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# INDEX

## Voume-2

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# Effective Management of Chronic Kidney Disease (Vrikka Roga) Using Ayurvedic Treatment : A Case Report

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## Abstract

This case report explores the integration of *Ayurvedic* medicine in the management of a 24-year-old male diagnosed with chronic kidney disease (CKD), referred to as *Vrikka Roga* in *Ayurveda*. The patient presented with severe symptoms including shortness of breath, general weakness, nausea, pruritus, frothy micturition and an overall loss of vitality. Conventional treatment options such as haemodialysis and medication had been proposed but were delayed at the patient's discretion. In response, an alternative therapeutic strategy was implemented, comprising a series of tailored *Ayurvedic* treatments. Complementing the *Panchkarma* therapies, *Ayurvedic* treatment, lifestyle modifications and *Ayurvedic* diet were advised to enhance overall renal health and mitigate CKD symptoms. Preliminary outcomes post-treatment showed improvement in both subjective symptoms and objective measures of renal function, suggesting potential benefits of this integrative approach. This report underscores the need for further rigorous scientific studies to validate the efficacy of *Ayurvedic* practices in managing CKD and highlights the potential of *Ayurvedic* medicine as a complement to conventional nephrology. This case encourages the exploration of holistic, individualized patient care strategies that address both the symptoms and underlying etiological factors contributing to kidney diseases.

**Keywords:** *Vrikka Roga*, CKD, *Ayurveda* Treatment, *Panchkarma*, Proteinuria

## Introduction :

Chronic Kidney Disease (CKD) is defined as a gradual deterioration of kidney function over a span of months or years, with each advancing stage signifying a more severe loss of the kidney's ability to detoxify the blood. This degradation results in an accumulation of waste products within the bloodstream[1]. An acute exacerbation of CKD refers to a sudden and often rapid decline in kidney function, typically triggered by factors such as infections, dehydration or exposure to nephrotoxic substances[2]. Managing these acute episodes is challenging and may require hospitalization and intensive care due to the complexity of the condition[3]. Conventional management strategies for CKD focus on addressing underlying causes such as hypertension and diabetes. These strategies include stringent dietary management, the use of renal replacement therapies like dialysis, and in severe cases, organ transplantation[4]. Despite these advancements, the rising prevalence of CKD necessitates exploration into additional therapeutic options. From an *Ayurvedic* perspective, renal health is significantly influenced by the balance of the body's *doshas* (fundamental bio elements), with kidney diseases frequently attributed to disturbances in '*Apana Vata'*—a subtype of *Vata dosha* responsible for elimination processes—and '*Kapha Dosha,'* which governs fluid balance and structural stability[5]. *Ayurvedic* texts recommend a variety of herbs such as *Punarnava (Boerhavia diffusa), Gokshura (Tribulus terrestris) and Varun (Crataeva nurvala),* acknowledged for their renal protective and regenerative potentials. These herbs are believed to enhance kidney function through mechanisms like enhanced diuresis, improved renal blood flow and nephroprotective effects[6]. From the *ayurveda* point of view this disease can be co-related with *Vrikka Roga.*

Despite the increasing exploration into these *Ayurvedic* treatments, there remains a considerable gap in comprehensive clinical validations which limits the integration of these traditional remedies into mainstream medical practice[7]. As the global burden of chronic kidney disease continues to escalate, it becomes imperative to bridge the gap between traditional *Ayurvedic* practices and contemporary nephrology. This integration could potentially pave the way for alternate management strategies that address both the chronic progression and acute exacerbations of kidney disease, ensuring these approaches are substantiated by robust scientific evidence to guarantee efficacy and safety[8].

**Case Presentation**:

1. A 24-year-old male patient visited Jeena Sikho lifecare Limited Hospital, Derabassi, with an established diagnosis of Chronic Kidney Disease (CKD) since August 2024. During the current evaluation, he reported several troubling symptoms including shortness of breath upon exertion, mild fatigue, generalized weakness, nausea, pruritus, lower backache and an increase in body weight. Despite medical advice to initiate haemodialysis owing to worsening renal function, the patient opted to delay this treatment. Notably, his clinical assessment also highlighted frothy micturition, suggestive of proteinuria.

A regimen of *Ayurvedic* medicines and *Panchkarma* treatment was formulated along with conventional renal therapy. The treatment approach was aimed at rebalancing the body's bio elements, specifically targeting improvements in kidney function and overall symptomatology. This case underscores the potential utility of integrating *Ayurvedic* medicine into the management of symptoms of Chronic Kidney Disease, particularly for patients seeking alternatives to conventional therapies. The patient is taking allopathy treatment which include **Darbepoetin** (4k once daily for 14 days), a synthetic hormone for treating anaemia; **Sodium Bicarbonate** (1 tablet TID), used to neutralize stomach acid; **Calcium Acetate** (1 tablet BID), which reduces phosphate levels in patients with kidney disease.

***Samprapti* of Chronic Kidney Disease *(Vrikka Vikara):***

In *Ayurveda*, the *Samprapti* (pathogenesis) of chronic kidney disease or *Vrikka Vikara* involves a complex interplay of the *Doshas*, primarily *Vata* and *Kapha*, and the buildup of *Ama* (toxins). Initially, factors such as poor nutrition diet, sedentary lifestyle, aggravate *Vata* and *Kapha Doshas*. This aggravation leads to the formation and accumulation of *Ama*, which then circulates throughout the body and eventually lodges in the *Vrikka* (kidneys), causing obstruction and impairment in the *Mutravaha Srotas*.

This blockage hinders the filtration process, leading to the accumulation of waste products and further increasing *Ama*, which exacerbates the condition. As the kidneys' ability to filter blood diminishes, symptoms such as hazy urine, weakness, and nausea manifest. The disruption in the balance of the three *doshas* – *Vata*, *Pitta*, and *Kapha*, along with the continued presence of *Ama* and progressive damage to the *Vrikka*, contributes to the chronicity and severity of the disease.

**Underlying Factors (Poor nutrition diet, sedentary lifestyle)**

↓

**Aggravation of *Kapha* and *Vata***

↓

**Formation of *Ama***

↓

***Ama* circulates and lodges in the *Vrikka* (Kidneys)**

↓

**Blockage in the *Mutravaha Srotas***

↓

**Impaired Filtration and Accumulation of Waste**

↓

**Symptoms (Hazy Urine, Weakness, Nausea)**

↓

**Chronic Kidney Disease (CKD)**

**Table No. 1:. Vital Parameters**

| Sr. No | Examination | Findings |
|---|---|---|
| 1. | **Blood Pressure** | 132/80 mm of Hg |
| 2. | **Pulse** | 90 / min |
| 3. | **Weight** | 71 kg |
| 4. | **Height** | 5 feet 5 inches |

***Ayurvedic* Examination**

**Table No. 2. : *Ashtavidha Pariksha* (Eight-fold Examination)**

| Sr. No | Examination | Findings |
|---|---|---|
| **1.** | ***Nadi* (Pulse** | *Vata-Kaphaj* |
| **2.** | ***Mutra* (Urine)** | *Safena* |
| **3.** | ***Mala* (Stool)** | *Abadha* |
| **4.** | ***Jihva* (Tongue)** | *Saam* |
| **5.** | ***Shabda* (Voice)** | *Spashta* |
| **6.** | ***Sparsha* (Touch)** | *Anushnasheeta* |
| **7.** | ***Drik* (Eyes)** | *Avikrita* |
| **8.** | ***Akriti* (Appearance)** | *Avikrita* |

**Table No. 3. : *Dashavidha Pariksha* (Ten-fold Examination)**

| Sr. No | Examination | Findings |
|---|---|---|
| 1. | ***Prakriti* (Constitution):** | *Pitta Kapha* |
| 2. | ***Vikriti* (Imbalance):** | *Vata kaphaj* |
| 3. | ***Sara* (Tissue Excellence):** | *Madhyam* |
| 4. | ***Samhanana* (Body Build):** | Moderate |
| 5. | ***Pramana* (Body Proportions):** | Within normal limits. |
| 6. | ***Satmya* (Adaptability):** | *Avara* |
| 7. | ***Satva* (Psychological Strength):** | *Avara* |
| 8. | ***Ahara Shakti* (Digestive Strength):** | *Avara* |
| 9. | ***Vyayama Shakti* (Exercise Capacity):** | *Madhyam* |
| 10. | ***Vaya* (Age):** | 24yr old |

**Diagnostic Assessment :**

Table 6,7. Laboratory Results:

a. CBC, Renal Function Test, Sr. Electrolyte, Lipid Profile.

b. Imaging Results: - DTPA Scan done on 04/09/2024

**Treatment Plan :**

**I. *Ayurvedic* Diet Plan:**[9] The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key recommendations:

**a. Foods to be avoided:**

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.
- During solid consume as small bite and chew 32 times.

**b. Hydration:**

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 liter of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water, and turmeric-infused water as part of your daily routine.
- Boil 2 liters of water & reduce up to 1 liter and consume.

**c. Millet Intake:**

"शाल्यादीनां तु धान्यानां यवकाः श्यामकाः प्रियङ्गवः।

कोद्रवाः शालिपर्ण्यश्च लघवः कषायोष्णगुणाः स्मृताः॥

(Charaka Samhita, Sutrasthana 27/88).[10]

- Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramose*).
- Use only steel cookware for preparing the millets
- Cook the millets only using mustard oil.

**d. Meal Timing and Meal Structure:**

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
2. Breakfast (9:00-10:00 AM): The patient had given steamed fruits (Seasonal), *mugda yusha*, and a fermented millet shake (4-5 types).

3. Morning Snacks (11:00AM): The patient had given Red juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient had received Plate 1 and Plate 2. Plate 1 had included a steamed salad, while Plate 2 with cooked millet-based dish.
5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
6. Dinner (6:15-7:30 PM): The patient had served a steamed salad, chutney and soup, as Plate 1, along with millet khichdi as Plate 2.

**e. Fasting:**

- It is advised to observe one-day fasting.

**f. Special Instructions:**

- Express gratitude to the divine before consuming food or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

**g. Diet Types:**

- The diet comprises salt-less solid, semi-solid and smoothie options.
- Suggested foods included Herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

**II. Lifestyle Recommendations were :**

(i) Include meditation for relaxation.
(ii) Practice barefoot brisk walk for 30 minutes.
(iii) Ensure 6-8 hours of quality sleep each night.
(iv) Adhere to a structured daily routine.

***Panchkarma* Therapies: -**

Following a comprehensive evaluation, the patient was advised to undergo inpatient department (IPD) treatment for a duration of 5 days. This recommendation was made to closely monitor his condition and administer intensive care, aimed at stabilizing his symptoms and preventing further deterioration of kidney function. This approach also allowed for a structured administration of the *Ayurvedic* treatment regimen and ensuring adherence, while providing continuous medical supervision. The patient was admitted on 03/09/2024 and was discharged on 07/09/2024, the following interventions were followed during the admission period.

**1. *Matra Basti with Guduchyadi Ksheer Basti* (amount – 90ml) :**

*Matra Basti* is a form of *Ayurvedic* enema, using medicated oils or ghees. In this case, *Guduchyadi Ksheer Basti* involves the use of a medicated decoction made with *Guduchi* (*Tinospora cordifolia*) and other herbs mixed with milk. The enema primarily works on the *Vata Dosha*, which, according to *Ayurveda*, governs the body's excretory functions, including those of the kidneys. It is soothing, lubricating and can help in reducing inflammation and promoting the healing of the urinary tract and kidneys. It is especially beneficial for restoring and balancing the *Apana Vata*, enhancing the body's natural detoxification processes and aiding in the management of kidney disease-related symptoms.

**2. *Abhyangam with Ksheerbala Oil* :**

*Abhyangam* is a traditional *Ayurvedic* oil massage that rejuvenates the body, improves circulation, and helps in detoxification, which is crucial for

patients with kidney issues. *Ksheerbala oi*l, which is commonly used during *Abhyangam*, is prepared from *Bala* (*Sida cordifolia*) infused in milk and *sesame oil*. This treatment is known for its anti-inflammatory and analgesic properties, aiding in reducing pain and discomfort associated with kidney disease. Moreover, it helps in calming the nerves and reducing stress, which can indirectly benefit kidney function.

**3. *Avgaha Swedanam* for 2 hrs below Navel region :**

*Avgaha Swedanam* is a sweating therapy that involves sitting in a tub of medicated *ayurvedic* formulations that specifically targets the lower abdomen below the naval region. This therapy is beneficial for directly impacting the organs located in the lower abdomen, including the kidneys and urinary bladder. The steam and heat help in dilating blood vessels, improving circulation to these organs and facilitating the removal of toxins through induced sweating. Improved circulation and detoxification support better kidney function and can help to alleviate symptoms of CKD.

**4. *Shiropichu with Dhanvantaram Oil :***

*Shiropichu* is an *panchakarma* therapy where a cotton pad soaked in medicated oil is placed on the head of the patient. Using *Dhanvantaram oil*, which is a classic *Ayurvedic* oil known for its rejuvenative and calming properties. This treatment is beneficial for relieving stress and tension, which are often heightened in chronic conditions like kidney disease. By soothing the central nervous system, it helps to manage systemic stress which can exacerbate health conditions and impact kidney health negatively.

**Medicines Used: -** Following medicinal Treatment was given to the patient during the admission period.

**Table No.4. : Day 1 – 03/09/24**

| **Medications** | **Sanjeevani Vati** |
|---|---|
| Ingredients of the formulation are | **Bilva** (*Aegle marmelos*), **Sonth** (*Zingiber officinale*), **Pippali** (*Piper longum*), **Haritaki** (*Terminalia chebula*), **Vibhitaki** (*Terminalia bellirica*), **Amalaki** (*Phyllanthus emblica*), **Vacha** (*Acorus calamus*), **Guduchi** (*Tinospora cordifolia*), and **Bhallataka** (*Semecarpus anacardium*). |
| ***Dose*** | 2 Tablets BD |
| ***Anupana*** | Lukewarm Water (*Koshna Jala*) |
| ***Duration*** | *Adhobhakta* (After Meal) |

| **Medications** | **URI Plus** |
|---|---|
| Ingredients of the formulation are | **Amalki** *(Phyllanthus emblica)*, ***Bibhitika*** *(Terminalia bellirica)*, **Haritiki** *(Terminalia chebula)*, **Gokshura** *(Tribulus terrestris)*, **Shodhit Guggul** *(Commiphora wightii)*, **Guduchi** *(Tinospora cordifolia)* |
| ***Dose*** | 2 Tablets BD |
| ***Anupana*** | Lukewarm Water (*Koshna Jala*) |
| ***Duration*** | *Adhobhakta* (After Meal) |

| **Medications** | **Chitrakadi Vati** |
|---|---|
| Ingredients of the formulation are | ***Chitrak*** *(Plumbago zeylanica)*, **Pippali** (*Piper longum*), ***Yava Kshar*** (*Hordeum vulgare*), **Swarjika Kshara**, **Saindhava Lavana** (Rock salt), **Sauvarchala Lavana** (Black salt), **Vida Lavana** (a type of salt), **Samudra Lavana** (Sea salt), **Audbhida Lavana**, **Sonth** (*Zingiber officinale*), **Maricha** (*Piper nigrum*), and **Hing** (*Ferula asafoetida*). |
| ***Dose*** | 2 Tablets BD |
| ***Anupana*** | Lukewarm Water (*Koshna Jala*) |
| ***Duration*** | *Pragbhakta* (Before Meal) |

| Medications | Renotivate Syrup |
|---|---|
| Ingredients of the formulation are | **Punarnava** (*Boerhaavia diffusa*), **Gokshura** (*Tribulus terrestris*), **Varun** (*Crataeva nurvala*), **Kasani** (*Cichorium intybus*), **Palaash** (*Butea monosperma*), and **Pasankusha** (*Euphorbia tithymaloides*). |
| ***Dose*** | 20 ml BD |
| ***Anupana*** | Lukewarm Water (*Koshna Jala*) |
| ***Duration*** | *Adhobhakta* (After Meal) |

| Medications | Chander Vati |
|---|---|
| Ingredients of the formulation are | are **Kapoor Kachri** (*Hedychium spicatum*), **Vach** (*Acorus calamus*), **Motha** (*Cyperus rotundus*), **Kalmegh** (*Andrographis paniculata*), **Giloy** (*Tinospora cordifolia*), **Devdaru** (*Cedrus deodara*), **Desi Haldi** (*Curcuma longa*), **Atees** (*Aconitum heterophyllum*), **Daru Haldi** (*Berberis aristata*), and ***Pipla Mool*** (*Piper longum* root). It also features detoxifying agents like **Chitraka** (*Plumbago zeylanica*), digestive aids like **Dhaniya** (*Coriandrum sativum*), and rejuvenators like **Harad** (*Terminalia chebula*), **Bahera** (*Terminalia bellirica*), and **Amla** (*Emblica officinalis*). Additional components include **Chavya** (*Piper chaba*), **Vayavidang** (*Embelia ribes*), **Pippal** (*Piper longum*), ***Kalimirch*** (*Piper nigrum*), **Sonth** (*Zingiber officinale*), and **Gaj Pipal** (*Scindapsus officinalis*). Flavor enhancers and additional agents include **Choti Elaichi** (*Elettaria cardamomum*), **Dalchini** (*Cinnamomum verum*), **Tejpatra** (*Cinnamomum tamala*), while detoxifying and digestive components like **Danti** (*Baliospermum montanum*), **Nisoth** (*Operculina turpethum*), and **Banslochan** (*Bambusa arundinacea*) also play crucial roles. Minerals used include Loh Bhasma and natural resins like ***Guggul*** (*Commiphora wightii*). |
| ***Dose*** | 2 Tablets BD |
| ***Anupana*** | Lukewarm Water (*Koshna Jala*) |
| ***Duration*** | *Adhobhakta* (After Meal) |

**Table No. 5.: Day 2,3,4 and 5 – 04/09/24, 05/09/24, 06/09/24, 07/09/24.**

| Medications | Dose | *Anupana* | Duration |
|---|---|---|---|
| ***Sanjeevani Vati*** | 2 Tablets BD | Lukewarm Water *(Koshna Jala)* | *Adhobhakta* (After Meal) |
| ***URI Plus*** | 2 Tablets BD | Lukewarm Water *(Koshna Jala)* | *Adhobhakta* (After Meal) |
| ***Chitrakadi Vati*** | 2 Tablets BD | Lukewarm Water *(Koshna Jala)* | *Pragbhakta* (Before Meal) |
| ***Renotivate Syrup*** | 20 ml BD | Lukewarm Water (*Koshna Jala)* | *Adhobhakta* (After Meal) |
| ***Chander Vati*** | 2 Tablets BD | Lukewarm Water *(Koshna Jala)* | *Adhobhakta* (After Meal) |
| ***Mutravardhak Vati*** | 2 Tablets BD | Lukewarm Water *(Koshna Jala)* | *Adhobhakta* (After Meal) |

The Patient was discharged on 07/09/24 and on discharge patient was advised to take following medication for 3 months

1. ***Renal Support syrup*** – 20ml BD after meal with equal amount of lukewarm water
2. ***GFR Powder*** – ½ Tsp BD after meal with Lukewarm water
3. ***Chander Vati*** – 2-tab BD after meal with Lukewarm water
4. ***Asthiposhak Vati*** – 2-tab BD after meal with Lukewarm water
5. ***Fe cap*** – 2 cap BD after meal with Lukewarm water
6. ***DS Powder*** ½ Tsp HS after meal with Lukewarm water (to stop if loose motion)

**Follow-Up and Outcomes :**

After 5 days admission and after the series of *Panchakarma* Treatment and *Ayurvedic* Medicines and a follow-up of 3 months the results that were seen are-

**Table No. 6 : Outcomes – Objective Parameters**

| Parameters | Pre-Treatment (03/09/24) | Post-Treatment (12/12/24) |
|---|---|---|
| **Sr Electrolyte** | | |
| Sr. Sodium | 139.3 mEq/L | 139.4 mEq/L |
| Sr. Potassium | 5.83 mEq/L | 5.69 mEq/L |
| Sr. Chloride | 104.3 mEq/L | 102.9 mEq/L |
| **Complete Blood Count** | | |
| Hb | 8.2 gm/dl | 8.0 gm/dl |
| TLC | 11200 /cumm | 12500 /cumm |
| RBC | 2.88 mill/cumm | 2.43 mill/cumm |
| Platelet Count | 3.63 Lac/cumm | 2.10 Lac/cumm |
| **Renal Function Test** | | |
| Blood Urea | 176.38 mg/dl | 114.27 mg/dl |
| Sr. Creatinine | 11 mg/dl | 7.17 mg/dl |
| Sr. Uric Acid | 9.60 mg/dl | 8.64 mg/dl |
| **Urine Routine/Microscpic** | | |
| Urine Protein | Present + | Present + |
| Pus Cells | 8-10 /HPF | 1-2 /HPF |
| Albumin/Globulin Ratio | 0.81 | 1.23 |

The changes in the subjective parameters that was observed are-

**Table No. 7 :Outcomes – Subjective Parameters**

| Parameters | Pre-Treatment | Post-Treatment |
|---|---|---|
| **Pain Severity (VAS)[11]** | Patient reported severe pain, rated at 7 on a scale of 1-10 during episodes of renal colic. | Complete resolution of pain, with a pain rating of 1 on a scale of 1-10. |
| **Modified Borg Scale (Shortness of Breath)[12]** | 6/10 (marked breathlessness after mild exertion) | 2/10 (marked relief in breathlessness after mild exertion) |
| **Fatigue Severity Scale (FSS)[13]** | Average score of 6/7 (severe fatigue impacting daily function) | Average score of 3/7 (mild fatigue) |
| **Itch Severity Scale (ISS)[14]** | 5/10 (moderate itching affecting sleep and daily activities) | 2/10 (occasional itching with minimal impact) |
| **Kidney Disease Quality of Life (KDQOL)[15]** | Overall score 40% (significant impact of kidney disease on quality of life) | Overall score 70% (moderate improvement in quality of life with some persistent challenges) |

**The changes in the DTPA were observed as**

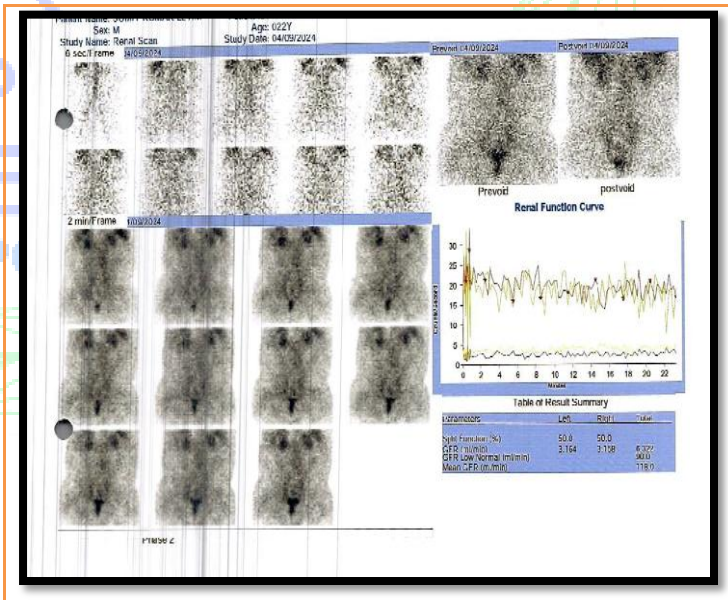
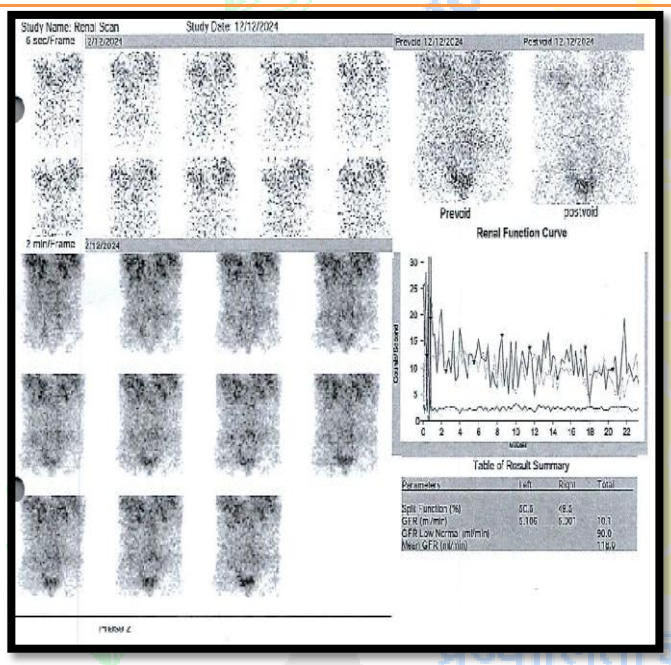



**Image 1: Before Treatment**


**Image 1: Before Treatment**



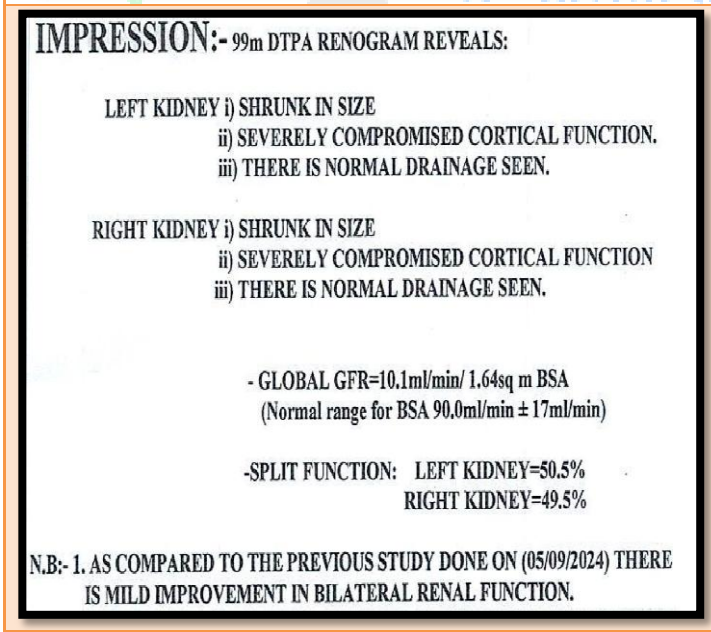




**Image 2: After Treatment**

## Discussion :

Chronic Kidney Disease (CKD) represents a significant challenge in modern medicine due to its complex pathophysiology and the increasing prevalence worldwide. As a multisystem disease, CKD typically progresses silently over years, often diagnosed in advanced stages when therapeutic options are limited. Modern management strategies for CKD focuses on addressing the primary risk factors such as hypertension and diabetes, which are pivotal in slowing disease progression. Pharmacological treatments like ACE inhibitors or ARBs are commonly prescribed to manage hypertension and to reduce the progression of renal damage[16]. Additionally, stringent control of blood glucose levels in diabetes is essential to prevent diabetic nephropathy, a leading cause of CKD[17]. As the disease advances, treatment modalities may include renal replacement therapies such as dialysis or kidney transplantation, which, while life-sustaining, come with significant lifestyle and health burdens[18]. Despite advancements in medical treatment and management strategies, CKD remains a leading cause of morbidity and mortality, underscoring the need for further research into more effective interventions and the potential for prevention strategies starting from earlier life stages[19].

The pathophysiology (*Samprapti*) of chronic kidney disease (CKD) or *Vrikka Roga* in *Ayurvedic* terminology, can be viewed through the lens of the imbalance in the body's doshic energies, primarily involving the vitiation of *Vata, Kapha and Pitta doshas*. *Apana Vata*, which governs the lower part of the body involved in elimination of wastes, plays

a significant role in the functioning of the kidneys. According to *Ayurveda*, disturbance in *Apana Vata* leads to impaired elimination and accumulation of toxins (*Ama*) in the body, which in the context of CKD disturbs the kidney's ability to filter and eliminate waste effectively.

The weakening of the *Dhatus* (tissues), particularly *Mamsa* (muscle tissue) and *Medas* (fat tissue), due to sustained doshic imbalance further exacerbates the disruption of kidney functions. Additionally, the build-up of *Ama* could lead to *Srotorodha* (blockage of channels), which manifests as the progressive symptoms of CKD including fatigue, swelling and metabolic disturbances like electrolyte imbalances.

Successful interruption of this pathogenesis (*Samprapti Vighatana*) involves a multipronged approach aimed at restoring the balance of the *doshas*, enhancing digestive fire (*Agni*), clearing the channels (*Srotas*) of accumulated toxins and rejuvenating affected tissues. In the case presented, several *Panchakarma* therapies were employed as part of *Panchakarma* to address the root causes of CKD. *Matra Basti with Guduchyadi Ksheer Basti* was administered to soothe *Vata* and remove *Ama* from the pelvis. *Abhyangam with Ksheerbala* Oil *and Avgaha Swedanam* procedures were implemented to improve circulation, facilitate the removal of toxins and alleviate pain and discomfort. Additionally, *Shiropichu with Dhanvantaram* Oil was utilized to calm the system and reduce stress, providing a holistic approach to patient care.

Multiple studies in *Ayurveda* have explored similar interventions for kidney diseases. A demonstrated significant improvements in renal function indicators among patients treated with a comprehensive *Ayurvedic* protocol including herbs like *Punarnava* and therapies similar to those employed in this case report[20]. These findings, with significant enhancements in both biochemical and symptomatic profiles of patients with CKD undergoing integrated *Ayurvedic* and conventional treatment[21]. These studies reinforce the potential for *Ayurvedic* interventions to effectively mitigate the progression of CKD and improve quality of life, by addressing both the symptoms and root causes of the disease as described in its *Samprapti*.The array of *Ayurvedic* medicines prescribed in the case of Chronic Kidney Disease (CKD) encompasses various formulations each targeted to support different aspects of the patient's health. ***Sanjeevani Vati*** is noted for its rejuvenative qualities, enhancing systemic resilience and energy, beneficial for tackling the fatigue associated with CKD. ***URI Plus*** aims to support urinary function with diuretic herbs that promote renal clearance and helps to manage fluid retention. ***Chitrakadi Vati*** enhances digestive efficiency, crucial for reducing toxin buildup that could otherwise strain the kidneys. ***Renotivate Syrup*** and herbs in similar formulations are selected for their nephroprotective properties, aimed at directly supporting kidney function and health. ***Chander Vati*** assists in metabolic regulation, potentially easing the burden on the kidneys by improving the handling of metabolic wastes. To stave off complications like urinary tract infections, which are prevalent in CKD due to compromised immunity and altered urinary function, ***Mutravardhak Vati*** incorporates diuretic components to enhance urine output, helps to prevent fluid overload, a common issue in CKD

patients. Through a holistic approach, these medications collectively address the complex symptomatic landscape of CKD, emphasizing not only direct renal support but also broader systemic health enhancement in line with *Ayurvedic* principles.

**Need for Further research and Study :**

The integration of *Ayurvedic* medicine into chronic kidney disease (CKD) (*Vrikka Roga*) management necessitates rigorous research to validate its efficacy and safety. Well-designed clinical trials, particularly randomized controlled trials, are crucial to assess the therapeutic benefits and risks of *Ayurvedic* treatments compared to conventional therapies. Additionally, mechanistic studies are needed to understand the pharmacodynamics of *ayurvedic* remedies and their interactions with renal pathology. Longitudinal and personalized treatment studies can further elucidate the long-term impacts and individual effectiveness of *Ayurvedic* approaches. Interdisciplinary research combining *Ayurvedic* principles with modern nephrology could lead to innovative, integrative treatment models, helping standardize and globalize *Ayurvedic* treatments within the framework of modern healthcare.

**Conclusion :**

This case report on the management of chronic kidney disease (CKD) in a 24-year-old male shows significant improvements post-integration of Ayurvedic treatments with conventional methods, as evident through symptomatic, vital, and investigational outputs. Symptomatic relief was substantial, with severe pain, marked breathlessness, severe fatigue, and moderate itching all considerably reduced. Vital signs remained stable with normal pulse and blood pressure throughout the treatment. Investigative results also reflected positive changes; Blood urea reduced from 176.38 mg/dl to 114.27 mg/dl, serum creatinine decreased from 11 mg/dl to 7.17 mg/dl, and both potassium and chloride levels showed slight improvements. DTPA Scan findings also shows significant improvement as global gfr improved from 6.3 ml/min to 10.1 ml/min.These findings suggest that an integrated approach to CKD management can significantly enhance patient outcomes, highlighting the need for further research to validate and optimize these treatment protocols.

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# Comprehensive *Ayurvedic* Management of Grade 3 Fatty Liver *(Yakrit Vikara)*: A Case Report

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## Abstract

Non-alcoholic fatty liver disease (NAFLD), encompassing a range of liver conditions including Grade 3 fatty liver (severe hepatic steatosis), represents a significant global health issue exacerbated by rising obesity, diabetes and metabolic syndromes. Modern medical treatments largely focus on lifestyle changes with limited pharmacological interventions. This case study explores the effectiveness of a comprehensive *Ayurvedic* management strategy in treating a 68-year-old male with Grade 3 fatty liver. The personalized therapeutic regimen included *ayurvedic* medications, combined with *Panchakarma* detoxification therapies and specific dietary adjustments. Post-treatment evaluations demonstrated notable improvements: a reduction in liver size from 144mm to 127mm, normalization of liver echotexture, significant decrease in ALT levels and improved glycaemic control. These results highlight the potential of *Ayurvedic* treatments in managing advanced stages of NAFLD by restoring *Doshic* balance, enhancing metabolic processes and reducing systemic toxins. The findings suggest a viable complementary approach to conventional treatments, emphasizing the need for further research to integrate *Ayurveda* into global strategies battling NAFLD.

**Keywords:** *Ayurveda*, non-alcoholic fatty liver disease, Grade 3 fatty liver, *Ayurvedic* medicine, *YakritVikara.*

## Introduction

Non-alcoholic fatty liver disease (NAFLD) is a spectrum of liver disorders characterized by excessive fat accumulation in hepatocytes, excluding alcohol consumption as a primary cause. Grade 3 fatty liver, also known as severe hepatic steatosis, represents an advanced stage of NAFLD, often associated with complications such as fibrosis, cirrhosis and an increased risk of hepatocellular carcinoma (HCC)[1,2]. The global prevalence of NAFLD is rising due to the increasing burden of obesity, diabetes mellitus and metabolic syndrome, making it a significant public health concern[3]. Despite advances in modern medicine, pharmacological management for NAFLD remains limited, with a strong emphasis on lifestyle modifications and control of metabolic risk factors[4]. In this context, *Ayurveda*, a traditional Indian system of medicine, offers a holistic approach to manage liver disorders through personalized therapeutic regimens involving *ayurvedic* medicines, detoxification therapies (*Panchakarma*) and dietary recommendations [5]. *Ayurvedic* interventions target the root causes of fatty liver, such as impaired digestion (*Agni*), toxin accumulation (*Ama*) and *dosha* imbalances, especially *Kapha and Pitta* [6]. This case study highlights the efficacy of *Ayurvedic* treatment in managing Grade 3 fatty liver by addressing its pathophysiology from an integrative perspective. It demonstrates the potential for improving liver health through a combination of *ayurvedic* medicines, *Panchakarma* therapy and lifestyle modifications, which align with the *Ayurvedic* principle of restoring homeostasis within the body[7].

Non-alcoholic fatty liver disease (NAFLD) is the most common chronic liver disease worldwide, affecting approximately 25-30% of the global population [8]. The prevalence of advanced stages, including Grade 3 fatty liver, is higher in individuals with metabolic syndrome, type 2 diabetes mellitus and obesity [9]. NAFLD is particularly prevalent in developed countries, with rates reaching up to 40% in the United States and the Middle East[10]. In India, the prevalence ranges between 9-32%, with increasing cases reported due to rapid urbanization, sedentary lifestyles and dietary changes [11].

NAFLD not only affects adults but is also a growing concern in paediatric populations, with an estimated 3-10% of children and up to 38% of obese children being affected[12]. The disease is a leading cause of liver-related morbidity and mortality, underscoring the need for effective prevention and treatment strategies[13].

## Case Report:

**Patient History and Information:**

The patient, a 68-year-old male, had a history of inconsistent adherence to dietary modifications recommended for hypertension and fatty liver management. He had not shown a consistent engagement with either allopathic or *Ayurvedic* medications, and there had been no indication of him taking regular treatments from either approach.

**Diet and Lifestyle History:** The patient led a largely sedentary lifestyle characterized by minimal physical activity, mostly involving seated tasks and brief walks within his neighbourhood. His dietary habits included a high intake of carbohydrate-rich and unhealthy fats, with frequent consumption of

fried snacks and sugary desserts. Fresh fruits and vegetables are rarely included in his meals and he had a preference for sugary beverages.

**Medicine History:**

| Sr. No. | Medicine Name | Dosage |
|---|---|---|
| 1. | Ursodeoxycholic acid | OD |

**Surgical History:** There were no reports of any surgical interventions.

**Family History:** Detailed family medical history not been provided, which could be relevant for understanding potential genetic predispositions to metabolic conditions.

**Onset and Disease Progression:**

The patient presented with discomfort in the right upper abdomen. He also reported poor appetite and occasional nausea. Patient also complained of coughing with sputum and lower back pain with Numbness in the lower extremities. Physical examination revealed obesity, with a body mass index (BMI) of around 29 kg/m². On abdominal examination, hepatomegaly was noted with mild tenderness in the right hypochondrium, but there were no signs of ascites or splenomegaly. Cardiovascular assessment showed blood pressure at 120/80 mmHg, consistent with his history of hypertension and a regular heart rate of 88 beats per minute. Further examination indicated mild pitting oedema in both ankles, but no signs of jaundice, spider angiomas or palmar erythema were observed. The patient's skin and sclera were normal, with no visible icterus. There was no evidence of hepatic encephalopathy or confusion, suggesting no advanced complications like liver failure. These clinical findings aligned with the diagnosis of advanced fatty liver disease compounded by his metabolic and hypertensive history.

***Samprapti* of *Yakrit vikara***

In *Ayurveda*, *Yakrit Vikara* refers to disorders related to the liver, primarily seen as an imbalance in the *Pitta dosha*, which the liver predominantly houses alongside some aspects of *Kapha*. The *Samprapti* (pathogenesis) typically begins with the aggravation of *Pitta* due to factors such as improper diet, excessive intake of alcohol, or emotional stress. This aggravated *Pitta* then combines with *ama* (toxins resulting from improper digestion) and spreads to the *yakrit* (liver), impairing its ability to purify blood and metabolize fats efficiently. The disruption can lead to a variety of liver issues such as inflammation, jaundice, or fatty liver disease. In many cases, disturbed *Kapha* may accumulate, further complicating the condition by obstructing liver channels and impairing its function.

**Initial Factors (Poor diet, lifestyle habits, excessive alcohol, etc.)**

↓

**Aggravation of *Pitta* (and possibly *Kapha* or *Vata*)**

↓

**Formation of *Ama* (toxins)**

↓

***Ama* with *Pitta* affects the liver *(Yakrit)***

↓

**Disturbance in *Ranjaka Pitta* (responsible for bile production)**

↓

**Leads to disturbance in liver functions**

↓

**Manifestation of Symptoms (jaundice, fatigue, etc.)**

↓

***Yakrit Vikara* (Liver Disorder)**

**Vital Parameters:**

- **Body Mass Index (BMI):** The patient presents with a BMI of approximately 29 kg/m², categorizing him as overweight.
- **Blood pressure :** 120/80 mmHg
- **Heart Rate:** Regular, at 88 beats per minute.

***Ayurvedic* Examination:**

**Table No. 1. *Ashtavidha Pariksha* (Eight-fold Examination) .**

| S. No | Examination | Findings |
|---|---|---|
| 1. | ***Nadi* (Pulse)** | *Vata-Pittaj* |
| 2. | ***Mutra* (Urine)** | *Avikrita* |
| 3. | ***Mala* (Stool)** | *Avikrita* |
| 4. | ***Jihva* (Tongue)** | *Saam* |
| 5. | ***Shabda* (Voice)** | *Spashta* |
| 6. | ***Sparsha* (Touch)** | *Anushna Sheeta*, tenderness in the right hypochondrium upon palpation. |
| 7. | ***Drika* (Eyes)** | *Avikrita* |
| 8. | ***Akriti* (Appearance)** | *Madhyam* |

**Table No. 2. *DashavidhaPariksha* (Ten-fold Examination)**

| Sr. No | Examination | Findings |
|---|---|---|
| 1. | ***Prakriti* (Constitution):** | *VataPittaj* |
| 2. | ***Vikriti* (Imbalance)**: | *Pittaj* |
| 3. | ***Sara* (Tissue Excellence)**: | *Madhyam* |
| 4. | ***Samhanana* (Body Build)**: | Moderate |
| 5. | ***Pramana* (Body Proportions)**: | Within normal limits. |
| 6. | ***Satmya* (Adaptability)**: | *Avar* |
| 7. | ***Satva* (Psychological Strength)**: | *Madhyam* |
| 8. | ***Ahara Shakti* (Digestive Strength)**: | *Madhyam* |
| 9. | ***Vyayama Shakti* (Exercise Capacity)**: | *Madhyam* |
| 10. | ***Vaya* (Age)**: | 68yr old, *Vriddha* |

## Diagnostic Assessment :

**Laboratory Results:**

1. **Liver Function Tests: Within Normal Limits**

**Imaging Results:**

1. **Ultrasound**: done on 27/04.2024 suggested the
   - Findings indicate liver measure ~144mm, Granular in echo texture consistent with Liver Parenchymal Disease (grade 3 fatty liver disease).
2. **Fibro Scan**: done on 2/5/2024
   - Measured liver stiffness of 5.5kPa, suggesting significant fibrosis possibly on border of early cirrhosis.
   - CAP (Controlled Attenuation Parameter) score was 337 indicative of significant grade 3 fatty liver disease

***Ayurvedic* Diagnosis:**

In *Ayurveda*, liver disorders are frequently linked to imbalances in *Pitta dosha*, which governs metabolism and transformation. *Kapha dosha*, responsible for structure and lubrication, can also be involved, especially in later stages or specific conditions. In grade 3 liver disease, the pathology may involve a more profound *Pitta* aggravation, leading to severe inflammation and damage. There may also be *Kapha* involvement, which can manifest as structural changes like fibrosis or cirrhosis.

**Treatment Plan :**

***Ayurvedic* Diet Plan:**[14]

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key commendations:

**a. Foods to be avoided:**

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.
- During solid consume as small bite and chew 32 times.

**b. Hydration:**

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 liter of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water and turmeric-infused water part of daily routine.

**c. Millet Intake:**

- Incorporate five types of millet into your diet: Foxtail (*Setariaitalica*), Barnyard (*Echinochloaesculenta*), Little (*Panicumsumatrense*), Kodo (*Paspalumscrobiculatum*) and Browntop (*Urochloa ramose*).
- Use only steel cook wares for preparing the millets
- Cook the millets only using mustard oil.

**d. Meal Timing and Meal Structure:**

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
2. Breakfast (9:00-10:00 AM): The patient had given steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).
3. Morning Snacks (11:00AM): The patient had given Red juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient had received Plate 1 and Plate 2. Plate 1 will include a steamed salad, while Plate 2 with cooked millet-based dish.
5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
6. Dinner (6:15-7:30 PM): The patient had served a steamed salad, chutney, and soup, as Plate 1, along with millet khichdi as Plate 2.

"यवाः कषायाः स्वाद्यास्ते,
लघवो ग्राहिणो हिताः।
श्लेष्मलवणमांसस्थैर्य
बलमेधाग्निवर्धनाः॥"

Bhavaprakasha Nighantu, Dhanyavarga, Verse on Yava (Barley)[15]

**e. Fasting:**

- It is advised to observe one-day fasting.

**f. Special Instructions:**

- Express gratitude to the divine before consuming foods or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

**g. Diet Types:**

- The diet comprises salt-less solid, semi-solid and smoothie options.
- Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

**II. Lifestyle Recommendations were-**

(i) Include meditation for relaxation.

(ii) Practice barefoot brisk walk for 30 minutes.

(iii) Ensure 6-8 hours of quality sleep each night.

(iv) Adhere to a structured daily routine.

**1. *Ayurvedic* Treatment Protocol:**

**Table No. 3 – *Ayurveda* Treatment Protocol**

| Date | *Ayurveda* Treatment |
|---|---|
| 16/05/2024 | Medh Cap 1BD *(Adhobhakta with KoshnaJala)* |
| | Asthiposhaka Vati 2 BD *(Adhobhakta with KoshnaJala)* |
| | Lipi Cap 1 BD *(Adhobhakta with KoshnaJala)* |
| | Dr Immune Tab 1 tab BD *(Adhobhakta with KoshnaJala)* |
| | Orthonil Syrup 15ml BD *(Adhobhaktaa with samamatra KoshnaJala)* |
| | DS powder ½ Tsp HS *(Nishikala with KoshnaJala)* |

| Date | *Ayurveda* Treatment |
|---|---|
| 11/07/2024 | Asthiposhaka Vati 2 BD *(Adhobhakta with KoshnaJala)* |
| | Lipi Cap 1 BD *(Adhobhakta with KoshnaJala)* |
| | Ciro Cap 1 BD *(Adhobhakta with KoshnaJala)* |
| | SypLivforte 15ml BD *(Adhobhaktaa with samamatraKoshnaJala)* |

| Date | *Ayurveda* Treatment |
|---|---|
| 16/08/2024 | Asthiposhaka Vati 2 BD *(Adhobhakta with KoshnaJala)* |
| | Lipi Cap 1 BD *(Adhobhakta with KoshnaJala)* |
| | Orthonil Syrup 15ml BD *(Adhobhaktaa with samamatraKoshnaJala)* |
| | Dr Immune Tab 1 tab BD *(Adhobhakta with KoshnaJala)* |

| Date | *Ayurveda* Treatment |
|---|---|
| 30/09/2024 | Medh Cap 1BD *(Adhobhakta with KoshnaJala)* |
| | Cough har churna 1/2tsp TDS *(Adhobhakta with KoshnaJala)* |
| | Syp Jeevan amrita 20ml BD *(Pragbhakta with samamatra Koshna Jala)* |
| | Liv DS Cap 1 capsule BD *(Adhobhakta with KoshnaJala)* |
| | SypBroncho 15ml BD *(Adhobhaktaa with samamatra KoshnaJala)* |
| | DS powder ½ Tsp HS *(Nishikala with KoshnaJala)* |
| | AarogyaVati 1BD *(Adhobhakta with KoshnaJala)* |

| Date | *Ayurveda* Treatment |
|---|---|
| 11/11/2024 | AarogyaVati 1BD *(Adhobhakta with KoshnaJala)* |
| | SamaVati 1 tab BD *(Adhobhakta with KoshnaJala)* |
| | Dr Liv Shuddhi Tab 1 tab BD *(Adhobhakta with KoshnaJala)* |
| | Syp Jeevan amrita 20ml BD *(Pragbhakta with samamatra KoshnaJala)* |

## Follow-Up and Outcomes

After 6 months of *Ayurvedic* treatment, the results that were seen are

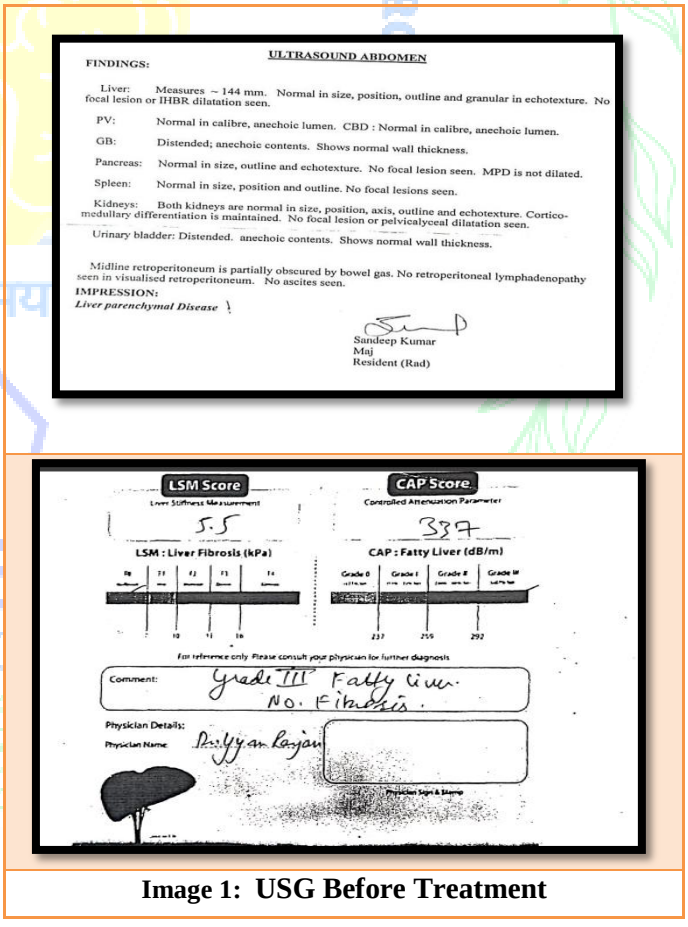
**Table No. 4 – Outcomes – Objective Parameters**

| Parameters | Pre-Treatment | Post-Treatment |
|---|---|---|
| **Alanine Aminotransferase (ALT):** | 95 U/L (indicative of liver stress/damage) | 45 U/L (within normal range, indicating improved liver health) |
| **CAP** | 337(Db/m) | 238(Db/m) |
| **FibroScan (Liver Stiffness):** | 5.5 kPa (not suggestive of notable fibrosis) | 5 kPa (Slightly improved) |
| **Fasting Blood Glucose:** | 150 mg/dL (indicative of poorly controlled diabetes) | 120 mg/dL (improved but still above normal, reflecting better but not ideal glycaemic control) |
| **USG Parameter Values** | liver measure ~144mm, Granular in echotexture consistent with Liver Parenchymal Disease (grade 3 fatty liver disease). | ~127mm, Normal echotexture suggestive of a normal scan. |

The changes in the subjective parameters that was observed are

**Table No. 5- Outcomes – Subjective Parameters**

| Parameters | Pre-Treatment | Post-Treatment |
|---|---|---|
| **Fatigue Levels:** | The patient reported significant fatigue, impacting daily activities. | The patient experienced considerably less fatigue, enhancing quality of life and activity levels. |
| **Right Upper Quadrant Pain:** | The patient frequently experienced discomfort and dull pain in the right upper abdominal area. | The patient reported a significant reduction in abdominal discomfort, only occasionally feeling mild pain. |
| **Appetite Changes:** | The patient noted a poor appetite, often felt nauseous after eating. | The patient's appetite was improved substantially, with nausea greatly diminished. |


ULTRASOUND ABDOMEN

FINDINGS:

Liver: Measures ~ 144 mm. Normal in size, position, outline and granular in echotexture. No focal lesion or IHBR dilatation seen.

