments include pharmacotherapy most commonly selective serotonin reuptake inhibitors (SSRIs)and Cognitive Behavioural Therapy (CBT), particularly Exposure and Response Prevention (ERP)[10]. However, nearly 40–60% of patients either do not respond adequately or refuse ERP due to the discomfort associated with symptom exposure[4]. Furthermore, conventional models often struggle to address cases where obsessions are religious or moral in nature, and where symptoms are somatically expressed, requiring a more holistic, culturally sensitive framework[11].

Acceptance and Commitment Therapy (ACT) has emerged as an evidence-based alternative approach, particularly effective in clients demonstrating experiential avoidance, cognitive fusion, and psychological inflexibility[12]. ACT facilitates symptom relief not by altering the content of obsessions, but by modifying the individual's relationship to thoughts through mindfulness, acceptance, and values-based action[13]. Studies suggest ACT is effective in improving functional outcomes and quality of life in OCD patients, with comparable efficacy to CBT in reducing symptom severity[14].

From an Ayurvedic perspective, such obsessive mental patterns can be classified under Unmada, especially the subtype resembling Atatvabhiniveshaa distorted attachment to unreal beliefs[15]. Vitiation of Vata and Pitta doshas and disturbance of Manovaha Srotas are thought to underlie such conditions[16]. Ayurvedic interventions such as Shirodhara, Abhyanga, Nasya, and Basti aim to restore balance in these doshas, calm the mind, and stabilize the nervous system[17].

The need for integrative and individualized care is increasingly recognized in the management of chronic psychiatric conditions. This case report presents a clinically meaningful outcome from an integrative protocol combining Ayurvedic treatments with Acceptance and Commitment Therapy in a patient with long-standing, spiritually-influenced OCD.

## II. Patient Information

The case concerns a 48-year-old married Hindu male employed as a clerical staff member in a government office. All identifying information has been anonymized to maintain confidentiality in accordance with ethical publication standards.

The patient presented with an eight-year history of persistent psychological and somatic symptoms that significantly impaired his occupational functioning, interpersonal relationships, and overall quality of life. Chief complaints included:

- Intrusive religious obsessions: Recurring, distressing thoughts centered around themes of divine punishment, spiritual impurity, and fear of committing sins.
- Compulsive behaviours: Repetitive actions such as excessive chanting, ritualistic bathing, mental checking for “purity,” and avoidance of perceived contaminating influences.
- Emotional dysregulation: Frequent episodes of crying, inner guilt, irritability, and heightened anxiety, particularly during or after compulsive episodes.
- Psychosomatic symptoms: Increased bowel movement frequency ranging from 10 to 12 times per day, often temporally associated with obsessive ideation and emotional distress.

The onset of symptoms was insidious, gradually escalating in frequency and severity over time. Despite their intensity, the patient maintained partial insight, acknowledging the irrational nature of his thoughts and behaviours but feeling powerless to resist them.

There was no prior personal or family history of diagnosed psychiatric disorders, major medical illness, or substance use. However, the patient reported a strict, religiously conservative upbringing, where moral rigidity, fear of divine punishment, and perfectionistic religious standards were emphasized from an early age. This psychosocial background appeared to have shaped the content and persistence of his obsessions and contributed to internalized guilt and shame.

Previous treatment attempts involved short-term pharmacological management with benzodiazepines and non-specific anxiolytics prescribed by general practitioners. However, medication adherence was poor due to side effects such as drowsiness and perceived lack of efficacy. The patient had never engaged in structured psychotherapeutic interventions such as Cognitive Behavioural Therapy (CBT) or Exposure and Response Prevention (ERP), nor had he received any Ayurvedic treatments prior to the current integrative care episode.

At the time of presentation, the patient was actively seeking non-pharmacological options due to both a desire for natural therapies and a preference for spiritually congruent approaches to mental well-being.

## III. Clinical Findings

### A. General Physical Examination

On initial evaluation, the patient was alert, conscious, and oriented to time, place, and person. Vital signs were within normal limits: blood pressure 120/80 mmHg, pulse 76 bpm, respiratory rate 16/min, and temperature 98.6°F. General physical and systemic examination revealed no acute medical concerns or physical abnormalities.

### B. Mental Status Examination

- **Appearance and Behaviour:** The patient appeared anxious. Eye contact was avoidant, especially when discussing spiritually charged topics.
- **Speech:** Speech was spontaneous and coherent but circumstantial when elaborating on religious or moral concerns.
- **Mood and Affect:** The reported mood was “restless and fearful.” Affect was anxious, with episodes of tearfulness and visible distress during discussions about his inability to stop ritualistic behaviours.
- **Thought Content:** Intrusive religious obsessions involving fear of committing sins or divine punishment dominated thought content. These were accompanied by compulsive behaviours such as repetitive chanting, ritualistic cleansing, and frequent internal checking to ensure purity.
- **Cognition:** Attention, memory, and orientation were intact. Abstract thinking and judgment were preserved.
- **Insight and Judgment:** Insight was partial. The patient acknowledged the irrationality of his thoughts and behaviours but felt helpless to control them.

### C. Psychosomatic Complaints

- **Bowel Function:** The patient reported frequent bowel movements10 to 12 times per day often aggravated during periods of heightened anxiety or obsessive thought cycles.
- **Sleep and Appetite:** Sleep was disturbed, with frequent nocturnal awakenings and early morning rumination. Appetite was reduced, attributed to persistent worry and somatic discomfort.

### D. Ayurvedic Clinical Evaluation

- Prakriti (Constitution): Vata-Pitta dominant
- Dosha Vikriti (Pathological Imbalance): Aggravated Vata (responsible for anxiety, fear, restlessness, altered bowel function) and Pitta (linked to irritability, critical self-judgment, and obsession with moral purity)
- Srotas Affected: Vitiation of Manovaha Srotas (mind channels) and Purishavaha Srotas (colon or digestive channels)

- Manasika Vikara (Mental Aberration): Features consistent with Atatvabhinivesha, an Ayurvedic condition.

### E. Timeline

| Date/Duration | Intervention | Observations |
|---|---|---|
| 8 years prior | Symptom onset | Religious obsessions, anxiety |
| Years 1–8 | Regular OPD visits, Anxiolytics | Poor compliance |
| Day 0 | Baseline | Y-BOCS: 38, 10–12 bowel movements/day |
| Days 1–7 | Abhyanga, Shirodhara, Nasya | Reduced anxiety, better sleep |
| Days 8–14 | ACT sessions, Matra Basti, Agnihotra | Reduced rituals, calmer mood |
| Day 14 | Outcome assessment | Y-BOCS: 12, bowel frequency 3–4/day |
| 1-month | Follow-up | Sustained improvements |

## IV. Diagnostic Assessment

The diagnosis of Obsessive-Compulsive Disorder (OCD) was made based on the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)The patient exhibited:

- Obsessions: Intrusive, recurrent thoughts cantered around religious impurity, fear of sin, and divine punishment.
- Compulsions: Repetitive ritualistic behaviours including chanting, ritualistic bathing, and mental checking, performed to reduce distress.
- The symptoms were ego-dystonic, persistent for over 8 years, and caused significant occupational and social impairment.
- No evidence of psychotic features, mood disorder, or substance use that would account for the symptoms.

The severity of symptoms was objectively assessed using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), with the following scores:

- Baseline: 38 (Severe OCD)
- Post-treatment (Day 14): 12 (Mild OCD)

### A. Ayurvedic Diagnosis

Based on classical Ayurvedic texts and clinical examination, the patient was diagnosed with:

- Dosha Vikriti: Vata-Pitta predominance
- Srotas Affected: Manovaha Srotas (mind channels), and Purishavaha Srotas (digestive tract)
- Manasa Vikara: Atatvabhinivesha, a pathological mental state described as obsessive adherence to irrational beliefs or non-truths, often classified under Unmada (insanity spectrum)

The chronic nature of the obsessions, associated emotional instability, altered bowel habits, and spiritual guilt corresponded to deranged Vata (causing restlessness, excessive thinking, anxiety) and Pitta (causing spiritual self-criticism, perfectionism, irritability).

## V. The Rapeutic Intervention

The patient underwent a multimodal integrative treatment protocol, including:

### A. Ayurvedic Interventions

| Therapy | Details | Duration |
|---|---|---|
| Sarvanga Abhyanga | Whole-body massage using Dhanwantarataila | Once daily for 7 days |
| Shirodhara | Medicated oil streaming with Brahmi taila | 45 minutes daily for 7 days |
| Nasya | Instillation of Panchagavya grita (2 drops per nostril) | Once daily for 5 days |
| Matra Basti | 60 ml of Kalyanaka grita via rectal route | Once daily for 5 days |
| Internal Medicines | Brahmi grita (5 ml with warm water before breakfast), Sootashekhara rasa 2BD, Bilwadi Gulika 2 OD with takra. | 14 days |
| Medications advised on discharge | Pratimarsha nasya with panchagavya grita 2-2 drops in each nostril, Tab. Manasamitra vati 2 BD after food, Tab. Gandhaka rasayana DS 1 BD b/f | 30 days |

### B. Act Sessions

1. Delivered face-to-face, 1 hour per session over 2 weeks (6 sessions):
2. Psychoeducation & Creative Hopelessness
3. Cognitive Diffusion techniques
4. Present-moment mindfulness training
5. Acceptance strategies for intrusive thoughts
6. Values clarification
7. Committed action planning

### C. Agnihotra Practice

- Administered to patient at sunrise and sunset for 14 consecutive days, guided by practitioner instructions.
- Advised to listen shivapanchakshari and mahamrutyunjaya mantra 108 times

## VI. Follow-Up and Outcomes

The patient was monitored for 14 days during the integrative treatment phase and followed up after one month later. Clinical improvement was assessed using both objective measures and subjective feedback.

### A. Objective Outcomes

- The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score decreased significantly from 38 (severe) at baseline to 12 (mild) by Day 14 and further improved to 10 at one-month follow-up, indicating sustained symptom reduction.
- Bowel movement frequency normalized from 10–12 times per day at baseline to 3–4/day post-intervention, and stabilized at 2–3/day by one month.
- The frequency and intensity of compulsive rituals markedly declined, and the patient was able to delay or resist the urges with increased confidence.
- Sleep and emotional regulation also improved, with resolution of crying spells, reduction in anxiety, and better quality of interpersonal engagement.

### B. Subjective feedback

The patient reported enhanced clarity of thought, a greater sense of calm, and the ability to observe his intrusive thoughts without feeling compelled to neutralize them. He described a renewed sense of personal agency and re-engagement with meaningful daily activities. His spiritual needs were met through continued non-compulsive Agnihotra practice.

## VII. Discussion

This case highlights the clinical utility of an integrative approach combining Ayurvedic therapeutics and Acceptance and Commitment Therapy (ACT) in the treatment of a chronic case of Obsessive-Compulsive Disorder (OCD) with strong spiritual undertones. The intervention led to significant and sustained improvements in obsessive-compulsive symptoms, somatic disturbances, emotional regulation, and functional performance within a relatively short timeframe and without the use of pharmacological agents.

ACT played a pivotal role in helping the patient relate differently to his intrusive religious thoughts. Instead of attempting to suppress or neutralize these thoughts, the patient was guided to observe them with openness and non-reactivity, a core principle of ACT known as cognitive diffusion. Through mindfulness and values-based exercises, he gradually disengaged from compulsive rituals and reconnected with personally meaningful activities. This approach proved particularly effective given the spiritual nature of the obsessions, where traditional cognitive restructuring or exposure techniques may have conflicted with the patient's belief system.

Parallelly, the Ayurvedic treatment targeted the underlying Vata-Pitta imbalance and vitiation of Manovaha Srotas—factors considered to contribute to psychological and somatic symptoms in classical Ayurvedic theory. Interventions such as Abhyanga (therapeutic oil massage), Shirodhara (medicated oil streaming), Nasya (nasal therapy), and Matra Basti (medicated oil enema) were used to calm the nervous system, stabilize the gut-brain axis, and promote mental clarity. These therapies complemented the ACT framework by improving physiological resilience, reducing autonomic hyperarousal, and enhancing the patient's capacity for emotional regulation.

A culturally congruent and therapeutically significant component was the incorporation of Agnihotra as a structured spiritual practice. Unlike compulsive rituals driven by fear and anxiety, Agnihotra was introduced as a time-bound, meaningful, and non-compulsive activity. This intervention offered the patient a safe spiritual outlet while aligning with the psychological goal of reducing ritualistic behaviour.

The results were clinically meaningful and reflected across multiple domains. A notable reduction in Y-BOCS score (from 38 to 12), normalization of bowel movements, cessation of crying spells, and improved occupational and interpersonal functioning were observed within two weeks. These improvements were maintained at one-month

follow-up, and the patient continued to practice the techniques learned during the intervention, indicating good internalization and self-regulation.

While the outcomes are promising, this case has inherent limitations. As a single-subject report, it does not allow for generalization, and long-term outcomes beyond one month remain unassessed. Additionally, placebo effects and therapeutic alliance may have contributed to the observed improvements. Nonetheless, the case demonstrates that personalized, integrative strategies—especially those that are culturally and spiritually sensitive—can be effective and well-accepted by patients who may otherwise be reluctant to engage with conventional psychiatric treatment.

In conclusion, this case supports the potential of combining Ayurvedic therapies with ACT in managing complex presentations of OCD, especially when symptoms are rooted in spiritual beliefs. The holistic, patient-centered nature of this approach provides a model for integrative mental health care that addresses both physiological imbalance and psychological inflexibility. Future research, including controlled clinical trials, is necessary to validate this approach and explore its broader applications in psychiatric practice.

## VIII. Conclusion

This case report demonstrates that an integrative model combining Ayurvedic therapies with Acceptance and Commitment Therapy (ACT) can lead to significant improvement in chronic, spiritually-influenced Obsessive-Compulsive Disorder (OCD). The patient experienced reductions in obsessive-compulsive symptoms, emotional distress, and bowel irregularities, along with enhanced daily functioning and psychological clarity—without pharmacological dependence.

Importantly, this case emphasizes the therapeutic synergy between Ayurveda and ACT. Ayurvedic interventions provided a somatic foundation for healing by correcting doshic imbalances and calming the nervous system through traditional modalities like Abhyanga, Shirodhara, and Basti. These therapies helped regulate bodily symptoms and prepared the patient for deeper psychological work.

Simultaneously, ACT equipped the patient with practical skills to handle intrusive thoughts and emotional discomfort through mindfulness, acceptance, and values-based action. Rather than confronting the content of obsessions, the therapy encouraged a healthier relationship with internal experiences, fostering psychological flexibility.

The integrative approach offered not only symptomatic relief but also a framework for sustained well-being that honored the patient's cultural and spiritual worldview. Ayurveda addressed the body and energetic imbalances, while ACT addressed cognitive patterns and behavioral rigidity—together forming a comprehensive and person-centered strategy.

This case reinforces the relevance of personalized, culturally congruent mental health care. Though limited by its single-subject design, the outcomes suggest that future research exploring similar integrative models may hold promise for expanding psychiatric practice in both scope and sensitivity.

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# Understanding Fronto-Temporal Dementia and its Management in Ayurvedic Perspective—A Case Report

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**Abstract**

**Introduction: Fronto-temporal dementia (FTD) denotes a category of neurodegenerative disorders that is characterized by deficits in personality, behavior, and language due to the atrophy of the frontal and temporal lobes of the brain. It is a chief cause of early-onset dementia and a rapidly progressing condition. The following is a diagnosed case of early-onset FTD, and this paper aims to understand the possible cause and the probable ayurvedic method of management.**

**Methods: A 38-year-old female presenting with apathy, apraxia, anger outbursts, agitation, impaired memory, and telegraphic speech with delayed comprehension and response over the last six months presented to Manasaroga OPD with a diagnosis of FTD. A PET MRI brain scan revealed reduced cortical perfusion in the left anterior temporal region. Significant obstetric history was noted along with psychological stress. A 15-day treatment protocol consisting of matrabasti, shiro mardana, anna lepa, kavala, and medhasukta chanting along with modified ayurvedic dietetics was administered.**

**Results and Follow-up: The patient's MMSE score improved from 25 to 30. Clinically, she showed enhanced memory, vocabulary, response time, emotional stability, and reduced apraxia. Regular follow-ups were done for a period of 3 months.**

**Discussion: The nidana points towards vataativruddhi, its pratilomagati, and Kaphakshaya, as seen in many of the degenerative conditions, impacting the manas and mastishka. The planned ayurvedic chikitsa is focused on bringing the prakupitavata down and also on restoring the ksheenita kapha by administering the treatment procedures that are medhya, vatahara, snigdha, and balya in nature. Medha Sukta chanting supported cognitive and speech recovery.**

**Conclusion: Progressive and degenerative conditions like FTD, which have a very limited scope of management in the contemporary field, can be managed with a structured ayurvedic treatment protocol. This paper aims to unlock the potential treatment modalities that can be implemented in clinical practice.**

## I. Introduction

Frontotemporal dementia (FTD), also termed frontotemporal lobar degeneration, is a spectrum of neurodevelopmental disorders that affect the personality, behavior, and language. This is due to the atrophy of the frontal and temporal lobes of the cerebral cortex. [(1)] FTD accounts for about 10-20% of all the dementia cases, and it's been theorized that around 15 to 22 of 100,000 people suffer from FTD. [(2),(3)]In India, FTD is said to affect 2 to 5 out of 10,000 people.[(4)] The mean age of onset of FTD is found to be 59 years, while the average age group is 50-60 years of age.[(5)]

FTD is often associated with progressive loss of lobular functions such as disinhibition, impulsivity, impersistence, inertia, loss of social awareness, neglect of personal hygiene, mental rigidity, and stereotyped behavior. These disturbances include language abnormalities such as reduced speech output, mutism, echolalia, and perseveration.

The Ayurvedic perspective of FTD can be done by the concept of Vata ativruddhi, which leads to pratilomagati of vata—like udavarta—simultaneously causing Kaphakshaya. This pathology might be termed as 'Udavartajanya Mastishka Majja Kshaya.'

The current case study is about an early onset of FTD diagnosed at the age of 39 years. The patient was treated in a vigorous ayurvedic treatment protocol including daivavyapashraya, satvavajaya, and yuktivyapashraya modes of protocol.

## II. Case Report

A female patient aged 39 years, diagnosed case of frontotemporal dementia, presented to the OPD of the Ayurveda hospital along with her spouse, who complained that the patient had been having limited talk, often telegraphic speech, anger outbursts, agitation, and loss of interest in doing household work for 1 year. The patient is a known case of hypothyroidism, controlled under medication. No other comorbid conditions were noted.

On detailed history taking, the following details were revealed: The patient was married consanguineously around 10 years back. She was said to be financially independent, but after marriage, there was a sudden shift of social environment from an urbanized city to a rural setting, and she had to become dependent on the family as she had to quit her job as a compromise to her married life. Then, five years ago, she lost her mother-in-law. During the same time period, she had multiple abortions that had affected her mentally, leading to the progression of depression. In 2020, she had covid, after which she started with the symptoms of FTD.

### A. Laboratory investigations and examination

An MR-PET scan was done that diagnosed it as FTD with Primary Progressive Aphasia (PPA). Gene analysis was carried out that detected the presence of the TBK1+ gene, believed to be responsible for frontotemporal dementia with amyotrophic lateral sclerosis. The patient was then put on 10 mg (a cholinesterase inhibitor given in dementia) of OD dose since then.

On assessment, it was hypothesized that she had an ISFJ—Protector personality that accepts the circumstances in life without any resistance. Psychiatric assessment tools and psychometric tools were applied, including the Clinical Dementia Rating scale, which showed questionable dementia, and the Dementia Rating Scale, which had a score of 13. CNS examination showed delayed response to comprehension, and the Mini-Mental Status Examination had a score of 25. During all these tests, it was found that the logical reasoning and memory were not hampered, but the comprehension of instructions and orientation were affected. Blood parameters showed an increase in erythrocyte sedimentation rate and a slight increase in serum chloride levels. No other abnormalities were found.

### B. Therapeutic intervention with timeline

The patient was posted for rukshana therapy followed by snehana and sadyovirechana. After Kostha Shuddhi, vigorous treatments including bahya and abhyantara therapies along with medicated diet, satvaavajaya, and daivavyapashraya chikitsa were followed, which included

- Shirothalam with Matsyakshi and Arjunapatra for 2 days
- Kavala with Ksheerabalataila and Brahmitaila, 10 ml each for 14 days
- Dhoopana with Medhyadravyas for 13 days
- Sarvanga abhyanga with Ksheerabala taila followed by Sarvanga parisheka with dashamoola qwatha for 6 days
- Shiromardana followed by Annalepa with Medhya dravyas for 9 days
- Anuvasana basti with Mahanarayana taila 70 ml for 4 days
- Niruhabasti for 1 day with
  Makshika – 60gms
  Saindhava Lavana – 10gms
  Sneha – Maha Narayana taila – 80ml
  Kalka – Rasna 30gms
  Qwatha – Erandamooladi Qwatha – 300ml

- Mustadiyapanabasti for 5 days.
  MustadiYapana Kashaya churna – 25 gms
  Milk – 100ml
  Water – 100ml
  Sneha – Mahanarayana Taila – 50 ml
- Mukhaabhyanga followed by Karnapoorana for 8 days
- Pratisarana for 4 days

Along with the above therapies, internal medication was also given in the form of Medhya diet that included

- Mashabaladi Kashaya 60ml BD
- Medhya Ganji Once per day
- Medhyatakra taken frequently

Apart from the above-mentioned therapies, goal-oriented counseling sessions along with chanting of Medhasukta as a part of Satvavajaya and Daivavyapashraya Chikitsa were also followed.

These treatments were carried out for a period of 15 days. Then the patient was discharged with discharge medications for 1 month that included—

- Brahmighrita 40 ml as matrabasti
- Pratisarana with Vakshuddhikara churna and Shankapushpi churna with honey

## III. Outcome and Follow-up

After the prescribed course of treatment, there was a lot of subjective improvement in the patient specifically in the verbal domain as the patient was able to form short sentences on her own and also the patient showed a decrease in the reaction time. The anger outbursts and irritability also were decreased. The Clinical Dementia Rating scale, which showed questionable dementia, was improved with lesser signs of dementia and the Dementia Rating Scale, which had a score of 13, reduced to 11. CNS examination showed improved response time and the Mini-Mental Status Examination improved from 25v to 30.

Follow-up was done after 1 month, where the patient showed maintenance of the plateau phase of the condition. Regular follow-ups were done for a period of 4 months with the patient, wherein the anger outbursts and crying spells were reduced and the patient was able to form short sentences on her own.

## IV. Discussion

Frontotemporal dementia (FTD), also termed as frontotemporal lobar degeneration, is an umbrella term for all the degenerative disorders affecting the focal areas of cerebral cortex of the brain. As mentioned by Dr Arnold Pick. These degenerative disorders lead to symptoms of local disturbance. FTD has a subgroup of disorders called as Primary Progressive Aphasia (PPA) which is a disorder limited to progressive aphasia, without any general cognitive impairment or dementia over a period of 2 years.[6] This may progress to failure to recognise family members (prosopagnosia), failure to remember topographic relationships etc.

The symptoms that may accompany with frontal lobe dementia include –

- Disinhibition
- Impulsivity
- Impersistence
- Inertia
- Loss of social awareness
- Neglect of personal hygiene
- Mental rigidity
- Stereotyped behaviour
- Utilisation behaviour – a tendency to pick up and manipulate any object in the environment.

- Reduced speech output
- Mutism
- Echolalia
- Perseveration

FTD is a combination of Primary Progressive Aphasia, described by North American literature, and Frontal dementia as described in European literature.

