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# GURUKUL'S C.M.E



*A Quarterly Magazine For  
Medicine Reorientation*

**KNOWLEDGE  
BUILDS  
CONFIDENCE**



कुटकी

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## Editor's Desk

Dear Doctor,

Celebrating “**Dhanvantri Diwas**” as **National Ayurved Day** gives immense pride and pleasure so is publication of this issue.

It's the need of today to address unhealthy manifestations of growing **Viral disorders** by ayurvedic doctrine as **Chintan**, sharing successful policies by **C.C.R.A.S.** for **I.S.M.** community, up beat of **A.Y.U.S.H.** domestically as well as internationally, recent ethical & scientific developments of **Indian Ancient Medical System**, contribution of **Research Thesis** during post graduation, case study of infertility on **Chandra prabha vati**, control of white patches **Shiwitra** by herbal fundamentals, focus on **Ayurveda** and **Yog** for quality of life, healthy herbal answer to present day life style diseases e.g. **Unmad & P.C.O.D.**, are the writeups sent by ayurvedic experts.

So is praise worthy contribution of articles on **B.P.H. & Skin Care** among diabetics by imminent practitioners.

Wishing Happy Deepawli to all nears and dears.

Thanks & Regards

**Dr. Shruti**  
Co-Editor

**Dr. Dinesh Vasishth**  
**Ph.D (Internal Medicine, Ayurveda), M.B.A**

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## ***Gurukul's C.M.E.***

Quarterly Magazine Circulation

**A.Y.U.S.H Departments**

**Ministry, C.C.R.A.S/ R.A.V/ N.C.I.S.M/ A.I.A,  
Govt. Ayurvedic Colleges, B.A.M.S, M.D. Physicians (Ay). in Delhi N.C.R  
I.C.M.R/ National Medical Library/C.S.I.R /W.H.O**

***KINDLY SHARE  
ARTICLES FOR UPDATE &  
UPGRADE OF B.A.M.S/M.D (Ay.) FRATERNITY***

*Doctors*

**Better ! Share Bytes Of Medical Knowledge On Whatsapp**

### **Important**

- \* Views & Expressions In The Articles Are Entirely Of Authors.
- \* For Next Publication, You Are Requested To Send Articles On **Research, Clinical Study Or Expertise** With Your Photograph, Before **10th December, 2024**  
At **[gurukulscme@gmail.com](mailto:gurukulscme@gmail.com)** **[www.ddvgurukul.in](http://www.ddvgurukul.in)**

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## Chintan!

### SAFE & SOUND SOLUTION FOR VIRAL DISORDERS

Dear Doctor,

As we know ailments of viral origin are on the rise not only among developing but developed countries too with co-morbidities & mortality. Let's think over how ancient Indian Medical System Ayurved (**Macro in nature**) can contain, control or cure the menace of "**Micro**" organism Virus!

1. Although discovery of '**Virus**' dates back in **1892** by Russian botanist **Dmitri** accompanied by **M.Beijernik** 1898 exploring it's size smaller than bacteria.
2. Virus are non-cellular infectious agent made of genetic material & protein which replicates inside host cell of **Human, Animal, Plant, Bacteria & Fungai** causing countless sicknesses.
3. Some of the common viral infections like **influenza, U.R.T.I., Covid 19, Measles, Chicken Pox, Herpes Zoster, HIV/AIDS, H P V Genital warts, Rota Virus of Diarrhoea etc.**
4. During Covid 19 pandemic not only Indians but world also acknowledged the safe, soothing efficacy of Ayurvedic herbs as appropriate remedies.
5. Since centuries ayurvedic herbs are practised as home remedies for **cough, cold, bodypain, headache, joint pains, diarrhea, abdominal distension, acidity etc.**
6. For mild to moderate severity of viral afflictions ayurved may equally be tried in the form of single herbs, combination "**Kashth Aushdhees**" or **Rass preparations**.
7. Accordingly Viral Disorders can be interpreted on **Tridoshaj Theory**.
8. For general well being or **Immunity** requisite herbs can be added to any prescribed protocol.
9. Clinical research study or scientific validation is now mandatory for greater authenticity & acceptance.
10. Research projects between **A.Y.U.S.H and G.O.I's I.C.M.R & Allopathic Colleges/Hospitals** must be shared among **B.A.M.S/ M.D(Ay)/ M.S/ PhD** as recent developments.
11. Age old rasayans e.g **Asgandh, Giloy, Tulsi, Awla, Trifla, Trikatu, Arjun** or many more need be researched for ethical validation.
12. Application of **Panch Karma** e.g. Nasya, Snehana, Swedan etc. is essential for enhancing immunity for viral disorders.



# *Atithi Vartalaap*



**Hon. Member**  
Editorial Board

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Respected Sir,

You are welcome to column, atithi/vartalaap as guest of honour.

Q.1. Sir, you are well known among Ayurved & Sidha community as D.G, CCRAS. May I know, how long you served ?

Ans. : I have served the CCRAS for more than seven years as Director General.

Q.2. Kindly share the achievements under your proficient administration.

Ans. : Many achievements are on credit of me and my team during my position.

Q.3. After successful tenure you were awarded chairmanship of scientific committee, CCRAS, please throw light on its aims & objectives.

Ans.: SAB- SCIENTIFIC ADVISORY COMMITTEE is the apex committee to guide, monitor and evaluate the research programs of CCRAS.

Q.4. How these two apex bodies CCRAS & CCIM, are helping in teaching & training of AYUSH (Ayurved) students?

Ans. : Time to time many Research Workshops and Trainings programmes are conducted in different states through out India to educate the Ayurveda faculties and students.

Q.5. As the name defines, CCRAS, please let our esteemed readers know what are the areas of research developments ?

Ans. : Mainly the Research areas are Literary Research, Drug Research, Clinical Research, Family Welfare Research, Tribal Research etc.

Q.6. What are the associated fields BAMS & MD (Ay.) can have in future?

Ans. : **This is a very precise question, there are many fields but our students are not aware of these fields like, Research courier in CCRAS, ICMR, CSIR etc. and also abroad some are scientists in England, USA etc. but one has to have extra related qualifications.**

**BAMS can do Post Graduation in different Ayurveda Subjects. They can do post graduation in Anatomy, Physiology, Preventive Medicine and can join any medical college as faculty. Further they**

**can do MBA, MPH, Master in Hospital Administration & Health Care and can join any big hospital as Medical Administrator. Many are enjoying such posts. Can appear in All India Administrative UPSC Examinations like IAS, IPS etc. Some Ayurvedic doctors are gracing such posts, recently one Ayurveda doctor is successful in IAS and is under training. There are many fields one has to search and should have liking.**

Q.7. How AYUSH, G.O.I, is contributing in cultivation and harvesting of herbs ?

Ans.: There is a separate body under the AYUSH Ministry called "National Medicinal Plants Board" exclusively looking after Medicinal Plants in all respects.

Q.8. What is the scope of single drugs (herbs)?

Ans.: Single drugs are having an effective scope in clinical practices but single drugs are having limitations as these are efficacious in certain specific conditions.

Q.9. Sir, you have enough experience as an academican & expert, why multiple formulae (Compounds, yog) added together are in practice excessively.

Don't you think it's wastage of precious herbs as well as threat to nature while single herb acts specific and sufficient clinically ?

Ans.: Compound drugs work synergistically and are more effective than single drugs, this category is the strength of Ayurveda. Single drugs can not work on all systems, organs but Compound drugs work on the whole body along with more in specific systems. Many efficacious herbs can be the contents of compound drugs.

Q.10. If regular re-orientation of studies in colleges is necessary, isn't it mandatory for teachers also to give better, latest & quality education for students ?