PV: Normal in calibre, anechoic lumen. CBD : Normal in calibre, anechoic lumen.

GB: Distended; anechoic contents. Shows normal wall thickness.

Pancreas: Normal in size, outline and echotexture. No focal lesion seen. MPD is not dilated.

Spleen: Normal in size, position and outline. No focal lesions seen.

Kidneys: Both kidneys are normal in size, position, axis, outline and echotexture. Cortico-medullary differentiation is maintained. No focal lesion or pelvicalyceal dilatation seen.

Urinary bladder: Distended. anechoic contents. Shows normal wall thickness.

Midline retroperitoneum is partially obscured by bowel gas. No retroperitoneal lymphadenopathy seen in visualised retroperitoneum. No ascites seen.

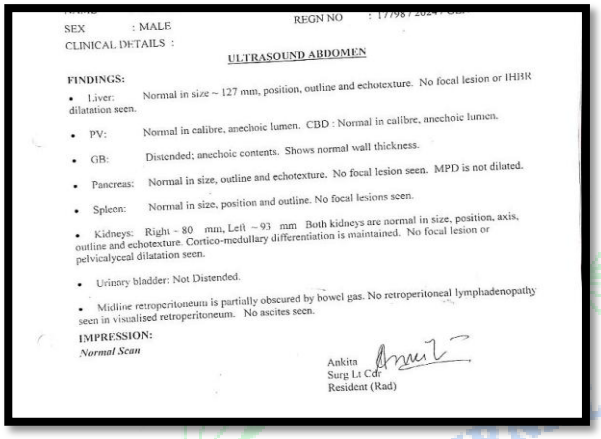
IMPRESSION:

*Liver parenchymal Disease*

Sandeep Kumar
Maj
Resident (Rad)




**Image 1: USG Before Treatment**



SEX : MALE REGN NO : 17798/2024
CLINICAL DETAILS :

ULTRASOUND ABDOMEN

FINDINGS:

- Liver: Normal in size ~ 127 mm, position, outline and echotexture. No focal lesion or IHBR dilatation seen.
- PV: Normal in calibre, anechoic lumen. CBD : Normal in calibre, anechoic lumen.
- GB: Distended; anechoic contents. Shows normal wall thickness.
- Pancreas: Normal in size, outline and echotexture. No focal lesion seen. MPD is not dilated.
- Spleen: Normal in size, position and outline. No focal lesions seen.
- Kidneys: Right ~ 80 mm, Left ~ 93 mm Both kidneys are normal in size, position, axis, outline and echotexture. Cortico-medullary differentiation is maintained. No focal lesion or pelvicalyceal dilatation seen.
- Urinary bladder: Not Distended.
- Midline retroperitoneum is partially obscured by bowel gas. No retroperitoneal lymphadenopathy seen in visualised retroperitoneum. No ascites seen.

IMPRESSION:
*Normal Scan*

Ankita
Surg Lt Cdr
Resident (Rad)

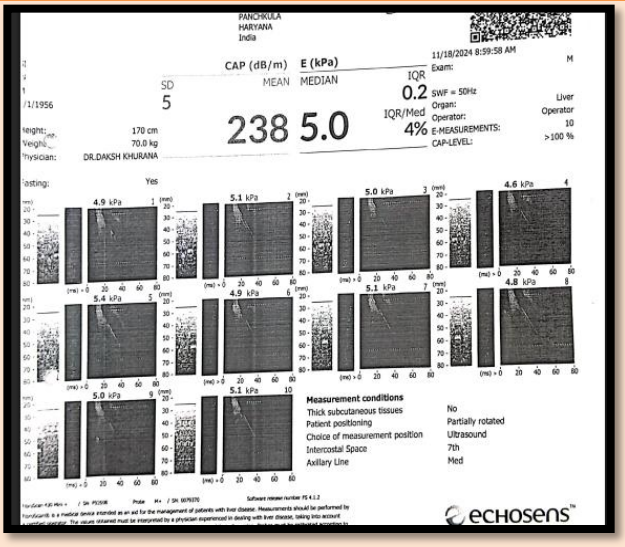



**Image 2: USG After Treatment**

## Mechanism of Action of the medicines

1. **AsthiposhakVati -** "AsthiPoshakVati" is an *Ayurvedic* formulation specifically designed to support bone health and tissue regeneration. This *ayurvedic* compound includes elements like *Godanti* (Gypsum), which is known for its high calcium content and helps in bone fortification. *ShudhShilajit* is rich in minerals and aids in enhancing the bioavailability of other nutrients essential for bone metabolism and overall rejuvenation. *Ashwagandha* serves as a stress reliever and has anti-inflammatory properties, which are crucial in maintaining overall bone and joint health. *Hadjorh* (*Cissus quadrangularis*), the star ingredient, is widely recognized for accelerating bone healing, enhancing calcium absorption and generally strengthening the skeletal system. *Tabaqsheer* (*Bambusa arundinacea*) and *Pippali* (*Long pepper)* improves nutrient assimilation and boosts overall digestive and respiratory health, indirectly supporting bone health. *AmbaHaldi* (*Curcuma amada)* contributes anti-inflammatory and antioxidant properties, protecting tissues including bones from oxidative stress and inflammatory damage. Together, these ingredients make AsthiPoshakVati a comprehensive bone health supplement that not only strengthens bones but also enhances joint mobility and helps in the repair and regeneration of damaged tissues.
2. **Lipi Cap -** "Lipi Capsules" are formulated with a comprehensive blend of *Ayurvedic* herbs and minerals targeted at enhancing lipid metabolism and supporting cardiovascular health. Key ingredients include *Arjuna*, known for its cardioprotective properties, and *Guggulu*, which is effective in managing cholesterol levels. *Haridra* (turmeric) and *Amla* (Indian gooseberry) provide potent anti-inflammatory and antioxidant benefits, helping to reduce oxidative stress and improve overall heart health. *Bhumiamla* and *Guduchi* strengthen liver function, crucial for effective lipid metabolism.

Ingredients like *Sunthi* (ginger), *Kali Mirch* (black pepper) and *Pippali* (long pepper)

3. improves digestion and absorption of nutrients, enhancing the efficacy of other ingredients. *Mulethi* (licorice) and *Jatamansi* have stress-reducing properties, while *Punarnava* supports kidney function and fluid balance. The mineral components like *MuktaPishti* (pearl calcium), *AbhrakBhasma* and *ShankhaBhasma* aids in calming the mind and improving overall mineral balance in the body. Altogether, Lipi Capsules offers a holistic approach to manage lipid levels and enhance cardiovascular health.
4. **Ciro Cap** - Ciro Cap, a formulated *Ayurvedic* supplement, is specifically designed to support liver health and digestive functioning. Its diverse ingredient works synergistically to enhance liver detoxification, manage inflammation and to promote overall liver rejuvenation. *Kutki* and *Punarnava* are well-known for their hepatoprotective properties, enhancing liver function and aiding in the detox process. *Gokhru* and *Arjuna* improves urinary tract health and cardiovascular functions, respectively, supporting the body's natural cleansing systems. *Pudina* and *Sounf* offers relief from digestive discomfort, enhancing digestion and soothing the stomach. *ShankhBhasma*, a mineral-based component, aids in balancing acidity and improving gastrointestinal health. Together, these ingredients make Ciro Care a comprehensive formulation aimed at strengthening liver function, supporting detoxification processes and maintaining efficient digestive health.
5. **AarogyaVati** - ArogyaVati effectively enhances overall health and immunity through its multi-ingredient formulation. The mixture of *ayurvedic* proprietary herbs like *Triphala (Amalaki, Haritaki and Vibhitak)* promotes detoxification and rejuvenates all body tissues. Minerals like *LohBhasma, AbhrakBhasma* and *TamraBhasma* contributes to improve haemoglobin levels, cellular health and potent anti-inflammatory effects. *Chitrak* and *Kutki* bolsters the digestive health and liver functions, enhancing metabolic processes and toxin removal. *NimbaPatra* offers antimicrobial and detoxifying capabilities, helps to purify the blood and maintain skin health. This synergistic action makes ArogyaVati an effective medication for boosting vitality and fortifying the body's defences.
6. **Syp Jeevan Amrit-** "JeevanAmrit Syrup" is a nourishing *Ayurvedic* tonic designed to enhance overall health and vitality. The formulation combines several potent herbs known for their rejuvenative properties. *Harad* (*Terminalia chebula*) is a key ingredient renowned for its detoxifying effects, helps to cleanse the digestive system and improve its function. *Amla* (*Emblica officinalis*) is exceptionally high

in vitamin C and acts as a powerful antioxidant, which supports immune functions and promotes skin health. *Tulsi* (*Holy Basil*) is included for its adaptogenic properties, enhancing the body's ability to resist stress and providing support for respiratory health. *Baheda* (*Terminalia bellirica*) works synergistically with *Harad* and *Amla* to enhance digestive health and also contributes to respiratory well-being. *Pudina* (Mint) is added for its cooling and soothing effects on the stomach, aiding in digestion and offering relief from inflammation. Together, these ingredients make JeevanAmrit Syrup a versatile tonic that supports digestive health, bolsters the immune system and enhances overall vitality.

7. **Liv DS cap** - "LIV-DS Capsules" are crafted to support liver health and for detoxification, formulated with a blend of potent *Ayurvedic* proprietary herbs known for their hepatoprotective properties. *Bhumiamla* (*Phyllanthus niruri*) and *Kasani* (Chicory) are central to the formula, widely recognized for their effectiveness in liver detox and repair. *Himsra* (*Capparis spinosa*) and *Punarnava* (*Boerhavia diffusa*) are known to promote reduction of liver inflammation and managing fluid retention, respectively. *Guduchi* (*Tinospora cordifolia*) strengthens immune functions and combats liver toxins. *Kakamachi* (black nightshade) is another critical component, known for supporting liver function and protecting against hepatotoxicity. *Arjuna* (*Terminalia arjuna*) adds cardiovascular support, vital for overall systemic health. Other ingredients . like *Chitraka* (*Plumbago zeylanica*) and *Kutki* (*Picrorhiza kurroa*) enhance digestion and metabolism, supporting the liver's natural processing capabilities. Together, these components make LIV-DS an effective medicine for maintaining liver health, optimizing liver function, and promoting detoxification. As always, it's recommended to consult with a healthcare provider before starting new health supplements, especially when dealing with liver-related health issues.

8. **SamaVati** - "SamaVati" is an *Ayurvedic* formulation composed of various *ayurvedic* proprietary herbs and minerals that works synergistically to enhance overall health and vitality. The composition includes *Gokshura* and *Talmakhana*, which supports urinary and reproductive health, respectively, while *Kaunch* and *Musli* serves as potent aphrodisiacs and vitality boosters. *Shatavari* and *Vidarikand* provide nourishing properties, particularly beneficial for the reproductive system and general bodily strength. *Ashwagandha* and *ShilajitShudh* are known for their adaptogenic and rejuvenating effects, helping the body to cope up with stress and bolstering general wellness. Additional components like *Amalaki* and *Jaiphal* boosts immunity and aids digestion, respectively, while *Sonth* and *Beejband*

offer anti-inflammatory benefits. This combination not only supports reproductive and hormonal health but also enhances immune functions, promotes liver health and improves overall energy levels. Always consult a healthcare provider before starting any new treatment to ensure its appropriateness for specific health conditions.

9. **Dr Liv Shuddhi cap**- Dr. Liv Shuddhi Cap is an *Ayurvedic* formulation designed to detoxify and rejuvenate the body's internal systems. Key ingredients such as *Aamlaki* and *Haritaki* contributes powerful antioxidant properties that aids in cellular protection and detoxification. *Kutki, Kalmegha* and *Punarnava* are known for their hepatoprotective effects, enhancing liver function and promoting the removal of toxins. *Guduchi* strengthens the immune system, while *Tulsi* provides anti-inflammatory and antimicrobial benefits, further supporting the body's defence mechanisms. *Chitrak* and *Vidang*stimulates digestion, assisting in efficient nutrients absorption and metabolism. *Arjuna* adds cardiovascular support by improving heart health. This combination of detoxifying herbs supports overall wellness by cleansing the body, promoting better organ function and strengthening immune response, crucial for maintaining health and preventing disease.

10. **Orthonil syp** - Orthonil syrup is an *Ayurvedic* tonic formulated primarily to address joint pain and inflammation, enhancing overall musculoskeletal health. The comprehensive mixture includes anti-inflammatory herbs such as *RasnaPatra, Devdaru* and *Peepal* which helps to reduce joint and muscle inflammation. *Ashwagandha* and *Gokhru* supports muscle strength and endurance, while *Punarnava* aids in reducing swelling and fluid retention around joint areas. *Sonth* (dry ginger) and *Nagarmotha* enhances circulation and metabolic heat, which can help to alleviate pain. *Giloy* is known for its immunomodulatory effects, enhancing overall body resilience against chronic pain conditions. Honey acts as a natural sweetener and carrier, helps to improve the taste and bioavailability of *ayurvedic* constituents. This blend targets the root causes of joint discomfort, promoting joint mobility, reducing pain and enhancing the body's natural healing processes

**Discussion :**

This case study highlights the potential of *Ayurvedic* medicine in managing advanced fatty liver disease (Grade 3 NAFLD), a condition with limited pharmacological interventions in modern medicine. The significant improvements in the patient's biochemical parameters, imaging findings and clinical symptoms underscore the efficacy of a comprehensive *Ayurvedic* treatment protocol targeting the pathophysiology of NAFLD.

NAFLD, particularly its advanced stages, are closely linked with metabolic syndrome, obesity and insulin resistance. In this case, the patient's sedentary lifestyle, poor dietary habits and metabolic comorbidities compounded the progression of fatty liver disease. Modern interventions often emphasize on lifestyle modifications, including dietary changes, weight reduction and glycaemic control, but fails to address deeper systemic imbalances. In this case study, the *Samprapti* or pathogenesis, of liver disease and related metabolic dysfunctions was effectively broken using a holistic *Ayurvedic* treatment protocol. The regimen included *ayurvedic* formulations like Nervine Cap, AsthiposhakaVati and Lipi Cap that targeted *Kapha-Pitta* imbalance and rejuvenated *Agni* (digestive fire), essential for lipid metabolism and enhancing hepatoprotective actions. *Panchakarma* therapies played a crucial role in detoxifying the body, eliminating *Ama* (toxins), thus facilitating liver regeneration and restoring metabolic balance. Dietary modifications further supported the normalization of physiological processes. Collectively, these interventions restored the *doshic* balance, enhanced liver structure and functions, reduced systemic inflammation and improved overall metabolic health, effectively breaking the cycle of disease. The *Ayurvedic* treatment protocol included a combination of *ayurvedic* formulations, *Panchakarma* therapies and dietary recommendations, specifically targeting *Kapha-Pitta dosha* imbalances and impaired *Agni* (digestive fire). Formulations such as **Medh Cap, AsthiposhakaVati and Lipi Cap** likely contributed to lipid metabolism regulation and hepatoprotection through their active phytochemical constituents. Studies suggests that herbs like ***Haritaki***, ***Amalaki*** and ***ShankhBhasma*** exhibits antioxidant, anti-inflammatory and hepatoprotective properties, which are beneficial in NAFLD management[16,17,18]. *Panchakarma* therapies, known for their detoxifying effects, were pivotal in eliminating systemic toxins (*Ama*), further supporting liver regeneration and metabolic balance[19]. The reduction in the liver size on USG (from 144mm to 127mm) and normalization of echotexture post-treatment reflects structural and functional restoration of the liver. Additionally, the improvement in liver enzymes (ALT reduction from 95 U/L to 45 U/L) indicates reduced hepatocyte injury. FibroScan findings (liver stiffness reduced to 5 kPa) supports mild fibrosis reversal, consistent with previous research on the regenerative potential of *Ayurvedic* interventions in hepatic disorders[20,21].

The reduction in fasting glucose levels (from 150 mg/dL to 120 mg/dL) and subjective improvements, such as alleviated fatigue and abdominal discomfort, further highlights the systemic benefits of *Ayurvedic* treatment. The incorporation of **Cough Har Churna, AarogyaVati, and SamaVati**, known for their metabolic and anti-inflammatory properties, likely contributed to these outcomes[22].

This case aligns with studies exploring the impact of *Ayurvedic* herbs and formulations on NAFLD. Research by Gupta et al. demonstrated the hepatoprotective effects of **Phyllanthusemblica *(Amalaki)*** in reducing hepatic steatosis[23]. Another study by Sharma et al. highlighted the

lipid-lowering and antioxidant potential of **Terminaliachebula *(Haritaki)*** and **Terminaliabellirica *(Vibhitaki)*** in animal models of NAFLD[24].Although promising, these findings necessitates further research, including randomized controlled trials, to substantiate the role of *Ayurveda* in advanced NAFLD management. The *Ayurveda* with modern diagnostic tools and lifestyle interventions could offer a comprehensive strategy for addressing the growing burden of NAFLD worldwide.

**Need for further research**

While the results of this case study indicate promising outcomes in managing NAFLD using *Ayurvedic* approaches, further research is needed to strengthen the evidence base. Comprehensive, controlled clinical trials with larger sample sizes are essential to validate the efficacy and safety of the specific *ayurvedic* formulations and *Panchakarma* therapies used. Additionally, deeper investigations into the molecular mechanisms of how these treatments affects liver pathology and metabolism would provide valuable insights. It is also crucial to examine the long-term impacts of such treatments on liver health and overall metabolic functions to ensure sustainable and scalable application in broader patient populations.

**Conclusion :**

In conclusion, this case study highlights the successful management of Grade 3 non-alcoholic fatty liver disease (NAFLD) in a 68-year-old male using a comprehensive *Ayurvedic* approach. Initially presented with concerning vital signs such as a BMI of 29 kg/m² and blood pressure of 120/80 mmHg, the patient also exhibited symptoms indicative of advanced liver disease, including right upper abdominal discomfort, fatigue and mild hepatomegaly. The integrative treatment plan employed not only targeted these symptoms but also addressed the underlying pathophysiological aspects of NAFLD. Following a regimen of tailored *Ayurvedic* medications, along with specific *Panchakarma* therapies and dietary modifications, substantial improvements were observed. Key investigational findings supported these clinical improvements, with Ultrasound report suggests of Normal scan after 7 months of treatment and FibroScan results showing a reduction in liver size and stiffness CAP values reduced from 337(Db/m) to 238(Db/m) and E kPa values reduced from 5.5 kPa to 5 kPa, and biochemical profiles indicating normalized liver function and improved glycaemic control.

This case underscores the potential of *Ayurvedic* medicines in treating complex chronic diseases like NAFLD by holistically optimizing body functions and addressing the root causes of the disease. This integrative approach, combining personalized treatment regimens with conventional diagnostic tools, offers a promising pathway for enhancing patient outcomes in liver diseases and potentially other related metabolic disorders.

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# Critical Evaluation of Anxiety As Aetiological factor for Development of Heart Disease In Albino Rats WSR To Lipid Profile And Cardiac Biochemistry and Biopsy

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## Abstract

During the past three decades the number of deaths due to CVDs has increased from 15.2% to 28.1% in India. There are many dietary and lifestyle factors are responsible for this rise. In the common aetiology of heart diseases stated by acharya Charaka, along with other causes, psychological causes like *Chinta* (worry), *Bhaya* (Fear/Anxiety), *manasik trass* (mental tension) are mentioned as factors responsible for heart disease. There is sharp increase in cases of anxiety and depression due to change lifestyle in present era. Hence, it is essential to evaluate the role of Ayurvedokta psychological factor such as *Bhaya* (Anxiety) in the development of heart disease. Chronic unpredictable mild stress (CUMS) is the most elegant model for evaluation of anxiety in the rats as this model possesses construct, predictive and face validity in rats. Hence, this model is used in the present study. In CUMS process, animals will be subjected chronically and unpredictably to a variety of low-grade stressors which resembles to those associated with anxiety like symptoms in humans and also cause cognition impairment. It is observed that CUMS had generated the anxiety in rats leading to alteration in normal cardiac physiology. Elevated triglyceride and elevation of low-density Cholesterol are the biomarkers used to know the risk of ischemic heart disease. Cardiac biochemical parameters like CPK-MB, SGOT are measured to know the effect of stressors on cardiac health. And accordingly, they are evaluated in both normal and disease control rats. Cardiac biopsy was also done at the end of the study for further evaluation. Significant changes were observed in disease control group indicating that fear lead to cardiac discomfort in experimental rats.

**Keywords :** Anxiety, *Bhaya*, *Chinta* ,CVD, Heart Disease

**Introduction :**

Nearly there are 3 million (30 lac) cases of Myocardial Infarction occurs every year (API Study) in India and 15 million (1.5 Cr.) cases across the globe every year. Out of this, 25% are under 40 age, 50% are under 50 age, 25% > 50 years of age. The death due to myocardial infarction is increasing in Indian population at an alarming rate and accounts for around 15-20% of all deaths. During the past three decades the number of deaths due to CVDs has increased from 15.2% to 28.1% in India. [1] The number of factors play role in the development of ischemic heart diseases but over consumption of oily fatty food and unhealthy lifestyle (*mithya ahar vihar*) with mental stress are the important basic factors enumerated by both the science.In Ayurveda it can be called as '*Hrit Aposhanaj Hrit Roga'* and the pathophysiology of MI is mentioned by Sushruta in Sutrasthana 15/32 and Syndrome of MI is mentioned by Sushrut Uttartantra 43/131-132 in the form of '*Hrit Shoola*'. In the common aetiology of heart diseases stated by acharya Charaka, along with other causes, psychological causes like *Chinta* (worry), *Bhaya* (Fear/Anxiety), *manasik trass* (mental tension) are mentioned as factors responsible for heart disease. There is sharp increase in cases of anxiety and depression due to change lifestyle in present era. Hence, it is essential to evaluate the role of Ayurvedokta psychological factor such as *Bhaya* (Anxiety) in the development of heart disease. Stress is an important factor having high impact on the psychological development which alters emotion, cognition and related behavioral outputs. Chronic unpredictable mild stress (CUMS) is the most elegant model for evaluation of anxiety as this model possesses construct, predictive and face validity in rats. In CUMS process, animals will be subjected chronically and unpredictably to a variety of low-grade stressors which resembles to those associated with anxiety like symptoms in humans and also cause cognition impairment. CUMS protocol will be performed in separate room but the normal animal left unchallenged. During the 7 weeks, animals were submitted to 6 different stressors: tilted cage (45°), food and water deprivation, restricted access to food, exposure to empty bottle, 24 h wet cage (200ml of water in 100g of sawdust bedding), continuous illumination. These stressors will be randomly scheduled over a week period and will be repeated to maintain the aspect of unpredictability. Cardiac biochemical parameters like CPK-MB, SGOT are measured to know the effect of stressors on cardiac health. Cardiac biopsy was also done at the end of the study for further evaluation.

**Review Of Literature :**

**Circulatory System As Per Ayurveda :**

As per Ayurveda the root of *Rasavaha strotas* (circulatory system) is mentioned as Heart and blood vessels. [3, 4] As per acharya Charaka, Vyan vayu circulates the blood in the entire body and it gets aggravated whenever there is obstruction to the flow of the blood in the circulation. [5]

**Aetiology of Ischemic Heart Diseases As Per Ayurveda :** As per acharya Charaka, psychological factors like excessive worry along with hyperlipidemic diet leads to the vitiation of circulatory system [6] As per acharya Charaka, excessive worries, fear, mental stress, chronic disease leads and trauma leads to heart diseases. [7]

As per acharya Sushruta, excessive consumption of incompatible diet, excessive diet, antagonistic diet leads to heart diseases.[8] As per the book Yogaratnakar, the smoking of tobacco leads to heart diseases. [9]

**Atherosclerosis In Arteries As Per Ayurveda :** In Ayurveda, *Dhamani -pratichaya* (Atherosclerosis) is defined as the excessive deposition of layer of fatty sticky unctuous material inside the lumen of arteries and it is the disease of Kapha origin. As per Ayurveda, *Dhamni Pratichay* is one of the diseases, caused exclusively by the vitiation of Kapha (*Kaphaj Nanatamaj Vyadhi*) [10, 11, 12] Hence, the factors, responsible for the vitiation of Kapha, also serves as the aetiological factors for the atherosclerosis in arteries (*Dhamni Pratichaya*). As per acharya Charaka, it is *Raspradoshaj Vikara* and it is due over nourishment. [13, 14] The function of pathologically increased *Kapha* is to cause coating, obstruction and hardness in the arterial lumen. [15]

**Aetiology of Ischemic Heart Diseases As Per Ayurveda :**

As per acharya Sushruta, due to consumption of high fatty and carbohydrate diet and lack of exercise, the arterial lumen gets obstructed with fat and area to be supplied, remain under perfused. [16]

As per acharya Sushruta, the vitiated plasma gets obstructed due to blockages in coronaries of the heart, and alters the normal functioning of the heart and also gives rise to Angina. [17] The angina if not treated soon, kills the patient instantly. [18]

**Myocardial Infarction (MI) :**

MI refers to the condition where there is imbalance between the myocardial oxygen demand and its supply due to the obstruction of blood supply in coronary arteries.[19] [20]

The commonest causes responsible for it are :

- Atherosclerosis in coronary artery
- Thrombosis

**Investigations To Diagnose MI :**

- **Lipid profile** – It may show dyslipidaemia (Increased LDL cholesterol and Triglycerides)
- **Cardiac Markers** - Serum Troponin and CPK-MB elevated.
- **ECG** shows ST-T changes. In rats ST segment is absent in waveforms.
- **Coronary Angiography** (CAG) shows coronary occlusions.
- **2-D Echocardiography** shows regional wall motion abnormalities. [20]

CPK -MB is creatine phospho kinase myocardial bound enzyme primarily found in heart muscle. It is used to detect the heart muscle damage in conditions such as myocardial infarction. It is released in blood circulation when heart muscle is damaged.Serum Glutamic Oxaloacetic Transferase is an enzyme found in the liver and heart tissue. It's rise in blood indicates either liver or heart muscle injury.Inflammatory biomarker C-Reactive is a protein produced in the liver in response to the inflammation and it is used to assess the presence of inflammation in the body. HS-CRP is more specific to the cardiac tissue injury.Triglyceride is the stored form of fat which is used to derive energy. Elevated triglyceride level indicates an increased risk for ischemic heart disease. High density lipoprotein is a good cholesterol which helps to prevent the building of bad low density cholesterol in the circulation. HDL picks up the excess LDL cholesterol and send it to liver where it

is broken down and eliminated. Low levels of HDL cholesterol indicated increased risk for ischemic heart disease.

**Research Question :**

Whether Ayurvedokta *Bhaya* (fear) acts as a aetiological factor for development of heart disease

**Hypothesis :**

- **Null Hypothesis (H1) :** Ayurvedokta *Bhaya* (fear) acts as a aetiological factor for development of heart disease
- **Alternate Hypothesis (H0) :** Ayurvedokta *Bhaya* (fear) does not acts as an aetiological factor for development of heart disease.

**Aims & Objectives :**

- **Primary Objectives :**The present study, aims to study the aetiological factor ***Bhaya* (Fear/Anxiety)** as the cause for the development of heart disease.
- **Other Objectives :**To study the aetiopathogenesis of myocardial infarction from Ayurvedic point of view.

**Material & Methodology :**

**7.1 Study Design**

**Center of Study** – Dept of Roga Nidana & Vikrutvigyana, Government Ayurvedic College, Nanded And National Testing Centre, Pune

**Duration of Study** – Total study 18 months after approval of synopsis.

**Study Population And Sampling :**

Animal required for the Study

**Species/Common name -** Albino Rat

**Weight -** 200-250 g

**Gender –** Male and Female

**Number to be used -** 12

**Groups :**

Animals will be divided into 2 groups.

| Groups (n = 6) | Treatment |
|---|---|
| **Normal Control** | No treatment |
| **Disease Control** | Chronic unpredictable mild stress induction |

**Data Collection & Instruments :**

The animals will be subjected chronically and unpredictably to a variety of **low-grade stressors** which resembles to those associated with anxiety like symptoms in humans and also cause cognition impairment. CUMS protocol will be performed in separate room. During the 7 weeks, animals are submitted to 6 different stressors:

1. Tilted cage (45°),
2. Tail Clamping for 3 minutes,
3. Cold swimming for 5 minutes at 4°C
4. Exposure to empty bottle,
5. 24 h wet cage,
6. continuous illumination.

These stressors are randomly scheduled over a one week period and are repeated to maintain the aspect of unpredictability. After confirmation of stress in animals, ECG was done using the power Lab data acquisition apparatus on 0, 28$^{th}$ and 49$^{th}$ Day. Rats were anaesthetized with Ketamine before taking the ECG.

**Assessment Criteria :**

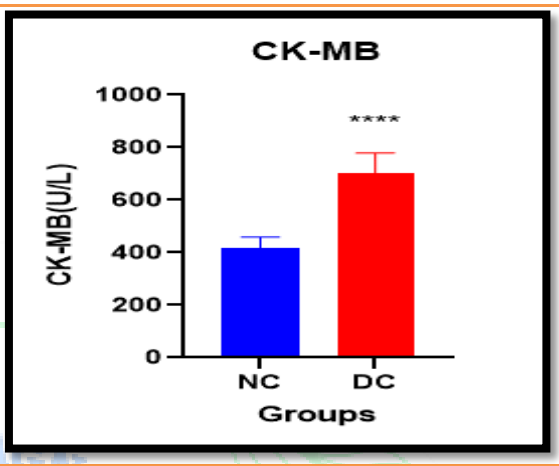
1. The normal reference range of CPK-MB in rats is 5 to 25 IU/L. Level. The level 5 times higher than the normal range is considered significant rise.

2. The normal reference range of SGOT in rats is 5 to 40 IU/L. Level. The level higher than the normal range will be considered significant rise.
3. The normal reference range of CRP in rats is 300 to 600 mg/ml. Level. The level higher than the normal range is considered significant rise.
4. The normal reference range of Triglyceride in rats is 25 to 145 mg/dl. Level. The level higher than the normal range is considered significant rise.
5. The normal reference range of HDL cholesterol in rats is 35 to 55 mg/dl. Level. The level higher than the normal range is considered significant rise. [21]

**Observation & Result:**

**Table No. 1 – CPK-MB Values**

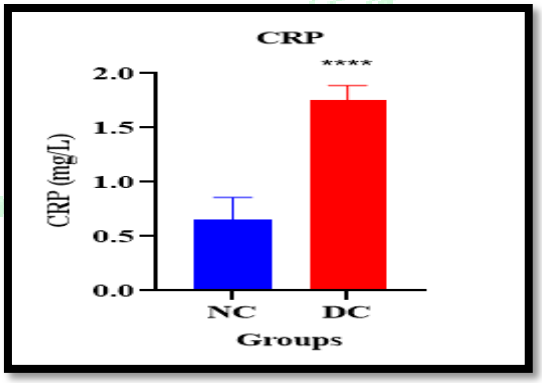
| Date:07/Feb/2024 | | | | CKMB |
|---|---|---|---|---|
| Group | Animal No | Sex | Marking | U/L |
| NC | 1 | M | 1 | 429.8 |
| | 2 | M | 2 | 373.0 |
| | 3 | M | 3 | 410.0 |
| | 4 | F | 1 | 488.7 |
| | 5 | F | 2 | 421.4 |
| | 6 | F | 3 | 370.1 |
| MEAN | | | | 415.5 |
| SD | | | | 43.6 |
| DC | 7 | M | 1 | 665.0 |
| | 8 | M | 2 | 706.7 |
| | 9 | M | 3 | 645.1 |
| | 10 | F | 1 | 651.4 |
| | 11 | F | 2 | 710.8 |
| | 12 | F | 3 | 845.8 |
| MEAN | | | | 704.1 |
| SD | | | | 74.7 |




**Graph 1: CPK-MB Values**

**Table No. 2 – CRP Values**

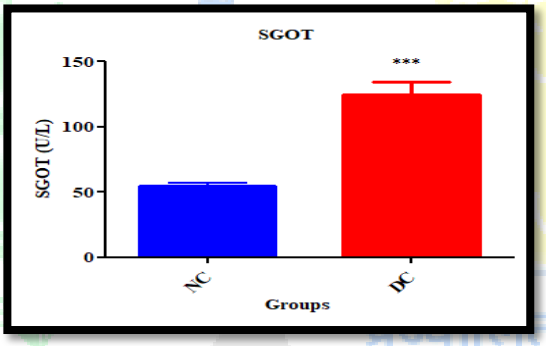
| Date:07/Feb/2024 | | | | CRP |
|---|---|---|---|---|
| Group | Animal No | Sex | Marking | mg/L |
| NC | 1 | M | 1 | 0.7 |
| | 2 | M | 2 | 0.9 |
| | 3 | M | 3 | 0.4 |
| | 4 | F | 1 | 0.7 |
| | 5 | F | 2 | 0.4 |
| | 6 | F | 3 | 0.8 |
| MEAN | | | | 0.6 |
| SD | | | | 0.2 |
| DC | 7 | M | 1 | 1.6 |
| | 8 | M | 2 | 1.7 |
| | 9 | M | 3 | 1.9 |
| | 10 | F | 1 | 1.9 |
| | 11 | F | 2 | 1.6 |
| | 12 | F | 3 | 1.8 |
| MEAN | | | | 1.8 |
| SD | | | | 0.1 |




**Graph 2: CRP Values**

## Table No. 3 – SGOT Values

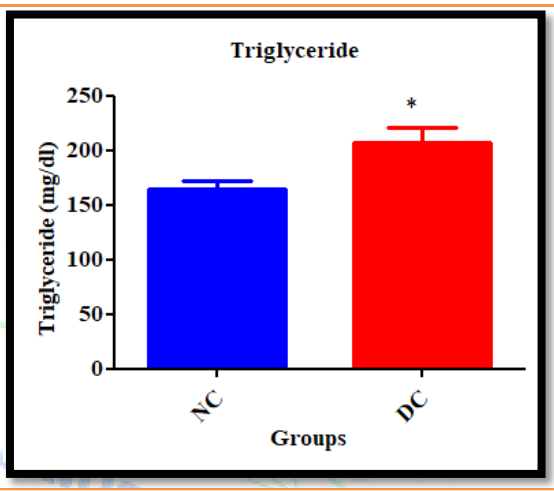
| Date:07/Feb/2024 | | | | SGOT |
|---|---|---|---|---|
| Group | Animal No | Sex | Marking | U/L |
| NC | 1 | M | 1 | 54.0 |
| | 2 | M | 2 | 55.1 |
| | 3 | M | 3 | 52.4 |
| | 4 | F | 1 | 48.6 |
| | 5 | F | 2 | 51.5 |
| | 6 | F | 3 | 65.4 |
| MEAN | | | | 54.5 |
| SD | | | | 5.8 |
| DC | 7 | M | 1 | 104.8 |
| | 8 | M | 2 | 172.2 |
| | 9 | M | 3 | 123.3 |
| | 10 | F | 1 | 104.4 |
| | 11 | F | 2 | 112.4 |
| | 12 | F | 3 | 128.6 |
| MEAN | | | | 124.3 |
| SD | | | | 25.4 |




Graph 3: SGOT Values

## Table No. 4 – Triglyceride Values

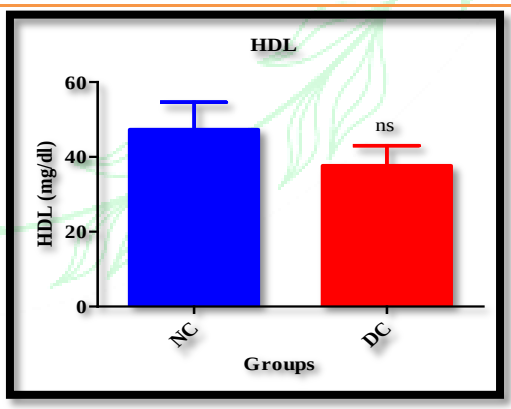
| Date:07/Feb/2024 | | | | TGL |
|---|---|---|---|---|
| Group | Animal No | Sex | Marking | mg/dl |
| NC | 1 | M | 1 | 170.7 |
| | 2 | M | 2 | 186.2 |
| | 3 | M | 3 | 140.9 |
| | 4 | F | 1 | 164.5 |
| | 5 | F | 2 | 183.1 |
| | 6 | F | 3 | 142.2 |
| MEAN | | | | 164.6 |
| SD | | | | 19.5 |
| DC | 7 | M | 1 | 182.0 |
| | 8 | M | 2 | 206.5 |
| | 9 | M | 3 | 157.8 |
| | 10 | F | 1 | 239.3 |
| | 11 | F | 2 | 242.5 |
| | 12 | F | 3 | 214.1 |
| MEAN | | | | 207.0 |
| SD | | | | 32.9 |




Graph 4: Triglyceride Values

## Table No. 5 – HDL Values

| Date:07/Feb/2024 | | | | HDL |
|---|---|---|---|---|
| Group | Animal No | Sex | Marking | mg/dl |
| NC | 1 | M | 1 | 34.2 |
| | 2 | M | 2 | 28.5 |
| | 3 | M | 3 | 32.1 |
| | 4 | F | 1 | 70.4 |
| | 5 | F | 2 | 61.1 |
| | 6 | F | 3 | 57.8 |
| MEAN | | | | 47.4 |
| SD | | | | 17.8 |
| DC | 7 | M | 1 | 18.5 |
| | 8 | M | 2 | 35.7 |
| | 9 | M | 3 | 30.6 |
| | 10 | F | 1 | 39.0 |
| | 11 | F | 2 | 44.7 |
| | 12 | F | 3 | 57.4 |
| MEAN | | | | 37.7 |
| SD | | | | 13.2 |




Graph 5: HDL Values

| Sr. N. | Group /Slide Code | Histopathological observations 1.Heart | Overall Pathological Grade |
|---|---|---|---|
| 1 | NC-1M | Normal histomorphological features of cardiac muscle fibers in the myocardium. Absence of inflammatory or pathological changes in heart tissue. | NAD |
| 2 | NC-2F | Normal histomorphological features of cardiac muscle fibers in the myocardium. Absence of inflammatory or pathological changes in heart tissue. | NAD |
| 3 | DC_3M | Mild degenerative changes in the cardiac muscle fibers. Multifocal areas of congestion and occasional foci of interstitial hemorrhages in pericardium and myocardium region. | Mild (+2) |
| 4 | DC-4F | Mild degenerative changes in the cardiac muscle fibers with focal areas of congestion and occasional foci of interstitial hemorrhages in pericardium and myocardium region. | Minimal (+1) to Mild (+2) |

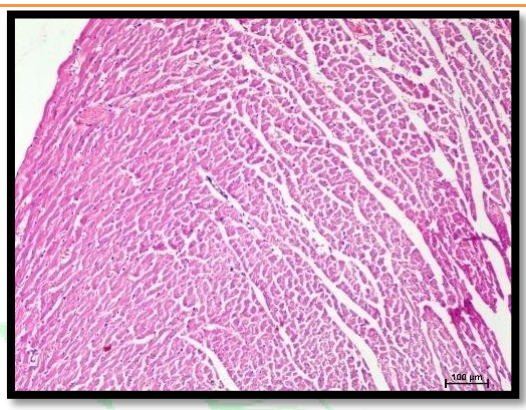


**Image 1: Cardiac Biopsy – NCM**

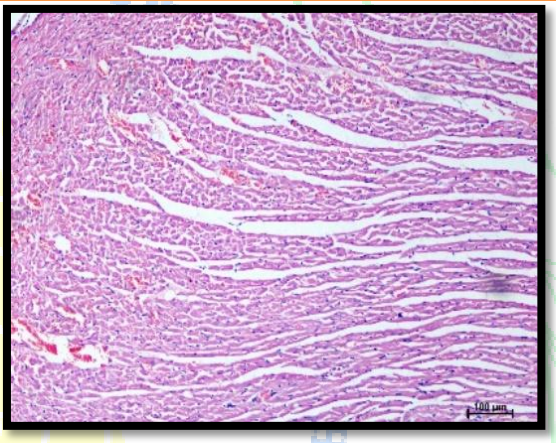


**Image 2: Cardiac Biopsy – DCM**

**Discussion :**

The mean CPK-MB observed in normal control is 415.5 U/L whereas in Disease control, it is 704.1 U/L. Statistically significant increase in CPK-MB is observed. CPK -MB is creatine phospho kinase myocardial bound enzyme primarily found in heart muscle. It is used to detect the heart muscle damage in conditions such as myocardial infarction. It is released in blood circulation when heart muscle is damaged. The normal reference range of CPK-MB in rats is 5 to 25 IU/L. Level. The level 5 times higher than the normal range will be considered significant rise.The mean CRP observed in normal control is 0.6 mg/L whereas in Disease control, it is 1.8. mg/L. Statistically significant increase in inflammatory biomarker C-Reactive Protein is observed. CRP is a protein produced in the liver in

response t the inflammation and it is used to assess the presence of inflammation in the body. HS-CRP is more specific to the cardiac tissue injury. The normal reference range of CRP in rats is 300 to 600 mg/ml. Level. The level higher than the normal range will be considered significant rise.

The mean SGOT observed in normal control is 54.5 U/L whereas in Disease control, it is 124.3 U/L. Statistically significant increase in SGOT is observed. Serum Glutamic Oxaloacetic Transferase is an enzyme found in the liver and heart tissue. It's rise in blood indicates either liver or heart muscle injury. The normal reference range of SGOT in rats is 5 to 40 IU/L. Level. The level higher than the normal range will be considered significant rise.

The mean triglyceride observed in normal control is 164.6 mg/dl whereas in Disease control, it is 207.0 mg/dl. Statistically significant increase in triglyceride is observed. Triglyceride is the stored form of fat which is used to derive energy. Elevated triglyceride level indicate an increased risk for ischemic heart disease. The normal reference range of Triglyceride in rats is 25 to 145 mg/dl. Level. The level higher than the normal range will be considered significant rise.The mean high density cholesterol observed in normal control is 47.4 mg/dl whereas in Disease control, it is 37.7 mg/dl. Statistically significant decrease in protective high density cholesterol is observed. High density lipoprotein is a good cholesterol which helps to prevent the building of bad low density cholesterol in the circulation. HDL picks up the excess LDL cholesterol and send it to liver where it is broken down and eliminated. Low levels of HDL cholesterol indicated increased risk for ischemic heart disease. The normal reference range of HDL cholesterol in rats is 35 to 55 mg/dl. Level. The level higher than the normal range will be considered significant rise.In cardiac biopsy, mild degenerative changes in the cardiac muscle fibers with focal areas of congestion and occasional foci of interstitial hemorrhages in pericardium and myocardium region were seen. This again suggests the cardiac damage induced by the stressors.

**Summary & Conclusion :**

1. In the DC group, levels of CK-MB, CRP, SGPT, SGOT, Triglycerides were significantly elevated as compared to the NC group.
2. No significant difference was observed in HDL, Total ides (Cl) in the DC group as compared to NC.
3. Histopathology of heart tissue showed no abnormalities in NC group. While in DC group Mild (+2) degenerative changes in the cardiac muscle fibers. Multifocal areas of congestion and occasional foci of interstitial hemorrhages in pericardium and myocardium region were observed
4. On the basis of the ECG parameters like RR interval and QT interval results obtained, it can be concluded that fear can acts as an etiological factor for the development of heart disease in rats.

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# Critical Evaluation of Fear As Aetiological factor for Development of Heart Disease In Albino Rats WSR To Electrocardiography

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## Abstract

During the past three decades the number of deaths due to CVDs has increased from 15.2% to 28.1% in India. There are many dietary and lifestyle factors are responsible for this rise. In the common aetiology of heart diseases stated by Acharya Charaka, along with other causes, psychological causes like *Chinta* (worry), *Bhaya* (Fear/Anxiety), *Manasik Trass* (mental tension) are mentioned as factors responsible for heart disease. There is sharp increase in cases of anxiety and depression due to change lifestyle in present era. Hence, it is essential to evaluate the role of *Ayurvedokta* psychological factor such as *Bhaya* (Anxiety) in the development of heart disease. Chronic unpredictable mild stress (CUMS) is the most elegant model for evaluation of anxiety in the rats as this model possesses construct, predictive and face validity in rats. Hence, this model is used in the present study. In CUMS process, animals will be subjected chronically and unpredictably to a variety of **low-grade stressors** which resembles to those associated with anxiety like symptoms in humans and also cause cognition impairment. It is observed that CUMS had generated the anxiety in rats leading to alteration in normal cardiac physiology. ECG is the commonest diagnostic tool which is used to diagnose cardiac abnormalities in both humans and animals. In present study, ECG was done using ketamine anaesthesia and all measurements are decided accordingly. After confirmation of stress in animals, Electrocardiography parameters are checked using Data Acquisition System, Powerlab.
Significant changes were observed in disease control group indicating that fear lead to cardiac discomfort in experimental rats.

**Keywords :** *Chinta , Bhaya ,Manasik Trass,* ECG

**Introduction :**

Nearly there are 3 million (30 lac) cases of Myocardial Infarction occurs every year (API Study) in India and 15 million (1.5 Cr.) cases across the globe every year. Out of this, 25% are under 40 age, 50% are under 50 age, 25% > 50 years of age. The death due to myocardial infarction is increasing in Indian population at an alarming rate and accounts for around 15-20% of all deaths. During the past three decades the number of deaths due to CVDs has increased from 15.2% to 28.1% in India. [1] The number of factors play role in the development of ischemic heart diseases but over consumption of oily fatty food and unhealthy lifestyle (*mithya ahar vihar*) with mental stress are the important basic factors enumerated by both the science. In Ayurveda it can be called as '*Hrit Aposhanaj Hrit Roga'* and the pathophysiology of MI is mentioned by Sushruta in Sutrasthana 15/32 and Syndrome of MI is mentioned by Sushrut Uttartantra 43/131-132 in the form of '*Hrit Shoola*'. In the common aetiology of heart diseases stated by acharya Charaka, along with other causes, psychological causes like *Chinta* (worry), *Bhaya* (Fear/Anxiety), *manasik trass* (mental tension) are mentioned as factors responsible for heart disease. [2, 3]

There is sharp increase in cases of anxiety and depression due to change lifestyle in present era. Hence, it is essential to evaluate the role of Ayurvedokta psychological factor such as *Bhaya* (Fear/Anxiety) in the development of heart disease. Stress is an important factor having high impact on the psychological development which alters emotion, cognition and related behavioral outputs.

The Chronic Unpredictable Mild Stress (CUMS) model in rats is a widely used animal model for inducing depressive-like behaviors by exposing rodents to a series of random, mild stressors over several weeks. This model is designed to mimic the cumulative effects of daily life stressors that contribute to anxiety and depression in humans. CUMS leads to disruption of homeostasis, causing somatic, physiological, neurobiological, biochemical, and behavioral disturbances. [4] ECG is the most popular method of knowing the heart rhythm and ischemic abnormalities. In rats, ECG is recorded with or without giving the anaesthesia to the rats. **Telemetry** is the method which records the ECG without giving the anaesthesia. in present study, ECG was done using ketamine anaesthesia and all measurements are decided accordingly. After confirmation of stress in animals, Electrocardiography parameters are checked using Data Acquisition System, Power lab.

**Review Of Literature :**

Chronic unpredictable mild stress (CUMS) is the most elegant model for evaluation of anxiety as this model possesses construct, predictive and face validity in rats. In CUMS process, animals will be subjected chronically and unpredictably to a variety of **low-grade stressors** which resembles to those associated with anxiety like symptoms in humans and also cause cognition impairment. CUMS protocol is performed in separate room but the normal animal left unchallenged. During the 7 weeks, animals were submitted to 6 different stressors: tilted cage (45°), food and water deprivation, restricted access to food, exposure to empty bottle, 24 h wet cage (200ml of water in 100g of sawdust bedding), continuous illumination.