Etiology of FTD is being studied since a few decades to date, with regard to understand the genetics and molecular pathology. Some studies reveal mutations in tau proteins (microtubule associated protein) which is a major protein component of Pick bodies as seen in many of neurodegenerative disorders, most prominent being Alzheimer's disease.[7],[8],[9] Other possible etiology are the ubiquitin immunoreactive neurites, progranulin gene mutation in chromosome 17. This results in premature termination codon leading to loss of proteins.[10],[11]

Along with genetic mutations, there are also conditions that contribute to the development of FTD such as Alzheimer's, amyotrophic lateral sclerosis (ALS).[12],[13]

In ayurveda, there is no direct understanding of FTD but there are references of etiology that affects the manasika Avastha of a person that can be researched upon in contemporary view. In the present case study, along with genetic mutation, there are also involvement of the following nidanas that are explained in various ayurvedic texts –

- Bhela samhitha has described that the sudden financial loss or loss of loved ones can be a major factor for a disturbed and confused state of mind.[14]
- Kashyapa Samhitha puts together a set of psychological factors that contribute to psychiatric disorders in a female.[15]
- According to Madhava nidana, Rakta kshaya, shoka, kashtapraja are some of the major factors that contribute to Manasa Rog as in stree[16]
- Sharangadhara also mentioned some vishesha nidanas in development of mano vyadh is in females – adakshapurusha, deva and jaata[17]
- Vangasena has described garbhapaata, shonita prasava and abhighata as nidana for apatanaka and other mental disorders.[18]

Because of all these above factors, there will be vitiation of vata dosha that when aggravated gets vimargagamana and also leads to kapha kshaya. This also leads to kshaya in rasadhatu due to the rookshatva of vata. As described in bhaisajyaratnavali in the context of mastishkamajjakshaya, there is a pratilomagati of vata that brings about the kshaya in mastishka.[19] So, in a nutshell, the whole pathology can be considered as udavartajanyamastishkamajjakshaya.

The treatment modality used in treating the particular case was to bring down the aggravated vata as well as to bring in the equilibrium in the decreased kapha. The treatment protocol followed is given in the Table 1 below –

Table 1 – Timeline of procedures done

| Date | Procedure done |
|---|---|
| **17/06/2024** | Sarvanga Udwartana followed by Sarvanga Parisheka with Dashamoola Qwatha |
| **18/06/2024** | Snehapana with BrahmiGhrita100ml in empty stomach for one day |
| **19/06/2024** | • Sarvanga Abhyanga with Moorchita taila followed by Sarvanga Parisheka with Dashamoola Qwatha for one day<br>• Virechana with Gandharvahastadi taila 60ml<br>**Total vegas – 13** |
| **20/06/2024 till26/06/2024** | Sarvanga Abhyanga with Ksheerabala taila followed by Sarvanga Parisheka with Dashamoola Qwatha |

| | |
|---|---|
| **20/06/2024 till 29/06/2024** | Shiromardana followed by Shashtikashali pinda pottalis cooked along with Medhya dravyas viz., Ashwagandha, Bala, Shankhapushpi, Guduchi and Vacha |
| **21/06/2024, 22/06/2024 and 30/06/2024, 01/07/2024 (4 days)** | • Anuvasana Basti with Mahanarayanataila70 ml |
| **22/06/2024** | Niruha Basti for one day–<br>Makshika–60gms<br>Saindhava Lavana–10gms<br>Sneha – Maha Narayana taila– 80ml<br>Kalka – Rasna 30gms<br>Qwatha – Erandamooladi Qwatha – 300ml |
| **23/06/2024, 24/06/2024 and 28/06/2024 till 01/07/2024 (6 days)** | • *Mustadi Yapana Basti* –<br>Mustadi Yapana Kashaya churna –25 gms<br>Milk – 100ml<br>Water – 100ml<br>Sneha – Mahanarayana Taila–50 ml |
| | |
| **Additional Procedures followed** | |
| **17/06/2024 and 18/06/2024** | Shirothalam with Matsyakshi and Arjuna with Ksheera for 2 days |
| **17/06/2024 till01/07/2024** | Kavala with Ksheerabala taila and Brahmitaila |

## V. Rationale of treatments followed

Udwartana is one of the most commonly used rookshana therapy followed for the aamapachana as well as for Deepana of agni, before administration of any panchakarma procedure.[20] This is often followed by parishekaas a mode of swedana therapy instead of bashpasweda as parisheka is considered as one of the mruduswedana therapies that is expected in case of manasikavyadhis.[21] Dashamoolais described in Charaka samhitha as one of the dashemani particularly, as shothaharadashemani.[22] Also, in grahani chikitsa, dashamoola ghrita is mentioned with its amayikaprayoga being vataghna.[23]

Sadhyo Snehapanawas done to mimic the effect of snehana as told in classics, which was then followed by sadyo virechana to achieve kostha Shuddhi rather than a classical shodhana. Gandharvahastadi taila is a snigdhavirechaka and Gandharvahasta (Eranda) i.e., Ricinis communisis Shrestha Vata Pradhana sarva dosha hara helped in bringing down the prakupitavata partially.[24]

Basti is said to be ardha chikitsa, signifying the importance, especially in vata vyadhi.[25] Mahanarayana taila helps in alleviating the vata dosha as it has ingredients like dashamoola, gokshira, ajakshira, satavariswarasa, rasna, ashvagandha, mudgaparni, mashaparni, prishnaparni, saindhavalavana, misi, devadaru, jatamansi, kustha, salaparni, aguru, kesara, haridra, daruharidra, saileyaka, Chandana, puskaramula, ela, manjistha, tagara, yastimadhu, musta, tejapatra, bhringaraja, astavarga, baalaka, vacha, palasha etc. This not only acts as vata hara, but also these are rakta Shuddhi, Medhya, brimhana in nature.[26]

Rasna, a widely used drug in vatavyadhis, has tikta rasa, guru guna, ushna veerya, katuvipaka, helps in vata and kapha shamana.[27] Along with rasna, erandamooladi Kashaya also helps in alleviating vata dosha. Usage of eranda in different formulations serves two purposes –to balance the vata dosha and to act as rasayana.[28]

Mustadi Yapanabasti, as said by Charaka acharya, has many indications or therapeutic indications including vatavyadhi, manasaroga like unmada, asrugdara, kshata-kshina, udavarta etc which are all seen in the patient.(29)

Shiromardana and annalepa are a set of para-panchakarma procedures generally indicated in manasarogas. Pottali for shiromardana prepared by slowly boiling rice with Medhya dravyas viz., ashwagandha, bala, shankapushpi, guduchi and vacha along with ksheera. This is vatahara, Medhya and balya in nature serving the purpose.(30)

Shiro thalam, a modified form of shiropichu, one of the murdhnitailas, is a special therapy used in many traditional practices in southern region of India as well as countries like Sri Lanka. Matsyakshi and Arjunashirothalam is often used in folklore practice in diseases like unmada, chittodvega in certain places of Sri Lanka.(31)

Kavala, one of the dinacharya procedures, with vataharadravyas like ksheerabala taila and brahmi taila helps in vakpravrutti, tackling aphasia.(32)

Mashabaladi Kashaya, an ayurvedic poly-herbal formulation, prepared with masha, bala, kapikachhu, kattruna, rasna, asvagandha and erandamula acts as vata hara and also as rasayana. This is often prescribed in vatavyadhis including Durjaya Ardita.(33)

Ayurveda emphasises ahara as one among the trayopastambha i.e., three pillars of life.(34)So, a customised Medhya diet including Medhyaganji and Medhyatakrawent hand in hand to catalyse the actions of the therapeutic procedures followed. These can be included in treating the diseases that requires multi-modal approach.

Medhya ganji – Ganji prepared with Medhya dravyas like mandookaparni, amalaka, shunthi, saindhavalavana, guduchisatva and hingvashtaka churna helped in administration of the agnideepana and also in cornering vata. Medhya takra consisting of brahmi churna, yastimadhu churna, hingvashtaka churna, saindhava lavana, amalaka churna also helped in serving the same purpose.

Ayurveda also proposes other forms of treatment viz., satvavajaya and daivavyapashraya chikitsa along with yuktivyapashraya chikitsa.(35) Chanting medhasukta daily acts on vayu in the uras which is responsible for generation of swara and there by forming speech in vakra (mouth).

## VI. Conclusion

FTD is a group of diseases affecting the frontal and temporal lobes. This paper is aimed at visualising and understanding neurodegenerative disorders with the concepts laid in ayurvedic concepts. An extensive and vigorous treatment protocol as laid helps in improving the quality of life of the patient, reducing the burden on the care-givers as well. Exploring the often-ignored aspects such as the dietic and daivavyapashraya chikitsa is essential to expand the horizons of ayurvedic treatment protocol.

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# Ayurveda In 21st Century: Prakriti & Ayurgenomics

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**Abstract**

**Introduction: Ayurveda, an ancient Indian system of holistic medicine, is gaining resurgence in the 21st century due to the growing interest in natural and preventive healthcare approaches. Its personalized, lifestyle-focused approach, combined with its focus on preventing disease before it arises, resonates with modern health-conscious individuals. Ayurveda's "prevention is better than cure" philosophy provides guidelines for healthy living, including diet, exercise, and stress management, to prevent and manage diseases. It relies on natural remedies, primarily herbs, plants, and minerals, which often have fewer side effects than synthetic drugs. Ayurveda is gaining global recognition and integration, with several countries incorporating it into their national healthcare systems. Its comprehensive approach, including preventive measures and therapies like Panchakarma, is well-suited for managing lifestyle-related diseases. The Ayurveda industry is experiencing significant growth, with an estimated annual turnover of $10 billion and a high CAGR. Despite its growing popularity, Ayurveda faces challenges, including misinformation and a need for more scientific validation. Efforts are underway to promote a more scientific and evidence-based approach to Ayurveda.**

**Material & Method: Review of Literature is taken from several textbooks such as different Samhita (Charaka, Vagbhatta, Sushruta, etc.), modern textbooks, and the internet.**

**Purpose: Through this study, I tried to connect Ayurveda with modern Science to fulfill the purpose of Ayurveda, which is to maintain health and cure disease.**

**Discussion: New technology combined with old knowledge improves health and boosts productivity. The old discipline has to be advanced since people's busy lives require clear and straightforward methods. I attempted to describe the distinctive Ayurvedic Modern techniques in this study.**

***Keywords: Ayurveda; lifestyle-related diseases; Health; Diet & Exercise; Panchakarma.***

## I. Introduction

Over the past century, modern medicine has made tremendous progress in extending human life expectancy and enhancing quality of life. But even in a healthy state, the attention has frequently ignored the inter-individual heterogeneity among people. The ancient medical system known as Ayurveda is individualized, predictive, and person-centered. Researchers at the CSIR-Institute of Genomics and Integrative Biology (CSIR-IGIB) have been able to investigate the genetic foundation of Prakriti-based stratification thanks to DNA-based technologies. Ayurveda holds that each person has a basic constitution from birth that dictates how they respond to their surroundings, how susceptible they are to illness, and how different their health parameters are from one another. The three Prakriti kinds that are most susceptible to illness are Vata, Pitta, and Kapha.

By combining contemporary genomics with Ayurvedic Prakriti stratification techniques, the genetic and genomic foundation of the dosha Prakriti idea has been discovered. This method speeds up the identification of markers for personalized, preventative, and predictive medicine while offering a novel molecular framework for merging genomics research with Ayurvedic concepts of inter-individual variability.

## II. Ayurgenomics

Ayurgenomics integrates Ayurvedic concepts like Prakriti (individual constitution) with modern genomics to advance personalized medicine. It aims to understand how genetic variations influence an individual's response to treatments and disease susceptibility, potentially leading to more targeted and effective therapies.

### 1. Core Concepts

- **Prakriti**

According to Ayurveda, every person has a distinct Prakriti, which is a blend of their Vata, Pitta, and Kapha doshas and affects their physical and mental traits.

- **Genomics**

Modern genomics focuses on examining a person's genetic composition to comprehend their inclinations and reactions to different stimuli.

### 2. How Ayurgenomics Works

- **Stratification:** Ayurgenomics classifies people according to their distinct constitutions using Prakriti evaluations.
- **Molecular Basis:** By discovering genetic variants that correspond with particular Prakriti types, it aims to comprehend the molecular and genomic foundation of Prakriti.
- **Predictive and Preventive:** Ayurgenomics can assist in predicting a person's likelihood of contracting specific diseases and directing preventive actions by associating genetic information with Prakriti.
- **Personalized Therapy:** Using a person's particular genetic composition and Prakriti, it might result in the creation of customized treatment plans and medication schedules.

## III. Ayurveda & Genomics

The ancient Indian natural medicine system known as Ayurveda places a strong emphasis on the three basic doshas—Pitta, Kapha, and Vata. Every human being is born with a mixture of doshas, each of which has unique traits and purposes. This is known as Prakriti. Based on their frequency, the Tridoshas—which include all five Mahabhutas—are divided into seven groupings. In addition to being influenced by the environment throughout development, diseases are genetically determined. Ayurvedic doctors use indications to assess how certain doshas are disturbed. They then use appropriate dietary and treatment plans to quantify the disturbance and return the body to its homeostatic equilibrium.

The study of the structure, function, evolution, editing, and mapping of genomes is the emphasis of the biological field of genomics. Particularly in P4 medicine and preventative care initiatives, Ayurveda and genomics can work in tandem. Ayurgenomics can be used as a foundation for customized drug therapy because it is founded on the same concepts as pharmacogenomics and pharmacogenetics. Initiatives are underway to integrate pharmacogenetics and Ayurveda, including Ayurnutrigenomics and Ayurvedic epigenetics.

The purpose of this review is to comprehend the application of prakriti in personalized medicine and how it may be integrated with efforts related to medication development and discovery. Although stratification will aid in the

understanding of typical phenotypic differences, the true impact may be obscured by high sample numbers and illness state variability.

## IV. Ayurgenomics & Drug Discovery

Ayurgenomics is an emerging field that integrates ancient Ayurvedic principles with modern genomics to personalize drug discovery and development. By understanding individual genetic variations and correlating them with Ayurvedic concepts like Prakriti (unique constitution), it aims to create treatments tailored to each person's specific needs. This approach can lead to more effective drug development, reduced costs, and improved patient outcomes.

### A. Population Stratification and Personalized Medicine

- Ayurvedic Prakriti assessment helps stratify populations based on their unique constitution, which can be linked to genetic variations.
- This allows for more targeted drug development, focusing on specific subgroups with similar genetic backgrounds and disease profiles.

**Benefits of Stratification**

- **Improved treatment effectiveness:** Targeted treatments within specific subgroups can lead to better outcomes.
- **Reduced side effects:** Stratification can help identify individuals who are likely to experience severe side effects from a particular treatment.
- **Enhanced preventative strategies:** Understanding the specific risk factors for different subgroups allows for more effective preventative measures.

### B. Identifying Genetic Variants and Biomarkers

- Genetic variants, such as single nucleotide polymorphisms (SNPs), insertions, deletions, or structural variations, are differences in DNA sequences between individuals.
- Biomarkers, such as genetic biomarkers, protein biomarkers, and epigenetic biomarkers, are measurable indicators that can help assess health conditions or treatment effects.
- They can be used to evaluate hereditary characteristics, recognize drug response, customize medicine, detect early diseases, predict disease development, evaluate drug safety and effectiveness, and monitor treatment efficacy.
- Researchers can use genomic data in Ayurgenomics to uncover genetic variations linked to metabolic processes and disease susceptibility.

### C. Understanding Disease Mechanisms and Drug Actions

- Ayurveda takes into consideration the equilibrium of the body, mind, and environment to provide a comprehensive perspective on health and illness.
- A more thorough understanding of disease causes and medication responses can be obtained by combining this holistic approach with genetic findings.
- By integrating Ayurveda and genomics, researchers can develop more targeted and effective treatments that address the root cause of diseases.

### D. Natural Compound Libraries and Lead Discovery

Ayurgenomics presents a promising approach to drug development through the use of personalized medicine techniques and natural compound libraries. This framework combines contemporary genomic technology with traditional knowledge of medicinal plants and their bioactive chemicals.

- Natural compounds, particularly from medicinal plants, are a valuable source of bioactive molecules with potential therapeutic properties. These compounds can serve as lead compounds for drug discovery or as templates for synthesising new drugs.
- Ayurvedic texts, such as the Charak Samhita, provide insights into the medicinal properties of plants.
- The concept of "Prakriti" can be integrated with genomic data to predict drug response and identify potential drug targets.
- By combining genomic information with Ayurvedic classifications, researchers can develop more targeted and effective drugs for specific disease conditions.
- Examples of natural products in drug discovery include paclitaxel, morphine, Digitoxin, Reserpine, Withanolide, Taxol, and Silymarin. However, natural product drug discovery can be time-consuming and resource-intensive due to the complexity of natural extracts and the need for specialized techniques.

### E. Pharmacogenomics and Drug Responsiveness

- Ayurgenomics can help identify genetic factors that influence drug metabolism and response.
- This knowledge can be used to personalize drug dosages and treatment regimens, optimizing therapeutic outcomes and minimizing adverse effects.
- For example, understanding genetic variations in drug-metabolizing enzymes can help predict how an individual will respond to specific medications.

## V. Epigenetics In Ayurveda

Epigenetics is a study that examines the impact of environmental and behavioral changes on gene functioning, focusing on peripheral changes in DNA that switch genes on and off, causing gene expression. This process results in phenotypic changes without genotypic changes, while genotype is the aspect of a person's genetic makeup that determines specific characteristics. Ayurveda, a traditional medical system, combines genotypic and phenotypic variations, describing factors influencing Deha (body) Prakriti (psychological and physiological composition) and Janma (birth) Prakriti (genotype).

Epigenetics is a critical component in Ayurveda, as it helps understand the relationship between genetic and phenotypic variations. Ayurvedic pharmacology categorizes medicine based on positive attributes like Prabhava (effect), Guna (property), Virya (potency), Rasa (taste), and Vipaka (post-digestive taste). Vikriti, an asymmetry or disease of Deha Prakriti, relates to disorders in modern medical systems.

Epigenetic changes can affect future generations, leading to illnesses. For example, nutritional deficiencies, environmental toxins, and stress can produce epigenetic changes that are passed down to future generations. Ayurgenomics can help explain how medications can be more effectively used if targeted at people with specific Prakriti.

## VI. Research Notes On Ayurgenomics And Personalized Care

Prakriti, a disease characterized by high cholesterol, triglycerides, and low-density lipoprotein (LDL), has been linked to genetics for over a decade. Research has indicated a relationship between the Prakriti phenotype and the CYP2C19 gene, with Kapha males exhibiting elevated levels of chronic inflammatory markers and metabolic syndrome. Prakriti type and HLA type were discovered to be correlated in 2005. The three primary categories of Prakriti were discovered to differ considerably in 52 SNPs in 2015. This suggests that the phenotypic classification employed in Indian

traditional medicine has a genetic basis and is compatible with tailored medication. Different Prakriti phenotypes are distinguished by DNA methylation markers, indicating that DNA methylation is probably linked to chromatin regulation as a donor. Traditional Indian medicine, or Ayurveda, offers a personalized, prophylactic, and anticipatory method of treating illness and health. The CSIR Ayurgenomics Unit, TRISUTRA, is developing Ayurgenomics for stratified medicine by selecting healthy people for Ayurgenomics research from five different geographic locations.

## VII. Discussion

Ayurveda, an alternative medicine with roots in ancient India, offers strong support for a theoretical examination of all facets of existence. Ayurveda is founded on Prakriti and the tridoshas (Vata, Pitta, and Kapha), in contrast to Western medicine. However, genomics refers to the study of all the genes involved at the transcriptome, proteome, and metabolomics levels. It has been demonstrated that phenotypic variability is influenced by ethnicity (jatiprasakta), familial traits (kulanupatini), and geoclimatic areas (deshanupatini). Ayurgenomics—the fusion of genomics and Ayurveda—offered fresh perspectives on tridosha that could lead to precision medicine, or tailored medicine. Prakriti-based therapies can assist in altering the current state of healthcare by effectively coordinating "omics." Prakriti is the term used to describe a person's behavioral characteristic, which is set at birth and cannot be completely changed while they are alive. The three Prakriti pillars of ayurvedic practices are ahara (food), vihara (lifestyle), and aushadhi (medicine). These ayurvedic traits can be used to build a foundation of Prakriti-based medicine, preventative medicine, and longevity-based life quality improvement. From this vantage point, we attempt to comprehend the application of prakriti in personalized medicine and how to incorporate it with medication development and discovery initiatives.

### I. Examples

- Studies have shown that different Prakriti types have varying levels of gut microbiome composition, which can correlate with individual responses to certain medications.
- Researchers have linked specific genetic variations to the oxygen sensor gene (EGLN1) and high-altitude adaptation, demonstrating the potential of Ayurgenomics to explain physiological variations.
- Research suggests that individuals with Vata-Pitta Prakriti may have a higher platelet aggregation and respond better to low-dose aspirin.

### II. Advantages

**1. Personalized Medicine**

- Ayurgenomics makes it possible to create individualized treatment programs that take into account each patient's particular genetic composition and Prakriti (mind-body type).
- According to their genetic profiles and Ayurvedic constitution, those who are more likely to acquire specific diseases can be identified with the aid of Ayurgenomics.
- Selecting the best drugs and dosages while reducing side effects can be made easier with an understanding of how genes affect drug metabolism and response.

**2. Enhanced Understanding of Disease Mechanisms**

- By combining contemporary molecular pathways with past stories of illness progression, Ayurgenomics can offer a more profound comprehension of disease processes.
- This area can assist in locating particular biomarkers that can be applied to prognosis, early diagnosis, and illness progression tracking.
- Ayurgenomics may result in the discovery of novel therapeutic targets and approaches by integrating genetic information with Ayurvedic expertise.

**3. Integration of Traditional and Modern Medicine**

- Ayurgenomics bridges the gap between traditional and modern medicine by offering a framework for scientifically verifying Ayurvedic treatments and principles.
- By taking into account the interdependence of the mind, body, and environment, it supports a holistic approach to healing that is consistent with Ayurvedic philosophy.
- Ayurgenomics seeks to improve individual health outcomes by fusing the best aspects of genomics and Ayurveda.

**4. Preventative Healthcare**

- By analyzing a person's genetic composition and Prakriti, ayurgenomics can determine how susceptible they are to certain ailments.
- In order to reduce the risk of disease, it enables the creation of individualized lifestyle recommendations that include dietary changes, exercise regimens, and stress-reduction strategies.
- People can take proactive steps to preserve their health and stop the development or progression of diseases by recognizing possible health hazards early on.

## III. Disadvantages

1. **Standardization of Prakriti Assessment**

   Prakriti, or a person's inherent constitution, is traditionally evaluated by Ayurvedic practitioners using subjective and inconsistent inquiry and observation. It is challenging to compare research findings and provide solid scientific proof because of the lack of standardization.

2. **Combining Scientific and Ayurvedic Concepts:**
   Because contemporary medicine and Ayurveda use distinct terminology and work on separate principles, it might be difficult to integrate their expertise and bridge the gap. This may cause misunderstandings and make it challenging to apply Ayurvedic principles in a scientific context.

3. **Genetic Complexity:**
   Since Prakriti is impacted by a variety of genes and environmental variables, it is challenging to identify the precise genes causing qualities related to Dosha. Because of this intricacy, it is difficult to create trustworthy genetic tests for Prakriti or to use genetic data to make sure predictions about health consequences.
4. **Questionable Validity of Doshas:**
   Some detractors contend that associations between Ayurvedic Doshas and health issues are just coincidental and that the Dosha idea is not supported by science. They note that rather than being directly linked to Doshas, body types and related traits may be more closely related to general health concerns.

5. **Potential for Misinterpretation and Misuse:**
   There is a chance that Ayurvedic principles will be misunderstood or applied improperly, which could result in poor treatment choices or a failure to recognize the advantages and disadvantages of certain therapies.

6. **Need for Thorough Validation:**
   To prove the efficacy and dependability of ayurgenomics, thorough scientific validation through comprehensive clinical trials is required. To establish clear standards for the ethical and efficient application of ayurgenomics and to validate its validity, more study is required.

7. **Ethical Concerns:**
   Concerns regarding privacy, data security, and the possibility of discrimination are brought up by the use of genetic information to define Prakriti. To guarantee that genetic data is used in ayurgenomics in a responsible and moral manner, certain criteria are required.

## IV. Conclusion And Future Perspectives

Ayurgenomics is a drug discovery approach that combines genomic and Ayurvedic ideas. Natural chemicals obtained from medicinal plants can be utilized as model substances or lead compounds for new drugs, and they have a wide range of therapeutic applications. The medicinal properties of plants are clarified by the Charak Samhita and other Ayurvedic texts. In order to tailor treatment, ayurgenomics aims to comprehend how an individual's genetic makeup interacts with Ayurvedic principles. Combining genetic information with Ayurvedic classifications can result in powerful, targeted drugs for certain illnesses.