Ans.: Yes, imparting quality and Standard education is necessary not only mandatory too. This is looked after by AYUSH COMMISSION- previously CCIM.

Q.11. Please comment on preventive medicine (Ayurved), briefly.

Ans.: Ayurveda is very strong in Preventive Medicine, the Seasonal and dietary regimens are key factors in preventive medicines. The future medicine will be dietary medicine as advised in Ayurveda "Medicine is diet and Diet is medicine". In developed countries more importance is given to diet.

Q.12. Explain how Ayurved is growing nationally and internationally?

Ans.: Ayurveda is growing Nationally and internationally very well. There are Ayurveda colleges in European countries and the USA. Ayurveda herbs and other research programs are in action in many Indian & abroad universities.

Q.13. You are one among 'Aapt Purush', what is your one line suggestion to budding BAMS & MD Doctors?

Ans.: Study Ayurveda sincerely, don't have any inferiority complex, be loyal to Ayurveda. "आयुर्वेदोपदेशेषु विदेह परमादर".

***All the very Best and Blessing***

**धनवतंरी महोत्सव एवम् दिपावली की शुभकामनाएँ**



**Prof. (Dr) Tanuja M Nesri**  
Director, A.I.I.A.,  
Sarita Vihar, New Delhi-110075

## **A.Y.U.S.H Presents Significant Soft Power Opportunity**

**Role of Ayush (Ayurveda, Yoga, Unani, Siddha, and Homeopathy) as a significant soft power of India presents vast opportunities for economic growth and international exports, said Tanuja Manoj Nesari, Director of All India Institute of Ayurveda (AIIA).**

“Ayush is not just a sector; it embodies India’s rich cultural heritage and serves as a unique selling proposition that cannot be replicated elsewhere,” the director said in an interaction with The New Indian Express.

**“This is a soft power of India, akin to our art & culture, and it holds immense potential for boosting economy,” she added.**

The director added that integrating Ayush principles with agriculture could lead to substantial income increase for farmers. “By adopting integrated farming practices, we can double farmers’ incomes while promoting sustainable agricultural techniques,” she noted. “This sector has the potential to serve as a backbone for the Indian economy.”

She further elaborated on the interconnectedness of the Ayush sector with **agriculture, pharmaceuticals, and biomedical engineering.**

“As we strengthen our agricultural base, we also enhance opportunities in the pharmaceutical and health sectors,” she explained. The director projected a significant rise in the export of Ayurvedic products, highlighting the increasing global demand for natural and holistic health solutions.

The government aims to foster innovation and entrepreneurship in the health sector, with a target of developing 100 unicorns over the next three years. Nesari revealed that the initiative is centered around three key areas: **Ayurvedic food products, biomedical engineering, and technology integration.** “With rising health consciousness among consumers, there is a tremendous opportunity in the healthy food products market,” She added.

Job creation is another significant outcome anticipated from this initiative. “Startups inherently generate employment opportunities, particularly for the youth,” the director emphasized.

“This is a sunrise sector with untapped potential, and we are optimistic about the economic boost it will bring.”

Nesari highlighted the potential of **Ayush textiles**, which incorporate medicinal herbs like **Neem** and **turmeric**. Companies produce textiles imbued with these herbs for skin allergies, she added.

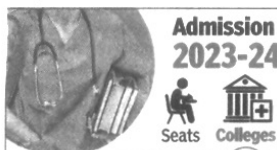


## Recent Developments

# Ayurveda comes of age, snapping at heels of BDS in Maha admission race

## 95 PVT AYURVEDA COLLEGES, 25 FOR DENTAL IN STATE

AYUSH and alternative medicine sector in India are anticipated to grow at a CAGR of 8.6% during the forecast period of 2022-2027



### Admission 2023-24

	Seats	Colleges
MBBS	7,324	53
Dental	2,675	29
Ayurveda	7,857	105
Homeopathy	4,594	57
Unani	383	7

Vacancy: MBBS 0 | Dental 29 | Ayurveda 100 | Homeopathy 25 Unani 0



### NEET cut-off scores after Round 1 of admission

	MBBS	BDS	BAMS
Govt	642	606	436
Private	583	396	387

(Source: Maharashtra CET Cell)

Allopathy, with its steep out-of-pocket costs, is straining the budgets of many families. Outside a few states, India's public healthcare system is stretched thin and ill-equipped to handle the demand, leading to frustration, even outbursts of violence against doctors

People are still rushing to allopathic care in emergencies, but when it comes to lingering conditions—persistent joint pain, sleepless nights, chronic stomach ailments, stubborn skin issues—many are turning to Ayurveda and homeopathy

A fascinating trend has emerged recently: among the educated and affluent, there's growing interest in Garbha Sanskar, a sophisticated, ancient Ayurvedic practice focused on prenatal care. It's a sign that people are increasingly turning to these traditional sciences for deeper, more holistic solutions

**Lt Gen (Retd) Dr Madhuri Kanitkar** | VICE-CHANCELLOR, MUMS

A vegan diet is different from a plant-based diet as it excludes all animal products like meat, dairy, eggs and sometimes even honey. Both diets prioritise plant foods, but the plant-based approach may be more adaptable for those who are not ready to fully eliminate animal products

— Anshul Singh, nutritionist and dietitian



## **Gyan-Pradan**

**M.D (Ay.) / M.S / Ph. D**

**Research Thesis**

**Dr. Ved Parkash Sharma**

**M.D.(Bala Roga)**

**Consultant child specialist**

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### **CLINICAL STUDY ON EFFICACY OF VYOSHADI VATI IN ACUTE UPPER RESPIRATORYTRACT INFECTION w.s.r. TO PRATISHYAYA IN CHILDREN**

Respiratory tract infections are the major causes of morbidity & mortality in childhood in developing as well as in developed countries. Acute respiratory infections (ARI), particularly lower respiratory tract infections (LRTI), are the leading cause of under-five morbidity for about two million childhood deaths globally. It is estimated that **Bangladesh, India, Indonesia, and Nepal together account for 40% of the global ARI mortality.** ARI is responsible for about 30-50% of visits to health facilities and 20- 40% of admissions in hospitals. In developed countries physicians frequently encounter acute respiratory tract involvements in children. In Indian slums, ARI constitutes more than two-third of all childhood illness. Government of India has notified this as a serious problem given top priority in all Government programs including the current Reproductive and Child Health Program, Phase-11 (RCH-11). In this the **dais**, primary health **workers** and even **nurses** are trained to identify the diseased child and refer to higher centre before seriousness of the disease.

**RTIs are divided into upper respiratory tract infection (URTIs) and lower respiratory tract infection (LRTIs).** URTI is amongst the most common acute conditions presenting in the outpatient department. If URTI is not treated properly then it spreads to the lower respiratory tract and causes serious complication like LRTI,

pneumonia, bronchitis, bronchiolitis etc. which may lead to death of child.

Signs and symptoms of URTI show resemblance with the symptoms (lakshanas) of Pratishyaya which is explained in classical books of Ayurveda. The detailed description in terms of etiology (nidana), pathology (samprapti), signs and symptoms (rupa), prognosis and treatment of Pratishyaya is available in Samhitas like Charaka Samhita, Sushruta Samhita and Kashyapa Samhita. Pratishyaya is one of the disease in which inflammation of mucous membrane of the nose occurs and is characterized by Nasasrava, Nasavrodha, Kshavathu, Shirashoola, Shwasa avarodha, Gandha gyana naash etc. It is a very contagious disease which spreads from one person to another causing distress and discomfort. The constant nasal discharge, foul smell of the nose and recurrent occurrence of the condition hamper the normal life of the individual. Growth and development of child is affected by repeated episodes of infection. If Pratishyaya is not treated properly it may lead to rogas like Kasa, Shwasa and even severe disease like Rajayakshma.