These stressors are randomly scheduled over a week period and are repeated to maintain the aspect of unpredictability. At the end of every week sucrose consumption test and body weight of all animal are measured to confirm the induction of stress in animals. [5]

There are several invasive and non invasive techniques to record 1 to 12 channel ECG recordings in rats. Most studies use limb lead II which is sufficient for general analysis of ECG parameters in rats. Surface ECG recordings is the most commonly used technique in anesthetized rats. To obtain a limb lead ECG, the electrodes are placed under the skin of left and right forepaws and the tail. In this technique, measurements may be confounded by type of anaesthesia. Telemetry is the method which records the ECG without giving the anaesthesia. Telemetry transmitters are implanted subcutaneously in the abdominal cavity or intrascapular region whereas electrodes connected to the transmitters are placed the anterior mediastinum. Data from transmitters are gathered wirelessly by a receiver placed outside the rat cage. This method provides data that is free of aneasthesia. [6] However, in present study, ECG was done using ketamine anaesthesia and all measurements are decided accordingly. After confirmation of stress in animals, Electrocardiography parameters are checked using Data Acquisition System, Power lab.

**Myocardial Infarction (MI) :**

MI refers to the condition where there is imbalance between the myocardial oxygen demand and its supply due to the obstruction of blood supply in coronary arteries.[7] [8]

The commonest causes responsible for it are :

- Atherosclerosis in coronary artery
- Thrombosis

**Investigations To Diagnose MI :**

- **Lipid profile** – It may show dyslipidaemia (Increased LDL cholesterol and Triglycerides)
- **Cardiac Markers** - Serum Troponin and CPK-MB elevated.
- **ECG** shows ST-T changes. In rats ST segment is absent in waveforms.
- **Coronary Angiography** (CAG) shows coronary occlusions.
- **2-D Echocardiography** shows regional wall motion abnormalities. [20 & 21]

**Research Question :**

Whether Ayurvedokta *Bhaya* (fear) acts as a aetiological factor for development of heart disease.

**Hypothesis :**

- **Null Hypothesis (H1):**
  Ayurvedokta *Bhaya* (fear) factor acts as a aetiological factor for development of heart disease
- **Alternate Hypothesis (H0):**
  Ayurvedokta *Bhaya* (fear) factor does not acts as an aetiological factor for development of heart disease.

**Aims & Objectives :**

- **Primary Objectives:**
  The present study, aims to study the aetiological factor ***Bhaya*** **(Fear/Anxiety)** as the cause for the development of heart disease.

- **Other Objectives:**

  To study the aetiopathogenesis of myocardial infarction from Ayurvedic point of view.

**Material & Methodology :**

**Study Design :**

**Center of Study** – Dept of Roga Nidana & Vikrutvigyana, Government Ayurvedic College, Nanded And National Testing Centre, Pune

**Duration of Study** – 18 months

**Study Population And Sampling**

**Animal required for the Study**

**Species/Common name -** Albino Rat

**Weight** - 200-250 g

**Gender –** Male and Female

**Number to be used** - 12

**Groups :**

Animals will be divided into 2 groups.

| Groups (n = 6) | Treatment |
|---|---|
| **Normal Control** | No treatment |
| **Disease Control** | Chronic unpredictable mild stress induction |

**Data Collection & Instruments :**

The animals will be subjected chronically and unpredictably to a variety of **low-grade stressors** which resembles to those associated with anxiety like symptoms in humans and also cause cognition impairment. CUMS protocol will be performed in separate room. During the 7 weeks, animals will be submitted to 6 different stressors:

1. Tilted cage (45°),
2. Tail clamping for 3 minutes,
3. Cold swimming for 5 minutes at 4°c
4. Exposure to empty bottle,
5. 24 h wet cage,
6. Continuous illumination.

These stressors will be randomly scheduled over a one week period and will be repeated to maintain the aspect of unpredictability. After confirmation of stress in animals, ECG was done using the power Lab data acquisition apparatus on 0, 28$^{th}$ and 49$^{th}$ Day. Rats were anaesthetized with Ketamine before taking the ECG.

**Assessment Criteria:**

1. ECG is monitored in 8 Channel power laboratory (Data Acquisition system) and different ECG parameters are measured.

**RR interval** is the time between the two consecutive R wave peaks. In rats Heart rate is calculated using RR interval only because rat ECG lacks the Q waves. (HR = 60/ (R-R interval in seconds). In matured rats RR interval is 118-251ms.

**PR interval** is measured from the beginning of the P wave to the beginning of the QRS/RS complex. The PR interval in rats ranges from 38 to 70 ms. It is significantly affected by the type of anaesthesia used. It is 56 to 66 ms in rats anaesthetized with Ketamine.

**QRS complex** is located between Q and S wave. It represents the time taken by wave of depolarization to move through the ventricles. Narrowing of QRS is seen in supraventricular arrhythmias whereas widening of QRS is seen in Ventricular arrhythmia and bundle branch blocks. Since Q wave is not

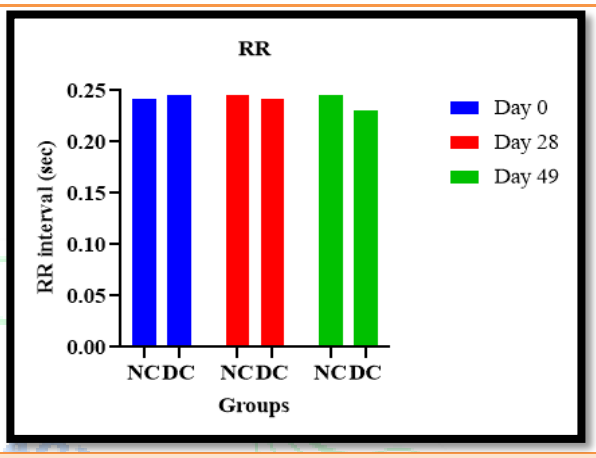
usually detectable in Rat ECG, usually the RS complexes are evaluated. The duration of QRS in rats under ether anesthesia is 11.3to 16.1 ms. And 12 to 15.7 in rats anaesthetized with Ketamine.

**QT interval** is the time taken from the Q wave to the end of the T wave. In rats this parameter is usually measured from the onset of Rs complex to the end of T wave. QT interval represents the time of depolarization and repolarization of ventricles. It may be affected due to intrinsic heart diseases or drug toxicity. A prolonged QT interval in rats also been found in hypokalemia and myocardial infarction. QT interval in rats is also affected by the type of anaesthesia used. In SD rats it is 50-70ms. Whereas in rats anesthetized with ketamin, it is found to be 75-95ms. In rats anesthetized with ether, it is found to be 60.6- 62.5 ms.

**Observation & Result :**

**Table No. 1 – RR Interval (Sec) :**

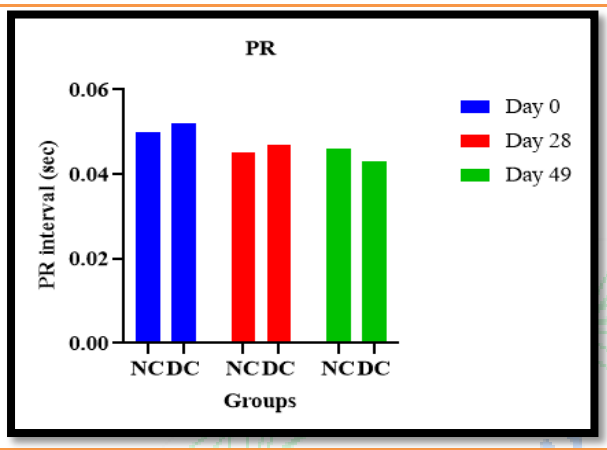
| Days | | Day 0 | Day 28 | Day 49 |
|---|---|---|---|---|
| **Group** | **Ani. No** | **RR** | **RR** | **RR** |
| NC | 1 | 0.222 | 0.217 | 0.225 |
| | 2 | 0.254 | 0.257 | 0.252 |
| | 3 | 0.233 | 0.239 | 0.235 |
| | 4 | 0.259 | 0.254 | 0.265 |
| | 5 | 0.237 | 0.248 | 0.246 |
| | 6 | 0.249 | 0.251 | 0.255 |
| | **Mean** | **0.242** | **0.244** | **0.246** |
| | **SD** | **0.014** | **0.015** | **0.014** |
| DC | 7 | 0.251 | 0.253 | 0.258 |
| | 8 | 0.235 | 0.232 | 0.228 |
| | 9 | 0.234 | 0.230 | 0.218 |
| | 10 | 0.248 | 0.247 | 0.221 |
| | 11 | 0.252 | 0.243 | 0.231 |
| | 12 | 0.250 | 0.249 | 0.232 |
| | **Mean** | **0.245** | **0.242** | **0.231** |
| | **SD** | **0.008** | **0.009** | **0.014** |



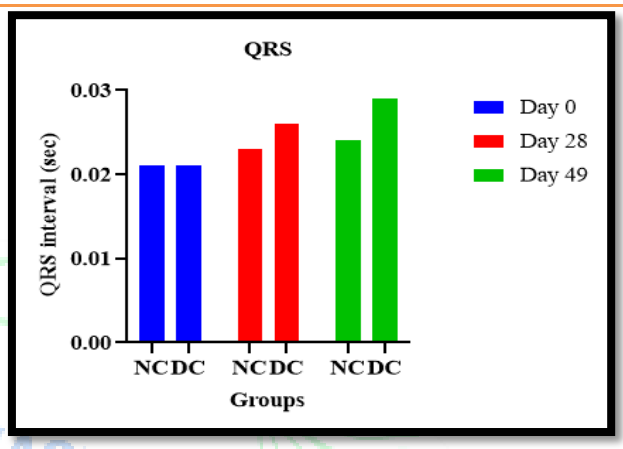

**Graph 1: RR Interval (Sec)**

**Table No. 2 – PR Interval (Sec) :**

| Days | | Day 0 | Day 28 | Day 49 |
|---|---|---|---|---|
| **Group** | **Ani. No** | **PR** | **PR** | **PR** |
| NC | 1 | 0.049 | 0.050 | 0.059 |
| | 2 | 0.052 | 0.053 | 0.022 |
| | 3 | 0.048 | 0.051 | 0.048 |
| | 4 | 0.050 | 0.050 | 0.045 |
| | 5 | 0.049 | 0.013 | 0.051 |
| | 6 | 0.050 | 0.054 | 0.052 |
| | **Mean** | **0.050** | **0.045** | **0.046** |
| | **SD** | **0.001** | **0.016** | **0.013** |
| DC | 7 | 0.056 | 0.044 | 0.040 |
| | 8 | 0.055 | 0.052 | 0.047 |
| | 9 | 0.056 | 0.046 | 0.039 |
| | 10 | 0.051 | 0.050 | 0.048 |
| | 11 | 0.045 | 0.043 | 0.042 |
| | 12 | 0.049 | 0.048 | 0.042 |
| | **Mean** | **0.052** | **0.047** | **0.043** |
| | **SD** | **0.004** | **0.004** | **0.004** |




Graph 2: PR Interval (Sec)



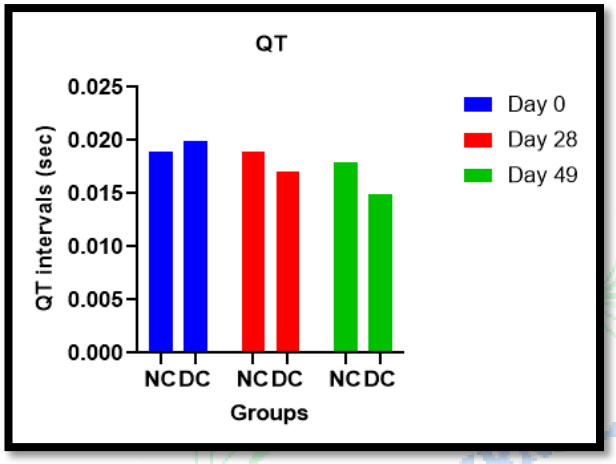

Graph 3: QRS (Sec) :

**Table No. 3 – QRS (Sec) :**

| Days | | Day 0 | Day 28 | Day 49 |
|---|---|---|---|---|
| Group | Ani. No | QRS | QRS | QRS |
| NC | 1 | 0.026 | 0.019 | 0.015 |
| | 2 | 0.014 | 0.029 | 0.035 |
| | 3 | 0.026 | 0.007 | 0.024 |
| | 4 | 0.025 | 0.023 | 0.022 |
| | 5 | 0.016 | 0.023 | 0.036 |
| | 6 | 0.020 | 0.038 | 0.014 |
| | **Mean** | **0.021** | **0.023** | **0.024** |
| | **SD** | **0.005** | **0.010** | **0.009** |
| DC | 7 | 0.023 | 0.022 | 0.025 |
| | 8 | 0.022 | 0.023 | 0.026 |
| | 9 | 0.012 | 0.023 | 0.023 |
| | 10 | 0.025 | 0.026 | 0.027 |
| | 11 | 0.023 | 0.028 | 0.032 |
| | 12 | 0.020 | 0.032 | 0.039 |
| | **Mean** | **0.021** | **0.026** | **0.029** |
| | **SD** | **0.005** | **0.004** | **0.006** |

**Table No. 4 – QT Interval (Sec) :**

| Days | | Day 0 | Day 28 | Day 49 |
|---|---|---|---|---|
| Group | Ani. No | QT | QT | QT |
| NC | 1 | 0.021 | 0.021 | 0.021 |
| | 2 | 0.016 | 0.018 | 0.020 |
| | 3 | 0.016 | 0.018 | 0.016 |
| | 4 | 0.025 | 0.022 | 0.018 |
| | 5 | 0.020 | 0.016 | 0.019 |
| | 6 | 0.016 | 0.018 | 0.015 |
| | **Mean** | **0.019** | **0.019** | **0.018** |
| | **SD** | **0.004** | **0.002** | **0.002** |
| DC | 7 | 0.021 | 0.015 | 0.014 |
| | 8 | 0.021 | 0.016 | 0.015 |
| | 9 | 0.021 | 0.018 | 0.016 |
| | 10 | 0.020 | 0.018 | 0.012 |
| | 11 | 0.014 | 0.017 | 0.013 |
| | 12 | 0.020 | 0.020 | 0.018 |
| | **Mean** | **0.020** | **0.017** | **0.015** |
| | **SD** | **0.003** | **0.002** | **0.002** |




**Graph 4: QT Interval (Sec)**

**Discussion :**

Long-term exposure to stressful conditions is associated with the development of a manifold of pathophysiological conditions, including those affecting behaviour, immune physiology, neuronal signalling, and cardiovascular function as well as chronic mood disorders such as anxiety and depression. (Glaser & Kiecolt-Glaser, 2005) [9]

This requires animal models to validate the casualty between stress and overt development of heart disease. Chronic unpredictable mild stress (CUMS) is the most elegant model for evaluation of anxiety as this model possesses construct, predictive and face validity in rats. Accordingly, this model was used in present study. [10]Animals were subjected to 6 different stressors: tilted cage (45°), food and water deprivation, restricted access to food, exposure to empty bottle, 24 h wet cage (200ml of water in 100g of sawdust bedding), continuous illumination. These stressors will be randomly scheduled over a week period and are repeated to maintain the aspect of unpredictability.

As per researches, CUMS model leads to many behavioral changes and changes in brain structure and function, including alterations in neurotransmitter systems (e.g., serotonin, dopamine, and norepinephrine), neurotrophic factors, and stress hormone levels. The unpredictable nature of the stressors more closely resembles the chronic, unpredictable stressors experienced in real human life. ECG is the most popular method of knowing the heart rhythm and ischemic abnormalities.

In rats, ECG is recorded with or without giving the anaesthesia to the rats. In present study, ECG was done using ketamine anaesthesia and all measurements are decided accordingly.

The mean RR interval observed in normal control on day 0 is **0.242** whereas in Disease control, it is **0.245**. The mean RR interval observed in normal control on day 14 is **0.244** whereas in Disease control, it is **0.242.**

The mean RR interval observed in normal control on day 42 is **0.246** whereas in Disease control, it is **0.231**. RR interval found to be decreased on day 28 in DC which was not statistically significant. While on Day 49 statistically significant decrease was seen in DC as compared to NC indicating the effect of stressors on RR Interval.

The mean PR interval observed in normal control on day 0 is **0.050** whereas in Disease control, it is **0.052**. The mean PR interval observed in normal control on day 14 is **0.045** whereas in Disease control, it is **0.047**. The mean PR interval observed in normal control on day 42 is **0.046** whereas in Disease control, it is **0.043**. On all the three measurements there is rise in blood pressure in disease control indicating that stress had increased the blood pressure. The mean QRS observed in normal control on day 0 is **0.021** whereas in Disease

control, it is **0.021**. The mean QRS observed in normal control on day 14 is **0.023** whereas in Disease control, it is **0.026**. The mean QRS observed in normal control on day 42 is **0.024** whereas in Disease control, it is **0.029**.

No significant change in the PR & QRS interval is observed.

The mean QT interval observed in normal control on day 0 is **0.019** whereas in Disease control, it is **0.020**. The mean QT interval observed in normal control on day 14 is **0.018** whereas in Disease control, it is **0.017**. The mean QT interval observed in normal control on day 42 is **0.018** whereas in Disease control, it is **0.015**.

QT interval has decreased on day 28 but not statistically significant.

**Summary & Conclusion :**

1. RR interval found to be decreased on day 28 in DC which was not statistically significant. While on Day 49 statistically significant decrease was seen in DC as compared to NC indicating the effect of stressors on RR Interval.
2. PR- No significant change in the PR & QRS interval. These results indicate no change in stress.
3. QT interval has decreased on day 28 but not statistically significant.
4. On the basis of the ECG parameters like RR interval and QT interval results obtained, it can be concluded that *Bhaya* fear can acts as an etiological factor for the development of heart disease in rats.

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# Clinico-Psychological Assessment Of Manasa Sadanam In Vataja-Grahani

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## Abstract

The diagnostic and therapeutic approach is basically Psycho-somatic, as it has been clear that the somatic disease is turns into psychological one and vice-versa. Clinical evaluation of *Manasa-Sadanam* (i.e.; Anxiety and Depression) in the patients of *Vataja-Grahani* will be verified by stipulated questionnaires of HAM-A and HAM-D. Indians have shown this condition to be a fairly common G.I. condition, accounting for 30% to 50% of referral to gastroenterology clinics. A drug combating *Vataja-grahani* will be given in one group, on the other group same drug will be adminstered with a Medhyarasayan and in another group will be treated with a knowledge of *Vataja grahani* as Control group. In a disease found frequently in the clinics presenting the symptoms of anxiety, tension, fear, insomnia, poor memory and depressed mood etc. This features in some extent correlates the symptomatology of Depression. ANOVA test reveals and F-table indicates that the critical value is 3.15 and F-test statistic is greater than 3.15. So, results are statistically significant and mean score of depressed mood symptoms under HAM-A and HAM-D Scale in 3 groups of patients treated with different drugs differ significantly. In the treatise of *Ayurveda* during description of pathogenesis of *Grahani roga*, it is mentioned that dysfunction of *grahani nadi* is the main causative factor for origin of the disease. A total of 90 patients treated at OPD and IPD Level from 2022-24 for restoration of their health. It has been evaluated that *Satva* indicates mental strength of an individual. The haematological tests i.e. ; Hb. %, T.L.C of W.B.C and ESR in first hour and the biochemical tests i.e. Blood sugar (fasting), Serum Bilirubin, SGOT, SGPT, Total Serum Protein , Serum Albumin, Serum Globulin, Serum Amylase and Serum Lipase etc. have showed no significant changes in this study.

**Key words:** *Vataja grahani*, *Manasa sadanam*, HAM-A and HAM-D.

**Introduction:**

In the classics of *Ayurveda*, it has been mentioned that *Manasa sadanam* is a distinct feature of *Vataja Grahani*. In the treatise of *Ayurveda*; it has been clearly shows that the somatic disease is turns into psychological one and vice versa [1]. In the selected patients the extent of *Manas-sadanam* will be verified by *SatvaPariksha* [2]. In the recent era, the term *Manasa sadanam* is classified as depression and anxiety. Incidence of anxiety and depression in irritable bowel syndrome is reported by some authority. They had evaluated the patients through the parameter of HAM-A and HAM-D scores. It had been reported that among the patients at O.P.D and I.P.D Level, Prevalence of Anxiety was 44 % and depression was 84 %. In the present study HAM-A and HAM-D will be measured in the selected patients of *Manasa Sadanam i.e*; *Avasada*. A drug combating disease will be given along with a *Medhya Rasayan*. Hence, the study will be framed in a group. A routine counseling will be done in a group. *Aaswasana* [3] i.e.; Assurance will be given routinely and to describe appraisal in *Chikitsa* and the idea of *Satva Pariksha* also to determine the frequency of patients *Satva Pariksha* and *Avasada* fulfilling HAM-A and HAM-D.

**Concept of *Grahani Dosha, Grahani Roga* and *Grahani Gada* :-** *Acharya Caraka* had mentioned the term *Grahani dosa* during nomenclature of the chapter while during description of the disease termed as *Grahani Gada*. The specific reason for this type of description is clarified by *Acharya Chakrapani* [4]. The term "*Grahani dosa*" implies the malfunctioning of Agni. The *Agni* is primarily located in the *Grahani.* In the title of the chapter, no distinction is made between the '*Aashraya'* (the substratum i.e. *Grahani)* & '*Aashrayee'* (the substance i.e. Agni). Thus *'Agnidosa'* is implied by the term '*Grahani dosa'*; though in a secondary sense; *Grahani dosa* initiates *Grahani Roga. Acharya Caraka* described; the way of formation of *Grahani roga. Durbala* Agni brings about *vidaha* (a part of which is digested the other part remaining without digestion) of *Aahar*; which moves upwards & downwards in gastro-intestinal tract. The *Pakva* (digested food) & *Apakva* (undigested food) *Aahara* rasa moves downwards & this condition is called *Grahani-Gada* [5].

**Concept of *Manasa-sadanam*:** The term *Manasa sadanam* is mentioned in *Charak Samhita* in context to *Vataja Grahani* [6]. The term 'Mansa *sadanam*' is defined as " *Avasada* " [7] by *Vijaya Rakshit* as abnormal mental condition recently compared with the symptom of mental depression. Hence in chronic case of *Vataja Grahani* along with somatic disorders also the psychological condition get disturbed. *Ava-sāda*, as, m. sinking (as of a chair), *Susr.*; the growing faint (as of a sound),ib.; failing, ex- *Chaustion*, fatigue, lassitude, ib.; defeat, *Malav.;* want of energy or spirit (especially as proceeding from doubtful or unsuccessful love), L.; (in law) badness of a cause, L.; end, termination, L.; *(cf. nir-av.)* [8] Mind is a factor for receiving happiness and sadness in an individual. The term *Sadan* implies "*Avasada*" [9]*i.e*; expression of depressive state clinically. This *Hridaya* is also connected with *Dasha Mahamula Dhamani* through which the *Doshas* pervade the heart. Hence, there is exchange of mind & *Dosha*. When *Doshas* get vitiated in excess it effect the mind & vice-versa [10].

**Methodology:** Study is a interventional, prospective, single blind randomized controlled clinical trial with three groups. Clinical evaluation of *Manasa-Sadanam* (i.e.; Anxiety and Depression) in the patients of *Vataja-Grahani* will be verified by *Satva Pariksha* and stipulated questionnaires of HAM-A and HAM-D. A routine counseling along with *Aaswasana* i.e., Assurance will be done in all three groups. Evaluation of HAM-A and HAM-D scores in the selected patients of *Manasa-sadanam* with *Vataja Grahani*. A drug combating *Vataja-Grahani* will be given in one group, on the other group same drug will be administered with a *Medhya Rasayan* and in another group will be treated with a knowledge of *Vataja Grahani* as Control group.

**Psychological parameter of *Manasa Sadanam* sequences in *Vataja Grahani*:-**

The very statement of *Caraka Samhita* in *Vataja Grahani "Mansa-sadanam*"; reveals the evidence of "*Avasada*" in *Vataja Grahani* patients [11]. According to different *Acharyas*, the following different causative factors of *Avasada* in *Vataja Grahani* is mentioned as follows:-

1. As per view of *Caraka Samhita, Asatmedriyaartha samyoga, Prajnaparadha* and *Parinama* are considered as general etiological for all diseases [12]. Among these etiological triad *Prajnaparadha* is very specific in the causation of "*Avasada*" in *Vataja Grahani* patient.
2. According to *Maharsi Charaka;* vitiation of *Manasika Dosas* viz *Raja Dosa* and *Tamo dosa*.
3. According to *Maharsi Charak*; Acquired of undesired objects and not getting or loss of the desired ones as the causes of *Manovikara* [13].
4. *Acccording* to *Maharsi Susrutha, Manobhavas* i.e.; *Krodha, Soka, Bhaya, Harsa, Visada, Irshya* etc. as the causes of *Mano-Vikara* [14].
5. Besides above causes According to *Maharisi Charaka, Avar Satwa* (weak psyche) has also been recognized as a necessary predisposing factor for the manifestation of *Avasada* in *Vataja Grahani* patients.

Being associated with the soul, the mind, or *Satva* governs the body. They are classified as exceptional (*Pravara*), mediocre (*Madhyama*), or inferior (*Avara*) based on their level of strength. They are vulnerable to ego, delusion, fear, sadness, and greed. Even stones that describe angry, scared, hostile, terrifying, and nasty situations, or that show them visions of the flesh or blood of humans or animals cause them to crumble [15].

Persons with '*Avar Satva'* are affected with *Manovikara* [16] i.e.; "*Avasada*" in *Vataja Grahani*. In other words, persons with high *Rajas* and *Tamas* and *Avar Satva*, if comes in contact with the causes of Raja & Tama became sufferer and this leads to recollection of fearful and negative or disturbing memories along with false perceptions, wrong recognition, failure to restrain from negative memories and thoughts.

When the consequences of *Manasa Sadanam* occurs in the patient of *Vataja Grahani*; then it should be assumed that the *Vataja Grahani Roga* is along with *Avasada*. In both the disease, the main responsible factor for initiation of pathogenesis is *Agnimandya*. The *Srota* towards the various

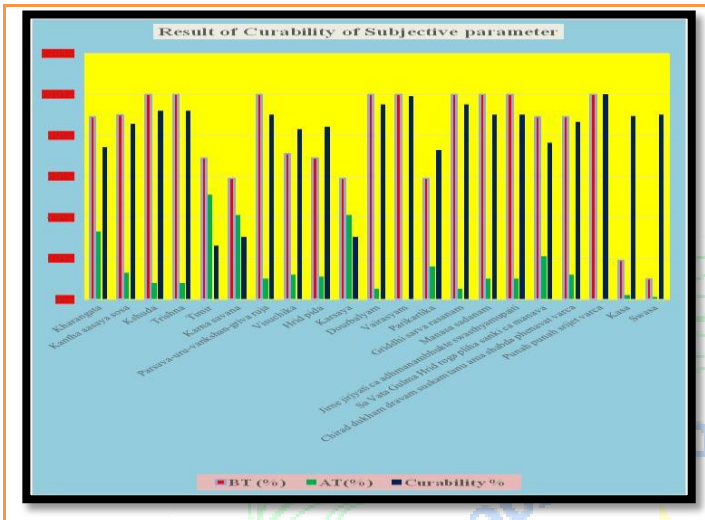
directions of the system containing the *Rasadi Dhatus* gradually get obstructed with the *Ama*. According to *Maharsi Charak; Hrdaya* is a seat of *Rasa, Vatadi, Satvas, Buddhi, Indriya, Atma* and *Ojus* also emphasize that the seat of '*Antaramana'* is *Hridaya*. In the context of *Trimarmiya, Maharsi Charak* mentioned that *Hrdaya* is a seat of *Dasa Mahamoola Dhamanis, Prana, Apana, Mana, Buddhi, Chetana* and *Mahabhutani* [17].

**Effect of research drugs on subjective/clinical parameter [18] of *Vataja Grahani* : -** Drugs effect was evaluated by the percentage relief of the symptoms before and after treatment.

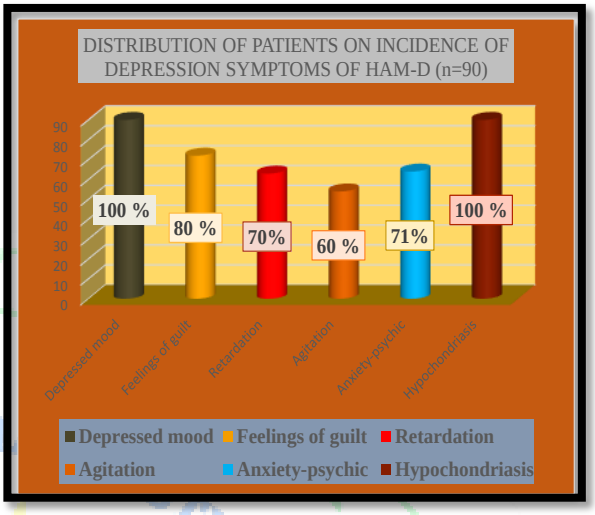
**Table No. 1: - Showing the effects of the research drugs on the subjective parameter of Patients of *Vataja Grahani*.**

| Sl. No. | Subjective criteria | BT (%) | AT (%) | Curability % |
|---|---|---|---|---|
| 1. | *Kharangata* | 89% | 33% | 74.15% |
| 2. | *Kantha aasaya sosa* | 90% | 13% | 85.55% |
| 3. | *Kshuda* | 100% | 8% | 92% |
| 4. | *Trishna* | 100% | 8% | 92% |
| 5. | *Timir* | 69% | 51% | 26.08% |
| 6. | *Karna savana* | 59% | 41% | 30.5% |
| 7. | *Parsava-uru-vankshan-griva ruja* | 100% | 10% | 90% |
| 8. | *Visuchika* | 71% | 12% | 83.09% |
| 9. | *Hrid pida* | 69% | 11% | 84.05% |
| 10. | *Karsaya* | 59% | 41% | 30.5% |
| 11. | *Dourbalyam* | 100% | 5% | 95% |
| 12. | *Vairasyam* | 100% | !% | 99% |
| 13. | *Parikartika* | 59% | 16% | 72.88% |
| 14. | *Griddhi sarva rasanam* | 100% | 5% | 95% |
| 15. | *Manasa sadanam* | 100% | 10% | 90% |
| 16. | *Jirne jirjyati* ca *adhmanambhukte swasthyamupaiti* | 100% | 10% | 90% |
| 17. | Sa *Vata Gulma Hrid roga pliha sanki* ca *manava* | 89% | 21% | 76.40% |
| 18. | *Chirad dukham dravam suskam tanu ama shabda phenavat varca* | 89% | 12% | 86.51% |
| 19. | *Punah punah srijet varca* | 100% | 0% | 100 % |
| 20. | *Kasa* | 19% | 2% | 89.47% |
| 21. | *Swasa* | 10% | 1% | 90% |

Table No. 1: Shows the effect of Drugs which revealed that 99% curability was achieved in symptoms of "Punaha punaha srijet varca" and "Vairasyam". Next 95% curability achieved in "Dourbalya" and "Griddhi sarva rasanam" and 92% curability was found in "Kshuda" and "Trishna". 90% in "Parsava-uru-vankshan-griva ruja", "Jirne jirjyati ca adhmanambhukte swasthyamupaiti" and Swasa. 89.47 % was found in Kasa" and 86.51 % curability was found in "Chirad dukham dravam suskam tanu ama shabda phenavat varca". 85.55 % curability was found in "Kantha–aasaya sosa" and 84.05% curability was found in "Hrid pida." 83.09 % curability was found in "Visuchika," and 76.4 % curability was found in "Sa Vata Gulma Hrid roga pliha sanki ca manava." 74.15 % curability was found in "Kharangata," and 72.88 % curability was found in "Parikartika". 30.5 % curability was found in "Karna savana" and "Karsaya." 26.08% curability was achieved in "Timir."




**Graph 1: Shows the Curability of Subjective parameter of *Vataja Grahani.***




**Graph 2: Shows the incidence of psychic depression symptoms in 90 patients of *Vataja Grahani.***

**Table No. 2:-Shows the *incidence of Depression symptoms of HAM-D in 90 patients of Vataja Grahani.***

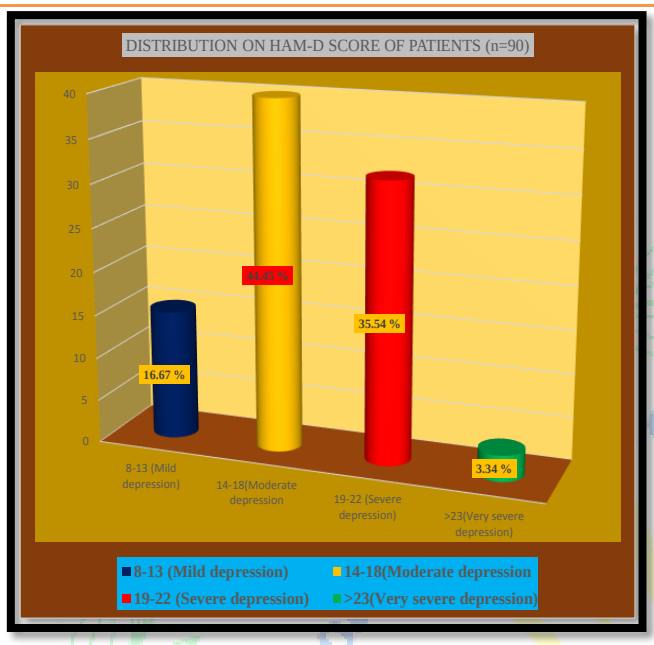
| Sl. No. | Depression Symptoms | Patients involved | Percentage |
|---|---|---|---|
| **1.** | Depressed mood | 90 | 100% |
| **2.** | Feelings of guilt | 72 | 80% |
| **3.** | Retardation | 63 | 70% |
| **4.** | Agitation | 54 | 60% |
| **5.** | Anxiety-psychic | 64 | 71% |
| **6.** | Hypochondriasis | 90 | 100% |

Table No. 2: Shows that the severity of psychic depression symptoms was found in the range of 100% patients suffering from Depressed mood and Hypochondriasis, 80% patients suffering from feelings of gulit, 71% patients suffering from Anxiety-psychic, 70% patients suffering from Retardation and 60% patients suffering from Agitation.

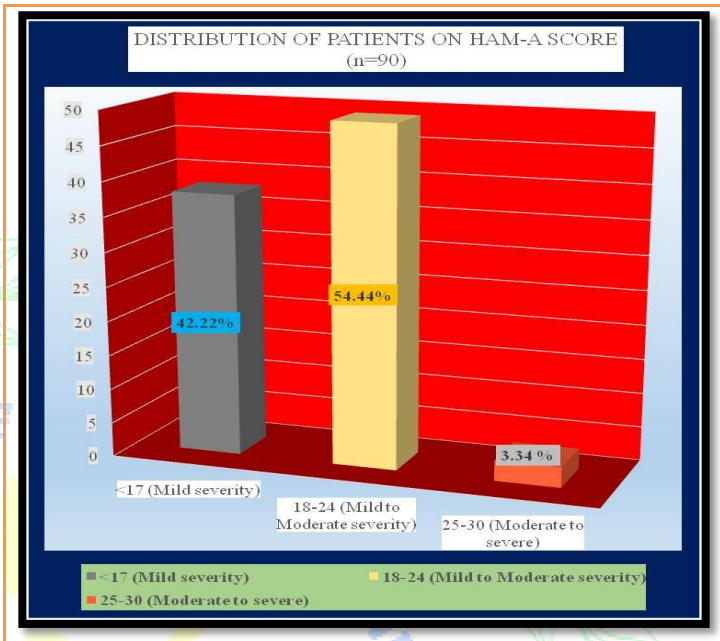
**Table No. 3: Shows the HAM-D Score of 90 patients of *Vataja Grahani.***

| Sl. No. | HAM-D Score | Patients involved | Percentage (%) |
|---|---|---|---|
| **1.** | 8-13 (Mild depression) | 15 | 16.67% |
| **2.** | 14-18(Moderate depression | 40 | 44.45% |
| **3.** | 19-22 (Severe depression) | 32 | 35.54% |
| **4.** | >23(Very severe depression) | 03 | 3.34% |

Table No. 3: Shows that the severity of psychic depression symptoms was found in the range of 44.45% patients suffering from moderate depression, 35.5% patients suffering from severe depression, 16.67% patients suffering from mild depression and 3.3% patients suffering from very severe depression.




**Graph 3: Shows the severity of psychic depression symptoms in 90 patients of *Vataja Grahani.***




**Graph 4: Shows the severity of psychic anxiety symptoms in 90 patients of *Vataja Grahani.***

**Table No. 4: Shows the HAM-A Score of 90 patients of *Vataja Grahani.***

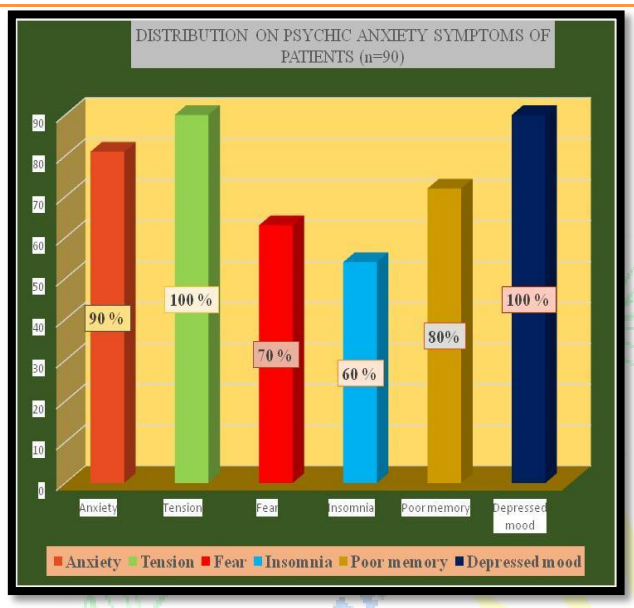
| Sl. No. | HAM-A Score | Number of patients | Percentage |
|---|---|---|---|
| **1.** | <17 (Mild severity) | 38 | 42.22% |
| **2.** | 18-24 (Mild to Moderate severity) | 49 | 54.44% |
| **3.** | 25-30 (Moderate to severe) | 03 | 3.34% |

Table No. 4: Shows that the severity of psychic anxiety symptoms was found in the range of 54.4% patients suffering from mild to moderate severity of psychic anxiety symptoms, 42.22% patients suffering from mild severity of psychic anxiety symptoms and 3.34% patients suffering from moderate to severe anxiety symptoms.

**Table No. 5: Shows the incidence of Anxiety symptoms of HAM-A in 90 patients of *Vataja Grahani.***

| Sl. No. | Anxiety Symptoms | Patients involved | Percentage |
|---|---|---|---|
| **1.** | Anxiety | 81 | 90% |
| **2.** | Tension | 90 | 100% |
| **3.** | Fear | 63 | 70% |
| **4.** | Insomnia | 54 | 60% |
| **5.** | Poor memory | 72 | 80% |
| **6.** | Depressed mood | 90 | 100% |

Table No. 5: Shows that the severity of psychic anxiety symptoms was found in the range of 100% patients suffering from Tension and Depressed mood, 90% patients suffering from Anxiety, 80% patients suffering from Poor memory, 70% patients suffering from Fear and 60% patients suffering from Agitation.




**Graph 5: Shows the incidence of psychic anxiety symptoms in 90 patients of *Vataja Grahani.***

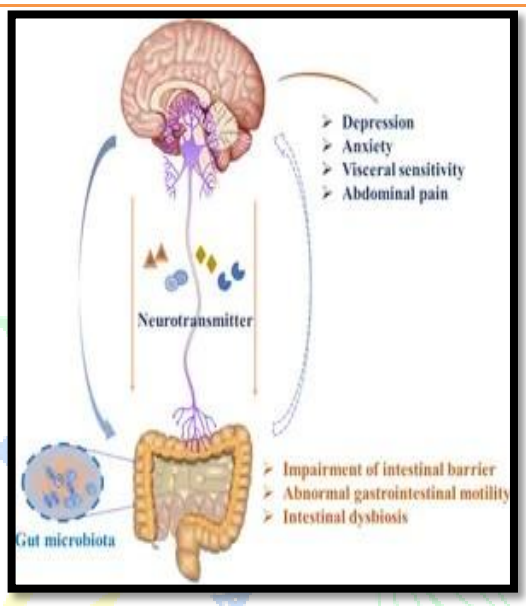



**Figure No. 1:- Showing Disturbance of Brain-Gut interaction in Irritable Bowel Syndrome.**

**Psychiatric co-morbidity:-** Psychiatric disorders, such as anxiety disorders, depression are more common in patients with IBS; even mildly symptomatic patients. However, stress plays an important role in exacerbating IBS symptoms in IBS patients. In depression; the Hypothalamic-pituitary adrenal axis is hyperactive, as evidenced by a non-suppressed response to the dexamethasone suppressor test. Major depressive disorder is characterized by one or more episodes of idiopathic major depressive syndromes such as Depressed mood, Irritability, Anxiety, Loss of interest or pleasure, Worthlessness, Guilt, Hopelessness, Helplessness, Thought of suicide, Change in appetite or weight, Change in sleep, Decreased libido, Trouble concentrating, Diurnal variation, Ruminative thinking, Somatoform symptoms, Psychotic symptoms. Many be of the anxiety disorders may be understood as inappropriate triggering of the stress response system, which is commonly referred to the " Fight or Fright ''response [19] .

Patients with IBS frequently demonstrate increased motor reactivity of the colon and small bowel to a variety of stimuli and altered visceral sensation associated with lowered sensation thresholds. These may result from Central Nervous System (CNS) - Enteric Nervous System (ENS) deregulation. Patients with mild to moderate symptoms usually have intermittent symptoms that correlate with altered gut physiology and patients with severe symptoms usually have constant pain and psycho-social difficulties [20]. The psychiatric classification is based on the number of somatic symptoms and associated psychological symptoms such as Hypochondriasis, Somatisation (Somatic presentation of depression and anxiety) and neurosis, Panic attacks are common. Acute psychological stress and overt psychiatric disease are known to alter visceral perception and gastro-intestinal motility in both Irritable bowel patients and healthy people [21].

**General Management of IBS Patients:-**

**Reassurance:-** Patients should be asked what they are most worried about. Clearly it may be unwise to state categorically that the patient has no disease but it can be emphasized that the probability of having disease is low.

**Explanation:-** Patients need a positive explanation for their symptoms. It is unhelpful to say that symptoms are psychological or 'all in the mind', but useful to describe a plausible physiological mechanism for the symptom that emphasizes the link with psychological factors such as stress and which demonstrates that the symptoms are reversible.

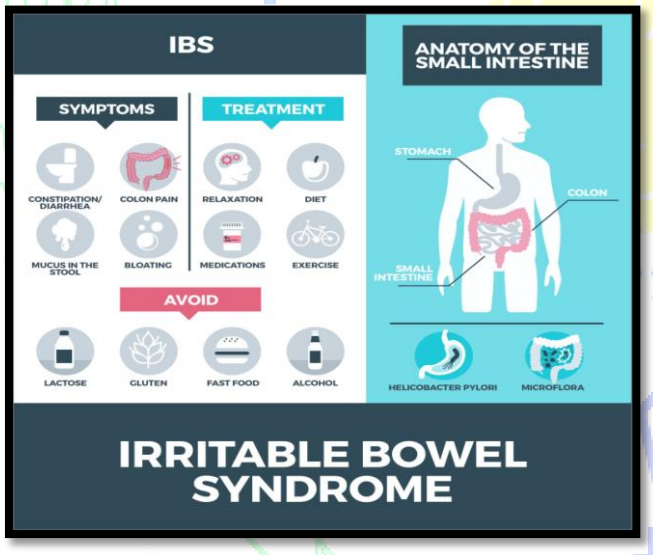



**Figure No. 2:- Dietary management of IBS.**

**Table No. 6 : - Showing the result of ANOVA [22,23] of the score in Group – A, Group - B & Group - C on the basis of parameter of Depressed mood symptoms of in patients.**

| Group A | Group B | Group C | Summation |
|---|---|---|---|
| $\sum x_A = 63$ | $\sum x_B = 55$ | $\sum x_C = 45$ | $\sum x = 163$ |
| $\sum x_A^2 = 147$ | $\sum x_B^2 = 117$ | $\sum x_C^2 = 75$ | $\sum x^2 = 339$ |

| Source | Df | Sum of square | Mean Square | F - Ratio |
|---|---|---|---|---|
| **Groups (Between the group)** | 3 -1 = 2 | 5.43 | 2.71 | 6.159 |
| **Error (Within groups)** | 87 | 38.35 | 0.44 | |
| **Total** | 89 | 43.78 | | |

**Table No. 6:** Shows the ANOVA and it reveals that at the degrees of Freedom (Df) 89 the Sum of Squares is calculated as 43.78 and the F- Ratio is inferred as **6.159** at significance level of 0.05, and F-test has 2 numerator and 60 denominator degrees of freedom—$F_{(2, 60)}$. First step is to locate the F-table for $\alpha = 0.05$. Then find the column for 2 numerator DF and the row for 60 denominator DF. The intersection of that row and column contains the critical F-value. The F-table indicates that the critical value is 3.15 and F-test statistic is greater than **3.15**, So, results are statistically significant and mean score of depressed mood symptoms under HAM-A and HAM-D Scale in 3 groups of patients treated with different drugs differ significantly.

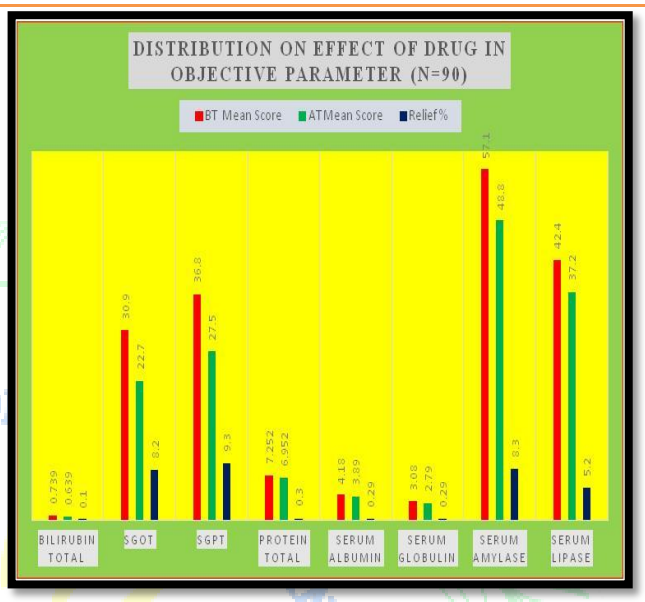
**EFFECT OF DRUG ON OBJECTIVE PARAMETER: -**

Drug effect was evaluated by the percentage relief on Biochemical Parameters of before and after treatment.

**Table No. 7: Shows Biochemical Investigations report of Before and After treatment of Research Group (Group – A, N = 30) : -**

| Sl. No. | Objective Parameter | Mean Score | | Relief % | S.D. | S.E.M | 't' Value | 'P' Value |
|---|---|---|---|---|---|---|---|---|
| | | BT | AT | | | | | |
| | Bilirubin Total | 0.739 | 0.639 | 0.1 | 0.153 | 0.027 | 5.925 | <0.001 |
| | SGOT | 30.9 | 22.7 | 8.2 | 11.649 | 2.126 | 3.88 | <0.001 |
| | SGPT | 36.8 | 27.5 | 9.3 | 11.779 | 2.150 | 4.31 | <0.001 |
| | Protein Total | 7.252 | 6.952 | 0.3 | 0.441 | 0.080 | 3.74 | <0.001 |
| | Serum Albumin | 4.18 | 3.89 | 0.29 | 0.187 | 0.034 | 9.08 | <0.001 |
| | Serum Globulin | 3.08 | 2.79 | 0.29 | 0.084 | 0.015 | 19.2 | <0.001 |
| | Serum Amylase | 57.1 | 48.8 | 8.3 | 3.872 | 0.706 | 9.86 | <0.001 |
| | Serum Lipase | 42.4 | 37.2 | 5.2 | 3.117 | 0.569 | 9,25 | <0.001 |

Table No. 7: Shows that 'P' – Values for Biochemical Investigations report of Serum Bilirubin, SGOT, SGPT, Protein Total, Serum Albumin, Serum Globulin, Serum Amylase and Serum Lipase is found to be less than <0.001 which is inferred to be highly significant.




**Graph 6:Showing the effect of drugs evaluated by the percentage relief on Biochemical Parameters of before and after treatment.**

**Results:**

ANOVA test reveals and F-table indicates that the critical value is 3.15 and F-test statistic is greater than 3.15. So, results are statistically significant and mean score of depressed mood symptoms under HAM-A and HAM-D Scale in 3 groups of patients treated with different drugs differ significantly. On looking at Mean score of Depression mood symptoms among three groups, showing that curability of patients treated with drugs are comparable in Group B and Group C but mean curability is highest in the Group A Patients treated with Research Drugs i.e., *Chitraka* and *Sankhapuspi* powder

**Discussion :**

The effect of Group A drugs i.e., *Chitak* and *Sankhapuspi churna* to decrease Depressed mood symptoms in irritable bowel syndrome is very much responsible for difference between three groups. The study shows that 'P' – Values for Biochemical Investigations report of Serum

Bilirubin, SGOT, SGPT, Protein Total, Serum Albumin, Serum Globulin, Serum Amylase and Serum Lipase is found to be less than <0.001 which is inferred to be highly significant.