## V. Future Directions

- By integrating the knowledge of Ayurveda with the strength of contemporary genomes, ayurgenomics holds promise for creating a more thorough understanding of health and illness.
- To fully explore the potential of ayurgenomics and its applications in numerous medical domains, more research is required.

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# Rasas as Targeted Molecules Meet Cancer Drug Discovery: Exploring the Anticancer Potential of Himalayan Medicinal Plants Through Rasa-Based Ayurvedic Pharmacology

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**Abstract**

**Introduction: The Drug development and Discovery for a specific disease from *Ayurveda* depends upon the approach of its Pharmacological principles as explained in Ayurvedic theories. The application of the Ayurvedic pharmacological theory in the specific diseases such as Arbuda (Cancer) can be exemplified through modern scientific principles. Pharmacological parameter of Ayurveda such as Rasa can play a vital role for the development of drug for the cancer is due to similar structure with wide range of bioactive molecules and pharmacological behavior present in it. Rasa of the different Himalayan plants acts as a target molecules for the management of cancer.**

**Material and Methods: The compilation and tabulation of Himalayan Dravyas and data sources were included through an systematic review of classical Ayurvedic texts and relevant scientific articles. Selection and categorization of the plants were primarily based on their geographical distribution in the Himalayan region.**

**Results: The study explores the pharmacological properties of Rasa (taste). The study shows Tikta (bitter), Katu (pungent) and Kashaya (astringent) Rasas exhibit anticancer properties, while Madhura (sweet) Rasa accelerates cancer progression. By integrating Ayurvedic principles of organ development with modern cancer cell line research, this approach provides a novel framework for targeted drug discovery. Understanding Rasa as a molecular target offers a strategic advantage in developing specific cancer therapy. Rasa function not merely as sensory qualities but also as predictive markers of pharmacological activity.**

**Conclusion: Tikta, Katu and Kashaya Rasas exhibit anticancer properties, while Madhura Rasa promote cancer progression. Recognizing Rasa as a target molecular and pharmacological marker can advance specific cancer drug development.**

***Keywords: Dravya; Rasa; Molecule; Arbuda; Cancer***

## I. Introduction

### A. Rasa as a Pharmacological Parameter in Ayurveda

In Ayurveda, the main method for evaluating a substance's pharmacological action is *Rasa* (taste)[1]. A Dravya (Drug) is defined as a substance which possesses five in-built attributes Rasapanchaka (Pharmacological Parameters). Rasapanchaka indicates that a drug's activity is related to positive drug attributes such as Rasa (taste), Guna (property),

Virya (potency), Vipaka (post-digestive taste) and Prabhava (effect)[2] whereas modern pharmacology categorizes drug activity based on molecular chemical structure[3].

- **Rasa-** Rasa is a knowledge that is felt through the Rasanā Indriya, which is located at Jihvā (tongue)[4]. Rasa are six in numbers – Madhura, Amla, Lavana, Katu, Tikta and Kashaya (Table 1). Rasa have specific biochemical basis and classifications (Table 2). Rasa can indicate the possible pharmacological actions of a substance[5]. For example, Daruharidra have Tikta and Kashaya Rasa, in which these two Rasas have Vayu, Agni and Prithivi Mahabhutas. Based on these Rasas, the pharmacological action of Daruharidra is Lekhana, Deepana, Pachana[6].

**Table 1. Rasa, its Guna and Panchabhautika[7]**

| Rasa | Guna | Panchabhautik |
|---|---|---|
| Madhura | Snigdha, Śīta, Guru | Prithivi and Jala |
| Amla | Laghu, Uṣhṇa, Snigdha | Prithivi and Agni |
| Lavana | Guru, Snigdha, Uṣṇa | Jala and Agni |
| Kaṭu | Laghu, Uṣṇa, Rūkṣya | Vayu and Agni |
| Tikta | Rūkṣya, Śīta, Laghu | Vayu and Akash |
| Kaṣāya | Rūkṣa, Śīta, Alaghu | Vata and Prithivi |

**Table 2. Rasa and it's Biochemical Analysis and its classification[8, 9]**

| S.No. | *Rasas* | Biochemical Basis | Classification | Examples |
|---|---|---|---|---|
| 1. | Madhura | Carbohydrates, sugars, and sugar alcohols. | Monosaccharides, Disaccharides, Polysaccharides | Sugar Cane, Milk, Byproducts, Sweets. |
| 2. | Amla | Citric acid, Malic acid, Ascorbic acid | Polyphenols | Citrus. |
| 3. | Lavana | Electrolytes, mainly sodium ($Na^+$) and potassium ($K^+$) ions. | All types of Salts | Salts |
| 4. | Katu | Volatile compounds like Capsaicin, Piperine and Sulfur-containing compounds. | Aliphatic hydrocarbons, Aromatic hydrocarbons, Halogenated hydrocarbons, Aldehydes, Ketones, Esters, Ethers, Alcohols and Acids | Sarala, Vacha, Twak |
| 5. | Tikta | Alkaloids, Flavonoids, and Glycosides. | L-amino acids, peptides, amines, terpenoids, alkaloids, | Devdaru, Patha, Talisha Patra, Daruharidra |
| 6. | Kashaya | Tannins and Phenolic compounds | Flavonols, flavan-3, 4-diols, and catechins | Lodhra |

**B. Arbuda (Cancer) and its Prevalence**

- **Arbuda (Cancer)**

As per Acharya Sushurta[10], Arbuda is defined as Doshas that have become vitiated in any part of the body and are affecting the Mamsa, resulting in a swelling that is round, fixed, slightly painful, large in size, widespread, slow-growing and does not suppurate. Cancer is a disorder when certain body cells proliferate out of control and invade other bodily areas. Cancerous tumor (Malignant tumors), can metastasize or spread into neighboring tissues and they

can even produce new tumors by traveling to far-off locations within the body[11]. When the aggravated Doshas in any part of the body mix with the muscles and blood of that organ there is the development of Arbuda. When the Doshas become aggravated in any muscular region, they cause swelling and tumor like appearances. A meat-loving person, i.e., someone who consumes excessive meat, develops this type of 'mamsarbuda' (tumor) when their flesh becomes contaminated or impure. This condition is incurable[12]. Granthi and Arbuda have similarities in Utpatti Sthan, Nidaan, Lakshana, Dosha and Dushya[13].

### C. Development of organs and it relation of Arbuda (Cancer cell)[14]

The Development of organs in the body follows a defined pathway from their point of origin, known as Uttapati Sthana. When cancer develops in a specific organ, the selection of therapeutic drugs should be guided by the origin of that organ. By aligning treatment strategies with the foundational development of body parts, it is possible to enhance the efficacy of cancer therapies. This approach ensures that the chosen drugs targeted cancer cells based on their tissue of origin, leading to more precise and effective treatment interventions rooted in the fundamental principles of organogenesis and disease progression.

### D. Analysis of Rasa and other factors in inappropriate diets[15]

The intake of Guru Ahara, Avishyandi Ahara, sour, sweet, milk and dairy products or oily foods increases the production of Ama (toxins) and disrupts the balance of the digestive process. Disorders of the digestive fire lead to the destruction of all the tissues, including the muscles and the lead to the formation of different diseased condition .

### E. Prevalence of cancer in Nepal

Globocan 2018' estimates that the age-standardized cancer incidence and mortality rates in Nepal to be 103.7 and 77.8 per 100,000 population in Nepal[16]. In Nepal, the highest incidence of cancer occurs in females aged 50–54 years and males aged 60–64 years, with the majority of cases reported from the Kathmandu Valley. Among these, cervical cancer is most prevalent in females, while lung cancer is the leading type in males[17].

### F. Biodiversity and Availability of Himalayan Plants

Nepal has five disparate physiographic regions ranging from High Himalaya (above 5,000 m, nival bioclimate) to Lowland Tarai (<500 m, tropical bioclimate) from north to south[18]. We have selected 48 medicinal plant (Table 3) species of Nepal that range between 1,500 m and 4,000 m alt. (representing lower Siwalik to high mountain physiography[19]. These species were selected because they (i) have a wide range of distribution (ii) represent *Ayurvedic* medicinal plants in *Ayurvedic* textual references, (iii) are being widely collected, used and traded in Nepalese villages and markets[20]. Nepal Altitude: Longitudinally, the country has three distinct regions, Western Nepal (from 80° E to 83° E), Central Nepal (from 83° E to 86° 30′ E), and Eastern Nepal (from 86° 30′ E to 88° 12′)[21]. These Himalayan regions are a rich sources of medicinal plants with high therapeutic potential.

**Table 3. Common Medicinal Plants used in Ayurveda from the Himalayan regions[22]**

| S.No. | Latin Name | S.No. | Latin Name |
|---|---|---|---|
| 1. | Cannabis sativa Linn. | 25. | Cedrus deodara Roxb. loud |
| 2. | Aquilaria agallocha Lam. | 26. | Woodfordia fruticosa (L.) Kurz |
| 3. | Aconitum heterophyllum Wall. | 27. | Mesua ferra L. |
| 4. | Swertia chirayita Roxb. Ex. Flem. Karst. | 28. | Cissampelos pareira L. |
| 5. | Nardostachys jatamansi DC. | 29. | Symplocos racemosa Roxb. |
| 6. | Abies webbiana Lindle. | 30. | Bergenia ligulata Wall. Engl. |
| 7. | Zanthozylum armatum DC. | 31. | Acorus calamus L |

| | | | |
|---|---|---|---|
| 8. | Berberis aristata DC. | 32. | Curcuma longa L |
| 9. | Colchocum luteum Baker. | 33. | Myrica esculenta Buch- Ham |
| 10. | Delphinium denudatum Wall. | 34. | Iris ensata Thunb. |
| 11. | Picrorhiza kurroa Royle ex Benth. | 35. | Elaeocarpus ganitrus Roxb. |
| 12. | Rhododendron anthopogon D.Don | 36. | Hedychium spicatium Buch-Ham. |
| 13. | Angelica glauca Edgew | 37. | Inula racemosa Hook.f. |
| 14. | Valeriana wallichi DC. | 38. | Clerodendrum serratum (Linn.) Moon. |
| 15. | Vitex negundo Linn. | 39. | Pinus roxburghii Sargent. |
| 16. | Betula utilis D.Don. | 40. | Smilax china L. |
| 17. | Aconitum ferox Wall ex Seringe | 41. | Saussurea lappa C.B. Clarke |
| 18. | Digitalis purpurea Linn. | 42. | Rubia cordifolia Linn. |
| 19. | Fritillaria cirrhosa D.Don | 43. | Myrica esculenta Buch.-Ham.ex D.Don |
| 20. | Smilax aspara L | 44. | Allium hypsistum Stearn |
| 21. | Dendrobium macraei Lindl. | 45. | Parmelia nepalensis Tal. |
| 22. | Taraxacum officinale (L.) Weber ex F.H. Wigg. | 46. | Astilbe rivularis Buch.-Ham. ex D. Don |
| 23. | Rheum nobile Hook.f. & THoms. | 47. | Gaultheria fragrantissima Wall. |
| 24. | Prunus cerasoides Buch.-Ham.ex D.Don | 48. | Cinnamomum zeylanica Blume |

## II. Aims and objectives

**Aim-** To establish Ayurvedic pharmacological parameter (Rasa) of the selected Himalayan Dravyas for the management of Arbuda.

**Primary objective-** To explore Rasa as the management of Arbuda of the Himalayan region.

**Secondary objective-** To explore Rasa as a Hetu and Ousadha in the management of Arbuda.

**Need of study**

In the Ayurvedic texts Hetu of Arbuda were defined in the Pathya-Apathya of Arbuda. The Chikitsa Sutras of Arbuda are well described in the Ayurvedic texts. But, There is no significant research work on selected Himalayan Dravyas and their role in Cancer (Arbuda) done till date. Therefore, an effort is required to fill the Research Gap.

## III. Methodology

### A. Literature review

Compilation and tabulation of Himalayan Dravyas were done from Charak Samhita and different Ayurvedic and Botanical Textbooks. Different articles were included for the review from google scholar, PubMed Journals. Selection and Separation criteria of the plants were the part of Systematic Review.

### B. Selection criteria of plants from Himalayan region

Common Plants that are used in *Ayurveda* about 48 Species were selected from the Himalayan range ranging from High mountain alt. 4,000 m to subtropical and temperate bioclimate 1500 m.

### C. Separation criteria of plants for anticancerous properties

With the described general model of Arbuda according to Ayurveda in mind, three factors for general separation criteria of plants were done.

1. The first place, the textual references of plants written in Ayurveda for Arbudahara (Anticancerous) properties.
2. Secondly, Rasa of the selected plants should be known and aline in the Basic pharmacological principles of Ayurveda.
3. In third place, selected Plants were studied in the anticancerous cell line Study.

## IV. Results

### A. General application of concept of targeted molecules (Rasa) for the selected Himalayan Dravyas:

The Plants from the Himalayan region have the Different properties and have high potential pharmacological action[23]. From the above list of 48 species, 12 plants (Table 4) are commonly found in the Himalayan region ranges 1500-4000 m. Those were selected according to separation criteria of selection of plants. The molecular structures of the substance determines its pharmacological function; Rasa offers the finest representation of this behavior. Rasa directly represents the substance's mahābhautika condition while indirectly indicating its pharmacological behavior. From the table 1. Mahabhutas combination of the Rasa as Tikta Rasa have Vayu and Akash Mahabhutas, showing the direct pharmacological behaviour of the Tikta Rasa. So, that it is expected that for the Tikta Rasa on Digestive System have role as desire for food and relish promoting, anthelminthic, thirst alleviating, stomachic, digestant, anti- diarrhoel by checking frequency and liquidity of stool. For Blood Vascular System, blood purifying, unwholesome for the heart. For Respiratory System, *Kapha* eliminating. Urinary System, Anti-diuretic. All these suggest that Rasa can be a scientific tool to assess or provisionally determine potential pharmacological behavior of any substance. Similarly, For *Katu Rasa,* it have action on Nervous System by Sense organs stimulating, resuscitating. In Digestive System, it have Mouth cleansing and refreshing, stomachic, digestant, anthelmintic, promotes desire for food and relishing, functions of *Grahani* promoting. For *Kashaya Rasa,* it have action on Digestive system by checking or holding, In blood vascular system by wholesome for promotion of union and unwholesome for the heart. In, Respiratory system, *Kapha*-eliminating. In Skin by Pressing, wound healing and restoring normal pigmentation[24, 25, 26, 27, 28 ,]. Different types of *Rasas* have specific molecules that shows the specific action which differentiate it from the other *Rasas*. As in *Ayurveda*, it is written that Each Rasa signifies Mahābhautika Utkarṣatā of a combination of two Mahābhūtas[29]. Curcumin from the Curcuma longa L, Deodarone from the Cedrus deodara Roxb. loud, Tetradrine from the *Cissampelos pareira* L., Berberine from the *Berberis aristata* DC. have induce similar Bitter sensation in the throat through Nervous pathway[30]. These Rasas are produced by molecules generated through typical alkaloid formation processes. These alkaloids not only impart bitterness but also contribute to the plant's pharmacological properties[31]. Similarly, *Katu Rasa* have astringent in taste due to Flavonoids**.** For *Vacha*, The astringent taste shown by the molecule have known as β- Asarone. This compound contributes to the drying and puckering sensation characteristic of astringency, along with their antioxidant and antimicrobial properties[32]. *Kashaya Rasa* as tannins is main role player for the taste sensation. For, *Lodhra* Proanthocyanidin is the key role player for taste. These compounds create a drying and puckering sensation in the mouth[33] (Figure 1). Molecules that bind to a specific enzyme's active site may have their own Rasanendriya (taste receptors) in the Rasana (tongue), showing different potential pharmacological effects. This suggests that Rasas can act as targeted molecules, similar to how plant compounds produce specific pharmacological actions. The highest incidence of cancer occur were reported from the Kathmandu Valley and the Dravyas Tabulated in Table 4, that are found in Himalayan range, Kathmandu Valley. These Dravyas have potential effective in cancer from the selected Geographical region.

**Figure:1- Different Molecular structure of the chemical compound.**

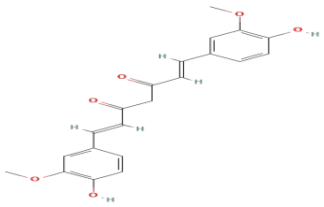
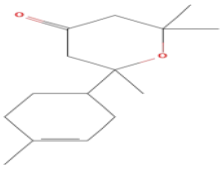
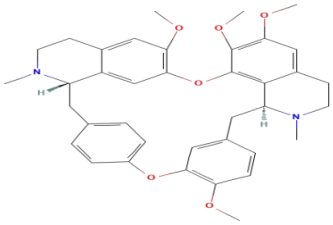
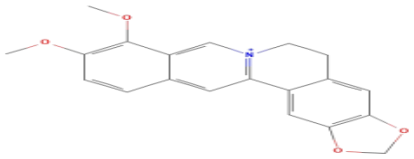
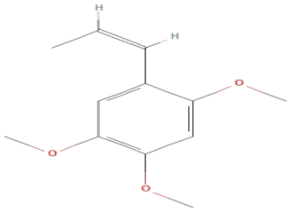
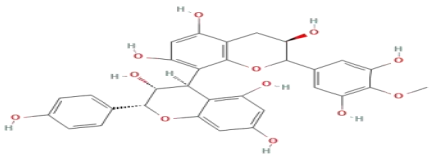
| | |
|---|---|
|  |  |
| Curcumin | Deodarone |
|  |  |
| Tetrandrine | Berberine |
|  |  |
| β- Asarone | Proanthocyanidin |

**Table 4. Medicinal Plants, Latin name and its Rasa in Ayurveda.**

| S.No. | Dravya | Latin Name | Rasa |
|---|---|---|---|
| 1. | Sarala | Pinus roxburghii Sargent | Katu, Tikta, Madhura |
| 2. | Devdaru | Cedrus deodara Roxb. loud | Tikta |
| 3. | Patha | Cissampelos pareira L. | Tikta |
| 4. | Talisha Patra | Abies webbiana Lindle. | Tikta, Madhura |
| 5. | Daruharidra | Berberis aristata DC. | Tikta, Kashaya |
| 6. | Vacha | Acorus calamus L | Katu, Tikta |
| 7. | Kustha | Saussurea lappa C.B. Clarke | Tikta, katu, Madhura |
| 8. | Manjisha | Rubia cordifolia L. | Tikta, Kashaya |
| 9. | Lodhra | Symplocos racemosa Jacq. | Kashaya |
| 10. | Chandan | Santalum album L | Tikta |
| 11. | Haridra | Curcuma longa L | Tikta, Katu |
| 12. | Twak | Cinnamomum zeylanica Blume | Katu, Tikta, Madhura |

### B. Design of targeted cancerous cells Line based on Ayurvedic text for facilitating in the Drug discovery

Designing targeted cancer cell lines based on their cell of origin is a pivotal strategy in cancer research, enabling the development of models that closely mimic the characteristics of specific cancer types. This approach facilitates the study of tumor behavior, drug responses and the identification of potential therapeutic targets. In Ayurveda, there are numerous concept of the development of the organs from the cells or tissues (Dhatus) as shown in Table 5.

**Table 5. Origin of the Organs (Uttapati Sthyan) and its relation to cancer cell lines[34]**

| S.No. | *Uttapati Sthyan* | Organ Development | Cancer cell lines |
|---|---|---|---|
| 1. | Shorita | Yakrita, Pliha | HepG2, Hep3B for HCC, K562 cell line and SU-DHL cell lines for spleen |
| 2. | shonitaphena | Fufusa | A549 |
| 3. | Shonita Kitta | Unduka | HT-29**,** SW620, HCT-116 colorectal adenocarcinoma cell line |
| 4. | Tridosha and Rakta | Vasti, Antra, Guda | T24 and UM-UC-3**,**for UB, Caco-2 for human colorectal adenocarcinoma**.** SW837 for human rectal adenocarcinoma cell line |
| 5. | Medhasaar and Rakta | Vrikka | 786-O cell line |
| 6. | Rakta, Mamsa | Jivwa | SCC-9 cell line |
| 8. | Mamsa, Rakta and Medha | Vrishana | NT2 cell line |

### C. Establishment of Cell Lines reflecting origin of the cells

Cell Lines are typically derived from organs, ensuring they retain the genetic and phenotypic traits of the original cell. For example the Organs as Liver and Spleen the origin of it is from the Rakta Dhatus; Lactiferous glands is originated from the Rasa Dhatus. The MDA-MB-231 cell line was isolated from a pleural effusion of a patient, which is located in Fufusa (Origin: shonitaphena). From this concept, the therapy should be given in the view of the origin of the cells of the cancer. The drugs for the therapy should be chosen according to the feasibility of the origin of cells. The cytotoxic effects of extracts from 12 selected plants, as shown in Table 4, along with a reference compound, were tested against cervical, breast, lung, stomach, colorectal and liver cancers.

### D. Rasa as a facilitated molecules in Hetu and have potential anticancerous properties (Ousadha) for drug development and discovery process

In Ayurveda, it is explained that Rasas play the main role for the proliferation and Reduction of the cancer potency in the body[35]. If patients who have cancer consume Ksheera, Ikshu, Mamsa and Abhishyandi ahara and its Vikaraj (Table 6) the cancer becomes incurable.

**Table 6: Ksheera, Ikkshu etc and its Vikaraj[36]**

| Dravya Varga | Vikaraj | Rasa |
|---|---|---|
| Ksheera Vikriti | Dadhi, Takra, Navanita, Piyusha, Kilata, Kshirashaka, Takrapinda, Morata | Madhura |
| Ikkshu Vikriti | Phanita, Matyandi, Guda, Khanda | Madhura |
| Sarva mamsa | Anupa mamsa, Kulecharam Plava, Koshastha | Madhura, Snigdha, Guru |
| Pistanna | flours made from Yava, Kodrava, Dhanya etc. | Madhura |
| Abhishyandi | Dadhi | Guru, Snigdha, Madhura |

From table 6, Madhura Rasa has the potential to promote cancer and acts as a Hetu (causative factor) of cancer. So, opposite of the Madhura Rasa have the potential anticancerous properties for the Drug development .i.e. Katu, Tikta and Kashaya Rasa have the properties of Anticancerous activities. The daily dietary habit of Nepalese people on the basis of Rasa diet is given in table no.7 which signify the intake of different Rasas[37].

**Table No 7: Daily dietary Pattern of the Nepalese and Diet Name.**

| S.No. | Daily dietary Pattern | Predominant Rasa Interpretation | Name of Diet |
|---|---|---|---|
| 1. | Dairy Products and sweet fruits | Madhura | Milk, Curd, Buttermilk, Ghee, Khuwa (Evaporated milk solid), Churpi (Hardened cheese), Banana, Mango, Papaya, Apple |
| 2. | Citrus fruits and fermented foods | Amla | Pomelo, Lemon, Orange, Wild Himalayan Lemon, Mausambi |
| 3. | salt and salty foods | Lavana | White table salt, Black salt, Rock salt |
| 4. | spices as chili and garlic | Katu | Dried Red chilies, Green chilies, Garlic, Ginger, Turmeric, Fenugreek seeds, Mustard seeds, Fennel seeds. |
| 5. | leafy greens and certain herbs | Tikta | Mustard greens, Spinach, Rapeseed greens, Pumpkin leaves, Fiddlehead ferns, Fenugreek greens, Coriander leaves, Jimmu, Young garlic shoots. |
| 6. | Cereals | Madhura, Kashaya | Rice, Maize, Wheat, Millet, Buckwheat, Berley, Finger Millet |
| 7. | White tubers and roots | Madhura, Tikta, Kashaya | Potato, Sweet Potato, Taro Root, Wild Yam, Yam |
| 8. | Meats, Eggs, Fish | Madhura | Chicken meat and Egg, Buff, Mutton Pork, Duck Meat and egg, Lamb, Yak, Carp (Rohu), Catla, Dried fish, Local River fish |

### E. Madhura Rasa as a Hetu and Targeted Madhura Rasa as Therapeutic Intervention in cancer

**Sweet taste (*Madhura Rasa*) molecules[38, 39]**

Madhura Rasa is predominant of different types of Carbohydrates and have pleasant taste. Dietary composition of carbohydrate are Byproducts of Milk, Sugarcane, Flours, Sweets. These all forms of food stuff changed to carbohydrate after metabolism. Carbohydrates provide energy to the body, particularly through glucose, a simple sugar that is a component of starch and an ingredient in many staple foods. Carbohydrates can be represented by the

stoichiometric formula $(CH_2O)n$, where n is the number of carbons in the molecule. Monosaccharide are the simplest carbohydrates which contain free aldehyde (-CHO) and ketone (>C=O) groups that have two or more hydroxyl (-OH) groups. The general formula of monosaccharide is $C_n(H_2O)_n$. The common monosaccharides that are using in dietary Glucose ($C_6H_{12}O_6$) and Fructose. Two monosaccharides can join covalently when –OH group of one sugar reacts with the anomeric carbon of other to form a disaccharide. Hydrolysis of sucrose yields a mixture of glucose and fructose called 'invert sugar' because fructose is strongly levorotatory and change (converts) the weaker dextrorotatory action of sucrose. Some common disaccharides are given in Table 8.