The mainstay management of URTI in modern medicine mainly comprises antibiotics, decongestants, antipyretics, analgesics, anti allergic, cough suppressants and even sometimes steroids.

Injudicious use of antibiotics & steroids to infants and young children leads to depression of immune system which affects the growth and development of child.

Management of Pratishyaya in children needs more care and observation since the complications can make the condition worse in the stages of its prognosis. The therapeutic procedures adopted in the management of Pratishyaya are **Snehapana, Swedana, Shodhana and Sanshamana Chikitsa**.

Key words: Pratishyaya, Vyoshadi Vati, URTI etc.

## MATERIALS & METHODS:

Vyoshadi Vati according sharandhar samhita, placebo formation and case sheet proforma was prepared. Informed consent was taken from subject attendants.

**DESIGN OF STUDY-** Randomized clinical trial, Single blind, Placebo controlled

## DIAGNOSTIC CRITERIA

The diagnosis will depend mainly on signs & symptoms of URTI. Minimum five signs and symptoms were taken for diagnosis out of which Nasasrava and Nasavrodha was essential for diagnosis. They are as follow:

- **Nasal discharge (Nasasrava)**
- **Nasal congestion (Nasavrodha)**
- **Sore throat (Kanthashoola)**
- **Sneezing (Kshavathu)**
- **Headache (Shirashoola)**
- **Redness in throat (Galashotha)**
- **Fever (Jwara)**
- **Diarrhoea (Atisara)**

## LABORATORY CRITERIA

Complete blood count & other investigations if required

## INCLUSION CRITERIA

- **Children between age group of 5 years to 15 years**
- **Children with signs / symptoms persisting for more than 5 days or reporting after 5 days**

- **Children irrespective of sex, religion & socioeconomic status.**

## EXCLUSION CRITERIA

- **Children below 5 years and above 15 years are excluded**
- **Patient suffering from pulmonary Koch's, bronchiectasis, tropical eosinophilia.**
- **Patient suffering from URTI symptoms less than 5 days**

- **Acute exacerbation of bronchial asthma**
- **Cough presenting as a sequelae of trauma**
- **ALLOCATION OF SUBJECTS:**

- **Total 30 subjects were randomly selected for this study and divided into two groups of 15 patients each. Group A was given trial drug Vyoshadi Vati and Group B was given placebo.**

- **Group A – received Vyoshadi Vati**
- **Group B – received Placebo**
- **The vital data of patient like name, age, sex, religion, socio-economic status, were recorded first. Education and occupation of parents were also noted down.**
- **A detailed history about the illness, past illness, birth, immunization, treatment and family was taken. The duration of signs and symptoms were inquired and noted.**
- **An effort was made to evaluate the status of signs & symptoms of Pratishyaya w.s.r. to URTI with the help of prepared table before and after the treatment.**
- **General and systemic examination was done in detailed according to Ayurvedic and modern parameters.**
- **The investigations like complete blood count and other investigation was done as per the requirement to exclude the other disease for differential diagnosis.**
- **Detailed evaluation of respiratory system was done to diagnose the disease and to know the severity of the disease, also to assess the**



improvement in the condition of the children before and after treatment.

## DOSAGE:

- 1 tablet (250mg) three times per day ½ hour after meal with warm water between age group 5 years to 10 years for 7 days
- 1 tablet (250mg) four times per day ½ hour after meal with warm water between age group 10 years to 15 years for 7 days

## Assessment criteria:

Assessment was done by scoring pattern 0-3 with no, mild, moderate to severity of signs and symptoms.

## SCHEDULE ASSESSMENT

1. Assessment was done by observing the improvement in the clinical features based on the gradation before and after treatment.
2. Assessment was done on the following schedule
  - a. Initial assessment before the commencement of treatment
  - b. 2nd assessment was done on 3rd day.
  - c. 3rd assessment was done on 7th days after starting the treatment.
  - d. Follow up was done after one week of withdrawing the treatment.

According to improvement in above parameters, the results were drawn by applying paired t test for both groups.

## CRITERIA FOR ASSESSMENT OF TOTAL EFFECT OF THERAPY:

The assessment was done one week after withdrawal of treatment. At the end of treatment, the result in view of percentage of relief was classified as given below:

1. **Cured:** 100% improvement in signs and symptoms.
1. **Maximum improvement:** More than 75% - below 100% improvement in signs and symptoms.
2. **Moderate Improvement:** 50% - below 75%

improvement in signs and symptoms.

3. **Mild Improvement:** 25%- below 50% improvement in signs and symptoms.
4. **No Improvement:** 0% - below 25% improvement in signs and symptoms.

## EFFECT OF THERAPY

Group A, who were administered Vyoshadi Vati, showed statistically extremely significant results in Nasasrava, Nasavrodha, Kanthashoola, Kshavathu, Galashotha ( $p < 0.0001$ ), Shirashoola (0.0004) and very significant in Jwara (0.0061).

The effect of placebo on all subjective parameters in Group B patients shows no significant results as p value is more than 0.1

The effect of Vyoshadi Vati on objective parameter shows extremely significant results in Group A as p value is less than 0.001

The effect of Placebo on objective parameter shows no significant result as p value is more than 0.1

## CONCLUSION OF STUDY:

- \* Acute URTI w.s.r. to Pratishyaya is a very common ailment in paediatric age group.
- \* The signs and symptoms of URTI explained in modern science resemble with Pratishyaya in Ayurveda.
- \* Viruses are the major causes of URTI but bacterial URTI is also encountered frequently.
- \* URTI is more common in younger age group.
- \* Gender variation does not affect the prevalence of disease.
- \* In this study more Hindu subjects are affected by URTI but it is not necessary because this study was conducted in Hindu predominant area.
- \* Lower socio-economic strata are more commonly affected by URTI.
- \* Immunization has no role in preventing URTI.
- \* Majority of subjects are having normal nutritional status in this study.

- \* Nasasrava and Nasavrodha were present in all patients of acute URTI w.s.r. to Pratishyaya in both the groups.
- \* In this study majority of subjects were not having any family history of URTI.
- \* Pratishyaya is Vata, Kapha dosha predominant with alpa Pitta.
- \* Early diagnosis and treatment is essential because it may predispose other severe disease Shwasa, Kasa, Rajayakshma, pneumonia etc.
- \* The treatment given in Group A is more efficacious than Group B.
- \* Percentage of relief is more in Group A than Group B.
- \* The decrease in severity of signs and symptoms is more in the trial group as compared to Placebo group.
- \* The multiple properties of ingredients of Vyoshadi Vati have varied actions viz. anti-inflammatory, analgesic, anti pyretic and anti bacterial, which have an edge over the modern medicine.
- \* Due to the subsiding of Galashotha, the difficulty in swallowing is subsided in Group A.
- \* The appetite of subjects in Group A is improved as some ingredients of Vyoshadi Vati are having property of Deepana and Pachana.
- \* This study showed that financial burden on the health sector may be eased out, if such a treatment is chosen, in comparison to the contemporary system of medicine.
- \* The drug Vyoshadi Vati is used safely in paediatric age group without any side effect.
- \* This work was done by keeping in view all the precautions. Despite that, there may be chance of bias in research and also in interpretation of results. Author takes sole responsibility for errors of commission or omission. It is hereby anticipated that, the reader of this dissertation would enrich the existing knowledge and it would assist future research work.

## How much water do you really need?

**Y**ou lose it while breathing. You use it to turn food into energy. You need it for all your cells and organs to function. While the average human body is more than 60% water, how much does one need to consume to make the most of it?

**Water intake depends on the body weight**  
Water intake will depend on your body weight, intensity of sweating, exposure to heat, the climate you live in, activities, and medicines you are prescribed. For adults, consuming water worth 35ml/kg of body weight is ideal.

