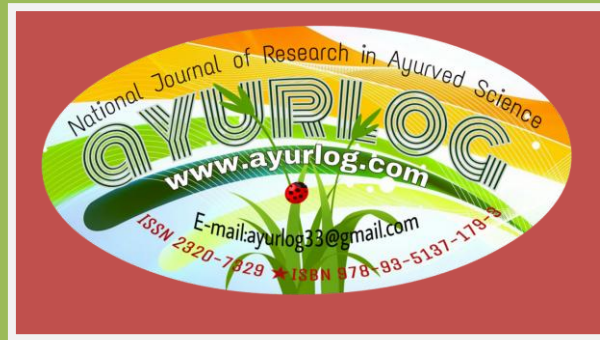


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Editorial:

Upcoming era is factual era. No one can believe in hypothetical concepts. Changed world is signing Ayurvedic experts to accept challenges of this era. The equation of health problem always changes with the lifestyle. Now days, infectious diseases are mostly controlled by antibiotics but viral challenges are still existing like AIDs, Swine flue etc. AYUSH system of Medicine is having lot of Scope in the maintaining and restoring health. We have to search the distinguished path and took lot of efforts to resolve unsolved health problems by allopathic medicine. By the active participation of all Authors, Editorial Board Members and All well wisher,

Thanks for giving faithfully support to Ayurlog.

Chief Editor,

Ayurlog: National Journal of Research in Ayurved
Science

CASE PRESENTATION OF QUADRIPARESIS WITH ODONTOID FRACTURE-A SUCCESSFUL TALE OF AYURVEDIC TREATMENT

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ABSTRACT:-

Quadriparesis is a prevalent and disabling neurological disorder which arises from multiple etiologies like severe Hypertension, Lacunar infarct, Motor vehicle accidents, Tumors, Spinal Cord Trauma. It produces a very miserable, dependent and prolongs crippled life with constant mental trauma. The mainstays of treatment for Quadriparesis differs according to their cause but none of them proves to be a gold standard in the treatment of Quadriparesis.

Hetu, Poorvaroopa, Roopa, Upashayanupshaya and Samprapti forms the stepping stones of Ayurvedic diagnosis. This case was a diagnosed patient of Quadriparesis with type II Odontoid fracture. He had taken allopathic treatment earlier for 1 month under supervision of various experts and was even admitted in I.C.U for first seven days. Keeping in view with *Nidaana Panchaka* Quadriparesis can be correlated with *Sarvangavata*. The treatment was given according to Ayurvedic principles. The aim of this article is to prove the efficacy of Ayurveda in a disease in

which even Allopathy has its own limitations due to limited range of treatment and due to cost effectivity. This case clearly portrays the successful tale of Ayurvedic Treatment in case of Quadripareisis due to type II Odontoid fracture.

KEYWORDS: Quadriparaesis, Odontoid Fracture, *Nidaana Panchaka, Sarvangavata*

INTRODUCTION:

Quadripareisis is defined as a condition in which patient experiences weakness in all four limbs.

In this case the cause of Quadripareisis was Type II Odontoid Fracture which occur due to Motor vehicle accident .Odontoid fracture are notoriously prone to nonunion .They may cause neurological impairment and even death. Odontoid fractures are common cervical spine fracture representing up to 20% of all cervical spine fractures .The classification of these injuries was proposed by Anderson and D'Alonzo and is based upon the location of fracture line.

Type I-least common, occurs at the tip of odontoid

Type II-most common, the fracture line is at the junction of odontoid base and body

Type III-Fractures of Odontoid which is extend into the body of C₂.

Treatment includes Halo immobilization has been considered the stand of care, although its applicability to both trauma patients with associated head and /or chest injuries and the elderly population is limited. An alternative is anterior odontoid screw fixation following reduction with traction^[1]

CASE REPORTS

Case History

- Patient Name- XYZ
- Age -26 years, Sex - Male
- Residence -Mumbai, Occupation - Taxi driver
- D.O.A -27/09/13 D.OD- 14/01/14

C/O:

Weakness over both upper and lower limb	1 month
Restricted and painful movements of neck	1 month
Unable to sit , stand ,walk	1 month
Pain over left lateral side of chest	1 month
Anorexia and weight loss	1 month

History of present illness –

Patient was apparently all right before 1 month. Then he got traumatized in a road traffic accident on 29/08/13. Patient was traumatized due to bike accident which results in injury to knee, neck and left hand followed by head injury. Then patient was admitted to Sion Hospital. H/O unconsciousness present, H/O vomiting, H/O urinary and stool incontinence at time of admission. No H/O blunt chest trauma / abdominal trauma. Patient was given Rigid neck collar and water bed at the time of admission. Patient was hospitalized for 1 month in Sion hospital. Then patient came to our hospital in non-ambulatory position on a stretcher with rigid neck collar around his neck with above-said complaints.

Past history-

No H/O any medical or surgical illness.

O/E:

G.C. fair, afebrile, P-68/min, B.P-90/50 mm of Hg

RS- Air entry decreased in Lower lobe of left lung

CVS-S₁S₂N, CNS – Conscious, oriented

RTVC, RTDS

Pupils: Semi-dilated RTL Plantar- B/L Flexor

DTR

Jerk	Knee	Ankle	Bicep	Tricep
Right	4+	4+	Absent	Absent
Left	4+	4+	Absent	Absent

MPG

Muscle Tone –

	Right	Left
Upper limb	I/V	I/V
Lower limb	III/V	III/V

Spastic, S/O neck stiffness present due to Fracture

P/A – mild tenderness present over epigastrium, U-passed, S-passed

S/O Pallor and malnutrition present.

Investigations done:**CT (Brain) on 29/08/13**

- Linear undisplaced fracture noted at the base of odontoid process bilaterally. Rest normal.

**MRI (Cervical Spine with WSS) on
31/08/13**

- Type II odontoid fracture with retropulsion of the dens causing mild spinal canal narrowing .
- Acute haemorrhagic cord contusion at C₁C₂ level.
- Screening dorsal and lumbar Spine reveals Fracture in D₃ and D₄ vertebral bodies with their partial collapse . Complete sacralisation of L₅ vertebra seen.

NidaanaPanchaka:

Hetu : Aghaataja

Poorvaroopa: Avyakta

Roopa: Ubhayahasta padaakarmanyata

Samprapti: Vata gets vitiated due to various etiological factors → Vata gets hold of whole body → Vata dries up sira and snaayu, loosens sandhibandha and produces pain^[2] **Nidaana:** Sarvangaroga

Diagnosis According To Modern

Medicine: Quadripareisis

Treatment Given:

The basic principle of treatment according to text includes *Snehanafollowed* which *svedana* is executed and to pacify remaining *Doshassamshodhanais* given to patient.^[3]

- *SarvangaSnehana* and *NaadiSvedana*.
- *MamsarasaSevana* with *Goghurut* T.D.S
- *KsheerbalaTaila (Shatapaki)* *abhyantarpaanarth* 4 drops in milk B.D.
- *Ashwagandhrishta* and *Balarishta* each 10 ml with 100 ml of water.
- *BruhataVataChintamani* 125 mg *vyaankale* till 04/11/13 with honey
- *Lakshmilasa Rasa* 500 mg *vyaankale* with honey.
- *SanjeevaniVati* 500 mg *vyaankale* with honey.
- *Laghumalinivasanta Rasa* 250 mg *vyaankale* with honey.
- *Pindasveda* for 14 days (since 30/12/13 to 11/01/14).

RESULTS:

	Before Treatment	After Treatment
Ability to sit,stand,walk	Unable to sit ,stand,walk	Can sit,stand,walk on his own
Respiratory System	Air entry decreased in lower lobe of Left Lung and pain over left lateral region of chest.	Air entry bilaterally equal and pain disappears over left lateral region of chest.

Reflexes

Reflexes	Before Treatment		After Treatment	
	Right	Left	Right	Left
Knee Jerk	4+	4+	4+	4+
Ankle Jerk	4+	4+	4+	4+
Bicep jerk	Absent	Absent	2+	2+
Tricep jerk	Absent	Absent	2+	2+

MPG:

	Before Treatment		After Treatment	
	Right	Left	Right	Left
Upper Limb	I/V	I/V	IV/V	IV/V
Lower Limb	III/V	III/V	IV/V	IV/V

DISCUSSION:

Kalpas	Contents	Quadrupara Pradhana Kalpa	Pradhana Kalpa
<i>Maamsarasasevan</i>	<i>Ajamaamsarasa</i>	which can be correlated with <i>Sarvangavata</i> which predominantly has <i>Vata</i> dominance . <i>Vata</i> vitiations may be	<i>Balya</i> , <i>Maamsavardhaka</i>
<i>Ksheerbala Taila</i> (<i>Shatapaaki</i>)	<i>Godugdha, Bala, Tiltaila</i>	relieved by <i>Naadisvedana</i> . <i>Bruhata Vata Chintamani</i> is	<i>Balya Vata ghna</i> and <i>Sarvangashendha</i>
<i>Ashwagandhrishta</i>	<i>Ashwagandha, Manjishtha, Haritaki, Haridra, Daruharidra, Rasna, Yashtimadhu, Vidarikanda</i>	having soothing effect on the nerves. <i>Sarvangavata</i> is relieved mainly by <i>Bruhata Vata Chintamani</i> as it acts mainly	<i>Vataghna Jathragnideepaka</i>
<i>Balarishta</i>	<i>Balamoola , Ashwagandha, Ksheerkakoli, Erandamoolatwak, Rasna , Gandhaprasarini, Lavanga, Usheera, Gokshura</i>	as an excellent cell rejuvenator and helps in preserving energy and strength of the muscles, nerves and the human mind.	<i>Balya Jathragnideepaka</i>
<i>Bruhata Vaata Chintamani Rasa</i>	<i>Suvarnabhasma, Rajatabhasma, Abhrakabhasma , Lohabhasma, Pravalabhasma, Mauktikabhasma, Rasasindura</i>	is helpful in <i>Vatashamana</i> , <i>Jathragnivardhana</i> thus, helps in	<i>Sarvangasnehana</i> with <i>Til Oil</i> and <i>NaadiSvedana</i> with <i>DashmoolaK</i>
<i>Lakshmivilasa Rasa</i>	<i>Suvarnabhasma ,Rajatabhasma, Abhrakabhasma , Tamrabhasma, Vangabhasma, Kantalauhahabhasma, Mundalauha, Naagabhasma, Vatsanabha, Motipishti, Rasasindura</i>	strengthening <i>Sapta Dhatya</i> . <i>Ajamamsarasa</i> is <i>laghu</i> in nature and easy to digest as well as <i>Balya</i> and hence, results in <i>Vatashamana</i> as well as rekindling the digestive fire.	<i>Pradhana Kalpa</i>
<i>Sanjeevani Vati</i>	<i>Vidanga, Shunthi, Pippali, Haritaki, Amalki, Bibhitaka, Vacha, Guduchi, Bhallataka, Vatsanabha</i>	<i>KsheerBalarika</i> used for	<i>Agnidheeraka</i>
<i>Laghumalini Vasanta Rasa</i>	<i>Rasaka, Maricha</i>	<i>Vatashamana</i> and also results in <i>Mamsadhatuwardhana</i> . ^[5]	<i>Balya Deenaka Paachaka</i>

Probable Mode of Action:

- Bruhata vata chintamani* is *Balya* as well as *Vrushya* in nature . It is the ace in the treatment as it is

*Vatapittashamakabasic*ally and acts mainly to remove *Snayu* and *Naadidaurbalya* thereby enhancing motor and sensory activities .^[6]

- *Pindasveda* by *Shastikshali* acts for *Bruhanakarya* so results in *Vaata* *shamana* and *Mamsadhatu* *vardhana*.

CONCLUSION :

It can be concluded from above mentioned results that Ayurvedic therapy is effective in relieving symptoms of Quadripareisis. Thus, *Sarvangavata* described by *AshtangaHrudyam* is similar to that of Quadripareisis and can be well treated.

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Case Presentation of Quadripareisis with Odontoid Fracture

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Article_2**Clinical efficacy of “vatatwakkwatha in management of Kaphajyonivyapad
(Trichomonas Vaginitis)*****Vaishali Prakash Pol¹ Jayashree Patil²**

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*** Corresponding Author:** Email Id: vaishupol26@gmail.com , Mob. 7875597635**Abstract:-**

The word “StreeRoga” describes about pathological conditions of stree, a female who is in menstrual phase. It is clearly denotes the genital and perigenital problems specially limited to woman starting from menarchae to menopause.

Trichomonas Vaginitis is one of the common gynaecological problems faced in daily practice. A clinical trial was conducted on patients of Trichomonas Vaginitis.

Patients were treated with vatatwakKwatha(FicusbenghalensisLinn)for yonidhawana(vaginal irrigation) For a

proper screening of the efficacy of the drug Total 30 female patients of Trichomonas Vaginitis were selected for 7 days in this study.Finally effectiveness of drug is assessed.

Keywords: Kaphajyonivyapad, Trichomonas Vaginitis, &vatatwakKwatha.

INTRODUCTION:

The illness based on the female genital tract is known by the name “Yonivyapada”

The word Yoni refers to the different parts of female genital tract or whole genital system including Hypothalamo Pituitary ovarian axis.

Certain diseases may not be life threatening but troublesome and irritating to an individual in day to day routine activity. "Kaphaja Yonivyapada" is one of among them increasing day by day and demanding greater concern over it. If it is left untreated may lead up to infertility, premature labour, abortions and predisposes to malignancy (Jeffcoate's) 5. That's why it is one of the most common disease in population and is merging as a major health problem in the developing world.

Cardinal symptoms of Kaphaja Yonivyapada are Yoni Kandu (vaginal itching), Yonistrava (vaginal discharge) and Yonivedana (pain at vagina). Other symptoms are burning micturition, dyspareunia. For Trichomonas Vaginitis.

The treatment It is observed that the effect of treatment which use to give for Trichomonas Vaginitis is temporary one and chances of recurrence of the disease are high so, present study is planned to evaluate the effect of Ayurvedic drugs on the disease. As per Ayurvedic viewpoint, this disease is caused by vitiation of Kaphadosha. So, the selection of the drug was done according to the nature of the disease and Doshika predominance. Yonidhawana is considered

the best and the most specific procedure as mentioned in this context study has been completed on the role of "vatatwak Kwatha" for yonidhawana in Kaphajyonivyapadw.s.r. to Trichomonas Vaginitis.

SAMPRAPTI: (ETIOPATHOGENESIS)

In the manifestation of yoni rogas, it is observed that there is dominance of vata along with other doshas and dushyas.

Charaka and Vagbhata described the samprapti of yonivyapadas in following pattern, due to their own reasons, first the doshas become deranged and get united in yoni and garbhashaya producing signs, symptoms and complications.

- Kapha, vitiated due to excessive use of abhisyandi (articles

Producing oozing or serous effusion) substances reaches reproductive system & causes unctuousness, coldness, itching & dull pain in vagina. The woman looks anemic & discharges yellowish unctuous menstrual blood is the opinion of Charaka.

- **Dosha** : - Kledaka Kapha, Pachaka Pitta, Samana & Apana Vayu
- **Dushya** : - Rasa, Mamsa, Meda, Artava,

- **Strotodushti:** - RasavahaStrotas, Medovaha Strotas, Artavavaha Strotas

LAKSHAN(Clinical Features):

- Yonigatstrava
- Yoni kandu
- Yoni vedana

**TRICHOMONAS VAGINITIS
(TRACHOMONIASIS) – MODERN
VIEW**

This is the most common form of vaginitis and is found in approximately 50% of women complaining of vaginal discharge.

It occurs at any age from birth onwards but most often in young adult. The trichomonas group of organisms is found in the mouth, bladder and large bowel. morphological characteristics slightly different from the others. It is an ovoid motile flagellated parasite 15-20 µm in width, although smaller forms are described. It has four anterior flagella and an axostyle which traverses its body to end in a spike.

The infection is often contracted during intercourse with a male harbouring the organisms in the prepuce, urethra or prostate, the incubation period being 3-28

days. Transfer of the organisms from one individual to another by indirect contact certainly happens. Contaminated domestic towels, bed linen and personal clothing, improperly sterilized surgical instruments such as specula, bath tubs and possibly swimming pools are likely media for transfer. The optimum pH for the trichomonads is 5.5-6.5 and this or a slightly higher level is usually found in the vagina when the disease is present.

Pathology

The infection is essentially of the vaginal epithelium and the parasites shelter between the rugae. It is possible that they may penetrate between the surface cells but deeper, and they induce the usual tissue inflammatory reaction.

Clinical Features

A sudden onset of purulent vaginal discharge, the itching being felt around and within the introitus. Dysuria Vaginal tenderness and congestion result in dyspareunia.

The vagina may be diffusely fiery red in colour but often present strawberry appearance.

Research study conducted on Vata/ Trichomonas Vaginitis from internet.

- Wound-healing activity of ethanolic and aqueous extracts of *Ficus benghalensis*
- Aqueous Extract of *Ficus benghalensis* Linn. Bark for Inflammatory Bowel Disease
- Development of quality control parameters for the standardization of stem bark of *Ficus benghalensis* Linn.
- *Ficus benghalensis* Linn.-an overview
- Prospective study of trichomonas vaginalis infection and prostate cancer incidence and mortality: physicians' health study.
- Sexually transmitted parasite trichomonas vaginalis twice as prevalent in women over 40, study finds

AIMS & OBJECTIVES:

Aims: To study the efficacy of “vatatwak Kwatha” for yonidhawana in Kaphajyonivyapad w. s. r. to Trichomonas Vaginitis.

Objectives:

1) To study the KaphajYonivyapad w. s. r. to Trichomonas Vaginitis

in both modern & Ayurvedic classics.

2) To study the effect about the drug “vatatwak Kwatha” in kaphajyonivyapad w. s. r. to Trichomonas Vaginitis.

MATERIALS& METHODS:**MATERIALS:****Inclusive criteria:**

- Patient irrespective of caste, income group and any occupation will be selected.
- Patient suffering from kaphajayonivyapad.
- Age group: - 18 – 35 yrs.

Exclusion criteria

Patient suffering from Major illness e.g. malignancy, TB, HIV etc.

Cervical lesions, Bacterial infections, Gonorrhoea, Syphilis, Pregnancy

Vatatwak Kwatha

Charaka has mentioned vatatwak Kwatha^[13].

Vatatwak Kwatha is prepared by collected in to kwathapatra & added to 16 times of water & it is kept overnight, next day morning, contents are heated over

mriduagni (low Temperature) till total contents get reduced to ¼ part, then contents are filtered with clean cloth and the obtained kwatha was used for yonidhavan.

METHODS:

30 patients of Trichomonas Vaginitis from indoor & outdoor department were selected and diagnosed on the basis of sign and symptoms. Freshly prepared 500ml vatatwakKwatha was used for yonidhavan daily in the morning up to 7 days.

Yonidhavan was done in three stages:

- 1) Purva karma,
 - 2) Pradhan karma
 - 3) Pashchyat karma
- All The above said Karma are done with aseptic precautions.
 - Follow up of all patients was done on 15th day for recurrence of symptoms.
 - Total absence of intercourse was advised for the period of 15 days.