**Table 8: Some common disaccharides.**

| Disaccharide | Types | Source |
|---|---|---|
| Sucrose | Glucose + Glucose | Cane sugar and beet sugar, sorghum fruits and vegetables |
| Lactose | Glucose + Galactose | Milk sugar, Dairy products |
| Maltose | Glucose + Glucose | Germinating cereals and malted beverages |
| Isomaltose | Glucose + Glucose (with different linkage than maltose) | Enzymatic hydrolysis of starch and used in certain sugar substitutes |
| Trehalose | Glucose + Glucose | Yeast, Mushroom and certain plants |

Polysaccharides are polymers composed of ten or more monosaccharide units. Polysaccharides made up of a single type of monosaccharide units are called as homopolysaccharides e.g. Starch (e.g. found in Plants such as Potatoes, rice and corn), Glycogen (Found in animals- liver and muscles). whereas polysaccharides composed of two or more types of monosaccharides are called heteropolysaccharides e.g. Agar, Peptidoglycan. Fructose generally contributes more to the perceived sweetness of fruits than glucose or polysaccharides, due to its higher sweetness intensity. While glucose and polysaccharides (like starch) also contribute to the overall sweetness. So, for *Madhura Rasa* the *Tama bhava* (Highest intensity) is due to Fructose; more than glucose and polysaccharides[40].

### F. Madhura Rasa (Sweet taste) as accelerator of cancer

Glucose accelerate the growth of the cancer cells, and glucose deprivation leads to cell death in cancer cells, which is associated with reduced redox potential[41], [42], [43]. A number of epidemiological studies have also identified hyperglycemia as a risk factor for cancer. A recent investigation demonstrates that glycemic variability and obesity are associated with an increased risk of developing cancer[44, 45, 46]. Targeting reprogrammed glucose metabolism in cancer by inhibiting key metabolic enzymes has emerged as a promising antitumor strategy, as it slows down the accelerated glucose utilization seen in cancer progression. Over the past decades, pre-clinical and clinical drug discovery approaches have identified natural and synthetic drug candidates as glucose-metabolism-targeting drugs. HKs (HK1 and HK2), PFK1 and PFK2, G6PD, pyruvate kinase, phosphoglycerate dehydrogenase (PHGDH), lactate dehydrogenase, phosphoglycerate kinase 1 (PGK1), enolase (ENO), isocitrate dehydrogenase (IDH) and glucose transferase (GLUT) serve as ideal pharmacological targets to treat cancer. Well-known secondary metabolite such as berberine mediate their anticancer effects through the inhibition of the activity of HK2[47, 48]. In addition to small molecules, several plant extracts have also been identified to have anti-cancer properties that are accompanied by the inhibition of the activity of G6PD[49,50]. Targeting GLUT1 and GLUT3, which are frequently overexpressed in cancer cells, has been identified as a promising anti-cancer strategy[51, 52]. Several natural and synthetic GLUT1 inhibitors with anticancer potential have been identified. For example, natural compounds with known anti-proliferative potentials such as curcumin is GLUT1 inhibitors[53].

### G. Amla, Lavana Rasa as a Hetu in cancer

Excessive consumption of salty foods has been linked to an increased risk of certain cancers[54]. Consuming pickled vegetables, which are often high in salt, is associated with a higher risk of esophageal cancer. The fermentation process of these vegetables lead to the formation of N-nitroso compounds, known carcinogens that could contribute to cancer development[55]. Regarding sour-tasting foods, there is limited direct evidence linking their consumption to increased cancer risk. However, many sour foods, such as pickled products, are also high in salt, which could indirectly contribute to cancer. Therefore, it's advisable to moderate the intake of both salty and sour foods to reduce potential health risks[56].

### H. Katu, Tikta, Kashaya Rasa as therapeutic intervention in cancer

- **Bitter taste (*Tikta Rasa*) molecules**

Tikta Rasa (Bitter) is a perception producing unpleasant taste. Bitter taste molecules have a large variety of different chemical structures, such as L-amino acids, peptides, amines, terpenoids, alkaloids, amides, thioamides, esters, ethers, carbonyl compounds and thiocarbonyl compounds, derivatives of urea and thiourea, hydroxy compounds and sulphonic acids. Bitter compounds seem only to require one polar group, which may be electrophilic or nucleophilic, and a hydrophobic group. The taste thresholds of bitter compounds depend mainly on the apolar moiety but are also related to steric factors and to the charge distribution within the molecule {monopolar-hydrophobic concept for bitter taste). Bitter compounds vary also in their perceived intensity. From the selected plants have the Bitter (Tikta) molecules such as Curcumin, Deodarine, Berberine and Tetrandrine having bitter taste with different intensity and are typically recognizable at millimolar concentrations[57]. Bitter compounds are recognized by G-protein coupled receptors subfamily of bitter taste receptors, called T2Rs[58], [59]. The majority of bitter compounds show higher hydrophobicity compared to sweet compounds, while sweet molecules have a wider range of sizes[60].

- **Tikta Rasa (Bitter) as anticancer activity**

Bitter compounds have health benefits, such as chemo-protection and reduced cancer risk[61]. The link between bitter taste and anticancer activity is well supported, as TAS2R agonists have been shown to exert anticancer effects. TAS2Rs may play a significant role in carcinogenesis, with most studies associating their activation with antitumor activity[62, 63, 64, 65]. The anti-cancer effects of bitter taste receptor activation include the impact on apoptosis, proliferation, migration, invasion, viability, cycle cell arrest and stemness of cancer cells and the influence on tumor growth. There is a difference in TAS2R expression in neoplastic cells compared to normal cells[66]. For example, Sarala have molecular components as Caryophyllene, thunbergol, 3-carene, cembrene and α-pinene significantly Inhibited cell proliferation and induced apoptosis in colon cancer cells. Examples of molecules, organ involved and mechanism of actions of selected Himalayan plants are tabulated in Table 9.

**Table 9. Name, Molecules and mechanisms of actions in the cancer cells and its relation to cancer cell lines.**

| Name | Molecules | Origin of the cancer cells | Mechanism of actions |
|---|---|---|---|
| Sarala | Caryophyllene, thunbergol, 3-carene, cembrene and α-pinene | Colon, leukemia, multiple myeloma, pancreatic, head and neck and lung cancer cells. | Inhibited cell proliferation and induced apoptosis in cancer cells, suppression of NF-κB |
| Devdaru | Total lignans from the pine needles | A549 cell line. | Apoptosis of A549 cells by regulation of G2/M phase |
| Patha | Polyhydroxylated pregnane glycosides | HL-60, A549, SMMC-7721, MCF-7, and SW480. | Apoptosis |

| | | | |
|---|---|---|---|
| Talisha Patra | Flavonoids | A549 lung cancer cell line. | Protein fraction induced apoptosis (programmed cell death) in the cancer cells. |
| Daruharidra | Berberine | Breast, lung, colon | Acting on Topoisomerase Targets and Preventing DNA Replication |
| Vacha | Stearic acid (ACS08), beta-sitosterol (ACS06), and β-asarone (ACS02)— | MDA-MB-231 breast cancer cell line | Apoptosis in cancer cells. |
| Kustha | Costunolide and dehydrocostus lactone | HepG2 liver cancer cell line. | Induction of apoptosis through the mitochondrial (intrinsic) pathway. |
| Manjisha | Mollugin | MDA-MB-231 human breast cancer cell line. | Inducing apoptosis. |
| Lodhra | Phenolic compounds, flavonoids, and glycosides | HepG2 cell line | Induce apoptosis in cancer cells. |
| Chandan | α-santalol, a sesquiterpene alcohol | human epidermoid carcinoma (skin cancer) cells. | Induce apoptosis. |
| Haridra | Curcumin | Breast, colon, prostate, lung, glioblastoma | Inducing Apoptosis. |
| | Curcumin | Breast, lung, colon | Acting on Topoisomerase Targets and Preventing DNA Replication. |
| | Curcumin | Various cancers | Modulating Key Signaling Pathways. |
| | Curcumin | Prostate | Improving the Tumor Microenvironment. |
| Twak | cinnamaldehyde | oral cancer cell lines-SCC-4, SCC-9, and SCC-25 | Inhibit cell proliferation and induce apoptosis. |

## V. Discussion

### A. Rasa as targeted molecules and its analysis with its variation in taste.

Each Rasa indicates a distinct Mahābhautika status of the substance. Although five Mahābhūtas can generate much more than six couplets of Utkarshata. The permutation and combination of the Mahabhutas varies and the one state of Rasas changes to the other one. From this concept there are formation of six primary Rasas viz. Madhura (sweet), Amla (sour), Lavaṇa (salty), Kaṭu (hot), Tikta (bitter) and Kaṣaya (astringent). Prithivi and Jala Mahabhutas combination shows the expression of the Madhura Rasa, whereas Vayu and Akash Mahabhuta combination express it as the Tikta Rasa. The Rasa as a molecules recognition process is a dynamic action, in which the Rasayanendriyas has a specific receptors for the oscillation of the specific Mahabhutas. To help for this kind of oscillation, there are three Mahabhutas which have the specific role to express the clear taste sensation. For example, The sweetness of sugars depends on the ability of glycol groups to form hydrogen bonds with taste receptors—more bonding means a stronger sweet taste.[67].

### B. Rasa in Hetu for Cancer (Arbuda) and have potential anticancerous properties of selected cancerous cell line based on origin

So far, there is no conclusive evidence that cancer risk depends on the dietary intake of all types of Rasas in food constituents according to taste sensitivity. In an era discovering new drugs is becoming more difficult, and the traditional methods are very expensive. Dietary carbohydrates and sugars (Madhura Rasa), such as those from Ksheera Vikara (milk products), Ikshhu Vikara (sugarcane products) and Mamsa Rasa (meat), especially Anupa Mamsa (wetland animal meat), play a significant role in cancer development due to Avishyandhi (clogging or obstructive) properties. Madhura Rasa have Prithivi and Jala Mahabhutas. Organs of our body such as Vasti, Antra, Guda have much more relation with Jala and Prithivi Mahabhutas. So, cell line such as Coco-2, T24, UM-UC-3 and SW837 received from Vasti, Antra, Guda have more relation with the Madhura Rasa. Excessive consumption of *Amla Rasa* (sour taste) and *Lavana Rasa* (salty taste) has been associated with an increased risk of certain types of cancer. Plants like Sarala, Talisha Patra, Daruharidra and Haridra contain natural compounds that have anticancerous activities in different types of cancer. These compounds work by stopping cancer cell growth and triggering cell death through various mechanisms. *Katu-Tikta-Kashaya Rasas* have Predominancy in *Vayu, Agni* and *Akasha Mahabhutas* which have properties acts as Stimulate the Agni (Digestive enzymes), depletion of Kapha Dosha; Shoshana (Absorbing) of Dhatus (Body tissues) and Malas (Body excreta) and causes Sushka (Dry) of those unwanted Dhatus-Malas. Different body organs (Fufusa, Yakrit, Pliha and Jivwa) and their related cancer cell lines (A549, HepG2, K562, SCC-9) are connected through their *Utpatti* (origin) and are influenced by specific Mahabhutas. For example, organs like the liver and spleen are linked to *Agni Mahabhuta*, while the tongue involves both *Agni* and *Prithvi Mahabhutas*.

### C. Biodiversity of plants, selection of Plants, geographical target

In this article the plants were selected from 1,500 m to 4,000 m in altitude. In this Himalayan region the plants have the high potency of action. These 12 species were selected because they have a wide range of distribution, represent *Ayurvedic* medicinal plants in *Ayurvedic* textual references, are being widely collected, used and traded in Nepalese villages and markets. In this targeted areas there are prevalence of Cervical cancer, stomach, colorectal cancer, lung cancer, leukemia, breast, lung, ovary cancer. Several plants native to the Himalayan region, including *Sarala, Devdaru, Patha, Daruharidra, Vacha, Kustha, Manjistha, Lodhra, Chandan, Haridra, Twak* and *Talish Patra* have demonstrated anticancer activity against various cancerous cell line. With the increasing global demand for innovative approaches, such studies offer great potential for developing novel therapeutic agents.

### D. Himalayan plants and its analysis on the basis of Rasa as the targeted molecular tools for the preclinical cancer.

From the 48 species, 12 species are commonly found in the Himalayan region and have the Katu, Tikta and Kashaya Rasa predominantly (Table 4). These plants have different molecules that have anticancerous properties (Table 9). Katu, Tikta and Kashaya Rasa have molecular structures that have quick and easy for flagging of intensely of these compounds during early stages of drug development and can thus potentially reduce financial costs, animal testing, difficulties in selection in cancer cell line, therapeutic purpose and the lead to complete the work in minimal time. In addition, These Rasa could also be of interest for biotech and Oncology, medical science that are working on bioactive molecules, chemical compounds, cell line study and cancer study. Thus, our proposal is to explain Rasa as a targeted molecules for the Drug development and discovery in the management of cancer patients in financial low cost effective.

## VI. Conclusion

Rasas (taste) as a targeted molecules have the action over the different cancerous cell lines. Rasas act like specific molecules due to the pharmacological properties they contain. Rasa can be the choice as targeted molecules which will reduce the time and cost in a drug discovery process during the drug selection and cancer selection from the

particular selected region. Rasas of Different plants exhibit significant potential in the management of cancer, particularly in early and intermediate stages. Although their efficacy in metastatic cancers is more supportive, integration with modern oncology treatments can enhance therapeutic outcomes and systemic detoxification, offering a holistic approach to cancer care. So, Rasa can be credible drug based on the targeted molecules and development for cancer therapy.

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# The Role of Ayurvedic Management in Vataj Granthi (Seborrhiec Horn) : A Case Study

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**Abstract**

**Introduction: Ayurveda is seen as a step forward in the treatment of tumours that are similar to the Sushrutha Samhita's clinical entities of Arbuda and Granthi.**

**Tridoshas vitiate, they try to vitiate Mamsa, Rakta, specifically Sira upadhatu of Rakta dhatu and form an upright swelling which is called as Granthi. According to Acharya Sushrut, Granthi is classified into Vataja Granthi, Pittaja Granthi, Kaphaja Granthi, Medoja Granthi and Siraj Granthi. Vataj Granthi a type of cyst or nodule is a common condition that can cause significant discomfort and morbidity. This case study explores the efficacy of Ayurvedic management in treating Vataj Granthi. A 70 year old female patient presented with abnormal mass growth on dorsum of nose, diagnosed as Vataj Granthi based on clinical examination and investigations. She was treated with an ayurvedic approach. The single drug treatment led to significant reduction in size and symptoms of the swelling. The patient's quality of life improved substantially, and she was able to resume her daily activities without discomfort. This case study highlights the potential benefits of Ayurvedic management in treating Vataj Granthi, offering a promising alternative to conventional treatments. The findings suggest that Ayurvedic interventions can be effective in managing Vataj Granthi, wanting further research and exploration.**

***Keywords: Vataj Granthi; Kukutnakhi Drug.***

## I. Introduction

One of our society's most pressing issues these days is lifestyle disorders. When cells grow and divide more than they should or do not die when they should, an abnormal mass of tissue arises. Ayurveda is seen as a step forward in the treatment of tumours that are similar to the Sushrutha Samhita's clinical entities of Arbuda and Granthi. Tridoshas vitiate, they try to vitiate Mamsa, Rakta, specifically Sira upadhatu of Rakta dhatu and form an upright swelling which is called as Granthi. According to Acharya Sushrut, Granthi is classified into Vataj Granthi, Pittaj Granthi, Kaphaj Granthi, Medoj Granthi and Siraj Granthi. Considering the signs, symptoms and its resemblance with seborrheic horn in various manners. The horn, is a relatively uncommon, hyperkeratotic epithelial lesion resembling an animal horn. In modern medical science, it is commonly treated with surgery. Nature has been a source of medicinal plants for thousands of years and an impressive number of herbal drugs have been isolated from natural sources and has potential to treat chronic diseases.

Ayurvedic classics have described numerous herbal and herbo-mineral formulations with their therapeutic uses. Apart from these, there are many herbal drugs which are still available and possess medicinal properties. There is one such recently documented folk herbal drug known as waghchavadi, bichawaor, kukkutnakhi. This name is given to the plant as its roots resemble with the claw of tiger and dried form resembles with the legs of hen. This medicinal herb is available in plenty at mountain ranges all across India. However, there is no single reference available regarding Kukkutnakhi in ayurvedic classics. Aspidium cicutarium is reported to possess anti-oxidant, anti-inflammatory,

cytotoxic, free radical scavenging activity. The Presented case is chronic in nature and treated by single drug, so it was a challenge for us to treat it completely. The plant Kukkutnakhi (Aspidium cicutarium) is in practice with tribal masses and by traditional physicians in different types of granthi, shotha and mamsa vriddhi.

## II. Objectives

**Case Report**
Patient Name - XYZ Age- 70yr
Sex- Female Occupation- Housewife

**Chief Complaints**
Abnormal mass growth 3 cm on dorsum of nose with mild pain since last 4 month.

**History**
History reveals that patient is non-diabetic, no hypertension
Family history - Nil
Personal history -
Ahar - Akal bhojan, Viruddhaaashan, laghu-ruksha aahar sevan, Vihar – Ratrijagran, Atishram
Medical history - Patient was taking allopathic treatment but did not get relief and suggested for a surgery, so she came to OPD for Ayurvedic treatment.
Pulse – 84/min
BP – 140/80 mmHg Systematic examination CVS – S1 & S2 Normal
CNS – Conscious and Oriented
RS – AEBE clear
Local examination Colour – Blackish red, Appearance - Hard, Dry Diagnostic Report
Dermoscopy and Biopsy reports are normal
Prakruti – Vatapitta
Dosha – Tridosh prakop
Dushya – Mamsa, Rakta, Meda, Satva – Madhyam

## III. Diagnosis

| Sr.No. | Properties | Vataj Granthi | Seborrheic horn |
|---|---|---|---|
| 1. | Involvement of Rakta Dhatu | Present | Present |
| 2. | Prabahmshyate- Increase and decrease in size | Present | Present |
| 3. | Ruja- Pain | Present | Present |
| 4. | Shopha- Swelling | Present | Present |
| 5. | Ushnata- Warmth | Absent | Absent |

## IV. Treatment

Shaman Chikitsa : Kukkutnakhi lepa

### Selection of Drug

Kukkutnakhi have been used generally in the natural forms. Roots of plant are successfully used by the local and traditional practitioners in different types of granthi, swelling and mamsa vriddhi. It is reported that it has antitumor activity. Vd. Appashastri Sathe mentioned brief description in the book Gharguti Aushadhe. According to the ayurvedic concept anti-oxidant activity probably be correlated with Rasayan karma(Immunomodulatory action). Kukktnakhi root has kashaya, tikta rasa and sheeta veerya and is kaphavatahara which may be responsible for Rasayan it Karma as well as in treating shotha.

### Use of Drug

| | | |
|---|---|---|
| 1. | Formulation | Kukkutnakhi with sufficient amount rubbed on sahan or stone to produce thick paste |
| **2.** | **Dose** | **Twice per day** |
| **3.** | **Duration** | **20 min.** |
| **4.** | **Follow up** | **10 day** |

### Observation

| Sr. No. | Day of Follow Up | Growth in Centimeter |
|---|---|---|
| 1 | 1 | 3 cm |
| 2 | 10 | 2.5 cm |
| 3 | 20 | 2 cm |
| 4 | 30 | 1.2 cm |
| 5 | 40 | 0.5 cm |

**Before Treatment** **After Treatment**





## V. Discussion

In the present case, the patient followed Granthi Hetus like Viruddhahara Sevana, Atishram. Patient was diagnosed for Seborrheic horn, Considering its signs and symptoms similar to that of Vataj Granthi the line of treatment was opted for the same from Ayurvedic classics. Kukkutnakhi lepa was applied locally ,though the patient is advised for surgical excision by the surgeon, the external application of the drug avoided the surgery that showed fruitful results along with further progression of the disease .The patient started improving during the course of treatment and at the end of 40th day there was overall recovery.

## VI. Conclusion

Granthi is Pradhan tridosha janya vyadhi .The Rooksha Guna of Vata causes pain and dryness. The above case study had correlation between Vataj Granthi and Seborrheic horn. Progression of this disease is rapid, so the management should be taken in proper time. Alternative treatment with traditional medicine can successfully treated without any complications. This case study shows that Seborrheic horn can be treated through Kukkutanakhi which is sure and effective herb.

# Ayurveda Management of PCOS Related Anovulatory Infertility: A Case Study

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**Abstract**

**Infertility is a significant global health issue, affecting approximately one in six individuals of reproductive age during their lifetime. Among the various causes of infertility, polycystic ovary syndrome (PCOS) is the most prevalent endocrine disorder contributing to anovulation and impaired fertility. PCOS is characterized by hormonal imbalances, irregular menstrual cycles, hyperandrogenism, polycystic ovarian morphology, and disrupted ovulatory function, all of which can significantly hinder the ability to conceive. Conventional therapeutic strategies, including the use of selective estrogen receptor modulators (SERMs), gonadotropins, and laparoscopic ovarian drilling, often have limited efficacy and are associated with adverse effects. Given these limitations, there is a growing need to explore alternative and complementary approaches. Ayurveda, with its holistic and individualized treatment principles, offers potential in improving reproductive health outcomes in women with PCOS-related infertility.**

**Case Presentation: The patient in this case had complaint of failure to conceive with irregularly delayed menses for 1.5 years. After not achieving satisfactory results with other treatment, she came for Ayurvedic management in OPD of PTSR at ITRA, Jamnagar.**

**Management and Outcome: She was managed with *Virechana Karma*, *Dashmooladi Yoga Basti*, *Matra Basti* and *Nasya* along with *Shamanaushadhi*. Following this protocol, the patient successfully conceived within 7 months of treatment.**

**Discussion: *Virechana Karma* was administered as a detoxification procedure to eliminate *Pitta* and *Kapha dosha*. This was followed by *Dashmooladi Yoga Basti* and *Matra Basti* to nourish and strengthen the reproductive system, regulate *Apana Vata*, and improve ovarian function. *Nasya Karma* was employed to influence the hypothalamic-pituitary-ovarian axis, thereby supporting hormonal regulation.**

***Keywords: Infertility; Polycystic Ovarian Syndrome; Anovulation; Virechana Karma; Dashmooladi Yoga Basti; Matra Basti; Nasya.***

## I. Introduction

Infertility impacts millions of individuals globally, affecting not just the person but also their families and communities. It is estimated that approximately one in six people of reproductive age experience infertility during their lifetime. [1] This condition can lead to significant psychological, physical, emotional, spiritual, and medical challenges. Among women ovulatory disorders contribute to nearly 25% of infertility cases. [2] According to the World Health Organization ovulatory disorders are classified into four categories, one of which is Normogonadotropic normoestrogenic anovulation commonly associated with polycystic ovarian syndrome (PCOS). [2] PCOS is a heterogeneous condition characterized by a mix of symptoms related to androgen excess and ovarian dysfunction, in the absence of other specific diagnoses. Though its exact cause remains unclear, current research suggests that PCOS is a complex, multigenic disorder influenced by a combination of genetic, environmental, and lifestyle factors. Infertility in PCOS is primarily linked to the failure of mature follicle development, leading to anovulation. Polycystic ovary syndrome (PCOS) affects an estimated 8–13% of reproductive-aged women. Up to 70% of affected women remain undiagnosed worldwide. [3]

Classical Ayurvedic texts do not provide a direct description of PCOS. However, Ayurveda identifies key factors essential for conception: *Ritu* (timing), *Kshetra* (reproductive organs), *Ambu* (nourishment), *Beeja* (ovum/sperm), and the normal functioning of the *Hridaya* (mind/emotions). A disturbance in any of these factors can result in *Vandhyatva* (infertility). [4] In this context, *Beejadushti* (defect in the ovum) can be interpreted as anovulation. *Vandhyatva* due to anovulation may be corelated with various conditions mentioned in classics which include *Granthibhuta Artavadushti*, *Artavakshaya* or *Nashtartava*. *Vata dosha* is responsible for proliferation and division of cells and rupture of mature follicle [5], *Pitta Dosha* is responsible for maturation of follicles and *Kapha Dosha* stands for nutritive factor. [6] Vitiation of *Tridosha*, Especially *Vata Dosha* leads to improper *Beejanirmana* and *Beejotsarga* leads to anovulatory infertility. Considering this, it has been planned to evaluate the significance and impact of *Virechana Karma*, *Dashmooladi Yoga Basti*, *Matra Basti* and *Nasya* along with *Artavajanana* and *Garbhasthapana Aushadhi* in cases of infertility due to anovulation.