**It's also possible to drink too much water**  
Though rare, drinking too much water causes overhydration. Signs include dizziness, swelling, nausea, vomiting, and burden on organs.

**Daily water requirement**

- Adults: 2-3 LITRES
- 14-18 year-olds: 2-2.5 LITRES
- 9-13 year-olds: UPTO 2 LITRES
- 4-8 year-olds: 1200 ML
- 1-3 year-olds: UPTO 1 LITRE (APPROX)

(According to Evidence Based nutrition)

**Ways to understand if you are dehydrated**

- Headaches
- Mood changes
- Drying of lips and skin
- Bad sleep
- Dizziness

**Benefits of drinking optimum water**

- Optimal brain function
- Aids digestion
- Glowing skin
- Healthy joints and muscle
- Body temperature regulation

**Plain water should be prioritised. But water infused with lemon, tulsi, amla etc can also be considered. Buttermilk with turmeric, barley water, kokum water, and tender coconut water too. Refrain from adding sweeteners as it increases your intake of unnecessary calories. Dehydration can increase sodium levels that carry the risk of high BP**

— Evidence Based, head of clinical nutrition & dietetics, Aster CMI Hospital

— Compiled by Nandini Dillip

## WONDER PILL?

**What an aspirin does** | Aspirin is a non-steroidal anti-inflammatory drug (NSAID) that works by inhibiting the production of certain body chemicals that cause inflammation, pain and fever

**> It has an anti-platelet effect, which means it can prevent blood clots from forming and causing heart attacks or strokes**

**Symptoms that may indicate the need for aspirin**

- > Chest pain or discomfort, shortness of breath, nausea, sweating, or pain radiating to the jaw, neck, or arm
- > These symptoms, especially when they appear suddenly or are severe, could be indicative of a heart attack or angina

**Who should not take it**

- > Individuals with certain medical conditions, such as stomach ulcers, kidney disease, liver disease, asthma or bleeding disorders
- > Children and teenagers
- > Consult a doctor before taking it





## Research Work

## CCRAS Research

## Oral Contraceptive - Pippalyadi Yoga

The Pippalyadi Yoga a combination of Pippali (*Piper longum* Linn.- fruit) Vidanga (*Emblia ribes* Burm.f.-fruit) and Tankana (Borax), has been extensively studied by the Research Council in fertile female volunteers in last two decades through its centres at Central Research Institute for Ayurveda, Kolkata and Research Scheme for Screening of Contraceptive Agents, Ahmedabad.

**Criteria for Selection :** These trials were conducted on fertile female volunteers in the age group of 20-34 years having a menstrual cycle between 26-30 days (with 3-5 days menstruation period) and with inter-pregnancy period between 13-24 months.

**Type of study :** Open Trial

**Results :** Dose schedule was 500 mg./BD from 5th day to last day of the cycle and consecutively for three cycles. Significant improvement in efficacy of the drug was observed with successive modifications. Further study of this drug with the dose of 500 mg./BD from day one to last day of cycle, consecutively for three cycles, had shown 100% efficacy of the drug since no pregnancy was reported due to drug failure in this study. Efficacy of this drug with different doses is shown in the table. Findings of this study have also

Sl. No.	Dose 1 500 mg/OD 500 mg/BD D5 to full cycle	Dose 2 (a) 500 mg/BD 500 mg/BD D5 to full cycle	Dose 2 (b) 500 mg/BD 500 mg/BD D1 to full cycle
1. Women studied	162	540	722
2. Cycles studied	850	4001	1117
3. Maximum cycles followed	36	31	20
4. Number of Pregnancies			
Drug failure	5	4	0
Drug Omission	20	22	5
Combined	25	26	5
5. Pearl index per hundred women year (HWY)			
Drug failure	7.06	1.20	0.00
Drug omission	28.24	6.60	5.37
Combined	35.29	7.80	5.37

been recorded in standard Text Books of Gynaecology.

**Side effects :** The prolonged administration of this drug has not shown any significant side effect or adverse effects.

**Conclusion :** The study with the dose of 500 mg. BD from day one has established the efficacy of Pippalyadi Yoga in prevention of conception.

**Current Status :** Now Pippalyadi Yoga has been adopted by the M/o H&F/W for evaluation of its anti-fertility potential for inclusion in the National Population Programme. For this purpose, an Expert Group for Anti-fertility Research in the Indian System of Medicine has been constituted.

By this expert group toxicological and terratogenic studies have been carried out at the National Institute of Immunology, ND, and no toxicological and terratogenic effects have been reported with

Pippalyadi Yoga.

**Phase-I** Multicentric, Toxicological, Terratogenic and Safety Studies on Pippalyadi Yoga has been conducted at PGI, Chandigarh; JIPMER, Pondichery and KEM Hospital, Mumbai and no adverse effects in hormonal, biochemical, endometrial and sonographic studies for ovulation, have been reported.

After these toxicological, terratogenic and safety studies now **Phase - II** Multicentric Clinical Trial on Pippalyadi Yoga is being conducted at AIIMS; PGI, Chandigarh; JIPMER, Pondichery and KEM Hospital, Mumbai, to evaluate its anti-fertility potential in fertile female volunteers. After establishing its contraceptive efficacy this oral Ayurvedic contraceptive drug "Pippalyadi Yoga" may be recommended for inclusion in the National Population Control Programme.

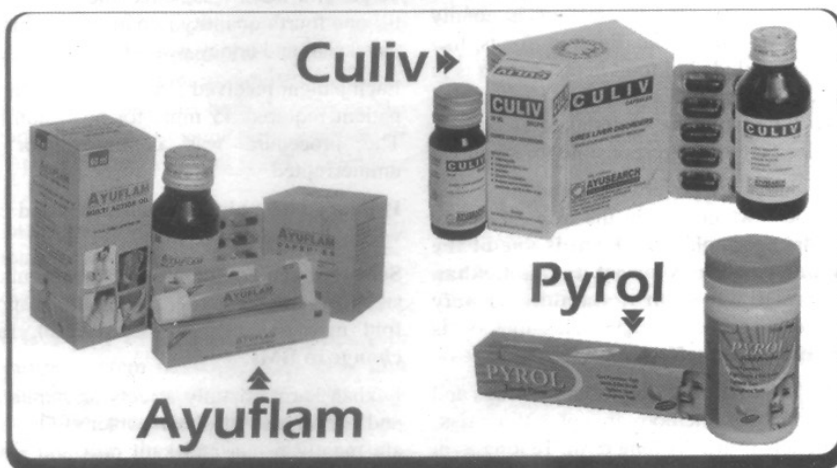


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## CONCEPTUAL STUDY OF 'SHWITRA'

### INTRODUCTION

Skin is the sensory organ covering whole body. Shwitra is one among the skin disorders. In Ayurveda, shwitra is presented as cutaneous pigmentation disorder, clinically characterized by white spot over the skin. In classical texts, Shwitra is mentioned along kushtha but differentiated by non-secretory nature of shwitra. It is caused by vitiation of tridosha and affects rakta, mamsa and meda. It causes more anxiety and social stigma in Indian society. It disturbs the sufferer cosmetically more and rarely functionally. In modern, it can be correlated with vitiligo. Vitiligo is described as an autoimmune disease manifests as white spot on skin. It is the most common pigmentation disorder affecting 1-2% of population worldwide. In simple words, it is corruption and murdering of melanocytes. Various factors like UV radiation, Iron and copper deficiency, gene mutations and other environmental trigger factors are known to cause vitiligo but exact etiopathology is not known. Therefore, it is a need to conduct various research on shwitra.