Criteria of assessment:

The patients were diagnosed on the basis of signs & symptoms of the disease and confirmed on per speculum examination. The gradation adopted for

assessment of result as mentioned in the table-1.

- 1) Yoni kandu
- 2) Yoni strava
- 3) Yoni vedana

Table-1 Gradation of clinical features:

Grade	YONI VEDANA	YONI KANDU	YONI STRAVA
0	No H/O Yoni vedana	No H/O Yoni kandu	No H/O Yoni strava
1	Occasional No disturbance in daily routine	Occasional	No H/o staining undergarment
2	Need to take rest, unable to do routine work	Need to scratch, unable to do routine work	Slight staining of under garments
3	Need to take analgesic, unable to do routine work	Excessive scratching, disturbed sleep	Need to put some sanitary pad

Trial Group

30 Patients treated only with Yoni dhavanwith vatatwakkwath for

consecutive 7 days. For yoni dhavan amount of the vatatwakkwatha 500ml was used and As per textual reference, yonidhavan was done in three stages :i.e. purva karma, pradhan karma and pashchyat karma as with aseptic precautions.

• **Procedure of Yonidhawana: -**

SthanikChikitsahas been enumerated as an important part of YonivyapadaChikiitsa.

• **Instruments used for Yonidhawana: -**

1) Douche Can : - It contains one cylindrical can, one tubular

pipe, nozzle key and nozzle.

2) Long Artery Forcep.

3) Swabs

4) Labor Table

5) Drug :-vatatwakkwath500 ml.

A. Purvakarma : -

1) Patient was made to void urine.

2) Patient was made to lie on a table in lithotomy position.

3) Bed pan was kept.

4) Freshly prepared kosha Kwatha was used.

5) Equipments were connected serially, Kwatha poured in enema can.

B. Pradhanakarma : -

1) Enema can was held at 2 – 2.5 feet height by an attendant.

2) No kinks were kept in a tube.

3) Nozzle key is opened.

4) Bahya yoni prakshalan was done by separating labia majora with left hand.

5) Labia majorawas separated to find out vaginal orifice. Then tip of the nozzle inserted into the vagina about 4 – 5 inches and yonidhawana was done.

C. Paschatkarma :-

1. Patient was advised to lie down on table for 10 min.

2. After this vagina was cleaned with the help of swab and long artery forceps till the swab became dry.

3. Patient was advised for total absence of intercourse for 15days.

DISCUSSION:

The discussion while studying the efficacy of Yoni dhawanwith vatatwakkwath For the present study internal medication was not given orally and also vatatwakkwath Yonidhawana was given. Sthanik chikitsa has been enumerated as an important part of Yonivyapadachikitsa.

Probable mode of action of Yoni dhawana :

1. As the name Dhawana suggests cleaning, it washes out the secretions & discharges of vagina.
2. The action is mainly by the drugs used in preparation of the kwatha.
3. It deals with the altered pH of vagina thus not favouring the micro-organisms invasion.
4. The action of drugs used is kandughna, stravaghna, shulaghna properties.

On Kandu

In present study Kandu was present in all 30 patients before treatment. There was complete cure in 28 patients by 7th day where as 02 patients remained in the improved category. since P value < 0.05.

On Strava

In present study Strava was present in all 30 patients before treatment. There was complete cure in 26 patients by 7th day where as 4 patients remained in the improved category. since P value < 0.05.

On Yoni Vedana

In present study Yoni Vedana was present in 30 patients before treatment. There was complete cure in all 30 patients by 7th day. since P value < 0.05.

Discussion on overall effect of the therapies

In present study out of 30 patients complete cure was found in 81.25%, where as 18.75% patients remain uncured.

Discussion on Recurrence of the therapies

In present study there was no recurrence of the disease, It indicates that the effect of Ayurvedic therapy on the Recurrence of Kaphaja Yonivyapada was more significant.

Observations:

- Kaphaja Yonivyapada in modern parlance has similarity with the disease Trichomonas vaginitis.
- In the present study majority of the patients were found in the age group of

21 - 35 years which reflects the incidence of Kaphaja Yonivyapada comparatively more in this particular age range. Even then, studies of a large group of patients were required for the concrete conclusion.

- Maximum patients had the history of kaphakarahara and Mandagni which clearly shows the role of Ama formation in the Majority of the patients of the study were consuming Madhura Rasa dominant food, followed by Lavana, Katu and AmlaRasa reflects that these Rasas are the supplementary agents for the causation of KaphajaYonivyapada.
- Distribution of the patients according to the manifested symptoms showed that yoni kandu, yoni strava, yoni vedana was the cardinal signs and symptoms of the disease KaphajaYonivyapada.
- The incidence of kaphajayonivyapad was found higher in low socio-economic status than the higher socio-economic status patients.
- The Nutritional status and hygienic conditions were good in the higher class.
- Diwaswap, dietic habits, strain, night duties were found to be the main causes of kaphajayonivyapad.

- It was follow that many patients have kaphavardhakaahara with the same type of vihara
- vata is kashay-rasatmak, katu-vipaka, veerya-sheeta, gunas-ruksha and guru. so it acts kapha-pittaghna, vedanasthapak and garbhashayashothahara.

CONCLUSION

Study concluded that vatakwath yoni dhavan is effective in management of kaphajayonivyapad and need to compair with the standard control group..

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CORRELATION BETWEEN AMA & FREE RADICAL THEORY

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ABSTRACT

Ayurveda, the ancient medical system and the Science of life can be considered as the art of healing and prolonging life. Philosophical and Scientific base of *ayurveda* is the rich store house of hidden treasure of principles and practices. *Ama* is an important factor in pathology of any disease. In the present article the theory of *ama* has taken into consideration to justify the philosophical depth of *ayurveda* with its contemporary scientific understanding. The cause for production of *ama*, way of its formation, characteristics and nature of affecting *dosa-dhatu-malas* almost matches with the contemporary concept of Free radical Theory. Thus effort

has been made here to understand the correlation between these two theories.

Keywords – *Ama*, Free Radical Theory, *Agni*, *Agnimandya*

AIM & OBJECTIVES –

1. To study the role of *Ama* in pathology.
2. To study the role of Free Radical in pathology of disease.
3. To understand the correlation between *Ama* & Free Radical.

INTRODUCTION -

The free radicals can be compared with that of the *Ama*. In the present clinical understanding the *amavata* (Rheumatoid

Arthritis) is compared with the disease rheumatoid arthritis and the role of free radical in causing the rheumatoid arthritis has been established. Much importance is given to *ama* in the manifestation of disease in *ayurveda* which simulates the Free Radicals. A correlation between *Ama* and Free radicals seems to be strongly possible.

AMA - Due to hypofunction of *usma* (*agni*), the food which is not completely or properly digested, yields immature rasa in *amasaya* (Stomach) and due to its retention, undergoes fermentation or putrefication.^[1]

Ama can be described as - raw, uncooked, unripe, immature, undigested or incompletely oxidized or metabolised or similar to a poisonous substance.^[2]

Causes of *Ama* Production^[3]

Even though a poor digestive fire is known to be the main cause behind *ama*, there could actually be several other reasons as well. Some of these reasons are discussed below:

***Agnimandya* (Low digestive fire)** – The body's digestive fire performs the task of digesting food in its entirety. However, when this fire is low, the food we eat is not properly digested and toxins are formed.

When these toxins get retained in the intestine for a longer time, they become fermented and cause health problems.

***Mala Sanchaya* (Waste accumulation)** –

When the body liberates heat and energy, the tissues get disintegrated and certain minute waste products are formed (known as *kleda*) during this process. Up to a certain limit, the existence of this waste is essential for the body and the excess waste is excreted. When this excretion process becomes inefficient, these waste products get accumulated in the body, resulting in the formation of *ama*.

***Dhatu-agnimandya* (Low tissue fire)** –

Tissue fire plays an elemental role in the process of *dhatu* (tissue) formation from nutrient plasma^[4]. Thus, when the tissue fire of a particular tissue is diminished, the formation of that tissue remains incomplete and *ama* is produced. Tissues containing *ama* are known as *Sama Dhatu*.

***Krimi Visha* (Bacterial toxins)** – During infections caused by bacteria or viruses, the body liberates toxic substances that can cause diseases.

***Ama* - root cause of disease^[3]**

Majority of the endogenous diseases actually begin with the formation of *ama*, which has tremendous capacity to vitiate the *dosas*, thus disturbing the homeostasis (*dhatu-samya*). The *ama* thus formed manifests itself either locally (in the G.I.T.) or systemically by obstructing the macro and micro channels. The disease thus produced, clinically manifests itself in form of various signs and symptoms. These signs and symptoms are the principle tools used by a physician to diagnose the disease and treat it promptly. *ama* and various diseases produced by it may be identified / diagnosed by looking for a number of objective and subjective symptoms, which have been described in various *ayurvedic* classics. But with the recent trends of thinking, the latest approach to the study of the physiological as well as pathological states of the human beings has been directed more to the parameters which are better understood either by direct cognition or inference based on laboratory investigations done in vitro.

WHAT ARE FREE RADICALS?

A free radical is an atom or molecule that contains one or more unpaired electrons and discontented with such a conformation, it will try to seek stability either by donating its electron to other molecule or acquiring

an extra electron from adjacent molecules. Thus free radicals are highly reactive. (Salvemini and Bottling, 1990)^[5]

Causes of Free Radicals^[6] –

Radiation, ionizing as well as electromagnetic fields

Sunlight & ultraviolet light, especially UV-ray, Pollution, Toxic metals, Pesticides, Chemicals and Pharmaceuticals.

Oxidation – Smoking, alcohol, diet.

Free radicals are produced in a number of ways in biological system.

Free Radical Theory –

Attributed to Denham Harman (1950)

Lifespan is in inverse proportion to metabolic rate.

The metabolic rate is proportional to oxygen consumption.

Oxygen free radicals lead to tissue damage and ultimately death.^[7]

“85% of chronic and degenerative diseases are results of oxidative damage.”^[8]

Free radicals are very unstable and react quickly with other compounds, trying to capture the needed electron to gain stability. Generally, free radicals attack the nearest stable molecule. When the attached molecule loses its electron, it becomes a free radical itself, and thus begins a chain reaction. Once the process is started, it can cascade, finally resulting in the disruption of a living cell. Due to this acceptance and donation of free electron, it will make of another free radical. The newly produced free radical is unstable in most cases and thus it can also react with another molecule to produce another free radical.^[5]

Free radical – main cause of disease

The theory of free radicals which has been proven in recent years considers these free radicals (unstable reactive radicals) as the main cause of many diseases and degenerative changes produced in the human body.^[9] These free radicals may damage any cellular content and also destroy the genetic machinery of the cell. They produce destruction of the cellular membrane which results in loss in the organization of cellular enzymes, a disturbance in the distribution of nutrients and dysfunction of cellular metabolism. The sequence of events eventually leads to

various disease processes.^[9] In accordance with the present scientific knowledge, the excessive production of free radicals in the organism, and the imbalance between the concentrations of these and the antioxidant defenses, may be related to processes such as aging and several diseases, among which main are cancer, ischemic processes, senile dementia, diabetes, pulmonary and pancreatic diseases, lupus-erythematosus, cirrhosis, intestinal inflammatory diseases, multiple sclerosis, arthritis, arteriosclerosis, cardiovascular diseases, diseases of the central nervous system and the brain.

FREE RADICAL DAMAGE :

1. Free radical damage may involve any cellular content. These include mitochondria, lysosomes, peroxisomes, nuclear endoplasmic reticulum and plasma membranes as well as sites within the cytosol. All are vital for the normal metabolic functions of the cell.
2. Free radical damage culminates in cross-linkages, denaturation, inactivation. The genetic machinery of the cell may be damaged which is a major disorder in ionizing radiation. Damage to the DNA

- molecule may result in mutagenesis and carcinogenesis.^[10]
3. Oxygen plays a key role in the generation of free radicals and lipid peroxidation. Molecular oxygen is uniquely suited for free radical production because its two unpaired electrons cause the molecule to participate in redox reactions at the kinetic energy levels available in biological systems. Damage to intracellular membrane, lipoprotein assemblies by oxidant free radicals can have profound adverse effect in the cell.^[10]
 4. The structure, chemistry and functions of these cell membranes are extremely complex. When destructive free radical molecules come in contact with these membranes they can produce lipid peroxidation and membrane destruction. The destruction of their membrane may result in a loss in the organization of cellular enzymes, a disturbance in the distribution of nutrients and a dysfunction of cellular metabolism. This sequence of events is a part of the degenerative disease process and the production of atherosclerosis.^[10]
 5. Biological molecules can be raised to higher energy states by exposure to ionizing radiations and thereby become reactive. Oxygen makes cell more sensitive to radiation. Oxygen reacts with the free radicals produced by radiation and may further enhance the destructive reactions within the molecules of the cells.
 6. Biochemical reactions are generally characterized by specific, orderly reactions. However free radicals react with little regard to selectivity. They can initiate a chain reaction which even at very low concentrations can cause serious toxic effects in biological systems.

CORRELATION BETWEEN CONCEPT OF AMA AND FREE RADICAL THEORY

Ama is not a single entity but is a generalized term which can be applied to many malformed substances in the body. This *ama* is responsible for the production of various diseases. In the same way free radicals are also found to be the root cause of many diseases. Free radicals can be considered under the umbrella of *ama*.

1. Free radical is an atom or molecule that contains one or more unpaired electron, which requires neutralization by free radical scavengers. Thus it exists in an incomplete metabolic state which is also the state of *ama* described as *avipakvam* ^[3] (incompletely digested/metabolized).
2. Next it is seen that when produced, free radicals are in assimilable to body components and exist in free state. Similar is the case with *ama* when it is produced it remains in inassimilable state and hence termed *asamyuktam*.^[3]
3. Free radicals cause damage to cell membrane and thus the cell is destroyed. This destruction may lead to putrefaction and foul smell generation which is similar to one of the property of *ama* described as *durgandham*.^[3]
4. Though *ama* remains in the body as *asamyuktam*, but due to its properties like *bahupicchilam* etc. it sticks to normal healthy body tissues very quickly. Similar is the case with free radicals. To seek stability in their structure they quickly attack

the healthy molecules of the body and thus setting a chain reaction.

From above one can observe that properties of free radicals are similar to the properties of *ama* described in classics.

PROCESS OF PRODUCTION OF FREE RADICALS AND AMA IN BODY -

1. Free radicals are said to be produced in the body in abundance when equilibrium between its generation and body's primary defense is disturbed. The primary defense of the body includes the activity of certain enzymes like superoxide dismutase, catalase and glutathione peroxidase.^[11] The impairment of these enzymes can lead to production of free radicals. Similarly *ama* is also being produced whenever there is malfunction of *agni* in the body. Many modern *ayurvedic* scientists consider the action of various enzymes as the action of *agni*. Therefore it may be concluded that impairment of *agni* at cellular level causes the generation of free radicals.^[12]
2. Some exogenous causes are also responsible for free radical

production like pollutants, dangerous chemicals, certain food products. All these may be termed under the heading of *mithyahaaravihara*. (faulty diet and practices).

3. Certain enzymes produce radicals as intermediary substances, which are supposed to go into further metabolism, but they somehow jump out of the normal metabolic cycle and work as harmful entities. In case of *ama*, it is seen that *ama* is also an intermediary metabolite in the process of digestion at different levels and if the process is not completed or *ama* remains as it is, it becomes harmful to body.
4. Certain toxic substances like heavy metals also produce free radicals. *Ama* is also said to be produced from *visaja dravyas* (poisonous substances). Processes which are responsible for free radical production are studied in detail in modern science. Auto-oxidation, consequent inactivation of small molecules such as reduced thiols and flavins, electron transfer etc. are few such processes.^[5]
5. Total number of types of free radicals is still not known.

Depending upon the site and method of production many different forms of free radicals are produced. *Ama* also cannot be classified into specific types, as each cell of the body has its own *agni* and depending upon it many different types of *ama* are produced. .

HOW DOES THE PRODUCTION OF DISEASE OCCUR FROM BOTH AMA AND FREE RADICALS?

According to *Susruta*, a disease is produced in six steps (*kriyakala*) viz. *sancaya*, *prakopa*, *prasara*, *sthanasamsraya* *vyakti* and *bhedavastha*.^[13] In cases of diseases produced by *ama*, *sancaya* of *ama* is first step. It happens due to impairment of *agni* at that place. Similar is the case with free radicals, at certain site due to impairment in action of free radical scavengers increased production of free radicals takes place. When this *sancaya* or accumulation is in small amount it does not cause any harmful effects, but if treatment is not given, this *sancaya* exceeds the threshold. Then it starts producing minimal symptoms, this is the stage of *prakopa* (vitiation of *dosas*). After this stage, *ama* goes into circulation; same is the case with free radicals. Now this *ama* requires a site for creating disease in

form of *khavaigunya*, (pre-existing defect or organ-tissue weakness) which should be considered as weakness in any body tissue where *ama* may get *sthanasamsraya*, (localization of lesion) or may adhere with the tissue or cells. In case of free radicals also, they look for a site which is weak and can easily take part in electron exchange with them. Therefore depending upon this site of *khavaigunya*, (pre-existing defect or organ-tissue weakness) different diseases are produced in different manner from same root cause, i.e. *ama* or free radicals. This is the stage of *sthanasamsraya*. Now symptoms of diseases become clear. All pathologies described in modern science are from this stage. In modern science stages earlier to this are rarely considered. After this stage pathology at gross level becomes visible. If even at this stage the disease is not treated it leads to complications which are described in *ayurvedic* classics as *updravas* (complications).

From above discussion it becomes clear that the method of production of disease at its basic level is described in similar manner in modern as well as in *ayurvedic* literature. Free radical theory is one of the biggest clues which help us in

understanding the phenomena involved at the molecular level of *ama*.

CONCLUSION

On basis of similarities found between the factors namely free radicals and *ama* one may say that "the all too-vital concept of *ama* which supplies the pathological basis of *ayurveda* is perhaps the original source of the free radical theory." The above speculation leads to the conclusion that the earlier *ayurvedic* concept of *ama* can be explained to the modern man by justifying it with the help of biochemical parameter called free radicals. Free radical can be a future parameter to measure the depth of pathology.

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EFFECT OF SOOKSHMA TRIPHALA IN POST OPERATIVE SURGICAL WOUND CARE W. S. R. TO WOUND FIBROSIS

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ABSTRACT

Effective use of *Ayurvedic* drug in postoperative wound care in major surgical procedure is basic concept behind this clinical trial. For this study all patients are taken from study centre. Total 40 pts were included in study group; In Group-A(n=20) *Tab-Sookshama Triphala* 1gm three times a day while in Group-B(n=20) *Tab-Seera*(serratiopeptidase) 10mg two times a day was given from 2nd to 15th postoperative day. In all patients wound dressing removed on 3rd post operative day to examine wound stitches were removed on 8th post operative day. Assessment of wound done for gaping, sokage, exudates & dehiscence on 3rd 8th &

15th post operative day. In Group-A wound fibrosis decreases significantly on 15th post operative day but in Group-B which was persist. Patients of both groups showed similar relief in pain, local tenderness, induration but significant difference observed in wound fibrosis. Hence the treatment is equally effective in both groups for pain, local tenderness & induration but on post operative wound fibrosis Group-A shows comparatively good result then Group-B. Study concluded that *Sookshma Triphala Vati* is equally effective when compared with modern drug in post operative wound care & showed better result on post operative wound fibrosis.