## II. Case Overview

A 23 years old woman visited the Prasuti Tantra Evum Striroga OPD, ITRA, Jamnagar with concern of failure to conceive for 1.5 years. Her menstrual history revealed irregular cycles with normal duration and no pain. She was diagnosed with bilateral PCOD based on her USG findings. The patient had no history of hypertension, Hypothyroidism, DM or any other medical condition. No any surgical procedure was done. Her family history was not significant. She had good appetite, Regular bowel movements, urinated 3-4 times a day and sleep duration averaged 8 hours at night. Her menarche was at the age of 12 years. Interval of her menstrual cycles was 45 to 60 days with 3 to 4 days duration, moderate flow, no clots and no pain. She got married at the age of 21 years and her obstetrical history was nil. Furthermore, there was no history of contraceptive use.

## III. Clinical findings

On physical examination, pallor, icterus, clubbing, cyanosis and lymphadenopathy were absent. Her Pulse was 78/min and her BP was 114/74 mmHg. Her height was 150 cm and weight was 65 kg [ BMI – 28.88 kg/meter2]. On systemic examination, no abnormality was seen. On abdominal examination no abnormality was detected and per speculum examination revealed healthy cervix without any abnormal vaginal discharge. Per vaginal examination revealed anteverted anteflexed mobile uterus with no tenderness, firm cervix without cervical motion tenderness and clear bilateral fornixes.

***Ashtavidha Pariksha*** (eight-fold examination) revealed *Nadi Vata Pradhana Kaphaja*, *Mootra Pravruti* was 4-5 times/day. *Mala Pravruti* 1time a day, which was of normal consistency. *Jihva* was *Saama* (whitish coated). Patient's *Aakriti* (general body built) was *Madhyama*.

***Dashavidha Pariksha*** (tenfold examination) of the patient was done which illustrates that the patient was *Vata-Kapha Prakriti* (physical built), *Vikriti – Vata-Kapha Pradhana*, *Sara* and *Samhanana* were *Madhyama*, *Satva-Avara*. The patient had *Katu* and *Lavana rasa Priyata* with *Madhyama Abhayvarana Shakti*, *Jaran Shakti*, and *Vyayama Shakti* was *Avara*, which reveals that *Roga* and *Rogi Bala* were *Madhyama*.

## IV. Investigations

Her blood and urine investigations were normal. Her USG findings showed Bilateral bulky ovaries with changes of polycystic ovarian disease and anovulation in 3 consecutive cycles. Her HSG revealed bilateral patent fallopian tubes. Her Thyroid profile was also normal. Her husband's semen analysis was also normal.

## V. Treatment Protocol

Patient underwent for *Virechana Karma* in first month of treatment with *Trivrutta Avaleha*. In second cycle *Dashmooladi Yoga Basti* was given for 8 days after cessation of menses. In third cycle *Matra Basti* with *Dashmool taila* (60ml) was given for 7 days after cessation of menses. And in fourth cycle *Nasya* with *Shatapushpa taila* (8-8 drops) was given for 7 days after cessation of menses. Along with this a combination of *Yashtimadhu Churna*, *Shatavari Churna* and *Shatapushpa Churna* was given orally with *Ghrita* before food twice a day on. *Garbhasthapana Yoga* which includes *Bala Churna*, *Brahmi Churna*, *Guduchi Churna* and *Shatavari Churna* was given with Milk before food twice a day after ovulation.

## VI. Follow-up and outcome

After the completion of 7 months of protocol, the patient missed her periods, UPT was done and showed positive results. After that, USG was done revealing 6.2 weeks of normal gestational sac at fundal region with 4.9 mm CRL and cardiac activity present.

## VII. Discussion

Ovulatory cause is an important subset of infertility among women. Anovulation due to PCOS is a growing problem due to changes in life-style, faulty food habits, environment, stress, etc. Due to *Nidanasevana* imbalance in *Tridosha* mainly in *Vata* and *Kapha Dosha* occurs which leads to *Mandagni* and further causes *Srotorodha* in *Rasavaha* and *Artavavaha Srotasa*. As *Artava* (*Antahpushpa*) is *Upadhatu* of *Rasa Dhatu*, proper formation of *Artava* will be hampered and cause *Bijadushti*. Improper functioning of *Vata* and *Kapha dosha* will lead to faulty development of Follicle and anovulation.

*Virechana* removes the metabolic waste, accumulated toxins and vitiated *Dosha* from the body. It also helps in regularising the disturbed hormonal levels in the body. It also increases the potency of *Bija*. [7] *Virechana* causes the normalcy of *Agni* and removes *Srototrodha*. [8] After *Srotoshodhana* there will be proper formation of *Rasa Dhatu* which ultimately leads to the formation of normal functioning *Artava Upadhatu*. After *Virechana* she started getting normal periods. The main goal of *Dashamooladi Yoga basti* is to maintain a healthy flow of *Artava* throughout each menstrual cycle. The main function of *Apana vayu* is to facilitate the easy elimination of *Mala*, *Mutra,* and *Artava*. [8] *Garbhashaya* and *Artava vahini dhamani* are the seats of *Apana vayu* and the *Mulasthana* of *Artavavaha srotas*. [9] *Anuvasana* and *Niruha Basti* helped in the pacification of *Vata* as well as *Vatanulomana*. It is considered *Ardha chikitsa* for *Vata dosha*, which is the main causative factor or *Dosha* involved in *Yoni vyapada* [10,11] and PCOS. As *Basti* is the best treatment for Vitiated *Vata Dosha*, *Matra Basti* with *Dashamula Taila* was planned. Through the systemic action *Basti*, is capable of removing the *Doshas* from the whole of the body. *Dashamula Taila*, by its *Madhura, Tikta*, *Kashaya Rasa, Ushna Veerya*, and *Vatakaphahara Karma* causes *Vatanulomana* and *Kaphashamana*. It treats cystic ovaries by virtue of its *Shothahara Property*. *Matra Basti* with *Dashamula Taila* is known to be beneficial for managing cystic tendencies, especially when influenced by *Vata Dosha* and by this it helps to achieve ovulation.

*Kashyapa* describes the properties and action and of the drug in general as well as in female disorders as follows-It is *Brumhaniya* (anabolic) and *Balya* (health promoting), increases *Pushti*, *Varnya* and *Jatharagni* (promotes health, complexion and increases digestive fire), it is *Rutupravartani* (initiates *Artava* and *Beejotsarga* i.e. ovulation), *Yonivishodhana* (cleaning and purity of reproductive tract), It is *Ushna* in *Veerya* (hot potency) *Vataghna* (pacifies *Vata*) *Putraprada* and *Veeryakari* (improves sperm quality). [12] So the drugs administrated here stimulate the higher centers of brain which shows action on regulation of endocrine and nervous system functions. [13] When we administer the *Shatapushpa Taila Nasya* that will stimulates the Hypothalamus and Pituitary to release the hormone in proper way that in turn stimulates the ovary. Nasya has multifactorial action. It works on acne also which is one of the symptoms of PCOS.

*Yashtimadhu* is having *Madhura Rasa*, *Guru*, *Snigdha Guna* and *Sheeta Veerya* which help in the development and maturation of follicles. Oral intake of *Yashtimadhu*, by its licorice component can cause reduction in testosterone levels, and significantly enhance oocyte maturation, fertilization, and embryo development. Also, licorice extract can improve ovarian morphology in PCOS. [14] *Ashwagandha* can enhance folliculogenesis and improve LH, FSH, and testosterone balances. [15] By *Agnivardhana Guna* and *Ushna Virya* of *Shatapushpa*, correction at *Dhatu* level can be achieved. *Vata Prashamana* property could have acted *Vatahara- Vatanulomana* in the cycle which can probably be appreciated as the neuro-endocrine control at the H-P-O axis. It is an excellent drug for ovulation induction by virtue of its *Ritupravartana* and *Vatashamana Karma*. [16]

*Bala Churna*, A*shwagandha Churna*, *Brahmi Churna*, *Guduchi Churna* and *Shatavari Churna* are mentioned in *Prajasthapana Gana* by Acharya Charaka.Thus these drugs have the potential for fertilization and proper implantation of embryo.

**Table No. 1 Timeline**

| Date | Procedure | Drug | Dose | Route | Duration |
|---|---|---|---|---|---|
| 30/06/2024 | *Virechana Karma* | *Trivrutta Avaleha* | 60 gm | Oral | 1 day |
| 16/08/2024 | *Dashamooladi Yoga Basti* | *Makshika, Saindhav Lavana, Sneha –Dashamoola Taila, Kalka –Vacha Choorna, Pippali Choorna,Madanphala Choorna, Mishreya Choorna, Ajamoda Choorna, Shatpushpa Choorna, Kwatha –Dashamoola Kwatha* | As per table no. 3 | Rectal | For 8 days |
| 25/09/2024 | *Matra Basti* | *Dashmula Taila* | 60 ml | Rectal | For 7 days |
| 03/11/2024 | *Nasya* | *Shatapushpa Taila* | 8-8 drops | Nasal | For 7 days |
| From 10/11/2024 onwards | - | *Ashwagandha Churna*<br>*Shatapushpa Churna*<br>*Yashtimadhu Churna* | 2 gm<br>2 gm<br>1 gm BD | Oral | After *Nasya karma* |

**Table No. 02 *Virechana Karma***

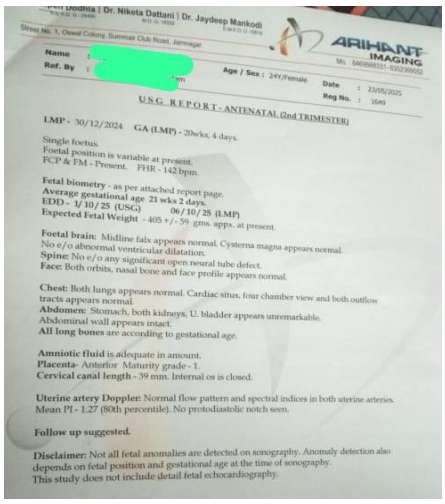
| No. | Procedure | Drug and Dose | Duration |
|---|---|---|---|
| 1 | *Deepana, Pachana* | *Trikatu Choorna 1gm / 3 times with warm water* | 5 days |
| 2 | *Snehapana* | *Goghrita* | 5 days |
| 3 | *Saravanga Abhyanga* and *Bashpa Svedana* | *Abhyanga with Bala Taila and Bashpa Swedana* | 4 days |
| 4 | *Virechana Karma* 30/06/2024<br>*(vega – 21)* | *Trivrutta Awaleha* 70 gm at empty stomach with luke warm water | 1 day |
| 5 | *Sansarjana Krama* | Diet | 7 days |

**Table No. 3 *Dashamooladi Yoga Basti***

| 1. | ***Niruha Basti*** | |
|---|---|---|
| | *Makshika* | 60 ml |
| | *Saindhav Lavana* | 12 gm |
| | *Sneha –Dashamoola Taila* | 60 ml |

| | | |
|---|---|---|
| | *Kalka –*<br><br>*Vacha Choorna, Pippali Choorna,*<br><br>*Madanphala Choorna, Mishreya Choorna, Ajamoda Choorna, Shatpushpa Choorna* | Each 5 gm, total 30 gm |
| | *Kwatha –Dashamoola Kwatha* | 250 ml |
| 2. | ***Anuvasana Basti*** | |
| | *Dashamoola Taila* | 60 ml |




1. USG dated 11/02/2025 Showing 6.2 weeks normal G. sac

2. Anomaly scan

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# Study of Anti-Oxidant Property of Triphala Prepared by Two Different Ratios

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**Abstract**

**Triphala (tri = three, phala = fruits) is an Ayurvedic concoction made up of three herbs endemic to the Indian subcontinent in equal proportions: Terminalia chebula, Phyllanthus emblica, and Terminalia belerica. We are comparing two different ratios here- one is Haritki Bhibhitaki, Amalki (1:1:1) while the other is Haritki, Bhibhitaki, Amalki (1:2:4) and their effect as Antioxident action. It is a Tridoshic Rasayana that helps to balance and rejuvenate the three constitutional elements that regulate human life. The goal of this study is to find an antioxidant effect by using different model like DPPH, SOD, Hydroxyl Radical Scavenging. Assay on the crude extracts of dried powdered Triphala. Phytochemical Analysis revealed the presence of ten compounds, including Carbohydrates, Tannins, Steroids, Terpenoids, Alkaloids, Flavanoids, Cardiac Glycosides, Saponins, Coumarins, and other Phenolic compounds that could be responsible for antioxidant activity.**

***Keywords: Triphala churna; Antioxident activity; DPPH; SOD***

## I. Introduction

The "Mother of all healing," Ayurveda is India's ancient, all-natural medical system that has been used for more than 5000 years. The Sanskrit term ayurveda literally translates to "knowledge of life". The rishis and natural scientists used centuries of observations, tests, discussions, and meditation to build and create the Ayurvedic medical system. Their knowledge was transmitted verbally from teacher to pupil for many thousands of years until being recorded in meticulously detailed manuscripts in Sanskrit, an ancient Indian language, during the fifth or sixth century BC. Ayurveda was practised by both the wealthy and the poor for a long time in South-East Asia and India. [8]

Three significant herbal fruits — Amalaki (Emblica officinalis), Haritaki (Terminalia chebula), and Bibhitaki (Terminalia bellerica) — combine to form Triphala. The Triphala Chuma, as it is often known, is made from the powdered dried fruits of these herbs without the seeds. In contrast to the usual practise of mixing these herbs in equal parts, references have been identified where the ratio has been changed to Haritaki 1 part, Bibhitaki 2 parts, and Amalaki 4 parts. The richest source of vitamin C is found in the first of these fruits, Amalaki. Tannic acid, resinous material, glucose, protein, cellulose, and calcium are also present. As a stomachic, antipyretic, hair tonic, alterative, and nerve-brain tonic, Amalaki is beneficial. Among the conditions for which Amalaki is given as medicine and also as a preventive, restorative, and curative are Anaemia, Hyperacidity, abnormalities in the urine, haemorrhages, Epistaxis, and Gynaecological diseases. The third member of this triangle, Baheda or Bibhitaka, is a fruit with a strong, acrid flavour. It is high in vitamin A and possesses Astringent, Laxative, Anti-allergic, Anti-intestinal-worm-Anthelminitic, and Expectorant qualities. In the shape of a fruit, Bibhitaki is used to treat a variety of disorders, including Cough, Bronchitis, Biliousness, inflammatory diseases of the small intestines, Eye issues, dropsy, and the enlargement of the Liver and Spleen. Harad or Haritaki, sometimes referred to as Pathya in Sanskrit, is a highly esteemed herb in Ayurveda. It has laxative and carminative properties, kills intestinal worms, and is not only a general tonic but also a Lung defender. Harad includes a considerable amount of Vitamin B complex, Chebulinic acid, and tannin up to 30%. Harad treatment is effective for a variety of illnesses, including Piles, Asthma, Constipation, and

Nasal allergies. Triphala aids in the recovery from Constipation, Anaemia, Indigestion, and Bowel toxicity. Its use is also advantageous in cases of Hypertension, circumstances where cholesterol is elevated, chronic Lung illness, Skin disorders, Eye issues, and Eye problems. [1]

Inflammation and oxidative stress have a significant impact on the etiology of type 2 diabetes,[13] obesity, cardiovascular disease, and cancer (14). Reactive oxygen species generation and antioxidant defences must balance each other out to prevent oxidative stress (15). Reactive oxygen and nitrogen species, proinflammatory cytokines, and immune cell activation are released in response to redox stress, harming biological molecules and generating imbalances in physiological and pathological pathways (16). By reducing oxidative stress and inflammation, epidemiological and in vivo studies have shown that increasing dietary consumption of antioxidant and anti-inflammatory substances is an important strategy for promoting health (17). The food industry currently uses synthetic antioxidants like tert-butylhydroquinone (TBHQ), butylated hydroxyanisole (BHA), and butylated hydroxytoluene (BHT) extensively. However, restrictions on synthetic antioxidants are in place due to their carcinogenicity and liver toxicity (18). Therefore, it is desirable to create and use more potent antioxidants from natural sources. Phenolic compounds are among the different types of natural antioxidants that have drawn the most interest (19). Due to their potential as chemo preventative agents and their ability to biodegrade into non-toxic compounds, plants may offer an appealing alternative to the commercial antioxidants that are now on the market (20) (21). This antioxidant-rich formulation is a popular ayurvedic drug used to treat a variety of illnesses, including anaemia, jaundice, constipation, asthma, fever, and chronic ulcers. It is a key medication used by the "rasayana" group and is thought to support longevity, health, and immunity. It eliminates constipation, detoxifies the entire body, improves digestion and assimilation, and cleans and tones the gastrointestinal tract (22). It has antiviral, antibacterial, antifungal, and allergy-reducing qualities (23). Cardio-tonic "Triphala" and its components regulate blood pressure, enhance blood circulation, and lower cholesterol levels (24). Triphala has Immunomodulatory qualities and strengthens the body's defences (25). There have also been a number of findings in the literature in recent years that claim "Triphala" has antimutagenic and radioprotective properties (2). Vitamin C, ellagic acid, gallic acid, chebulinic acid, bellericanin, -sitosterol, and flavanoids have all been shown to be abundant in triphala (26). Future therapeutic approaches may involve using antioxidants to address disorders connected to oxidative stress. Antioxidant-rich natural products may achieve this objective. [2]

Aging, cardiovascular disease (CVD), and cancer are examples of pathological or degenerative processes where biological components in the human body experience oxidative damage. Endogenous defence mechanisms like catalase, superoxide dismutase, and the glutathione peroxidase system may be able to delay these oxidative effects, although they are not always effective (27). Numerous epidemiological studies conducted over the past ten years have shown that consuming exogenous antioxidants is useful in avoiding or suppressing such diseases (28). Given their potential to have negative impacts on both human health and the environment, synthetic antioxidants may not be appropriate for long-term human intake (29). Natural antioxidants that can neutralise damaging free radicals have drawn a lot of interest. [6]

In the present study was planned to check the in vitro antioxidant potential of its water extracts by using different 1′-1′ diphenylpicrylhydrazyl (DPPH) radical, Superoxide anion radical scavenging activity (SOD) by alkaline DMSO method in-vitro assays.

## II. Material & Method

- **A. Glassware**:- Petri plates, Pipettes (1 ml & 2 ml), Measuring cylinder, Flask, Beaker, Glass rod, Volumetric Flask, Test tubes, Conical Flask, Funnel Etc.
- **B. Chemicals:** Ethanol, Distilled water, Sample Drug powder, Ascorbic acid, DPPH, NBT etc.
- **C. Instruments:** Digital Balance, Autoclave Vertical, Hot Air Oven, Magnetic stirrer, Electric water bath.
- **D. Sample Collection:** The samples which were collected from local region of Sangli market in month of May-June. Then all the samples were weighed accurately in digital balance for further extraction process.

There were two different proportions of Triphala churna prepared as follows:

**1] Triphala Churna (1:1:1)**

| S. No. | Botanical name | Sanskrut Name | General name | Net content |
|---|---|---|---|---|
| 1 | Embelica officinalis | Amalaki | Amla | 35gm |
| 2 | Terminalia chebula | Bibhitaki | Baheda | 35gm |
| 3 | Terminalia belerica | Haritaki | Harad | 35gm |

**2] Triphala Churna (1:2:4)**

| S. No. | Botanical name | Sanskrut Name | General name | Net content |
|---|---|---|---|---|
| 1 | Embelica officinalis | Amalaki | Amla | 80gm |
| 2 | Terminalia chebula | Bibhitaki | Baheda | 40gm |
| 3 | Terminalia belerica | Haritaki | Harad | 20gm |

**E. Decoction method of extraction followed**

**Method I**

The drug was mixed with water & boiled till remain half quantity. It was filtered & mare was pressed & remain volume was again evaporated to remain solid matter.

**Method II**

The drug was mixed with water & taken for 24 hrs. with frequent shaking. It was filtered & mare was pressed & remain volume was again evaporated to remain solid matter.

## III. Anti-Oxidant Activity

### A. DPPH free radical scavenging assay

Antioxidant activity in the sample compounds was estimated for their free radical scavenging activity by using DPPH (1, 1-Diphenyl-2, Picryl-Hydrazyl) free radicals. [12]

### B. Superoxide anion radical scavenging activity

The reduction of NBT by superoxide was determined in the presence and absence of curcumin. To the reaction mixture containing NBT (0.1 mg) and Triphala samples at various concentrations was added alkaline DMSO (1 ml, 1% water, 5 mM NaOH) to give a final volume of 1.4 ml and the absorbance was evaluated at 560 nm.[11]

### C. Hydroxyl Radical Scavenging Assay (Kit Method)

Utilizing a kit, an assay for hydroxyl radical scavenging was carried out (Aakaar Biotechnologies Pvt. Ltd.).

## IV. Result and Discussion

### A. Result of DPPH free radical scavenging assay

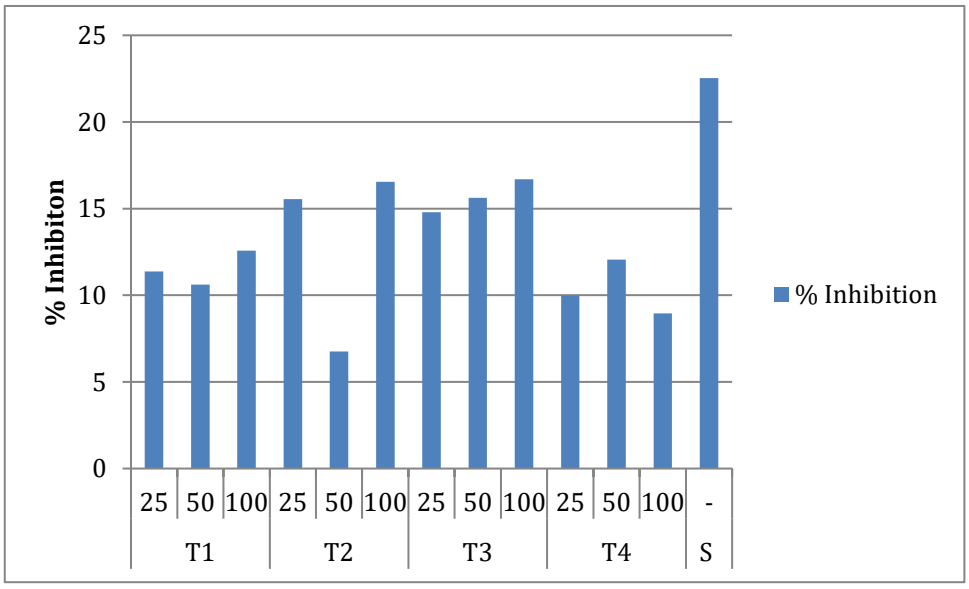
When DPPH, a stable free radical, takes an electron or a hydrogen ion, it forms a stable diamagnetic molecule that is frequently employed to study the activity of radical scavengers. Antioxidants react with DPPH (deep violet colour) in the DPPH radical scavenging assay and change it into yellow,-diphenyl-picryl hydrazine. The level of discolouration reveals the antioxidant's capacity to scavenge free radicals [30]. By donating hydrogen, the extract was able to counteract the DPPH free radicals. Sample T1 (Cold decoction, 1:1:1) exhibits 11.37, 10.62, and 12.58% inhibition at 25, 50, and 100 mg/ml concentration, whereas T2 (Cold decoction, 1:2:4) exhibits 15.54, 6.76, and 16.55%. Inhibition was reported to be 14.79, 15.63, 16.7, 16.46, 29.27, 52.10, 70.24, and 84.35% for sample T3 (Hot decoction, 1:1:1) and 9.99, 12.06, and 8.95% for sample T4 at doses of 2, 4, 6, 8, and 10 mg/ml, respectively (Hot decoction, 1:2:4).