### Aims and objectives

- To do a descriptive literature based study of shwitra
- To discuss etiology, classification and symptoms of shwitra
- To discuss line of treatment of Shwitra

### Material and methods

Data was collected from ayurvedic classical texts, journals and the Internet.

### Definition

**According to Ayurveda, when any body part becomes unpleasant due to whiteness, it is known as shwitra.**

### Synonyms

According to Acharya Charak – Darun, Charun, Kilas

According to Ashtang Hridaya – Kilas, Darun

According to Harit Samhita – Pandur kushtha, Citra  
Amarkosha- Pada sphota, Twak pushpi, Kilas, Sidhamali

### Classification

According to Acharya Charka

Darun – vatik- Reddish colour – Rakt dhatu involved

Varun-paitik-copper colour-Mams dhatu involved

Shwitra-kaphaj-white colour -Meda dhatu involved

### According to Acharya Sushruta and Ashtang Hridaya

Vataj – Arun vran-Rakt dhatu involved

Pittaja – Padam patra vran- mamsa dhatu involved

Kaphaj- Shwet vran -Meda dhatu involved

### Causes

• Aaharaj – Dietic incompatibility, excessive intake of fish, radish, taking meals without digestion of previous meal, excessive intake of guru, snigdha, abhishyandi aahar.

• Viharaj- withhold vomiting, intake of cold water after exercise or extreme hot, exercise during indigestion, daydream, panchkarma apchar

•Achran janya- truthfulness,ungratefulness, disrespect of God ,Guru,sinful acts,misdeeds of past life

•Nidanarthak roga-untreated wound , diarrhoea, hyperacidity, prolonged hook worm infestation , after burn and scald.

### Symptoms

It is non infectious ,usually start with a small white patch and spread slowly without pain.

Usually presented with burning sensation in extreme hot.

#### •Vataj

According to Acharya Charak – Rakt Varna, Raktashrit

According to Acharya Sushruta -Arun Varna, mandalyukta, pariswansi

According to Ashtang Hridya – Ruksha, Arun Varna, Raktashrit

#### •Pittaja

According to Acharya Charak-Tamra Varna ,Mams Ashrit

According to Acharya Sushruta – Kamal Patratva, dahayukta

According to Ashtang Hridya – Kamal Patratva, dahayukta,Tamra Varna, Roma nashak , Mams Ashrit

#### •Kaphaj

According to Acharya Charak-Shwet Varna, Meda Ashrit

According to Acharya Sushruta-Shwet Varna, snigdha, bahal, kandu yukta

According to Ashtang Hridya – Shwet Varna, kanduyukta, Ghan, guru, meda Ashrit

### Sadhya-Asadhyata

Vataj, pittaj, kaphaj are step by step difficult to treat

Based on clinical features, small patch, not

conjoined together, surrounded by black hair ,not of burn origin, recent onset are easy to treat.

Patches conjoined together, chronic onset, appearance on sole, palm, inguinale, lips are not curable

### Chikitsa Sutra

**According to classic text, sanshodhan (vamana or virechana) is first line of treatment**

**For virechana, kashthaudumbar and guda is mentioned. Acharya charak mentioned decoction of equal amount of kasthaudumabar bark, vijaysar, priyangu and shatpushpa to treat shwitra Manashiladi lepa, bakuchi with gomutra, chitraka with gomutra etc. are mentioned. According to Harit samhita Vidahi,amla and vatalani drugs should be avoided.**

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## Concept Of Health In Ayurveda & Yoga

This Century is witnessing a paradigm shift in the approach to healthcare system. The disease curing approach of the modern medicine along with the increasing incidence of the drug induced health problems (including death) is now making many people in both developed and developing countries turning to alternate mode of healthcare, generally termed as “complementary or alternative medicine”. The holistic approach adopted by the oriental health traditions, particularly those of India and China is gaining increasing acceptance and popularity in the world over.

**The disease preventive and health promotive approach of Ayurveda, which takes into consideration the whole body, mind and spirit while dealing with the maintenance of health/ promotion of health and treating ailments, is holistic and it finds increasing acceptability in the world over.**

We often talk about Ayurveda and yoga as two separate aspects of wellness. While one is form of medicine, the other is tough of as a form of exercise, but there is a lot more to these two ancient practices. Ayurveda and yoga are two inseparable parts of holistic living. The two together can not only benefit a person's all round health, but are also the reason for one form of treatment's success.

### 1. How are Ayurveda and Yoga linked?

Both Ayurveda and yoga are an integral part of Vedic sciences which bring us the entire cultural, spiritual and natural wisdom of cultivating our body

and mind.

Both Ayurveda & Yoga give holistic approaches for living life at its fullest. The two sciences have a common understanding of the health of the body as being dependent on the health and balance of the mind.

Ayurveda is an ancient Indian system of natural and holistic medicine. It uses the inherent principles of nature to help maintain health in a person by keeping the individual's body, mind and spirit in perfect equilibrium with nature. Ayurveda insists that within nature's balance lie all the remedies for good health.

Ayurveda can create a wonderful sense of balance in your body, mind and spirit; and so can Yoga.

Yoga is all about harmonizing the body with the mind and breath through the means of various pranayama (breathing techniques), asanas (yoga postures) and dhyana (meditation).

Yoga includes physical, mental & spiritual practices or disciplines that aim to transform body and mind. Ayurveda, other than using the gross aspect of using medicines and therapies, also makes use of spiritual aspects like mantras.

### 2. When people practice Yoga how can they incorporate aspects of Ayurveda into their life?

When people practice Yoga, it is always good to practice Ayurveda too. Through Yoga, one aims to increase one's awareness, self-centeredness

and emotional intelligence, and bring about the blossoming of consciousness. Ayurvedic diet & lifestyle contribute to this aspect. The food guidelines of Ayurveda, prescribed according to one's body type, allow us to incorporate more personalized recommendations for diet and food. When practiced along with Yoga, these food guidelines, combined with the practice of Yoga, help us attain maximum benefit from yoga. Conversely, lifestyle recommendations in Ayurveda also exert a positive influence at the mental level of a person which enhances their yoga practice.

### **3. Does a person practicing yoga have to also follow Ayurvedic principles?**

Practicing Ayurveda also improves your Yoga practice, a perfect win-win situation!

Ayurveda's use of simple diet, nutrition and natural herbal supplements to maintain health and rejuvenate strengthening the body goes along with the yoga way of living. Providing understanding and guidelines for balance in body, mind and spirit, Ayurveda gives us a holistic approach to optimum healthy living.

Many people who practice Yoga do so to maintain their health and well-being, improve physical fitness, relieve stress, and enhance quality of life. In addition, they may be addressing specific health conditions, such as back pain, neck pain, arthritis, and anxiety. The basis of all Ayurvedic principles is the balancing of energies within us to restore wholeness. Thus Ayurvedic treatment and Ayurvedic practices do help us to attain your goals easily when combined with yoga.

### **4. What makes Ayurvedic treatment perfect to treat an illness?**

Ayurveda is one of the most important and innovative systems of mind-body medicine available today. It is a complete system of health care – both preventive and curative. Treatment processes to detoxify and

to build up the immune system are very specific to Ayurveda. Prevention of diseases as well as preservation of health is given equal importance in Ayurveda, because, if the general principles of health and hygiene are observed strictly, the need for cure does not arise at all. A person who lives in tune with nature will be blessed with a strong immune system which will protect the body from illnesses.

### **5. Integrating Ayurveda & Yoga With Allopathic Medicine**

While it's true that most of allopathic or Western medicine only considers the physical body when it comes to healing, there's no reason why you can't integrate Ayurveda with your current healthcare plan. Many physicians are open to tweaking or modifying your treatment plans when you share that you've taken up meditation, have been doing some emotional healing, or are more active.