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# Cross-Sectional Study: Assessment Of Manasa Sadanam By Satva Pariksha Among Population Suffering From Vataja-Grahani Attending O.P.D At Kolkata

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## Abstract

*Satva Pariksha* means examination of mind. It include examination of mind status, mind strength, mental endurance and analysis of weak and strong mind in the patients. In a disease found frequently in the clinics presenting the symptoms of anxiety, tension, fear, insomnia, poor memory and depressed mood etc. This features in some extent correlates the symptomatology of Depression. In the treatise of Ayurveda during description of pathogenesis of *Grahani roga*, it is mentioned that dysfunction of *grahani nadi* is the main causative factor for origin of the disease. *Satva Pariksha* will be done in those selected cases, who are satisfying the subjective and objective criteria of *Vataja Grahani*. A total of 90 patients treated at OPD and IPD Level from 2022-24 for restoration of their health. On the basis of scoring of *Satva* (Psyche) under Qualities of *Satva* Sara *Purusa*, the result obtained as above i.e., SD ± 2.45, SE ± 0.447,'t' = 15.21 which shows 'p' value 0.001. It has been evaluated that *Satva* indicates mental strength of an individual. Person with *Pravara satva* can tolerate serious diseased condition without much difficulty. As a result there are three groups of people based on how well, mediocrely, or poorly they can use their mental skills. Superior type mental faculties are characterized by the following traits:- excellent memory, devotion, gratitude, wisdom, purity, excessive enthusiasm, skill, courage, *valour*, fighting, absence of sorrow, proper gait, depth of wisdom, sincerity in actions, and virtuous deeds are among the traits of individuals with superior type mental faculties.

**Key words:** *Vataja-Grahani*, *Manasa sadanam*, *Satva pariksha*.

## Introduction:

*Manasa sadanam* is a characteristic of *Vataja Grahani* that has been referenced in the classics of Ayurveda. The transformation of physical illnesses into psychological ones and vice versa is seen in the *Ayurvedic* treatise [1]. *Satva Pariksha* [2] will confirm the degree of *Manas-sadanam* in the chosen patients. In the recent era, the term *Manasa sadanam* is classified as depression and anxiety. Incidence of anxiety and depression in irritable bowel syndrome is reported by some authority. It had been reported that among the patients at O.P.D and I.P.D Level, Prevalence of Anxiety was 44 % and depression was 84 %.. A drug combating disease will be given along with a *Medhya Rasayan*. Hence, the study will be framed in a group. A routine *counselling* will be done in a group. To describe the appraisal in *Chikitsa* and the concept of *Satva Pariksha*, as well as to ascertain the frequency of patients *Aaswasana* [3], i.e., assurance will be given on a regular basis.

**These are the ideas behind *Grahani Dosha, Grahani Roga* and *Grahani Gada*:**

While describing the ailment as *Grahani gada*, *Acharya Caraka* used the name *Grahani dosa* in the chapter's nomenclature. *Acharya Chakrapani* explains the particular rationale behind this kind of description [4]. The term "*Grahani dosa*" implies the malfunctioning of *agni*. The *agni* is primarily located in the *grahani*. In the title of the chapter, no distinction is made between the '*aashraya*' (the substratum i.e. *Grahani*) & '*aashrayee*' (the substance i.e. Agni). Thus '*Agnidosa*' is implied by the term '*Grahani dosa*'; though in a secondary sense; *Grahani dosa* initiates *Grahani Roga*. *Acharya Caraka* described; the way of formation of *Grahani roga*. *Durbala* Agni brings about *vidaha* (a part of which is digested the other part remaining without digestion) of *aahar*; which moves upwards & downwards in gastro-intestinal tract. *Grahani-gada* is the circumstance when the *aahara* rasa goes downward with the *pakva* (digested food) and *apakva* (undigested food) [5].

**The idea behind *Manasa-sadanam* :**

In relation to *Vataja Grahani*, the term "*Manasa sadanam*" is referenced in the *Charak Samhita* [6]. According to *Vijaya Rakshit* [7], "Mansa *sadanam*" is defined as "*Avasada*," an aberrant mental state that has recently been related to the symptoms of mental depression. Hence in chronic case of *Vataja Grahani* along with somatic disorders also the psychological condition get disturbed. Ava-*sāda*, as, m. sinking (as of a chair), *Susr*.; the growing faint (as of a sound),ib.; failing, ex- *Chaustion*, fatigue, lassitude, ib.; defeat, *Malav*.; want of energy or spirit (especially as proceeding from doubtful or unsuccessful love), L.; (in law) badness of a cause, L.; end, termination, L.; (cf. *nir-av*.) [8]**.**

Mind is a factor for receiving happiness and sadness in an individual. The word *sadan* suggests "*Avasada*" [9] meaning the clinical manifestation of depression. This *hridaya* is also connected with *dasha mahamula dhamani* through which the *doshas* pervade the heart. Hence, there is exchange of mind & *dosha*. The mind is affected when *doshas* become excessively vitiated, and vice versa [10].

**Methodology:** In the present study the patients of *Vataja grahani* will be selected following the subjective criteria of *Vataja Grahani*. Those selected patients will be subjected for pathological examination of Stool i.e.; R/E and M/E of stool.

The selected patients of *Vataja Grahani* with altered stool will be *interogated* for *Manasa sadanam* with some specific questionnaires. *Satva Pariksha* will be done in those selected cases. Patients those who are satisfying the subjective and objective criteria of *Vataja Grahani* and *Manasa sadanam*.

**Inclusion criteria:-**

i. Subjects of either sex between 12 – 60 Years of age.
ii. Presence of cardinal sign and symptoms of *Vatajagrahani* with *Manassadanam*.
iii. Patients presenting altered L.F.T, Sr. Amylase, Sr. Lipase.
iv. Patients presenting altered R/E & M/E of stool.
v. Patient satisfying the minimum criteria of HAM-A & HAM-D.
vi. Willingness to give written consent to participate in the study.
vii. Patients those who are not receiving any other therapies except research medicine.

**Exclusion criteria:-**

i. Any malignant condition regarding colon disease.
ii. Any systemic failure like Renal failure, Hepatic failure etc.
iii. Any tubercular condition of colon.
iv. Tropical pancreatitis or any pancreatic disease.
v. Pregnancy
vi. Co-existing chronic diseases.
vii. Any other treatment related to this disease.

***Manasa sadanam* sequences psychological parameter in *Vataja Grahani*:**

Patients with *Vataja Grahani* exhibit "*Avasada*" as evidenced by the very remark of *Caraka Samhita* in "*Mansa-sadanam*" [11]. According to different *Acharyas*, the following different causative factors of *Avasada* in *Vataja Grahani* is mentioned as follows:-

1. According to the *Charaka Samhita*, *Prajnaparadha*, *Parinama*, and *Asatmedriyaartha Samyoga* are thought to be the general causes of all illnesses [12]. Among these etiological triad *Prajnaparadha* is very specific in the causation of "*Avasada*" in *Vataja grahani* patient.
2. According to *Maharsi Charaka*; vitiation of *manasika dosas viz* Raja *dosa* and *Tamo dosa*.
3. According to *Maharsi Charak*, the causes of *Manovikara* are the acquisition of undesirable items and the loss or non-acquisition of desired ones [13].
4. According to *Maharsi Susrutha*, the causes of *Mano-vikara* are *Manobhavas*, which include *Krodha*, *Soka*, *Bhaya*, *Harsa*, *Visada*, and *Irshya* among others [14].
5. Besides above causes According to *Maharisi Charaka*, *Avar Satwa* (weak psyche) has also been *recognised* as a necessary predisposing factor for the manifestation of *Avasada* in *vataja grahani* patients.

Being associated with the soul, the mind, or *satva* governs the body. They are classified as exceptional (*Pravara*), mediocre (*Madhyama*), or inferior (*Avara*) based on their level of strength. They are vulnerable to ego, delusion, fear, sadness, and greed. They disintegrate even when stones depict scenes of rage, fear, hostility, terror, and ugliness, or when they depict images of human or animal flesh or blood [15]. People who possess "*Avar Satva*" are impacted by *Manovikara* [16], or

"*Avasada*" in *Vataja Grahani*. In other words,persons with high rajas and *tamas* and *Avar satva*, if comes in contact with the causes of Raja & Tama became sufferer and this leads to recollection of fearful and negative or disturbing memories along with false perceptions, wrong recognition, failure to restrain from negative memories and thoughts. When the consequences of *Manasa sadanam* occurs in the patient of *Vataja Grahani*; then it should be assumed that the *Vataja Grahani Roga* is along with *Avasada*. In both the disease, the main responsible factor for initiation of pathogenesis is *Agnimandya*. The *srota* towards the various directions of the system containing the *Rasadi dhatus* gradually get obstructed with the *ama*. According to *Maharsi Charak*; *Hrdaya* is a seat of rasa, *vatadi*, *satvas*, *buddhi*, *indriya*, *atma* and *ojus* also emphasize that the seat of '*Antaramana*' is *Hridaya*. According to *Maharsi Charak*, *Hrdaya* is home to *Dasa Mahamoola dhamanis*, *Prana*, *Apana*, *Mana*, *Buddhi*, *Chetana*, and *Mahabhutani* in the context of *Trimarmiya* [17].

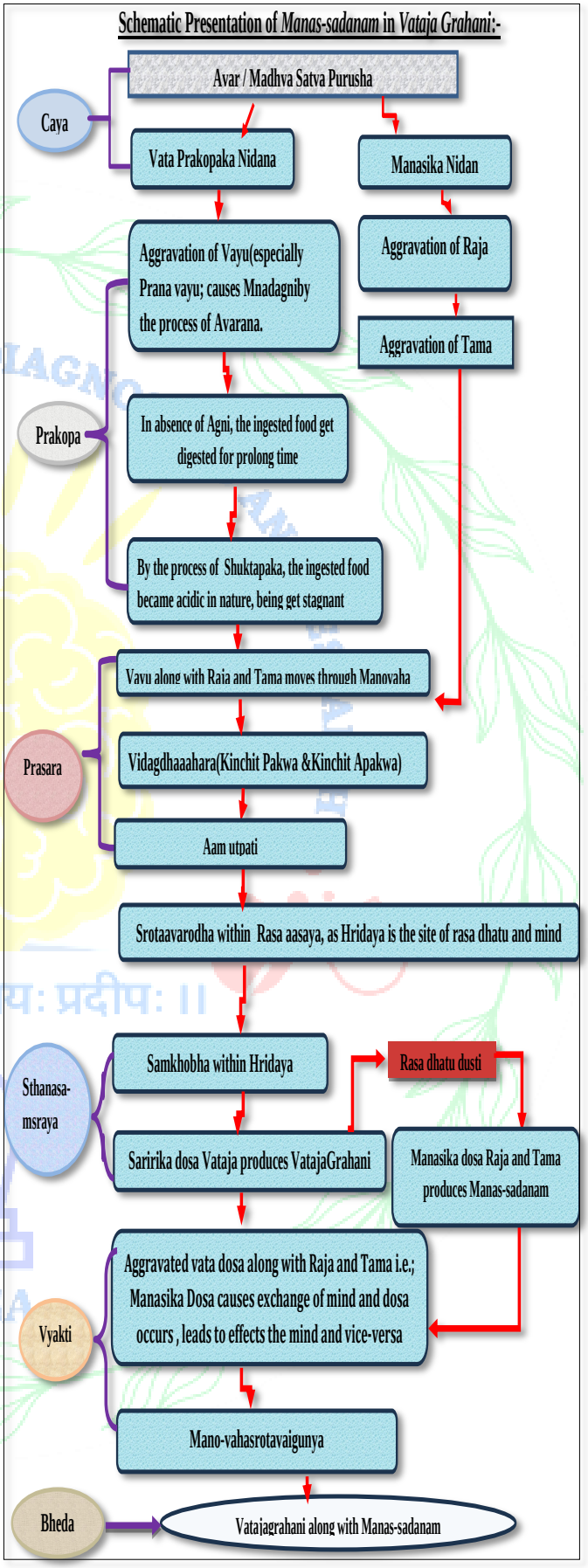



**Figure No. 1:- Schematic Presentation of *Manas-sadanam* in *Vataja Grahani***

**Satva Pariksha [18]:-**

**1. Smriti (Memory) :**

**(Question). In the recent past, recognition of any events ?**

- Was well memorised – (***Pravara Satva***)
- Could be memorised with some support from the family and/or friends – (***Madhyama Satva***)
- Poor memory – (***Avara Satva***)

**2. *Bhakti* (Devotion)**

**(Question). How satisfied are you with capacity for work?**

- Very satisfied– (***Pravara Satva***)
- Neither satisfied nor dissatisfied – (***Madhyama Satva***)
- Very dissatisfied – (***Avara Satva***)

**3. Krtajna (Gratefulness)**

**(Question). How satisfied are you with the support you get from your friends or, with your access to health services or, with your personal relationships?**

- Very Satisfied– (***Pravara Satva***)
- Neither satisfied nor dissatisfied – (***Madhyama Satva***)
- Very dissatisfied – (***Avara Satva***)

**4. *Prajna* (Intelligence)**

**(Question). How satisfied are you with your ability of judgement capacity towards right or wrong work ?**

- Very Satisfied– (***Pravara Satva***)
- Neither satisfied nor dissatisfied – (***Madhyama Satva***)
- Very dissatisfied – (***Avara Satva***)

5. ***Suci*** **(Hygiene)**

**(Question). How satisfied are you with your ability to perform daily living activities like bathing, wearing clothes, brushing, combing etc. ?**

- Very Satisfied– (***Pravara Satva***)
- Neither satisfied nor dissatisfied – (***Madhyama Satva***)
- Very dissatisfied – (***Avara Satva***)

**6. *Utsaha* (Enthusiasm)**

**(Question). How much do you enjoy life?**

- An extreme amount– (***Pravara Satva***)
- A moderate amount – (***Madhyama Satva***)
- Not at all – (***Avara Satva***)

**7. *Daksha* (Skill)**

**(Question). How satisfied are you with your ability to perform work?**

- Very Satisfied– (***Pravara Satva***)
- Neither satisfied nor dissatisfied– (***Madhyama Satva***)
- Very dissatisfied – (***Avara Satva***)

**8. *Dhira* (Patience)**

**(Question). Are you hopeful about your future?**

- Always– (***Pravara Satva***)
- Sometimes – (***Madhyama Satva***)
- Never – (***Avara Satva***)

**9.*Vikrama* (Valour)**

**(Question). How often do you have negative feelings such as blue mood, despair, anxiety and depression?**

- Quiet Never– (***Pravara Satva***)
- often – (***Madhyama Satva***)
- Always – (***Avara Satva***)

**10. *Tayakta Visada* (Sorrow Tolerance Capacity)**

**(Question ). In the recent past, any event of crisis like**

- **Loss of family member/close friend.**
- **Loss of money/loss in business.**
- **Severe deterioration in health of self or a loved one.**

**How satisfied are you with your sorrow tolerance capacity?**

- Was well tolerated – (***Pravara Satva***)
- Could be tolerated with some support from the family and/or friends – (***Madhyama Satva***)
- Was inconsolable – (***Avara Satva***)

**11. *Gati* (Mobility)**

**(Question). Can you walk 100 yards?**

- Fast without stopping – (***Pravara Satva***)
- Only with help – (***Madhyama Satva***)
- Impossible – (***Avara Satva***)

**12. *Gambhir Buddhi* (Depth Of Wisdom )**

**(Question ). Are you in good spirits most of the day?**

- Always – (***Pravara Satva***)
- Sometimes – (***Madhyama Satva***)
- Never – (***Avara Satva***)

**13. *Chesta Yukta* (Sincerity)**

**(Question). How satisfied are you with your Capacity for work?**

- Very satisfied – (***Pravara Satva***)
- Neither satisfied nor dissatisfied–(***Madhyama Satva***)
- Very dissatisfied – (***Avara Satva***)

**14. *Kalyana Abhinivista* (Virtuous Act)**

**during the last 3 months?**

- ❑ Once a week or more – (***Pravara Satva***)
- ❑ Less than once a month – (***Madhyama Satva***)
- ❑ Never – (***Avara Satva***)

**(Question ). How often did you participate in social activities like charity, social gatherings etc.**

**15.*Vedna Sahisnuta* (Pain Intolerance)**

**(Question ). To what extent do you feel that physical pain prevents you from doing what you need to do?**

- Not at all – (***Pravara Satva***)
- A moderate amount – (***Madhyama Satva***)
- An extreme amount – (***Avara Satva***)

**Assessment of *satva*/psyche :-**

To assess the psychological status grading of above questionnaires, on the basis of *follwing* scoring by sum the score from the first 15 items as score 0 for *Pravara Satva*, score 1 for Madhya *Satva* and score 2 for *Avara Satva*; range of total score of *satva* are as written below :-

- ♣ *Pravara Satva* [19] = 0 - 6
- ♣ *Madhyama Satva* [20] = 7 - 22
- ♣ *Avara Satva* [21] > 22

**Importance :-** According to *Acharya Charaka*, by observing the body of diseased person a physician may confuse as because some people having a small sized and emaciated body are seen to be strong. They are like ants who have a small body

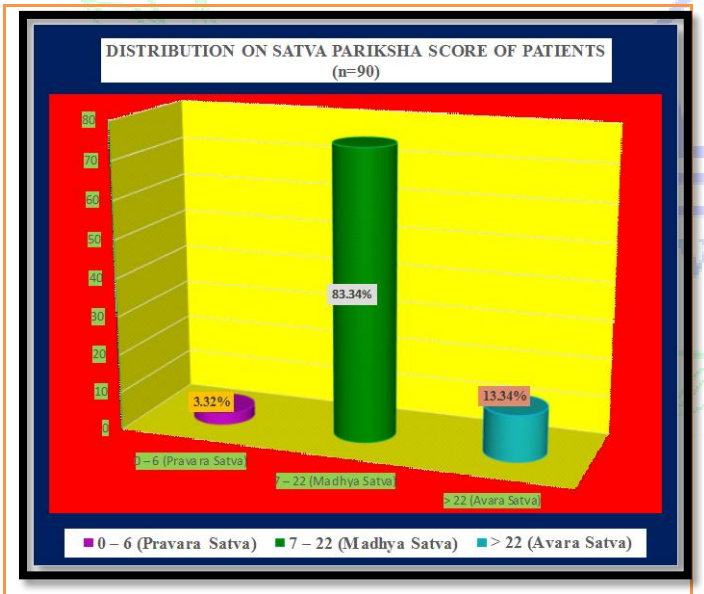
and look emaciated but can carry a too much heavy load [22].

**Table No. 1:- Shows the *Satva Pariksha* Score of 90 patients of *Vataja Grahani*.**

| Sl. No. | *Satva Pariksha* Score | No. of patients | Percentage (%) |
|---|---|---|---|
| **1.** | 0 – 6 (*Pravara Satva*) | 03 | 3.32% |
| **2.** | 7 – 22 (Madhya *Satva*) | 75 | 83.34% |
| **3.** | > 22 (*Avara Satva*) | 12 | 13.34% |

Table No. 1: Shows that the assessment of psychological status i.e.; mind strength, mental endurance and analysis of weak and strong mind was found in the range of 83.34% patients suffering from mediocre psyche symptoms i.e.; Madhya *satva*, 13.32% patients suffering from inferior psyche symptoms i.e.; *Avara satva* and 3.32% patients.

**Psychiatric co morbidity:** Psychiatric disorders, such as anxiety disorders, depression are more common in patients with IBS; even mildly symptomatic patients. However, stress plays an important role in exacerbating IBS symptoms in IBS patients. In depression; the Hypothalamic-pituitary adrenal axis is hyperactive, as evidenced by a non-suppressed response to the dexamethasone suppressor test. Major depressive disorder is characterized by one or more episodes of idiopathic major depressive syndromes such as Depressed mood, Irritability, Anxiety, Loss of interest or pleasure, Worthlessness, Guilt, Hopelessness, Helplessness, Thought of suicide, Change in appetite or weight, Change in sleep, Decreased libido, Trouble concentrating, Diurnal variation, Ruminative thinking, Somatoform symptoms, Psychotic symptoms. Many be of the anxiety disorders may be understood as inappropriate triggering of the stress response system, which is commonly referred to the "Fight or Fright'' response [23].




**Graph No. 1: Shows the psychological status i.e., mind strength, mental endurance, and analysis of weak and strong mind symptoms in 90 patients of *Vataja Grahani*.**

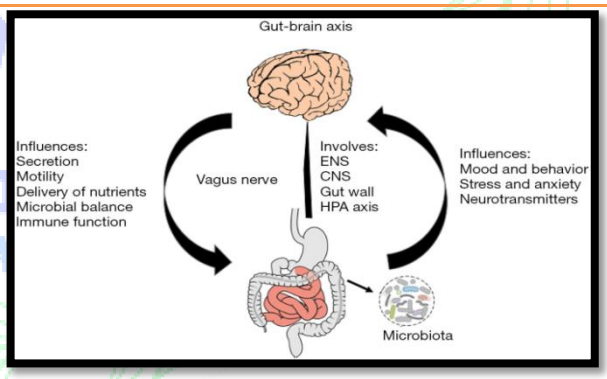



**Figure No. 1:- The gut-brain axis. The vagus nerve provides a link between the gut and the brain. This connection involves the ENS, the CNS, the gut wall at the periphery, and the HPA axis. Alterations in the gut microbiota can influence mood, behavior, stress, anxiety, and neurotransmitters. Imbalance of the gut microbiota affects the signals sent by the gut to the brain, resulting in alterations in secretion, motility, nutrient delivery, microbial balance, and immune function. Together, these disruptions contribute to IBS symptoms. ENS, enteric nervous system; CNS, central nervous system; HPA, hypothalamo-pituitary-adrenal; IBS, irritable bowel syndrome.**

**Effect Of Drug By Assessment Of *Satva* / Psyche: -** *Paired'* test is done in individually to assess the therapeutic efficacy of the drugs. Before treatment (BT) and After treatment (AT) results of *Satva*/Psyche by assessment of the psychological status grading of Qualities of *Satva Sara Purusa.*

**Table No. 2: Shows BT & AT results (Paired 't' test) of *Satva* (Psyche) are taken as assessment criteria and the result of the same are computed as below of patients of *Vataja Grahani*: -**

| Sl. No. | *Satva Pariksha* | Mean Score | | S.D. | S.E.M | 't'-Value | 'P'-Value |
|---|---|---|---|---|---|---|---|
| | | BT | AT | | | | |
| 1. | *Satva Bala* | 391 | 188 | 2.45 | 0.447 | 15.21 | <0.001 |

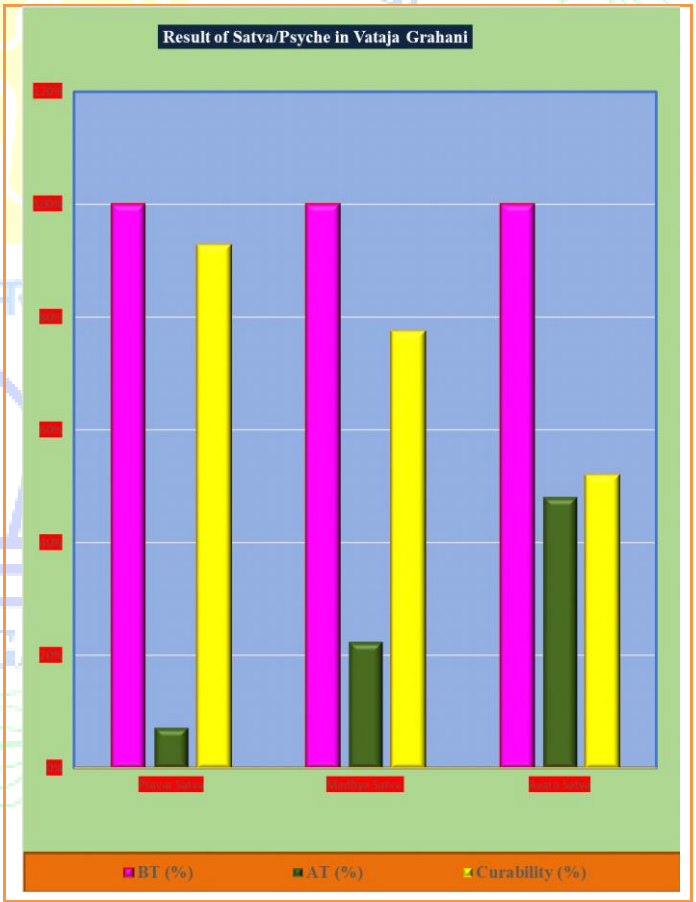
The above table shows that after computation of paired 't' test in the sample of Group A that is experimental Group. On the basis of scoring of *Satva* (Psyche) under Qualities of *Satva* Sara *Purusa*, the result obtained as above i.e., SD ± 2.45, SE ± 0.447,'t' = 15.21 which shows 'p' value 0.001. This obtained result reveals that obtained result is highly significant. Hence, it could be interpreted that Drug used is very much significant in the sample after comparing with the P value chart [24].

**Effect Of Drug On *Satva*/Psyche:**

Drug effect was evaluated by the percentage relief of *Satva*/Psyche mentioned under *Lakshan* of *Satva* Sara *Purusha* before and after treatment.

| Sl. No. | Types of *Satva* | BT (%) | AT (%) | Curability (%) |
|---|---|---|---|---|
| 1. | *Pravar Satva* | 100% | 7.23% | 92.83% |
| 2. | Madhya *Satva* | 100% | 22.51% | 77.49% |
| 3. | *Avara Satva* | 100% | 48.08% | 51.92% |

**Table No. 3: Shows the effect of Drug which revealed that 92.83% curability was achieved in *Pravara Satva* Patients, 77.49% curability was achieved in *Madhyam Satva* and 51.92% curability was achieved in *Avara Satva* Patients in *Vataja Grahani*.**




**Graph No. 1: Shows the psychological status i.e., mind strength, mental endurance, and analysis of weak and strong mind symptoms in 90 patients of *Vataja Grahani*.**

**Results:** A total of 90 patients treated at OPD and IPD Level from 2022-24 for restoration of their health. On the basis of scoring of *Satva* (Psyche) under Qualities of *Satva* Sara *Purusa*, the result obtained as above i.e., SD ± 2.45, SE ± 0.447,'t' = 15.21 which shows 'p' value 0.001. This obtained result reveals that obtained result is highly significant. Hence, it could be interpreted that drug is very much significant in the taken sample after comparing with the P value chart.

**Discussion:**

Shows the effect of Drug which revealed that 92.83 % curability was achieved in *Pravara Satva* Patients 77.49 % curability was achieved in *Madhyam Satva* and 51.92 % curability was achieved in *Avara Satva* Patients in *Vataja Grahani*. Previously, it has been mentioned that *Satva* indicates mental strength of an individual. Person with *Pravara satva* can tolerate serious diseased condition without much difficulty.

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# A Cross-Sectional Study Of *Jihwa Pariksha* In *Prameha* With Special Reference To Diabetes Mellitus

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# Abstract

*Acharya charak* has described that *srotamsi* are channels which transport the *Dhatu* (*asthayi* or *poshya dhatu*) which are subjected to transformation. The term *srotas* refers to channels or systems within the body through which tissues are developed, materials are metabolized, secreted, or transported. (SRKR, 2008) *Swedavaha srotas* is one among the thirteen types of *srotas*, which flushes out the body waste in the form of sweat. In *'Bhanumati'* tika, *acharya chakrapani* said, that *'jalamahabhoot'* are predominantly present in *sweda*. *Acharya charak* stated in *sharir sthan*, that *Jala*, *lasika* and sweda is in ten *Anjali Pramana*. *Swedavaha srotas* are pathologically important because any deformity in this *srotas* causes excessive perspiration or no perspiration and other symptoms related to this *srotas*. In various diseases, for example- *Kustha*, *Pandu*, *sthaulya*, *prameha*, *Vatrakta*, Jwara etc., vitiation in *swedavaha srotas* causes different *Rupa* and *Purvarupa* obstruction in *swedavaha srotas.* [2] In diagnosing and understanding *Prameha* in patients with Swedavaha Srotodushti vikar, *Jihwa Pariksha*, or tongue examination, serves as a valuable diagnostic tool. This examination involves observing various features of the tongue, such as its color, coating, presence of fissures, texture, and movements. By assessing these characteristics, practitioners can gain insights into the patient's overall health, including potential imbalances in the *Swedavaha Srotas* and related conditions. Aim: To conduct *Jihwa Pariksha* in patients with *Prameha* (diabetes mellitus). Objective: To study changes in Jihwa manifested in patients of *Prameha* (diabetes mellitus). Material & Methods: Jihwa of 26 patients of *Prameha* (diabetes mellitus) are observed for color, coating, fissures, texture and movements. in *Prameha* coating is observed on the *Jihwa*, it was seen that maximum patients have coating present whether it is thin, thick or patchy**.**


**Keywords:** *Jihwa, swedavaha Srotodushti Vikar, Prameha,* diabetes mellitus, Tongue examination, *Ashtavidha Pariksha.*

## Introduction:

*Acharya Charaka* highlighted the critical importance of *Rogi Pariksha*, emphasizing that a thorough examination of the patient must precede any treatment, with the physician's work commencing only thereafter. According to the *Sushruta Samhita* and *Vagbhata*, *srotas* are likened to the very fine channels and pores found in a lotus stem. These channels facilitate the circulation of *rasadi* and *poshya dhatu* throughout the body, delivering essential nutrition.[3] *Acharya Yog-Ratnakara* introduced the concept of *Ashtavidha Pariksha*, an eightfold examination in Ayurveda, essential for identifying the various causes of diseases. This eightfold examination includes *Nadi* (Pulse), *Mootra* (Urine), *Malam* (Fecal matter), *Jihwa* (Tongue), *Shabdam* (Voice of patients), *Sparsham* (Touch), *Druk* (Eyes & Vision), and *Akriti* (General body build). Among these methods, *Jihwa Pariksha* is particularly significant in *Rogi*

*Pariksha*. Ayurveda regards the tongue as a map of the body, where each feature reflects a specific aspect of the body's constitution or imbalance. The appearance of the tongue, including its coating and color, serves as a diagnostic tool to understand the predominant imbalances within the body. [4]*Aacharya charak* has described that *sweda* is fraction of *udaka* which comes out through skin pores on exposure to heat. The quantity of *udaka* is 10 *Anjali Pramana*, [5]and is distributed all over the body; it has different names as per location and function. Here *Acharya charak* is referring to the thermoregulation mechanism. When there is increase in body temperature on exposure to the heat or due to other reasons, the thermoregulatory mechanism operates to maintain the body temperature and sweating is the most important mechanism of body to lower down the temperature. Excretion of large quantity (during short interval of time) of turbid urine is called as *prameha*. [6]*Prameha* is also defined by the term "*Avila- Prabhuta- mutra.* [7]*Prameha* is a term in Ayurveda that refers to a group of metabolic disorders, particularly those involving excessive urination. It is broadly categorized into different types based on the dominant dosha involved (*Vata*, *Pitta*, or *Kapha*). In the context of *Ayurveda*, the concept of "*Srotas*" refers to the body's channels or pathways through which various substances such as nutrients, waste, and *doshas* are transported. *Prameha*, often compared to diabetes mellitus in modern medicine, is characterized by abnormalities in the metabolic processes, leading to the impaired functioning of various systems in the body. Among the various *Srotas* (body channels) described in Ayurveda, *Swedovaha Srotas* pertains to the channels responsible for the production and excretion of sweat. [8] *Swedovaha Srotas* plays a crucial role in maintaining the body's homeostasis by regulating body temperature and aiding in the elimination of waste products through perspiration. When these channels are affected in *Prameha*, it results in an imbalance that can manifest in various symptoms and complications.

**Need Of Study:**

*Prameha*, as described in *Ayurveda*, encompasses a variety of metabolic disorders, which includes conditions analogous to diabetes mellitus (DM) in modern medicine. Diabetes mellitus is a chronic condition characterized by hyperglycemia due to defects in insulin secretion, insulin action, or both. The prevalence of DM is increasing globally, leading to significant health challenges, including cardiovascular diseases, neuropathy, nephropathy, and retinopathy. Early diagnosis and effective management are crucial in mitigating these complications. Diabetes mellitus often remains undiagnosed until significant complications arise. *Jihwa Pariksha* can serve as a non-invasive, cost-effective preliminary diagnostic tool, potentially identifying early signs of *Prameha*.

Tongue examination is a simple yet vital tool in determining the presence of *Ama* (toxins), the stages of *doshik* imbalance such as *Sama* (with toxins) and *Nirama* (without toxins) states, and the conditions of *Vriddhi* (aggravation) and *Kshaya* (depletion) of the *doshas*. [9]It serves as a reflection of the body's digestive, nutritional, and metabolic status, providing insights into internal bodily

functions. Despite its significant role as an examination method in Ayurveda, tongue examination lacks robust scientific validation. However, in diagnosing conditions like *Prameha* (diabetes mellitus), tongue examination could prove to be highly effective. This study aims to investigate the changes in the tongue associated with *Prameha* (diabetes mellitus), contributing uniquely to the Ayurvedic literature and enhancing its diagnostic practices.

**Aim & Objective:**

- **Aim:** To conduct *Jihwa Pariksha* in patients of *Prameha* with special reference to diabetes Mellitus.
- **Objective:** To conduct and analyse changes in *Jihwa* manifested in patients of *Prameha* with special reference to diabetes Mellitus.

## Materials & Methods:

1. **Sources of data:**

(A) Literary Sources –

- All Available *Ayurveda* Texts,
- All Available Modern Books,
- Reviewed Research Articles,
- Research Papers,
- Authenticated Internet Sources.

(B) Clinical Sources – Patients were taken from OPD & IPD from Parul Ayurved Hospital, Parul Sevashram Hospital, Khemdas Ayurved Hospital, Waghodia, Vadodara, Gujarat.

**Subjective criteria:** Classical *lakshanas* of *Prameha* Vikaras [10] were assessed.

**Type of Study:** Observational study.

**Details of Clinical Study:** An observational trial on 26 diagnosed patients of *Prameha* (diabetes mellitus) was conducted for a research study.

**Data Collection**: Separate case paper Performa had been prepared and observations were noted**.**

**Study duration:** 18 Months

**IEC Certificate No:** PU/PIA/IEC/07/2023/270

**Inclusion Criteria:**

1. Selection of patients were done irrespective of gender, socioeconomic status.
2. The diagnosed patients with *lakshan of Prameha (diabetes mellitus)* between the age of 18-60 years were included in this study.

**Exclusion criteria:**

1. Patient with local tongue infection and congenital anomalies were excluded.
2. Patients having major ailments of other systems.

## Observation:

The study analyzed various tongue *(Jihwa)* characteristics in individuals with *Prameha*. The key observations are as follows:

1. **Tongue Color:**

- The majority of participants (92.30%) had a normal tongue color.
- Only 7.69% exhibited abnormal discoloration.

2. **Tongue Coating:**
    - None of the participants had a completely uncoated tongue.
    - A thin coating was observed in 38.46% of cases.
    - Patchy and thick coatings were each noted in 30.76% of individuals.
3. **Tongue Fissures:**
    - About 34.61% of individuals had no fissures on the tongue.
    - Another 34.61% exhibited 1–3 fissures.
    - Fissures ranging from 4–10 were found in 23.07% of cases.
    - More than 10 fissures were observed in 7.69% of individuals.
4. **Tongue Texture:**
    - More than half of the participants (53.84%) had a normal tongue texture.
    - Mild roughness was reported in 42.30% of cases.
    - A hard and irregular texture was found in only 3.84% of individuals.

**Key Findings:**

- The most noticeable variations in *Prameha* patients were observed in tongue coating, fissures, and texture.
- Thick and patchy coatings were common, indicating potential digestive imbalances.
- The presence of multiple fissures and mild roughness suggests possible metabolic disturbances.
- Tongue color remained unaffected in most individuals, showing no significant discoloration.

## Discussion:

**Age:** In the present study it is observed that the greater number of patients were from age group 41-50 & 51-60 years. In this age maximum people follows the sedentary life. In this age group most patients were job and worker, life style, food habits and daily routine had involvement in producing diseases.

**Gender:** It was observed that maximum 55% of patients are Males and 45% patients are Female. The reason behind the male ratio high is affected by certain factors such as age, occupation, lifestyle, food habits etc.

**Diet :** It was observed that 58% of the patients were vegetarian. This might be due to the traditional vegetarian dietary habits and among these most of the patients were taking *Viruddha Ahara, Mamsahara, Ushna, Tiksha Ahara* etc. which aggravates *Pitta Dosha* and cause *Swedavaha Srotodushti.*

**Addiction :**13.33% were having no any addiction, 72% had the addiction of tea,14.66% had other addiction (smoking, alcohol, tobacco).

**Appetite :**It was observed that 39.33% had Poor Appetite, 54% had medium appetite, 6.66% had Excessive appetite out of 150(100%) patients in *Prameha*.

**Deha Prakruti :**In the Present study It is observed that Maximum number of patients were *Kapha Pradhana Tridosha Prakruti* cause for *Prameha Roga in Swedavaha Srotodushti patients.*

**Changes On *Jihwa in prameha*:**

**Colour:** Most of the patients have normal colour of tongue (pink) i.e. Out of total patients of *Prameha 24*(92.30%) had normal color of *Jihwa*, while *2*(7.69%) had abnormal colorof *Jihwa.*

**Coating:** *Prameha* being a *kapha pradhana tridoshaja vyadhi*, due to the *kapha pradhanta* and *Meda dhatu*; mentioned as the *moola sthana* of *swedavaha srotasa*, due to the *apakwaahara rasa* the *meda Dhatwagni* gets vitiated which ultimately results in the formation of *aama Utpatti* and this can lead to coating over the tongue.[11] Most of coating in diabetic patients is usually a result of poor oral hygiene as food andbacteria accumulates on the dorsal aspect of tongue.

Coating : Changes On *Jihwa In Prameha*

Image A: of Thin coating

**Image B: Thick coating with 4 to 10 fissures**

**Fissures:** Maximum patients were found with multiple fissures in this disease. *Atiswedanama* was the common *lakshana* found in the patients of *Prameha. atiswedanama is responsible for* dryness of body which is due to the vitiation of *ruksha guna* of *vata.* This might lead to the presence of fissures on the tongue *(sphutita jihwa)* and mild rough texture of tongue. [12]

Fissure : Changes On *Jihwa In Prameha*

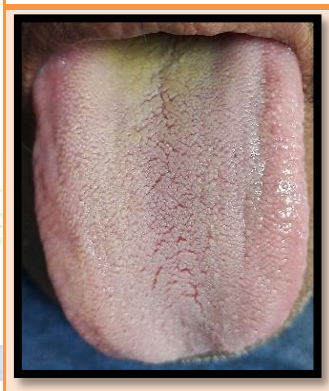

Image A: **More than 10 fissure**

**Image B: 4-10 fissure**

**Table No.1 : Distribution based on changes in *Jihwa* according to *Prameha Roga***

| Sr. No | *Prameha* | Changes in Jihwa (Total = 26) | | |
|---|---|---|---|---|
| **1.** | | **Color of Jihwa** | **f** | **%** |
| | | Normal | 24 | **92.3%** |
| | | Abnormal | 2 | **7.69%** |
| **2.** | | **Coating on Jihwa** | **f** | **%** |
| | | No Coating | 0 | **0** |
| | | Patchy Coating | 8 | **30.76 %** |
| | | Thin Coating | 10 | **38.46 %** |
| | | Thick Coating | 8 | **30.76%** |
| **3.** | | **Fissure on Jihwa** | **f** | **%** |
| | | No Fissure | 9 | **34.61 %** |
| | | Fissures 1 3 in Number | 9 | **34.61 %** |
| | | Fissure 4-10 in Number | 6 | **23.07 %** |
| | | Fissures more than 10 in Number | 2 | **7.69%** |
| **4** | | **Texture on Jihwa** | **f** | **%** |
| | | Normal | 14 | **53.84 %** |
| | | Mild Rough | 11 | **42.30 %** |
| | | **Hard** irregular | **1** | **3.84 %** |

## Conclusion:

Statistically, in *Prameha* coating is observed on the *Jihwa,* it was seen that maximum patients have coating present whether it is thin, thick or patchy**.** From this study, it can be concluded that there is a significant relationship between *Prameha* Roga and changes in the Jihwa, both clinically and statistically. The presence of coating, fissure, and texture alterations on the Jihwa indicates a correlation with *Prameha Roga*. The coating on the Jihwa, attributed to the generation of *Mala Rupa Kapha* due to *Ama Rasa Dhatu* or *Rasvaha*

*Srotodushti*, along with *Vata* affliction, which may lead to fissures, supports this assertion. *Vata Dosha's Rukshata* quality contributes to the drying of *Jihwa* moisture, resulting in a mild rough surface[13] These findings underscore the significance of evaluating *Jihwa* changes in diagnosing and understanding *Prameha* Roga with special reference to Diabetes Mellitus.

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# Study The Importance Of Dinacharya For Maintenance Of Health

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## Abstract

*Ayurveda* for prevention of diseases is accepted worldwide because the main purpose of *Ayurveda* is the maintenance of health of healthy being. In today's era diseases occurs due to changing life style of the people. One who wants to keep fit himself for whole of his life time should also be fit for every day. The ideal life style for a day is called as *Dinacharya* (daily regimen).

**Keywords-** *Ayurveda*, Health, *Dinacharya.*

**Introduction** :

*Ayurveda* emphases importance to maintain health of healthy person and curing the disease of an ill. Health is a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease (according to WHO). According to *Ayurveda* man is said to be healthy whose *Doshas* (humor), *Dhatus* (tissues), *Malas* (excretory products) and *Agni* (digestive capacity) are in the same state of equilibrium along with mental, sensory and spiritual pleasantness and happiness.[1] in today's era day to day life style, sleep pattern, food habits are changes according to necessity. Due to this, life style diseases occur. Prevention is better than cure. *Ayurveda* is the science which not only deals with the curative aspect of diseases but gives more importance to preventive aspect. *Ayurveda* has mentioned some life style strategies: - *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Sadavritta* (good moral conducts), *Ashtang Yoga*. All these strategies are preventive rather than curative and *Dinacharya* is one of these preventive principles of Ayurveda.

**Methods:**

conceptual study of *Dinacharya* was done according to *Ayurvedic Samhitas* and see the importance of *Dinacharya* for maintenance of health

**Aim :** To elaborate the importance of *Dinacharya* for maintenance of health by literature review.

**Objective** : To study the importance of *Dinacharyaa* for maintenance of health.

**Activities under *Dinacharya :***

Ayurveda describes some daily regimen modalities and their beneficial effects on body and mind.

1)*Prathah Uthana*- It is considered as the apt time for waking up which is the fourteenth *Muhurtha* of *Ratri* varies from region to region as the time of sunrise is not uniform throughout the world. It is approximately two *Ghataka* i.e. 96 minutes before sunrise in that region. Usually during this time environment is clean without much of pollutants. Along with the clean air, pleasant atmosphere, absence of noise, the morning rays of the rising sun is very beneficial. Exposure to bright light in early morning causes the release of serotonin which contributes to feelings of well-being and happiness and keep the person active and alert[2]. Nascent oxygen in the atmosphere in the early morning easily and rapidly mixes up with hemoglobin to form oxyhemoglobin which nourishes the remote tissues rapidly.

2) *Shauchvidhi* [3] – evacuation should be done when urge is felt. Defecation at proper time clears the rectum, increases digestive power, and prevents various manifestations like constipation, foul smelling flatus.

3) *Dantadhavan* [4] – One should brush in morning and night after intake of food with twigs of *Arka, Vata, Khadira, Karanja* and *Arjuna*. It brings about freshness, takes away bad odour and coating on teeth. It produces alleviation of *Kapha*, clearness in the mouth and desire for food. It stimulates taste perception and increases the salivation. Saliva contains salivary amylase which plays a role in breaking down food particles entrapped within dental crevices, thus protecting teeth from bacterial

decay. Saliva contains lysozyme and secretory IgA which act as antimicrobial agents. [5]

4) *Jivhanirlekhana*[6] – Tongue cleaning should be done with the help of instrument which is smooth, soft, 10 *Angula* in length, made up of silver, gold or iron. It removes bad taste, odour of mouth, cures oedema, stiffness of tongue and gives taste.

5) *Anjana* [7] - Eyes are dominant in *Tejo Mahabhuta*, so there is fear of being afflicted with *Kapha*. Hence process which alleviates *Kapha* is good for eyes, strong *Anjana* should not be used in day time, as the eyes weakened by drainage will be afflicted by sun. Thus the *Anjana* meant for drainage should be always applied at night.

6) *Nasya*[8] – Medicine or medicated fat is administered through nostril. This is known as *Nasya*. According to different *Acharya* there are different types of *Nasya*. Practice of *Nasya* at proper time as said in the text prevents diseases of eyes, nose and ears. There will be no white or grey hair, no hair fall, instead they grow well. It cures stiffness of neck, headache, facial paralysis, stiffness of jaws, rhinitis. Veins, skull bones, joints, ligaments and tendons are nourished by *Nasya* and become strong. Face becomes pleasant and nourished, voice becomes sweet, deep and loud, clearness in sense organs and strength get enhanced. [9]

7) *Dhumapana*[10] – Inhalation of smoke and exhalation is known as *Dhumapana*. Part of viated *Kapha* situated in the head is eliminated very fast by *Dhumapana*. When the *Dhumapana Dravyas* are lightened with fire, it release the smoke, soot and even CO2. Carbon atom in CO2 has the tendency to stimulate the respiratory center present in brain stem which may triggers the normal physiological function of respiratory system. [11] it prevents strong *Vata Kapha* disorders occurring above the shoulders.

8) *Abhyanga* – Oil applied to skin nourishes even the *Dhatus* depending upon the duration of *Abhyanga*. *Abhyanga* enhances the overall blood circulation and transport the potency of drug to desired part. Daily practice of *Abhyanga* delays ageing, cures tiredness and *Vata* disorders, improves vision, complexion, nourishment, life, sleep, good lustrous skin and strength. This should be done spherically to head, ears and feet. [12]

9) *Vyayama* [13] – The physical action, which enhances the strength of the body, when performed in the required amount is called as *Vyayama*. Sweating, increased respiration rate, lightness in the body and increased heart beat are the features of proper exercise. Lightness of the body, ability to work, stability, increased endurance power, alleviation of *dosha* (*kapha*), increased *Agni* are the benefits of exercise.

10) *Udvartana* [14] – *Udavartana* is a process which helps to decrease *Kapha* and fat, makes the body strong and gives excellent, clear and good complexion to the skin.

11) *Snana*[15] – Taking bath is auspicious, enhances virility, longevity, strength, compactness and *Ojas*, at the same time cures tiredness, sweat and impurities of the body. After doing massage, if one takes bath, person will be cured of bad *odour*, heaviness of body, drowsiness, itching, impurities, distaste, sweat and unpleasantness due to sweat.

12) *Hitakara Bhojana*[16] – Food should be taken when hunger is felt, for healthy people 2 times of meal is advised, any type of exercise should not be

done immediately after food, water should not be taken immediately after food, sleep and sexual activities should not be done immediately after food.

**Result:**

In this study importance of *Dinacharya* for maintenance of health was observed literary.

**Discussion:**

*Ayurveda* gives more emphasis on prevention of diseases. *Dinacharya* has been described in the context of daily regimen. Principle of *Dinacharya* is more relevant in current era because everybody is in hurry and running according to fast life style of present time. Even nobody has time even for them self. So, result is emergence of epidemic due to life style disorders both communicable and non-communicable. This trend of present time cannot be changed as it is demand of this era but life style can be modified by simple intervention through conduct of *Dinacharya*. Healthy habits should be included in life style even in busy schedule also, if a person want to be healthy forever.

**Conclusion**:

A daily habit of the people makes their lifestyle. In today's era changing lifestyle and daily habits are responsible for lifestyle disorders like obesity, DM, cervical and lumber problems etc. following proper *Dincharya* described in *Ayurvedic* text which promotes good health of individuals by maintaining normal physiological functions of the body and keeps the person healthy forever.

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# A Critical *Ayurvedic* Diagnostic Review On *Ardita*

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## Abstract

*Ardita*, a *Vata*-dominant disorder described in *Ayurveda*, manifests as unilateral facial distortion and functional impairment, aligning closely with modern descriptions of facial palsy, especially Bell's palsy. The classical *Ayurvedic* texts categorize *Ardita* under *Nanatmaja Vata Vyadhi*, emphasizing *Vata's* central role in disease pathology. *Nidanas* such as excessive yawning, shouting, head trauma, and improper therapeutic procedures like early *Nasya* after a head bath contribute to the vitiation of *Vata* and subsequent manifestation of *Ardita*. The condition evolves either due to *Dhatukshaya* (tissue depletion) or *Margavarana* (channel obstruction), leading to localized symptoms in the half-face region. Clinical features include facial deviation, impaired speech, fixed eyes, salivation, and loss of sensory-motor control. *Ayurvedic* literature offers a rich diagnostic framework, identifying prognostic factors and distinguishing between *Vataja, Pittaja, Kaphaja*, and mixed types of *Ardita*. Management emphasizes *Snehana, Swedana, Nasya*, and *Basti*, with tailored therapies based on *Dosha* predominance and chronicity. Modern parallels highlight the correlation between lower motor neuron lesions and Ayurvedic descriptions of *Ardita*, especially in Bell's palsy cases, which share etiological factors like viral reactivation and neuropathy. This critical review explores the comprehensive *Ayurvedic* understanding of Ardita alongside its modern correlates, advocating for integrative diagnostic and therapeutic approaches. Early intervention, based on *Dosha* analysis and underlying pathophysiology, is essential to prevent complications such as synkinesis and residual facial dysfunction.