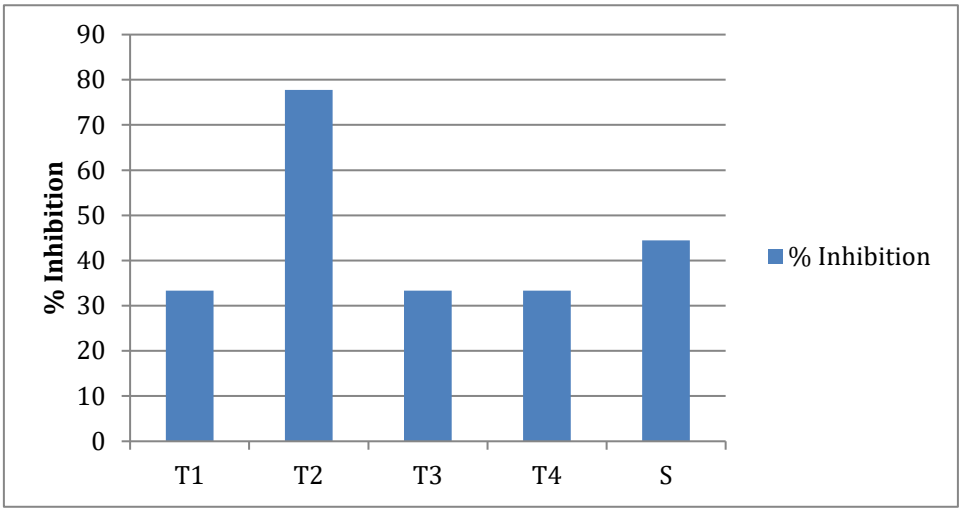
The value for common ascorbic acid was discovered to be 22.54. The increase in DPPH scavenging was concentration dependent, as seen in Figure 1.

**Table 1: Result of DPPH activity**

| Sample | Conc. (mg/ml) | % Inhibition ± SEM |
|---|---|---|
| T1 | 25 | 11.37 ±0.005508 |
| | 50 | 10.62 ±0.01214 |
| | 100 | 12.58 ±0.02515 |
| T2 | 25 | 15.54 ±0.02868 |
| | 50 | 6.76 ±0.05285 |
| | 100 | 16.55 ±0.03357 |
| T3 | 25 | 14.79 ±0.03155 |
| | 50 | 15.63 ±0.03860 |
| | 100 | 16.7 ±0.03476 |
| T4 | 25 | 9.99 ±0.02466 |
| | 50 | 12.06 ±0.01120 |
| | 100 | 8.95 ±0.01703 |
| S | 1 | 22.54 ±0.02649 |

**Fig. 1: DPPH radical scavenging activity of Triphala and Vitamin**






| Sample | % Inhibition ± SEM |
|---|---|
| T1 | 33.33 ± 0.0033 |
| T2 | 77.77 ± 0.0033 |
| T3 | 33.33 ± 0.0000 |
| T4 | 33.33 ± 0.0033 |
| S | 44.44 ± 0.0033 |

**Fig. 2: SOD activity of Triphala and Vitamin C, Mean± SEM**

### B. Result of Superoxide anion radical scavenging activity

In the phenazine methosulphate/Nicotinamide adenine dinucleotide-nitroblue tetrazolium (PMS/NADH-NBT) system, the nonenzymatic reaction of phenazine methosulphate produces superoxide anion in the presence of molecular oxygen and NADH [31]. Superoxide anions transform NBT into formazan at pH 7.8 at room temperature. This formazan is then identified by spectrophotometry at 560 nm. The decrease in absorbance at 560 nm with antioxidants thus indicates the consumption of superoxide anion in the reaction mixture. As shown in Figure 2, "Triphala" extract demonstrated extremely potent superoxide anion scavenging activity in this experiment. The extract's ability to scavenge superoxide anion radicals may be caused by the presence of phenolic chemicals. The percentage of inhibition for samples T1, T2, T3, and T4 was 33.33, 77.77, 33.33, and 33.33%, compared to 44.44% for the standard (ascorbic acid). The more phenolic hydroxyl groups there are in the molecule, the more active the compound is.

### C. Result of Hydroxyl radical scavenging assay (Kit Method)

As concentration increased, there was an increase in the percentage of inhibition in the Hydroxyl Radical Scavenging Assay [32].

## V. Conclusion

Due to the fact that oxidative stress and the generation of Reactive Oxygen Species (ROS) are associated with a number of diseases, interest in the hunt for new natural antioxidants has increased in recent years. Synthetic antioxidant use typically results in toxicity issues. Free radicals, which are molecules containing an unpaired electron, have a role in a number of illnesses.

This study's findings suggest that the presence of Flavonoids, Alkaloids, Tannins, Saponin Glycosides, and Phenolic components in T2, a cold decoction of a 1:2:4 proportion extract of "Triphala," contribute to its good antioxidant

properties in terms of DPPH activity, SOD activity and Hydroxul radical scavenging assay. The new ratio of Triphala (1:2:4) is superior to the previous ratio of Triphala (1:1:1). This test for antioxidant property makes it evident that the new proportion has greater antioxidant effectiveness. The findings of this study indicate that "Triphala" extract and its components have potential applications as a readily available source of natural antioxidants, as a potential food supplement, and in the pharmaceutical business. However, it is still unknown which elements provide the "Triphala" extract its Antioxidative properties. Therefore, more work could be done on it.

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# Ayurvedic Approach Towards IBS Developed in a Patient of AVN : A Case Study

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**Abstract**

**Avascular necrosis (AVN) and irritable bowel syndrome (IBS) are two distinct illnesses that are simply unrelated. Changes in bowel habits are a symptom of irritable bowel syndrome. A condition known as avascular necrosis of the hip joint occurs when the femoral head of the hip joint does not receive enough blood flow. *Basti chikitsa* (medicated enema therapy) and *Patra Pinda swedana* were used to treat a 25-year-old male patient who was experiencing symptoms such as increased frequency of motions, hip joint pain, and stiffness in the hip and thigh region. The patient experienced 90% relief after two *Basti chikitsa* sessions. This case study sheds light on the *Ayurvedic* treatment of a patient who had two distinct illnesses (AVN and IBS), also with better grasp of contemporary concepts.**

***Keywords: Irritable bowel Disease; Avascular Necrosis; Basti chikitsa; Patra Pinda Swedana; Ayurveda***

## I. Introduction

The complicated pathology and poor treatment outcomes of Avascular Necrosis (AVN) and Irritable Bowel Syndrome (IBS) present difficulties for a medical professional if a patient having both condition together. *Ayurveda* provides a distinct viewpoint by using holistic, *dosha*-based methods to address the underlying cause as well as the symptoms. The regulation of food intake, digestion, and the perception of proper control over gut and bowel movements are all mediated by the gut-brain axis. It includes the hypothalamo-pituitary-adrenal[1] axis, the enteric nervous system (ENS), the central nervous system (CNS), and the peripheral gut wall. IBS and other GI disorders may be triggered by structural and functional disturbances of the gut-brain axis, which change the reflexive and perceptual responses of the nervous system. Depending on the type, IBS symptoms can vary from person to person, but the most common ones are altered bowel habits, such as diarrhea (IBS-D), constipation (IBS-C), or both diarrhea and constipation (IBS-M), cramping and discomfort in the abdomen, distension in the abdomen, urgency in passing stool after meals, fatigue, etc.

According to *ayurveda, sathaana* of both the condition IBS and AVN are *Vata dosha sathana (*colon and hip region*) and basti (medicated enema)*is the best procedure for *vata sathana* diseases.*Piccha Basti*[2] is a mucilaginous medicated enema act as Restorative Hold for the Digestive System. *Piccha Basti* is a subtype of *Niruha Basti* and is mainly used to calm *Pitta* and *Vata doshas*. It is particularly helpful in inflammatory bowel diseases (IBD) such as ulcerative colitis, chronic colitis, and other gastrointestinal disorders because, in contrast to other *bastis*, it forms a soft, slimy coating over the colon's mucosa. It has a protective and reparative effect, repairing internal ulcers, lowering inflammation, and revitalizing the intestinal lining.*Chirbilwadi Ghrutham*, a medicated ghee that calms *Pitta* and also useful in *Grahani (*IBS*)*, and *Pichha Basti*, combine to create a potent blend. They work together to nourish *Dhatus*, especially *Asthi* and *Rasa*, balance *Vata-Pitta*, and restore *Agni*.

In cases of AVN and IBS, where modern management frequently fail, this article examines how these traditional formulations can provide encouraging relief and functional improvement.

## II. Case Study

A 25-year-old man came at our outpatient department complaining of hip joint pain and stiffness, walking difficulties, and reduced hip joint range of motion. urgency of motion immediately following a solid or liquid meal.The patient had a mental anxiety. He needed to use toilets five or six times every day. The motion had a mucoid consistency. Following the first two semisolid motions of the morning, there was liquidy stool. The patient did not report having blood in their stool. Almost all day long, there was a slight sensation of tightness and pain in the abdomen.When the abdomen was palpated, there was distension but no tenderness. The patient was experiencing fatigue and weakness, and he was not gaining weight. Hip joint pain caused a disturbance in gait.

**History of present illness**: Prior to experiencing hip joint pain in 2021, the patient was in good health. It interfered with his everyday routine. Despite taking medications from numerous hospitals, he experienced no improvement.An MRI of his hip joints was recommended. His diagnosis was AVN. In 2023, he had surgery for the same condition. Following surgery, both hip joints began to hurt once more. The patient experienced an anxiety disorder. He led a poor lifestyle. Late at night, he was waking. He began using toilets at night. After a while, early morning bowel habits were impacted. He was going two or three times for motion. However, he was not experiencing full bowel evacuation. He became anxious and stressed.

After a while, he started experiencing abdominal pain and cramps. His condition was aggravated and he was feeling urge of motion after eating any items. With liquid consistency, the frequency was five to six times a day. He came in our OPD with complain of AVN and IBS.

**Surgical History:** Free vascularized Fibular Grafting done in 2023

**Personal history:**

Occasionally alcoholic.

Chronic smoker.

Sleeping habit was not good. He was sleeping late in night since 1.5 years . He was waking up late in morning.

He was not exercising at overall .

Dietary habit was not good.

***Ashtavidha Pareekshan (Ayurvedic tools for examinations and diagnosis):***

| Sr.No. | Pareekshan | Findings |
|---|---|---|
| 1 | *Naadi*(Pulse) | *Vata* Dosha elevated |
| 2 | *Mala* (Bowel habits, consistency and Nature) | *Irregular, Frequent motion with liquid conistency* |
| 3 | *Mutra* (Urine) | No burning micturition, |
| 4 | *Jihva* (Tongue) | *Coated 1+* |
| 5 | *Shabda* (Voice,Speech) | *Spashta* |
| 6 | *Sparsha* (Touch) | *Ruksha* |
| 7 | *Drika* (Eyes) | *Samanya* |
| 8 | *Aakruti* (Physique) | *Madhyam* |

## III. Diagnosis

He was already diagnosed case of AVN .

Patient was also carrying X-ray and MRI with him.

X ray was suggesting Surgical History of Free vascularized Fibular Grafting with severe AVN of femoral heads.

MRI - MRI findings are suggestive of B/L AVN (Right grade 2 & Left grade 3)

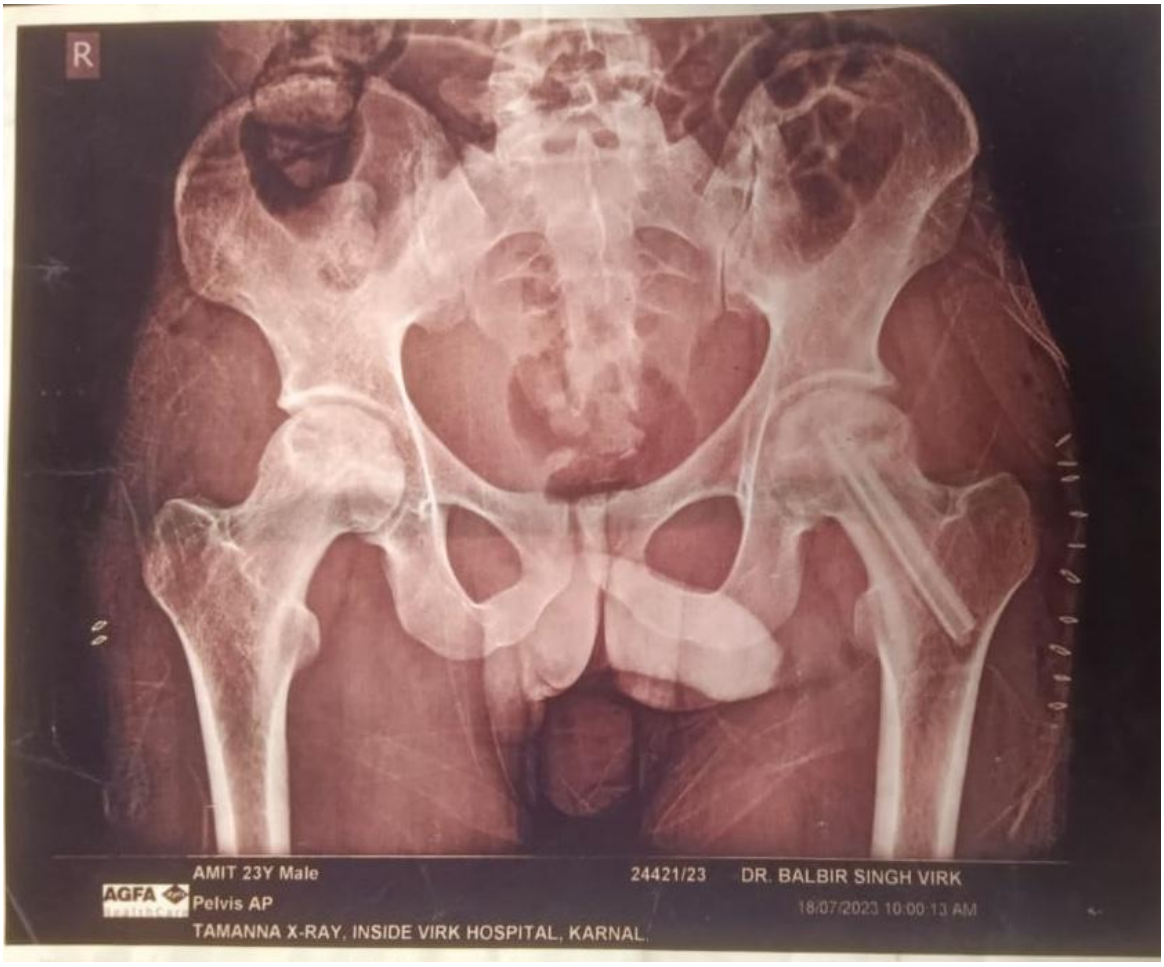
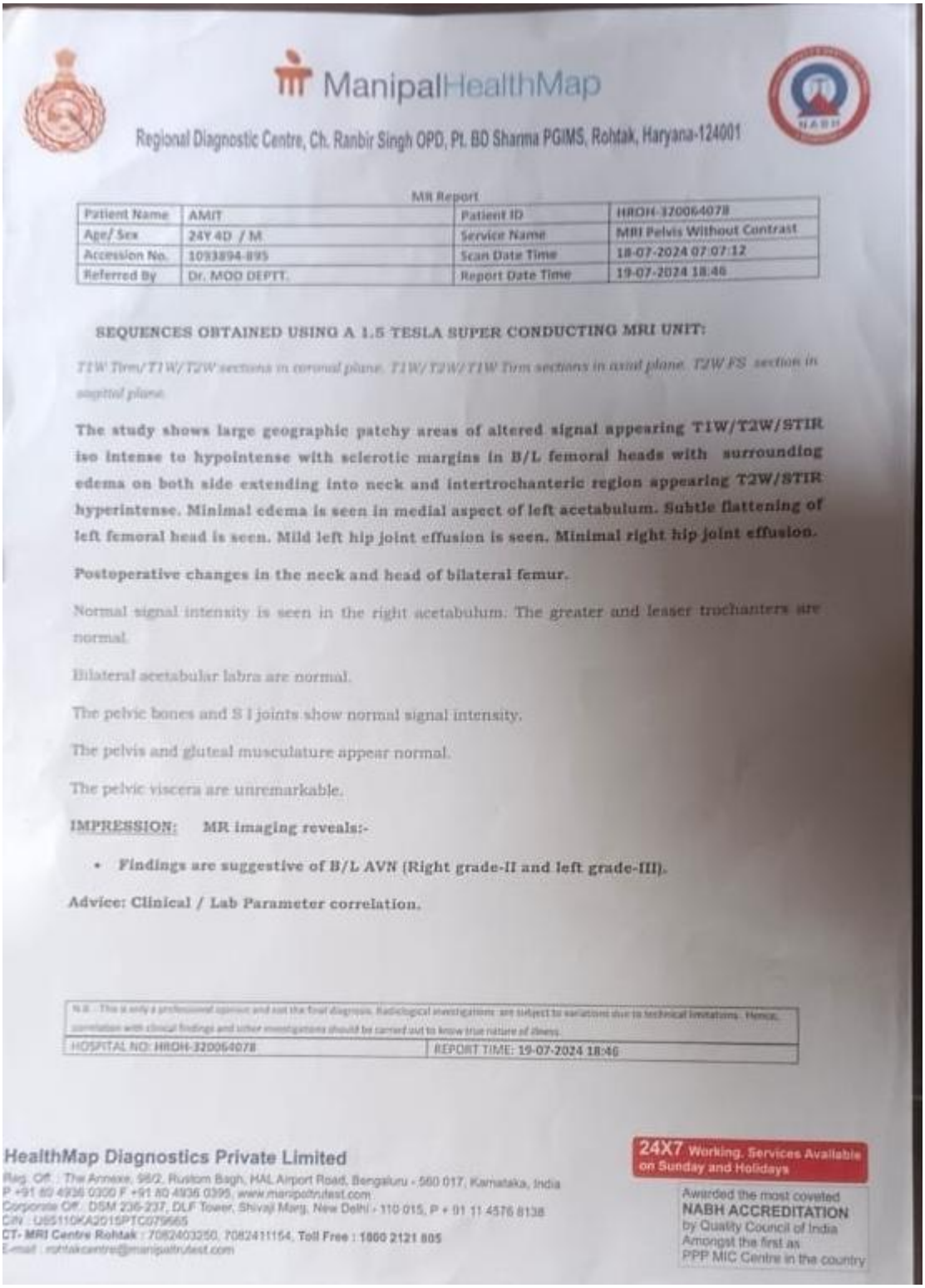



Figure1. Xray of hip joints



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MR Report

| | | | |
|---|---|---|---|
| Patient Name | AMIT | Patient ID | HROH-320064078 |
| Age/ Sex | 24Y 4D / M | Service Name | MRI Pelvis Without Contrast |
| Accession No. | 1093894-895 | Scan Date Time | 18-07-2024 07:07:12 |
| Referred By | Dr. MOD DEPTT. | Report Date Time | 19-07-2024 18:46 |

**SEQUENCES OBTAINED USING A 1.5 TESLA SUPER CONDUCTING MRI UNIT:**

*T1W Tirm/T1W/T2W sections in coronal plane. T1W/T2W/T1W Tirm sections in axial plane. T2W FS section in sagittal plane.*

**The study shows large geographic patchy areas of altered signal appearing T1W/T2W/STIR iso intense to hypointense with sclerotic margins in B/L femoral heads with surrounding edema on both side extending into neck and intertrochanteric region appearing T2W/STIR hyperintense. Minimal edema is seen in medial aspect of left acetabulum. Subtle flattening of left femoral head is seen. Mild left hip joint effusion is seen. Minimal right hip joint effusion.**

**Postoperative changes in the neck and head of bilateral femur.**

Normal signal intensity is seen in the right acetabulum. The greater and lesser trochanters are normal.

Bilateral acetabular labra are normal.

The pelvic bones and S I joints show normal signal intensity.

The pelvis and gluteal musculature appear normal.

The pelvic viscera are unremarkable.

**IMPRESSION: MR imaging reveals:-**

- **Findings are suggestive of B/L AVN (Right grade-II and left grade-III).**

**Advice: Clinical / Lab Parameter correlation.**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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Figure 2. MRI of Hip joints

## IV. Material and Methods

Method of Preparation of *Pichha Basti*:
The preparation of *Piccha Basti* follows a classical and thoughtful process to ensure both efficacy and safety:

1. Collection the Stem of *Salmali* plant.
2. Clean, dry, and grind the stem into a fine paste (*Kalka*).

3. Mixing the Liquids - Boiled milk (*Dugdha*), Pure ghee (*Ghrita*), Raw honey (*Madhu*).
4. Final Blending - Mix thoroughly to achieve a viscous, slimy consistency suitable for retention enema.
5. Ready for Use – Administer fresh and lukewarm.

**Management:**
The entire course of treatment was organized in two ways:
1 *Aushadha Chikitsa* (drugs taken orally)
2. *Panchkarma* Therapy

[NOTE: Two different forms of *Panchkarma* therapy were scheduled:

1. Internal therapy: *Basti chikitsa* (Medicated enema)
2. External therapy: *Patra Pinda Swedana*[3] (a massage with medicinal plant leaves) ]

**Oral medication**- Tab. *Kutajghan vati* 2 TDS after meal , Tab. *Laghu Sutasekhara rasa* 2 TDS before meal, Tab *Asthimajjapachak vati* 1 TDS after meal, *Giloy satva* 250mg twice a day, *Praval Pishti* 250mg twice a day.

***Panchkarma* Therapy**- *Basti chikitsa* was chosen as the first line of treatment because the *vata dosha* was vitiated in both conditions and *basti* is the best therapy for managing *vata* diseases.

*Basti* therapy planning: 2 courses each of 16-days sittings of medicated enema therapy called *Kala Basti*[4] was planned, with *Pichha basti* chosen as *Niruha basti* (*Kwatha* dominated enema) and *Chirbilwadi ghrita* used for *Anuwasana basti (Sneha* dominated enema).

The course of *Anuwasana* and *Niruha basti* was taken as following:

2A : 1N : 1A : 1N : 1A : 1N :1A :1N :1A :1N :1A :1N : 3A

where, “A” stands for *Anuwasana basti*

and “N” stands for *Niruha basti*

**Dose of basti:**

Dose of *Anuwasna basti* was 80ml

Dose of *Niruha basti* was 576 ml

(Note: Dose was decided after evaluating some facotrs like *Bala, Kala, Satva, Sara, Dosha* of the patient. All these factors can not directly correlate with modern parameters but at the glance we can say that in *ayurveda* medicine tolrating capacity is decided by these facotrs.)

**Time of basti :**

- *Anuwasana basti* was given just after taking lunch by patient (around 1:00pm )
- *Niruha basti* was given empty stomach in morning (around 9:00am)

## V. Result

After 16 days of therapy, patient was going washroom only twice a day with Semi-solid consistency of the motion . There is no abdominal spasmodic pain. Excellent alleviation of hip joint pain. The pain is now very slight. The patient is able to walk normally. He was quite happy and satisfied with the treatment he received.