Hence *Sookshma Trifala Vati* is practically reliable to use in post operative wound care to manage post operative pain & wound complications.

Keywords: Post operative wound, *Sookshma Trifala Vati*, Wound healing, wound fibrosis.

INTRODUCTION:

Surgery is a definitive treatment for various organic diseases. Surgery can save life of patient in certain diseases where medicine shows very little role. In modern medicine surgical branch became very advanced due to many factors like advanced anesthetic techniques, anesthetic drugs, advanced surgical instrument & equipment, antibiotics, advanced suture material, advanced sterilization techniques, sterile operation theater & analgesic, anti-inflammatory drugs. Hence morbidity & mortality rate decreases positively during and after surgery. In spite of all these advances surgery related complications occurs in that wound related complication are common. In surgical wound complications pain, infection, gaping, scar fibrosis, long standing scar tenderness are common complications. In modern medicine analgesic, anti-inflammatory

drugs, antibiotics are available to overcome these problems but analgesic & anti-inflammatory drugs causes moderate to severe gastritis. This affects appetite & diet of the patient. In post operative management & care proper diet is very important. In *Ayurveda Acharya Susruta* described shasthiupkrama (60 measures) for surgical & non surgical wound care^[1]. *Ayurvedic* medicines are very useful to relive post operative pain, induration, gaping, excessive scar fibrosis without affecting appetite of patient^[2-5]. Instead of affecting appetite of patients these drugs enhances appetite which is very useful in post operative management. To minimize post operative wound complication & modern drug related side effects this study has been planned with aim to evaluate efficacy of '*sookshma triphala vati*' for post surgical wound care.

Materials & Methods:

Material:

40 post operative (gynaecological & obstetric) patients were selected for this study.

Drug: *Tab-Sookshma Triphala* -250mg
(Ayurved Rasashala Pune Batch no. 12544-13000),

Tab-Sera10 mg (serratiopeptidase)

Method:

Post operative (gynaecological & obstetric) patients were selected from I.P.D. & divided into two groups. All patients were undergone for major surgical procedure. In all patients Pfannenstiel incision taken & abdomen closed layer wise with vicryl No-0. No sutures were taken to approximate subcutaneous fat. Skin sutured with vertical mattress suture with Barbados no-60. In Group-A(n=20) *Tab-Sookshma Triphala* 1gm three times a day while In Group-B(n=20) Tab- Sera(serratiopeptidase)10mg two times a day was given from 2nd to 15th post operative day. In both group Tab-Zerodal (Diclofenac sodium) was prescribed to all patients from 2nd post operative day up to two days. Surgical wound dressing

opened on 3rd post-operative day. Cleaning of wound done & betadine ointment applied locally & no dressing done to observe wound & to see result of treatment.

Surgical wound examination done daily & result noted on 3rd, 8th & 15th post operative day as per subjective & objective parameter adopted for this study. All skin sutures removed on 8th post-operative day discharged on same day. All patients from both groups were called for follow up on 15th post operative day to observe final result.

OBSERVATIONS AND RESULT

To study the effect of *Ayurvedic* drug on post operative wound care observation & calculation according to following charts. After observing all data statistical calculation are done to find out the treatment is effective or not. All statistical calculations are done by applying 't' test, chi Square test and 't' value is calculated to reveal 'P' value to decide effectiveness of treatment.

The table showing post operative cases in both groups:

Group	Hysterectomy	LSCS	Total
Group-A(n=20)	13	07	20
Group-B(n=20)	12	08	20

The table showing the difference of difference in both groups.

Parameter	X1	X2	S.D.1	S.D.2	S.E.	t	P
Pain	2.15	1.85	0.6708	0.4894	0.259	1.1583	>0.05
L. Tenderness	2.15	1.8	0.4894	0.5231	0.2265	1.545	>0.05
Induration	0.95	0.9	0.3940	0.6407	0.2314	0.2160	>0.05
Fibrosis	-0.1	-0.7	0.3078	0.5712	0.1966	3.05	<0.05

Unpaired 't' test used for the difference of difference in both groups for pain, local tenderness & induration 't' value is 1.1583, 1.545 & 0.2160 respectively & 'P'>0.05 which shows that there is no statistical significance because both groups shows same effects on post operative pain relief local tenderness & induration. Unpaired 't' test used for the difference of difference in both groups for fibrosis 't' value is 3.05 and 'P'<0.05 which shows that there is statistical significance in both group on post operative wound fibrosis.

Discussion:

To prove the effectiveness of *Sookshm triphala vati*^[17-18] in post operative wound care following objective parameters were taken i.e. local tenderness, induration & fibrosis. *Sookshm triphala vati*^[17] contains *triphala churna*^[2] & *kajjal*^[12]. *Triphala*^[2] is rich in Vit-C it

shows antibacterial action when given locally & orally^[2-5]. *Triphala* also shows astringent, anti inflammatory & antiseptic action so it hastens wound healing process^[11]. *Triphala* contains collagen which acts as cementing material & required in the process of blood clotting^[8]. *Triphala* hastens the process of phagocytosis^[9] hence dead cells & debris are easily eliminated from wound^[6-7]. *Triphala* increases blood supply towards wound & accelerates granulation tissue formation at wound^[10].

Kajjali^[12] is a *khalvi rasayana*^[17] it acts as catalyst hence enhances absorption of herbal pharmacological molecules so increases bioavailability injected drug^[18]. Drug effect is more after addition of *kajjali* so helpful in reducing doses of drug^[13]. It binds with mucosal coat of GIT hence produces pharmacological sustained release of drug better crosses blood intestinal barrier^[14]. It shows anti IgE mediated

reaction & scavenges circulating immune complexes^[15]. It shows immune enhancing effect, cellular rejuvenative effect, systemic detoxification & antioxidant effect^[16]. Again it maintains half life of the herbal drug molecules for longer period. *Kajjali* shows a bacteriostatic & bactericidal action when given orally^[19-20] All these properties of *Sookshm triphala vati* are utilized in the management of post operative wound care.

Result:

No gaping, soakage, any exudates, dehiscence found at wound in any patient. All patients were called for follow up on 15th post operative day. No tenderness, excessive wound fibrosis observed in any patient from study group. The wound fibrosis observed from 8th post operative day in both groups. In study group wound fibrosis decreases significantly on 15th post operative day but in control group which was persistent. This study shows that in both group similar findings were observed for pain, local tenderness, induration but significant difference observed in wound fibrosis & in study group no anti-inflammatory used after 4th post operative day. Hence the treatment is equally effective in both groups for pain, local tenderness & induration but on post operative wound

fibrosis Group-A showed comparatively good result then Group-B.

Summary & Conclusion:

Study concluded that *Sookshma Triphala Vati* is equally effective when compared with modern drug in post operative wound care & showed better result on post operative wound fibrosis. Hence *Sookshma Trifala Vati* is practically reliable to use in post operative wound care to manage post operative pain & wound complications.

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EFFECT OF SOOKSHMA TRIPHALA IN POST OPERATIVE SURGICAL WOUND CARE WITH SPECIAL REFERENCE TO WOUND FIBROSIS

Shailendra D. Katakoud

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**CLINICAL EFFECT OF GOKSHUR POWDER, HONEY AND
SHEEP MILK ON URINARY IN RENAL CALCULUS**

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ABSTRACT:

- 1) **Objectives:** As India is a tropical country, there are multiple patients suffering from Urinary calculi i.e. urolithiasis, and in modern practice there is no complete remedy except surgery for this. The purpose of my study is to assess the clinical efficacy of stated medicinal treatment over urolithiasis by the sushruta.
- 2) **Method:** The process to give the stated medicine is completely under manual supervision upto 7 days of treatment and follow up after 30, 45 and 60 days by the personal appointment with the patients with their x-ray and USG Readings.

3) Results: The stated research is having excellent results over all types of urinary calculi including old and new cases and size of calculi reduces gradually and finally passes of the calculi through the urinary system.

4) Conclusion: Finally this research is very much useful to the society suffering from urinary calculi without undergoing to any type of surgery and there is definite conclusion about non recurrence of the calculi again.

In Ayurveda under the heading of *Ashmari* all types of urolithiasis are described by Sushruta. There are many formulations for the conservative

management of all kinds of *Ashmari*. Among these *Ajaksheer* (Milk of Sheep), and *Gokhsur* are two also mentioned for treatment of ashmari. In this study these two were tried in the patients of *Ashmari*. For this purpose in trial group (n=30) 10gm Gokshurbeej powder and 10 gm honey given with 100ml sheep milk as *anupan* two times for 7 days. In control group (n=30) only 100ml sheep milk was given two times a day for 7 days. Follow up was done after 30 days, 45 days and 60 days after treatment for recurrence. Study concluded that trial group was found effective to reduce the size of *Ashmari* as well as relief in the symptoms of *Ashmari* as compare to control group.

INTRODUCTION:

Ayurveda is an ancient Science of life as old as human race. It has an ultimate aim to maintain health of healthy individuals and cure the diseased ones.

It is pertinent to give the reference of urinary calculi which has focused in Ayurveda prominently.

Acharya Sushruta, Pioneer of surgery, aetiological factors for Mutraj *Ashmari* viz. Improper and inadequate

Shodhan of body, Dietetic and behavioural ethics and Miscellaneous.^[1]

Acharya Vagbhat explained the general of ashmari like pain at umbilicus, perineum and urethra which are similar like urinary tract infection in modern parlance.^[2]

Today most of the urinary stones need surgical intervention when there is gross hydronephrosis due to obstructive uropathy. There are some specific medicines internally, provided relief up to some certain size of stones without hydronephrosis.

It is worthwhile to mention modern aspect of urinary calculi which emphasizes the need of medicinal treatment up to the size of 6 mm (like forced diuresis, hydrotherapy.) After that it needs surgical treatment. Some non invasive procedures like LASER therapy, ESWL, etc. are also indicated, but these are very expensive and also one cannot assure about the non-occurrence of stone again.

In Sushruta Samhita the management of *Ashmari* is given by Sushruta is Gokshurbeej powder, and sheep milk as *anupan* for 7 day for complete sure of *Ashmari*. Considering these facts this study has been planned with aim to the

clinical effect of Gokshurbeej Churna, Honey and Aviksheer (Sheep Milk) in renal calculus. [3][4]

MATERIALS AND METHODS:

CLINICAL TRIALS:

CRITERIA:

a) Selection Criteria :

- i) Age group within 0 to 60 years.
- ii) Without any complication in urinary tract like UTI, hydronephrosis, hydroureter etc.

a) Trial Group :

Sr. No.	Drug	Quantity	Administration	Duration
1.	Gokshur beej Churna	10 gm.	Lehan	B.D. for 7 days
2.	Honey	10 gm.		
3.	Aviksheer	100 ml.	Anupan	

b) Control Group :

Only Aviksheer (Sheep Milk) is administered 100 ml. B.D. for 7 days.

CRITERIA FOR THE ASSESSMENT OF CALCULI:

iii) Only those patients were selected in which USG and / or X – ray shows presence of calculus in urinary tract.

b) Rejection Criteria :

- i) Patients above 60 years
- ii) Patients having any other major illness with calculus like HT, DM, Heart Disease etc.
- iii) Unconscious patients.

DRUG ADMINISTRATION:

60 patients were divided in two groups. 30 patients were selected in each group.

1. USG Abdomen,
2. Plain X – ray KUB after preparation.

Clinical Signs: 1) Pain 2) Burning Micturition 3) Haematuria

OBSERVATIONS:

Generally teenagers of patients get relief than the elder one while males get more relief than the females. The occupations like continues seating or hardworking both are proven about the calculus and having the similar results.

TABLE NO. 1: Presentation of table & statistical data.

Age in Years	Relief in Pain (%)	Reduction of size (mm)
D – 15	5	4-5
D – 16-30	50	5-10
D – 31-45	40	4-6
D – 46-60	35	5-7

TABLE NO. 2 : PAIN

Follow up Day	Medicinal Group		Control Group	
	X	S.D.	X	S.D.
0 th	2.9	0.3	1.3	0.5
7 th	2.4	0.6	1.3	0.5
30 th	1.1	0.7	1.6	0.5
45 th	0.2	0.5	2.0	0.4

TABLE NO. 3 : SIZE OF CALCULUS

Follow up Day	Medicinal Group		Control Group	
	X	S.D.	X	S.D.
0 th	12.5	11.7	04.4	01.7
7 th	12.5	11.7	04.4	01.7
30 th	04.7	04.9	06.4	02.1
45 th	04.7	04.9	06.4	02.1

TABLE NO. 4 : UNPAIRED ‘t’ TEST FOR SIZE OF CALCULUS

Follow up	S.E.	‘t’	P
00 – 07	0.0	0.9	P>0.05
07 – 30	2.5	4.0	P<0.05
30 – 45	0.0	-	-
00 – 45	2.5	4.0	P<0.05

DISCUSSION:

Here we are giving honey as a Yogavahi dravya to increase the properties of Gokshur and Aviksheer.

PAIN: It markedly reduced due to decreasing the size of calculus, while the marginal ends of calculus becomes blunt, which were sharp before the treatment started which can be seen in USG.

BURING MICTURATATION:

It is also reduced as Gokshur is diuretic i.e. Mutral and flashes the urine outside the system by increasing the volume the urine. It results into decreases acitic PH of the urine.

HEMATURIA:

It also get reduced due to the dissolving of the sharpness of the stone with Aviksheer and Gokshur.

Here we are giving honey as a *Yogavahi dravya* to increase the properties of *Gokshur* and *Aviksheer*.

While treatment process of stated study no complications were noticed.

ANALYSIS:

Though the above all parameters were considered for the assessment but notable changes were observed in above two criteria i.e. size of calculus and pain.

From the above observation we can state that the size of calculus is reduced up to 4 to 5 mm in 30 days. Pain is also reduced from 3+ to 1+ or 0 (Zero). Burning micturition and haematuria is also considerably reduced.

This reduced signs and symptoms are statistically significant.

CONCLUSION:

Cite this article:

From above vivid discussion study concluded that Gokshurbeej Churna, Honey and *Aviksheer* (Sheep Milk) was found effective to reduce the size of *Ashmari* as well as relief in the symptoms of renal calculus.

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THE ROLE OF GOKSHURBEEJ CHURNA, HONEY AND AVIKSHEER (SHEEP MILK) ON URINARY CALCULUS

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To assess the *Amalaki Rasayan* effect in Geriatric problems**Vanita N. Puri*¹**

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Abstract:

In routine practice we came across with so many patients among which geriatrics group is the major class. The ageing process or growing age can't be avoided but it can be delayed at least we can try to treat the changes. Modern medicine treatment fails to give permanent relief from above symptoms completely but *Ayurveda* may satisfactory answer for this that is "*Rasayan Chikitsa*".

Keywords :-*Rasayan, amalaki, geriatrics..*

Introduction:

Ayurveda is a science of life & has described how to live a healthy age through

Dinacharya, Rutucharya & also through some *chikitsa* which promotes strength & immunity mostly included in "*Rasayan Chikitsa*".^[1] Ageing is general response that produces observable changes in structure & function due to environmental stress & disease as well as changes in diurnal habits. *Ayurveda* has emphasis on prevention. *Rasayan Chikitsa* has got its importance on preventing the disease to keep healthy to all living individuals. *Rasayan Chikitsa* is probably promising answer for geriatric problems & the drug which is chosen for this is *Amalaki*.^[2] *Amalaki* is the richest natural source of vitamin 'C', bioflavonoids, flavones polyphenols carotenoids^[5]

The antioxidant effect of Amalaki is significantly greater than that of vitamin 'C'.

Aims&Objectives:

The present research work has been under taken with the following aims & objectives.

- 1) To study the pathogenesis of geriatrics & to correlated it with modern science.
- 2) To assess the effect of amalaki rasayan in geriatric problems specially joint pain, Inactivity, Kshudha Maudhy^[4], Nidranash^[5]
- 3) To introduce an easily available economically cheap & much effective drug for the geriatric problems.

Materials & Methods:

Total 60 patients randomly selected & studied. These patients were selected into 2 groups each consisting of 30 patients. The patients were treated for 90 days.

Group I – Treated with Amalaki Churna & sharkara

Group II –Treated with sharkara

Selection of Patients:

The patients who form the materials of present clinical study will be selected from vrudhashrama, Tapovan, Panchavati, Nasik as there are no. of senior citizens which lived together it was possible for me to get all cases under one roof.

Criteria for Selection of Patients:

The patients were selected for study as per following norms:

a) Criteria for inclusion:

- Age group: above 50-70 Years
- Sex : Both male & female.
- Patients having following signs & symptoms (joint pain / Inactivity / Kshudha (Maudhya)/ Nidra (nash).

Criteria for Exclusion of patients

- Persons below 50 yrs of age
- Persons suffering from diabetes , Hypertension are excluded from present clinical trials.

Objective Parameters:

Criteria for assessment

1. Joint Pain (Knee joint)	2. Inactivity
+++ Severe	+++ Severe
++ Moderate	++ Moderate
+ Mild	+ Mild
0 Nil	0 Nil
3. Kshudha	4. Nidra
+++ Severe	+++ Severe
++ Moderate	++ Moderate
+ Mild	+ Mild
0 Nil	0 Nil

Follow up Chart of Sign & Symptom:

Before T/t		After T/t			
Ist day	(Ist day)	IIInd (7 th day)	IIIrd (14 day)	Iv (30 day)	Vth (90 day)

A pro-forma of case sheet was prepared. Patients were subjected to detail history taking & clinical examination 1st

Observations:

1) Joint Pain :

Cure Grade	Complete	Moderate	Mild	Total
Group I	27	1	2	30

day patient was thoroughly examined & recording pulse, BP, systemic examination done. Patients were called for the five visit. on 1st, 7th, 15th, 30th, 90th days. Follow up sheet was filled with careful observation & examination effect of the drug on each symptom of all patients was recorded in each case pro-forma with follow up chart for assessment of effectiveness of the drug questionnaire has been framed & given to the patient twice before & after treatment. I have also attached the permission letter of the manager of Elder homes written concern of each patient in my present work.

Drug Dose:

Amalaki Churna with sharkara 4gm
twice a day

1) Sharakara 4gm twice a day

Duration of Study: 90 days

Anupana : luke warm water.

Group II	18	4	8	30
Total	45	5	10	60

't' Calculated > to = 8.69 t table = 5.99

This means amalaki Rasayana is more effective in treating joint pain.

2) Kshudha :

Cure Grade	Complete	Moderate	Mild	Total
Group I	27	1	2	30
Group II	18	4	8	30
Total	45	5	10	60

't' calculated = 8.69 > t table = 5.99

This means Amalaki declines kshudha mandhya

3) Inactivity :

Cure Grade	Complete	Moderate	Mild	Total
Group I	12	10	4	26
Group II	6	12	8	26
Total	18	22	12	52

T = calculated 5.99 > t table = 3.514 thus the treatment is significantly effective in reducing inactivity.

4) Nidra :

Cure Grade	Complete	Moderate	Mild	Total
Group I	22	0	1	23
Group II	10	8	5	23
Total	32	8	6	46

T calculated = 15.18 > t table = 5.99

Amalaki find more effective in Nidra Nash.