**Keywords :** *Ardita*, Facial Palsy, Bell's Palsy, *Vata Vyadhi, Vatavyadhi, Ayurveda* Diagnosis, *Ayurvedic* Management, Facial Nerve Paralysis, Synkinesis, *Panchakarma* Therapy.

**Introduction :**

*Ardita*, a disorder primarily affecting half of the face, is extensively discussed in *Ayurvedic* literature and is classified under the spectrum of *Vata Vyadhi*, the disorders arising due to deranged *Vata Dosha*. The term *Ardita* is derived from the root "*Ard*" which conveys the meaning "to afflict or strike"[1]. In the context of modern medicine, *Ardita* closely resembles facial palsy, particularly Bell's palsy, an idiopathic condition characterized by sudden onset of unilateral facial paralysis due to dysfunction of the facial nerve[2]. This review explores the *Ayurvedic* diagnostic concepts of *Ardita*, encompassing its etiology, pathogenesis, *symptomatology*, and treatment while integrating comparative insights from modern neurology.

**Etymological and Conceptual Basis :**

The word "*Ardita*" stems from the Sanskrit root "*Ardana*", denoting discomfort, pain, or affliction1. It is included among the eighty types of *Nanatmaja Vata Vyadhi*, indicating its origin predominantly from the vitiation of *Vata* Dosha[3]. *Acharya Vagbhata* synonymously refers to *Ardita* as "*Ekayama*", suggesting its one-sided facial presentation[4].The central role of ***Vata*** in disease manifestation is repeatedly emphasized in *Ayurvedic* texts. *Vata* is responsible for movement, neural communication, and sensory-motor integration[5]. Any derangement in *Vata's* equilibrium, especially in its upward-moving subtype (*Urdhwagata Vata*), leads to conditions like *Ardita* which present with distortion and dysfunction in the facial region[6].

***Nidana* (Etiological Factors)** :

Though *Acharya Charaka* does not list explicit causes for *Ardita*, the general causes of *Vata Vyadhi* are considered applicable[7]. *Acharya Sushruta* and *Vagbhata* provide a more detailed description. *Sushruta* identifies

**Vulnerable Populations**: pregnant women (*Garbhini*), postnatal women (*Sutika*), children (*Bala*), elderly (*Vriddha*), and individuals with blood loss (*Raktakshaya*) or weakness (*Ksheena*)—as more susceptible to *Ardita*[8]. Contributory lifestyle factors include:

- Excessive laughter (*Atihasanam*)
- Yawning (*Atijrumbhana*)
- Speaking loudly (*Uchchaih Prabhshana*)
- Carrying heavy loads on the head (*Shirasobharaharanam*)
- Chewing hard substances (*Kathina Charvana*)
- Sleeping on irregular surfaces (*Vishama Shayana*) [9]

Improper administration of *Panchakarma* therapies like *Nasya* immediately after head bath is also cited as a cause[10].

***Purvarupa* (*Prodromal* Symptoms)**

*Sushruta* elaborates the premonitory signs as:

- Tremors (*Vepathu*)
- Numbness of skin (*Tvaka Supti*)
- Pricking pain (Toda)
- Lockjaw (*Hanugraha*)
- Muddy vision (*Netra Avilata*) [11]

These symptoms indicate early involvement of *Vata* in upward pathways and sensory organs.

***Samprapti* (Pathogenesis) :**

The pathogenesis of *Ardita* is rooted in aggravation of *Vata* either due to *Dhatukshaya* (tissue depletion) or *Margavarana* (obstruction of

channels). The vitiated *Vata* localizes in the *Mukhaardha* Pradesh (half-face region), especially affecting the *Sira* (head) and *Indriyas* (sense organs), leading to symptoms of distortion[12].

***Samprapti Ghataka* (Pathological Factors):**

- *Dosha*: Predominantly *Vata*, though sometimes *Tridosha* involvement is noted
- *Dushya*: Rasa, *Rakta*, *Mamsa*
- *Srotas*: Rasa, *Rakta*, *Mamsavaha*
- *Rogamarga*: *Madhyama* (neuromuscular pathway)
- *Udbhava Sthana*: *Pakwashaya* (colon)
- *Vyaktasthana*: Half of the face[13]

***Rupa* (Clinical Features):**

**According to *Ayurvedic* Texts:**

*Charaka* describes the following features[14]:

- Distortion of half the face (*Ardhmukhavakrata*)
- Deviation of the mouth, nose, brow, and chin
- Fixed eyes (*Stabdha Netra*)
- Impaired speech (*Samutkshipta* Kala *Vak*)
- Difficulty in sneezing (*Kshavathu Nigraha*)

***Sushruta* adds[15]:**

- Neck rotation (*Grivapavartanam*)
- Eye deformity (*Netra Vikriti*)
- Pain in chin, teeth, and jaw (*Vedana*)

*Vagbhata* describes additional signs such as:

- Numbness (*Supti*)
- Memory loss (*Smriti Nasha*)
- Delirium (*Moha*) [16]

**Classification by *Dosha***

1. ***Vataja Ardita*** – Pain, tremors, lockjaw, salivation
2. ***Pittaja Ardita*** – Fever, thirst, facial discoloration
3. ***Kaphaja Ardita*** – Stiffness and swelling in face and neck[17]
4. ***Mishrita Ardita*** – Combination of above[18]

***Sadhyasadhyata* (Prognosis) :**

*Ardita* is considered difficult to cure (*Dushchikitsya*), especially when associated with muscle and tissue wasting. *Sushruta* categorically states that long-standing *Ardita* (over three years), fixed gaze (*Animishakshi*), and continuous distorted speech (*Avyaktabhashi*) indicate incurability[19].

***Chikitsa* (Management) :**

Treatment is planned based on the underlying cause-either *Dhatukshaya* or *Margavarana*.

**General Line of Treatment:**

- *Snehana* (*oleation*)
- *Swedana* (fomentation)
- *Nasya* (nasal therapy)
- *Basti* (medicated enema)
- *Dhoompana* (medicated smoking) [20]

**Specific Therapies:**

| *Acharya* | Suggested Therapies |
|---|---|
| ***Charaka*** | *Navana, Murdhni Taila, Nadi Swedana,* Upanaha[21] |
| ***Sushruta*** | *Shirobasti, Sneha Nasya, Snigdha* Dhoompana[22] |
| ***Vagbhata*** | *Shirotarpana, Vamana* (if associated with *Shopha*), *Siravyadha* (if Raga, *Daha*) [23] |
| ***Bhavaprakasha*** | *Basti* with *Rasona, Shirobasti* for *Vataja, Kavala* and *Ghrita Basti* for *Pittaja, Brimhana* after Kaphakshaya[24] |
| ***Chakradatta*** | *Narayana Taila Abhyanga, Autarbhaaktika* Ghrita[25] |
| ***Vangasena*** | Decoction of *Dashmoola*, milk, meat soup, *Shita Sneha* in *Pittaja*, *Tikshna Nasya* in Kaphaja[26] |

**Modern Correlation: *Ardita* and Facial Palsy :**

In modern medicine, *Ardita* closely resembles lower motor neuron type of facial palsy. Bell's palsy, the most common type, is characterized by sudden onset of unilateral facial weakness due to inflammation or viral reactivation (HSV or VZV) in the geniculate ganglion[27].

**Clinical Features:**

- Asymmetry of face
- Inability to close eye
- Drooling from mouth corner
- Altered taste sensation
- Hyperacusis[28]

**Diagnostic Tools:**

- House-*Brackmann* Grading System
- *Schirmer's* test
- MRI, CT, EMG
- Electrogustometry[29]

***Sequelae* and Prognosis**

Approximately 80–85% of patients recover spontaneously within 3 months. However, *sequelae* like *synkinesis*, jaw-winking, and crocodile tears may develop in untreated or chronic cases[30].

**Discussion**

The classical description of *Ardita* bears remarkable similarity to lower motor neuron facial palsy, especially in terms of symptoms like unilateral facial deviation, fixed eye, impaired speech, and salivation. The *Ayurvedic* approach provides a holistic and constitutional treatment strategy based on *Dosha* dominance, chronicity, and strength of the patient. Integration with modern understanding supports better prognosis and preventive care.

**Conclusion**

*Ardita* is a complex condition categorized under *Vata Vyadhi* in *Ayurveda*. Its clinical similarity with Bell's palsy highlights the wisdom of classical texts in diagnosing neuromuscular disorders centuries before modern neurology. The *Ayurvedic* approach emphasizes both systemic and local treatment strategies—offering long-term relief and minimizing complications. Recognition of early signs, understanding the *Dosha* involvement, and timely application of therapies like *Snehana*, *Nasya*, and *Basti* are key to effective management.

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# A Comprehensive Review Of Tamaka Shwasa And Its Correlation With Bronchial Asthma:An Ayurvedic Perspective

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## Abstract

Respiratory disorders, notably bronchial asthma, represent a pressing global health concern, impacting approximately 300 million people worldwide, with 15-20 million cases in India alone. Urban prevalence surpasses rural rates due to pollution, smoke, and lifestyle factors, as reported by the World Health Organization. Modern treatments, including bronchodilators, corticosteroids, and *anticholinergics*, provide symptomatic relief but often result in long-term side effects and dose dependency. *Ayurveda*, a traditional Indian medical system, describes *Tamaka Shwasa*—a condition closely resembling bronchial asthma—characterized by *dyspnea*, wheezing, cough, and chest tightness, attributed to vitiated *Vata* and *Kapha doshas* obstructing the *Pranavaha Srotas* (respiratory channels). This literary review examines *Tamaka Shwasa* through classical *Ayurvedic* texts like *Charaka Samhita* and *Sushruta Samhita*, comparing its etiology, pathogenesis, and management with bronchial asthma. Causative factors (*Nidana*) such as dust, cold foods, and excessive exercise align with modern triggers like allergens and infections. *Ayurvedic* management emphasizes *Nidana Parivarjana* (trigger avoidance), *Shodhana* (purification therapies like *Vamana*), and *Shamana* (palliative care), complemented by *Brimhana* and *Rasayana* for immunity enhancement. In contrast, contemporary approaches focus on pharmacological intervention. This study highlights the integrative potential of combining *Ayurveda's* holistic preventive strategies with modern acute care to address bronchial asthma's chronicity and reduce reliance on drugs with adverse effects. Further clinical validation is needed to standardize these approaches, offering a promising framework for comprehensive respiratory care.

**Keywords:** Bronchial Asthma, *Tamaka Shwasa*, *Ayurveda*, *Nidana*, Pathogenesis, *Shodhana*, *Shamana*, Integrative Medicine,

**Introduction:**

Respiratory ailments contribute significantly to global morbidity and mortality, with bronchial asthma emerging as a widespread chronic condition affecting diverse populations[1]. The World Health Organization (WHO) estimates that 100-150 million people globally, including a substantial proportion from India, are impacted by this[2]. In urban Indian settings, environmental factors like smoke and pollution exacerbate its prevalence[3].Conventional therapies, including corticosteroids and bronchodilators, manage symptoms but often lead to dependency and adverse effects[4].Ayurveda offers an alternative lens through *Tamaka Shwasa*, one of five types of *Shwasa Roga* (respiratory disorders), which mirrors bronchial asthma in its clinical presentation and pathophysiology[5].Described as an independent disorder with specific causative factors and therapeutic strategies, *Tamaka Shwasa* provides a holistic framework that may complement modern interventions[6].This article aims to elucidate the *Ayurvedic* understanding of *Tamaka Shwasa*, its parallels with bronchial asthma, and potential integrative management approaches.

**Methods :**

This study is a literary review based on classical *Ayurvedic* texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, and *Madhava Nidana*, alongside contemporary medical literature. Data were compiled on the etiology (*Nidana*), pathogenesis (*Samprapti*), symptoms (*Rupa*), and treatment principles (*Chikitsa* Sutra) of *Tamaka Shwasa*. Comparative analysis was conducted to correlate these with bronchial asthma's epidemiology, *pathophysiology*, and therapeutic modalities as described in modern sources like Davidson's Principles and Practice of Medicine and Harrison's Principles of Internal Medicine. The review synthesizes findings to highlight similarities and differences, emphasizing integrative potential.

**Epidemiology and Prevalence :**Bronchial asthma affects 5-10% of the global population, with a notable prevalence in children and older adults[7].In India, its incidence has risen, aligning with trends in other Asian countries[8].Ayurveda identifies *Tamaka Shwasa* as a condition precipitated by environmental and dietary factors, with a chronic, palliative nature (*Yapya Vyadhi*) [9]. Both conditions show higher urban prevalence, attributed to pollution and lifestyle changes[10].

**Etiology :**

*Ayurvedic* texts list numerous causative factors (*Nidana*) for *Tamaka Shwasa*, categorized by their influence on *Vata*, *Pitta*, and *Kapha doshas*. These include dry foods (*Rukshana*), cold drinks (*Sheetapana*), dust (Rajas), smoke (*Dhuma*), and excessive exercise (*Ativyayam*) [11].

Modern science identifies allergens (e.g., pollen, dust), infections, and drugs like aspirin as triggers for bronchial asthma, alongside genetic and environmental factors[12].Both systems recognize extrinsic (allergic) and intrinsic (non-allergic) triggers, with *Ayurveda* emphasizing dietary and behavioral influences[13].

**Pathogenesis :**

*Śvāsa Saṃprāpti* (Pathogenesis of *Dyspnoea*) – *Ayurveda*

| Stages | Details |
|---|---|
| ***Nidāna* (Causative Factors)** | Exposure to dust, smoke, cold wind; excessive exercise; heavy, unctuous, sweet food; suppression of natural urges. |
| ***Doṣa Prakopa* (Aggravation of *Dosha*)** | Mainly *Vāta* and *Kapha* get vitiated. *Vāta* dries and deranges *Kapha*. |
| ***Doṣa Sañchaya* and *Prasara*** | *Kapha* accumulates in chest region. *Vāta* spreads *Kapha* through respiratory channels. |
| ***Sthāna Saṃshraya* (Localization)** | Localization in *Prāṇavaha Srotas* (Respiratory System). |
| ***Vyakti* (Manifestation)** | Difficulty in breathing, coughing, wheezing, chest tightness. |
| ***Bheda* (Types)** | *Mahāśvāsa*, *Urdhvaśvāsa*, *Chinnaśvāsa*, *Kṣudraśvāsa*, *Tamakaśvāsa*. |
| ***Saṃprāpti Ghaṭaka*** | *Doṣa*: *Vāta-Kapha*; *Dūṣya*: Rasa, *Rakta*, *Meda*; *Srotas*: *Prāṇavaha Srotas*; *Adhiṣṭhāna*: *Urah*. |

***Nidāna* (Causative Factors)**

↓

***Vāta-Kapha Prakopa* (Aggravation)**

↓

***Kapha Sañchaya* (Accumulation in Chest)**

↓

***Vāta* helps in *Prasara* (Spread)**

↓

***Sthāna Saṃshraya* (Localization in *Prāṇavaha Srotas*)**

↓

***Srotorodha* (Obstruction)**

↓

***Lakṣaṇa Utpatti* (Symptoms Appear)**

↓

***Bheda* (Types of *Śvāsa*)**

***Saṃprāpti* Flowchart**

***Saṃprāpti Ghaṭaka* Summary:**

| Factor | Details |
|---|---|
| ***Doṣa*** | *Vāta-Kapha Pradhāna* |
| ***Dūṣya*** | Rasa, *Rakta*, *Meda*, *Prāṇavaha Srotas* |
| ***Srotas*** | *Prāṇavaha Srotas* |
| ***Udbhava Sthāna*** | *Āmāśaya* (Stomach) |
| ***Vyakti Sthāna*** | *Urah* (Chest Region) |
| ***Mārga*** | *Ābhyantara* (Internal Pathway) |

In *Ayurveda*, *Tamaka Shwasa* arises from the vitiation of *Vata* and *Kapha doshas*, leading to obstruction in the *Pranavaha Srotas* (respiratory channels) and upward movement of *Prana Vayu* (*Pratiloma Gati*) [14].This aligns with bronchial asthma's airway *hyperresponsiveness* and inflammation, driven by *IgE*-mediated reactions in atopic cases or infections in non-atopic cases[15].The *Ayurvedic Samprapti* includes stages like *Sanchaya* (accumulation) and *Vyaktavastha* (manifestation), paralleling asthma's progression from triggers to symptomatic episodes[16].


**Samprapti of Svasa**

**Clinical Features :**

*Tamaka Shwasa* presents with dyspnea (*Shwasa*), cough (*Kasa*), wheezing (*Kanth Gurghurak*), and chest tightness (*Peedonam Hridayasya*), worsening at night or in cold conditions.[17] These symptoms closely resemble bronchial asthma's hallmarks—dyspnea, wheezing, and cough—often exacerbated by allergens or weather changes.[18]*Ayurveda* further classifies subtypes, *Pratamaka* (with fever) and *Santamaka* (severe, with loss of consciousness), suggesting varying intensities akin to asthma's acute and chronic forms.[19]

**Diagnostic Tools Modern Diagnostics :**

Contemporary diagnosis of asthma involves multiple tools to assess airway obstruction, inflammation, and reversibility:

- Spirometry: Measures FEV1 and FVC to assess airway obstruction and reversibility with bronchodilators.
- Peak Expiratory Flow Rate (PEFR): Monitors diurnal variation and treatment response.
- Methacholine Challenge Test: Assesses airway hyperresponsiveness.
- Fractional Exhaled Nitric Oxide (FeNO): Indicates eosinophilic airway inflammation.
- Serum IgE Levels and Skin Prick Tests: Identifies atopic sensitization.
- Chest X-ray: To rule out other differential diagnoses12.

***Ayurvedic* Diagnostic Indicators :**

- Rupa and Purvarupa: Symptoms such as breathlessness, chest tightness, and restlessness.
- Nidana: Evaluation of dietary, lifestyle,

seasonal, and doshic causes.

- Dashavidha Pariksha: Tenfold Ayurvedic examination, including Prakriti (constitution), Bala (strength), and Srotas examination.

**Treatment Approaches :**

*Ayurvedic* management emphasizes *Nidana Parivarjana* (avoidance of triggers), *Shodhana* (purification therapies like *Vamana* and *Virechana*), and *Shamana* (palliative care with *Vata- Kapha* balancing drugs) .[20]. Modern treatment relies on bronchodilators, corticosteroids, and anticholinergics to relieve airway obstruction.[21].Ayurveda also advocates *Brimhana* (nourishment) and *Rasayana* (rejuvenation) to strengthen immunity, contrasting with modern medicine's symptom-focused approach.[22]

**Discussion:**

The parallels between *Tamaka Shwasa* and bronchial asthma are evident in their clinical manifestations and triggers, suggesting a shared pathophysiological basis. *Ayurveda's* holistic approach, targeting *doshic* imbalances and lifestyle factors, contrasts with modern medicine's pharmacological focus.[23].The integrative potential lies in combining *Ayurveda's* preventive strategies (e.g., *Nidana Parivarjana*) and rejuvenative therapies with modern acute management tools.[24].For instance, *Vamana* (therapeutic emesis) may reduce *Kapha*-related mucus, complementing bronchodilators.[25].However, challenges remain, such as standardizing Ayurvedic protocols and validating their efficacy through clinical trials. The chronicity of both conditions underscores the need for long-term, immunity-enhancing strategies, where Rasayana therapy could play a pivotal role.[26]

**Conclusion :**

This review establishes *Tamaka Shwasa* as an *Ayurvedic* equivalent to bronchial asthma, offering insights into its etiology, progression, and management. By integrating *Ayurveda's* preventive and therapeutic modalities with modern treatments, a comprehensive approach to bronchial asthma management could emerge, potentially reducing dependency on drugs with side effects. Further research is warranted to validate these integrative strategies and enhance their applicability in clinical settings.

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# Ayurvedic Management of Plaque Psoriasis (*Visarchika*): A Case Study

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## Abstract

**Background:** Psoriasis affects about 2–3 % of the global population, roughly 30 million people in India alone, and plaque-type lesions account for nearly 85 % of all cases. Beyond high-visibility dermal plaques, this condition carries an elevated risk of psoriatic arthritis, cardiometabolic syndrome, anxiety, and depression, imposing significant quality-of-life and economic burdens. Current management depends on topical steroids, phototherapy, systemic immunosuppressants, and cost-intensive solutions; these options provide transient control yet are limited by relapse on withdrawal, cumulative organ toxicity, immuno-suppressive risk, and affordability constraints. In Ayurveda, plaque psoriasis corresponds to *Visarchika*, a tridoṣaja condition requiring a staged approach: lipid-mediated internal oleation (*Snehapana*) to mobilise morbid *doshas*, emesis (*Vamana*) and purgation (*Virecana*) for *Kapha-Pitta* elimination, followed by cooling therapies such as *Takradhara* and targeted *Shamana* medicines to stabilise *Vata* and rebuild tissue homeostasis. **Case:** A 41-year-old female software engineer with a three-year history of plaque psoriasis presented with pruritic, silvery plaques over elbows, forearms, shins, lumbosacral region, and buttocks, involving 32 % body-surface area. Baseline indices confirmed severe disease: PASI 18.4, ESR 31 mm $h^{-1}$, CRP 7 mg $L^{-1}$. Prior intermittent clobetasol cream provided only short-lived relief and she declined systemic immunosuppressants because of safety and cost concerns. **Intervention:** The patient completed three-week *Panchakarma* treatment – *Shodhana* (Phase 1) followed by *Shamana* (Phase 2). Phase- 1 *Shodhana* regimen began with graded *Snehapana* using *Mahatikthaka ghritham* (40 to 180 mL, days 1–5), followed by *Vamana* on day 9, daily *Sarvanga Takradhara* with pre-massage on days 13–19, and *Virechana* with *Avipatti choornam* on day 17. From day 21 a 60-day *shamana* regimen - *Patolakatukurohinyadi kwath*, *Khadirarishtham*, *Guluchyadi kwath*, oral and topical *Mahatikthaka ghritham*, and Artisor - was administered. A *laghu-tikta* vegetarian diet excluded dairy, gluten, sugar, fried items, and nightshades; daily yoga and fixed sleep cycles were maintained. **Outcome:** In Phase 1 reduced PASI by 70 % (18.4 to 5.2) in 21 days, and lowered ESR from 31 to 17 mm $h^{-1}$ and in Phase 2, complete remission (PASI 0) with further ESR normalization to 12 mm $h^{-1}$ was achieved. Over 12 months of follow-up, only two ≤ 2 cm diet-related micro-flares occurred, each resolving within a week of topical *Mahatikthaka ghritham*. No adverse events or laboratory abnormalities were observed. **Conclusion:** Sequential, *doṣha*-specific Panchakarma viz., *Snehapana*, *Vamana*, *Sarvanga Takradhara*, and *Virechana*, followed by targeted *shamana* therapy and disciplined *pathya* produced durable, steroid-free remission in severe plaque psoriasis. The clinical trajectory supports classical *Kapha-Pitta shodhana* principles and aligns with emerging immunologic evidence, highlighting Ayurveda's potential as a patient-centered, systems-biology strategy for chronic inflammatory dermatoses.

**Key words:** *Visarchika, Kshudra kushta, Tridoshaja, Panchakarma, Vamana, Virechana, Takradhara, pathya-Apathya, Shodhana, Shamana, Lepa, Abhyanga*

**Introduction :**

*Visarchika*, Ayurveda's clinical correlate to plaque psoriasis, arises when *Kapha* generates thick, adherent scales, *Pitta* kindles erythema and burning, and *Vata* drives the rapid outward spread of lesions [1]. Classical texts therefore recommend a *Kapha-Pitta shodhana* sequence (internal oleation, emesis, purgation) followed by *Vata*-pacifying therapies and strict *pathya* to lock in remission.

Contemporary dermatology adds a complementary lens: plaque psoriasis is sustained by a TNF-α/IL-23/IL-17 inflammatory cascade, oxidative stress, and altered gut–skin–liver balance that together cause keratinocyte hyper-proliferation and angiogenesis [2-3]. Although topical steroids, methotrexate, cyclosporine, JAK inhibitors, and biologic agents can suppress these pathways, their benefits are limited by rebound, cumulative toxicity, and limited affordability for many patients [4].Each step of the classical Panchakarma sequence now finds mechanistic support:

- ***Snehapana*** with bitter *ghritham* mobilizes *Kapha–Pitta dosha* and [5, 10] prepares the body for lipid mediated toxin elimination.
- ***Vamana*** rapidly lowers circulating TNF-α and IL-6, helping interrupt the cytokine cascade [6].
- Daily ***Sarvanga Takradhara*** calms vitiated Vata by dampening cutaneous HPA-axis reactivity and restoring stratum-corneum hydration [7].
- ***Virechana*** evacuates residual *Pitta-raktha* and boosts Nrf-2 antioxidant defense [8].
- Phytoconstituents in *Mahatikthaka ghritham* - notably neem limonoids and guduchi diterpenoids—inhibit NF-κB and STAT-3 in keratinocytes, normalizing epidermal turnover [9].

While individual elements of this regimen have been studied in isolation, comprehensive documentation of a full Panchakarma treatment program in severe plaque psoriasis is scarce. The present case report fills that gap, correlating clinical outcomes with the classical *dosha* rationale and these emerging molecular insights.

**Place of Study:** Kerala Ayurveda Multi-specialty Clinic, Koramangala, 8th block, Bengaluru 560095

**Case Presentation:** A 41-year-old woman presented with classical symptoms of *Visarchika* lesions - thick, erythematous, scaly plaques: over elbows, extensor arms and legs, lumbosacral region, and buttocks. She reported unbearable pruritus, continuous flaking, and occasional watery exudate/oozing (*srava*). There were no co-morbidities or joint symptoms, and vital signs were stable. Baseline indices confirmed severe disease: PASI (Psoriasis Area and Severity Index) 18.4 and ESR 31 mm $h^{-1}$, with routine haematology, liver and renal panels within normal limits (Table 1).

**Table No.1 : Psoriasis Area Severity Index (PASI) & Erythrocyte Sedimentation Rate (ESR)**

| Parameter | Before Treatment | After Treatment |
|---|---|---|
| **Erythema (Redness)** | 4 (Severe) | 0 (None) |
| **Scaling** | 4 (Severe) | 0 (None) |
| **Induration** | 4 (Severe) | 0 (None) |
| **Body Surface Area** | >30% | 0 |
| **ESR** | 31 mm/hr | 17 mm/hr |
| **PASI Score** | >16 | 0 |

**Line of Treatment :**

**Treatment Protocol:**

***Panchakarma* Phase 1 – *Shodhana* (Purificatory Therapies):**

- **Vamana (therapeutic emesis) –** Eliminates *Kapha*, reduces scaling
- ***Virechana* (purgation)** – Corrects *Pitta-Rakta* imbalance, reduces inflammation.
- ***Takradhara* –** Pacifies *Vata-Pitta*, soothes skin, improves sleep

***Panchakarma* Phase 2 – *Shamana* (Palliative Therapy):**

- **Internal Medicines:** *Mahathikthaka Ghritham, Patolakatukurohinyadi Kwath, Khadirarishtam, Guluchyadi kwath*
- **External Medicine:** *Mahathikthaka Ghritham*, Atrisor cream

**Lifestyle & Dietary Corrections:**

Patient was advised to avoid dairy, fried/spicy food, sugar, wheat, and nightshades. Emphasis was placed on *Laghu-Tikta Aahara* and regular sleep. Daily *Abhyanga* with *Eladi thailam* and *Winsoria* oil was advised.

1. ***Deepana – Pachana***
   - *Hinguvachadi* Pills - 2 tablets, three times daily before food with lukewarm water for 3 days.
2. ***Snehapana* (Internal Oleation):**

- *Mahathikthaka Ghritham* was administered early morning (7:00 AM) for 5 days in increasing doses with lukewarm water as *Anupana.*
- The lipid-based *Mahathikthaka Ghṛitham*, containing Neem, *Patola*, and *Guduchi*, supports targeted tissue delivery (*Dhamani Pravishṭa*) and known to suppress NF-κB activation and pro-inflammatory cytokines like TNF-α and IL-6. [5 &2]
- **Diet recommended during *Snehapana*:** During the *snehapana* procedure, the patient was advised to consume *Mudgayusha* (green gram soup) or plain vegetable soup in the late afternoon if required. For dinner, *Kanji* (thin rice gruel). Lukewarm water was consumed throughout the day. The patient was instructed to maintain warmth, avoid cold exposure, dust, and exertion.

3. ***Vamana Karma* (Emesis)**
   1. Performed at 7:00 AM following *Kapha-Utkleshaka Aahara*.
   2. *Kṣheera* – 2 L
   3. *Yaṣhtimadhu Phanta* – 1.5 L
   4. *Nimba Jala* – 1 L
   5. *Saindhava Jala* – 1 L

**Procedure**

- The patient consumed 1 L of *Kṣheera* to achieve *Akanthapana*.
- A *Lehya* of *Madanaphala* (¾ g) and *Vacha Choorna* (1.5 g) with *Madhu* (honey) was administered.
- Followed by 1 L of *Ksheera* and 1.5 L of *Yashtimadhu Phanta*
- Five *Vamana Vegas* (emetic bouts) occurred.
- *Nimba Jala* and *Saindhava Jala* was administered in half-doses, inducing four more *Vegas* and five *Krcchra Vegas*.

The procedure was concluded upon observation of *Pittanta Lakshana*, indicating successful detoxification

4. ***Pashchat Karma* (Post-Vamana Care)**

- *Dhumapana* was performed using *Haridra* and *Kapha*-reducing herbs
- *Gandusha* with *Triphala Kashaya* was advised
- *Peyadi Samsarjana Krama* was followed for three days to gradually restore normal diet.

Following *Vamana Karma*, the patient was scheduled for *Virecana Karma* (therapeutic purgation) as the next step in the detoxification protocol. *Snehapana* (internal oleation) was reinitiated in preparation for the upcoming *Virechana*.

**Post-Vamana and Virechana Therapy**

5. ***Snehapana*:** Following *Vamana*, the patient experienced severe burning sensations, indicative of residual *Pitta* aggravation. Hence, *Virechana Karma* was initiated as the next line of detoxification. *Mahathikthaka Ghritham* was administered for 4 days in increasing doses:

- Day 1: 40 ml
- Day 2: 80 ml
- Day 3: 120 ml
- Day 4: 180 ml

The patient attained *Samyak Snigdha Lakshana*

6. ***Snehana and Sarvanga Takradhara*:**

- From Day 1 post-*Vamana*, *Abhyanga* with *Eladi thailam* and Winsoria oil was continued along with *Sarvanga Takradhara*
- On Day 5 and 6, only *Takradhara* was continued.
- Day 7, after achieving *Samyak Snigdha Lakshana*, *Takradhara* was done before Virechana.

7. ***Virechana Karma:***

- *Avipatti Choornam* (20 g) was administered with hot water on an empty stomach at 8:30 AM.The patient rests in left lateral position, and drinks warm water frequently.
- The first Vega occurred after 45 minutes; a total of 12 Vegas were observed by 2:30 PM.
- Vitals remained stable: Pulse Rate: 82 bpm; Heart Rate: 80 bpm; Respiratory Rate: 14/min; Blood Pressure: 120/70 mmHg and blood routine revealed decreased ESR (17mm/hr).

8. **Post- *Virechana* Dietary and Lifestyle Modifications:** *Peyadi Samsarjana Krama* (structured post-Panchakarma diet) was followed for three days. Post-treatment PASI score showed no erythema, induration, or scaling on the affected parts noted post-treatment (Table 2).

**Table No.2 : Line of Treatment *Shodhana* - *Chikitsa* - Outcome - Mechanism of Action (MoA)**

| Phase | Dates / Duration | Therapy Administered | Key Observations / Outcomes | Scientific Rationale (MoA) |
|---|---|---|---|---|
| ***Purva karma* (Preparation Phase)** | Day 1–3 | *Deepana-Pachana* with *Hinguvachadi* pills *Abhyanga* at home | Improved digestion, prepared patient for *Snehanapana* | Stimulates *Agni*; reduces *Kapha-Ama* load; primes gut-skin axis |

| Phase | Dates / Duration | Therapy Administered | Key Observations / Outcomes | Scientific Rationale (MoA) |
|---|---|---|---|---|
| ***Snehapana* (1st Cycle)** | Day 4–8 | *Mahathikthaka Ghritham* (increasing doses for 5 days) | *Samyak Snigdha Lakshanas* achieved | Enhances lipid-mediated toxin mobilization; prepares for emesis [5] |
| ***Vamana Karma*** | Day 9 | *Madanaphala, Vacha, Ksheera, Yashtimadhu Phanta, Nimba Jala* | 9 Vegas + 5 *Kricchra Vegas* achieved, *Pittanta Lakshana* observed | Removes mucinous buildup; activates gut-skin axis; stimulates hepatic detox pathways [6] |
| ***Pashchat Karma* (post-Vamana)** | Day 10–12 | *Dhoomapana, Gandusa, Peyadi Samsarjana Krama* | Recovery and transition to normal digestion or normal gut epitheliu m | Rejuvenates mucosal immunity; stabilizes metabolic function, *Gandusha* helps in rapid absorption of lipid-soluble drugs into systemic circulation. [7] |
| ***Takradhara* + *Abhyanga*** | Day 13–19 | *Takradhara* with *Eladi Thailam* and Winsoria Oil *Abhyanga* | Reduced *Vata* symptoms, improved dryness and flaking | Modulates HPA axis; anti-inflammatory action via probiotics and lactic acid-rich buttermilk [8-9] |
| ***Snehapana* (2nd Cycle)** | Day 13–16 | *Mahathikthaka Ghritham* (40–180 ml) | Samyak Snigdha Lakṣaṇas re-attained | Supports deeper systemic detox; maintains antioxidant capacity [10] |
| ***Virechana Karma*** | Day 17 | *Avipathi Choornam* | 12 Vegas, burning sensation relieved, ESR reduced | Clears inflammatory cytokines; improves liver function and systemic antioxidant capacity [11] |
| ***Paschat Karma* (post-*Virechana*)** | Day 18–20 | Peyadi Samsarjana Krama continued | Restored Agni, stable vitals | Reestablishes digestive fire; supports recovery phase |
| ***Shamana Chikitsa*** | Day 21 onwards (continued) | *Patolakatukurohinyadi Kwath, Khadirarishtam, Guluchyadi kwath*, etc. | No symptoms post-therapy, PASI reduced to 0 | Maintains immunomodulation; prevents disease recurrence [12] |

This demonstrates the efficacy of classical *Panchakarma* with dietary and lifestyle interventions in managing psoriasis.

**Results:**

***Panchakarma* Phase** 1 produced a 70 % reduction in disease severity: PASI fell from 18.4 to 5.2, ESR from 31 to 17 mm $h^{-1}$ and CRP from 7 to 4 mg $L^{-1}$, by day 21. The patient also reported an increase in uninterrupted sleep from 4.5 to 7 hours. No electrolyte or hepatic-renal abnormalities were detected. A single 2 cm ankle plaque appeared on

day 68 after dietary indiscretion and resolved within four days with topical *Mahatikthaka ghritham* alone.

***Panchakarma* Phase 2** cleared the residual plaques: PASI 0, ESR 12 mm $h^{-1}$, CRP 2 mg $L^{-1}$, (≤ 2 cm) behind the knee self-resolved within a week. No procedural or drug-related adverse events occurred across either phase and routine biochemistry remained normal throughout the 12-month follow-up period.The characteristic triad of *Kapha* induced scaling, *Pitta*-linked erythema, and *Vata*-driven dissemination in *Visarchika* makes a *Kapha–Pitta*-oriented *shodhana* purge the logical first step in management.

**Discussion:**

This case highlights the effective application of *Vamana Karma* as a *Bheshaja Shodhana* (bio purificatory therapy) in the management of psoriasis, aligning with the Ayurvedic principle of *Kapha-Pitta Shodhana*. The successful induction of *Pittanta Vamana* signifies adequate *Dosha* elimination, which plays a crucial role in breaking the *Samprapti* of psoriasis. Further, interventions including *Virechana Karma* and T*hakradhara* helped promote long-term remission, improve skin healing, and restore optimal immune balance.

Firstly, to correct the underlying *Dosha-vikriti*, *Shodhana Chikitsa* was initiated. Given the *Kapha* aggravation, *Vamana* was selected as the first line of treatment to expel accumulated Dosha and restore balance. *Mahathikthaka Ghritham* was administered for *Snehapana*, effectively reducing scaling and thickened plaques in *Visarchika* (psoriasis). Due to persistent burning sensation, *Virechana* followed, addressing *Rakta Dushṭi* and residual *Pitta* involvement, aiding skin detoxification. However, a rise in *Vata* prompted the use of *Takradhara*, which helped pacify *Vata* and relieved dryness and flaking. *Takradhara* was performed for seven days before *Virechana Dravya* administration. Post-*Virecana*, there was significant reduction in burning and flaking.Subsequently, *Shamana Chikitsa* was adopted to maintain *Dosha-samyatva*. *Patolakatukurohinyadi Kwath*, with its *Tikta Rasa* and *Pitta-shamaka* actions, supported *Rakta Shuddhi*. *Guluchyadi kwath*, being *Pitta-Kapha shamaka*, and *Khadirarishtam*, a classical *Raktashodhaka*, were included to prevent recurrence and sustain benefits.Externally, *Mahathikthaka Ghritham* promoted *Dhatu Paka Shamana* and countered dryness with its *Snigdha-Tikta* nature (Table No.3).This integrative *shodhana + shamana* protocol yielded 70 % relief in three weeks, complete clearance after the second phases and year-long steroid-free control. Minor flares correlated only with dietary lapses, underscoring the need for strict, ongoing *pathya*. For chronic autoimmune skin disease, annual *shodhana* and a disciplined lifestyle are recommended to sustain long-term remission.

**Table No. 3 : Line of Treatment - *Shamana Chikitsa* – Action – Mechanism of action**

| Medicine | Dose | Time | Action | MoA Summary |
|---|---|---|---|---|
| ***Patolakatukurohinyadi Kwath*** **(Kerala Ayurveda Limited)** | 10 ml | Before break fast & dinner | Pacifies *Pitta-Kapha* and purifies blood | Hepatoprotective activity, Anti-Inflammatory property, Blood purification (*rakta prasadana*), Supports liver detoxification and Digestive stimulant [13] |

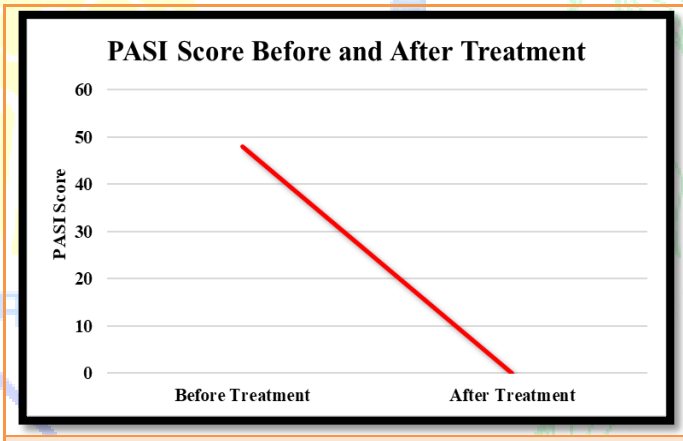
| Medicine | Dose | Time | Action | MoA Summary |
|---|---|---|---|---|
| ***Khadirarishtam*** **(Kerala Ayurveda Limited)** | 20 ml | Before breakfast & dinner | *Rakta Shodhana* (blood purification) | Microvascular tonic, antiallergic, detoxifier of *Rakta Dhatu* [14] |
| ***Guluchyadi kwath*** **(Kerala Ayurveda Limited)** | 10 ml | Before breakfast & dinner | Boosts immunity and reduces inflammation | Immunomodulator: enhances phagocytosis, downregulates pro-inflammatory cytokines [15] |
| ***Mahathiktha ka Ghritham (Capsule)*** **(Kerala Ayurveda Limited)** | 2-0-2 | Before meals | Promotes detoxification and tissue shealing | Bioavailability enhancer, improves epithelial healing and detox [2] |
| ***Mahathiktha ka Ghritham,*** **(External) (Kerala Ayurveda Limited)** | Applied on affected parts | Daily | Soothes and heals skin | Skin emollient, antimicrobial, enhances barrier function and moisturization [2] |
| **Artisor Capsules (Atrimed Pharmaceuticals Ltd.)** | 2-0-2 | After meals | Anti-inflammatory and immune-modulating effect | Anti-inflammatory, antioxidant, modulates keratinocyte proliferation [3] |
| **Atrisor Cream (Atrimed Pharmaceuticals Ltd.)** | Applied externally | After shower | Reduces itching and scaling | Anti-inflammatory, antioxidant, modulates keratinocyte proliferation [3] |

## Table No.4 : *Pathya and Apathya*

| Phase | *Pathya* (Recommended) | *Apathya* (To Avoid) |
|---|---|---|
| **Before & During Treatment** | Light, easily digestible diet, rice, rasam, moong dal, bitter vegetables | Dairy, wheat, fried foods, spicy foods, sugar, nightshades (brinjal, potato) |
| **After Treatment** | Same diet continued with gradual additions | Processed foods, alcohol, irregular meal timings |
| **Lifestyle Recommendations** | Yoga, meditation, proper sleep cycle | Night shifts, excessive stress, irregular eating habits |

## Conclusion

This case demonstrates that a root-cause, Ayurveda-centred strategy can deliver durable control of chronic plaque psoriasis (*Visarchika*). A stepwise *Panchakarma* sequence viz., *Snehapana*, *Vamana*, *Sarvanga Takradhara*, and *Virechana*, followed by targeted *shamana* formulations and a disciplined diet produced 70 % symptom relief in 21 days and also complete remission (PASI 0) within an year; the patient remained lesion-free for a full year without steroids. The outcome validates classical *Kapha–Pitta shodhana* principles and highlights Ayurveda's capacity for sustainable, long-term management of inflammatory skin disease




**Graph 1: PASI Score before & after treatment**


**Image 1: Before Treatment**


**Image 2: After Treatment**

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# Fracture Management: A Holistic Review Of Sushruta's Bhagna Chikitsa

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## Abstract

**Background:** Acharya Sushruta, the pioneer of surgical science in *Ayurveda*, described *Bhagna Chikitsa*-a detailed and structured approach to the management of fractures (*Asthi Bhagna*) and joint dislocations (*Sandhi Moksha*)-centuries ago. His principles, developed through direct clinical observation, continue to hold practical relevance in the modern orthopaedic landscape.

**Objective:** This review aims to explore the foundational principles of Sushruta's *Bhagna Chikitsa*, understand their physiological rationale, and assess their relevance and integration potential in contemporary fracture care.

**Methods:** An analytical review of classical Ayurvedic texts including *Sushruta Saṃhitā*, *Aṣṭāṅga Hṛdaya*, and supportive Nighaṇṭu literature was conducted, along with comparison to modern orthopaedic principles. Key therapeutic strategies, anatomical classifications, and post-fracture rehabilitation methods were identified and interpreted in the context of biomechanics and healing physiology.

**Results:** Sushruta's fourfold treatment sequence—*Anchana* (traction), *Pidana* (compression), *Sankshepana* (alignment), and *Bandhana* (immobilisation)—provides a biomechanically sound approach to fracture management, remarkably aligned with modern reduction and stabilisation protocols. His use of herbal formulations (*Asthi-sandhaniya dravyas*) and natural splint materials reflect both clinical ingenuity and ecological adaptability. The emphasis on diet, rest, and graded physiotherapy (mud ball, rock salt, stone lifting) reflects an early appreciation for holistic rehabilitation.

**Conclusion:** Sushruta's *Bhagna Chikitsa* represents not just a historical account, but a timeless clinical framework with strong anatomical, biomechanical, and therapeutic foundations. Its integration into modern fracture care, particularly in conservative or resource-limited settings, offers a promising, patient-centred approach for fracture management.

**Keywords :** *Bhagna*, *Laksha Churna vati*, *Sushruta*, Integrative Fracture Management

## Introduction :

Fractures, or the disruption of bone continuity due to mechanical trauma or pathological weakening, represent a significant burden in both emergency care and rehabilitative medicine. Epidemiological studies suggest that the prevalence rate of fractures annually exceeds more than 178 million per year, with incidence projected to rise due to increasing road traffic accidents, aging populations, and sports-related injuries [1,2].

In classical Ayurvedic literature, fractures are broadly explained under the term Bhagna, which includes both bone fractures or *Asthi-bhagna* and joint dislocations or *Sandhi-moksha*. Acharya Sushruta has provided a detailed description of fracture classification, pathogenesis, and holistic management. Trauma (*Abhighāta*) or weakness in *Asthi dhātu* (bone tissue) due to improper nutrition or underlying disease leads to the manifestation of fracture or dislocation. Importantly, proximity of fractures to vital anatomical landmarks (*Marma sthāna*) further determines the prognosis of bhagna. [3] These include procedures such as *Bhagna sthāpanā* (realignment), *Bandhana* by using splinting using organic materials like bark, cloth, or grass etc, and adjuvant oral administration of promoting bone healing formulations such as *Laksha*, *Ashwagandha*, *Guggulu*, and various medicated ghrita preparations [4,5].

Similarly modern orthopaedics categorises fractures based on anatomical location, pattern, and extent of displacement, guided primarily by radiological imaging. Although surgical stabilization and internal fixation have revolutionized fracture care, complications such as delayed union, malunion, and infection remain concerns. Moreover, limited access to high-cost surgical care in many rural settings highlights the need for a safe, conservative, and evidence-based alternative management. [6] This review article aims to bridge the perspectives of traditional Ayurvedic and modern biomedical approaches to fracture management. Drawing from classical textual sources and recent clinical studies, we outline the integrative potential of Bhagna Chikitsā in the current orthopaedic stream.

## 2. Methods / Sources of Evidence :

This review complies data from both classical Ayurvedic texts and contemporary biomedical literature to examine the multifaceted approach to the diagnosis and management of fractures (Bhagna).

### 2.1 Ayurvedic Literary sources -

Primary Ayurvedic content was extracted from original Sanskrit reference books, particularly:

- The *Sushruta Saṃhitā*, considered the authoritative text on surgical and traumatic conditions—especially *Bhagna* and *Sandhimoksha*—with comprehensive detail on types, symptoms, prognostic features, and stepwise therapeutic strategies. [7]
- The *Aṣṭāṅga Hṛdaya* of Vāgbhaṭa, which outlines medicinal formulations (*yogas*), dietary do's and don'ts (*pathya-apathya*), and practical procedures relevant to fracture healing. [8]
- Additional insights were drawn from the *Bhaiṣajyaratnāvalī* and classical *Nighaṇṭus* (Ayurvedic lexicons), which catalogue a wide range of *Asthi-sandhāna dravyas*-

herbal and mineral substances known for bone-regenerative properties—such as *Lakṣā (Laccifer lacca)*, *Śankha bhasma*, *Godanti*, *Guggulu*, and *Asthiśṛṅkhalā* (*Cissus quadrangularis*). [9,10]

All texts were reviewed using standard Hindi and English commentaries (e.g., Dalhaṇa, Hemādri) to ensure doctrinal accuracy and contextual interpretation. Where needed, cross-verification through modern Ayurvedic research journals (e.g., *AYUSHDHARA*, *AYU JOURNAL*) was performed.

**2.2 Biomedical Literature Review :**

Modern scientific evidence was obtained from:

- Peer-reviewed journals indexed in PubMed, Scopus, and Google Scholar, using keywords such as: *"Fracture management," "Bone healing," "Ayurveda in orthopaedics," "Bhagna Chikitsa,"* and *"Integrative trauma care."*
- Authoritative orthopedic texts such as *Rockwood and Green's Fractures in Adults*, which detail fracture classification, healing biology, surgical and conservative management. [11]
- Current research articles and clinical reviews on fracture healing mechanisms—including osteoblast differentiation, callus formation, and the effects of herbal/mineral supplements on bone density and remodeling. [12,13]
- Global trauma statistics and burden of disease data from the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC). [14,15]

**Inclusion criteria for selected biomedical literature:**

- Articles in English, published between 2000 and 2024
- Clinical trials, observational studies, meta-analyses, or review articles focused on fracture healing, complications (non-union, malunion), and conservative/non-surgical interventions
- Reports involving integrative or alternative medical strategies in musculoskeletal or orthopaedic rehabilitation

**2.3 Clinical Experience and Contextual Integration:**

Where applicable, the review incorporates field insights from licensed Ayurvedic physicians and traditional bone-setters (e.g., *Bhagna Vaids*) in India. Practices that reflect textual wisdom or represent region-specific innovations (e.g., *Droni*, *Kusha-bandhana*, oil fomentation) were compared with published case reports and observational studies. [16] These sources were used cautiously, with emphasis on triangulation—ensuring consistency, historical grounding, and evidence for safety and efficacy.

**3. Ayurvedic Management of Bhagna (Fracture) — Sushruta's Protocols and Rationale :**

Acharya Sushruta describes a structured and stepwise protocol for the treatment of *Bhagna* based on the type, location, displacement, and complications of the fracture. These steps-*anchana* (traction), *pidana* (compression), *sankshepana*

(alignment), and *bandhana* (immobilization) are physiologically sound and closely parallel modern orthopedic principles.