Once I asked an Ayurvedic professor about the relationship between yoga and ayurveda. His simple explanation was, "Ayurveda is the science and yoga is the practice of the science." It has been inevitable that the practice of yoga has led me to understand the science of ayurveda more and the inquiry into the ayurvedic science has inspired me to practice Yoga.

Yoga and ayurveda are inseparable sisters. Both originate as part of a greater system of Vedic knowledge (what I would call as the nurturing mother). Both yoga and ayurveda are based upon the principles of trigunas (**sattva, rajas and tamas**) and the panchamahabhutas (**earth, air, fire, water, space**). Yoga and ayurveda also encompass an understanding of how the body works (Dosha-Dhatu-Mala/humor-tissue-waste material theory) and the effect that food and medicines have on the body (Rasa-Veerya-Vipaka/taste-energy-post digestive effect concept).

Both of these sciences have eight branches:

**Ashtanga yoga and Ashtanga ayurveda.** The two have a common understanding of health of the body being dependent on the health and balance of the mind. They share virtually the same metaphysical anatomy and physiology. Both recognize that keeping the body healthy is vital for fulfilling the four aims of life: dharma (duty), artha (wealth), kama (desire), and moksha (liberation).

It is quite a revelation to see how yoga and ayurveda are interrelated.

---

#### **Conclusion**

**The holistic approach in Ayurveda & Yoga has indeed internalized all aspects of human health and diseases. It is, perhaps the greatest contribution of Ayurveda & Yoga to the humankind. It is the whole human being not merely the disease entity that forms the focal point and management of health and treatment of diseases.**

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## **Polycystic Ovary Syndrome & Management**

PCOS also known as Hyperandrogenic anovulation, is a chronic condition characterized by lack or absence of ovulation and excess androgen levels. The exact cause of PCOS still remains unknown but environmental, lifestyle and genetic factors may play a role in it's development.

**Polycystic Ovary Syndrome (PCOS) is a common hormonal disorder that affects women of reproductive age. It is characterized by irregular menstrual cycles, excess androgen levels, and multiple cysts on the ovaries. PCOS can have a significant impact on a woman's overall health and fertility.**

### **Common symptoms**

- **Irregular menstrual cycle** (either infrequent periods or heavy to prolonged bleeding with no ovulation)
- **Weight gain**, • **Acne**, • **Acanthosis Nigricans** (Dark, velvety patch in skin folds such as neck)
- **Hirsutism**, • **Male - pattern baldness**
- **Infertility** (difficulty in conceiving)

### **Long term risk factors**

- **Obesity**
- **Insulin Resistance**
- **Type-2 diabetes**

- **Heart Disease**

### **Contributing Factors**

**1. Sedentary lifestyle:** Prolonged hours of sitting and lack of physical activity is known to be a major cause of developing lifestyle related problem called PCOS.

**2. Diet:** Poor dietary preferences due to lack of time and awareness leads to **weight gain, inflammation and insulin resistance**. Excessive and unregulated intake of oily and fried foods, processed foods, sugary foods and less intake of fruits, vegetables, healthy fats etc. leads to weight gain and hormonal imbalance.

**3. Stress and Sleep Deprivation:** Stress and lack of sleep due to demanding work culture, continuous use of screens and extra working hours in today's lifestyle leads to hormonal imbalances leading to a common problem of PCOS.

**4. Environmental toxins:** Various toxins found in plastics, personal care products and pesticide sprayed fruits and vegetables are a common source of endocrine disrupting chemicals (EDC's) which disrupt the hormonal balance leading to PCOS.

## Lifestyle Changes

Do's	Don'ts
Exercise like walking, jogging, cycling, swimming, dance, aerobics, any sport, strength training etc.	Leading a sedentary lifestyle, no movement
Eating a balanced diet, including fruits, vegetables, nuts, seeds, whole grains, proteins sources etc.	Eating fast food, oily & fried foods etc.
Practice meditation, mindfulness, yoga, improving sleep.	Excessive screen time, extra working hours and work pressure.
Avoiding smoking and excessive use of alcohol	Smoking and alcohol intake.
Following a personalised treatment plan by a healthcare provider.	Following what other PCOS patients are doing or following the internet advices.

## Foods

Foods to eat	Foods to avoid
All fruits & vegetables	Oily, fried foods
Lentils, legumes, dried beans	Refined oils and products
Nuts & seeds & seed cycling	Refined flour and products
Green leafy vegetables	Stale foods
Cottage cheese, curd	Junk foods & Processed foods
Ghee in controlled portions	Sodas, energy drinks
Turmeric	Red meat
Cinnamon	Excessive salt & sugar
Dark chocolate	

Hence, it is important to balance weight, eating habits and regular exercise to manage and cure the symptoms of PCOS. With right nutrition guidance and support; women with PCOS can reduce the impact on their physical and emotional well-being.





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## Brief Conceptual Study Of 'Unmaad' & Its 'Yukativyashraya Chikitsa'

### Abstract:

“Unmada” is a wider entity affecting eight manas bhavas. Various treatment protocols has been mentioned in Ayurvedic texts for its management. If thoroughly and deeply studied it can be relatable to large group of minor and major psychiatric issues.

### Introduction:

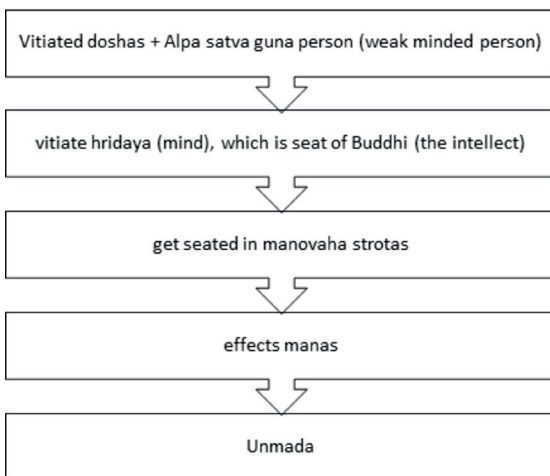
Unmada disease mentioned in Ayurveda is a sort of syndrome which covers a varied range of psychotic disorders. It founds its classification under **Manasa Roga**. It is sort of physical and mental distortion or derangement which involves both physical (**Vata, Pitta, and Kapha**) and manas doshas (raja and tama). Various types and sub-types of Unmada disorder mentioned in Ayurveda are due to vitiation of all three physical doshas (Vata, Pitta, and Kapha) collectively or individually, along with manas doshas (**raja and tama**), these vitiated doshas get seated in **Manovaha strotas**. Due to this displacement of doshas, they effect manas (mind) which eventually leads to Unmada with varied psychotic and physical symptoms.

### Nidaana (causes of Unmada):

**Viruddh bhojana** (incompatible food), **Dushta, Ashuchi Bhojan** (filthy, contaminated, and impure food); insulting or disrespecting dev (God), guru (teachers) and brahmins; **Manoabhighata** (mental trauma) due to excessive fear or extreme level of happiness and following **Vishama chestha** (improper postures) are causes for unmada Roga.

### Samprapti:

In unmada main eight manas bhava gets effected or distorted i.e **Mana** (mind), **Buddhi** (wisdom / intellect), **Sangya-gyan** (awareness or orientation), Smriti (memory), **Bhakti- devotion**, **Sheela** (person's temperament and habits), Cheshta (psychomotor activities) and **Achara** (conduct).