Observation:

There is reduction in symptoms after 4th follow up in Group I patients compare to II group. At the end of 90 days, the patients of Group I show significant improvement in the symptoms like inactivity, joint pain kshudha (hungryness) & nidra (sleep).

Discussion : -

Amalaki Churna administered in Geriatric patients might got the results by virtue of its Rasayan properties. As it is the highest source of vit c , it acts as the antioxidant it protects cells against free radical damage preventing ageing process. Hence when it improves immunity it gives resistance to fight the geriatric symptoms more effectively & positively.

Conclusion:

After reviewing the whole dissertation work in nutshell following conclusion may given.

- 1) The result of clinical trial itself is a proof to say that Rasayan Chikitsa has definite role in systemic

treatment of Geriatric problems concern with the symptoms like inactivity, joint pain, kshudhamandhya & nidra nash^[3]

- 2) From socioeconomic view concerned drug '*Amalaki Churna*' is easy to perform palatable easily available, cheap which gives prompt symptomatic relief to the patient.
- 3) In geriatric problems the measurable condition of the patient as disability to perform even the routine work this disability can be conquered by *Rasayan Chikitsa* & the patient is in position to perform his regular activities.
- 4) These results of *Rasayan Chikitsa* are encouraging & with this much study it can be said that further research is necessary.

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Case Report of Ligament & Menisceal Tear Of Knee Joint

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Abstract :

Ligament tear is most common in atheletics and also seen in old age people. Traumatic injury can worsen joints in old age whose joints are already degenerated.

Patient come with complaints of severe pain, tenderness, swelling at knee joint and difficulty in walking. According to grades of sprain of ligament and occupation of the patient, treatment is decided. Anti-inflammatory, analgesics, knee braces, rest, physiotherapy can be considered. But a sport person will have to recover from it fast. So surgery advised in severe cases, it is of doubtful benefit sometimes.

Here is a case reported which is successfully treated with ayurvedic management. A combination of *abhyantar chikitsa* and *bahya chikitsa(Utkarika)* was beneficial in relief of symptoms. So it can be said ayurvedic therapy can have a role in management of Knee joint ligament tear.

Key words – *Knee joint, ligament tear, Utkarika.*)

Introduction :

Knee joint is the largest joint in the body and one of the most complex joint. It is also vital to movement. Knee ligaments connect thigh bone to your lower leg bones. Knee ligament sprains or tears are common

sports injuries. Although ligament tear is common in athletes, it is also seen in old age people.

In old age, already there is *dhatu kshaya*, degenerative changes occur in the body. Even a healthy person can get, ligament tear from small injury. So traumatic injury can worsen joints of old age people whose joints are already degenerated.

In modern medicine, depending on occupation, age of patient and grade of tear, the treatment is decided. Sport person with severe injury, surgery is advised. Surgery success is in doubt sometimes. Also, patient contraindicated to surgery, non willing for it the treatment is anti-inflammatory, analgesics, rest, physiotherapy, knee joint braces. But symptoms not relieved fully.

In Aurvedic point of view, it can correlated as Sandhigat vata. *Dah-sweda-upnahanam* is the chikitsa stated in Ayurveda. With that, *asthi kshaya*, *vardhakya awastha*, *bharadhikya*, *vyadiavastha* was considered. Using Ayurvedic principles, the patient was treated. Internally, he was given *asthidhatu balya chikitsa* and locally *doshpachak lepa* & then *Utkarika*. Within a week he got mild

relief , treatment was continued for 1 month. He got 75% relief. From above case, we can say Ayurveda can have role in treating Knee joint ligament tear.

Case Report :

A 60 Years old male patient of anup desha with kapha prakriti consulted at OPD of Kayachikitsa dept. with complaints of -

Chief complaints: Following symptoms are developed in patient since 4 yrs & these are increased from 6 months.

1. Lt knee joint pain & swelling
2. Pain increases on walking
3. Heaviness in left knee joint

The patient was apparently alright before 4 yrs, then he had trauma to his left knee joint. He had swelling & pain at that joint. He consulted at orthopaedician who advised him to TKR (total knee joint replacement).The patient was not willing for the same ,hence came in podar hospital to take ayurvedic treatment. He also took ozone therapy. His symptoms aggravated since 6 months.

Family history: NAD

K/C/O: HTn since 3 years under treatment
T.Amlo AT 1 OD.

Past history: Accidental trauma to left knee joint, 4 years back. Patient hitted on the door accidentally.

Addiction: occasional alcoholism, smoking

Samanya Parikshana:

Nadi: 72/min regular

Agni: Tikshnagni

Akruti: Sthool

RR: 18/min

Mala: Malavashtambha

Prakruti: Kapha pradhan vatanubandhi

BP: 130/80 mm of Hg

Mutra: Samyak

weight: 100 kg

Koshth: Krur

Jivha: Alpa saam

Strotas Parikshana:

All the strotas within normal limit except

1)Asthivaha: Lt knee joint pain

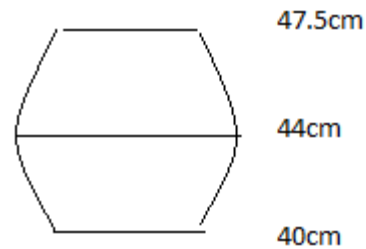
2) Majjavaha: Sandhi Parikshana (Joint examination)

Lt knee joint :

i) Crepitus:+++

ii) Swelling:++

iii) Girth:



i. Restriction of movements(karmagraha):++

Flexion & extension painful

Investigations:

X ray Knee joint (10/06/2013) severe space reduction in medial compartment of left knee joint with marginal osteophytes.

MRI Lt knee joint (12/06/2013): extrusion of medial meniscus with complex grade III tear involving the body & posterior horn of the medial meniscus.

Grade III tear of the medial collateral ligament.

Grade II sprain of the anterior cruciate ligament.

Grade I sprain of the posterior cruciate ligament.

Partial tear of popliteus muscle.

Severe changes of osteoarthritis involving the knee joint with the medial compartment affected to a greater extent.

CBC, ESR, LFT, RFT, Lipid profile, BSL: WNL

➤ **Samprapti**^{[1][2]}:

हन्तिसन्धिगतः सन्धिन् शूल आटोपौ करोति
च । सु.नि.१/२८

वातपूर्णं दृतिस्पर्शः शोथः सन्धिगतेनिले ।

प्रसारणाकुंचनयोः प्रवृत्तिश्च सवेदना ॥
च.चि.२८/३७

Hetu: Sanniprkrushta: trauma to It knee joint→ snayu cheda & kandara cheda→ saurambha→ sandhishoth, shool, karmagraha Viprkrushta : Sthaulya→ continuous pressure on knee joints→ & old age (vardhakya) → sthanik dhatukshaya

(asthi, snayu, shleshak kapha kshaya)→ sandhistanirukshata,kharata, saushirya→ sandhiatopa,Vatapurnadrutisparsha, sandhishoola→ **Sandhigata vata**

Chikitsa^[3]:

सन्धिसम्प्राप्ते कुर्यात् विचक्षणः।

स्वेदोपनाहसंमर्दस्नेहादिक्रमः॥

योगरत्नाकर, वातव्याधीचिकित्सा,

स्नायुसन्ध्यस्थिगते १/१

Treatment Given :

❖ Panchakarma chikitsa :

1) Bhadranimbukulthadi Basti 350ml
for 14 days(in sama awastha)

2) Pachatiktaghrutaksheer Basti 100ml
for 14 days(in niram awastha)

Basti Nirman :

➤ Poorva karma

Krutashouchvidhi, on empty stomach for niruha.

After food for Panchatikta ghrutaksheerbasti.

Sthanik snehan swedan

➤ Pradhan karma : Basti was prepared as mentioned in our classical texts.

1) Bhadranimbkulthadi basti -

Madhu 20 ml

Saindhava, yavkshar each 2 gm

Sarshap tail & til tail each 15 ml

Kalka (kushtha,musta,pippali,shunthi)
10 gm

Bhadranimbkulthadi kwath (Nimba, kulattha, patha, arka, guduch, kantakari, aragvahasiddha) 300ml

All these contents are added one by one respectively & are mixed into each other to form homogenous mixture. Gomutra is then added to it around 30ml. Around 350 to 400ml basti is given.

2) Panchtiktaghrutaksheerbasti –

Madhu 10ml

Saindhava 2gm

Panchatiktaghrut 20ml

Panchatikta ksheerpak 100ml

(Panchatikta is Nimb, vasa, patol, guduchi, kantakari)

Basti made by classical text methods with help of these contents. Around 120 ml basti is given.

➤ Paschhat karma :

Tadan karma is done for 30 min. Patient is advised to take rest. Eating allowed after ½ her.

➤ Pathya-apathya :

Patient is advised to take light, ushna, laghu food. Avoid ativyayam, vegdharan, jagaran, diwaswap.

❖ Bahyachikitsa :

Utakarika lepa: It is a paste of ashwagandha, yashtimadhu, mansakalka, masha churna, crushed seeds of til & atasi processed in decoction of bala & dashmula. It is heated & warm paste is applied at affected joints, This is kept for 2-3hrs.

❖ Abhyantar chikitsa : following drug are given with lukewarm water (*Koshn jal*)

1) Lakshaadi guggula 2 TDS

2) Apatarpana Kwatha 30 ml BD

3) Tb.Shallaki Fort 2 TDS

4) Tb.Nucort OA 2 BD

Discussion :

Ligament & meniscal tear is not directly stated in ayurveda. So, it was correlated with sandhigat vata. According to sam & niram avastha, it was treated & patient got relief.

1)Sarvadehik chikitsa:

There are two causes of osteoarthritis & ligament tear in this patient, we have to treat both causes i.e.sthauya & local trauma. The treatment is divided in two stages. i.e.

A)Samavastha B)Niramavastha.

A. Chikitsa in Samavastha: (Sarvadehik doshpachanartha)

Aptarpan kwath contents musta, argvadha, patha, karnja, devdaru, shunthi, khadir. It is a combination of pachaniya, lekhaniya dravyas & help in strotashodhana. Kwath & bhadranimbkulthadi basti was given to reduce weight. Shallaki, guggul are saurambhnashak, shothnashak & vedanahar. Bhadranimbkulthadi basti is deepan, pachana, lekhan, medovilayana. Sama lakshane are reduced.

B. Chikitsa in niramavasth(Asthi balya)

After eliminating samata, asthi dhatu balya, sandhankar chikitsa is given. Laksha

guggula contains laksha, asthisanharaka, arjunatvaka, ashvagandha, nagabalamool, guggul. It is asthisandhankar, asthibalya. Chingati helps in repairment of hyaline cartilage & strengthens ligament. Panchatiktaghrutaksheerbasti Panchatikta improve asthi dhatvagni. Ghruta & milk provide vit D which help in calcium absorption & help in asthiposhana.

2) Sthanik chikitsa:

Knee caps with hinges.

A) Chikitsa in aamavastha:(shoth)

Dashangalepa(It contains ushna virya,tikta,madhur,kashay rasatmaka dravya.Thus help in dravashoshana & asthisandhana) It was given for 6days.

B) Chikitsa in niramavastha:

उत्कारिका इत्यादिभिः उपनाहनम् ।^[4]

Utkarika contains madhur rasatmaka & snigdha gunatamaka dravya.They nourishes ligaments,bones,sandhistha shleshaka kapha.Thus being lipophilic, utkarika dravyas are absorbed through skin.In this patient utkarika was given for around 1 month which gave excellent results.Within 3-4 days patient got relief in pain,difficulty in walking.

LAKSHANIK UPASHAYA:

Symptoms	BT	AT
1.Sandhishool	+++	---
2.Gamane prasangi shool	+++	+
3.Sandhigraha	++	---
4.can climb up & get down on stairs	Not possible at all	Can climb up 15 stairs
5.Sandhiaatopa	++	---swelling reduced by aaprox.2.5 cm in dimension

Conclusion :

Thus from above case study, we can confidently say that, knee joint ligament tear & menisceal tear has a good ayurvedic treatment.

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CLINICAL STUDY OF *LAGHUSUTASHEKHAR* ON *AMLAPITTA***Prafull S. Yashwantrao^{*1}, Minal Vaidya²**

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Abstract:-

A total of 20 patients of *Amlapitta* were selected for the clinical study. *Laghusutashekhar* was given to all of them having, hyperacidity. The patients were mainly of *Urdhvaga Amlapitta*. A symptomatic improvement was observed in the patients. Two tablets of *Laghusutashekhar* were given to each patient in 3 doses for duration of 6 weeks. Effect was assessed in terms of clinical symptomatology.

Key words: *Laghusutashekhar*, *Amlapitt*, hyperacidity

INTRODUCTION:-

Disease and sufferings have become fundamental attributes of human beings since time immemorial. Due to urbanisation and change of life style people are inviting many health problems, *Amlapitta* being one among them. It is a very common disease affecting almost all the human beings in more or less severity. Increased pace of life, stress as well as changes in food and food habits has been contributed to the increased incidence of *Amlapitta*. Charakacharya described this diseases as it is produced by vitiated *Pitta*.^[1]

संसृज्यमानं पित्तेन दाहं तृष्णां मुखामयान् ।

जनयत्यम्लपित्तं च पित्तजांश्चापरान् गदान् ॥

(च.चि. १५/ ४७)

Amlapitta disease had first time described in details in separate chapter by Madhav Nidan. He mentioned the causes, types, pathogenesis, sign and symptoms of *Amlapitta*^[2]

Laghusutashekhar is the drug which is having property of agni Pradipan and Pitta Shaman.^[3]

AIMS & OBJECTIVES:

To study the effect of *Laghusutashekhar* in *Amlapitta*

MATERIALS AND METHOD:-

1. In clinical trial 20 patients of *Amlapitta* were selected with hyperacidity of either sex, age group 16-60yrs. Patients were diagnosed and selected from the OPD and IPD of *Kayachikitsa* of YMT college kharghar.
2. Two tablets of *Laghusutashekhar* of 250 mg each with warm water was given in 3 doses for 6 weeks in 3 follow ups of two weeks.
3. An informed written consent of all patients included in trial in the language best understood by them was taken before entering them in the trial.
4. Study centre:-Y.M.T. Ayurved Medical college, Kharghar, Navi Mumbai

INCLUSION CRITERIA

Diagnosed cases of *Amlapitta* of both the sexes in the age group of 18 to 58 years

EXCLUSIVE CRITERIA

The patients who are known cases of -

1. Peptic ulcers
2. Duodenal ulcer
3. Diabetes Mellitus
4. Tuberculosis
5. Ca oesophagus
6. Chronic Smokers
7. Alcoholic patients
8. Pregnant women

OBSERVATION:

After giving drug to 20 patients for 6 weeks, following symptomatic improvement was observed.

Age:-

Sr.no.	Age	No.of pt	Percentage
1	18-28	6	30
2	29-38	9	45
3	39-48	3	15
4	49-58	2	10

Diet:-

Sr. No.	Diet	No. of pt	Percentage
1	Veg	8	40
2	Non-veg	12	60

Occupation:-

Sr. No.	Occupation	No of pt	%
1	Labour	8	40
2	Clerk	4	20
3	Students	3	15
4	Teacher	2	10
5	House wife	3	15

Symptoms:-

Sr. no.	symptoms	Before treatment	After treatment	%
1	Amla Udgar	20	12	60
2	Epigastric pain	20	11	55
3	Dyspepsia	15	5	33.33
4	Nausea	11	6	54.54
5	Constipation	6	6	100

Amla Udgar

	BT	AT
Mean	2.700	0.500
SD	0.470	0.688
SE	0.105	0.154
t-score	9.314	

Epigastric Pain:-

	BT	AT
Mean	2.200	0.600
SD	0.768	0.754
SE	0.172	0.169
t-score	6.025	

Dyspepsia:-

	BT	AT
Mean	2.133	0.867
SD	0.834	0.640
SE	0.215	0.165
t-score	4.750	

Nausea:-

	BT	AT
Mean	2.000	0.545
SD	0.894	0.688
SE	0.270	0.207
t-score	5.164	

Constipation:-

	BT	AT
Mean	1	0
SD	0	0
SE	0	0
t-score	+inf	

DISCUSSION:-

In *Amlapitta*, due to *nidanasevana* 3
dravaguna of pitta increases which leads to
agnimandya there by ingested food becomes
vidagdha and finally the symptoms like 4
Amlodgara, Urovidaha, Aruchi etc. are
evident clinically. *Laghusutashekhar* has 5
containts – *shuddha swarna gairik* (1 part),
shunti(1 part) and has *bhavana* of 6
nagvallipatra swaras.

1. *Swarna gairik*^[4] - *kashay-madhur/ sheet*
virya /madhur vipak. Pruthvi+ Jal 8
mahabhut. Its is snighdha in nature.

It acts as *dravashoshak* and *pittashamak*

2. *Shunti*^[4]:-
Katu/ ushna virya/ madhur vipak. Angni+
Vayu mahabhut.

It acts as *aamapachana* and *agni vardhana*.

3. *Nagavalli*^[4]:-
Katu-tikt / ushna virya / katu vipak. Agni+
Vayu mahabhut.

It acts as *deepana, pachna* and *kapha*
kshalana

Conclusion:-

1. From the above study incidence of
Amlapitta observed more(45%) in age group
29-38.
2. Prevalence of *Amlapitta* is found in non-
vegetarian group(60%).

After the treatment of *Laghusutashekhar* 12
patients got complete relief from *Amla*
Udgar

Out of 20 patients 11 got relief from
epigastric pain.

5 patients got complete relief from
dyspepsia.

11 patients had Nausea out of them 6 got
complete relief

6 patients had constipation and all of them
got complete relief

From this study it is reviled that there is
significantly reduction in symptoms of
Amlapitta with use of *Laghusutashekhar*
;i.e. *amla udgar, epigastric pain, nausea,*
constipation.

Laghusutashekhar has effective in treatment
of *Amlapitta*.

Summery:-

20 patients of *Amlapitta* taken for
the study. These patients are assessed for
treatment with various symptoms like *Amla*
udgar, epigasric pain, nausea, dyspepsia,
constipation. The of *Laghusutashekhar* in
Amlapitta shows significantly reduction in
symptoms. This shows that
Laghusutashekhar is effective drug against
the *Amlapitta*. The mode of action of the
drug is not clear as such. It needs a further
study.

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Effect of *Praval Bhasma* on Diabetic Neuropathy

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Introduction

Diabetic neuropathy is a relatively early and common complication affecting approximately 30% of diabetic patients. Although the invention of insulin and hypoglycemic have done a great service for diabetics, yet these patients do not get a proper solution for their neuropathic complications^[1]. The drugs used conventionally are mostly for relief in the symptoms and moreover they have certain side effects. Therefore it is necessary to explore the possibilities of safer and effective treatments from other sources. In Ayurvedic classics symptoms like *Suptata* (numbness) and *Daha* (burning sensation) in body parts especially in hands and feet are described

as *Purvarupa* of *Prameha*.^[2] *Daha* is also described among the *Upadravas*(complications) of *Prameha*. These are very common features of diabetic neuropathy. According to Ayurvedic principles, there is involvement of *Vata* and *Pitta Dosha* in diabetic neuropathy. *praval bhasma* is a medicine which is having properties like *Madhur*, *amla rasa*, *sheeta veerya* and *Madhur vipaka* which pacifies *vata* and *pitta*^[3]. A preliminary study has been started to observe and evaluate the effect of *Praval bhasma* on diabetic neuropathy in YMT Ayurvedic hospital, Kharghar

Key words: Diabetic Neuropathy, *Praval bhasma*, *Prameh*, *Dah*, *Suptata*

Aims and objectives

- To study the effect of Praval Bhasma on diabetic neuropathy.
- To observe the safety of the treatment.