## VI. Discussion

This case demonstrates the special and comprehensive potential of Ayurvedic treatment for comorbid conditions, specifically Avascular Necrosis (AVN) and Irritable Bowel Syndrome (IBS), that seem unrelated in contemporary medicine. Although AVN is a musculoskeletal vascular pathology and IBS is primarily a gastrointestinal functional disorder, the *Ayurvedic* perspective views both conditions as signs of *Vata* imbalance with *Pitta* association, particularly when symptoms like bone degeneration, urgency, cramping in the abdomen, and mucous stools coexist. According to *Charaka Samhita Chikitsa Sthana 15*, the application of *Piccha Basti* in this situation,proves to be significantly relevant.By protecting the intestinal mucosa, this mucilaginous *basti* lessens gut irritation, inflammation, and hypermotility—all of which are common symptoms of IBS. Its calming and restorative qualities also aid in balancing the *Apana Vata,* which is essential for controlling bowel movements, and restoring *Agni*, or digestive fire.At the same time, the *Anuvasana Basti* with *Chirbilwadi Ghrita* promotes the growth of *Asthi and Majja Dhatus* (bone and bone marrow tissues), which may slow the development of AVN and ease hip pain. By increasing circulation and easing muscle spasms, *Patra Pinda Swedana (*external therapy) also helps to lessen hip joint stiffness and pain. *Kutajghan Vati, Asthimajjapachak Vati,* and *Giloy Satva* are examples of internal herbal formulations that have been used to manage inflammation, enhance digestion, and encourage tissue regeneration. The outcome, a notable reduction in the symptoms of both AVN and IBS, supports the traditional *Ayurvedic* idea that multiple systems in the body can be healed simultaneously by maintaining *dhatu* integrity and balancing the *doshas*.

## VII. Conclusion

This case study demonstrates the comprehensive effectiveness of *Ayurvedic* treatment in treating IBS and AVN, two chronic conditions that appear to be unrelated but co-exist, by addressing the underlying imbalance of *Vata* and *Pitta doshas.* Both gastrointestinal and musculoskeletal symptoms significantly improved when *Patra Pinda Swedana and Kala Basti* ( a combination of *Anuwasana and Pichha Basti* , were used individually. Gait and daily activities improved as the patient's bowel frequency returned to normal, abdominal pain decreased, and hip joint pain and stiffness significantly decreased.It also illustrates how, in conditions where modern medicine results are not ideal, traditional formulations such as *ayurvedic* medicines and targeted *Panchakarma* therapies provide hopeful, secure, and affordable substitutes contemporary interventions.Thus, *Ayurveda* is a tried-and-true integrative healing system that can treat both physical illnesses and the psychosomatic underpinnings of chronic conditions. An encouraging precedent for additional research and documentation of *Ayurvedic* protocols in the treatment of multi-system pathologies is set by this case.

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# Role of Rasayana Therapy in the Management of Jara (Ageing): Review study

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**Abstract**

**Ageing *(Jara*) is an inevitable biological process characterized by progressive physiological degeneration. In Ayurveda, it is classified as a *Swabhavika Vyadhi* (natural condition) but can be delayed and managed effectively through *Rasayana Chikitsa*—a specialized branch of Ayurveda focused on rejuvenation and promoting longevity. *Rasayana* therapy not only enhances immunity (*Vyadhikshamatva*) but also improves physical strength, mental clarity, and quality of life. This paper discusses the conceptual framework of ageing in Ayurveda, types and benefits of *Rasayana,* classical formulations, and current research supporting its efficacy. The role of Medhya Rasayana (nootropic tonics), *Achar Rasayana* (behavioral discipline), and *Naimittika Rasayana* (disease-specific) in combating degenerative changes are emphasized.**

***Keywords: Jara; Swabhavika Vyadhi; Rasayana chikitsa; Vyadhikshamatva***

## I. Introduction

In Ayurveda, ageing is conceptualized as *Jara* or *Vardhakya*, beginning in middle age and marked by *Dhatukshaya* (tissue degeneration), decline in *Ojas*, and disturbed *Agni*. Modern science associates ageing with oxidative stress, cellular damage, and neurodegeneration. While modern geriatrics emphasizes symptom management, Ayurveda aims to delay ageing through *Rasayana Chikitsa*, which rejuvenates tissues, boosts immunity, and enhances vitality.

*Rasayana* therapy promotes both physical and mental well-being and aligns with the goals of geriatrics—disease prevention and healthy ageing. Charaka Samhita dedicates a full section to *Rasayana Tantra*, categorizing it into *Kutipraveshika* (in-residence) and *Vatatapika* (outpatient) therapies, both beneficial in slowing degenerative changes.

*Jara Chikitsa* (geriatric care) is a core part of Ashtanga Ayurveda. *Vriddhavastha* (old age), as described by *Acharyas*, begins at 60–70 years and is characterized by reduced vitality, sensory decline, and physical weakness. *Vata Dosha* predominates in this stage, leading to chronic ailments like dementia, hypertension, and Parkinsonism.

Two types of ageing are described:

1. ***Kalaja*** (natural ageing after 60, slow and mild)
2. ***Akalaja*** (premature ageing before 60, due to poor lifestyle).

Following Swasthavritta (health regimens) and integrating Rasayana therapy can effectively delay age-related disorders and promote longevity.

## II. Rasayana

The words "*Rasa*" and "*Aayana*" are the roots of the word "*Rasayana*." Rasa can signify many different things, including *Shadrasa, Aahara Rasa*, and *Rasa Dhatu*. However, in this context, it can be interpreted as *Rasa Dhatu* itself, and as the term "*Aayana*" means "to move," it indicates that *Rasayana* is a dynamic process that nourishes the

body from properly constructed Dhatus, boosts vital processes, and stops degenerative processes. *Rasayana,* according to *Acharya Dalhana*, is one that replenishes *Rasadi Dhatus* and leads to their continuous feeding.[1]

*Rasayana,* according to *Acharya Sushruta*, is *Vayasthapaka*, which delays the aging process and lengthens life.[2]

According to *Acharya Sharangdhar, Rasayana* is the one that treats illnesses brought on by aging.[3]

*Acharya Charaka* has placed a high value on *Rasayana* and elaborately explained its properties. These include ones that promote longevity, increase *Smriti and Medha*, and aid in maintaining health (*Arogya)*, preserve youth, and improve *Prabha, Varna,* and other qualities.[4]

**Classification of *Rasayana*-**

**A. According to the mode of administration[5]**

1. *Kutipraveshik Rasayana* (Indoor Regimen)
2. *Vatatapika Rasayana* (Outdoor Regimen

**B. According to the object[6]**

1. *Kamya Rasayana*- for promotion of general, mental and physical health of healthy persons.

- *Prankamya*- One who promotes longevity and life span.
- *Medhyakamya*- Who improves mental faculties
- *Shrikamya*- Which improves beauty and lustre of body.

2. *Naimittika Rasayana*- Used to cure some particular diseases.

3. *Ajasrika Rasayana*- Dietary Rasayana

**C. Specific *Rasayana* according to activities**-

1. *Medhya Rasayana*- For rejuvenation of brain and mental health.

2. *Achara Rasayana*- Practicing good conduct and desirable behaviour in every aspect of life is a type of *Rasayana* therapy and provides the person with all the benefits of using *Rasayana.*

***Achara Rasayana*[7]**

It is crucial to stress that Rasayana is more than just a medication. This method can be accomplished through Rasayana medication, Rasayana behavior and conduct, and Rasayana nutrition. The Rasayana should be used for eternity by someone who is truthful, free from anger, abstaining from alcohol and sexual immorality, nonviolent, calm, gentle-spoken, practicing meditation, adhering to charity, penance, worshiping gods, cows, Brahmanas, Gurus, preceptors, and elders, regularly consuming ghee extracted from milk, taking into account the measure of place and time with propriety, unconceited, well-behaved, simple, with his senses well-focused to spirituality, keeping the company of elders, positivist, self-restrained, and devoted to sacred texts.

***Medhya Rasayana*[8]**

All *Rasayana* agents, in theory, support *Medha*, a crucial component of *Buddha Rasayana,* by promoting both the body and the mind. Nonetheless, some *Rasayanas* that directly impact Medha and enhance mental capacity are described in Ayurvedic writings. *Medhya Rasayana* is the name given to such *Rasayana*. Four *Medhya Rasayana* are detailed in the *Charak Samhita*. They are:

1. Manduka Parnee Swarasa
2. Mulethi Choorna
3. Guduchi Swarasa
4. Shankhpushpi.

All of these drugs provide psychotropic, tranquilizing and hypotensive effects in the body, thus improving sleep, memory and work capacity of individuals with a promotional effect on mental health.

## III. Mode of Action of Rasayana

Our classics state that Rasayana therapy operates on Agni, resulting in the appropriate formation of Rasadi Dhatus. As a result, it is in charge of producing Ojas, which is considered to be the main component of these Rasadi Dhatus.[9] Vyadhi Kshamatva claims that Ojas is in charge of the body's immune system operating correctly, so Rasayana is crucial in preventing aging and age-related illnesses. It also strengthens both the body and the mind. Numerous Ayurvedic literature define rasayana with varying nomenclature but the same basic concept.

The probable mode of action of *Rasayana* therapy as per contemporary science is as follows,

1.Antioxidant action – *Amalaki.*

2.Immunomodulatory action – *Guduchi.*

3.Haematopoietic effect- *Amalaki, Bhiringraja, Mandura, Lauha Bhasma*

4. Adaptogenic action- *Ashwagandha.*

5. Antiaging action- *Ashwagandha, Bala*

6. Anabolic action – *Vidarikanda*

7. Nutritive function – *Gritha, Ksheera*

8. Neuroprotective action – *Ashwagandha, Swarna Bhasma*, *Rajata Bhasma*

## IV. Review of Literature

Rasayana, one of the eight branches of Ayurveda, is a specialized therapy focused on rejuvenation and healthy ageing. Classical texts like *Charaka Samhita* elaborate Rasayana as a means to enhance longevity (*Dirghayu*), memory (*Smriti*), intelligence (*Medha*), and disease resistance (*Vyadhikshamatva*). *Sushruta* and *Sharangadhara* also emphasized its role in delaying *Jara* (ageing) and restoring vitality.

Rasayana is broadly classified based on administration (e.g., *Kutipraveshika*, *Vatatapika*) and purpose (e.g., *Kamya*, *Naimittika*, *Ajasrika*). *Achara Rasayana*, involving righteous conduct and disciplined lifestyle, plays a vital role in maintaining mental and spiritual well-being. *Medhya Rasayana* includes herbs like *Mandukaparni*, *Yashtimadhu*, *Guduchi*, and *Shankhpushpi*, which enhance cognitive functions and have neuroprotective effects.

Ayurvedic texts also recommend age-specific Rasayana to counter decade-wise losses in strength, intellect, skin health, vision, and motor function. Similarly, Dhatu-specific Rasayanas nourish individual body tissues like *Rasa*, *Rakta*, *Mamsa*, *Asthi*, *Majja*, and *Shukra*.

Classically, Rasayana improves *Agni*, nourishes *Rasa Dhatu*, and enhances *Ojas*—the essence of immunity and vitality. Modern science correlates its actions with antioxidant (e.g., *Amalaki*), immunomodulatory (*Guduchi*), neuroprotective (*Ashwagandha*), and adaptogenic (*Bala*) effects. Clinical studies support Rasayana herbs in delaying age-related diseases such as dementia, Parkinsonism, and hypertension.

Overall, literature reveals that early, consistent Rasayana therapy—integrated with proper diet (*Aahara*) and conduct (*Achara*)—can delay ageing, enhance quality of life, and serve as an effective preventive approach in geriatric care.

## V. Aim

To evaluate the role of Rasayana therapy in delaying and managing the degenerative changes associated with Jara (ageing).

## VI. Study Design

Type: Conceptual and literature-based review Sources: Ancient Ayurvedic texts, contemporary scientific research, and current clinical practices integrating *Rasayana.* Methodology: Comparative analysis of Ayurvedic concepts and modern scientific findings; examination of documented benefits and clinical outcomes related to *Rasayana* practices.

## VII. Discussion

*Rasayana* is one of the eight clinical specialties (*Ashtanga Ayurveda*) of classical Ayurveda. It has been practiced since ancient times as a vital approach to rejuvenation and geriatric care. The primary goals of *Rasayana* therapy are to balance the vitiated *Vata* dosha during old age, prevent *Dhatukshaya* (tissue depletion), preserve the integrity and function of healthy tissues (*Prashasta Dhatus*), enhance physical strength (*Bala*), and support digestion and metabolism (*Jatharagni* and *Dhatvagni*).

Rasayana is not merely a pharmacological intervention, but a comprehensive therapeutic approach involving rejuvenating formulations, specific dietary guidelines, and health-promoting lifestyle practices. A key component of this is *Achara Rasayana*, which emphasizes ethical conduct and behavioral discipline.

Etymologically, the term *Rasayana* is derived from "*Rasa*" (essence or nutrition) and "*Ayana*" (path or movement), signifying the nourishment and optimal transportation of nutrients throughout the body. This improved nutritional state is believed to confer a range of benefits including disease resistance, delayed ageing, longevity, enhanced mental capabilities, vitality, and a radiant appearance.

***Rasayana* drugs according to Vaya (Age)[10]**

According to Acharya Sharangadhar a person loses his *Balya, Vridhi, Chavi, Medha, Twaka, Drishti, Shukra, Vikrama, Buddhi, Karmendriya* in the ten phasic sequential decades of life. These all may be restored by age specific *Rasayana* drugs.

| Age Group | Loss | Suitable Rasayana Dravyas |
|---|---|---|
| 1-10 | *Balya* (corpulence) | *Vacha, Swarna, Kashmari* |
| 11-20 | *Vridhi* (growth) | *Kashmari. Ashwagandha, Bala* |
| 21-30 | *Chavi* (lustre) | *Amalaki, Lauha* |
| 31-40 | *Medha* (intellect) | *Jyotishmati, Shankhpushpi* |
| 41-50 | *Twaka* (skin glow) | *Tuvaraka, Bhringraja, Jyotishmati* |
| 51-60 | *Drishti* (vision) | *Jyotishmati, Lauha, Triphala, Shatavari* |
| 61-70 | *Shukra* (virility) | *Atmagupta, Ashwagandha and Vajikarana drugs* |
| 71-80 | *Vikrama* (strength) | *Amlaki, Bala* |
| 81-90 | *Buddhi* (reasoning) | *Bramhi* |
| 91-100 | *Karmendriya* (motor organs) | *Bala Rasayana* |

**Rasayana drugs according to specific *Dhatu*-**

| Sr. No. | Dhatu | Drugs |
|---|---|---|
| **1.** | *Rasa* | *Draksha, Kasamari, Kharjura* |
| **2.** | *Rakta* | *Lauhadi Rasayana, Bhringaraja, Amalaki, Palandu* |
| **3.** | *Mansa* | *Bala, Nagabala, Salaparni, Ashwagandha, Mansa* |

| | | |
|---|---|---|
| **4.** | *Meda* | *Amrita, Haritaki, Gugullu, Shilajatu* |
| **5.** | *Asthi* | *Prishnaparni, Laksha, Shankha, Shukti, Vanshlochana* |
| **6.** | *Majja* | *Vasa, Majja, Lauha* |
| **7.** | *Shukra* | *Atamgupta, Ashwagandha, Shatavari and other Vajikarana drugs.* |

## VIII. Conclusion

Jara (ageing) is a natural process that cannot be stopped but can be delayed through proper use of *Rasayana.* When combined with appropriate medicine (*Aushadha*), diet (*Aahara*), and conduct (*Achara*), *Rasayana* supports overall rejuvenation. However, it is not a quick fix—like exam time isn't ideal for starting *Medhya Rasayana*, old age isn't the best time to begin *Vayasthapana*. *Rasayana* should be integrated early in life to prevent premature ageing and promote healthy longevity.

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# Role of Marma Chikitsa in Manasika Vyadhi: A Conceptual Review

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**Abstract**

**Mental disorders have emerged as a global health burden with a significant impact on individual well-being and societal function. Ayurveda, with its holistic and multidimensional approach, offers effective modalities for addressing psychological disorders (*Manasika Vyadhi)*. Among these, *Marma Chikitsa* has gained attention as a non-invasive, energy-based therapy grounded in classical Ayurvedic wisdom. This conceptual review explores the pathogenesis of *Manasika Vyadhi* in Ayurvedic terms, the therapeutic significance of *Marma* points, and the application of *Marma Chikitsa* as a supportive modality in psychiatric care.**

***Keywords: Marma Chikitsa; Manasika Vyadhi; Vata Dosha; Prana; Ayurveda; Urdhvajatru Marma***

## I. Introduction

Ayurveda, the ancient Indian system of medicine, describes health (*Swasthya*) as a balanced state of *Dosha, Agni, Dhatu, and Mala* along with a well-composed mind, senses, and spirit. The definition aligns with WHO's notion of mental health, which emphasizes an individual's ability to cope with stress and contribute productively to society.

The modern lifestyle, characterized by relentless ambition and material pursuit, fosters psychological disequilibrium. Chronic exposure to stressors, improper sensory engagements (*Asatmya Indriyartha Samyoga)*, intellectual errors (*Prajnaparadha)*, and time-bound changes (*Parinama)* disrupt mental harmony, leading to conditions classified in Ayurveda as *Manasika Vyadhi*. These are predominantly *Vata*-dominant disorders, rooted in disturbed flow of *Prana Vata*.

## II. Pathogenesis of *Manasika Vyadhi* (Etiopathogenesis)

Ayurveda attributes psychological illness to the vitiation of *Manovaha Srotas* and imbalanced *Gunas (Rajas and Tamas)*. Improper *Ahar-Vihar* promoting *Rajas-Tamas* increase leads to *dosha* derangement. Prolonged exposure results in vitiation of *Prana Vata*, causing diseases like *Unmada* (psychosis), *Apasmara* (epilepsy), and *Avasada* (depression).

Charaka mentions that an unfulfilled and unstable mind (*Ashanta Chitta*) is the root of mental disorders. These conditions are not merely neurochemical imbalances but involve deep-rooted *Pranic* and *Dosha*-level disturbances.

## III. *Marma* Tattva: Anatomy and Physiology of *Marma*

The term "*Marma*" is derived from root syllables "*Ma*" and "*Ra*," denoting *Soma* (cooling) and *Agni* (heat), respectively. Thus, *Marmas* are vital points where these elements interface and are regulated by *Vata Dosha*. *Marma* are anatomical junctions where *Mamsa, Sira, Snayu, Asthi,* and *Sandhi* converge and are infused with *Prana*.

Acharya Sushruta enumerates 107 *Marmas* classified by structure, prognosis, size, and location. Of these, 37 are in the *Urdhvajatru* region (head and neck), indicating their relevance in neuropsychiatric function. Injury or dysfunction at these sites disrupts the flow of *Prana* and leads to various disorders.

## IV. *Marma* Chikitsa: A Therapeutic Overview

*Marma Chikitsa* is a subtle therapeutic technique involving gentle stimulation of *Marma* points to restore the unimpeded flow of *Prana*. Though not mentioned as a standalone modality in classical texts, its principles are implied in the context of *Samvahana, Abhyanga*, and other Vata-pacifying therapies.

Stimulation of specific *Marmas* can regulate neuropsychological function:

- ***Simanta Marma***: Effective in psychiatric disorders like depression and psychosis.
- ***Sthapani Marma***: Located between the eyebrows; enhances memory, intellect, and sleep.
- ***Adhipati Marma***: Controls *Prana Vayu*; stimulation increases vitality and cognitive clarity.

These points are linked with *Urdhvajatru Pradesha* (above the clavicle)and are critical in managing *Manasika Roga* by correcting *Vata* flow and releasing *Dosha Avarana*.

## V. Discussion

Historically, *Marma* knowledge was restricted to warriors due to its fatal implications in warfare. With time, the healing potential of these points has been explored and embraced in therapeutic contexts. Modern-day psychiatric disorders, often rooted in stress and sensory overload, parallel the Ayurvedic view of *Vata- and Rajo-Tama*-driven *Manasika Vikara*.

*Marma Chikitsa* provides a non-invasive, safe, and drugless option that aligns with the innate intelligence of the body. It activates reflexive mechanisms and harmonizes the psychosomatic matrix through *Pranic* flow restoration.

## VI. Conclusion

*Marma Chikitsa* offers promising outcomes in the management of *Manasika Vyadhi*. Its integrative nature and alignment with Ayurvedic principles make it a valuable addition to holistic mental healthcare. Future research and clinical trials are imperative to standardize protocols and scientifically validate its efficacy.

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# Homeopathy in Geriatric Healthcare : Best Option for Treatment of Elderlies Suffering from Chronic Kidney Disease

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**Abstract**

**Introduction:**

**Chronic Kidney Disease (CKD) has taken the form of epidemic with worldwide incidence of approximately 1.8 million/ year which has been doubled in the last 15 years. As per data from various countries, 7% to 55% of population, over the age of 60, is presenting with CRF.**

**Modern Medicine offers only dialysis and transplant, both of which are not only expensive but also pose immense risk to elderlies due to physiologic changes, geriatric syndromes etc. On the other hand, Homeopathy has wide range of medicines which can immensely benefit patients of CKD of all ages and we have treated over 20,000 Renal Failure patients suffering especially from Geriatric group.**

**Aims:**

- **To establish Homeopathy as the safest and most effective treatment for elderlies suffering from CKD, CRF and ESRD.**
- **To search for an alternate of Dialysis and Transplant, for those who cannot afford or undergo due to risks and complications.**
- **To reduce morbidity and mortality due to Renal Failure**
- **To stop progression of Chronic Kidney Disease to Chronic Renal Failure or End Stage Renal Disease.**

**Method: Randomized controlled single blind drug evaluation method was used. Previously diagnosed cases of CKD were selected. The inclusion criteria for the study was Serum Creatinine (>1.5), Blood Urea (>40), BUN (>14) and estimated GFR (≤90) continuously for more than three months**

**Result: This study has been going on from January 2003 till date. But a total of 1121 patients were taken up for study belonging to Geriatric age group. Out of them 783 patients were available for proper follow-up. 450 (57.47%) cases were improving while 185 (23.60 %) maintained status quo and 148 (18.93%) did not show any improvement.**

**Conclusion: Homeopathic drugs were found effective in enhancing the efficiency of kidney concluded by the reduction in the level of S. Creatinine and improvement of eGFR. It is also useful as an alternate to prevent or reduce the frequency of Dialysis and can help to postpone the urgent need for Renal Transplant, which is usually not possible in geriatrics.**

***Keywords: CKD; CRF; ESRD; GFR; RRT.***

## I. Introduction

**Chronic kidney disease** (CKD), also known as **chronic renal disease**, is a progressive loss in renal function over a period of months or years. The most common cause is Diabetic Nephropathy followed by Hypertensive Nephroangiosclerosis and various primary and secondary Glomerulopathies. More over Pain-killers are playing a big role. Obstructive Uropathy due to Nephrolithiasis and Prostatic hypertrophy are common, while congenital conditions such as Polycystic Kidney Disease also lead to CKD.

When the Glomerular Filtration Rate (GFR), which is normally 125 ml/min, falls below 90 ml/min it is stage I of Chronic Kidney Disease with no signs or symptoms. In Chronic renal insufficiency (CRI) or stage II the GFR falls at 30-70 cc/min. The symptoms at this stage are unspecific, and might include feeling generally unwell and experiencing a reduced appetite. Often CRI is diagnosed as a result of screening of people known to be at risk of kidney problems, such as those with high Blood Pressure or Diabetes and those with a blood relative with CKD.

Chronic renal Failure (CRF) is progressive destruction of renal mass with irreversible sclerosis and loss of nephrons over a period of at least months to many years with progressive decrease of GFR below 30cc/min. The symptoms are typically of worsening kidney function such as anorexia, nausea, vomiting, oliguria, fatigue and swelling.

In End-stage renal disease (ESRD) the GFR declines to levels of less than 10 cc/min with full blown signs and symptoms of Uremia and fluid overload. It renders the patient permanently dependent upon Renal Replacement Therapy (RRT) i.e. Dialysis or Transplantation.

There has been sporadic reporting in the Homeopathic world about successful treatment of CKD but such cases were neither scientifically documented nor reproduced repeatedly to make them acceptable to modern medicine. Sharma R.K. (2003), Raval H. (2009) Goyal K.K. (2006) published their positive results in Homeopathic Journals and Internet. However a detailed statistical analysis of such cases, which could remove doubts from the Physicians of other systems of medicine or Medical Scientists was never published.

## II. Material And Methods

**Patients:** One thousand one hundred and twenty one (1121) well diagnosed patients of CKD from January 2003 to September 2022 were taken up for study. Out of them seven hundred and eighty three (783) who took treatment regularly were available with proper follow-up.

**Blood Examination:** It was the main parameter to assess the progression of treatment. Serum Creatinine, Blood Urea and Hemoglobin were checked weekly, fortnightly or monthly depending on stage of disease and severity of symptoms.