**3.1 Foundational Principles of *Bhagna Chikitsa* :**

Acharya Sushruta has mentioned and outlined a four-steps protocol for the management of fractures (*Bhagna*): *Anchana* (traction), *Pidana* (compression or moulding), *Sankshepana* (precise approximation), and *Bandhana* (immobilization). Similarly, in modern orthopaedics fracture management emphasizes the same chronology i.e - restore length, correct alignment, obtain fragment contact, and lastly stabilize then joint before definitive fixation or casting .[17,18]*Anchana* involves the gentle application of traction to the injured limb. By counteracting muscular spasm and separating overlapping fragments, traction facilitates accurate reduction while minimizing soft-tissues injury. Sushruta's description anticipates today's use of skin or skeletal traction as a preparatory step for long-bone fractures or for temporary fracture care when surgery is delayed.Once length is restored, *Pidana*—the judicious use of manual pressure—addresses any residual depression or elevation of bone fragments. This manoeuvre is comparable to closed manipulation performed under anaesthesia in current practice; it restores anatomical contour and reduces the risk of angular deformity, thereby optimizing the surface for callus formation.The third stage, *Sankshepana*, focuses on bringing the realigned fragments into direct contact. *Sushruta* advises individual handling of bone ends to achieve precise apposition, a concept that mirrors the modern principle that stable bone-on-bone contact accelerates consolidation and lowers the incidence of delayed union.Finally, *Bandhana* secures the reduction. *Sushruta* recommends splints fashioned from the bark of trees such as *Ashwatha*, *Palāśa*, and *Bamboo*, selected for their firm yet slightly concave inner surfaces that cushion the limb. He also stipulates periodic re-bandaging based on climatic conditions to prevent skin maceration—guidance strikingly similar to modern cast checks and bivalving protocols. The underlying goal is the same: provide sufficient rigidity to prevent displacement while permitting the micro-movement essential for healthy secondary bone healing.Taken together, this quadripartite approach-traction, reduction, approximation, and immobilisation-illustrates a timeless surgical framework rooted in close clinical observation. Its enduring congruence with present-day fracture management underlines both the practical wisdom of classical *Ayurvedic* surgery and its potential value in integrative musculoskeletal care.[19] The basic principle of *Bhagna Chikitsa* has been mentioned in Table No 1

| Step | Description | Modern Rationale |
|---|---|---|
| **Anchana** | Gentle traction to elongate the limb and reduce muscular pull | Prevents overlapping of fragments, minimizes spasm |
| **Pidana** | Compression of the elevated part to restore contour | Similar to manipulation under anaesthesia (MUA) |
| **Sankshepana** | Approximation of fragments into their natural anatomical position | Ensures contact for callus formation |
| **Bandhana** | Splinting using tree bark (Ashwatha, Vata, Palasha, etc.) | Immobilisation—key for union, matches POP concept |

**3.2 Integrated therapeutic modalities in Bhagna** :The ancillary Therapeutic Measures used in the management of *Bhagna* have been mentioned in table 2 along with its modern interpretation and probable *Ayurvedic* rationale. **Table No. 2**

| Therapy | Details | Ayurvedic Rationale | Modern Interpretation |
|---|---|---|---|
| **Parisheka (irrigation)** | Continuous sprinkling of medicated liquids (e.g., Nyagrodhadi decoction, Panchamula-siddha-dugdha, Chakra taila) | Alleviates pain, reduces inflammation, pacifies Vata | Cooling, analgesic, anti-inflammatory |
| **Lepa (plaster)** | Application of pastes like *Manjishthadi lepa* | Reduces swelling and pain, aids healing | Herbal poultices with anti-inflammatory and regenerative potential |
| **Medicated Oils** | *Gandha Taila, Bhagnasandhana Taila, Chakra Taila* | Promote *Asthi-dhatu poshan*, strengthen healing | Shown in studies to enhance osteogenesis |
| **Asthisandhaniya Yogas** | *Laksha Guggulu, Ashwagandha, Pravala Bhasma, Sudha Bhasma* | Enhance callus formation and union | Contain calcium, flavonoids, adaptogens—aid bone repair |

**3.3 Salutatory recommendations (Pathya-Apathya)**

- Pathya (Wholesome): Milk, ghee, meat soup (*mamsa rasa*), Shali rice
- Apathya (To Avoid): Salt, sour/pungent foods, excessive exertion, sun exposure, sexual activity

These restrictions are intended to pacify *Vata*, reduce inflammation, and provide anabolic nourishment. Protein-rich and lipid-based diets are aligned with modern fracture healing guidelines requiring high protein, calcium, and vitamin D intake.

**3.4 Rehabilitation Measures (Physiotherapy in Ayurveda) Sushruta prescribes gradual mobilization post-fracture union using:**

- Mud ball holding (Mṛitapinda)
- Rock salt (Lavana dharana)
- Stone weights (Pāṣāṇa dharana)

This graded weight training mirrors modern physiotherapy protocols, starting from passive to active resistance exercises to restore muscle tone and joint mobility. [20]

**4. Clinical Implications**

The Ayurvedic approach to Bhagna Chikitsa, as detailed by Acharya Sushruta, offers a time-tested, biomechanically sound, and clinically adaptable framework for fracture management. Its continued relevance is evident not only in its structural logic but also in its therapeutic versatility, especially in contexts where access to advanced surgical care may be limited. The four foundational principles i.e *Anchana* (traction), *Pidana* (compression), *Sankshepana* (alignment), and *Bandhana* (immobilisation) are the essential pillars of modern orthopaedics, highlighting the deep empirical insight embedded in classical surgical literature. The use of splints made from natural materials, the timing of re-bandaging based on seasonal variation, and the emphasis on repositioning before immobilisation underscore *Sushruta's* pragmatic understanding of wound biomechanics, pressure care, and tissue perfusion issues still central to current fracture care protocols. Of particular significance is *Sushruta's* emphasis on post-union

physiotherapy, as seen in his recommendation of mud ball, rock salt, and stone lifting *(Sushruta Samhita, Chikitsasthana 3/70).* This graduated approach to muscle strengthening and joint mobility restoration resonates with the principles of modern physiotherapy. It supports the idea that recovery does not end with union but must be followed by progressive rehabilitation to achieve functional restoration. Additionally, the pharmacological arm of *Bhagna Chikitsa* through drugs like *Laksha, Asthishrinkhala, Ashwagandha, Guggulu* etc showcases potential for integrative rehabilitation management. Several of these herbs have demonstrated anabolic, osteogenic, and anti-inflammatory effects in both classical observations and preliminary modern research which can be seen in various drug clinical trials conducted such as use of *Laksha Churna Vati* in the management of *Avran Kand Bhagna*.[21]

## 5. Conclusion :

In the context of contemporary fracture management by conventional *Ayurvedic* modalities of *Bhagna*, when applied with authentic approach can reduce dependence on surgical interventions, lower hospitalisation costs, and minimise complications such as infection. A synergistic, integrative model that combines modern diagnostic tools and fixation techniques with *Ayurvedic* internal medications, external therapies, and structured rehabilitation protocols offers a promising, patient-centered approach fracture management. To strengthen this integrative framework, further research is essential particularly in the form of randomised controlled trials, radiographic outcome studies, and biomechanical evaluations of traditional splinting and herbal formulations. Ultimately, this review underscores the scope, strengths, and evolving evidence base of *Bhagna Chikitsa*, and advocates for its thoughtful integration into modern orthopaedic practice for safer, holistic, and accessible fracture management.

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# Integrating Sushruta's Principles With Modern Surgical Case Taking: Toward Holistic Patient Evaluation

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## Abstract

Surgical case taking is a critical clinical skill that forms the foundation for accurate diagnosis, risk assessment, and treatment planning. Despite advancements in imaging and interventional diagnostics, the art of eliciting a comprehensive history and performing a focused examination remains central to surgical practice. Studies have consistently shown that a well-taken history contributes to the majority of correct diagnoses even before investigations are conducted. In the context of *Shalyatantra*, Acharya Sushruta emphasized the necessity of understanding both the patient (*Rogi*) and the disease (*Roga*) before initiating any surgical intervention.

**Methods:** This narrative review draws upon classical Ayurvedic texts such as the *Sushruta Saṃhita*, along with contemporary clinical literature and educational frameworks, to outline a structured and integrative approach to surgical case taking. The four primary domains discussed are demographic profiling, clinical history, examination and diagnosis, and treatment planning.

**Results/Discussion:** A detailed case history helps in localizing pathology, identifying comorbidities, understanding psychosocial influences, and formulating differential diagnoses. Examination findings and investigations build upon this to arrive at a definitive diagnosis and guide appropriate surgical or conservative management. Integrating Ayurvedic principles—such as *Dashavidha Parikṣha* and *Doṣa-Vikṛti* analysis—enhances personalization of care, especially in pre- and post-operative phases.

**Conclusion:** Surgical case taking is not merely an administrative task, it is the first therapeutic act. When approached systematically and holistically, it sharpens clinical judgment, guides operative decisions, and ensures safer, more effective, and patient-tailored outcomes.

**Keywords** – Surgical case taking, Sushruta ,*Rugna-Pariksha*, *Shalyatantra*

## Introduction :

Accurate surgical decision-making continues to begin at the bedside, with history-taking serving as a foundational step in diagnosis, risk stratification, and treatment planning. Contemporary studies affirm that a carefully elicited clinical history, coupled with a focused examination, contributes to nearly 80% of all final diagnoses. [1, 2] Even in the era of high-resolution imaging, digital algorithms, and interventional diagnostics, this low-technology yet high-yield process remains one of the most cost-effective tools in patient care. Beyond diagnostic clarity, it plays a vital role in medico-legal safety, fosters patient-doctor trust, and informs preoperative decisions that directly influence outcomes.

Long before modern surgical education codified this approach, *Acharya Sushruta* had emphasized the importance of thorough patient evaluation in *Sushruta Saṃhita*. His systematized methods of *Rogi-Parīkṣā* (patient examination) and *Roga-Parikṣha* (disease evaluation) formed the backbone of clinical reasoning in Shalyatantra (surgical discipline). The tenfold *Dashavidha Parikṣha* outlined in his writings includes factors such as *Prakṛti* (constitution), *doṣa* involvement, *bala* (strength), *satva* (mental strength), and *vyādhi āvasthā* (stage of disease), all of which resemble the modern movement toward precision and personalized medicine. Sushruta's directive of 'no incision should be attempted without a full understanding of the patient and the disease' mirrors today's principles of informed consent and comprehensive risk evaluation. [3,4]

Surgical case taking occupies a critical translational space in clinical practice. It transforms a patient's subjective complaints into objective hypotheses, leading to differential diagnoses and appropriate treatment planning.[5, 6] It also serves to unveil hidden comorbidities, medication interactions, lifestyle factors, and socio-cultural considerations that could impact the surgical course.

This review aims to synthesize the essential components of surgical case taking into a streamlined format that aligns with both modern clinical requirements and Ayurvedic insights. It explores how Ayurvedic diagnostic frameworks such as *Dashavidha* and *Ashtavidha Parīkṣha* can complement contemporary biomedical assessments to enhance the quality of surgical care. Furthermore, the article discusses educational and methodological advancements—from competency-based assessment models to simulation—that can reinforce the importance of clinical history-taking in surgical education.

## 2. Components of Surgical Case Taking:

### 2.1 Demographic Profile and Contextual Information :

Surgical case taking begins with collecting essential demographic information that frames the clinical encounter. These include the patient's name, age, gender, religion, occupation, and address. While seemingly routine, each of these carries clinical and contextual significance. Age and gender often help narrow down diagnostic possibilities—for example, appendicitis is more common in young adults, while prostate enlargement predominates in elderly males. Occupation may reveal environmental exposures (e.g., asbestos and mesothelioma) or physical strain-related risks (e.g., hernia in laborers). Religious beliefs may impact consent,

diet, or timing of surgical interventions. Address and region of residence can indicate geographic diseases such as filariasis or tuberculosis. Thus, demographic data are not only important for communication and documentation but also for shaping a culturally competent, context-aware approach to diagnosis and treatment.

**2.2 Chief Complaint and History of Present Illness:**

The clinical core of surgical case taking begins with the chief complaint, captured in the patient's own words to preserve the authenticity of their symptom narrative. This is followed by a systematic history of present illness (HPI), often structured using frameworks like SOCRATES for pain-related complaints. This format helps explore site, onset, nature, radiation, associated symptoms, timing, exacerbating/relieving factors, and severity. A well-elaborated HPI helps localize pathology, differentiate between acute vs. chronic or inflammatory vs. neoplastic causes, and prioritize diagnostic investigations. Associated complaints—such as vomiting, fever, or weight loss—can significantly enhance the clinical picture and provide early clues toward multisystem involvement or complications.

**2.3 Past Medical, Surgical, and Medication History:**

Exploring the past medical history offers essential information about predisposing conditions such as diabetes, hypertension, tuberculosis, or thyroid disease, all of which influence surgical risk and healing potential. For example, diabetes is known to impair wound healing and increase infection risk. Past surgical history should detail prior operations, dates, and any complications, as this informs both anatomical changes (e.g., adhesions, scar tissue) and patient response to surgical stress and anesthesia. A meticulous medication history is also vital, including current prescriptions, over-the-counter drugs, supplements, and any known allergies. Certain medications, such as anticoagulants or corticosteroids, can significantly impact operative planning and postoperative recovery, warranting timely adjustment or prophylaxis.

**2.4 Family, Personal, and Social History**

Understanding the family history may reveal inherited conditions—such as hernias, varicose veins, or malignancies—which have implications for screening and counselling. Equally important is the personal and social history, which includes habits such as smoking, alcohol use, tobacco chewing, recreational drug use, and dietary preferences. These factors not only influence surgical outcomes but also reflect the broader physiological state of the patient. From an Ayurvedic standpoint, these inputs form the basis of *āhāra-vihāra parīkṣā*, which helps assess *doṣa* imbalances and chronicity. Evaluation of bowel and bladder habits, sleep patterns, and psychological stress adds further context to the patient's baseline functioning and supports the prescription of appropriate *pathyā-apathyā* (dietary and lifestyle guidance) before and after surgery.

**3. Examination, Diagnosis & Treatment Pathway:**

**3.1 Review of Systems and Physical Examination:**

Following a detailed history, a systematic physical examination is essential to validate clinical hypotheses and identify subtle diagnostic clues.

This begins with a Review of Systems (ROS)-a structured inquiry across all organ systems that ensures no co morbidity or overlooked complaint remains unexamined. This ROS approach reinforces the thoroughness of history-taking and supports differential diagnosis.

The general physical examination includes assessment of vital signs, overall appearance, hydration status, and signs such as anemia, jaundice, or edema. Local examination is guided by the chief complaint and typically begins with the classical steps of inspection, palpation, percussion, and auscultation, as appropriate. In *Ayurvedic* practice, this phase is paralleled by the *Ashtavidha Parīkṣhā* (eight-fold examination), especially *Darshana* (inspection), *Sparsha* (palpation), and *Prashna* (history-taking), which are emphasized in *Shalyatantra*. These techniques collectively help in evaluating anatomical deformities, tenderness, masses, or fluid collections. Special signs like guarding, rigidity, or rebound tenderness may point toward acute abdominal conditions, while systemic signs such as lymphadenopathy or cyanosis offer diagnostic direction.

**3.2 Special Signs and Diagnostic Investigations:**

In addition to routine examination, certain special clinical signs—like clubbing, cyanosis, or pain scoring (e.g., using the Visual Analogue Scale or Numeric Pain Rating Scale)—provide further diagnostic precision and functional assessment.

These markers often correlate with systemic pathologies such as cardiopulmonary disorders or gastrointestinal malignancies and help assess disease severity.

Diagnostic investigations are then employed to confirm clinical suspicions. These include haematological tests (e.g., CBC, ESR), biochemical panels (e.g., liver and renal function tests), and imaging (e.g., ultrasound, X-ray, CT scan, MRI) depending on the condition. Endoscopy, biopsy, and specialized markers may be used for staging or surgical fitness. In Ayurveda, while laboratory diagnostics are embraced in integrative settings, the insights gained from *Dosha-vikṛti*, *Agni*, and *Mala* assessments during patient examination add significant value in understanding the internal state of balance or pathology. These parameters guide selection of supportive therapies like *Snehana*, *Basti*, Agnikarma or *Kṣharakarma*, if deemed necessary.

**3.3 Differential and Final Diagnosis :**

A carefully synthesized history, examination, and investigation set lays the foundation for constructing a differential diagnosis—a list of potential clinical conditions that match the patient's profile. These are then refined and narrowed based on examination findings, investigation results, and diagnostic logic, ultimately leading to the final diagnosis. For example, right lower quadrant pain in a middle-aged male may raise suspicion for appendicitis, ileitis, ureteric colic, or even post-surgical adhesions—each with different management approaches. Ayurvedic clinicians also

refer to the classification of *Naḍivraṇa*, *Gulma*, or *Udara rogas*, aligning symptoms with internal *Doshaj* pathology, chronicity, and *Srotas* involvement.The process of diagnosis in both systems aims at reaching a level of certainty that supports safe and effective intervention, whether surgical or conservative. Importantly, *Suśhruta* emphasized that diagnosis must consider both *Rogī bala* (patient strength) and *Roga bala* (disease strength), reminding the surgeon to assess the operative indication beyond anatomical correctness.

**3.4 Treatment Planning: Medical and Surgical Interventions :**

Once the diagnosis is established, a treatment plan is formulated which may involve either conservative management or surgical intervention, depending on the severity, stage, and nature of the disease.

**Medical management :** may include pharmacological agents, dietary guidance (*Pathya-apathya*), and Panchakarma therapies for purification and restoring systemic balance. For example, internal medications may be prescribed for diseases associated with Ama (Undigested Toxins/ Metabolites) , or *Basti (*Medicated enema) may be considered in chronic conditions involving *Vata dosha* and pathology of lower Gastrointestinal system.

In **surgical conditions** : treatment is planned across three phases: pre-operative, operative, and post-operative care. Pre-operative planning includes fitness evaluation, consent, and preparation (e.g., bowel preparation, antibiotic prophylaxis). Intraoperative procedures vary from open to minimally invasive approaches, and may be aided by innovations like ADR (Automatic Drug-Release) *Kṣharasutra* therapy in integrative anorectal surgery. Post-operative care includes wound management, infection control, analgesia, and rehabilitative therapies. *Ayurvedic* adjuvants like *Haridradi taila*, *Jatyādi ghṛta*, or *Triphala* may be used for local applications or systemic support, enhancing recovery and minimizing recurrence.

Thus, treatment planning in surgical practice is inherently multidisciplinary, and when combined with *Ayurvedic* principles, offers a personalized, function-oriented and holistic care model tailored to individual patient needs.

**4. Discussion, Integration & Clinical Significance:**

**4.1 Clinical Judgment and Surgical Decision-Making:**

Sound clinical judgment, particularly in surgical practice, hinges on the information harvested during case taking. A thorough understanding of the patient's history directly influences risk-benefit analyses, selection of surgical technique, perioperative planning, and postoperative rehabilitation. It helps determine the urgency of surgery, appropriateness of conservative trials, and necessity for further investigations. In modern evidence-based practice, accurate documentation from the case history supports decision audits, medico legal safety, and clinical research. Teaching surgical trainees to value this skill as much as technical competence is crucial, as data increasingly shows that preventable surgical errors are more often linked to poor judgment and inadequate assessment than operative skill alone.

**4.2 Integration of *Ayurvedic* Principles :**

The *Ayurvedic* model of surgical evaluation, especially as developed in *Shalyatantra*, emphasizes a multidimensional view of the patient. *Sushruta's* approach to *Roga-Rogi Parikṣha* combined physical, mental, and spiritual assessments to gauge both the disease and the patient's capacity to endure intervention. Tools such as *Dashavidha Pariksha* and *Ashtavidha Parikṣha* serve as valuable frameworks that continue to be clinically relevant today. Elements like *Prakṛti* (constitution), *Bala* (strength), *Agni* (digestive capacity), *mala* (excretory pattern), and *Sattva Bala* (mental resilience) provide insight into patient-specific risks and recovery potential. Integration of such parameters in the modern setting supports personalized pre-operative and post-operative protocols, enhancing the efficacy and acceptability of care. Additionally, Ayurvedic methods such as *Kṣharasutra*, *Basti karma*, and *lepa* therapy, when chosen appropriately, become excellent adjuncts in the surgical care spectrum.

**4.3 Summary :**

Surgical case taking remains the cornerstone of sound clinical and operative outcomes. Its power lies in its simplicity: listening, observing, and asking the right questions at the right time. In a rapidly evolving healthcare landscape—dominated by technology, sub specialization, and data-driven algorithms—this fundamental art must be preserved, taught, and innovatively integrated. The convergence of traditional *Ayurvedic* diagnostics with modern biomedical models opens up new avenues for holistic, patient-centered care. Future efforts must aim at standardizing case-taking formats, training models that include *Ayurvedic* logic (such as *doṣa-based history*, or *vikṛti-centric screening*), and developing AI-assisted digital tools that can support and not replace clinical reasoning.

A well-constructed surgical history is not merely an administrative formality—it is the first intervention, a diagnostic compass, and often, a healing ritual in itself. By blending tradition and technology, evidence and empathy, surgical case taking can evolve to meet the demands of both the operating theatre and the patient's inner world.

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# A Review Of *Pranashta Shalya* And Its Surgical Insights

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## Abstract

*Pranashta Shalya*, or concealed foreign body, is a uniquely detailed concept in Ayurvedic surgery that reflects the depth of clinical observation in ancient times. Described extensively in the *Sushruta Samhita*, it refers to foreign bodies that are no longer externally visible but remain lodged within deeper tissues or organs, continuing to cause localized or systemic disturbances. Sushruta classified these based on their nature, location, and mobility, and provided systematic guidelines for their identification and removal through the concept of *Nirharana Upaya*—a series of fifteen therapeutic and surgical methods. This review highlights the diagnostic precision of classical *Ayurvedic* texts, which emphasized symptom provocation, site-specific signs, and even psychosomatic implications under the concept of *Manas Shalya*. The surgical approach included both conservative and invasive strategies that remain conceptually aligned with modern trauma and surgical protocols. Today, with the support of diagnostic tools like X-rays, ultrasound, and MRI, the principles of *Pranashta Shalya* continue to offer valuable guidance in identifying and managing retained or migrated foreign bodies.

The relevance of this ancient framework lies in its holistic view of patient care—integrating physical, functional, and psychological domains. In contemporary surgical practice, especially in resource-limited settings, Ayurvedic insights into concealed foreign bodies reinforce the importance of clinical acumen, patient-centred reasoning, and minimally invasive interventions. *Pranashta Shalya* thus stands as a testament to Ayurveda's timeless contribution to surgical science.

**Keywords -** *Pranashta Shalya*, Foreign Body, *Sushruta Samhita*, *Shalya Nirharan.*

**Introduction :**

*Shalyatantra*, the surgical limb of *Ayurveda*, exhibits a remarkably advanced understanding of trauma, foreign-body management and wound care. Within this corpus, *Pranashta Shalya* literally "lost or concealed foreign body" occupies special attention because the offending object lies hidden in deep tissues yet continues to provoke disease [1]

The generic term "*Shalya*" is derived from the root *Śal–Śval–Aśu-Gamana*, signifying any exogenous or endogenous matter that rapidly invades and disturbs somatic or psychic equilibrium. [2] When such a foreign body (*Agantuja Shalya*) penetrates beyond visual reach it is termed *Pranashta Shalya*, a condition that receives dedicated coverage in *Sushruta Samhita—Pranashta Shalya Vijñāniya* and *Shalyopanayaniya* chapters (Su.Su. 26–27). *Acharya Sushruta's* battlefield milieu, replete with arrow injuries (*Sharabhighāta*), prompted meticulous descriptions of localization tests, extraction paths (*Anuloma* vs *Prātiloma*), and fifteen distinct *Nirharana Upāya* (removal strategies) still conceptually relevant today [3]Modern clinicians continue to encounter retained splinters, surgical remnants and migrating projectiles; if undetected they may culminate in abscess, necrosis, fistula formation, foreign-body granuloma or sepsis [4] . *Sushruta's* emphasis on provocative functional tests—jumping, climbing or deep breathing to elicit pinpoint pain—mirrors contemporary reliance on dynamic examination and imaging-guided exploration [5] . Equally striking is *Ayurveda's* extension of the concept to the mind: emotions such as grief or fear are catalogued as *Manas Shalya*, implying that concealed psychological traumas can obstruct healing just as surely as physical debris. Today, integrating these classical insights with radiography, ultrasound, CT or MRI enhances diagnostic precision while honouring the primacy of clinical acumen. Revisiting *Pranashta Shalya* therefore not only illuminates historical surgical sophistication but also reinforces timeless principles—observe keenly, localize accurately, remove completely, and restore structural as well as psychosomatic balance.[6] Thus, this article attempts to revisit the ancient yet clinically relevant knowledge of *Pranashta Shalya*, exploring its definitions, classifications, diagnostic parameters, and removal methods, while aligning them with present-day surgical practice.

**2. Literature review :**

This review is based on a textual exploration of classical *Ayurvedic* sources, critical analysis of relevant commentaries, and interpretative correlation with contemporary surgical understanding. The approach is both literary and conceptual, aiming to draw clinical relevance from ancient methods described for *Pranashta Shalya* (concealed foreign body).

**2.1 Classical Source Review:**

Primary references were drawn from:

*Sushruta Samhita*, particularly Su. Su. 26 – *Pranashta Shalya Vijnaneeya Adhyaya* and Su. Su. 27 – *Shalyopanayaneeya Adhyaya*, which explicitly focus on the pathophysiology, localization, and extraction of foreign bodies hidden within deeper tissues. Accompanying classical commentaries such as *Dalhanacharya's Nibandha Sangraha*, which clarify the terms like Shar, Gati, and Sthiti of

the *Shalya* and outline its surgical consequences.

These sources provide an exhaustive list of clinical signs (Lakshanas), directions of movement (*Gati*), and types of foreign bodies, from superficial to medullary and even organ-invading entities.

### 2.2 Contemporary *Ayurvedic* Literature:

**Recent scholarly contributions were reviewed to understand:**

Reinterpretation of classical *Shalya* types in the context of trauma care, musculoskeletal injuries, and medico-legal contexts. Comparative evaluation of *Ayurvedic* diagnostic methods with modern techniques (e.g., using radiology or endoscopy to identify concealed foreign bodies).Studies elaborating *Nirharana Upayas* as a therapeutic protocol encompassing both conservative and operative strategies were also considered.

### 2.3 Clinical Cross-reference :

Modern trauma surgery frequently deals with cases of retained foreign bodies—glass, splinters, shrapnel, bone fragments—making it appropriate to juxtapose *Ayurvedic* principles with contemporary management protocols.

Therefore, this review emphasizes:

The diagnostic parallels between classical signs such as *Vedana, Vaivarnya, Shotha* and radiological findings.The conceptual continuity from Ayurvedic procedures like *Peedan, Bhedan, Ayaskant Upayoga* to modern minimally invasive extraction methods (e.g., magnet-assisted removal, guided biopsy forceps).Psychosomatic perspectives as addressed by *Manas Shalya,* linking traditional observations with contemporary mental health frameworks.

## 3. Discussion:

### 3.1 Definition and Classification:

According to *Sushruta Samhita*, a Pranashta Shalya refers to a foreign body that is no longer visible externally and is concealed within the deeper tissues or organs of the body (Su.Su. 26/3). These may enter the body through trauma, battle injuries (e.g., arrows), surgical mishaps, or penetrating wounds. Based on nature and origin, they are categorized as:

- *Agantuja Shalya* (Exogenous) – e.g., thorns, metal, bamboo, bone, stone.
- *Nija Shalya* (Endogenous) – e.g., nails, teeth, bone fragments, hair, *Dosha-Mala* aggregates.

Types based on fixity:

- *Avabaddha* (Fixed / impacted): Lodged within tissues and immobile.
- *Anavabaddha* (Loose / mobile): Can migrate or be expelled spontaneously.

### 3.2 Direction of Migration – *Shalya Gati*

*Sushruta* has meticulously described the potential directions of foreign body movement:

- *Urdhva Gati* – upward,
- *Adho Gati* – downward,
- *Tiryak Gati* – transverse,
- *Vakra* or *Arvachin Gati* – reverse,
- *Ruju Gati* – straight or through-and-through.

These descriptions correlate with modern concepts of ballistic trauma, where the trajectory of a projectile or retained object affects the site of impaction, internal injury patterns and complications.

### 3.3 Clinical Manifestations – *Lakshana*

**A. *Samanya Lakshana* (General Features):**

- Localized discoloration (*Shyavata*),
- Swelling and nodular *induration* (Shotha),
- Persistent sero-bloody discharge from entry site,
- Dead and softened flesh (*Mriduta* of *Maamsa*),
- Cord-like tract tenderness and *budbuda*-like pustules .

**B. *Vishesh Lakshana* (Site-specific Features):**

The nature of signs indicates which tissue or organ houses the FB:

- *Twakgata Shalya* – skin discoloration and pain.
- *Mamsagata Shalya* – tenderness and suppuration.
- *Sira/Snayu Gata Shalya* – varicosity, pain, contractures.
- *Asthigata/Asthi-vivar Gata Shalya* – deep pain, mental restlessness (like in intramedullary nails).
- *Koshtagata Shalya* – abdominal distension, passage of stool or urine from abnormal sites (e.g., in vesico-vaginal or recto-vesical fistulas).
- *Marma Gata Shalya* – signs of vital organ injury, possibly fatal.

These clinical signs act as diagnostic indicators, much like modern red flags in concealed trauma or surgical complications.

### 3.4 Diagnostic Methodologies :

**A. Classical Provocative Tests:**

- Pain elicited during climbing, jumping, horse-riding, exercise, yawning, sneezing, defecation, or urination indicates the presence and site of FB.
- Observation of protective limb postures and guarding behavior are highlighted as signs of internal impaction.

**B. Modern Correlation:**

- Radiological tools like X-ray, Ultrasound, CT scan, MRI, and Endoscopy are used today to detect concealed or migrating FBs.
- These tools align with *Ayurvedic* principles of localization through dynamic functional testing and anatomical reasoning.

### 3.5 *Nirharana Upaya* – Techniques of Removal

In *Su.Su. 27/4*, *Sushruta* enumerates 15 techniques to remove concealed foreign bodies (particularly *Anavabaddha Shalya*), ranging from natural to surgical which demonstrate a graduated protocol—from conservative expulsion to interventional removal, closely resembling modern surgical pathways (e.g., conservative management → guided exploration → surgical extraction):

| Category | Classical Term | Technique |
|---|---|---|
| **1. Spontaneous Expulsion** | *Swabhava* | Coughing, sneezing, urination, defecation |
| **2. Induced Suppuration** | *Pachan* | For FBs lodged in muscle, induce pus formation |
| **3–5. Surgical** | *Bhedan, Daran, Peedan* | Incision, splitting, manual squeezing |

| Category | Classical Term | Technique |
|---|---|---|
| **6. Mechanical** | *Pramarjan* | Wiping, irrigation (esp. for ocular FBs) |
| **7–9. Expulsion** | *Nirdhmapan, Vaman, Virechan* | Expelling via respiratory or GI tract |
| **10–15. Specialized** | *Prakshalana, Pratimarsa, Ayaskanta, Harsha* | Irrigation, sneezing drugs, magnet, and even psychological counseling for Manas Shalya |

### 3.6 Post-operative Management :

After removal, the focus shifts to:

- Achieving hemostasis,
- Use of Ghrita or honey-based applications,
- Swedana (fomentation) and if needed, Agni-karma (cauterization).

These methods emphasize local wound hygiene, immune modulation, and tissue healing, corresponding with modern aseptic wound care and physiologic dressing protocols.

### 3.7 Complications of Retained Foreign Bodies

Unremoved *Pranashta Shalya* may result in:

- Persistent pain, infection, or abscess,
- Vitiation of doshas leading to chronic non-healing wounds,
- Deformity, toxemia, or death in severe cases,
- Internal dissolution or integration with tissue (as with bamboo, bone, or metallic fragments).

This underscores the urgency of early detection and complete removal, a principle universally accepted in both Ayurvedic and allopathic surgical sciences.

## 4. Conclusion :

*Pranshta Shalya* exemplifies Ayurveda's ability to blend keen clinical observation with step-wise, rational intervention. By recognizing that a hidden foreign body can jeopardise both physical tissues and mental harmony, the tradition underscores a truly holistic surgical outlook. Even today, its graded strategies—from natural expulsion to precise extraction—mirror best-practice pathways in modern trauma care. Revisiting these classical insights reminds us that effective surgery is as much about thoughtful diagnosis and patient-centred judgement as it is about technical skill.

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# Applied Aspects Of Dhatupaka In Madhumeha W.S.R. To Diabetes Mellitus-A Review

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## Abstract

*Ayurveda*, the ancient science of life, is a holistic healing system that originated in India over 5,000 years ago. Rooted in nature and timeless wisdom, it seeks to balance the body, mind, and spirit through personalized diets, herbal medicines, and mindful living. Rather than just treating symptoms, *Ayurveda* aims to eliminate the root cause of disease, promoting true wellness and harmony. *Ayurveda* describes four types of disease on the basis of prognosis and emphasizes the importance of knowledge of prognosis for successful management of diseases. According to Acharya *ch.arak*, before initiating any treatment in a patient the assessment of prognosis of disease is very important. There are various criteria which are explained for of evaluation *Sadhyasadhyatva* of any disease, one of them is *Doshpaka* and *Dhatupaka*. It is described by *Madhavacharya* in Madhukosh Tika in *Jwara Nidan Adhyaya*. The knowledge of *Pakwa Doshas* and symptoms of *Doshapaka* will help the physician to make appropriate choices in treatment and follow the chronology of treatment. , it is very important for the physician to know about the concept of *Dhatupaka* i.e., tissue/cellular destruction and its role in development of diseases. The knowledge of tissue/cellular destruction and its symptoms would be helpful for physician to plan a proper protocol of treatment and to control destruction and suppuration of tissues/cells. This critical review insight on how the evaluation of *Dhatupaka Lakshana* helps in assessment of *Sadhya-asadhyatva* of disease like *Madhumeha*.[1]

In the context of diabetes mellitus, "*Dhatupaka*" refers to the pathological destruction or damage to bodily tissues caused by the disease, essentially signifying the complications that arise from uncontrolled high blood sugar levels. In *Ayurveda*, where diabetes is called "*Madhumeha"* and is considered a result of disturbed "*Dhatus"* (body tissues) due to imbalanced *Doshas*; essentially meaning that prolonged diabetes can lead to significant tissue damage throughout the body.So in this article we aim to study the applied aspect of *Dhatupaka* in *Madhumeha* (Diabetes Mellitus)

**Keywords:** *Dhatu,Dhatupaka,Prameha,Madhumeha*

**Introduction :**

*Ayurveda* is an ancient science of healing which is accepted worldwide. *Ayurveda* has its own principals and unique diagnostic treatise. Nowadays, due to urbanization and sedentary life style ,there is increased in development of life style disorder like Diabetes Mellitus ,obesity ,stroke ,heart disease etc. People with major non communicable diseases like, diabetes mellitus, obesity, stroke, heart diseases, kidney disorders are preferring *Ayurvedic* management. After certain time period, all these diseases are having progressive pathogenesis and may be incurable.

There are various basic principles for evaluation of s*adhyasadhyatva*,one of them is " *Doshapaka* and *Dathupaka*."In *Doshapaka* concept,the knowledge of *pakwa Doshas* and symptoms of *Doshapaka* will guide the physician in order to plan appropriate choices in treatment and follow the chronology of treatment. The *Doshapaka* is an indicator of reversal of disease process. Most importantantly, the physician must know about *Dhatupaka* i.e. tissue or cellular destruction and its role in the formation of diseases. The knowledge of tissue/cellular destruction and its symptoms would be helpful for physician to plan a proper protocol of treatment and to control destruction and suppuration of tissue.

*Doshapaka* is a *Vyadhi Avastha* where *Doshas* attain *pakwata* and reverse to their *Prakrut Avastha*. *Doshapaka* is a stage which is favorable for treatment of diseases. The reason behind reversal is beacause ,*Ama* is separated from the *Doshas*. The *Doshas* get digested and vitiation of *Doshas* get settled down, and tend to become normal. On the flip side, *Dhatupaka* is a pathological and unfavorable condition of the body ,in which tissues are severely destructed quickly. This leads to manifestation of many diseases like DM,TB etc. Knowledge of *Dhatupaka* helps physician to diagnosed this condition as early as possible, which support tissue with tissue forming and balancing intervention and to save life of patient. In *Madhumeha*( diabetes mellitus) "*Dhatupaka*" refers to the pathological destruction or damage to bodily tissues caused by the disease, essentially signifying the complications that arise from uncontrolled high blood sugar level. According to *Ayurveda*, *Madhumeha*,is developed as a result of disturbed "*Dhatus*" , due to imbalanced *Doshas*; essentially it meaning that prolonged diabetes can lead to significant tissue damage throughout the body.So in this article we try to study the applied aspect of *Dhatupaka* in *Madhumeha*(Diabetes Mellitus)

**Aim And Objectives :**

To study the applied aspect of *Dhatupaka* in *Madhumeha* w.s.r to Diabetes mellitus

**Material And Method :**

In this review study, we have collected information from the available *Ayurvedic Samhitas*, Modern medical books, Reliable journals, publication and citation available on internet have also been considered for references.

**Dhatupaka Avastha**

***Dhatu***=Tissues ***Paka***=Suppuration/Destruction.

*Dhatu Paka* is a pathological and unfavorable condition for body. Rapid tissue destruction ,characterizes this condition, resulting in the onset of numerous diseases and a compromised immune system and strength. Vitiation of any *dosha* may cause either a temporary damage to or permanent

destruction of *dhatus* , because they are subjected to a process of digestion. This is called as *Dhatupaka – avastha*. As it is a process of digestion or *pachana*, pitta plays a prominent role, whichever be the dosha taking part in *samprapti*. *Dhatus* being the essential components of the body, the general body-strength is entirely dependent on them. Hence *dhatupataka* is taken as a serious stage in the progress of *samprapti*. The only exception to this phenomenon is the case of *raktadhatu*. The *sitakana* or WBC play an important role in digesting and destroying any foreign matter (*agantu hetu* substances). eg. Pathogenic organisms, foreign proteins and other substances. They also swallow and digest the dying or decaying tissue (*dhatu*)- cells which have also become foreign to the body. Unless this phenomenon takes place Dhatupaka of other *dhatus* will not be controlled. Even though the digestion of *sitakana* (WBC) also takes place which is in fact a *Dhatupaka*. The process is essential for controlling the pathology. Secondly, when the *srotas* and *agni* of *raktadhatu* are functioning very well, this transient *Dhatupaka* is corrected quickly by the formation of new *sitakanas* and thus *swasthya* is maintained. *Dhatupaka* causes a damage or destruction of *dhatus*(body tissue), cells and body substances. Hence this stage must be controlled as early as possible. A Physician must always bear in mind the role of *Dhatupaka* in formation of disease. And during treating any disease, he should attempt to prevent *Dhatupaka* as much as possible.*Dhatupaka* is one among the least explained concepts in Ayurveda. But this state is closely related to the patho-physiology of multiple systemic disorders like *Madhumeha*.

**Symptoms of *Dhatupaka*** [2] :

**निद्रानाशं हृदिस्तम्भो विष्टम्भो गौरव अरुचि।**

**अरतिः बलहानिः च धातूना पाक लक्षणम् ॥**

(*Bhavprakash* 1/536)

Therefore mentioned symptoms of tissue destruction can serve as indicators of tissue damage, aiding physicians in recognizing this critical aspect of disease pathogenesis and promptly preventing tissue suppuration.

- *Nidranasha*–Loss of sleep
- *Hrudi stambha*–Unusual feeling of pressure or constriction in region of heart
- *Vishtambha–Dhatupaka* causes damage to cell and tissues which results in sluggishness in circulation and slow elimination due to abnormal metabolism causes constipation and also obstruction of different passages of body.
- *Gourava*–The stasis of metabolic waste produces heaviness in body.
- *Aruchi*–Tastelessness
- *Arati*–Anxiety, dullness
- *Balahani*–As the *Dhatus* are diseased the *Poshanakarma* to the body is absent. Hence there is *Balakshaya* (loss of strength and immunity).

We can correlate the symptoms of *Dhatupaka* in Diabetes as follows-[3,4,5,6,7,8]

1. *Nidranasha* -- Insomnia with Short Sleep Duration is Associated with Type 2 Diabetes. Insomnia with short sleep duration is associated with increased odds of diabetes. Objective sleep duration may predict cardio metabolic morbidity of chronic

insomnia, whose medical impact has been underestimated.

2. *Aruchi* --Anorexia nervosa and bulimia is associated with insulin dependent diabetes mellitus. These disorders and their partial syndromes were found in 19.5% of this population. Anorexia nervosa and Bulimic symptoms were associated with poor metabolic control as reflected in blood levels of glycosylated hemoglobin (HbA1C ). These findings have important implications both for the pathogenesis of anorexia nervosa and bulimia and for the management of some cases of DM with unstable metabolic control.
3. *Arati*—Studies have shown that depression and anxiety in diabetic patients are strongly co-related with factors like comorbidity, complications, BMI.
4. *Hrudi Stambha*- The incidence of Angina in patients with D.M. is extraordinarily high
5. *Vishtambha*- In patients of D.M. Gastro-intestinal symptoms like vomiting, constipation, diarrhea & faecal incontinence occur frequently

The advanced devices of modern technology are very helpful in tracing the symptoms of *Dhatupaka* when they are hidden. For example,

- The presence of albumin in urine suggests *mamsa Dhatupaka*
- High level of serum glutamic oxaloacetic transaminase (S.G.O.T) in blood suggest *Dhatupaka* of the muscles of the heart
- High level S.G.P.T in blood is suggestive of *Dhatupaka* of the liver tissue
- Ketone bodies in urine suggests *Dhatupaka* of *medodhatu*.

Under conditions in which the occurrence of *Dhatupaka* is not traceable by the above methods of investigation and there are no specific symptoms of a particular *Dhatupaka*, one may rely on the group of symptoms given in *Bhavaprakasha* which definitely suggest, the condition of *Dhatupaka* occurring in the body. Very often physicians ignore such symptoms considering them as minor ones, because of their lack of knowledge they often miss important symptoms of *Dhatupaka*,which leads to development of diabetic complications leading to a stage which is extremely difficult to treat

**Diabetes Mellitus:** [9]

Diabetes Mellitus is a chronic metabolic disease of multifaceted etiology prevalent all over the world. However, in the recent years the prevalence of Diabetes is on rise, more upsetting in developed countries. It is a leading cause of morbidity and mortality all over the world. The global prevalence of Diabetes among adults has risen from 4.7% in 1980 to 8.5% in 2014. In India, cases of Diabetes Mellitus have shown surprisingly higher susceptibility which is a matter of great concern. The prevalence of total diabetes is projected to grow 54% from 35,644,000 to 54,913,000 between 2015 to 2030. Diabetes mellitus is a common group of metabolic disorders that are characterized by chronic hyperglycaemia resulting from relative insulin deficiency, insulin resistance or both. Diabetes is usually primary but may be secondary to other conditions, which include pancreatic (eg. total pancreatectomy, chronic pancreatitis, haemochromatosis) and endocrine diseases (eg. acromegaly and Cushing's syndrome). It may also be drug induced, most commonly by thiazide diuretics and corticosteroids. Primary diabetes is divided into type1 and type 2 diabetes. In practice the

two diseases are a spectrum, distinct at the two ends but overlapping in the middle. At one end of the spectrum there is type 1 diabetes comprising of insulin deficiency with no resistance. Type 1 diabetes is most prevalent in Northern European countries, particularly Finland, and the incidence is increasing in most populations, particularly in young children. Type 2 diabetes is common in all populations enjoying an affluent lifestyle and is also increasing in frequency, particularly in adolescents. The beta cells of the islets of Langerhans in the pancreas gland are responsible for the production of the hormone insulin. The hormone insulin is extremely crucial for the proper utilization of carbohydrates in our body. If insulin is absent either due to metabolic disorder, or if it is not carrying out its functions properly, then these carbohydrates accumulates in the bloodstream in the form of glucose. The glucose then passes into the urine, which is one of the primary features of diabetes mellitus. Hence, this can be supposed to be either a deficiency in the making of insulin by the pancreas or a dysfunction of the insulin formed by the pancreas.

***Madhumeha* :**[10,11,12,13,]

*Madhumeha* known as silent killer needs to be treated as early as possible to stop onset of complications. *Madhumeha* is a *Tridosha* dominant *Vyadhi* but *Avrutta Vata* and *Bahudrava Shlesma* is the main ailments. It is a subtype of *Vataja Prameha* According to *bruhatrayees* and *lagutrayees*, *prameha* is divided into 20 types among them one is *Madhumeha* (Diabetes Mellitus). All these *pramehas* are diagnosed with the help of *Gandha*, *Varna*, *Rasa*, *Sparsha* of *mutra*. Majority of the *ayurvedic* physicians are diagnosing *prameha* with the help of *poorvarupa* lakshanas such as malas accumulated in the *dantha*, *pani-daha*, *pada-daha*, *trishna*, excessive *sweda*, *madhuryamasyata*. *Madhumeha* is one of the twenty types of *Prameha*. . If these *Prameha* are not cured properly then they might convert into *Madhumeha* and become incurable. *Ojomeha* is a subtype of *vātaja prameha*. The depletion of *oja* through the urine changes its taste and texture by vitiated *vata* consequences in *Ojomeha*. Alteration in qualities of *Oja* is due to *'Vata Prabhava'*. At the gross level, *Prameha* is viewed as an endocrinal and metabolic problem. Characterization of *Prameha* as *Sahaja* (innate) and *Apathyanimittaja* (acquired) favours the connection of *madhumeha* as diabetes mellitus. According to *Jalpakalpataru* commentary on *charaka samhitha* by *Gangadhara*, in *prameha adhyaya* mentioning about changes in *Ojas swarupa*. *Ojo swarupalakshanas* are *sarpi varnam*, *madhu rasam*, *laja gandhi*. Among these *lakshanas madhura* rasa is converted into *kashaya* rasa as mentioned in *madhumeha* by *Charaka* and *Madhavanidana*. *Madhumeha* comes under the group of *vataja prameha* where the involvement of *dasha dushyas* can be found in its severe grade. Therefore *dushti lakshanas* of *dushyas* may be mostly found in *Dhatupaka*.

**Hetu Of *Prameha / Madhumeha* :** [14]

आस्यासुखंस्वप्नसुखंदधीनिग्राम्यौदकानूपरसाःपयांसि ।

नवान्नपानंगुडवैकृतंचप्रमेहहेतुःकफकृच्चसर्वम् ।।४।। च.चि.अ.6

According to *Ayurveda* etiological factors like *Aasyasukham*( physical inactivity, excessive sitting),*Swapnasukham*(excessive sleeping specially during daytime) *Navannapanam* (excessive consumption of newly harvested crops and new liquor) which increases the *Kapha Dosha* are

contributed to develop the risk of *Prameha* .All those etiological factors of *Prameha* mentioned in our *Ayurvedic* text are also the contributing factors of *Madhumeha* as it is one of the varieties of *Prameha*. Lack of exercise and consumption of food that aggravates *Kapha*, *Meda* and *Mootra* are major causative factors of the disease.

**Samprapti of Madhumeha :**


**Image 1: Samprapti of Madhumeha .**

**Fate of *Dhatupaka*:**

Tissue destruction in *Dhatupaka* is caused due to *Pitta* in intial stage and *Vata* in later stage.The process of *Dhatupaka* leads to decrease in quantity of tissue which in turn leads to *Vata* vitiation,manifestation of above mentioned symptoms of tissue damage is due to vitiation of Vata.Though process of suppuration is initiated by morbid *Pitta*,it is carried ahead to irreversible properties by vitiated *Vata*, unless destruction is controlled by suitable measures.Depletion of *Aaharrasa* and lymph(*Rasa* Dhatu) also hastens tissue destruction in Dhatupaka. Moreover ,vitiatin of Vata is also responsible for destruction of *Aahar* rasa and lymph.*Aahar* rasa and lymph is mainly used for liberation of energy essential for body activities. Consequent decrease in quantity of tissues triggers the symptoms of *Dhatupaka*. Eventually each *Prameha*,whether it is *kaphaj*,*Pittaj* or *Vataj* ,if not treated appropriately will lead to Madhumeha and thus *Dhatugat Avastha* in *Madhumeha* can be observed. Complications of *Vataja prameha* is mostly similar to the symptoms of *Dhatupaka*. So a retrospective study is needed to access the symptoms of *madhumeha* in relation to *Dhatupaka*, which is not elaborately explained in our classics. While going through the literature of modern medicine symptoms like Insomnia, Tightness of chest (Angina), disorders of gastro intestinal motility, Anorexia Nervosa, Anxiety, Lassitude, Loss of Strength is mainly observing in Type2 diabetes mellitus which are similar to *Dhathupaka Lakshanas* told by *Bhavaprakasha*. Diabetes mellitus may lead to various longstanding complications like diabetic Retinopathy, Nephropathy, Neuropathy etc. Hence prevention of Type -2 diabetes is a crucial issue nowadays *Oja* is a essence of all seven *Dhatus*.Due to hyperglycemia ,*lakshanas* of *Ojakshaya* have also been found in advance stage of *Madhumeha* (Diabetes Mellitus) .Hence *Ojakshaya* can be correlated with *Dhatupaka*,as the depletion of tissues affects the overall strength and immunity of the body.Conversly , a reduced *Ojas* can also make the body more vulnerable to tissue damage and disease,further exacerbating *Dhatupaka*.