Materials and Methods**Inclusion criteria for the patients**

- The patients for this study have been selected randomly irrespective of their age, sex, religion, etc.
- Patients with clinical positive history of type 2 diabetes mellitus having the symptoms of diabetic neuropathy (peripheral) are selected for the present study.

Exclusion criteria for the patients

- Patients having any other associated clinical conditions have not been included in the present study.
- Patients having diabetic complications other than neuropathy were also excluded from the study.

Plan of the treatment

- The patients have been treated in OPD as well as in IPD depending on the severity and the circumstances.
- All the patients have been treated with Praval Bhasma 1 g Thrice a day with 1 cup of milk.
- Duration of the study was 30 days.
- Total 33 patients have been taken for the study presently; however, the study is continued.

Criteria for assessment

Neuropathy analyzer which is specifically designed electronic machine by Diabetic foot care India, Chennai, can record the perceptions of vibration, heat and cold sensations exactly with the help of computer has been used to record these sensations before and after the treatment in all the 33 patients.

The criteria used to evaluate vibration, heat and cold sensations by neuropathy analyzer are as below

[Table 1]:

Sensations	Normal	Mild	Moderate	Severe
Inability to feel vibration	Up to 10 fr/sec below the age of 50 yrs	11-15 fr/sec below the age of 50 yrs	16-20 fr/sec below the age of 50 yrs	More than 20 fr/sec below the age of 50 yrs
	Up to 15 fr/sec above the age of 50 yrs	16-20 fr/sec above the age of 50 yrs	21-25 fr/sec above the age of 50 yrs	More than 26 fr/sec above the age of 50 yrs
Inability to feel cold	Up to 20°C	19-15°C	14-10°C	Less than 9°C
Inability to feel heat	Up to 42°C	43-45°C	46-48°C	More than 49°C

Table 1 : Criteria used by neuropathy analyzer machine to assess perception of sensations

During the recording frequency of vibrating probe (which is to be kept in contact with the skin of the sole) is to be increased and when patient feels the vibration it is recorded in the computer, temperature of the probe is to be reduced from 30°C to 0°C to

record perception of cold sensation and temperature of the probe is to be increased from 30°C up to 50°C to record perception of heat sensations.

All the symptoms have also been assessed before and after treatment according to the given score

Table 2.

Symptoms	Score
Numbness	
No numbness	00
Numbness only in feet	01
Numbness on whole lower limbs	02
Numbness on other parts of the body also	03
Tingling sensation	
No tingling sensation	00
Tingling sensation only on feet	01
Tingling sensation on whole lower limbs	02
Tingling sensation on other parts of the body together with lower limbs	03
Burning sensation	
No burning sensation	00
Burning sensation only in foot soles	01
Burning sensation in whole lower limbs	02
Burning sensation in all over the body	03
Pain	
No pain	00
Only in feet	01
Pain in legs	02
Pain in legs with difficulty in walking	03

Table 2: Scoring of symptoms**Results and Discussion:**

None of the patients have shown any new and unusual features during the course of treatment. As we know that diabetic neuropathy is common complication amongst diabetics. In conventional medicine tricyclic antidepressants, anticonvulsants,

opiates, membrane stabilizers and antioxidants are used in diabetic peripheral polyneuropathy for symptomatic relief. All these drugs have their side effects. Hence there is need to find out safer and effective treatment from the sources other than conventional medicine.

According to Ayurvedic principles, the symptoms of diabetic neuropathy like paraesthesiae, pain and tingling sensation are indicating involvement of *Vata Dosa*. Whereas burning sensation is because of vitiation of *Pitta Dosa*. Hence drugs pacifying *Vata* and *Pitta Dosas* are useful in the treatment of diabetic neuropathy. praval bhasma is a medicine which is having properties like *Madhur, amla rasa, sheeta veerya* and *Madhur vipaka* which pacifies *vata* and *pitta*.

The most common signs found in diabetic sensory polyneuropathy are diminished perception of vibration sensation and impairment of all other modalities of sensations. Perception of vibration, heat and cold sensations are recorded with the help of neuropathy analyzer before and after treatment in all the 33 patients of diabetic neuropathy. Analysis of the results has shown highly significant to significant improvement in perception of these sensations.

Table 3 and 4 show that perception of vibration sensations has been improved by 31% in right foot and 32% in left foot and it came in lower range of moderate affection from severe. Perception of cold sensation has been improved by 19.7% in

right foot and 23% in left foot, which has come in to the normal range after treatment. Improvement in vibration and cold sensations are highly significant in both the feet. Perception of heat sensation is improved by 6.85% in right foot and it is highly significant whereas 3.9% improvement in left foot and it is significant. It has come in to mild from upper range of moderate affection.

Sensations	Mean		%	S. D	S. E	t	p
	B. T	A. T					
Vibration fr/sec	22	15	31.16	8.74	1.5	4.55	<0.001
Cold	17.8	22.2	19.73	5.14	0.89	4.89	<0.001
Hot	47.7	44.4	6.85	3.99	0.69	4.69	<0.001

Table 3: Change in perception of sensations in right leg

Sensations	Mean		%	S. D	S. E	t	p
	B. T	A. T					
Vibration fr/sec	22	15	31.16	8.74	1.5	4.55	<0.001
Cold	17.8	22.2	19.73	5.14	0.89	4.89	<0.001
Hot	47.7	44.4	6.85	3.99	0.69	4.69	<0.001

Vibration fr/sec	24	16	32.61	8.76	1.52	5.09	<0.001
Cold	17.8	23.1	23.12	6.48	1.13	4.74	<0.001
Hot	47.4	44.9	5.11	3.9	0.68	3.57	<0.01

Table 4: Change in perception of sensations in left leg

In addition **Table 5** shows highly significant improvement in symptoms also. Numbness is relieved by 70%, tingling is relieved by 72%, burning sensation is reduced by 77.5% whereas pain in lower limbs is relieved by 64%

Sensations	Mean		Reported in no of patients	S.D	In % Values in percentage	S.E	t	p
	B.T	A.T						
Numbness	2.11	0.63	27	0.7	70.18	0.13	10.99	<0.001
Tingling	1.79	0.5	14	6.47	72	1.13	10.26	<0.001
Burning sensation	1.93	0.33	16	0.82	77.59	0.2	7.35	<0.001
Pain in lower limb	1.92	0.69	13	0.6	64	0.17	7.41	<0.001

Table 5 : Improvement in symptoms

Conclusion:

It can be stated from the results that Ayurvedic drugs used in present study are effective to revert the diminished perception of sensations like vibration, cold and heat. There is highly significant reduction in other symptoms including numbness, tingling, burning sensation and pain in lower limbs in

the patients of diabetic neuropathy. Both of these drugs are also safe as did not produce any adverse features.

The study is continuous to get large number of patients.

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ROLE OF PANCHA TIKTA GHRUTA MATRA BASTI IN PROCTITIS.**Moghal Hasan*¹. Sanjeev Yadav²**

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* Corresponding Author: drmoghalms@gmail.com & +91-9819526877**Abstract:**

Proctitis is inflammation of rectal mucosa which can become a chronic condition if not treated properly and affects the proximal colon later. Proctitis results in an unrestrained inflammatory response, with the inflammatory cells being products that mediate cellular tissue injury at the level of rectal mucosa^[1]. The treatment of proctitis is generally conservative one. *Guda paka* is a condition mentioned in ayurveda which can be correlated with proctitis. It is mentioned as symptom of many pittaja and raktaja conditions like pittaja atisara, rakta vriddhi etc. *Guda paka* is mainly because of rakta and *pitta dushti*. *Pancha tikta ghruta*

which is *tikta rasa Pradhana aushada* is helpful in *pitta shamana* and *rakta shuddhi*. When it is administered in the form of matra basti it directly acts on the affected site of proctitis that is *guda pradesha* and helps to provide relief in proctitis or *guda paka*.

Key words: Proctitis, *Gudapaka*, *Matra basti*, *Panchatikta Ghrita*

Introduction:

Inflammation of mucosa of rectum and anal canal is termed as proctitis. Aetiology of proctitis is unknown. The concept that the condition is a mild and limited form of ulcerative colitis (although actual ulceration is often not present) is the most acceptable

hypothesis.¹ The symptoms are tenesmus (Although the patient has a frequent intense desire to defaecate but no faeces is passed or passed in very little amount), the passage of blood and mucus along with stools and pain at. Proctoscopy is seldom sufficient, and sigmoidoscopy is the more valuable method of examination.^[1] On rectal examination, the mucosa feels warm, smooth and tender. Often, there is some blood on the examining finger. Proctoscopic and sigmoidoscopic examination shows inflamed mucosa of the rectum, but usually no ulceration. ^[1] The inflammation usually extends for only 5–15 cm from the anus, with the mucosa above this level being normal. Proctitis can be correlated to Gudapaaka, which is mentioned in Ayurvedic texts in few conditions like pittaja disorders and rakta vrudhi conditions. According to ayurveda Gudapaaka is mainly because of pitta and rakta vriddhi.

panchatikta ghrita preparation contains patola, kantkari, vasa, guduchi and nimba as main ingredients. All these dravyas are of tikta rasa. It is indicated mainly in conditions like vishama jwara, pandu roga, kushta, visarpa, krumi and arshas as abhyantara yoga. ^[2] Matra Basti is a type of Sneha Basti i.e. Anuvasana Basti described

in the classics. It is termed so, because the dose of Sneha used in is very less as compared to the dose of Sneha Basti.^[3] Regarding the qualities of Matra Basti it has been said that, it is promotive of strength, demand no strict regimen of diet causes easy elimination of feces, urine and curative of Vata disorder. It can be administered at all times, in all seasons and is harmless. ^[4]

Modern medicine has limited source of medical treatment such as temporary medication with intestinal antibiotics, anti diarrhoeal, salazopyrine. these modern drugs have a huge list of possible side effects. Keeping all these facts in mind it was decided to study the role of panchatikta ghrita matra basti in proctitis..

Materials and Methods:

Materials:

- Panchatikta Ghrita which was prepared as described in Sharangdhara Samhita.
- 10 patients with the sign and symptoms of proctitis from OPD/IPD of Y.M.T. Ayurvedic college and hospital
- Red rubber catheter, Dispovan syringe of 20 ml, Cotton pads and Surgical gloves.

Methods:**Inclusion criteria:**

1. Patients having signs and symptoms of proctitis were taken under this study.
2. Patients between 18-60 years of age and from both the sex were selected.

Exclusion criteria:

1. Age below 18 and above 60 years from both sexes.
2. Cases of proctitis which developed due to STD/Radiation exposure and associated with ulcerative colitis and crohns disease.
3. Acute abdominal pain
4. Stool frequency more than 10 per day.

Criteria for assessment:

The treatment effect has been assessed on the basis of the relief in signs and symptoms of the disease. This was done on every follow up day at OPD level and proctoscopy was performed on every follow up day. Scoring pattern 0 to 3 grades was adopted to determine the relief in the cardinal signs and symptoms- tenesmus, mucous discharge, bleeding per rectum, frequency

of defecation, ano rectal pain, tenderness, local raise in temperature and erythema in ano rectal mucosa.

The above observation is recorded on 1st, 7th, 14th and 21st day visit of the patient. A special proforma was prepared for collection of data on successive follow ups.

Observations and results:

Grades of clinical signs and symptoms observed in 10 patients of study on 1st visit and each follow- up. During the whole study period it has been observed all clinical signs and symptoms started decreasing gradually on each follow-up. After the last follow-up there was a significant decrease in all clinical signs and symptoms. There was 88.89% of relief in **tenesmus**, 87.50% relief was observed in **mucous discharge** in stools. 94.12% relief was observed in **bleeding per rectum**, 93.75% relief was seen in **increased frequency of defecation**. **Ano rectal pain** during and after defecation was relieved by 89.48%, **tenderness** on per rectal digital examination was reduced by 94.45%. There was 88.89% of relief in **raised local temperature** and 90% relief was observed in **erythema** of ano rectal mucosa.

Grades	No of patients												
	tenesmus		Mucous discharge		Bleeding per rectum		Frequency of defecation		Ano rectal pain		tenderness		
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	
Grade 3	1	0	0	0	0	0	0	0	0	2	0	1	0
Grade 2	6	0	6	0	7	0	6	0	5	0	6	0	
Grade 1	3	2	4	2	3	1	4	1	3	2	3	1	
Grade 0	0	8	0	8	0	9	0	9	0	8	0	9	

Present/ Absent	No of patients			
	Raised local temperature		Erythema of ano rectal mucosa	
	BT	AT	BT	AT
Present	9	1	10	1
Absent	1	9	0	9

Discussion:

Proctitis is nothing but the inflammation of anal and rectal mucosa which can be considered as gudapaaka mentioned in Ayurvedic texts. Paaka word in this context can be correlated to acute inflammatory process occurring at the mucosa of rectum and anus. Acharya

sushruta in context of vrana shophā mentioned that, without pitta dosha paaka can't occur at any site of body⁶ (naapaakah pittadrute). There is predominance of pitta dosha in this condition along with association of vata (apana vata), kapha and rakta also, as it is obvious by looking at sign and symptoms observed in proctitis.

Panchatikta ghruta is tikta rasa Pradhana, it is sheeta in veerya thus helps in pitta shamana. The drug is in the form of ghruta and is given in the form of basti so it is helpful in vata shamana. When panchatikta ghruta is given as matra basti it directly acts on the affected site of guda. It helps to relieve pitta vrudhhi related sign and symptoms in proctitis like; raised local

temperature, erythema of mucosa, tenderness and bleeding per rectum and vata dushti related symptoms like tenesmus, increased frequency of defecation and pain at ano-rectal region. Matra Basti can be given regularly, demand s no strict regimen , can be administered at all times, in all seasons and is harmless. so that the patient can treat the ailment without hindering his routine life. Thus all constituents of formulation effectively work on shamana of the doshas involved in gudapaka or proctitis.

Conclusion:

1. After analyzing the data and the observations, we have come to conclusion that ‘Panchtikta Ghrita Matra Basti in morning for 21 days’ is found to be effective in proctitis.
2. The formulation did not have any adverse effect or toxic effect or any side effect and was found to be significantly effective in proctitis.
3. The formulation is easily available and is cost effective.

4. This study is a small scale trial including only 10 patients. To get more specific results study should be carried out on large sample size.

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A COMPARATIVE STUDY OF MEDOSARA AND MEDOVRIDDHI WITH RESPECT TO SERUM CHOLESTEROL

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ABSTRACT:

The present study was conducted in two groups. One of them was *Medosara* & another was *Medovriddhi*. 30 *Medosara* people were selected by survey method while 30 *Medovriddhi* patients were selected from OPD. In both groups lipid profile was carried out from fasting venous blood sample. The observations were made to see the level of serum cholesterol & other components of lipid in *Medosarata* & *Medovriddhi*. Comparative study was carried out between *Medosarata* & *Medovriddhi* with special reference to lipid profile. The result suggest that “t” value was nonsignificant in TG level where as it is significant for TC level & highly significant

in HDL & LDL level. Conclusion of study is that by analyzing lipid profile and estimating serum cholesterol level, identification of *Medovriddhi* and *Medosarata* can be confirmed to a significant extent.

KEYWORD: *Medosara*, *Medovriddhi*, Serum cholesterol.

INTRODUCTION:

Human body as well as the psyche both can get affected by various diseases. The homeostasis, which is termed as ‘*doshasamyam*’ in *Ayurveda*, stands for harmonious balance of dynamism and that of body humors- *vata*, *pitta* and *kapha*. These humors termed as *dosha* regulates

every system even in a state of imbalance and attempts to restore the physiology. According *Sushruta Vata dosha* is considered as principal factor governing these activities.^[1]

The *dhatu* are the substances which provide support to the body and helps to sustain the body, by providing strength and making themselves available for the purpose of derivation of energy. These structural arrangements and their functional activities should be in a physiological limit. Anything, less or more and low or high, will lead to the state of pathology. The increase or decrease in bulk of any *dhatu* or in dynamic activity of any *dosha* governing and regulating its metabolism will invite illness. One more factor known as 'agni' plays a pivotal role in this.

*Dhatu*s have same set of functions in every individual but quality and 'richness' of this function may vary from person to person. This is decided by *prakriti* of a person and more by a 'sarata' of that particular *dhatu*.

This *sarata* is beneficial in two ways. The person enjoys the functional benefits of activity of that particular *dhatu* and there are rare chances that he will suffer

to derangement in its function. These must not at all be confused with the increase in its normal structure or functioning, either by *vridddhi* (increase in bulk and mass) or *prakop* (hyper dynamic state). *Vridddhi* and *kshaya* are considered abnormal conditions and differ from *sarata*. If *Medodhatu* in body becomes victim to this *vridddhi*, the resultant condition is called as *Medovridddhi*, which also contributes to the development of disease known as *sthaulya*. This *sthaulya*, described almost in all major texts of Ayurveda is similar to Obesity.

Almost everywhere in the world, last centuries developments have lead significant alterations in life style. On the top of these are increased caloric and fat intake and reduction in physical activities. This leads to the *agnimandya* and results in reduced utilization of energy providing sources. The *meda* major source of energy, mostly in body in absence of other available source of energy. If it is underutilized, or is accumulated in excess, then it will start increasing and eventually will lead to *vridddhi*. This manifests into metabolic syndrome related diseases. The result can be explicitly seen in the form of diseases like diabetes, hyperlipidaemia, hypertension, obesity and many more. Hyperlipidaemia

alone currently affects more than 10% of the global population and India is no exception to this. Obesity is said to lead to 30,000 premature deaths each year and it is shortening the lives of people by an average of nine years.

AIM & OBJECTIVES

- To ascertain parameters for analyzing the absence or presence of *medovriddhi* and *medosarta*.
- To establish relationship between the finding of different units in lipid profile and presence of *medovriddhi* and *medosarata*.

METHOD & MATERIALS

Selection of cases

Inclusion criteria

- 1) 30 individuals each of *Medosara* & *Medovriddhi*.
- 2) Both male & female
- 3) Age between 20 & 30 years.
- 4) Only *uttam sarata* of *Medodhatu* individuals

Exclusion Criteria

- 1) *Medosara*

Hina & *madhyam sarata* of

Medodhatu person were excluded.

2) *Medovriddhi*

- a) Patients of *medovriddhi* were excluded those having any endocrinal abnormality which is or appear to be causative factor for obesity
- b) Congestive Cardiac Failure.
- c) Nephrotic Syndrome
- d) Acute or Chronic Renal Failure
- e) Major Depression
- f) Diabetes Mellitus
- g) Familial or hereditary dyslipidemia and/or hypercholesteremia
- h) Those who were on steroid therapy for any reason.