Serum Sodium, Serum Potassium, Serum Calcium, Serum Phosphorus Serum Uric Acid and Alkaline Phosphatase were checked every 3 months.

Complete Blood Count, ESR and other diagnostic tests depending on symptoms or infections.

**Urine Examination:** Complete urine analysis for routine, microscopy, sediment and culture.

**Ultrasonography:** Ultrasonography and Renal Doppler study were done annually for the improvement in grades of Chronic Kidney Disease, Kidney size and Circulation.

**Biopsy:** Sometimes was done to confirm diagnosis.

**Other medication:** The patients were allowed to continue medications for hypertension, diabetes, Calcium supplements, multivitamins, injectable Erythropoietin or Blood Transfusion as and when required.

**Nutrition:**

- Severe protein restriction in renal disease is controversial. However, moderate restriction (0.8 g/kg/day) was advised.
- Water intake was restricted only when serum Na concentration was >140 mmol/L.
- Na restriction of 2-5 g/day was beneficial to patients, especially those with edema, heart failure, or hypertension.
- Foods rich in K were generally avoided.
- Phosphate restriction to < 1 g/day was often sufficient.

**Repertorisation:** All cases of CKD were repertorised using Synthesis, Edition 8.1 (B-Jain Publishers, New Delhi)

**Software:** Data was evaluated and statistically analysed using indigenous software.

**Homeopathic Medicines:** Potencies ranging from 30, 200, 1000, 0/1 to 0/15 were used. Most commonly used Polychrest were Natr.mur, Lycopodium, Ars.alb, Phosphorus, Calc.carb, Sepia, Pulsatilla, Ignatia, Silicea, Sulphur.

Other supportive medicines used were Cuprum ars, Eel serum, Apis mel, Apocyanum, Ipecac, Colchicum, China, Cantharis, Acid sulph, Digitalis, Kali carb, Berberis asiatica, Berberis vulgaris, Aristolochia, Zincum met.

## III. Result

This study has been going on from January 2003 till date. But a total of 1121 patients were taken up for study belonging to Geriatric age group. Out of them 783 patients were available for proper follow-up. 450 (57.47%) cases were improving while 185 (23.60 %) maintained status quo and 148 (18.93%) did not show any improvement.

Defining the aetiology, Nephritis in 140 (17.94%) patients, 123 (15.95%) drug induced, 117 (14.94%) DM +HTN, in 102 (12.96%) it was Hypertension, 78 (09.97%) due to PCKD, 56 (06.98%) Diabetic Nephropathy, 27 (03.32%) Obstructive Nephropathy, 39 (04.98%) Nephrotic Syndrome, 101 (12.96%) presented with unknown aetiology.

682(87.04%) were married and 101(12.96%) unmarried.
544 (69.43%) of the patients were male and 239 (30.57%) female.

## IV. Limitations

**Salt imbalance**: (a) Hypernatraemia and Hyponatraemia
(b) Hyperkalaemia and Hypokalaemia
(c) Hyperphosphataemia
(d) Hypocalcaemia (associated with Hperparathyroidism) Solution to these conditions with Homeopathy alone is not possible.

**Infections**: Most frequent infections deteriorating the cases of CKD were Tuberculosis and UTI.

**Dietary Restrictions**: To avoid electrolyte imbalance, uremia, hyperproteinemia or hypoproteinemia is not possible without cooperation of the patient. Limitation in the menu of a CKD patient especially in the later stages becomes

monotonous and the patient may fail to comply with the instructions.

**Dialysis:** In severe life threatening conditions when dialysis becomes necessary patient has to be rushed to modern system and cannot be managed with homeopathy.

**Financial constraint:** Once CKD sets in the patient has to depend on some medication or other. This becomes burdensome and unwieldy on family and society.

## V. Discussion

Incidence of CKD in India is about 260 pmp, out of which 2 undergo HD, 1 CAPD and 3 RT, while 254 pmp are left to die every year, as they cannot afford the cost of treatment. Even mild disease is also a risk factor for death. If Homeopathy is used at the onset of disease, it can be checked and millions can be saved both in terms of lives and money worldwide. This study establishes the importance of Homeopathy in controlling the CKD epidemic.

The results of the present study are highly encouraging and open new vistas for Homeopathic Physicians to treat such difficult cases with confidence. It is also evident from the results that majority of cases of CKD whether CRF or ESRD can be treated effectively in a gentle manner.

Homeopathy has a great role to play in patients already on long term Dialysis and those waiting for Renal Transplant. We observed:

(a) Indicated homoeopathic remedies reduced the number of dialysis needed over a period of time and even stopped in many of the cases.

(b) Indicated homeopathic remedies reduce and overcome the complications associated with chronic dialysis therapy.

(c) Indicated homeopathic remedies were found helpful to postpone the urgent need of transplantation in patients waiting for a graft.

(d) CKD patients on Homeopathic treatment showed marked improvement in quality of life.

(e) Homeopathic drugs are cost effective and easy to use with no side effects

Patient on chronic dialysis depends on a machine for his life. These patients develop a variety of psychiatric, neurological and somatic disorders it was easy for the patients to overcome such conditions with Constitutional Homeopathic treatment.

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**Frequency of Medicines Prescribed**

| S.No. | Medicines | Cases | % |
|---|---|---|---|
| 1 | Nat. Mur | 156 | 19.93 |
| 2 | Lycopodium | 143 | 18.27 |
| 3 | Arsenic Alb | 104 | 13.29 |
| 4 | Phosphorus | 91 | 11.63 |
| 5 | Cal. Carb | 78 | 9.97 |
| 6 | Sepia | 76 | 9.63 |
| 7 | Pulsatilla | 52 | 6.64 |
| 8 | Ignatia | 39 | 5.00 |
| 9 | Silicea | 26 | 3.32 |
| 10 | Sulphur | 18 | 2.32 |

| STATUS OF CASES OF CRF IN RESPONSE TO HOMEOPATHIC TREATMENT | | | |
|---|---|---|---|
| **S.No.** | **Status** | **No. of Pt.** | **Percentage** |
| 1. | Improving | 450 | 57.47 % |
| 2. | Status Quo | 185 | 23.60 % |

| ETIOLOGY | | | |
|---|---|---|---|
| **S.No.** | **CAUSE** | **NO. OF CASES** | **PERCENTAGE** |
| 1. | Nephritis | 140 | 17.94 % |
| 2. | Drug Induced | 123 | 15.95% |
| 3. | DM + HTN | 117 | 14.94 % |
| 4. | HTN | 102 | 12.96 % |
| 5. | Diabetic Nephropathy | 56 | 06.98 % |
| 6. | Obstructive Nephropathy | 27 | 03.32 % |
| 7. | Nephrotic Syndrome | 39 | 04.98 % |
| 8. | PCKD | 78 | 09.97 % |
| 9. | UN | 101 | 12.96 % |

| DIVISION OF CASES ACCORDING TO MARITAL STATUS | | | |
|---|---|---|---|
| **S.No.** | **MARITAL STATUS** | **NO. OF CASES** | **PERCENTAGE** |
| 1 | Married | 328 | 70.54% |
| 2 | Unmarried | 101 | 12.96% |

| DIVISION OF CASES ACCORDING TO SEX | | | |
|---|---|---|---|
| **S.No.** | **GENDER** | **NO. OF CASES** | **PERCENTAGE** |
| 1 | Male | 544 | 69.43% |
| 2 | Female | 240 | 30,57% |

# Male Infertility: An Update on The Phenotypic Spectrum, Clinico-Etiopathology and Molecular Genetic Association Correlative Study

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**Abstract**

**Introduction-**

**Globally 15% of couples have infertility and male infertility contributes to 10% of all cases. Infertility can be caused by certain biological changes in the gonads and the reproductive system like azoospermia, oligospermia etc. Genetic causes of azoospermia include chromosomal abnormalities, Y chromosome microdeletions and mutations of Y-linked genes. Ayurveda mentioned Male infertilitynamely as *Klaibya* is a complex condition with a strong genetic and epigenetic background. This clinical study was conducted to explore the latest updates on the phenotypic spectrum, involvement of Yqmicrodeletions, AZF, SRY and AR gene mutation and its associations with Ayurvedic etiopathology.**

**Material and Methods-**

**The known case of Male Infertility (24 patients with infertility and 24 normal controls) was assessed based on parameters- WHO QOL BREF, Prakriti, Shukra Sara, SHS, S. Testosterone, Lipid profile, Urine, Semen analysis, Thyroid Function test along with molecular assessment. The candidate genes SRY, AZF and AR Gene were analysed for DNA mutation in patients with infertility and controls. Genome DNA isolation and genotyping were performed by using PCR-based techniques like ARMS-PCR, PCR-RFLP & DNA sequencing**

**Results-**

**There was a significant correlation between the genotypes of the Exon (sY 69), Exon (sY83), Exon(sY84), Exon (sY117), Exon (sY127), Exon (sY152), Exon (sY255) of AZF gene and consequently in SRY and AR genes mutation and microdeletion was analyzed. The significant correlation was matched in the cases of Infertility (*Klaibya*) on *Ayurvedic* parameters like *Prakriti, ShukraSara*, S. Testosterone, Urine R/M, Semen analysis was observed**

**Conclusions-**

**The results of this study suggest a significant association between said 3 Genes along with *Prakriti, Shukra Sara,* S. Testosterone and Semen analysis. The Y-chromosome microdeletion, AZF gene mutation, SRY gene mutation, and AR (androgen receptor) gene mutation is the main genetic cause of the etiopathogenesis of male infertility. Further, studies with a larger population should be performed to validate our findings.**

# The Synergy of Ayurveda and Contemporary Nutrition: A Holistic Approach to Disease Prevention

**[1]Chanchal Yogi, [1]Dr. Ankita Pareek, [2]Dr. Sunil Kumar Yadav**

*[1]PG Scholar, Rachana Sharir, [2]Professor, Rachana Sharir*

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**Abstract**

**Introduction:**

**Ayurveda, the ancient system of medicine originating in India, presents a holistic framework for health that emphasizes the deep interconnection between diet, lifestyle, and overall well-being. It views nutrition not simply as food intake but as a dynamic, individualized practice central to maintaining health and preventing disease.**

**Methodology:**

**Ayurveda approaches nutrition through key individualized factors such as a person's constitution (Prakriti), digestive strength (Agni), seasonal variations (Ritu), and daily biological rhythms (Dinacharya). This tailored dietary approach is designed to maintain balance among the three doshas—Vata, Pitta, and Kapha, which govern physiological and psychological processes.**

**Analysis:**

**This system advocates:**

**The consumption of fresh, seasonal, and locally-sourced foods**

**Mindful eating practices adapted to individual needs**

**The therapeutic use of herbs and spices**

**These elements work together to preserve or restore doshic balance, optimize digestion, and enhance the body's vital essence, known as Ojas, which is key to immunity and vitality.**

**Results:**

**Through these practices, Ayurvedic nutrition supports the prevention of disease, strengthens immune function, and maintains physical and mental equilibrium. This leads to improved long-term health outcomes and a reduction in chronic disease risks.**

**Discussion:**

**This paper explores how Ayurvedic nutritional practices can be effectively integrated with modern dietary science to create comprehensive preventive health strategies. The alignment of ancient wisdom with contemporary nutrition holds the**

**potential for developing personalized, sustainable, and preventative healthcare models that respond to the current global health challenges**

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# Research into Ayurveda's Bhoot Vidya - A Key to Holistic Healthcare

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**Abstract**

**When modern medicine practitioners encounter a disease with an unknown cause, of apparently spontaneous origin, they term it as an 'idiopathic disease'. In contrast, Ayurveda dedicates one of its eight branches known as 'Graha Chikitsa' or 'Bhoot Vidya' to deal with such diseases. This recognises that any disease (physical or mental) can have a spiritual root cause, such as adverse destiny or attacks by evil spirits (negative energies). In modern times, this branch of Ayurveda has hardly been researched. The spiritual research team at Maharshi University of Spirituality (MAV) is investigating such diseases and mental conditions of people first-hand, where the root cause was spiritual in nature.**

**The spiritual research team at MAV has over 20 years of experience in conducting various investigations of this nature. This started when spiritual aspirants (seekers) were afflicted with problems where the root cause was spiritual in nature. This research is conducted using aura and subtle-energy scanners along with the advanced sixth sense of its research team.**

**One key finding from the research was that over 50% of problems in life are due to spiritual reasons. In the case of psychiatric problems, this percentage is much higher. Negative energies affect a significant proportion of the world's population. If an evil spirit or a negative entity is affecting a person, it can only be diagnosed through the sixth sense. Once diagnosed, natural substances recommended by Sages can prevent and reduce distress due to spiritual reasons. In this paper, five such natural substances are examined in terms of how they should be used in protection against attacks by negative energies. Aura and *chakra* readings of seeker-subjects substantially improved after these healing substances were administered to them.**

**Modern medicine does not consider the spiritual aspects of diseases and hence severely restricts itself when treating patients afflicted by such diseases. Ancient Sages, through deep intuitive knowledge, identified the spiritual causes of ailments and natural remedies to heal. The most sustainable protection comes through patients regularly practising Spirituality as per universal spiritual principles.**

**Keywords:** ***Ayurveda; Holistic health; Natural remedies; Graha Chikitsa; Bhoot Vidya; Case studies; Spiritual science***

# Management of Apraja Vandhyatwa Due to Right Tubal Blockage Through Ayurvedic Interventions – A Case Report

**[1]Dr Sunita Kumari, [2]Prof.(Dr.) Jitesh Kumar Panda, [3]Dr Suniti Tanwar**

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**Abstract**

**Introduction**
**Primary infertility is a common reproductive health issue, often associated with tubal blockages that prevent fertilization. In Ayurvedic medicine, such conditions are addressed through a holistic approach, including Panchakarma therapies and herbal formulations that aim to restore reproductive balance. This case report highlights the successful Ayurvedic management of a 25-year-old female patient diagnosed with right fallopian tube blockage.**

**Materials and Methods**

**The patient presented with primary infertility and was diagnosed with a blockage in the right fallopian tube. An Ayurvedic treatment protocol was implemented, consisting of Panchakarma procedures and oral medications.**

**-Virechan with phala ghrita**

**-Vaman with madanphala piipali after snehan with phala ghrita.**

**-Nasya with phala ghrita**

**- Yoga Basti was administered using Sahachar Taila and Tila Taila to provide internal oleation and cleansing.**

**- This was followed by Uttar Basti therapy for three cycles, using Kshar Taila and Kasis Taila, which are known for their cleansing and tissue-regenerating properties.**

**- Additionally, the patient was given oral Ayurvedic medicines, including Koumaryasava, Dashmoolarishta, and Arogyavardhini Vati, to support systemic detoxification, hormonal balance, and uterine health.The entire course of treatment was completed over approximately 6 months. Follow-up assessment was conducted using Hysterosalpingography (HSG) to evaluate the status of the fallopian tubes.**

**Results and Discussion**
**After completion of the Ayurvedic treatment, HSG revealed that the previously blocked right fallopian tube had become patent. The basti therapies likely contributed to the removal of obstruction (srotorodha), while the oral formulations supported systemic rejuvenation and reproductive function. This case demonstrates the potential effectiveness of Ayurvedic treatments, particularly basti and uttar basti, in the management of tubal infertility.**

**Conclusion**
**This case report suggests that Ayurvedic interventions can be an effective, non-invasive option for managing fallopian tube blockage in cases of primary infertility. Further studies and clinical trials are recommended to explore the broader applicability of this treatment approach.**

# Management of Avabahuka Using Modern Tools and Ayurvedic Management: A Case Study

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**Abstract**

**A 53 -year-old man came with pain and stiffness in the shoulder and neck area. Pain and giddiness in the occipital region and giddiness at times were also reported by the patient. All the symptoms were due to inappropriate sitting postures and lifting heavy Irregular mass distributed weight on right shoulder. Neurological assessment consisted of cervical spine and right Shoulder joint MRI. Further tests—like testing grip strength, power, fasciculations, deep tendon reflexes, and Romberg's tests—were carried out. MRI reports were indicative of cervical disc bulge at the C4-C5, C5-C6, C6-C7 and tear of supraspinatus tendon, subcortical marrow edema in right side. Based on MRI reports and clinical findings possible diagnosis of Avbahuka (disease due to Vāta-Kapha doṣa vitiation) was established .Treatment policy was based on Vāta-Kapha hara cikitsa with both internal and external treatments. In Management Nāgarādi cūrṇam was recommended for topical application to offer Uṣṇa vīrya and relieve Vāta-Kapha doṣa. Aṣṭevaragam Kaṣāyam for pacifying Kapha, and Laghuvishagarbha taila tailam, dhanwantar tailam etc.Marma therapy was administered for pain management and muscle relaxation support.The second phase consisted of bala ashwagandha tailam, ksheerbala tailam for Vāta-hara and Rasāyana actions and Marma therapy was applied as external treatment. In the third phase Nasya therapy with Anu tailam and śiro picu were prioritized for management of cervical pain. Post completion of 3rd phase patient was symptomatically relieved. No clinical manifestations existed. This case highlights the amalgamation of contemporary diagnostic tools with Ayurvedic management protocols for holistic treatment in cervical radiculopathy.**

# Ayurvedic Management of Urinary Tract Infection: A Case Study of Mutrakrichha

**Dr Mohit Mehra**
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**Abstract**

**A 34-year-old female patient came with the complaints of burning and cloudy micturition, repeated passing of urine in small quantities, pelvic discomfort, and foul-smelling urine for two weeks. Contributing factors in the patient's history were voluntary urine retention (vegadharaṇam) and usage of public toilets. Diagnosis was done through clinical evaluation that involved urine routine and microscopy examination. Based on investigative results and clinical presentation, a likely diagnosis of urinary tract infection (UTI) was suspected. From an Ayurvedic point of view, the condition has typified as pitta-kapha mütrakrichha with dushti (vitiation) of kapha (manda, kleda, snigda guna vriddhi) and pitta (ushna guna vriddhi). The treatment regimen focused on tikta rasa and ruksha dravya to reduce kapha, combined with the therapy to address kleda shoshana (excess moisture drying) and kapha hara (kapha pacification). Treatment involved Chandraprabha Gutika,, Chandanasava and Gokshuradi Guggulu was given for its mutrala, lekhana, and srotoshodhana (channel cleansing) actions, which acted specifically effective in mutrakricchra (urinary ailments). There was remarkable reduction of pus cells count following treatment for 2 weeks. And patient was symptomatically stable and fine. No antibiotics or other allopathic drug was given at this time of treatment. This case brings out the necessity of correlating Ayurvedic with modern thoughts for holistic management of urinary tract infection, keeping in view the role of nidana (etiopathogenic factors), guna dushti (vitiation of gunas), and proper chikitsa sutra (principles of treatment).**

# A Holistic Approach Through Ayurveda In The Management of Gastrointestinal Health

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**Abstract:**

**Background -concept of Gastrointestinal health is very much elaborated by the Ayurvedic Samhitas. In Ayurveda, gastrointestinal (GI) health is considered fundamental to overall wellness, with digestion (Agni) being central to maintaining physical and mental harmony. Based on Ayurvedic teachings, the body's digestive fire (Agni) plays a crucial role in converting food into nutrients, and maintaining a balanced Agni is vital for overall health. Disruptions in digestion can lead to the accumulation of toxins (Ama), causing imbalances in the body's doshas (Vata, Pitta, and Kapha), which may result in gastrointestinal disorders such as indigestion, bloating, and constipation. Aims and objective- Aim to treat digestive disorders by addressing the root causes through a combination of herbal medicines, dietary modification and lifestyle changes. Materials and Methods- Ayurvedic classical texts, modern literature, research article and research journals. Results- Ayurvedic therapy emphasizes bringing harmony to the doshas, enhancing Agni, and supporting proper digestion. This approach involves a blend of herbal treatments, changes in diet, and adjustments to one's lifestyle.. Conclusion - Ayurveda emphasizes a holistic approach considering physical, mental and emotional well being to maintain a healthy gastrointestinal system. By addressing the underlying factors of digestive problems and enhancing Agni, Ayurveda delivers enduring solutions for dealing with issues such as indigestion, IBS, acid reflux, and constipation. With its focus on personalized treatment and natural solutions, Ayurveda presents a holistic and sustainable method for attaining optimal digestive wellness.** **Keywords- Ayurveda, Gastrointestinal health, Agni, Lifestyle modifications, Herbal medicines.**

# Review Article On Amavata

**Dr. Pramod Ekka**

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**Abstract**

***Amavata* is complaint of *Rasavaha strotasa* it's generally compared with Rheumatoid Arthritis. *Amavata* is the outgrowth of *Agnidushti, Amotpatti* and *Sandhivikruti.* In the present period *Amavata* is the most common complaint affecting a large aged population. *Amavata* term deduced from words as *Ama* & *Vata.* The word *Ama* is the condition in which colorful affections in system produce poisonous effect. The *Ama* when combines with *Vatadosha* & occupies *Shleshmasthana( Asthisandhi)* results in painful complaint. The clinical donation of *Amavata* nearly mimics with the special variety of Rheumatological diseases called Rheumatoid Arthritis in agreement with their parallels on clinical features like pain, swelling, stiffness, fever, greenishness, general fragility, fatigue are nearly identical to that of *Amavata*. The Rheumatological complaint is such a group of complaint which has no specific medical operation in any type of rectifiers. *Amavata* is one of the grueling conditions for the clinicians due to its regularity, incurability, complications and morbidity.The remedy which homogenize *Agni,* Metabolizes *Ama,* and Regulates *Vata* and maintain healthy *Sandhi* and *Sandhistha Shleshma* will be the supreme one for this complaint.The allopathic treatment provides the characteristic relief but the underlined pathology remains undressed due to absence of effective remedy and also giving rise to numerous side goods, poisonous symptoms and adverse responses also more serious complications like organic lesions. The treatment procedures described are *Langhan, Swedan, Tikta- Katu, Deepana, Virechana, Basti* etc. So, the present study deals with systemic review of *Amavata* from the classics of Ayurveda and its operation.**

# Management of Primary infertility due to Luteinised Unruptured Follicle (LUF) using *Adraka Swarasa Nasya*

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**Abstract**

**Introduction**

**Around 10-15% of couples worldwide experience infertility, with ovulatory problems making up a sizable fraction of these cases. Anovulation or subfertility may result from delayed follicular rupture. Ovulation-inducing drugs, which are expensive and can have adverse effects, are part of conventional treatment. One of the holistic solutions offered by Ayurveda is *Nasya Karma*, which uses the nasal route to regulate hormones.**

**It is commonly known that *Adraka* (Zingiber officinale) has *Vata-Kaphahara*, *Agni deepana*, and *Srotoshodhaka* qualities. Its administration by *Nasya* is thought to promote prompt follicular rupture by activating neuroendocrine pathways, particularly the hypothalamic-pituitary-ovarian (HPO) axis.**

**Abstraction**

**One of the factors contributing to the rising worry of primary infertility in women of reproductive age is delayed follicular rupture. These medical conditions are frequently linked in Ayurveda to imbalances in the *Vata* and *Kapha doshas*, which affect the *Artava vaha srotas'* ability to function normally. By operating on the *Shiras* (head), the hub of endocrine control, *nasya karma*—the nasal administration of therapeutic substances—is said to work as a powerful therapy for controlling neurohormonal pathways. The successful outcome of *Adraka Swarasa Nasya,* or the nasal administration of fresh ginger juice and supportive Ayurvedic medicines in treating a 23year old woman of married life 3 years with primary infertility brought on by delayed ovulation is explored in this case study.**

**Methodology -Two consecutive cycles of menstruation were used for the intervention. *Nasya* served to give *Adraka Swarasa* during each cycle's follicular phase. The patient successfully conceived spontaneously by the end of the second cycle without the need for any extra hormonal or assisted reproductive therapies.**

**Result – Patient conceived after 2 months of treatment.**

**Discussion -The present case indicates how *Adraka Swarasa Nasya* may help treat delayed ovulation by regulating hormonal activity and promoting the hypothalamic-pituitary-ovarian axis. According to the research result, this traditional Ayurvedic method will provide a reliable, non-invasive and affordable substitute for treating some main challenges with infertility.**

***Keywords: Ovulation; Ayurveda; Adraka Swarasa; Nasya; Delayed follicular rupture; Primary infertility.***



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