### Clinical features:

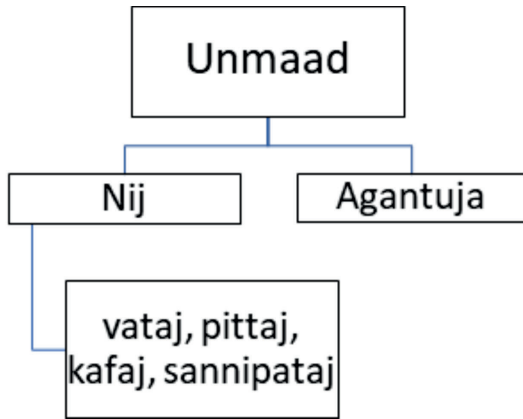
General features are **Dhi vibhrama** [mental or intellect confused], unstable mind, **Drishti adheerta** [restlessness in movement of eyes], irrelevant speech and **hridaya shunyata** (feeling of emptiness or lack of emotions) in hridaya (mind) .

### Types of unmada:

Unmada impacts Buddhi (intellect), mind and



memory. Broadly it is classified in two types – nija and agantuja. It is further classified as follows [8].



## Treatment of Unmada:

- 1) **Daivavyapashraya** (spiritual/divine therapy)
  - 2) **Yukti vyapashraya** (based on reasoning) and
  - 3) **Satwavajaya** (psychotherapy)
- Yukti vyapashraya (based on reasoning):

A. Shodhan      B. Shamana

In Vataj unmada, earlier Snehapana (Oral administration of medicated oil or ghee) should be done but if obstructed by kapha dosha or pitta dosha then Sneha containing Mridu shodhana (by vama or virechan) should be done as per doshas.

In kapha and pitta dominant Unmada, Vamana (emesis) and **virechan** (purgation) should be given respectively after Snehana (unction) and **Swedan** [sudation]. After Shodhan, Samsarjana krama (Dietetic regimen) strictly be followed. When patient regains strength then as per doshas, **Niruha** and **Anuvasana Basti** [medication through anal route], Shiro-virechana {Nasya} can be done.

These above Panchkarma procedures can be repeatedly administered as per dosha predominance. If disease is still persistent after Shodhan treatment, then teekshan Nasya (strong irritant through nose),

strong Anjana (collyrium) and Tadana (beating) can be done. These strong procedures are very helpful for improving Unmaada condition.

## Other modalities of treatment given as per yukti are:

Solitary confinement, giving mental shock such as sudden surprises (visamaya), Tarjan (threatening or shouting in extreme anger), trasanam (scaring) or bhaya darshan (terrorizing), harshanam (trying to make patient happy), santvana (consoling), Kshobhana (applying irritants) etc. Other procedures to stimulate mind, intellect and memory are also administered such as pradeha (applying thick lepa), utsadana (applying ubtan), abhyanga (massaging), dhuma (fumigation with different herbs), Sarpi paan (oral intake of ghee) and Siravedha (venesection).

## Shaman medications:

Various formulations such as ghee, oils, Agad, Anjana, Churan, single herbs, rasa etc are used for Unmada Roga.

Ghee	Oil	Varti	Agad
Hingvadi ghee	Lakshadi taila	Vyosadi varti	Sidhartaka agada
Kalyanaka ghee	Nirgundyadi taila	Sirishadi varti	Siddharthakady agada
Mahakalyanaka ghee	Chandanadi taila	apamargadi varti	Shallakyady agada
Mahapaishachika ghee	Shiva taila	marichadi varti	
Lashunadya ghee	Tungadrumadi taila	brahmyadi varti	
Puraana ghrita	Himasagara taila	Saindhavadi varti	
Panchagavya	Brihatryadi taila	Marichadi varti	
Mahapanchagavya ghrita	Triphaladi taila	Apamargadi varti	
Shiva ghrit	Manjishtadi taila	Vyoshadi varti	
Siddharthak ghrit	Chandanadi taila	Shirishadi varti	
Brahmi ghrita	Bhringamalakadi taila	Brahmyadi varti	
Dhatryadi ghrita	Sahacharadi taila	Kayasthadi varti	
Jivanyadi ghrita	Balashwagandha laskhadi taila		
Vachadi ghrita			
Hingvadi ghrilas			

Single herbs	Asava / Arishta	Rasoushadha (Herbo mineral compounds)
Shankapushpi Amalaki	Sarasvatarishta	Chaturbhujarasa
Mandukaparni Sarpagandha	Dashmoolarishta	Unmadagajakesari
Brahmi Rasana	Chandanasav	Unmadabhanjinarasa
Vacha, Devadaru	Balarishta	Unmadagajankush rasa
Jyotishmati Jatamansi	Draksharishta	Bhootbhairav rasa
Kushtha Karpura	Ashwagandharishta	Smritisagara rasa
Tagara, Haritaki		Muktapishti
Parasikavyani Vibhitaki		Praval panchamrita
Palandu Ashwagandha		Bhootankusha rasa
Hingu Kushmunda		

Churan	Gutika (pills)	Avleha
Saraswata churna	Shivagutika	Brahma Rasayana
Drakshadi churna	Manasmitra vataka	Chywanprash
Kalyana churna	Sarpagandhagan vati	Chandr avleha
Shirishadi churna	Brahmi vati	

Anjana	Dhoopa	Others
Krishnadyanjana	Mahadhupa	Pippalyadi pradhama
Darvyadyanjana	Nimbatharyadi dhupa	Brahmi rasnadiyoga
Marichadyanjana	Maheshwar dhoop	Srugalyadiyoga
	Ajadi rom dhoop	Siddharthakayoga
		Shallakyadiyoga
		Mishrakasneha

## Discussion:

In unmada main eight manas bhava gets effected or distorted i.e Mana (mind), Buddhi (wisdom / intellect), Sangya-gyan (awareness or orientation), Smriti-(memory), Bhakti- devotion, Sheela (person's temperament and habits), Cheshta (psychomotor activities) and Achara (conduct). So overall basic behaviour change of person occurs. So, it must be studied in detail for living a disease free and healthy life.

## Conclusion:

It is sort of syndrome which in broader way covers a wide range of psychiatric disorders. So, this manas disease should be studied thoroughly as it can be solution or befitting reply to management of various psychiatric disorders. It will be

helpful in providing protocol or guideline for understanding and management of psychiatric issues.

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## **SKIN DISORDERS IN DIABETES MEELITUS**

### **SKIN SYMPTOMS DUE TO DIABETIC VASCULAR ABNORMALITIES**

**Diabetic Microangiopathy** : Both small and large blood vessels are affected in diabetes mellitus.

In diabetic microangiopathy, there is proliferation of endothelial cell and deposits of PAS positive material in the basement membrane of arterioles, capillaries and venules with resulting decreased lumen area. Basement- membrane thickening is a characteristic finding in diabetic patients. Microangiopathy is responsible for the **retinopathy**, **nephropathy** and possible also neuropathy and dermopathy associated with disease.

**Erysipelas-like erythema**: Well-demarcated, red areas occur on the legs or feet of elderly diabetics. Some of the elderly patients have an underlying destructive bone disease caused by a small-vessel insufficiency. It is seen mostly in elderly patients with an average duration of diabetes mellitus of 5 years. Cardiac decompensation may be involved .

**Wet gangrene of the foot** : This is a late manifestation of diabetic microangiopathy. Nondiabetic atherosclerosis tend to develop a dry form as a result of large-vessel insufficiency.

**Diabetic Rubeosis**: A peculiar rosy reddening of the face and sometimes of the hands and feet may be seen in long -standing diabetes. The changes have been attributed to decreased vascular tone or diabetic microangiopathy. Rubeosis may have some

practical diagnostic significance, especially in fair-skinned patients.