Plan of study

It was randomized, comparative study. Ethics committee's approval was taken. Span period required for this study was from 2007 to 2009. 30 clinically diagnosed individuals of *Medovriddhi* were selected from OPD of Dept. of *Rognidan* & *Vikrutividyan*, Shri Ayurved College, Nagpur. 30 individual of *Medosara* were also selected by survey method. The investigations done in past if any evaluated and fasting venous blood sample was drawn to get the lipid profile. Lipid profile was done in all patient of *medovriddhi* and *medosara* person.

PARAMETERS FOR COMPARATIVE STUDY OF MEDOSARA AND MEDOVRIIDDHI

1) Serum cholesterol

2) Triglycerides

3) HDL

4) LDL

OBSERVATION

Statistical analysis

For comparison unpaired “t” test was applied.

1) Comparison of Medosara and Medovridhhi group with respect to T.G.

T.G. (in mg/dl)	Medosara	Medovridhhi	Total
40 - 160	25 (83.33%)	29 (96.66%)	54
160 – 220	05 (16.67%)	00	05
220 – 280	00	01 (3.34%)	01
> 280	00	00	00
Total	30	30	60

The table above shows that high incidence of TG (40 – 160 mg/dl) in both condition i.e. (83.33%) in Medosara and 96.66% in Medovridhhi.)

Parameter	Medosara	Medovridhhi
\bar{X}	122.56	108.54
S.D.	36.87	35.53
S.E.	6.73	6.48

$$t = 1.4996 \quad P > 0.05$$

Table above shows that there is no difference between in the levels of T.G. in both study groups.

2) Comparison between Medosara and Medovridhhi with respect to T.C.

T.C. (in mg/dl)	Medosara	Medovridhhi	Total
Upto 180	27 (90%)	20 (66.67%)	47
180 – 220	03 (10%)	09 (30.00%)	12
220 – 280	00	00	00
> 280	00	01 (03.34%)	01
Total	30	30	60

As far as, quantitative analysis is concerned, 90% Medosara subjects were having total cholesterol below 180 mg/dl. Very few of them were found to have total cholesterol more than 180 mg/dl. There was not a single subject who has total cholesterol above 220 mg/dl. In Medovridhhi group, almost two third patients recorded this level upto 180 mg/dl. One third have gone over 180 mg/dl. One patient showed the level crossing 280 mg/dl.

Table above shows that high incidence of total cholesterol in (upto 180) level i.e. 90% in Medosara and 66.67% in Medovriddhi.

Parameter	Medosara	Medovriddhi
\bar{X}	150.11	171.65
S.D.	16.41	32.09
S.E.	2.99	5.85

$$t = 3.2722, P < 0.05$$

As P is less than 0.05, it is significant. Therefore there is difference between Medosara and Medovriddhi with respect to total cholesterol.

3) Comparison between Medosara and Medovriddhi with respect to HDL.

HDL	Medosara	Medovriddhi	Total
> 60	22 (73.32%)	00	22
45 – 60	04 (13.34%)	09 (10%)	13
30 – 45	04 (13.34%)	21 (90%)	25
< 30	00	00	00
Total	30	30	60

Table above shows that, high incidence was found in Medosara in grade I (> 60 mg/dl) i.e. 73.32% while in Medovriddhi it was found in grade III (30 – 45 mg/dl) i.e. 90%.

Parameter	Medosara	Medovriddhi
\bar{X}	63.43	41.04
S.D.	12.46	6.77
S.E.	1.23	6.77

$$t = 8.6305, P < 0.001$$

As P is < 0.001; it is highly significant. This shows that there is difference between Medosara and Medovriddhi with respect to HDL.

4) Comparison between Medosara and Medovriddhi with respect to LDL.

LDL	Medosara	Medovriddhi	Total
Upto > 60	22 (73.34%)	01 (03.33%)	23
70 – 100	07 (23.33%)	01 (03.33%)	23
100 – 130	01 (03.33%)	16 (53.34%)	17
> 130	00	06 (20%)	06
Total	30	30	60

Table above shows that high incidence of LDL was found in Medosara in first grade i.e. upto 70 mg/dl (73.34%) and that in Medovriddhi it was found in 'III'; (i.e. in 100 – 130 mg/dl, i.e. 53.34%).

Parameter	Medosara	Medovriddhi
\bar{X}	62.07	109.12
S.D.	19.06	26.77
S.E.	3.48	4.88

$$t = 7.804, P < 0.001$$

As P value is less than 0.001. It is highly significant. So there is difference

between Medosara and Medovridhhi with respect to LDL.

DISCUSSION

Sarata and *vridhhi*, these two concepts are unique to *ayurveda*. Though the terms like ‘increase and hypertrophy’ can be used for *vridhhi* and ‘excellency of the *dhatu*’ can be used for the *sarata*. These terms hardly illuminate the true meanings of *sarata* and *vridhhi*. Only those who have studied *ayurveda* and have learnt its philosophy can understand this and at the same time they may not be able to express it and to make it simple for the person who has studied other streams of Medicine, especially modern Medicine.

In today’s era of evidence based Medicine and growing popularity of *ayurveda* globally, the need is felt to provide modern parameters for everything we study. *Dosha*, *dhatu* and *mala* are no exception to this. The sincere and honest efforts have been made in this present study to find one such parameter for differentiation of *medovridhhi* and *medosarata* and to guess whether it has some co-relation with the presence or absence of these two different conditions.

The conditions which have ‘one *dhatu* common as their root’.

The clinical scenario of *medovridhhi* and obesity in modern Medicine and *ayurvedic* text is almost same. However, the *medosarata* in *ayurveda* cannot be seen anywhere in modern Medicine. It was considered that some parameters may be found common to both for *medovridhhi* and obesity. The parameter representing *meda* in body can also be analyzed to see whether it has some relation with *medosarata* also; so that we can distinguish *medovridhhi* from *medosarata*, by using this parameter. For this purpose, total cholesterol was selected. This cholesterol is synthesized from multiple molecules of acetyl co-A. These molecules will keep on synthesizing cholesterol which will get accumulated in excess quantity in body. The same may cause problems to health. *Ayurveda* explains this in the same manner describing the under-utilization of energy leading to *medovridhhi*. Therefore there is scope to put these two things in the same compartment.

Cholesterol in body is distributed in variety of lipoproteins. The majority is in the form of low density lipoprotein moderately in the form of IDL, less in VLDL and much smaller in HDL.

The effort was made to see the relative values of these components belonging to the family of cholesterol, both in *medovriddhi* and *medosarata*.

It was observed that:-

- In both condition incidence of male is more than female.
- *Medovriddhi* is more observed in higher economical class.
- As far as dietary habits are concerned vegetarian were found more in *Medosarata* and non-vegetarian were more in *Medovriddhi*.
- *Medovriddhi* was observed in persons with sedentary life style while *Medosarata* was observed more in physically active individuals.
- 't' value is non-significant in triglycerides level of lipid profile i.e. $t = 1.4996$ and $P > 0.05$.
- t value is significant for total cholesterol level ($t = 3.722$ and $P < 0.01$.)
- 't' value is highly significant in HDL level. ($t = 8.6305$ and $P < 0.001$.)
- 't' value of LDL is also highly significant ($t = 7.8401$ and $P < 0.001$.)

CONCLUSION

Conceptual Study:

- The concepts of *sarata* and *vriddhi* are well studied by *Acharyas* in detail. The features are categorically explained; especially for *saratva*, which can be divided into physical, physiological and psycho-spiritual features.^[2]
- *Dhatu Vriddhi* causes increase in the bulk of tissues and at the same time decreasing the functional capacity of that particular *dhatu*. At the same time, it may jeopardize the nourishment and growth of further *dhatu*.
- The *agni* plays pivotal role in metabolism of all *dhatu*s in body. This stimulates the metabolic machinery which consumes substrate. The majority of these are provided by *medodhatu* after *rasa dhatu*.
- *Meda* usually is in a relatively solid state in body but still keep circulating. This has *Parthivata* which can be turned into a *Jaliyatva* as and when required. The same is found when triglycerides stored in adipose tissue are split in fatty acids and glycerol.^[3]

Experimental Study:

- 30 subjects were selected for each group, i.e. *medovridhhi* and *medosarata*. The target age group was from 20 years to 30 years. While analyzing the symptoms in *medosara* group, it was observed that these people have almost all cardinal features of full grown and physiologically strong *medodhatu*. This is likely due to *Purnatva* of *dhatu-nirmiti*.
- *Medovridhhi* people showed more prominence in terms of structural variations and had shown fewer alterations in terms of functional impact. This is probably due to *tarunavashta*. The symptoms worsen with the advancing age.
- In my sample majority of *medovridhhi* subjects were from higher socio-economic classes. This suggests that there is strong link between the causative factors (over nutrition and sedentary life style) and *medovridhhi* (obesity).^[4] There was no such link found between the *sarata* and socio-economic status in sample studied.
- HDL – High density lipoprotein is referred as the “Good Cholesterol” because it carries cholesterol and

phospholipids from tissue and organs back to liver for degradation and elimination. It prevents the deposition of cholesterol on the walls of arteries by carrying cholesterol away from arteries to liver. High level of HDL is good indicator of healthy heart because it reduces the blood cholesterol level.^[5] *Medosara* people have shown statistically rising HDL which is popularly known as good cholesterol.

- Low density lipoproteins: It is considered as “Bad cholesterol” because it carries cholesterol and phospholipids from liver to different areas of body viz. muscle, other tissue and organ such as heart. It is responsible for deposition of cholesterol on wall of arteries causing atherosclerosis. High level of LDL increases the risk of heart disease.^[6] *Medovridhhi* people have shown statistically significant rise in LDL, which is popularly known as “bad cholesterol”.

Clinical Study:

- Abnormal accumulation of *meda dhatu* in body is known as *medodushti*. *Medovridhhi*, if not

treated, advances to and invites the diseases by causing *strotorodha*. *Vyan Vayu* needs enough space for helping the substances reach to every cell and tissue of body. ^[7] The accumulation of *meda* in *strotas* hampers the nourishment of further *dhatu*s like *asthi*, *majja* and *shukra*. This is why these people are prone to develop coronary artery disease (because of atherosclerosis), hypertension (due to increased peripheral resistance), diabetes, neuropathy, osteoporosis and impotence. ^[8]

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Ayurved management in LUMBAR CANAL STENOSIS: A case study**Naik Minal S^{*1}, Meenakshi Rewadkar-Kole²**

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* Corresponding Author: Email ID: minalnaik88@gmail.com; Mobile no.9821266343**ABSTRACT:**

Aim: Lumbar canal stenosis is a structural deformity. Modern medicine has surgical treatment for this disorder. A case reported here is treated with *ayurvedic* treatment.

Method: A female patient of 61 year old, farmer by occupation came with complaints of severe low backache, radiating pain in right hip to foot, tingling, and intermittent claudication. These symptoms were present since one year but got aggravated since 15 days. Patient consulted at orthopedician. He advised x ray lumbar spine. It showed degenerative changes in lumbosacral spine. He gave her pain relieving treatment and calcium supplement which worked

temporarily. Hence she came in Podar hospital for *ayurvedic* management. She was further advised MRI lumbar spine which showed intervertebral disc protrusion at multiple levels and lumbar canal stenosis. She was initially given *sathanika* and *sarvadehika pachana chikitsa* i.e. *sinhanad guggula, rasnasaptaka kwatha, pachan yogabasti krama, sahachara taila katibasti, sthanika snehana swedana* for initial 7 days. After this she was given *asthibalya* and *majjapurana chikitsa* i.e. *lakshadi guggula, Baladi kshirapaka, panchatiktaghritkshira basti* for 30 days. Along with this treatment lumber belt, bed rest (initially) and later on leg exercises were also advised.

Result: After 7 days of *pachana karma* patient started feeling better. She got almost 90% reliefs after one month.

KEY WORDS: Lumber canal stenosis, *Katibasti, Panchatiktaghritakshira basti.*

INTRODUCTION:

Lumbar canal stenosis is term used to describe developmental or congenital narrowing of spinal canal that produces compression of neural elements before their exit from neural foramen. Lumbar canal stenosis is progressive disorder of spine most frequently causing morbidity in middle age & elderly. Diagnosis is essentially clinical & only supported by radiological investigation.

Pathophysiology is related to cord dysfunction elicited by a combination of mechanical compression & degenerative instability. With ageing, inter vertebral disc degenerates & collapses leading to spur formation. There are limitations in treatment; surgeries have failure in old age patients and other complications.

Here is a case of Lumbar canal stenosis, which was treated with *ayurvedic* therapy & got relief. Hence, Ayurveda can have non-invasive, long lasting remedy for

Lumbar canal stenosis. The studies regarding this topic are very few. Among them a clinical study of *Nirgundi Ghana Vati* and *Matra Basti* in the management of *Gridhrasi* with special reference to sciatica had been done in Gujarat Ayurveda University, Jamnagar.^[1]

Case history:

A female patient of 61 years old, farmer by occupation presented in Kayachikitsa outpatient department with complaints of low backache, radiating pain from right hip to foot, tingling, and numbness over right leg, and intermittent claudication since 1 year and it was increased since 15 days. She has taken allopathic treatment, but not relieved completely. Hence she came in our hospital for ayurvedic treatment. She was admitted for further investigations and treatment. She was admitted on 15th July 2013 and was discharged on 10th August 2013.

History of past illness: Not a K/C/O HTN /DM/BA/PTB any other medical illness

No H/O major operative/BT/ Drug allergy

Samanya Parikshana:

Mala : Malavashtambha

Sparsha : Avishesha

Jivha : Sama

Akriti : Madhyama

Prakriti : Vatapradhana Kaphanubandhi

Other findings were normal.

Strotas Parikshana:

Mansavaha : Deep Tendon Reflexes :
Ankle and knee reflexes of right leg were brisk.

Leg	Ankle	Knee	Biceps	Tricep
Rt leg	+	+	++	++
Lt leg	+	++	++	++

Majjavaha: Sandhi Parikshana

SLRT : (straight leg raising test):

Right Leg- 60 Left Leg- 80

Bilateral - Not possible

Forward bending: upto ankle – painful.

Local tenderness: L3-L4-L5

Other *strotas* were normal.

INVESTIGATIONS:

X-ray Lumbosacral spine (16/7/2013):
Marginal osteophytes at L2 & L3, Space reduction between L3-L4 & L4-L5.

MRI LUMBOSACRAL SPINE
(18/7/2013):

L2-L3 disc reveals mild posterior bulge indenting thecal sac neural without neural compression. Marginal osteophytes at multiple levels.

L3-L4 poster central protrusion indenting thecal sac without neural compression. Mild facet arthropathy & ligamentum flavum thickening is noted.

L4-L5 posterocentral protrusion compressing thecal sac & bilateral L5 nerve roots. Facet arthropathy & ligament flavum thickening at L5 contributing to Central Canal Stenosis.

TREATMENT REVIEW:

A) Chikitsa in Samavastha : It was given for 7 days.

1) *Poorvakarma: snehan nadi swedan* at back to both feet.

2) *Shodhana Karma: Pachan basti:*
Decoction of *dashmool, rasna, palashmool, erandamool-nirooha* 350ml on empty stomach in the morning and *sahachar taila anuvasan* 60ml after meal, for 7days.

3) Local: *Kaitbasti* with *sahachar taila*

Internal medications:

1) *Sinhanada guggula* 1 gm three times a day with warm water.

2) *Rasnasaptaka kwath* 30ml two times a day.

3) *Gandhrva haritaki* 3gm at bedtime with warm water.

B) Chikitsa in niramavastha: It was given for 30 days.

1) Poorvakarma: *snehan nadi swedan* at back to both feet.

2) *Basti-Panchatikta ghritakshir basti* 120ml. It was given after meal continuously for 7 days and *dashmoola nirooha* was given to subside some effects of *kshirabasti* such as abdominal heaviness, flatulence etc. Again 7 days cycle of *kshirabasti* was repeated. Total 3 cycles of 7 days *kshirabasti* were done.

3) Local: *Kaitbasti* with *Bala taila*

Internal medications:

1) *Lakshadi guggula* 1 gm three times a day with warm water

2) *Bala, ashwagandha, guduchi, shunthi kshirapaka* 30ml two times a day.

3) *Gandharva haritaki* 3gm at bedtime with warm water

OBSERVATION:

Symptoms	Before treatment	After treatment
<i>Katishool</i>	+++	+
<i>Katigraha</i>	+++	-
Tingling at hip to both feet	+++	-

S.L.R.Test :

Date	15/7/2013	23/7/2013	26/7/2013	10/8/2013
Rt leg	60%	80%	90%	90%
Lt leg	80%	90%	90%	90%
Both legs	Not possible	30%	40%	80%
Forward bending	Upto ankle painful	upto ankle	Upto ankle, no pain	Upto toes, not painful

DISCUSSION:

Hetu of *Katigata vata* in this patient was *aticheshta* and *vardhakya*. Both vitiate *vata*. *Vataprakopa* leads to *asthi* and *majja dhatukshaya*. Hence treatment was focused on *asthibalavardhana* and *majjapurana*. *Charaka* advised *panchakarma* and specifically *tikta ghrita kshira basti* for *asthivaha strotasa vikara*^[2].

Rest is the most important treatment in this case. The patient was asked to take rest. She was advised to put lumbar belt while sitting, standing and walking position. She was told to avoid heavy exercise, forward bending and sitting without support.

In this case, the treatment was divided in two stages i.e. *samavastha* and *niramavastha*. Initially patient had *sarvadehika samata* (*arochi*, *sarvadehika gurutva*, constipation) and *sthanika samata* (local tenderness at paraspinal region, restricted movements, morning stiffness). Hence she was given *pachana basti*, *rasnasaptaka kwath* and *sinhanada guggula*. *Pachana basti* contains *dashamoola*, *rasna*, *palashmaoola*, *erandamoola*, which are *shoolahara*, *shothahara* in nature. Being hyperosmotic in nature it expels *ama* (toxins generated in body) out

of body. Hence might be helpful for relieving neural oedema. Patient had relief in symptoms such as tingling, numbness. *Rasnasaptaka kwatha*^[3] is *pachaka*, *shothanashaka* and *vatahara* in nature. *Sinhanada guggula*⁴ helps in *deepana*, *pachana* and *shoolanashana*.

After *pachana chikitsa*, patient had relief in above symptoms. But she had pain after movements i.e. during walking, standing. She was given *asthibalya* and *majjapurana* *chikitsa* i.e. *Lakshadi guggula*, *baladi kshirapaka*, *panchatiktaghrita kshirabasti*. These drugs are *athisadhanakara*, *asthibalya* in nature and also help in *majjapurana*. *Panchatikta*, improve *asthi dhatvagni*. *Ghrita* & milk provide vitamin D which help in calcium absorption & help in bone nourishment. Both of them also improve *majja dhatu*. Honey^[4] provides phosphorous and calcium which are useful in bone metabolism. *Saindhava* is *sukshma*^[5] in nature which helps other ingredients to rich at microcellular level. Thus *panchatiktaghritakshir basti* provides nutrition to *asthi* and *majja dhatu*.

Local treatment helped in pain relief. The patient was given *snehan nadi swedan* at back to both feet. *Katibasti* of *sahachara*

taila was done initially for 7 days and later on *bala taila katibasti* was done for 3 weeks. In *katibasti* oil gets absorbed through skin due to prolonged contact with skin. This might help in nourishment of *shleshaka kapha* present at *kasheruka sandhi*, nourishes ligaments, intervertebral disc and also pacifies *vata dosha*. Hence it helps in pain relief.