**Discussion:**

*'Shareera dharanat dhatavaha'* as per definition of word *dhatu*, these are the elements of body which form, guard and take care of entire body. General body strength and immunity of our body is entirely dependent on healthy condition, qualitative and quantitative balance of tissues of body. *Dhatupaka* is a pathological and unfavorable state characterized by rapid tissue destruction, resulting in various diseases and loss of immunity and strength.Destruction of tissues is considered as an alarming or threatening condition. It is a serious stage in pathogenesis of disease like Madhumeha.Type II Diabetes mellitus patients relating to *Dhatupaka lakshanas* such as *NidraNasham,Hridistambham,Vishtambham,Gouravam ,Aruchi,Arathi,Balahani* etc.These *lakshanas* will be assessed by gradings during the course of study understand the symptoms of *Madhumeha* (Diabetes Mellitus type II) In contrast, *Dhatupaka* describes a condition characterized by rapid tissue destruction, which poses significant risks to health. Symptoms associated with *Dhatupaka* serve as vital diagnostic criteria, enabling physicians to identify and address tissue damage proactively. Understanding the signs of *Dhatupaka* is essential for timely interventions to prevent rapid deterioration of health and to preserve the integrity of bodily functions. This concept underscores the critical nature of tissue health in the overall prognosis and management of diseases like *Madhumeha* (Diabetes Mellitus)

**Conclusion:**

It is very important for the physician to know about tissue destruction and its role in formation of diseases .With knowledge of tissue destruction and its symptoms it would be easy for physician to plan a proper protocol of treatment to not only control and expel morbid *Doshas* but also to control destruction and suppuration of tissues. In chronic diseases like *Madhumeha* there is continuous destruction of tissues. If this destruction of tissues is progressive, condition of patient becomes incurable. But if pathology and destruction of tissues is checked, condition of *dhatu paka* gets restricted. Stoppage of tissue destruction is a sign of good chances of recovery. Knowledge of tissue destruction –*Dhatupaka* would help the physician to diagnose this condition as early as possible ,support tissue with tissue formation and also save the life of patient .So we have to think about the concept of *Dhatupaka* beyond *Jwara*.Tissue destruction is an emergency condition as integrity of physical body and its stability is at stake. The life is also in danger.The exploration of *Dhatupaka* within the framework of *Sadhyasadhyatva* illustrates their importance in *Ayurvedic* diagnosis and treatment planning. *Dhatupaka* represents a critical threat to health due to tissue deterioration. By integrating these concepts into clinical practice, *Ayurvedic* practitioners can more effectively assess and communicate prognosis to patients. Providing accurate prognostic information not only aligns with ethical medical practice but also enhances the therapeutic relationship and patient outcomes in managing chronic diseases.,like *Madhumeha*. Thus, the principles of *Dhatupaka* remain applicable beyond fever and can guide the clinical approach to various medical conditions today.

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# Concept of Shatkriyakala: A Review of Disease Progression and Therapeutic Intervention in Ayurveda

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## Abstract

Ayurveda, the Indian art of healing, focuses on maintaining health and preventing disease with care personalized to the balance of *Doshas* (humors), *Dhatus* (tissues) and *Malas* (waste products). One of the key concepts in *Ayurvedic* pathology is *Shatkriyakala* as explained by Acharya *Sushruta* in the *Sushruta Samhita*. *Shatkriyakala* are the six stages of disease development: *Sanchaya* (accumulation), *Prakopa* (aggravation), *Prasara* (spread), *Sthanasamshraya* (localization), *Vyakti* (manifestation), and *Bheda* (complication). Every stage is its own window of opportunity for intervention and treatment. This paradigm, in addition to serving as a timely diagnosis and personalized treatment approach, is preventive in nature, capable of halting disease progression prior to clinical symptomology. This review therefore critically examines classical *Ayurvedic* literature and modern research to assess the importance, uses and modern relevance of *shatkriyakala*. It underscores the significance of detecting early pathological shifts via *Ayurvedic* diagnostic tools and describes therapeutic approaches for each stage. We cover clinical applications in abscess *(Vidradhi)*, allergic rhinitis *(Pratishyaya)* and even complex diseases like cancer, to highlight *Shatkriyakala's* wide applicability in contemporary integrative medicine. The review investigates connections between *Shatkriyakala* and contemporary notions of homeostasis, pathogenesis, and preventive medicine. As the world turns toward personalized, predictive, and preventive medicine, *Shatkriyakala* presents a centuries-proven, systematic framework to decipher disease pathogenesis and interception. When combined with modern clinical models this idea maintains deep relevance in personal and public health planning.

**Keywords :** *Shatkriyakala, Sanchaya ,Prakopa, Prasara ,Sthanasamshraya*

**Introduction:**

Ayurveda, the ancient wisdom of life, offers a holistic approach to health through a deep understanding of the body's physiological and pathological processes. Among its core generalities is *Shatkriyakala,* a regular model that outlines the six progressive stages of complaint development. This doctrine, primarily described by Acharya *Sushruta* in the *Sushruta* Samhita *(Sutrasthana* Chapter 21), is foundational to *Ayurvedic* pathology and cures. The term" *Shatkriyakala*" is derived from three Sanskrit words — *Shat* (six), *Kriya* (intervention), and *Kala* (time), collectively meaning" the six stages where treatment can be effectively applied"[1]. *Shatkriyakala* encompasses the successive progression of vitiated *Doshas* — *Sanchaya* (accumulation), *Prakopa* (aggravation), *Prasara* (spread), *Sthanasamshraya* (localization), *Vyakti* (manifestation), and Bheda (complication). Recognizing these stages allows croakers to intermediate before the complaint becomes fully expressed, thereby preventing complications and chronicity [2]. In distinction to modern medicine, which constantly targets symptoms after complaint manifestation, *Shatkriyakala* emphasizes early discovery and root- cause treatment [3]. This aligns nearly with contemporary models of precautionary and predictive medicine. The purpose of this review is to explore the classical origins, illuminative perceptivity, and modern connection of *Shatkriyakala* in clinical practice and public health, reaffirming its dateless value in complaint prevention and substantiated care.

**Classical Foundation:**

*Ayurveda,* the ancient wisdom of life, offers a holistic approach to health through a deep understanding of the body's physiological and pathological processes. Among its core generalities is *Shatkriyakala,* a regular model that outlines the six progressive stages of complaint development [4]. This doctrine, primarily described by Acharya *Sushruta* in the *Sushruta Samhita (Sutrasthana,* Chapter 21), is foundational to *Ayurvedic* pathology and cures. The term" *Shatkriyakala"* is deduced from three Sanskrit words — *Shat* (six), *Kriya* (intervention), and *Kala* (time), inclusively meaning" the six stages where treatment can be effectively applied"[5]. *Shatkriyakala* encompasses the consecutive progression of vitiated *Doshas* — *Sanchaya* (accumulation), *Prakopa* (aggravation), *Prasara* (spread), *Sthanasamshraya* (localization), *Vyakti* (incarnation), and *Bheda* (complication). Feting these stages allows croakers to intermediate before the complaint becomes completely expressed, thereby precluding complications and regularity. In distinction to ultramodern drug, which constantly targets symptoms after complaint incarnation, *Shatkriyakala* emphasizes early discovery and root-cause treatment. This aligns nearly with contemporary models of preventative and prophetic drug [6]. The purpose of this review is to explore the classical origins, interpretive perceptivity, and ultramodern connection of *Shatkriyakala* in clinical practice and public health, reaffirming its dateless value in complaint forestallment and substantiated care. The generality of *Shatkriyakala* forms the backbone of *Ayurvedic* understanding of complaint progression and remedial timing. First detailed by *Acharya Sushruta* in the *Sutrasthana* (Chapter 21, *Vranaprashna Adhyaya)* of the *Sushruta Samhita, Shatkriyakala* outlines the six distinct stages through which a complaint develops, furnishing multiple openings for timely medical intervention. It's an emulsion term where ―Shat‖ means six, ―*Kriya* implies remedial action, and ―*Kala* signifies time or phase. Therefore, it represents six time- bound openings to

intermediate in the complaint process before it completely manifests or leads to complications. The six stages are:

1. ***Sanchaya*** **–** Accumulation of *Doshas* in their natural sites.
2. ***Prakopa*** **–** Aggravation or excitation of accumulated *Doshas.*
3. ***Prasara*** **–** Displacement or systemic spread of aggravated *Doshas.*
4. ***Sthanasamshraya*** **–** Localization of *Doshas* in vulnerable tissues *(Dhatus),* initiating preclinical changes.
5. ***Vyakti*** **–** Clinical manifestation of disease signs and symptoms.
6. ***Bheda*** **–** Complication, differentiation, or chronic transformation of disease.

Each stage is marked by subtle changes in physiological balance and requires different remedial responses [7] - from salutary regulation and life correction in early stages to detoxification *(Shodhana)* and specialized treatments in advanced stages. This model highlights the dynamic and evolving nature of complaint. Unlike ultramodern pathology, which frequently waits for visible symptoms, Ayurveda's emphasis is on early discovery through *doshik* assessment, therefore making *Shatkriyakala* a visionary rather than reactive frame. Classical textbooks similar as *Charaka Samhita* and *Ashtanga Hridaya* also plump the significance of intermediating before the *Vyakti* or *Bheda* stage to achieve better prognostic [8]. The classical foundation of *Shatkriyakala* therefore provides a structured, prophetic model of complaint progression that remains clinically applicable indeed in contemporary integrative drug.

**Clinical Significance:**

The conception of *Shatkriyakala* holds immense clinical applicability in *Ayurvedic* practice, serving as both an individual frame and a companion for remedial intervention. Its primary significance lies in relating the stage of complaint progression, enabling croakers to intermediate at the most applicable point to help farther deterioration. Unlike numerous ultramodern individual models, which frequently concentrate on the characteristic stage *(Vyakti), Shatkriyakala* emphasizes early discovery and preclinical opinion, offering a substantial advantage in complaint forestallment. Each of the six stages suggests specific signs and symptoms that a professed *Ayurvedic guru* can descry using tools similar as *Nidana Panchaka* (five-fold individual approach). For case, *Sanchaya* and *Prakopa* stages may not show overt clinical symptoms but are frequently indicated by subtle changes in digestion, mood, or energy situations. Addressing these early changes through diet, life, and herbal interventions can frequently reverse the complaint line without the need for ferocious treatment. At the *Prasara* and *Sthanasamshraya* stages, the complaint process begins to internalize, and targeted curatives similar as *Langhana* (lightening), *Deepana* (digestive instigations), and *Pachana* (digestive aids) can arrest farther spread. In the *Vyakti* stage, clinical symptoms come apparent, challenging further defined treatment protocols, including *Shamana* (palliative) or *Shodhana* (purificatory) curatives. The final stage, *Bheda*, frequently indicates regularity or complications and requires personalized operation strategies [9]. *Shatkriyakala* also plays a vital part in complaint prognostic *(Sadhyasadhyata)* and treatment planning.

By determining the stage of the complaint, a croaker can estimate its reversibility, plan the treatment consequently, and advise cases really. This stratified approach promotes perfection drug within *Ayurveda*, echoing ultramodern individualized drug models [10].In summary, *Shatkriyakala* offers a structured clinical tool that enhances individual delicacy, optimizes treatment, and reinforces the preventative substance of Ayurveda.

**Applications in Specific Diseases:**

The practical utility of *Shatkriyakala* extends across various disease conditions, offering stage-wise management strategies that align with both preventive and therapeutic objectives. In conditions like *Vidradhi* (abscess), early identification at the *Sanchaya* or *Prakopa* stage enables interventions such as *Langhana* (fasting) and *Deepana-Pachana* (digestive therapies), preventing suppuration and reducing the need for surgical procedures [11].In *Pratishyaya* (allergic rhinitis), identifying *Dosha* aggravation in the *Prasara* and *Sthanasamshraya* stages allows for timely correction through nasal therapies like *Nasya* and lifestyle modifications, thereby averting chronic symptoms [12]. The *Shatkriyakala* framework is also increasingly being correlated with cancer pathogenesis. The *Sthanasamshraya* and *Vyakti* stages resemble the cellular localization and clinical emergence of neoplasms. *Ayurvedic* interventions at these stages focus on correcting *Dosha-Dhatu* imbalance and improving immunity, forming a complementary approach to conventional oncology [13].Moreover, conditions such as valvular heart disease and autoimmune disorders have also been analyzed through the lens of *Shatkriyakala* to understand their progression and to design stage- specific treatments that may prevent complications [14]. Thus, the model offers not only early intervention but also improves disease outcomes across a broad spectrum of disorders.

**Contemporary Relevance:**

In the era of personalized and preventive medicine, the ancient *Ayurvedic* concept of *Shatkriyakala* holds remarkable contemporary relevance. Modern healthcare increasingly emphasizes early diagnosis, risk stratification, and stage-wise intervention—principles that are inherently embedded within *Shatkriyakala*. Its framework allows clinicians to identify disease at a preclinical stage, enabling intervention before symptoms emerge or irreversible damage occurs. The progression of disease described in *Shatkriyakala* parallels the natural history of disease in biomedicine, making it a bridge between traditional and modern approaches. For instance, the *Prasara* and *Sthanasamshraya* stages are comparable to systemic inflammation and tissue susceptibility in pathophysiology, respectively [15]. By recognizing early imbalances in *Doshas* and intervening with lifestyle, diet, or herbal medicines, physicians can manage diseases proactively rather than reactively.Furthermore, with rising interest in integrative medicine, *Shatkriyakala* provides a structured model that complements modern diagnostics, offering a time-tested system for monitoring disease evolution and tailoring interventions. It is particularly relevant in managing chronic diseases, metabolic disorders, and lifestyle-related conditions where early interventions are crucial for long-term outcomes[16]. In this way, *Shatkriyakala* remains not only a philosophical model but a clinically actionable framework compatible with the goals of modern evidence-based medicine.

**Integration with Public Health:**

The concept of *Shatkriyakala* provides a valuable framework for public health planning, emphasizing early detection, prevention, and individualized care—key principles that align with the goals of modern public health systems. In Ayurveda, disease does not occur abruptly but develops progressively through six identifiable stages. This stepwise understanding can be effectively used to design preventive strategies and screening programs at the community level. Early stages such as *Sanchaya* and *Prakopa* often present with subtle, non-specific symptoms like indigestion, fatigue, or emotional imbalance. Through community-based screening using Ayurvedic assessment tools (e.g., *Nidana Panchaka, Rogi Pariksha),* health workers can detect these signs and initiate preventive interventions like dietary regulation, seasonal routines *(Ritucharya),* and health education on *Dinacharya* (daily regimen). Such approaches are cost-effective and culturally appropriate, especially in rural and resource-limited settings. Additionally, *Shatkriyakala* facilitates risk stratification for chronic and lifestyle diseases. For instance, individuals in the *Prasara* or *Sthanasamshraya* stages may be prioritized for targeted interventions, thereby reducing the burden on tertiary care facilities. The model also emphasizes the role of health promotion, encouraging balanced living, stress management, and regular detoxification, which are vital for reducing the incidence of non-communicable diseases. Furthermore, integrating *Shatkriyakala* into public health policies can enhance community resilience by empowering individuals with knowledge of their own health states and preventive measures. It aligns with the World Health Organization's focus on traditional medicine as a component of Universal Health Coverage. By bridging traditional wisdom with public health systems, *Shatkriyakala* offers a holistic, sustainable, and community-centered model of disease prevention and health promotion that can significantly contribute to modern healthcare delivery.

**Conclusion:**

*Shatkriyakala* is a foundational concept in Ayurveda that provides a systematic understanding of disease progression through six distinct stages. Its emphasis on early diagnosis, preventive care, and stage-specific treatment aligns closely with modern principles of personalized and predictive medicine. Clinically, it empowers practitioners to intervene before disease fully manifests, improving outcomes and reducing complications. In public health, it offers a cost-effective model for screening, education, and risk stratification. As interest in integrative medicine grows, *Shatkriyakala* continues to serve as a timeless and practical framework for both individual care and community health initiatives.

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# Hypothyroidism and Ayurveda: Bringing Modern Causes with Ancient Texts

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## Abstract

Hypothyroidism—a condition where the thyroid gland fails to produce enough thyroid hormones—is increasingly common in today's world. Fatigue, weight gain, constipation, cold intolerance, depression, and menstrual irregularities are just a few of its many symptoms [1]. While modern medicine attributes it to autoimmune conditions (like Hashimoto's thyroiditis), iodine deficiency, and stress, *Ayurveda* offers a unique lens through which we can understand not just the symptoms, but the root causes behind the understanding Hypothyroidism in Modern lifestyle.

**Keywords**: Hypothyroidism, Thyroid hormones, *Ayurveda*, Modern lifestyle

**Introduction :**

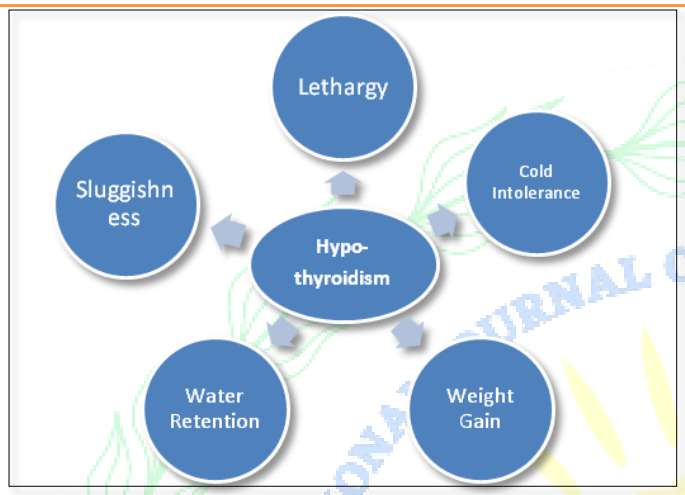
In allopathic terms, hypothyroidism is a hormonal disorder characterized by :

- Underactive thyroid hormone production (T3, T4)
- Elevated TSH (Thyroid Stimulating Hormone)
- Most commonly caused by autoimmune inflammation of the thyroid (Hashimoto's)

However, *Ayurveda* doesn't name the thyroid gland specifically in ancient texts. Instead, it analyzes diseases through *Doshas (Vata, Pitta, Kapha), Dhatus, Agni* (digestive/metabolic fire), and srotas (channels). Many aspects of hypothyroidism mirror an imbalance of these elements.

**Lensing hypothyroidism through *Ayurveda* :**

Hypothyroidism as a Disease of *Kapha* and *Meda Dushti*. - *Kapha* Dominance and Hypometabolism




**Hypothyroidism Symptoms**

**Hypothyroidism Symptoms:** lethargy, cold intolerance, weight gain, water retention, sluggishness—are clear signs of *Kapha* aggravation [2]. *Ayurveda* describes *Kapha* as heavy Guru (heavy), Sheet (cold), Manda (slow), and *Sthira* (stable), all of which reflect a low metabolic rate similar to hypothyroid conditions [3].

*Kapha* vitiation leads to *Manda* Agni (low digestive fire), which is the root of *Ama* (toxic, undigested metabolic waste) formation. This *Ama* obstructs the *Srotas* (channels), impairs *Dhatu* nourishment, and results in systemic sluggishness—paralleling hypothyroid physiology.

***Meda Dhatu* and Obesity :**

*Meda* (fat tissue) is often involved in metabolic diseases in *Ayurveda*. In hypothyroidism, weight gain, puffiness, and increased fat accumulation point toward *Meda Dhatu Dushti*. When *Meda* becomes excessive or improperly formed, it creates further heaviness, hormonal imbalance, and toxin retention-amplifying *Kapha Dosha* and slowing metabolism.

**Rasa Dhatu Dushti and Hormonal Imbalance**

*Ayurveda* views *Rasa Dhatu* as the plasma and lymphatic system, the primary carrier of nutrition and hormones. Improper formation of *Rasa Dhatu* due to *Manda Agni* and *Ama* leads to poor hormonal secretion. Since the thyroid is part of the endocrine system, this impairment may result in under functioning of glands like the thyroid.

***Manas* (Mind) and Agni: Role of Stress**

Modern science recognizes stress as a trigger for autoimmune thyroiditis. WHO also recognizes complete mental and emotional well-being essential for health and not merely the absence of diseases [4]. *Ayurveda*, too, links emotional imbalances (stress, grief, over thinking) with deranged Agni and *Dosha* imbalance [5] - especially *Vata* aggravation and subsequent *Kapha* blockage. Prolonged mental stress weakens *Ojas* (vital immunity) and derails the mind-body balance [6], creating a breeding ground for systemic dysfunction including thyroid disorders.

***Nidana* Relevant to Modern Hypothyroidism**

*Ancient Ayurvedic texts like Charaka Samhita and Ashtanga Hridaya* enumerate certain causes (*Nidana*) that align closely with modern triggers of hypothyroidism:

| Ayurvedic cause | Modern correlation |
|---|---|
| **Ati-snigdha Ahara** | Junk food, processed fats |
| **Alpa vyayam** | Sedentary lifestyle |
| **Diwaswapa** | Disturbed biological rhythem |
| **Mandaagni** | Poor metabolism, gut dysfunction |
| **Manasika hetu** | Chronic stress, anxiety, depression |
| **Ama Janya** | Systemic inflammation, autoimmunity |
| **Beeja Dushti** | Hereditary predisposition |

**Hypothyroidism and *Galaganda* : An *Ayurvedic* Connection :**

In certain cases, when the thyroid becomes visibly enlarged (goiter), Ayurveda equates this with *Galaganda*, a condition described in classical texts as a swelling in the throat region due to *Kapha* and *Vata* imbalance [7]. Though not a complete description of hypothyroidism, *Galaganda* covers the structural manifestation of thyroid issues and is managed with herbs that are still effective today. *Ayurvedic* Management Approach for Hypothyroidism

*Ayurveda* focuses on root-cause elimination, balance restoration, and Agni strengthening. A typical protocol includes:

**1.*Agni Deepana* and *Ama Pachana*:**

- **Herbs:** *Trikatu, Chitraka*, Dry Ginger, *Hing*
- **Purpose:** Restore digestive fire & clear toxins

**2.Kapha and Meda Shamana:**

- **Herbs:** *Guggulu, Triphala, Musta, Punarnava*
- **Purpose:** Regulate fat metabolism and reduce excess *Kapha*

**3.Liver Stimulation:**

- The liver plays a key role in converting T4 to active T3 hormone.
- **Formulations:** *Arogyavardhini Vati*, Liv-52, *Bhumi Amla* etc

**4.Stress Management:**

- ***Rasayanas*:** *Ashwagandha, Brahmi, Mandukaparni*
- Help in adrenal balance, stress control, and rejuvenation

**5.Panchakarma Therapies:**

- *Vamana* (therapeutic emesis) and *Basti* (medicated enemas) are used for detox and *dosha* balance.
- Abhyanga (oil massage) and Nasya (nasal oil) nourish the nervous system and throat region.

**5. Diet and Lifestyle Recommendations:**

**Favorable Foods -**

- Warm, light, and easy-to-digest meals
- Use spices like ginger, black pepper, cinnamon
- Include vegetables like bottle gourd, ridge gourd, drumstick

**6. To Avoid:**

- Cold, raw, oily, and dairy-heavy foods
- Excess sugar, processed snacks
- Daytime sleep and night awakenings

**7. Lifestyle Tips:**

- Daily exercise like brisk walking or yoga
- Pranayama and meditation to reduce stress
- Sun exposure for natural Vitamin D and hormonal rhythm

**Discussion:**

As *Ayurved* always says that naming each and every disorder is not possible. Diseases emerging in modern era might seem new and challenging, but are always sooner or later found embedded in concepts of ayurved. Any disease occurring in the body are never beyond the core principles of *Ayurved (Tridosha Siddhant, Dhatu Vaishamya Awastha).* It only requires the vision to understand and treat the *Dhatu Vaishamya* in order to achieve *Aarogya*. As explained above, the so called modern day issue, Hypothyroidism has been previously correlated with *Galganda* mentioned in *Ayurveda* by many commentators.

**Conclusion :**

Hypothyroidism may seem like a modern ailment rooted in sedentary living, fast food, and stress—but its true causes were already deeply understood by *Ayurvedic* seers millennia ago. Whether it's *Manda Agni*, *Ama*, *Kapha* excess, or *Manasika Hetu*, all of these factors lay the foundation for what modern science today defines as thyroid dysfunction.

By acknowledging the timeless wisdom of *Ayurveda* and integrating it with current diagnostics, we can approach hypothyroidism not just as a hormone deficiency, but as a multi-system imbalance that can be corrected through natural, holistic, and individualized care.

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# A Review Of Article On Effect Of Sheetali Pranayam And Pathya Apathya In Amlapitta W.S.R To Nidan Panchak

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## Abstract

A major problem in the modern day is *Amlapitta*, which is brought on by excessive use of katu, snigdha, viruddha, *Abhishyandi, Atyushna, Vidahi, Pista Anna*, altered lifestyles, and indulgence in *Diwaswapna, Ati Udaka Panam*, and chinta. These contributing variables also cause *Agnimandya* and vitiate *Pitta's Dravata,* which results in shukhtatva and vidagdhata of the ahara rasa. Therefore, improving Agni and adhering to appropriate pathya are crucial for treating *Amlapitta* in order to prevent the condition. Vitiated *Agni* (appetite) is the cause of *Amlapitta*, one of the most prevalent *Annavahasrotas* (gastrointestinal tract) disorders. *Amlapitta* is a condition in which *Samata* causes a rise in the *Amlaguna* (sour taste) of *Pachak Pitta* (gastric juice). These days, disruptions to a person's lifestyle extend beyond his or her habits and activities to include the type and manner of food consumed. In order to maintain excellent health, *Ayurveda* has placed the highest value on an ideal diet and how it varies depending on the season, Agni, *Prakruti*, age, and place of residence. *Acharya Charaka* provided a scientific explanation of *Ahara Vidhi Vidhan* and *Asta Aharavidhi Visheshayatana*. Failure to follow these results in an imbalance in *Doshas*, which in turn causes sickness to emerge. An essential tool for disease diagnosis is *Nidana Panchaka*. Studying *Nidanapanchaka* contributes to a thorough comprehension of *Amlapitta's Nidana, Lakshana*, *Samprapti*, *Upashaya*, and *Anupashaya*, all of which support *Samprapti Vighatana*. According to Hathyoga *Pradipika, Sheetali Pranayam* performs exceptionally well in *Pitta Vikara*. Since pathya apathya is the most important aspect of life and its imbalance is the main cause of *Vyadhi Samprapti*, it is imperative that individuals understand its significance, as well as when and how to have *Aahar*.

**Keywords:** *Amlapitta, Nidana Panchaka,Pathya Apathya,*Hyperacidity,*Annavahastrotas, Sheetali, Pranayama.*

**Introduction**:

*Amlapitta* is one of the illnesses that result from improper and flawed eating habits, which also induce *dushti* of *annavaha strotas*. *Brihattrayi* makes no reference of *Amlapitta*. The *Kashyapa Samhita* was the first to mention it. It has also been aptly described by *Madhava Nidana*, *Bhavaprakasha*, and *Yoga Ratnakara*. According to *Vagbhata*, *Mandagni* is the root cause of all illnesses. *Pitta dosha* is aggravated by consuming too much *Amla*, *Katu*, *Ushna*, *Vidahiaharsevana*, and *Viruddhashana*. *Pitta* typically has *Katu* rasa, however *Amlapitta* results when *Katu* rasa is changed to *Amla* rasa[1]. People today are dealing with tough situations. Not only did *westernisation* restrict their activities and habits, but it also altered the type of food they ate and how they consumed it. *Westernisation* is linked to a rise in the use of junk food, carbonated drinks, sweets, tobacco, and alcohol. Fast food includes a variety of simple meals. Therefore, the primary causes of the rise in the prevalence of an obstinate disorder, *Amlapitta*[2]. The most prevalent issue in the society, are irregular and inappropriate eating habits, a busy and stressful lifestyle, and *westernisation*. According to contemporary science, *amlapitta* can be correlated with hyperacidity[3]. It is estimated that over 75% of people are impacted. HCL has a significant part in the digestive process. Through a process known as proteolysis, HCL transforms the inactive enzyme *pepsinogen* into the active enzyme pepsin, which aids in digestion by rupturing the bonds that bind amino acids. Hyperacidity is the result of the stomach producing too much acid. Heartburn, a deep-seated searing discomfort behind the sternum in the chest, is a common symptom of hyperacidity. In the modern era, a fast-paced, stressful lifestyle, mental stress, incompatible eating habits, unhealthy routines like smoking, drinking, and taking medications like NSAIDS, steroids, and certain vitamin supplements, as well as lack of sleep at night, irregular eating patterns, eating too late at night, and stifling cravings are all contributing factors to gastric irritation and *hypergastric* secretions that result in hyperacidity

.

**Definition**[4] :

According to *Shrikanthdutta's* description in *Madhava Nidana*, "*Amlapitta*" is the state in which the *Amla guna* of *Pitta* is raised when different *pitta prakopaka nidana sevan* is performed. The *utpatti* of *vyadhi* known as *amlapitta* results from *pitta* vitiation, which also causes the *pitta's katu* rasa to change into an *amla* rasa and raises its *dravta*.

**Symptoms Of *Amlapitta***[5,6,7]

a. ***Vataja Amlapitta*:** Signs consist of *Angasada Jrumbha* (yawning), bodily discomfort, and sensitivity to greasy foods, as well as relief from lubricating or oily substances.

b. ***Pittaja Amlapitta*:** Symptoms include *Bhrama*(dizziness), *Vidah*, sensation of cold, relief with cold substances, and altered taste sensation.

c. ***Kaphaj amlapitta*-** Heaviness is one of the symptoms of *Kaphaja Amlapitta*. Dryness, nausea, dry substance alleviation and heat sensitivity.

***Ahara Paka Kriya*:**

Following two phases (*Avastha*)

1. *Avasthapaka* (1st phase of digestion)
2. *Nisthapaka* (2nd phase of digestion)

***Avasthapaka*[8] :**

The process of digestion by *Pachakagni* is known as *Avasthapaka*.

1. *Madhura Avasthapaka*
2. *Amla Avasthapaka*
3. *Katu Avasthapaka*

***Nidana*[9] :**

Following an evaluation of *Amlapitta's Nidanas*, it can be roughly categorized as

- *Aharaja*
- *Viharaja*
- *Manasika*
- *Agantuja*

***Aharaja Hetu* (Dietary factors)**

Dietary variables, or *Aharaja Hetu*, are regarded as the initial group of etiological factors. Here, the ideas of *Ahara vidhividhana* and *Ahara vidhi visheshaayatana* can be taken into consideration. *Pitta dosha prakopa* will result from irregular intake of *ahara* factors such as *katu*, *amla*, *vidahi*, etc.

- *Abhojana*
- *Atibhojana*
- *Ajeerna*
- *Amapurana*
- *Vishamashana*
- *Adhyashana*
- *Gurubhojana*
- *Pishta Atisevana*
- *Phanita Atisevana*
- *Ikhuvikara Atisevana*
- *Usha Atisevana*
- *Katu-Amla* Rasa *Atisevana*
- Drava- *Ruksha Atisevana*
- *Kulatha Atisevana*
- Madhya *Atisevana*

***Viharaja Hetu*:**

A code of habits is part of *Viharaja Hetus*. The *viharaja Hetus* comprises Bathing after eating is known as *bhukte bhukte snana*. After eating, *bhukte bhukte avagaha* (*tubbath*), *Diwaswapna bhukte* (slumbering after food), *Vegadharana* (repression of instincts).

***Mansik Hetu* :**

Psychological elements that cause *pitta* to rise *Dosha* are *Chinta* (pondering), *Krodha* (rage), *Bhaya* (dread), *Shoka* (sorrows).

***Kalaja Hetu* (Other related factors) :**

Those that fall within *Kalaja Hetu* include *Varsha Ritu* (season of rain) *Pravrut ritu*, which occurs in the early rainy season

**1.Doshas :**

I. ***Saman Vata*-**One of the *panchavatas* is *Samana Vata*. It is located close to the stomach, or *amashaya*. It is beneficial. In igniting the *jataragni*, and following that, *pachana* assists in separation of the material that has been digested into Sara and *Kitta Bhagam*. Once its functionality is compromised, it can result in *Ajeerna* and *Mandagni*.

II. ***Pachak Pitta*-**situated in the space between *Pakwashaya* and *Amashaya*. This is essential to the *Pachana* process, which means that all *Bhutagnis* rely on it. The *Amla* and *Dravaguna* of *Pitta* will rise in *Amlapitta*.

III. ***Kledaka Kapha*-**Through the breakdown of food particles, it aids the *Pachaka Pitta* in the digestive process. It will divert the digestive process if it is compromised.

**2.Dushya**:

Since it receives the *anna* rasa first, Rasa is the primary *dushya* that experiences vitiation.

**3.Agni:**

The locations of *Jataragni* are *Amashaya* and *Grahani*. The *Samana Vata* and *Kledaka kapha* start the digestive process. *Tikshnagni*, *Vishamagni*, and *Mandagni* can result from any aspiration in Agni. The main contributing element to the path physiology of *Amlapitta* is *Mandagni*.

**4.Strotas:**

*Amlapitta* incorporates all three forms of *Srotodushti*. While taking *Nidanas* into consideration, it incorporates *Annavaha*, *Rasavaha*, and *Purishavaha Srotas*.

**5.Udbhavsthana :**

Each of the three *srotodushti* types is incorporated into *Amlapitta*. It includes *annavaha*, *rasavaha*, and *purishavaha srotas* when considering *nidanas*.

**6.Rogmarga:**

*Amlapitta* is regarded as falling under *Abhyantara Roga Marga* since it is a *Koshta Sambandha Vyadhi*.

**7.Lakshana[10] :**

- *Avipaka*(*Improperdigestion*)
- *Klama*(Dizziness)
- *Utklesha*(Belching)
- *Tiktaudgara*(Bitter Belching)
- *Amlaudgara*(*Sourbelching*)
- *Gaurava*(Heaviness)
- *Hritdaha*(Burning Sensation In The *Epigastric* Region)
- *Kantadha*(Burning In Throat)
- *Aruchi*(Anorexia)
- *Antrakujana*(Gurgling Sound In The Abdomen)
- *Vidbheda*
- *Udara Adhmana*(Distention Of Abdomen)
- *Hritshula*(*Epigastric* Pain)
- *Angasada*(Tiredness Of Extremities)
- *Gurukoshtata*(Heaviness Of Abdomen)
- *Romaharsha*(*Horripilation*)
- *Shiroruk* (Head Ache)

**8.Purvaropa [11] :**

*Amlapitta* does not have a distinct *Purvarupa* listed in ancient *Ayurvedic* scriptures.

**9.Rupa[12] :** *Acharya Sushruta* asserts that *rupa* manifests during the *Vyakti* stage.

| Vishishta Rupas | Vata | Pitta | Kapha |
|---|---|---|---|
| According to Kashyapa Samhita | Shoola, Angasada Jrimbha | Bhrama, Vidaha | Gaurava, Chhardi |
| According to Madav Nidan | Kampa ,Pralapa, Murchha, Chimchimitva ,Shoola, Vibhrama, Vimoha ,Harsha, tamodarshan | Tiktodgar, Amloudagar, Katuudagar, Hriddhaha, Bhrama, Aruchi, Chharadi, Alasya, | Kaphanishthivana, Gaurava, Jadata, Aruchi,Shita, Saada, Vami,Lepa, Agnimandya, Kandu, Nindra |

***Vishista Rupa***

**10.Upashaya *Anupshaya*[13] :**

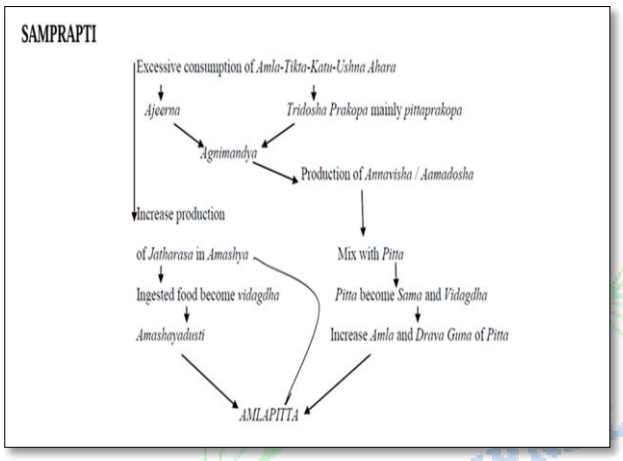
*Acharya Kaypasha* states that:

1. *Vataja Amlapitta - Snigdha Upasaya*
2. *Pittaja Amlapitta- Sita Upasaya* and *Swadu*
3. *Kaphaja Amlapitta -Ruksha* and *Ushusaya*

**11.Samprapti(Pathogenesis)[14] :**

*Samprapti Ghatak* :

1. *Dosha*: *Tridosha* (mainly *Pitta*)
2. *Dushya*: Rasa, *Rakta*
3. *Srotasa:Annavaha*
4. Agni: *Jatharagni*
5. *Ama*: *Jatharagnimandhyajanya*
6. *Udbhavasthana*: *Amashaya*
7. *Adhisthana*: *Adhoamashaya*
8. *Sanchara*: *Annavaha*
9. *Swabhava*: *Chirkari*
10. *Pradhanta*: *Pitta Doshapradhana*




***Samprapti***

**12.Updrava** [15] :

*Atisara, Pandu Shotha, Aruchi, Bhrama, Dhatukshinata, Shoola* are *Upadrava* (*kashyapa Samhita*)

**13.Sadhyasadhyata** :

*Acharya Madhava Nidana* states that *amlapitta* of recent onset is *sadhya*, but in the chronic stage it turns into *yapya* or *krichhasadhy*. *Acharya Kashyapa* states that *amlapitta* turns into *asadhya* (incurable) when it is linked to *upadrava*.

**14.Chikitsa**:

*Samanya chikitsa* of *Amlapitta*:

1) *Vamana* (*Patol + Neem + Madanfal*) is the initial treatment for *Amlapitta*, according to *Acharya Yogaratnakara* and *Acharya Kashyapa*.
2) *Virechana*: *Amlapitta* (*triphala + madhu*) is then recommended for *mrudu virechan*.
3) *Basti*: In cases of chronic *Amlapitta*, *Anuvasan* and *Asthapan Basti* should be given.
4) Shaman *chikitsa*: *Shodhan Chikitsa* is followed by Shaman *Chikitsa*. *Ahar* and *Aushdi* based on *Dosha* predominance. (The *Samhitas* provide for *Patoladi Kwath, Bhunimbadi Kwath*, and *Guduchi Moodak* in different ways.)

**Plan For *Sheetali Pranayama*** [16] **:**

*Pranayama* was performed for three minutes after two minutes of *Prarthana* (prayer), followed by Breathing Awareness. *Pranayama* was followed by two minutes of *Shawasana*. Steer clear of oral consumption both before and after *Pranayama*.

**Importance Of *Pranayama* :**

The practice of *pranayam* aids in mental stability and concentration. One can maintain control over their mental and physical activity because of *Pranayam*. *Pranayam* lowers the respiratory rate, allowing the body to preserve critical force and energy. The end result of this is a long life with a high standard of living. By correct practice of *Pranayama* all ailments are curable. On the other side, improper *Pranayam* practice leads to a variety of illnesses. *Pranayam* has a significant impact on brain function. The main goal of *Pranayam* is to acquire mental and emotional calm through the systemic synchronization of nervous system activities. The mind is unstable as long as breathing continues; when it ceases, the mind becomes calm and the yogi achieves total stillness. As a result, one should control their breathing.

***Sheetali Pranayama*** [17] **:**

An knowledgeable *Sadhak* should slowly expel the air through both nostrils after performing *Kumbhak* as previously (as in *Suryabhedana*) and inhaling air via the tongue. We call this *Pranayam Sheetali*. This *Pranayam* is called *Sheetali* because of its cooling properties. The feminine form of "*Kumbhak*" is "*Kumbhika*," while "*Seetali*," which means "cool," is the feminine form of "*Sheetal*" and qualifies "*Kumbhika*."

**Technique :** The following quotation from Hath Yoga *Pradipika* does not fully describe the method. However, the tradition is quite clear in this respect, and *Jyotsana Tika's* commentary dispels any question. Shiva *Samhita* 3/84 contains a similar reference. The research used a similar methodology.

1. The first step in doing this *Pranayam* is to extend the tongue approximately 3/4 of an inch from the lips.
2. After this is finished, the tongue should be folded twice lengthwise, within and outside the mouth, creating a tube-like structure beneath the lower lip.
3. The tongue's outer end will naturally create a narrower channel that slopes in the direction of the tongue tip.
4. In this configuration, the tongue resembles the lower portion of a bird's beak.
5. During *Purak*, air from the outside has to be inhaled through this lingual duct. After taking a breath, the lips should be closed and the tongue should be pulled back.
6. *Kumbhak* is a typical kind.
7. *Rechak* should be done slowly while simultaneously using both nostrils.

***Pathya* And *Apathya* In *Amlapitta*[18] :**

Both illness prevention and some disease therapy involve the use of *pathya* and *apathya*. *Pathya* (wholesome) was used by *Acharya Charak* as a synonym for therapy. This demonstrates how crucial *Pathyapathya* is to *Ayurveda*. Along with medication, it places a strong emphasis on nutrition and routine. *Ayurveda* uses a fairly scientific approach to explain *pathyavyavastha*, or diet-dietetics planning. *Pathya* (wholesome) diets are those that are good for the body and mind, while *apthyaahar* (unwholesome diets) are those that have the opposite effect. *Amlapitta* is one of the disorders that most often arise as a result of poor eating habits. Dietary variables may be the initial and most important category of etiological factors for *Amlapitta.Food* consumption that violates the *Aharavidhividhana* and *Aharavidhiviseshayatana* codes of dietetics is included in this group. *Amlapitta ahar* is regarded as *Pathya* if it possesses qualities such as *Laghu*, *snigdha*, *shitaguna*, *madhur* rasa, *madhurvipak*, and *shitavirya*. *Ahar's* aforementioned qualities cause *agnidipana*, *amapachan*, and *vatanulomana*, calm *samanavayu*, and prevent *pitta* from being agitated. *Snigdhaahar* controls the *Vayu* and reduces the intestinal mucosa's *rukshata*. *Puranashaali*, *mudra,masura*, *harenu*, milk and *gogrita*, *jangalamamsa*, *kalayashaaka*, *pautika*, and the blossoms of *Vasa* and *Vasuka* are all regarded as *Pathya* in *Amlapitta*, according to *Kashyapa Samhita*.

**Do's (*Pathya*) In *Amlapitta* [19] :**

- Light meals, coconut water, and items with cooling qualities.
- Leafy vegetables, with the exception of *methi*, such as white pumpkin, bitter gourd, and developed ash gourd.
- Sugar candy, cucumber, green grams, barley, wheat, and ancient rice.
- Fruits like pomegranates, sweet limes, dry grapes, black grapes, gooseberries, figs, and dry figs.
- Drink enough water, such as pomegranate juice, lemon juice, *amla* juice, *sweetlime* juice, coriander seeds or *ushir* (*wala*) in a medicinal water, or lukewarm water made from puffed rice (*laja*).

- *Dadimpak* (pomegranate-based sweet dish), *Moramla* (*amla*-based jam), and *Gulkand* (rose-petal-based jam) with milk.
- Drink a cup of lukewarm milk every two or three hours; mix one teaspoon of ghee with warm milk; get enough relaxation and sleep; Engage in meditation, *pranayam*, and yoga.

**Don'ts In *Amlapitta* [20] :**

- Steer clear of too salty, sour, and spicy foods.
- Steer clear of junk and fried foods.
- Don't stay hungry. Don't be too quick.
- Eat small, frequent meals instead of overindulging.
- Steer clear of erratic and premature eating habits.
- Steer clear of foods that have too much oil, salt, garlic, chilies, etc.
- Steer clear of sour fruits, curd, and rice.
- Steer clear of the supine position and lying down right after eating. The left lateral position is the most advised.
- Steer clear of aspirin-type medications, alcohol, tea, coffee, and smoking.
- Steer clear of stress.

***Pathya Ahar* (Beneficial Diet) :**

*Harenuk, mudga*, and *puranshali* are good for *amlapitta.Jangal* Mansa, *Godugdha*, and *Goghrit* are also appropriate for *Amlapitta.For amlapitta, kalay shak, pautik, vasa pushp*, and *vastuk* are suitable *options.In amlapitta haritaki* and *puran madira* are advised.

***Pathya Vihar* (Beneficial Lifestyle) [21] :**

*Amlapitta* can benefit from *Vamana, Virechana, Basti*, and *Shital Jalpan*.

***Apathya Ahar* (Harmful Diet) :**

Avoid *Til, Urad*, and *Kulthi* in *Amlapitta*. *Dhanyamla* and *Avi Dugdha* are inappropriate for *Amlapitta*. Avoid using *Lavana, Amla*, and *Katu* Rasa *dravya* in *Amlapitta*. It is not advised to use Guru Anna, *Dadhi* or *Madya* for *Amlapitta*.

***Apathya Vihar* (Harmful Lifestyle) :**

- In *Amlapitta Veg Dharan* (suppression of natural impulses) should be avoided.
- *Amlapitta* should minimize *Atap Sevan* or heat exposure.
- In *Amlapitta Diwaswapn* or midday sleep should be avoided.

**Discussion and Conclusion :**

*Amlapitta* is a prevalent illness in the current context of bad eating patterns and practices. There are sporadic mentions of *Amlapitta* in the *Brahtrayi Granthas*, but no thorough description or treatment methodology is provided. Based on *Doshagati*, *Acharya Madavakara* separated *Amlapitta* into *Urdwva* and *Adha,while Madavanidana* is a compendium of all *Samhitas* that solely covers the *Nidana element.The* first person to provide a thorough treatment protocol for *Amlapitta* was *Acharya Kashypa*. In *Vamana*, the *Dushita* Drava *Yukta Pitta* leaves and Agni returns to normal, according to the instructions given by *Acharya*. *Aushadi* is then provided to perform the *Pachana* of *Dosha* and is thereafter expelled from the body through *purgation.A* unique feature of *Kashyapa Samhita* is the *Acharya's* recommendation to relocate *Amlapitta* treatment when all of the aforementioned treatment methods are ineffective.

According to *Acharya*, one should stay away from the Desha that is more susceptible to *Amlapitta* because it is more prevalent in marshy areas. A thorough grasp of *Amlapitta's Nidana*, *Lakshana*, *Samprapti*, *Upashaya*, and *Anupashaya* is facilitated by studying *Nidanapanchaka*. The straightforward comprehension of this aids in improved treatment by combining *Samprapti Vighatana* and *Nidana Parivarjana*. A deeper comprehension of the etiology (*Nidana*), symptoms (*Lakshana*), pathogenesis (*Samprapti*), and treatment options (*Upashaya* and *Anupashaya*) for *Amlapitta* is made possible by the thorough examination of *Nidanapanchaka*, the five-fold approach of diagnosis. With this thorough knowledge, the best course of treatment combines *Samprapti Vighatana* (disruption of the disease process) with *Nidana Parivarjana* (eliminating the causal elements). In line with the tenets of *Ayurvedic* treatment, this integrated approach guarantees a more successful management of *Amlapitta* and is founded on a clear understanding of the disorder's underlying origins and evolution.

*Ayurveda* holds that there are no medications that can replace a healthy diet. Improving digestion is the primary strategy for treating *Amlapitta vyadhi*. *Amlapitta* is one of the most urgent issues facing the entire world. because of the high rate of prevalence. Appropriate adherence to *pathya* and *apathya* is crucial since *Amlapitta vyadhi* if left untreated can lead to serious issues and recur frequently. In order to treat *Amlapitta*, a balanced diet, herbal remedies, and yogic techniques like *Sheetali Pranayam* aid to calm the stomach's inner layer, reverse inflammatory changes, and regulate digestive secretions.

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# Nidanpanchaka And Management Of Grahani Vyadhi Through Ayurveda - A Review

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## Abstract

*Grahani* is an important concept in *Ayurveda*, intimately Related to the function of Agni or the digestive fire, which plays a pivotal role of the food in the digestion, metabolism, absorption, and assimilation. According to classical *Ayurvedic* texts *Grahani* is regarded as the organ responsible for retain food until it is properly digested and its proper functions depends entirely on the strength of Agni. When Agni becomes weak (*Mandagni*), it generates improper digestion of food and resulting to form a pathological condition known as *Grahani Roga*. Additionally, Disturbance of *Jatharagni* (digestive fire) are collectively called as *Grahanidosha.Grahani Roga* is a common disorder, especially in developing countries, and its frequently associated due to unhealthy dietary patterns or stressful lifestyles. The disease is primarily originating and forms a Agnidosha, or creates disturbance in the digestive fire, leads to forms weakened digestive health. *Ayurveda* offers a comprehensive approach for treating *Grahani Roga*, which includes the medicinal herbs and their formulations, the practice of yoga, and essential lifestyle adjustments. This article explores the *Ayurvedic* perspective of *Grahani Roga*, its development, and effective strategies for its management through Ayurvedic principles and lifestyle modifications.

**Key words:** *Grahani, Agnidosha, Jatharagani, Grahanidosha.*

**Introduction**:

*Ayurveda* is among the oldest and most comprehensive approach to of natural healing. It is based on the principle that genuine health and well-being comes from a harmonious balance of the mind, body and spirit. This balance is maintained through proper diet and a disciplined lifestyle. However, in contemporary times, unhealthy dietary patterns and also sedentary way of living have upset this balance, leads to form disturbance of Agni (digestive fire). *Grahani* is a significant gastrointestinal condition that stems from such disturbances. It is classified as one of the *Ashta Mahagada* (eight major diseases) by the renowned *Ayurvedic* scholar *Vagbhata*.