CONCLUSION: Thus Lumbar canal stenosis can be treated in combination with these simple ayurvedic principles and *kalpas*, when administered both internally and externally.

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Ayurved management in LUMBAR CANAL STENOSIS: A case study

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The Role Of Ayurvedic Medicine (I.E. Vanga Bhasma, Guduchi Satva & Pravalpishti) In The Management Of Dhatukshayajanya Sandhigatvat

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ABSTRACT-

Every person get older day by day. Although the aging is inevitable phenomenon and counted in *swabhava bala pravritta vyadhies* in Ayurveda.[1] *Janusandhigatvat* is one of them. *Janusandhigatvat* is also known as osteoarthritis. It is not a life threatening disease, but it happens at a wrong end of life. It is most prevalent and the leading cause of disability in India affects over 15 million Indians each year.[2] In Ayurved, *Samprapti of sandhigatvat* is described as *dhatukshayajanya* and *strotorodhajanya*.[3] *Dhatukshayajanya sandhigatvat* is

commonly found in elderly patients. This study was planned with an aim to evaluate the role of ayurvedic medicine i.e. *vanga bhasma, guduchi satva and pravalpishti* in in management of *dhatukshayajanya sandhigatvat*. Total 60 patients of *dhatukshayajanya sandhigatvat* were selected. They were divided in two groups. Group A and Group B. Group A patients were treated with *vatshamak Yog* along with *Balya Yog (i.e. vanga bhasma, guduchi satva and pravalpishti)* and group B patients were treated only with *vatshamak Yog*. The observations were recorded in prepared proforma and follow up was done after 2weeks, 4weeks and 6weeks. By applying chisquire

test and t test available data was statistically analyzed. Finally *balya yog* is found to be very useful in *sandhigatvat*.

KEY WORDS - *Dhatukshayajanya*, *Sndhigatvat*, *Balya Yog*, *Vatshamak Yog*, Osteoarthritis, Aging.

INTRODUCTION –

Pain is an unfavorable sensation which brings an individual to the physician particularly is more painful when mobile joints like *Janusandhi* (knee joint) of the body is involved. The disease *Sandhigata Vata* is more prone to be affected the knee joint because it is most frequently involved joint in daily routine work as well weight bearing joint. In pathogenesis of *Sandhigata Vata* it is found dominance of Vata Dosh. *Janusandhigatvat* is also known as osteoarthritis.

“Osteoarthritis” is derived from the Greek word ‘oste’ means of the bone ‘arthro’ means ‘joint’ and ‘itis’ means inflammation of the joints. Hence an inflammatory change in the joints of bone is called as osteoarthritis. There are two types of O.A. i.e. Primary O.A. (no underlying cause) and secondary O.A. (having underlying causes). Osteoarthritis is also known as degenerative

arthritis, a clinical syndrome in which low-grade inflammation of joints is caused by abnormal wearing of the cartilage that covers and act as a cushion inside the joints. The decreased movement because of joint pain, regional muscles of joint may change to atrophy and ligament may become more lax. Further O.A. is an articular abnormality of synovial joints usually accompanied by sub-chondral sclerosis, bony cyst, joints space narrowing and bony overgrowth at joints.

Osteoarthritis of knee joint is seen most common in clinical practice of geriatric. Worldwide O.A. is the most common articular disease of people of 65 years and above. The patients of O.A. need to take analgesics for daily and lifelong. [5]

Osteoarthritis (*Sandhigatvat*) is the leading degenerative knee disease leading to the need for knee replacement surgery. [4] The reasons behind *sandhigatvat* may be growing obesity, sedentary lifestyle, dependence on unhealthy and junk food and lack of exercise. In Ayurveda early aging is due to following five etiological factors as mentioned in *Madhav nidan* such as [6]

- *Pantha* – Excessive walking

- *Shita* – Excessive intake of cold and cold potency *dravyas*
- *Kadanna* – Excessive intake of *jivaniya gunarahita ahara*
- *Vridhaang satat sangam* – Sexual contacts with elder female
- *Dukha* – in incompatible deeds against will or mind

Although it may not be possible to prevent arthritis, one can reduce the risk of developing the disease by maintaining healthy weight (Excess weight put strain on joints) by exercising regularly and by maintaining a good posture to protect the muscle and joints.

In O.A. surgical therapy like knee joint replacement is very costly and after surgery patient has to continue analgesics for long duration. These analgesics and steroids in old age may produce adverse effects like gastritis, hyperacidity and some time renal failure. Hence this study was carried out to evaluate the efficacy of *Balya Yog* (i.e. *vanga bhasma, guduchi satva and pravalpishti*) in the management of O.A.

Signs and symptoms of Aging:-

Acharya Madhava nidan has described the *lakshanas* of aging vividly in the following manner viz[7]

1. Decreasing the body tissue, sense organs, strength, vigor and vitality and enthusiasm (*Sahashinata, Dhairya pranash*)
2. Effected with wrinkles, graying of hair and baldness (*Vali, Palita, Khalitya*)
3. Afflicted with complications like cough, dyspnoea etc.
4. Incapable to perform all activities (*Dandashrayen gamanam*)

AIMS & OBJECTIVES:-

- To study the effect of trial drugs in geriatric disorder with special reference to *Janusandhigatvat*.
- To find out less expensive, effective and easy treatment for complete cure of *Janusandhigatvat*.
- To study the *Nidan panchak* of *Janusandhigatvat*.
- To validate old principal with practical oriented data.
- Clinical trials on various patients, statistical variation, Discussion,

Conclusion to standardize and establish new facts and concepts in the management of *Janusandhigatvat* (Osteoarthritis) by Ayurved Therapy.

MATERIAL & METHODS:-

Selection of patients:-

Randomly selected patients above the age of 40 years of *Janusandhigatvat* (Osteoarthritis) divided into two groups. The final diagnosis was reached on the basis of signs and symptoms.

1. GROUP-A: - This group was treated with *Vanga bhasma*, *Guduchi Satva* and *Praval Pishti* along with *Vatshamak Yog*.
2. GROUP-B: - This group was treated only with *Vatshamak Yog*.

Symptoms:-[8]

- *Sandhishul* (Pain)
- *Sandhishoth* (Degenerative Swelling/ Bony hard swelling)
- *Sandhistabdhata* (Locking Of joints)
- *Vatpurnadruti Sparsh* (Local Crepitations)

The symptoms are divided in four groups according to severity.

- | | |
|----------------|------|
| 1. Most Severe | ++++ |
| 2. Severe | +++ |
| 3. Moderate | ++ |
| 4. Mild | + |
| 5. No Symptom | 0 |

EXCLUSIVE CRITERIA:-

- ❖ Patients suffering from TB Joints. DM, leprosy, Malignancy of joints., AIDS, severe anemia are excluded from this study.

TREATMENT DRUG:-

Vatshamak Yog–

Maharasnadi Kwath 20ml B.D.

Yograj Guggulu 250mg B.D.

Praval Panchamrut 250mg B.D.

Balya Yog–

Guduchi Satva 250mg BD

Vang Bhasma 125mg BD

Praval Pishti 125mg BD

Anupan – Goghrit.

Kidney function test is carried out of every patient (under study) before and after treatment

OBSERVATIONS:-

Result were observed and noted accordingly to clinical improvement in signs & symptoms on every follow up visit. Patients from both group followed up after 2 Weeks, 4 Weeks, and 6 Weeks.

CRITERIA FOR ASSESSMENT: -

- 1) Excellent Relief: - Complete Cure in Symptom and Signs.
- 2) Moderate Relief: - More Than 75 % Cure In Symptoms & Signs.
- 3) Mild Relief: - More Than 50% Cure In Symptoms & Signs.
- 4) No Relief: - No Changes in Symptoms & Signs.

RESULT & DISCUSSION:1) Sex wise Distribution

Sr. No	Sex	Group "A"	Group "B"
1	Male	6(20%)	8(26.66%)
2	Female	24(80%)	22(73.33%)

2) Occupation WiseDistribution:-

Sr. No.	Occupation	Group "A"	Group "B"
1	Labor	4(13.33%)	3(10%)
2	Farmers	2(6.66%)	3(10%)
3	Businessing	3(10%)	4(13.33%)
4	Housewife	18(60%)	15(50%)
5	Servicemen	3(10%)	5(16.66%)

3) Disease Period Distribution(Chronicity):-

Sr. No.	Years	Group "A"	Group "B"
1	0-1	5(16.66%)	6(20%)
2	2-3	7(23.33%)	8(26.66%)
3	4-5	9(30%)	7(23.33%)
4	6-10	5(16.66%)	6(20%)
5	11-15	2(6.66%)	1(3.33%)
6	16-20	2(6.66%)	2(6.66%)

4) Prakrutiwise Distribution

SR.NO	Prakruti	Group-A	Group-B
1	Vatakaphaj	8(26.66%)	7(23.33%)
2	Vatapittaj	4(13.33%)	5(16.66%)
3	Pittavataj	3(10%)	3(10%)
4	Pittakaphaj	4(13.33%)	4(13.33%)
5	Kaphavataj	9(30%)	8(26.66%)
6	Kapahapittaj	2(6.66%)	3(10%)

(5)Agni wise distribution

SR.NO	TYPES OF AGNI	GRPOUP-A	GROUP-B
1	VISHAM	15(50%)	14(46.66%)
2	TIKSHNA	3(10%)	2(6.66%)
3	MANDA	12(40%)	14(46.66%)

CURE RATE & DISEASE STATUS

Classification of Results

Sr. No.	Group	Excellent Relief	Moderate Relief	Mild Relief and symptom.	No Relief
1	A	21(70%)	5(16.66%)	03(10%)	01(3.33%)
2	B	03(10%)	15(50%)	04(13.33%)	08(26.66%)

By applying chiqure test and t test available data statistically analyzed with symptoms wise relief before & after treatment with respect to *Sandhishul*, *Sandhishoth*, *Sandhistabdhata* and *Vatpurnadruti Sparsh* etc.

Discussion on statistical ground

- Female patients are more (76.66%) in this study
- House wives are more sufferers of *Janusandhigatvat*.
- 04-05 year chronic patients are more in this study.

- In this study *vatakapha & kaphavata prakruti* patients are more.
- In *agni* wise distribution *mandgani & vishamagni* patients are more.
- In group-A 70% patients showed Excellent relief and in group "B" 10% patients showed Excellent relief in signs and symptom.
- In group "A" 16.66% patients got Moderate relief in group "B" 50% patient got Moderate relief in signs and symptom.
- In group "A" 10% patient got mild relief & in group "B" 13.33% patient got mild relief in signs and symptom.
- In group "A" 3.33% patient showed no relief and in group "B" 26.66% patient showed no relief in signs and symptom.
- In group "A" 100% patient showed relief in symptom *Sandhishul* (Pain).
- In group "A" 100% patient showed relief and in group "B" 92% patient showed relief in symptom *Sandhishoth* (Swelling).
- In group "A" 96% patient showed relief and in group "B" 86% patient

showed relief in symptom *Sandhistabdhatta* (Locking of joints).

- In group "A" 100% patient showed relief and in group "B" 86% patient showed relief in symptom *Vatpurnadruti Sparsh* (Local Crepitus).

After analyzing of data following facts are revealed

In Group "A" 96.75% patients showed relief after receiving *Balya Yog* along with *Vatshamak Yog* and in Group "B" 88.25% patients showed relief after receiving only *Vatshamak Yog*

Conclusion:-

- The symptomatic relief by *Vatshamak Yog* and trial drugs is excellence when compared with only *Vatshamak Yog*.
- Relapses in group "B" are more when compared with group "A"
- Newly diagnosed cases got fast and best relief.
- Patient having severe osteoarthritis and advised for total knee replacement (TKR) got excellent results with *Balya Yog* along with *Vatshamak Yog*

- Patient having cervical, lumber spondilosis and Sciatica along with *Janusandhigatvat* got excellent results with *Balya Yog* along with *Vatshamak Yog*
- Patients who were unable to walk without support before treatment, they are able to walk without support easily.
- It can be recommended that it is highly effective treatment for severe osteoarthritis as a substitute of Total Knee Replacement (TKR)
- Females are more affected than males.
- Overweight patients found more affected.

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AYURVEDIC MANAGEMENT OF MYOTONIC DYSTROPHY: A CASE REPORT

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ABSTRACT:

Myotonic dystrophy is a genetic disorder. The clinical expression of myotonic dystrophy varies widely and involves many systems other than muscle also. Neck muscles including flexors and distal limb muscles are involved early. Weakness of wrist extensor , quadriceps muscles occurs.

In this report, a case of 42 years old female patient diagnosed as myotonic dystrophy has given *ayurvedic* treatment. Observation and assessment of signs and

symptoms done clinically. According to *ayurvedic dosha-dushyavichar* patient has given *Arogyavardhinivati, Chitrak+ Pippali+ vidangsiddhagruta* for *deepan pachan* and *mansagnivardhan. Balaguduchyadikwatha Ashwagandhapak, cap. Palsinorm* given orally which is *balya* for *mansa* and stimulant *formajjadhatu*. In *panchakarmachikitsa, yogbasti* with *dashmulaniruha* and *tiltailanuvasan* given for 8 days as *shodhanchikitsa* followed by *karmabasti* of *balaguduchyadiniruha* and *balatailanuvasan* given for 30 days. *Shirodhara* with *brahmi* and *tiltail* has

given for 14 days. In *bahyachikitsa*, patient given *sarvangsnehan* and *swedan* for 8 days followed by *sarvangpindswed* for 28 days.

Result: *Lakshnikupashaya* has mentioned on the basis of changes in muscle power gradation, deep tendon reflexes, walking ability, pain/cramps in both lower limb etc. All parameters show good improvement in patient.

In modern medicine there is no specific treatment given for this disease and progression of this disease is worst. So, aim of this case report to show importance of *ayurvedic* management, which can be helpful for this type of patient to live their life better.

KEY WORDS: Myotonic dystrophy, *pachan*, *Balaguduchyadibasti*, *Pindswed*

INTRODUCTION:

Myotonic dystrophy is a disorder in which usually proximal muscle remain stronger throughout course, but signs and symptoms involve gradual muscle weakness and atrophy. It can lead to cardiac disturbances including heart blocks. Gradually patient may experience respiratory insufficiency due to muscle of breathing get weaken. In *Ayurveda* this

disease can not be correlate with any specific *vyadhi* mentioned in *samhitas*, (*anuktavyadhi*) but according to *dosha-dushya* vichar we can treat *mansadaurbalya*, *manskshayato* improve day to day life of patient.

Patient's name: SRS

Age: 42 years

Sex: Female

Desh: Anupa

Occupation: House wife

Religion: Hindu

Chief complaints:

1. *Katipradeshishool*... since 2 1/2 yrs
2. *Ubhayahastapadadaurbalya* ... since 1 1/2 yrs
3. *Unable to walk*... since 1 1/2 yrs
4. Pain and cramps in both calf muscles... since 1 yrs
5. *Nidralpata*(on & off) ... since 1 yrs

The patient was apparently alright before 2 1/2 years, and then she had

complained of backache frequently. Then she had an episode of epilepsy. She was a known case of epilepsy, but not on regular treatment. Gradually she experienced weakness in both upper and lower limbs and decrease grip to catch anything. Patient brought to KEM hospital for further work up. Patient has advised EMG, NCS, MRI-brain ,MRI-LS Spine, 2D-echo. She diagnosed as primary muscle disorder (mytonic dystrophy)in 2012. Patient was on anticonvulsant , pain killer and multivitamins, but does not improved. So,patient brought to Podar hospital for *ayurvedic* treatment.

Family history: NAD

No/H/O- DM /HTN/ PTB/ BA,

K/C/O- Epilepsysince 22 years

No/H/O- any major surgical illness

Samanya Parikshana:

Nadi:78/min regular

Agni: *mandagni*

Akruti: *sthaulya*

RR:18/min

Mala: *samyak*

Weight:76kg

Prakruti: *kaphapradhanvatanubandhi*

BP: 110/80mm of Hg

Mutra: *samyak*

Koshtha: *Madhyam*

Jivha: *Alpasaam*

StrotasParikshana:

1) *Pranvaha*: RS: AEBE ,NAD

2) *Udakavaha* – *Trishna* 3) *Annavaha*:
*Aruchi*4)

Rasavaha: CVS: S1S2 Normal

5) *Raktavaha* -*Avishesh*

6) *Mansavaha*:*Mansadaurbalya*,
Mansakshaya in both UL and LL, Muscle
power decrease.

Muscle power gradation :

	UL	LL
Rt	3/5	4/5
Lt	3/5	1/5

7) *Medovaha: Sphik-stana-udarlambanam*

8) *Asthivaha : Katishool*

9) *Majjavaha: Deep tendon reflexes diminished*

Deep tendon reflexes

	A	K	T	B
Rt	+	+	+	+
Lt	+	+	+	+

All reflexes were diminished.

10) *Shukravaha: Avishesh* 11) *Mutravaha: Avishesh* 12) *Svedavaha: Avishesh*

INVESTIGATIONS:

CBC, ESR, LFT, RFT, Lipid profile, BSL : WNL (26-12-2013)

CPK- 454 IU/L (26-12-13)

MRI-lumbosacral joint (5-2-2010) diffuse disc bulge at L3-L4, L4-L5, L5-S1 level indenting thecal sac.

MRI-Brain (11-6-2012):- Tiny old ischemic changes involving bilateral frontoparietal white matter, Parieto-occipital white matter

and subcortical Rt temporal lobe may represent CNS involvement.

EMG/NCS :- A primary muscle disorder with myotonic discharges.

2D-Echo :- LVEF-60%, Normal valves, Normal chamber size.

NIDANPANCHAK:

1.Hetu: *Ahar:* milk, curd, *abhishyandiahara* like dosa, uttapa frequent use in meal(kaphavardhak) ,Bread, butter, biscuits etc.daily (*vatavrudhikar*) ,*sheetjalsevan* (freezed water)*Vihar:* lack of exercise, *divasvapa*

2.Purvaroop: *katipradeshishool, nidralpata*

3.Roop: *katishool*, weakness in bilateral UL and LL (*mansadaurbalya*), *mansakshaya*, Unable to walk, pain in calf muscle.

4.upashay: *Snehanottarshoolupashaya.*

Diagnosis according to Modern medicine:

Myotonic dystrophy

*Dosha-dushya vichar:*Dosh: *Vata, kapha*
Dushya: Mansa, Kandara, Snayu,

Majja, Asthi ; Strotas:
Mansavaha, Majjavaha, Asthivaha,

5.Samprapti:

Hetu: Abhishyandi ahar,
kaphavatakarahari.e.milk, curd, frequent use
of bakery products, shitjalsevan, Lack of
exercise, Divasvapa----→ kaphavata dushti---
--→ Jatharagnimandya ----
→ Dhatvagnimandya (specifically
Mansadhatvagnimandya)-----
→ Mansavahastrotodushti and strotorodha--
----→ Mansakshaya (Muscle atrophy) and
Mansadaurbalya (diminished muscle
power)-----
→ Majjavahastrotodushti(mastishkagatamaj
jadushti) (diminished reflexes) ----
→ Myotonic dystrophy

- Mansam sharirapushtim medasya
cha | sushrut.sutrasthan. 15/7
- Mansavaha strotas dushti karan:

Abhishyandini bhojyani sthulani cha
guruni cha |

Mansavahini dushyanti bhuktam cha
svapatam diva || -Charak
Vimansthan.5/23

- Medovaha dushti karan:

Avyayamat divaswapnat medyanam
cha atibhakshanat |

Medovahini dushyanti varunyashcha
atisevanat || - Charak Vimansthan.5/24

CHIKITSA given:

Tatroapisvayonivardhandravyopayo
gah (pratikarah) | -
Sushrutsutrasthan 15/14

- 1) Sarvadehikchikitsa: A) Bahyachikitsa
B) Abyantarachikitsa

A) Bahyachikitsa:

-Sarvangsnehanswedan for 14 days

-Pindswed for 28 days

-Shirodhara with brahmi+tiltail for
14 days

B) Abhyantarachikitsa :

The treatment is given in following manner.