*Grahani* is a common health disorder that impacts to affects portion of the worldwide population, with a greater incidence observed in developing countries. This is primarily attributed to irregular dietary habits and also high stress level in daily life. A condition closely resembles, *Grahani* in modern science is Irritable Bowel Syndrome (IBS), which is defined by recurring abdominal discomfort along with irregular bowel movements, without any detectable structural issues in the gastrointestinal system.[1] In the Indian population, IBS shows a higher prevalence among males, with a female-to-male ratio of about 1:3, and it is most often diagnosed in aged between 20 and 40 years.[2]

**Concept of *Grahani* :**

***Nidana* :**

All causes of Agni *Dushti* may cause *Grahani Doshas* and its results in *Grahani Roga* i.e. *Samanya nidan- Abhojana, Ajeerna, Atibhojana, Vishamashana, Asathmya bhojana,* Guru *sheeta, atiruksha, Sandushta bhojanat, Vireka vamana, Sneha vibhramat, Vyadhikarshanat,* Desha *kala, Ritu vyshamyat, Vegadharana, Ahitashana* [3]

**Dietary factors :**

Guru *bhajanaihi, Atisnigha bhojanai, Atiruksha bhojanaihi, Atiushna bhojanaihi, Atidrava bhijnaihi* etc.

**Lifestyle factors:** *Jalati ati ramanaihi, Vegavidarnaihi, Ritu viparyaya*.

**Psychological factors**:

*Bhayat, Shokat*. Toxic factors- *Vishat, Ati madyapan* Microbial factors- *Krumi doshataha* Environmental – *Dushta ambu*..

***Purvarupa*:**

*Alashaya, Bala kshaya,* Anna *vidaha, Pakascha chirata, Kayasya gauravam* [4]

***Rupa*:**

*Malpravrutti* along with features like *Muhu baddhan, Pakwaman va amam, Sarujam, Shoonaha Pada kara, Krushata, Parvaruk, Arochak, Jwar, Arochak, Trut, Chhardi*.[5]

**Classification:**

Classification of *Grahani Roga* on the *based* of etiology, dominance of *Dosha* and other specific types of *Grahani Roga* into 3 groups.

According to Etiology *Grahani* can be divided into two types :

1. Independent i.e. *Swatantra/ Grahani Roga* - it develops without *Atisar*.
2. Dependent i.e. *Partantra Grahani Roga* - it develops after *Atisar*.

According to *Acharya* on the basis of particular *dosha* involvement *Charaka, Sushruta* and *Vagbhata* have described four varieties of *Grahani Roga* as -

1. *Vataja* 2. *Pittaja* 3. *Kaphaja* 4. *Sannipataja*

***Samprapti* according to *Charaka* [6] :**


***Samprapti* according to *Charaka***

***Samprapti Ghataka*:**

| | |
|---|---|
| ***Dosha*:** | *Pitta* |
| ***Dushya*** | Rasa |
| ***Srotas*** | *Annavaha*, and *Rasavaha Srotas* |
| ***Srotodushti Prakara*:** | *Sanga*, and *Vimargagamana* |
| **Agni:** | *Jatharagnimandya*, and Rasa *Dhatvagnimandya* |
| ***Ama*:** | *Jatharagnimandyajanya*, and Rasa *Dhatvagnimandyajanya* |
| ***Udbhava Sthana*:** | *Amashaya* |
| ***Sanchara Sthana*:** | *Sarva Sharira* (owing to Rasa *Dhatu* involvement in the progression of the disease) |
| ***Vyakta Sthana*:** | *Guda* |
| ***Rogamarga*:** | *Abhyantara* and *Bahya* |
| ***Vyadhi Svabhava*:** | *Chirakari* |
| ***Sadhyasadhyata*:** | *Krichrasadhya* to *Asadhya* based on the duration of symptoms and Severity of the illness |

**Management of *Grahani*- Treatment protocol:**

The classical text of *Ayurveda* suggested that *Grahani Dosha* may be treated by following concept of *Langhana*, *Deepana*, and *Pachana* along with remedies *Shodhan*, and Shaman *Chikitsa*.

***Shodhan Chikitsa*** :

- When *Ama* descends downward, and accumulates in the colon, the main approach is *irechana* (purgation therapy) to remove it effectively.
- In cases when *doshas* in the *ama* stage start to transforming into rasa, treatments like *lLanghana* (lightening therapy) and *Pachana* (digestive therapy) are utilized.
- After the stomach (*Amashaya*) is cleared, a course of *Peya* (thin gruel), *Panchakola* formulations and *Deepaniya* (digestive fire-stimulating) herbs to be administered.
- After mild stimulation of Agni (digestive fire), treatments like *Snehana* (*oleation*), *Niruha Basti* (decoction enema), and *Anuvasana Basti* (oil enema) can be initiated.
- Subsequently, the patient should be given light, easily digestible meals along with medicated Ghee to nourish the body.

| | |
|---|---|
| **1. *Ghritpana*** | *Chitrakadi ghrita, Trayushanadi ghrita, Dashmula ghrita.* |
| **2. *Virechana*** | *Draksha aragvadha Kashaya*, Castor oil or *Tilvka ghrita* . |
| **3. *Anuvasan Basti*** | *Dashmula Ghrita* |
| **4. *Takra Basti*** | *Dhanyak, Shatpushpa, Musta, Kutaja, Shunthi, Siddha takra.* |

**Shaman *Chikitsa*** [7] :

To help digestion and metabolism, *Deepana* and *Pachana* herbs should be united with a light and easily digestible diet (*Laghu* and *Supachya ahara*). Effective formulations include like *Bhasma*, *Churna*, Rasa, *Parpati* etc.

***Samanya Chikitsa*:**

| | |
|---|---|
| ***Bhasma*** | *Shankhabhasma, Kaprdikabhasma* |
| ***Churna*** | *Shunthichurna, Nagarmotha churna* |
| **Rasa** | *Loknathras* |
| ***Parpati*** | *Rasparpati louhabhasama,tamrabhasma,bolparpati, kuthajaparpati,* |

| **Drug of choice** | ***Takra*** |
|---|---|
| **Main drugs** | *Kutaja, Bilva, Musta, Ahiphena, Bhallataka, Jeeraka, Parpati* |
| **Single drugs** | *Chavya, Chitraka, Shunthi, Pipali, Pipalimula, Guduchi, Bhoonimba, Nagkeshar, Patha , Haritaki.* |

***Vishesh Chikitsa***[8] :

| **Group Of Medici Ne** | ***Vataj Grahani*** | ***Pittaja Grahani*** | ***Kafaj Grahani*** | ***Sannipataj Grahani*** |
|---|---|---|---|---|
| ***Aristha*** | *Takraishta* | - | *Kutjarishta* | *Kutjarishta* |
| ***Avleha*** | - | - | - | *Bilvaleha, kutjavleha* |
| ***Vati*** | *Lashunadivati, Chitrakadivati* | - | - | - |
| ***Asav*** | - | *Chandanasa* v | *Madhwasava, mulkasawa, pindasawa, madhukaswa,* | - |
| ***Churna*** | *Piplyadi, panchmuladi, chawkadi* | *Kiratadichur na* | *Talisadi churna* | - |
| ***Ghrut*** | *Shunthighrut, dashmuladighrut, Trishunyadigh* rut | *Chandadighr ut, Tiktaghrut* | - | - |
| ***Parpati*** | - | *Louhaparpat i, Kutjaparpti* | *Panchamruttparpati, Tamraparpti* | *Bhalatakparp ati, Suwaranapar p-ti* |
| **Rasa** | - | - | *Kankasundaras, Grahanikapatras, Kshartramaras* | - |

**Significance of *Takra*(buttermilk) *Prayoga* in the Management of *Grahani*** [9] :

In *Ayurvedic* practice, *Takra* (buttermilk) plays a crucial role in managing *Grahani* because of its specific properties. It has *Deepana* (digestive stimulant) qualities and is *Laghu* (light) in characteristics, which supports the proper functioning of Agni (digestive fire). These qualities make it beneficial in improving impaired digestion. Although, *Takra* possessing *Kashaya* (astringent) and *Ruksha* (dry) properties that could potentially aggravate *Vatadosha*, its *Madhura* (sweet), *Amla* (sour), and Sandra (dense) characteristics balance this impact, making it improvement in treating *Vataja Grahani*. In Similar manner despite its sour taste which could provoke *Pitta*, the *Madhura Vipaka* of *Takra* contributes to pacifying *Pitta*, thereby helping in *Pittaja Grahani*. In the case of *Kaphaja Grahani*, *Takra's Abhishyandi* (channel-clogging) nature might suggest it could worsen *Kapha*. However, its *Kashaya* Rasa, *Ushna* (hot potency), and *Vikasi* (spreading) properties counteract this, supporting the treatment of *Kapha*-related digestive disturbances.

**Life Style Modification:**

Managing, *Grahani Roga* effectively requires not only medicinal and therapeutic interventions but also appropriate changes in daily habits and routines. Lifestyle plays a critical role in maintaining the balance of Agni (digestive fire) and preventing further aggravation of the condition.

***Pathya*- Apathy:**

| | ***Ahar*** | ***Vihar*** |
|---|---|---|
| ***Pathya*** | *Shashti shali, Masoora, Tuvari, Mudga yusha, Changeri, Kamlakanda, Rambha pushpa , Dadima, Jambu.* | *Nidra, Vishram, Langhan.* |
| ***Apathya*** | Guru –*Snigdh-Atiruksha Annapan Atisheeta Jala, Dushta jala, Rasona, Patra shaka, Virudhha bhojan.* | *Aatapsewan, Ratrijagarana, Snana, haya, Krodha, Chinta, Shoka, Veg dharana, Nasya* karma, *Anjana, Sveda, Dhumpan* |

Regular eating patterns: Consuming meals at fixed intervals helps to maintain digestive functions, and enhances *Jatharagni*. Avoid Skipping meals or eating at irregular times should be avoided. Mindful eating: It is important to dine in a serene setting, chew food properly, and avoid distractions like talking, watching screens, or hurrying through meals. Balanced diet: It is advice to consume freshly prepared, warm, light, and easily digestible foods is recommended. Unsuitable, heavy, or stale food should be avoided.

**Adequate rest and sleep:** Proper sleep patterns help restore Agni, and support digestive health. Daytime sleeping, and staying up late at night should be avoided.

**Avoid suppression of natural urges (Vega *Vidharana*):** Timely response to urges like hunger, thirst, urination, and defecation is essential to prevent vitiation of *Vata* and maintain digestive health.

Stress management: Mental factors such as anxiety, anger etc. negatively impact Agni. Practices like meditation, *pranayama*, and relaxation exercise techniques can assist to maintain emotional balance.

Regular physical activity: mild exercises like yoga and walking can help stimulate digestion can alleviate symptoms like bloating and heaviness.

**Yoga therapy:**

Yoga plays a supportive yet significant role in the holistic management of *Grahani Roga*, primarily it improves digestive power, and leads to balancing the *doshas* and calming the mind. Since Agni *Dushti*, and Psychological factors like stress, anxiety and irregular routines are key contributors to the disease, yoga helps address both physical and mental imbalances.

***Asanas*:**

- *Pavanamuktasana* (Wind-relieving pose)
- *Bhujangasana* (Cobra pose)
- *Trikonasana* (Triangle pose)
- *Paschimottanasana* (Seated forward bend)
- *Bhujangasana* (Cobra pose)
- *Vajrasana* (Thunderbolt pose, especially useful after meals)

***Pranayama*:**

- *Anuloma-Viloma* (Alternate nostril breathing)
- *Kapalabhati* (Cleansing breath – done cautiously under guidance)
- *Bhramari* (Bee breath)
-

**Discussion:**

*Grahani roga* is mainly attributed to Agni *dushti*. The *Grahani*, and *Angi* possess an *Ashrya – Ashrita* nature connection. The main site of Agni and location of the occurrence of the *Grahani dosha* is an organ *Grahani*. This occurs with symptoms like *Atisrushta* and *Vibadhha* mala *pravriti*, *Jwar*, *Udgara*, *Arpchaka* etc. and other *Nidana* which disturbs Agni. Other *Nidana* which affects Agni are – *Abhojan* , *Atibhojana*, *Vishama bhojana*, *Asatmya bhojana*, *Vaman vyapada*, *Virechana*, *Snehana*, *Vegavrodha*, *Virrudhha* or incompatible of time, place, season. The faulty lifestyle consumption of junk food stress, inadequate sleep and avoidance of *Sadvritta* are major reasons of *Grahani Vyadhi.The* traditional text of *Ayurveda* suggested that *Grahani Dosha* may be treated by following concept of *Langhana* and using *Deepana* and *Pachana* medicines which help to potentiate Agni and eliminate *ama*. Purgation therapy with stimulant drugs also helps to remove *Ama* Husk of *Ashvagol* help in evacuation of stool. Butter milk (*Takra*) also suggested by ancient *Acharya* for treatment of *Grahani*.

**Conclusion:**

*Grahani Roga*, a disorder closely associated with improper digestion and absorption of food, is becoming more prevalent in modern times. This increase is mainly linked poor dietary practices, which are classified under the broader category of *Gra hani Dosha* in *Ayurveda*. The disruption in the digestive system is primarily linked to the imbalance of Agni- the digestive fire, which is crucial to *Ayurvedic* practices of gastrointestinal health. Therapeutic approaches focus on reestablish the proper function of Agni. This is accomplished by through the administration of *Deepana* (appetizer) and *Pachana* (digestive) herbs and preparations, which assist reignite and balance the digestive fire, thereby addressing the root issue of the disorder.

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# Review Of Article On Effect Of Lekhan Basti And Pathya Apathya Aahar In The Management Of Sthaulya

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## Abstract

Obesity, or *Sthoulya*, is a prevalent and rapidly expanding global health issue. The major causes of s*thaul*ya in the present day include changing lifestyles, bad eating habits, lack of physical activity, and an unruly daily routine. According to *Ayurveda, Agni, Prakriti, Aahar, and Vihar* is crucial for preserving health. In *Ayurveda*, Sthaulya is the closest clinical entity for obesity. The greatest remedy for this, according to *Ayurveda*, is *Apatarpan*, and *Sthaulya* is *Santarpanjanya Vyadhi*.[1] *Lekhan* Karma, one of the treatments for *Sthaulya*, is a part of apatarpan. Treatment with basti is advised for diseases that are caused by *Strotodushti*. Thus, one of the finest treatments for sthaulya (obesity) is *Lekhan Basti*. *Aahar's Pathy*a and *Apathya* are crucial for preserving health. The usage of guru and *Apatarpan Dravyas* as a particular regimen for *Sthaulya* has been emphasized by *Aacharya Charak*. Without *Pathya*, therapeutic procedures could be viewed as an unfinished therapy process.

**Key words**: *Lekhan Bast*i, obesity, *Medorog*, *Apathy*, *Aah*ar, and *Sthaulya*

**Introduction :**

In *Ayurveda*, the term "*Sthaulya*" has broader definitions than in current medical research, which defines it as obesity. *Sthaulya* has been characterized by *Aacharya Charak* as *Ashthaunindit* and *Santarpanjanya Vydhi*. The cause of *sthaulya* is *Dushit Medadhatwagni* . Because of *Medadhatwagnimandya* and *Medadhatwagni dushti*, *Jatharagnimandya* is responsible for the generation of *aam dosh*. When this *Aama* attaches itself to other *dhatus*, it produces *dushti* of those *dhatus*, such as *medadhatu*, which creates excessive *samameda* and *strotorodha* in different *strotus*, which is known as *Medorog*. Obese persons suffer from mental illnesses like anxiety and depression in addition to several systemic problems like diabetes, hypertension, coronary heart disease, infertility, and cancer. *Bheshaja*, *Aahar*, and *Vihar* are necessary for *Chikitsa* of *Vyadhi*. *Aahar* is regarded as *Pran* in *Ayurveda*. *Aahara* and *Vihara*, which cause the sickness to be pacified, are referred to as *Pathya*. The *Aahara* and *Vihara*, which lead to complications and worsen the illness, are referred to as *apathya*. Both illness control and health promotion are possible with *Ahara*. Many *Pathya* and *Apathya* have been listed by *Acharyas* for *Sthoulya*.

**Factors Responsible For *Sthaulya Vyadhi* [2,3]:**

- ***Dosha*:** *Kapha* (*kledak*), *Pitta* (*pachaka*), *Vata* (*samana* and *vyana*)
- ***Dushyas*:** Rasa
- **Agni:** *Mandagni*

According to *acharya Shushruta* in *Chikitsasthan*, the greatest remedy for *sthaulya* is *Lekhan basti*, a form of *niruha basti*, as previously mentioned. Since *vata* is the *samprapti ghatak* of *sthaulya*, *basti* is the greatest karma to manage the vitiated *vata*. *Kapha* and *meda* also play a significant part in *sthaulya's samprapti*. The best *lekhana dravyas* for *bhedana*, *lekhana*, and *chhedana* of *meda* and *kapha* are found in the *lekhana basti*. *Lekhana* is a process of emaciation since it entails scarifying the *kapha* or *meda*. According to *Achraya Sharangdhara*, *lekhana* is a procedure whereby *lekhanadrvyas* scrape away the elevated *doshas*, *dhatus*, or *malas*.

***Sthaulya* Definition[4]:**

A condition where *mansa* and *medaa dhatu* increase excessively, causing *mansa* and *meda* to be deposited at *udar*, *sphika*, *nitamba*, and *sthana*.

***Aetiology*[5,6,7,8,9,10]:**

Asana *sukham*, Mansa *sevana*, *Bhojanottar snana*, *Abhishyndhiahara*, *Nitya Harsha*, Guru, *Madhura*, *Snigdha aahara*, *Avyavaya*, *Achinta*, *Navanna Sevana*, *Diwaswapa*, *priyadarshana*, *Pishttanna Sevana*, *Nitya Harsha*, and so on.

***Rupa*(Symptoms)[11]:**

*Chalasphik*, *chalaudara*, *chalasthana*, and *atimedomasavruddhi* are the *Lakshanas* of *sthaulya*, according to *Acharya Charaka*.

1. *Acharya Charaka* said that there are eight *Doshas*, or adverse repercussions, associated with *sthulya*. *Ayushorhasa* (shortened life expectancy)
2. Senile or *Javoparodha*
3. The sexual dysfunction known as *Krucchavyavaya*
4. *Daurbalya* (weakness)
5. *Bromhidrosis* (*Daugandhya*)
6. *Hyperhidrosis* (*Swedabadh*)
7. *Polyphagia* or *Atikshudha*
8. *Polydipsia* or *Atipipasa*

***Samprapti*** [9] :

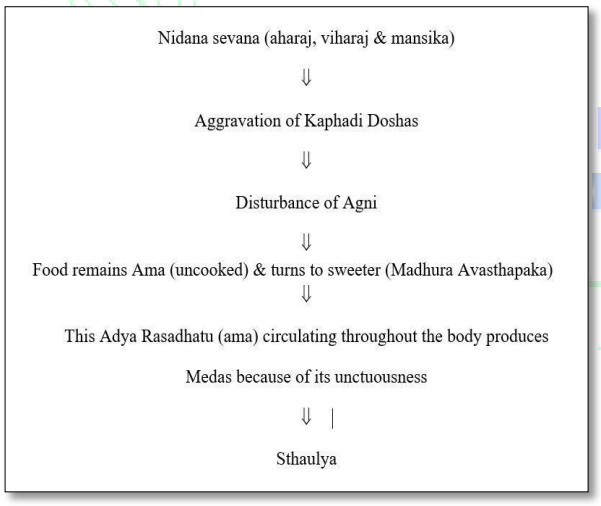
All *srotasas*, including *annvahasrotas*, are blocked by *meda*. The *vata dosha* becomes vitiated in the stomach and inhibits the *jatharagni*, which causes the meal to be digested (*pachan*) quickly. The patient experiences frequent hunger as a result. Overeating causes *medadhatu* to accumulate excessively, which raises *sthaulya*.

***Ghatak* is in charge of *Samprapti*** [12] :

**1.Dosha:**

- *Kapha- Kledakakapha*
- *Vayu- vyanavayu, samanavayu*
- *Pitta- pachaka pittaa*
- *Pradhan dosha- Kapha pradhana tridosha.*

**2.Dushya:** Rasa, Mansa, and *Meda*.
**3.Strotas :** *Mansavaha, Medavaha*
**4.Agni:**Jatharagni. *Medao-Dhatvagni,*
**5.Sroto-dushti** :*Sanga* (*Margavarodha*)
**6.Adhishthana:** Whole Body, especially *udara, stana,* and *sphika*
**7.Udbhava *sthana*:** *Aamashya* (*Koshtha*)
**8.Vyaktisthana:** entire body, especially the *udara, stana,* and *sphika,*
**9.Swabhava :** *Chirakalin*
**10.Rogmarga:** *Bahya*
**11.Sadhayatva-Sadhya:** *Krucchasadhya-*
***Samprapti* :**




***Samprapti***

**Mode Of Action Of *Basti*** [13] **:**

The way that *Basti* works is that its sodium ion-containing *Sainddhava* is absorbed by the intestines. The elevated sodium ion concentration facilitates sugar influx. A higher sodium concentration causes an increase in osmotic pressure. As a result, water is passively absorbed, and fatty acid molecules are readily absorbed by the intestines.

***Basti Dravya* and its significance** :

1. ***Saindhava Lavana*:** The greatest *lavan prakar*, *Saindhava Valavana*, plays a key part in *basti* absorption.
2. ***Madhu*:** *Madhu* reduces the irritation brought on by *Saindhava* and aids in extending the duration of *basti* retention for optimal effects.
3. ***Sneha*:** *Sneha* is crucial for the colon's absorption of fat-soluble *bastidravya* proteins. This makes it easier for lipid-soluble compounds to enter cells, which can help *bastidravyas* get to the cellular level.
4. **Kalka:** Kalka thickens the *basti*, extending its retention time.
5. ***Kwatha*:** *Kwatha* is the decoction of dry herbal medications, which can be made by boiling a certain amount of water with a certain quantity of herbs. In certain cases, *dravyas* like as *Gomutra*, kanji, etc., might be used in place of water in *bastis*, depending on the illness.
6. ***Avap Dravya*:** In order to make *basti Tikshan* (intense) or *Mrudu* (light), *Avap Dravyas* are utilized.

**Mode Of Action-:**

***Saindhava*: Due of its**

1. *Sukshma Guna*: It has the ability to affect the organism at the cellular level.
2. The Ghana *Dosha* is liquefied by *Snigdha Guna*.
3. *Tikshana Guna*: It restores *Dosha Sanghata* and vitiated Mala.
4. *Madhu* lowers all of these because it has qualities for *Picchila*, *Bahula*, and *Kashaya*.
5. *Ayog* of *basti* may result from insufficient or nonexistent *Saindhava*.
6. It aids in the removal of *Basti* due to its irritating properties.
7. *Madhu Madhu's* predigested sugar makes it easy for the body to digest, absorb, and assimilate, giving it a rapid boost of energy.

***Sneha*:**

*Sneha Dravyas* eliminates *srotorodh*, destroys *ghana* Mala, provides *snigdhata* to the body's *microchannels*, and lessens vitiated *Vata*. In addition to generating *snighdhata* within the body, *Snigdha Guna liquifies Dosha* and Mala. Additionally, *sneha* shields the mucous membrane from the irritating medications included in *Basti Dryava*, such as *saindhava*.

***Kwatha, Kalpa,Avap Dravya*:**

The primary components of the *Basti Dravya* are *Kwatha*, *Kalpa*, and *Avapa* Drava. These can be chosen based on the ailment, *dosha*, *dushya*, and *srotas*. *Utkleshana*, *Harana*, and *Shamana* of *Doshas* are their functions. Vitiated *Doshas* can also be removed with *Avapa Dravya*.

**Drug Of *Lekhana Basti***

- *Madhu*
- *Saindhava lavana*
- *Tila Taila*
- *Prekshepa* of *Shilajita*, *Tuttha*, *Kasisa*, *Yavakshara*,
- *Hingu*
- *Gomutra*
- *Triphala Kwath*

***Lekhan Basti's* impact on *Sthaulya Roga* [14]:**

*Meda* induced blockage results in vitiated *vata*, or *Saman vayu*, remaining in *kostha*, which causes *sthaulya*. As a result, *agnisandhukshan* occurs, and obese persons exhibit the symptom of *Atikshudha*. This causes vitiated *Meda* and *Ama* to be produced once more when an *Atikshudha* individual obtains *Adhyashan* through guru *snigdha ahar*. When this cycle keeps happening, it becomes harder to treat the illness. Therefore, *basti* is the greatest medication to end this cycle. The *Ras*, *Guna*, and *Veerya* will perform *sampraptivighatan* and *basti* will treat vitiated *vata*.

***Vipaka* of the medications used in Rasa's *lekhana basti*:**

***Virya*:** *Ushna*

***Guna*:** *Laghu-Tikshna-Shukshma*

**Rasa :***Katu-Tikta Kashaya Vipaka*: *Katu*

**According to Rasa:**

*Ruksh* (dry), *Meda*, and *Kleda shoshaka* (absorbent) *guna* are present in *Kashaya Ras*.

*Tikta* Rasa: It has property in *Khara* (Rough).

*Katu* Rasa: Its qualities include *Sneha*, *Meda*, *Deepana*, *Pachana*, and *Kleda shoshak* (absorptive). Thus, it lowers the body's *ativriddha Kleda* and functions as *Ama pachak*.

**On The Basis Of *Guna*[15] :**

Agni is the cause of *Krishata* (dryness) and *Dhatukshaya* (reduction of *overnourished Dhatus*), while *Akash Mahabhutas* is the primary goal of *Lekhana* karma. Due to its *Sukshma Guna*, which is dominated by *Vayu*, Agni, and *Akasha Mahabhuta*,

the medicine can reach at the micro level. The *Dosha Sanghata* in *Srotas* is broken down by *Tikshna Guna*, which is ruled by Agni *Mahabhuta* and aids in the removal of *Sanga* in *Srotasas*. The removal of *Sanga* maintains the usual state of *Vyana Vayu's Sanchrana Marga*. As a result, *Uttrotar Dhatu Nirmana* occurs correctly, and *Vyana Vayu* is able to carry the nutrient to its associated *Dhatu*. As a result, the *Medaovruddhi* procedure is examined. 60% of *Ushna Veerya* is dominated by *Veerya Lekhana Basti*. Agni *Mahabhuta* is dominated by *Ushna Veerya*, who also own *Laghu* and *Tikshna Guna*. The decrease in *Medaa* is the fault of *Ushna Veerya*. Additionally, it possesses the qualities of *Deepana*, *Pachana*, and *Kapha-Vatashamaka*. *Deepana* causes *Pachana* Karma *Basti Dravya* to raise Agni at the second level, which lowers *Ama* and fixes *Medo Dhatwagni Mandya*.

**According to *Vipaka*-:**

*Lekhan Basti*, *Katu Viapaka* dominates by 70%. *Guna* lowers excessive *MedaDhatu* and creates *Dhatukshaya* due to its *Laghu* and *Ruksha*. Additionally, it calms and raises *Kapha*. 60% of *Lekhana Basti's* properties are *Kapha Vatashamaka*, according to *Doshashamana* karma. The primary *doshas* implicated in the *pathophysiology* of *SthaulyaVyadhi* are *Kapha* and *Vata*. *Lekhana Basti* is precisely a *Tikshna Shodhana Basti* according to *Shodhanakarma*, and it is mentioned in *Bahudosha Avastha*, which also contains *Medovruddhi*. It causes *srotoshodhana* by eliminating vitiated *doshas* from the entire body. It breaks the *Samprapti* of *Medo dushti* by further removing *thedoshas* from the body.

List of *Pathya Ahara* found in the disease *Sthoulya* [16,17]:

List of Pathya Ahara found in the disease Sthoulya[9]

| Varga | Aharadrauya | English Name |
|---|---|---|
| Anna Varga | Purana Shalli | Old variety of rice |
| | Raktashali | Red variety of rice |
| | Yava | Barley |
| | Chanaka | Chickepea |
| | Kulatha | Horse gram |
| Jala Varga | Shruta Sheetajala | Luke warm water |
| | Panchkola | Water with |
| | shrutajala | Panchkola |
| | Shunti Siddha Jala | Ginger water |
| Madyavarga | Madhu | Honey |
| Mutravaraga | Purana Sidhu | Old wine cow's |
| Kanda Varga | Gomutra | urine ginger |
| | Lasuna | Wet ginger |
| | Ardraka | Dry ginger |
| Ksheeravarga | Sunthi | Butter Milk |
| Shakavarga | Takra | Bottle gourd |
| | Patola | Bitter gourd |
| | Karavellaka | Brinjal |
| | Varthaka | Neem leaves |
| | Nimbapatra | Drum stick |
| Mamsavarga | Shigru | Forest meat |
| | Jangalamamsa | |

| Varga | Aharadravya | English Name |
|---|---|---|
| Anna – Varga | Navanna masha | New variety of Rice |
| | Taila | Black gram |
| | | Oil |
| | Dushitajala | |
| Jalavarga | Sheeta jala | polluted water |
| | Nutanmadya | Cold water |
| Madyavarga | Aluka | New wine |
| Kanda Varga | Dadhi | Patato |
| Ksheera Varga | Ksheera (apakva) | Curd |
| | Guda | Milk |
| | Anupamamsd | Jaggery |
| Mamsavarga | | Marshyland |
| | | Aninal meat |

**List of *Pathya Ahara* found in the disease *Sthoulya***

For *Sthoulya*, *Ahara* with Guru, *Snigdha*, *Atidrava*, *Pichila*, and *Abhishayandi Guna* is regarded as *Apathya*. To properly cure illness and sustain health, one must be knowledgeable about *Pathya* and *Apathya*. *Pathya* and *Apathya* for patients to improve comprehension and lessen the severity of the illness.

1. The individual has to comprehend the specifics of the illness.
2. Dietary items that aggravate *Kapha*, such as dairy products and fatty and fried foods, should be avoided.
3. It's best to refrain from drinking too much water just after eating.

## Conclusion :

A metabolic disorder is *Sthaulya*. We employed *Lekhan Basti* to treat it since it has the ability to treat metabolic disorders, speed up metabolism, and keep *Saman Vayu* at its ideal level. It feeds the amount of nutrients and acts directly on the intestines. It reduces *ama* from minute *Strotas* and reaches the *Dhathugat* level due to its *Tikshan Guna*. One of the *Santarpanajanya Vyadhies* is *Sthaulya*, and the cure for it is *Apatarpana*. Due to its quickest *Apatarpana* karma when made with *Apatarpaka* or *Lekhniya Dravyas*, "*Basti*" appears to be the greatest *Ayurvedic* therapeutic method. Rasa, *Guna*, *Veerya*, *Vipaka*, *Doshashamana* Karma, and *Shodhana* properties are therefore helpful in reducing *Kapha Vata Dushti*, increasing Agni, digesting *Ama*, correcting the *Medaodhatvagni Mandya*, removing obstruction in *Medaovaha Srotas*, and nourishing *Uttarottardhatus* in light of the aforementioned references from the classics of *Lekhan Basti*. As a result, it becomes quite beneficial in *Sthaulya*. Additionally, *Pathya Aahara* is crucial for preserving the health of the well and regaining the health of the sick. Medicine is not necessary if one follows *Pathya*; conversely, if one does not follow *Pathya*, medicine is likewise useless since it is ineffective without *Pathya*. Therefore, in the case of *Sthoulya*, better health results from avoiding *Apathya* and adhering to suitable *Pathya* in addition to *lekhan basti*.

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# Critical Ayurvedic Diagnostic Review On Shotha

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## Abstract

*Shotha* is a significant pathological condition recognized in *Ayurveda*, characterized by swelling or elevation of body parts due to internal or external factors. It mirrors the concept of inflammation in contemporary biomedicine. According to *Ayurvedic* classics, *Shotha* arises from the vitiation of *Vata*, which subsequently disrupts *Rakta*, *Pitta*, and *Kapha*, leading to obstruction in the peripheral channels (*Bahya Sira*) and manifesting as localized or systemic edema. *Shotha* is classified into *Nija* (endogenous) and *Agantuja* (exogenous) types, each having distinct etiological factors.

The diagnostic framework of *Nidanapanchaka*-comprising *Nidana* (etiology), *Purvarupa* (premonitory symptoms), *Rupa* (clinical features), *Samprapti* (pathogenesis), and *Upadrava* (complications)—offers a holistic approach to understand and manage Shotha. Clinical features vary based on the predominance of specific doshas: *Vataja*, *Pittaja*, and *Kaphaja Shotha* present with unique symptom patterns. Prognosis (*Sadhyasadhyata*) depends on factors like chronicity, *doshic* involvement, and associated systemic complications. *Ayurvedic* management emphasizes *Nidana Parivarjana* (removal of causative factors), administration of suitable dietary and lifestyle regimens, detoxification therapies (*Shodhana*), and use of medicinal formulations. Modern research correlates *Shotha's* pathogenesis with vascular and immune responses, highlighting the enduring relevance of *Ayurvedic* concepts. Early diagnosis and appropriate interventions based on *Nidanapanchaka* can significantly prevent the progression of *Shotha* into complex or incurable stages. This review critically explores the *Ayurvedic* diagnostic perspective on *Shotha*, aligning classical knowledge with modern understanding to enhance clinical utility.

**Keywords** : *Shotha*, Inflammation, *Ayurveda*, *Nidanapanchaka*, *Vata*, *Pitta*, *Kapha*, *Dosha*, Pathogenesis, Diagnosis.

## Introduction

*Shotha*, alternatively termed as *Shopha* or *Svayathu*, is an *Ayurvedic* clinical entity that encompasses conditions manifesting as swelling and inflammatory responses. Classical treatises elaborate *Shotha* both as an independent disease and a symptom of various disorders. The foundational *pathophysiology* emphasizes the derangement of *doshas*, especially *Vata*, resulting in the obstruction and accumulation within peripheral tissues, causing elevation and edema of body parts. *Acharya Madhava* elaborates that disturbed *Vata* affects *Rakta*, *Pitta*, and *Kapha*, obstructing *Bahya Sira*, ultimately leading to *Shotha* through *Utsedha* or tissue swelling[1]. In the biomedical context, *Shotha* correlates well with inflammation - a vascular reaction to injury and infection aimed at eliminating causative agents[2].

***Nidanapanchaka* of *Shotha Vyadhi* :**

**1. Nidana (Etiology):**

- ***Nija Shotha* :**

Intrinsic causes of *Shotha* are categorized into dietary (*Aharaja*), behavioral (*Viharaja*), and other systemic factors.

1. *Aharaja nidana* includes heavy (guru), sour (*amla*), and salty (*lavana*) foods such as pulses like *Masha*, grains like *Godhuma*, fermented dairy (*Takra*), and saline substances (*Vida*, *Samudra*). [3]
2. *Viharaja nidana* involves inappropriate indulgence in *Panchakarma* therapies like *Sneha*, *Swedana*, *Vamana*, and *Virechana* without proper indications.
3. Diseases like vomiting (*Chhardi*), *diarrhea* (*Visuchika*), respiratory conditions (*Shwasa*), anemia (*Pandu*), and fevers (*Jwara*) predispose individuals to Shotha.
4. Miscellaneous factors include intake of incompatible foods (*Viruddha Ahara*), excessive sexual activity, and trauma to vital parts[4,5]

- ***Agantuja Shotha* :**

Extrinsic causes primarily involve physical injuries, contact with toxic plants like *Bhallataka*, animal bites, exposure to poisonous materials, and application of artificial poisons[6,7].

**2. Purvarupa (Premonitory Signs) :**

Premonitory symptoms herald the onset of *Shotha*, manifesting as:

- Heat (*Ushma*) [8]
- Discomfort (*Dawathu*)
- Dilation of blood vessels (*Sira Ayama*)
- Heaviness in limbs (*Anga Gaurava*) [9]

**3. *Rupa* (Clinical Features) :**

*Shotha's* cardinal features include:

- Heaviness (*Gaurava*)
- Instability (*Anavasthita*)
- Swelling (*Utsedha*)
- Localized warmth (*Ushma*)
- Thinning of vessels (*Sira Tanutvama*)
- Horripilation (*Lomaharsha*)
- Discoloration of the affected area (*Anga Vivarnata*) [10]

**4. Samprapti (Pathogenesis) :**

Pathogenesis involves disturbed *Vata* infiltrating *Bahya Sira*, impacting *Kapha*, *Pitta*, and *Rakta*, leading to obstructions (*Sanga*) and abnormal flow (*Vimargagamana*), culminating in localized tissue swelling[11].

The *Samprapti Ghatakas* include:

- *Dosha*: Predominantly *Vata* with *Tridosha* involvement.
- *Dushya*: Rasa, *Rakta*, and *Udaka*.
- *Strotasa*: *Rasavaha*, *Raktavaha*, and *Udakavaha*.
- *Adhisthana*: Interface between *Twacha* (skin) and *Mamsa* (muscle) [12].

A simplified *Samprapti Chakra* (pathological cycle) illustrates how initial derangement leads to progressive tissue dysfunction and clinical manifestation[13].

**5. Upadrava (Complications) :**

If untreated, *Shotha* can cause severe complications such as vomiting (*Chhardi*), *dyspnea* (*Shwasa*), anorexia (*Aruchi*), excessive thirst (*Trishna*), fever (*Jwara*), *diarrhea* (*Atisara*), and generalized debility (*Daurbalya*) [14].

**6. *Sadhyasadhyata* (Prognosis) :**

Prognosis depends on the disease's chronicity, location, severity, and presence of complications:

- *Sadhya* (Curable): Early-stage *Shotha* without complications[15].
- *Krichasadhya* (Difficult to Cure): Trunk-involved *Shotha* or generalized Shotha[16].
- *Asadhya* (Incurable): Chronic cases involving abdomen, vital organs, or vulnerable populations such as children, elderly, and debilitated individuals[16,17].

**7. *Upshaya* (Treatment Affording Relief) and *Anupshaya* (Aggravating Factors) :**

***Upshaya* :**

Beneficial interventions include:

- Consuming *Katu* (pungent), *Tikta* (bitter) tastes.
- Intake of aged grains like *Shali* rice, and vegetables like *Punarnava*, *Neem* leaves.
- Use of medicated ghee (*Ghrita*), buttermilk (*Takra*), honey preparations (*Asava*, *Arishta*), and specific meats like goat and fowl [19].

***Anupshaya* :**

Aggravating factors encompass:

- Heavy (*Guru*), hot (*Ushna*), and incompatible foods (*Viruddha Ahara*).
- Consumption of fermented foods, excessive salt, *jaggery* (*Guda*), and exposure to cold, wet environments[20].

**Types of *Shotha* :**

**Classification by Cause :**

- *Nija Shotha*: Intrinsic origin due to *doshic* imbalance.
- *Agantuja Shotha*: Due to external factors like trauma or poison.

**Classification by *Dosha* :**

*Shotha* manifests differently depending on the dominant *dosha*:

- *Vataja*: Unstable, thin-skinned, rough, with reddish-black discoloration, numbness, and pain[21].
- *Pittaja*: Soft, odorous swelling with heat, redness, fever, thirst, and giddiness[22].
- *Kaphaja*: Heavy, stable swelling, pale color, associated with anorexia, salivation, and excessive sleep[23].

Further gradations exist in *Ayurvedic* texts, including *Ekvidha* (single type), *Dwividha* (two types), *Trividha* (three types — *Vataja*, *Pittaja*, *Kaphaja*), and combinations involving trauma (*Abhighataja*) and toxins (*Vishaja*) [24,25].

**Discussion :**

The *Ayurvedic* understanding of *Shotha* remarkably mirrors the biomedical concept of inflammation. Classical texts articulate a detailed systemic pathology stemming from *dosha* imbalance, vascular obstruction, and tissue response, analogous to inflammatory pathways involving vascular permeability, leukocyte infiltration, and cytokine release in modern medicine. *Shotha's* classification into *Nija* and *Agantuja* parallels endogenous and exogenous inflammatory causes, while its *doshic* subdivisions depict *symptomatology* resembling clinical differentials of inflammatory disorders. Notably, *Ayurveda* emphasizes early identification of *Purvarupa* (premonitory signs) — a preventative model that modern preventive medicine echoes. Furthermore, emphasis on *Nidana Parivarjana* (eliminating causative factors) aligns with the contemporary focus on risk factor mitigation.However, certain classifications (like *Navvidha Bheda*) appear exhaustive, potentially complicating clinical decision-making if not systematized. Modern interpretative frameworks might help streamline *Ayurvedic Shotha* management in integrative settings.

**Conclusion :**

*Shotha Vyadhi*, as per *Ayurvedic* classics, embodies a sophisticated understanding of inflammatory disorders. Rooted in the *Tridosha* theory, its onset, progression, and complications are systematically outlined through the *Nidanapanchaka* framework. The emphasis on causative factors, early signs, and individualized prognosis renders *Ayurveda's* approach both preventive and therapeutic. Comparing it with modern inflammation underscores the timelessness of *Ayurvedic* wisdom, while advocating for more integrative, evidence-based practices in contemporary healthcare.

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# Management Of Indralupta (Androgenic Alopecia) – A Single Case Study

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## Abstract

*Indralupta* is a Disease of Scalp. Its clinical feature is loss of hair with poor replacement. Hair loss is a major problem for millions of men and women in whole world. *Indralupta* is due to vitiation of *Tridosha* and *Rakta Dhatu*. The disease is also called as *Khalitya* and *Rujya*. In Modern Science we relate *Indralupta* with "Alopecia". Androgenic Alopecia (Male pattern Baldness) is most common type of Alopecia. It is patterned hair loss over the crown. The Ayurveda suggests many preventive and curative measures *for Indralupta. Shiroabhyanga, Lepa, Rasayana, Nasya* and *Sastra* karma like *Prachchhana* and *Siravedha* has been adopted for the Management of *Indralupta. Indralupta* causes due to vitiation of *Rakta Dhatu,* in which *Raktamokshana* is choice of treatment. *So Prachchhana Karma* has been adopted as surgical procedure along with *Ayurvedic* Medicines.

**Keywords** – *Indralupta,* Androgenic alopecia, *Prachchhana Karma*

## Introduction :

Hair form an important anatomical structure of the body, derived from ectoderm of skin. Hair is made up of keratin protein. Hair loss is consider the fall of hair from head. Hair loss is a major problem for millions of men and women in whole world. In modern science loss of hair is termed as "Alopecia". There are many types of Alopecia depending upon the pattern of hair loss. Androgenic alopecia is the common cause of hair loss. Modern lifestyle, avoidance of head bath, stress, usage of harmful shampoos, allergic manifestations reduced body resistance, poor hygiene, and hormonal imbalance could be considered as etiological factor of hair loss (Alopecia). In Ayurveda, hair problem described under the broad heading of *kshudra Rogas,*[1]Except *Vagbhata* who has mentioned it under *kapala Rogas*[2] as *Khalitya, Palitya, Indralupta.*

*Indralupta* is loss of hair in form of patches in somescalp area due to vitiation of *tridosha* and *Raktadhatu.* Pitta associated with *vata* gets localized in the *romakupa* and causes the hair fall, later on *Kapha dosha* associated with *Rakta* Causes the obstruction to the hair roots and restricts their re-growth. *Acharya Charak* described that due to vitiation of *Asthidhatu Khalitya* occurs as the mala of Asthidhatu keshya (hair). [3] The Ayurveda suggest many preventive and curative measures for *Indralupta. Shiroabhyanga, Lepa, Rasayana* and *Nasya* are described [4]. Also *Sastra karma* like *Prachchhana* and *Siravedha* has been adopted for the management of *Indralupta.Prachchhana* helps in draining the vitiated *Rakta* in which multiple small incisions are made in wide area to irrigate the impure blood.[5] *Prachchhana* plays an important role in *Samprapti*vighatana of *Indralupta.*

**Aims and Objectives :**

To evaluate the efficiency of *Prachchhana* along with internal and external medications in the management of *Indralupta* (Androgenic Alopecia).

**Case Report :**

A 27 year old male patient came in our hospital for *Ayurvedic* treatment with following complaints.

**Chief Complaints :**

- Falling of hairs from scalp since 2 years.
- He noticed thinning of hair, especially on fronto-parietal portion of the head.
- Associated complain poor appetite.

**History of present illness :**

Falling of hairs from fronto parietal area of scalp. He noticed thinning of hair and very few hairs on scalp. Patient consulted Allopathic Doctors, but did not get improvement and he came to our Ananya *Ayurved* College, Kalol

**Family History :** No relevant history.

**Table No. 1** –:Details of personal History

| S.NO | Parameter assessed | Observation |
|---|---|---|
| 1 | Diet | Mixed, Veg & Non-Veg |
| 2 | Appetite | Poor |
| 3 | Bowel habit | 2 times/day & clear |
| 4 | Urine | 5-6 times/day |
| 5 | Sleep | Not good |
| 6 | Habits | Tea |

**Table No. 2** : General Examination

| S.NO | Parameter assessed | Observation |
|---|---|---|
| 1 | Pulse | 74/Min |
| 2 | BP | 130/78 mmHg |
| 3 | Respiratory Rate | 18/Min, Normal |
| 4 | CVS | S1S2 normal |
| 5 | CNS | Well Conscious Oriented |
| 6 | Tongue | Uncoated |
| 7 | Eyes | Not pallor |

**Table No. 3** : Local Examination of Scalp

| S.NO | Parameter assessed | Observation |
|---|---|---|
| 1 | Site of involvement Scalp | Fronto-parietal region |
| 2 | Shape | Oval shape |
| 3 | Rashes | Absent |
| 4 | Discharge | Absent |
| 5 | Sensation | Present |
| 6 | Texture of hair | Generalized thinning of hair |
| 7 | Dandruff | Present |

**Investigations** :

Routine blood investigation as complete blood count Hb%, TLC, DLC, ESR, BT, CT, HIV, HBsAg, Blood sugar,

F/R.Finding of these investigations were found within normal limit.

**Material and Methods** :

Treatment protocol followed was *Prachchhana* and included both external and internal medications.

**Para-Surgical protocol :**

Materials Needed – Disposable gloves, Cotton, Betadine solution, Spirit, Derma-roller.

***Purva Karma*** :

- Procedure is explained to the patient and takes consent.
- Patient was advised for taken *yavagu* or light liquid diet before *Prachchhana* procedure.
- Position of patient was sitting.
- Local *swedana* carried out on the affected area of Scalp.
- Local area is cleaned with Betadine and spirit.

***Pradhan Karma :***

- 2% Lignocaine spray applied on local area.
- *Prachchhana* is done with the help of derma-roller.
- The vitiated blood letter out.

***Pashchata Karma :***

- Patient has to be relaxed.
- After *Prachchhana*, part should be cleaned with the warm water.

This therapy has been done every week for one month. (4 times a month)

**Table No. 4: Details of internal and external medicines given:**

| S.No. | Medicine | Dose *Annupana* | Duration |
|---|---|---|---|
| 1 | *Arogyavardhani vati* | 1BD with Water after food | 1month |
| 2 | *Asthiposhak vati* | 1BD with Milk after food | 1month |
| 3 | *Amlaki churna + Kala tila* | 3gm (BD) with Water after food | 1month |
| 4 | *Kalatila churna* | 3gm (BD) with Water after food | 1month |
| 5 | *Bhringaraja* Oil | Q.S FOR L.A. | 1 month |

**Advice after Treatment :**

Avoid Junk and Spicy food, Pollution, exposure to Sunlight, Day sleep etc.

**Table No. 5: Local Examination after Treatment:**

| S.No | Site of Involvement Scalp | Result |
|---|---|---|
| 1 | Shape Patch | Absent |
| 2 | Rashes | Absent |
| 3 | Discharge | Absent |
| 4 | Inflammation | Absent |
| 5 | Sensation | Present |
| 6 | Texture of hair Density | increases, patches covered with hairs |


**Before Treatment & After Treatment**

**Results :**

*Prachchhana* is best alternative therapy which can be used to treat *Indralupta* along with oral medication and oil for local application or *Shiroabhayanga.*

**Discussion :**

- *Indralupta* is a *Raktajavikara.* So *Raktamokshana* is choice of treatment. *Prachchhana* helps in removes the local impure blood and increases the blood flows. It stimulates the hair follicles for new hair growth.
- The application of *Taila (Bhringaraja taila)* on the Scalp with finger tips leads to increase the local blood circulation and promotes the absorption of the drugs.
- Patient was complaining loss of appetite which indicates *Agnimandya* causing low digestion, indirectly affected the hair growth causing loss of hair. *Arogyavardhani vati* having carminative and digestive properties.
- *Indralupta* is *strotorodhajanya vikara.* So due to *Rasayana (Amlaki churna + Kala tila) sevana* the Agni is increased which leads to *Ama pachana* and opens all the blockage of *srotasa* and gives good nutrition to the *Kesha* (hair).
- All combination effects of this drugs and *Prachchhana* help to break *Sampraptivighatana* of *Indralupta* results as improvement in hair loss condition.

**Conclusion :**

The present case study confirmed effectiveness of *Prachchhana* along with internal and external medications applied in *Indralupta. Prachchhana* and drugs helped in regrowth of hairs and improving the blood circulation. No adverse or side effects reported during or after treatment.

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