-Arogyavardhinivati 2-2-2 for 7 days

-Chitrak +Pippali+ Vidang siddha
gruta for deepan, pachan and mansagni
vardhan

-Ashwagandhapak 2 gms BD for 1 month

-Balaguduchyadikwath 20 ml BD for 1 month

- Cap. Palsinorm 2 BD for 1 month

i) Shodhanchikitsa :

-Yogabasti with Dashmulaniruha and tiltailanuvasan for 8 days

ii)Yapanchikitsa :

-Karmabasti with Bala guduchyadiniruha and Balatailaanuvasan for 30 days

OBSERVATIONS AND RESULTS:

Symptoms	Before treatment	After treatment
1.Backache	+++	+
2.Walking ability	Unable to walk	Walk without support
3. Grip strength	Decreased	Almost normal
4.Deep tendon reflex	A K T B Rt + + + +	A K T B Rt + ++ ++

	Lt + + + +	++ Lt + ++ ++ ++
5.Pain/ cramps in legs	+++	+
6.Muscle power gradation	UL LL Rt 3/5 4/5 Lt 3/5 1/5	UL LL Rt 5/5 4/5 Lt 4/5 4/5
7. Nidra	Nidralpata	Nidra prakrut

DISCUSSION:

Mode of action of drugs:

Kalpa	Contents	Mode of action
1.Pindswed	Dashmula , bala, ashwagandha, nirgundi , milk, rice	Vatahar, shothahar, mansa dhatu balya & bruhan karya

2. Aarogyavar dhini vati	Kajjali, loha bhasma, tamra bhasma, triph ala, kutaki, abhrak bhasmashilaj atu, chitrak, gugg ul	Deepan, pachan, srotoshodh an		daruharidra, shatavari, musta, patha, gokshu r, kantakarietc	
3. Chitrakadi gruta	Chitrak+ vidang+ pippali siddha gruta	Deepan, pachan, mansagniv ardhan	7. Yogbasti for 8 days	Makshik, saindhav, dashmula kashaya, til tail	Vatahar, shothahar, strotorodh a nashak, shodhan
4. Ashwagandh a pak	Ashwagandh a, bala, ela, kapikacchu, et c	Balya, bruhan, helpsin mansavard han, mansaposh an	8. Balaguduch yadi Basti for 15 days	Makshika, saindhav, sneha: til taila Kalka: yashti madhu, madanphala, pimpali, indrayava	Balya, vatanashak , asthisandh ankar, Bruhana, yapana karya
5. Cap Palsinorm	Shallaki, guggul, shuddha kuchala, nirgundi, shunthi	Vatahar, stimulant formajjadh atu,		Kashay: Bala, Guduchi, Atibala, Rasna, Ashwa gandha, Aragvadha, Bilva, Devdaru,	
6. Balaguduchya di kwatha	Bala, guduchi, devdaru, sahachar,	Balya & bruhan for mansa dhatu			

	<i>Sahachar, Dashamula And Mansarasa</i>	
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Aarogyavardhinivati contains *kajjali, lohabhasma, abhrak bhasma, tamra bhasma, guggulu, shilajatu, kutaki, chitrak* which is *deepan, pachan, agnivaradhan* and *srotoshodhan* by reducing *dushta kapha*.

Chitrak, pippali and *vidang* are *katu-tiktarasatmakdravya* which are useful in *mansagnivaradhan*.

Ashwagandhapak contains *balyadravya* which are *mansa-majjaposhak*.

Cap. Palsinorm is a proprietary medicine which contains *shuddhakuchala*, which is stimulant to nerves, nervine tonic i. e. *majjadhatu*.

Balaguduchyadikwatha which is proprietary medicine, useful for *mansavardhan, and vatashaman*.

Basti with *dashmulaniruha* and *tiltail* is use for the purpose of *srotoshodhan*. After *srotoshodhanbasti* with *balaguduchyadiniruha* with *mansarasa* and *anuvasan* with *balataila* is given for

bruhan, balya, mansavardhan and *mansaposhankarya* which is expected in treatment of this disease. *Swayonidravya* will increase same dhatu is the principle for *chikitsa*.

Kwatha of *dashmula, bala, ashwagandha, nirgundi*, and *kshir* which is boiled with rice is used for *pindswed*. This is best *chikitsa* of for *vatashaman, bruhankarya* of *mansadhatu*.

During treatment, there was no convulsion episode, Nidra was prakrut, patient feels relaxed mentally.

CONCLUSION:

Thus from above case report we can confidently say that, Myotonic Dystrophy has a good *ayurvedic* management which helps patient to improve their daily routine.

Thus in combination with these simple *ayurvedic* principles and *kalpas* a difficult disease like Myotonic Dystrophy can be successfully treated when applied correctly at right conditions.

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AYURVEDIC MANAGEMENT OF MYOTONIC DYSTROPHY: A CASE REPORT

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ROLE OF SHIRODHARA IN NIDRANASH**Sujata Jadhav^{*1}**

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Abstract:

Ayurveda has described three *Upasthambas* or healthy mind and body. These *Upasthambas* are *Aahara*, *Nidra*, *Brahmacharya*. *Nidranash* is one of the mental health problems around the world. The modern treatment is not entirely satisfactory. Ayurveda has described *murdhataila* for *Nidranash*. The types of *Murdhataila* are *Abhyang*, *Sec*, *Pichu*, *Basti* effective in the described order [Vagbhata has advocated *Shirobasti* for *jaagare* (*Nidranash*)]. *Shirodhara* is convenient for both male and female patients than *shirobasti*. Therefore this study is undertaken.

Keywords: *Nidranash*, *Shirodhara*, *Murdhataila*, *Insomnia*.

Introduction:

Ayurveda has described *Swasthya* as healthy body and mind. This *Swasthya* depends on three *Upastambha*^[1] *aahar*, *nidra*, *brahmacharya*. In *Samhita* importance of *Nidra* been stated as *sukhakara* (*Happiness*), *Pushtikar* (*Nourishment*), *Balyakar* (*Strength*), *Vrishya* (*Sexual Urges*), *Dnyanakar* (*Learning*), *Jeevankar* (*Life giving*)^[2]. In this way *Nidranash* affects the body, mind as well as soul. At present it is the foremost mental health problem around the world and commonest condition observed in both private and hospital practice. In the last few

decades human psyche has failed to cope with rapid change of pattern of lifestyle and very fast progress of technological and industrial developments. In environmental pollution, stress and strain full life conditions, unlimited demands in secure old age. The youth have adopted undesirable habits like smoking, alcohol, drug addiction. As a result the incidence of *nidranash* (Insomnia) has greatly multiplied in recent years.

A vast number of researchers are trying to find better way of treating and managing *Nidranash*. Modern medicine has developed potent drugs for induction and maintenance of sleep but some of these drugs are found to be carcinogenic, teratogenic etc. Long term use of any such drug leads to addiction. Therefore modern treatment is not entirely satisfactory.

Ayurveda has mentioned many lines of treatment like^[3] *ksheera, madya, mansarasa, dadhi, abhyanga, udvartana, snana, murdha-karna-akshi tarpana* etc. out of which *Murdha taila*^[4] (*tarpana*) is said to be most effective. *Murdha taila* has four types *Abhyanga, Seka, Pichu, Basti*^[5]. In finding appropriate management we must seek a way which has got long duration of action and minimal *purvakarma*

(*Preprocedure*) and *paschatkarma* (*Post procedure*). *Seka* that is *Shirodhara* satisfies these criteria but the efficacy of *Shirodhara* is not properly known as far as literature on this subject is concerned. Therefore this study is undertaken.

Hypothesis

1. In *Nidranash* while considering *Vatvridhhi, Pittavridhhi* as well as *Kaphakshaya Til-Taila* is *Balya, Vatanulomak*^[6].
2. *Shirodhara* is sort of meditation which may be effective for stability of mind and also for sleep.
3. *Indriya- Tarpan Karya of Murdha-Taila* was considered.
4. *Twacha i.e Sparshnendriya i.e. Vatsathan* and *Mana* are *Sarvavyapak* was also considered.
5. Hence *Vatchikitsa* should also be considered.
6. Regarding *Vatchikitsa Ashayapakarshak-Gati* is also considerable.

Aims and objectives:

To Study the role of *Shirodhara* in management of *Nidranasha*

Methods and materials:

For the clinical study 40 patients in the department of *kayachikitsa* in *Seth Ramnath Dharmarth Rughalaya, Pune* were taken. The study was done in both levels in the hospital i.e. in OPD as well as IPD level.

1. Patients having age of 20-60 yrs were only considered.
2. Patients of either sex were taken for the study.
3. Patients with history of *Nidranash* at least one month and also having following signs and symptoms were taken :

Angamarda(Bodyache) ,
Shirogaurav (Heaviness in head),
Akshigaurav (Heaviness in eyes),
Karshya (Weight loss), Alasya
(Laziness), Jrimbha(Yawning),
Moha(Confusion),
Rukshata(Dryness),
Jadhya(Sluggishness),
Glani(Sleepiness),
Bhrama(Giddiness),
Apakti(Indigestion)^[7].

Patients were divided into two groups as follows:

Group 1: 30 patients: with *Shirodhara*

Group 2: 10 patients -with Placebo

After selection of patient detail history was taken and routine pathological investigations

and thorough physical examination was done.

Patients were followed up daily the therapy.

Criteria of diagnosis: The diagnosis was based mainly on the clinical presentation of the patient. The following investigations were undertaken to exclude other pathology to assess the condition of patient. Routine blood investigations like HB, TC, DC, ESR, PCV were carried out. Routine and microscopic urine examination was done. Blood sugar was also done.

Criteria for assessment of results:

The most of the signs and symptoms of *Nidranash* described in *Ayurveda* are subjective and to give the results objectively and for statistical analysis multidimensional scoring system was adopted. This symptoms score was obtained daily and the statistical analysis was done at the end of the study to assess the efficacy of treatment.

The scoring done was as follows: sleep duration

Grade0 - 6-7hrs

Grade1 - 5-6hrs

Grade2- 4-5hrs

Grade3- 3-4hrs

Grade4 2-3hrs

Grade5- 1-2hrs

Grade6- 0-1hrs

Awakenings

Grade0 – No awakenings

Grade1 1-2times

Grade2 3-4times

Grade3 5-6times

Grade4 7-8times

Presence or absence of general symptoms like *Moha*, *Angamarda*, *Jadya*, *Glani*, *Shirogaurav*, *Akshigaurav*, *Alasya*, *Apakti*, *Rukshata*, *Krishata*, *Bhrama*, were graded as follows :

Grade0 Absence of symptoms

Grade1 Mild degree of symptom

Grade2 Moderate degree of symptoms

Grade3 Severe degree of symptoms

SHIRODHARA VIDHI ^[8]

Preparation of Patients:

The patients selection was done as described in clinical study. Male patients were advised to remove scalp hair totally. All the patients were advised to wash hair before starting therapy.

Preparation of dhara-patra and table:

Dhara-patra – A copper pot of two litres, broad at the neck and tapering at the bottom. At the bottom a hole of 5 mm was made. A wick of gauze piece was introduced in the hole to adjust the *dhara*. The *dhara-patra* was hanged in the stand with the help of sling. Table with soft bed was kept. Table was adjusted in a way to collect oil.

Preparation of drugs

Til taila was taken one litre in quantity per patient. It was warmed first and then poured in *Dhara-Patra* . The

temperature of *taila* was maintained during the therapy.

Pradhan karma

Patient was to lie in supine position with neck extended. Two gauze pieces were kept on the eyes for preventing the *taila* from entering in the eyes. The distance between the wick in the hole and the patients head was kept 4 *angula* and the *dhara* was adjusted such that it will fall straight and continuously on forehead. The time of *Dhara vidhi* was 45 minutes (*muhurta*) per patient . The oil from head region was recollected in other pot as shown in the photograph and was again warmed and repoured in *धारपात्रा* .The therapy was given for seven days.The procedure was carried out in *vat-kala*. Maximum isolation was done from disturbances. Separate oil was used for each patient strictly.

Paschyat karma

Remaining oil on head was smoothly massaged on head. Patient was advised to wear scarf or cap while returning home to protect from cold or heat and also advised avoid travelling.

Description of Til-taila

Botanical name : *Sesamum indicum*.

Family: *Pedalinancae*.

Variety: Black seeds-it gives best quality of oil .White seeds-richer in oil. Red/brown seeds.

Pharmacological properties^[9]: *Rasa-madhur-kashaya, Anurasa-tikta, Vipak-madhur, Prabhav-keshya* and *Sanskarat sarva rogajeet, Guna-guru, snigdha*.

Actions- *vatshamak, snehan, vedanashamak and keshya*. Seeds are laxative and emolients, dimulsent and nourishing after the particular sansakar the oil becomes

Uses: Til-taila is used widely as a base of different medical oils. Local applications are useful in *vatvikara* wounds and proper growth of hair. It is a good *medhya* also. After different *sanskara* it can be used both ways for gaining weight and reducing the weight.

Chemical composition: seeds contain-50-60% fixed oil^[10]

Analysis: 10

	Moisture	oil
Black seed	2-5.2%	44.6-56.9%

Red seed 45.7% 55.5%
White seed 2-4.4% 44.9-58.2%

(Bombay govt. agri.dept.bulletin)

Protein-22%

Carbohydrates-18%

Mucilage-4%

Woody fibers-4%

Ash-4.8%

Oil contents: 70% of liquid fats consisting of glycerides of oleic and linolic acids and 12-14% of solid fats stearin, palmitin and myristin.

Crystalline substances: sesamin and a phenol compound sesamol

Total effect of therapy:

At the end of therapy the total effect of therapy was assessed in the terms of complete remission, markedly improved, improved and unchanged with the following criteria:

Complete remission: 75% to 100% relief in the chief complaints and improvement in sleeping hour upto 6 hours at night.

Markedly improved: 50% to 75% relief in the chief complaints and improvement in sleeping hours upto 4 to 6 hours at night.

Improved : upto 50% relief in the chief complaints and improvement in sleeping hours.

Unchanged : no improvement in chief complaints and sleeping hours.

Observation and Discussion:

Nidranash is described in detail by *Charak*, *Ashatangsangraha*, *Vagbhata*, *Sushruta*. *Charak* has described *Nidranash* as one of the eighty^[11] *Nanatmajvyadhis*(*harangadhra* has quoted¹² *alpanidrata* as one of the *pittajananatmajvyadhis*. These ancient authors have advocated various modalities of treatments. *Charak* has described *Sneh-Chikitsa* for *Nanatmaj Vyadhis*. *Shirodhara* therapy with *Til-Taila* was selected for treatment of *Nidranash* in this study.

The various causes implicated in the aetiology of *Nidranash* in this study are *Manastap*, *Prakriti*, *Dhatukshaya*, *Vatvridhi*, *Karya*, *Vikar*.

The pathogenesis of *Nidranash* is described as – *Vatprakop* (*Bhay*, *Shok*,

Chinta, Kam), Pittaprkop (Krodh, Irshya). (Charaka Chikistasthana adhyaya 28.)

The predominant symptoms observed in this study were *alsya*(82.5%), *angamarda*(65%), *rukshata*(60%), *shirogurav* (55%), *Bhrama*(50%). Along with these *malavastambha* (constipation) was seen in 40% of patients.

40 patients of *Nidranash* were selected for this study. The maximum number of patients were in age group of 40 to 50 and 50 to 60 years. These two age groups were the commonest age group of incidence of *Nidranash*.

Both male and females are about equal in numbers in the ratio of 1:1

For the study patients were divided into two groups.

Group 1: *Shirodhara* group

Group 2: Control group

Group 1 was given *Shirodhara* with *Til-Taila* daily for seven days. Group 2 was given placebo therapy of two capsules containing wheat-flour at bed time for seven days.

Til-Taila is *Madhur, Tikta, Kashaya, Vatghna*. Hence it is effective in the treatment of *Nidranash*. The effectiveness of treatment was assessed by grading the severity of various symptoms through the therapy. The effect of *Shirodhara* in *Nidranash* can be due to *Vatshamak* action of *Til-Taila* and also due to *Nidrakar* action of *Murdha-Taila*.

In this study following observations were noted –

1. Increase in total sleeping period.
2. Increase in uninterrupted sleep period.
3. Decrease in number of awaking episodes.
4. Increase feeling of well-being.
5. Quite and cool feeling in eyes.

The score of severity of *Nidranash* was graded separately for total sleep period and for number of awakening episodes before and after the treatment for group 1 and group 2.

The Patients on placebo therapy didn't show any improvement in total sleep period as well as in pattern of sleep. In this study only one patient on placebo therapy showed some improvement in sleep pattern.

This may attributed to the psychological aspect of the patient.

But as seen above the *Shirodhara* therapy group has shown significant change in both i.e for total sleep period and Pattern (*Swaroop*) of sleep. In group 1 total sleep period changed from grade5 to grade2. So the sleep hours increased from 1 to 2 hrs to 4 to 5 hrs.

The change in sleep pattern observed was from grade 3 to grade 1 i.e. the number of awakening decreased from 5 to 6 times to 1 to 2 times.

This is conclusive that *Shirodhara* was responsible for the change in score of severity of *Nidranash* in group1. And hence *Shirodhara* with *Til-Taila* is proved to be an effective mode of treatment for *Nidranash*.

For reaffirmation of the above result it was proved in this study that five patients in group1 on sedative drugs such as Diazepam, Alprazolam were able to stop the medication after 4th or 5th day of therapy and showed improvement in the period as well as pattern of sleep.

On comparing the score of both the groups it can be seen that in Group2 there was no significant change in severity of

symptoms at the end. Only *Angamarda*, *Akshigaurav*, *Shirogaurav* showed negligible change in few patients.

This supports that *Shirodhara* with *Til-Taila* was responsible for the improvement in *Rupas* like *angamarda*, *akshigaurav*, *shirogaurav*. Maximum change in gradation was seen for these *Rupas*. Moderate change in gradation was seen in *Rupas* likem *moh*, *jadya*, *glani*, *bhrama*, *alasya*, *jrimbha*, *rukshata*. There was no change in gradation of *karshya*. This proves that *Shirodhara* was responsible for the change of severity in group1.

From above observation it is seen that maximum patients benefitted from the therapy are seen in markedly improved group.

Conclusion:

Shirodhara with *Til-Taila* is effective in the treatment of *Nidranash*.

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