**Diabetic dermopathy (diabetic shin spots)** : This is most common dermatosis associated with diabetes mellitus. Microangiopathy and possibly neuropathy are involved. Lesions are predominantly situated on the shins (shin spot), forearm, thighs and over bony prominences. About half of patients show such lesions, more frequently men than women. The initial lesion is an oval, dull-red papule 0.5-1 cm in diameter, producing a superficial scale, eventually leaving an atrophic brownish scar. The colour is due to haemosiderin in macrophages near the vessels. There are usually multiple lesions, sometimes linear in arrangement. Microscopically, a combination of vascular DISEASE with PAS-positive thickening of the vessel wall and minor collagen changes is found. The presence of shin spots is by no means specific for diabetes. There is no correlation between the presence of the lesions and the duration or severity of the diabetes. In known diabetics, the occurrence of dermopathy lesions should initiate an investigation for diabetic microangiopathy.

**Large-vessel disease**: Atherosclerosis is the second form of vascular disease frequently associated with diabetes mellitus. The patient shows intermittent claudication with pale and cool skin distally on the extremities. The postural test discloses delayed filling of the veins. Common clinical sequelae are myocardial infarct, cerebral thrombosis, nephrosclerosis and ischaemic gangrenous lesions



of the legs and feet. Microangiopathy is usually present together with large vessel-involvement.

### **DIABETIC NEUROPATHY**

Elderly patients with a slow onset of the disease are especially at risk. Commonly, there is a distal symmetrical polyneuropathy with mixed motor and sensory nerve involvement. The motor neuropathy of the foot is characterized by dorsally subluxed digits, distally displaced plantar fat pads, depressed metatarsal heads, hammer toes and pes cavus. At this stage proper foot care is essential to prevent formation of indolent perforating ulcers (A perforating and slowly penetrating ulcer of the Sole) ulcer of the sole and of other pressure sites is suggestive of diabetic neuropathy, the ulcer is circular and punched out in shape, occurring in the middle of a callosity. An initial subepidermal hemorrhagic bulla may give rise to discoloration of the surrounding skin loss of temperature and pain sensation and absence of the ankle reflex (an early sign of diabetic neuropathy) show that the ulcer is of neuropathic origin. Sensory abnormalities of the lower extremities include **numbness, tingling, aching and burning**. Burning feet and restless legs are common complaints, which intensify at night while lying down. Autonomic neuropathy may cause decreased or absent sweating of the lower extremities with compensatory increased sweating in other skin areas.

**Diabetic foot** requires special attention. There is a multifactorial aetiology. Peripheral neuropathy causes ulcers and loss of ankle jerks. The foot has accentuated planter arches and hammer toes, there is interdigital maceration leading to bacterial and fungal infection. Diabetic antipathy leads to ulceration, which may be complicated by necrosis, gangrene and osteomyelitis.

**CUTANEOUS INFECTIONS IN DIABETES :** Skin infections due to *Staphylococcus aureus* are more common in diabetics than normalcy.

The cause is unknown; it cannot be explained on the basis of a higher -than -normal glucose level in the skin. **furuncles, carbuncles and styes** are frequently observed **among diabetics**. In malignant external otitis, invasive *Pseudomonas* infection can progress through cellulitis and osteitis or cranial nerve damage and meningitis.

**Non-clostridial gas gangrene:** This complication develops in the soft tissues near a gangrenous focus. Pathogens usually involved are ***Escherichia coli, Klebsiella, Pseudomonas* and *Bacteriodes*** in various combinations. The outcome is generally good.

**Candida albicans** infections of the **mouth, nailfolds, genitals** and **intertriginous** skin are more frequently seen in diabetics, who are not well controlled. The high glucose level for the saliva seems to account for the oral infection. **Phimosis** is a **common complaint of diabetic men**, and recurrent or chronic candidal infection is usually the cause. **Circumcision** should be considered. Dermatophyte infections are not more frequent in diabetics than in non-diabetic individuals.

### **INSULIN RESISTANCE AND ACANTHOSIS NIGRICANS**

Tissue resistance to insulin is a major feature underlying the development of acanthosis nigricans in many diseases (e.g. Cushing's syndrome, acromegaly).

### **VARIOUS SKIN DISORDERS ASSOCIATED WITH DIABETES MELLITUS**

**Necrobiosis lipoidica:** Necrobiosis lipoidica is frequently associated with diabetes mellitus. Necrobiosis lipoidica is a degenerative disease of collagen with a distinctive clinical appearance characterized by sharply demarcated plaques of atrophic yellowish skin which may or may not ulcerate. It is a rare complication of established diabetes and is associated with changes in various

factors of collagen synthesis and degradation. The earliest lesion is a rounded, firm, full red, symptomless, well defined papule or plaque. The surface is often glazed in appearance and telangiectatic vessels may be prominent. They are usually painless.

**Disseminated granuloma annulare :** The evidence that granuloma annulare is associated with diabetes mellitus is inconclusive. It is also a degenerative disease of skin characterized by focal degeneration of collagen with surrounding areas of reactive inflammation and fibrosis. The commonest form of granuloma annulare is a ring of closely set small, smooth, firm papules which are skin coloured. The ring varies from 1-5 cm in size. They are usually symptomless and non-pruritic. The rings of granuloma annulare may be single or multiple present on dorsal surfaces of feet, hands and fingers.

**Diabetic bullae :** Various forms of diabetic bullae have been described. They occur as spontaneous atraumatic lesions mostly on feet and hands. A typical blister arises on a non-inflamed base, measures from a few millimeters to 3-5 cm in size, and heals without scarring in 2-5 weeks.

**Pruritus:** Pruritus was once considered a typical symptom of diabetes mellitus. The frequency of generalized pruritus in diabetics is unknown. Anogenital pruritus may be caused by candidiasis or haemolytic streptococci.

**Stiff joints and skin:** Waxy tight skin on the backs of the hands and joint limitation may be seen in insulin dependent diabetics.

**Scleroedema of diabetes mellitus:** Scleroedema, also known as scleroedema adultorum, is characterized by a stiffening and hardening of the subcutaneous tissues, as if they were infiltrated with paraffin on the back of neck feel woody or cartilaginous. The onset is so gradual that it may not be noticed by the patient. Erythema of the

upper back may be an early sign. The non pitting, solid edema frequently begins on the head, neck or upper back, and spreads rapidly to involve large areas, advancing from the neck over the face and downward over the trunk, but usually leaving the hands (and always the feet) free.

**Vitiligo:** Vitiligo occurs more frequently in diabetics (in one study).

**Lichen planus:** An increased incidence of abnormal glucose tolerance tests in lichen planus patients has also been reported.

**Hoemochromotosis:** The main symptoms are liver disease, hyperpigmentation, joint disease, hypogonadism and eventually diabetes.

**Eruptive xanthomas of the skin:** Eruptive xanthomas of the skin may develop in diabetics with hypertipidaemia. The lesions slowly resolve when the diabetes is properly managed.

**Finger pebbles:** It occurs as pebbly appearance of the knuckle and distal finger skin (in one study).

**Scintogs :** Skin tags are small, soft, pedunculated lesions occurring on eyelids, neck and axillae. Obesity is often associated with the development of skin tags.

**Locotion insulin reactions:** Insulin reactions may be immediate local, starting as erythema, which turns urticarial within 30 min and subsides within an hour. The reaction is probably IgE mediated. Serious generalized immediate reactions are rare. The most common reactions are delayed, starting about 2 weeks after onset of insulin therapy. An itchy nodule develops in 1 or 2 days at the site of injection. It lasts for days and heals with hyperpigmentation and perhaps a scar. Delayed hypersensitivity is involved.

**Insulin lipodystrophy** is rare. The patients present with atrophic plaques at the sites of injection. There

is atrophy of the subcutaneous fat . The lesions seldom show complete spontaneous resolution. The mechanism is not dear.

### **Reactive perforating collagenosis (folliculitis):**

These are keratic lesions developing on trunk and limbs in long standing diabetes and are usually pruritic, dome-shaped papules with central crusts. They are not related to trauma. The cause is attributed to diabetic micrcangiopathv.

### **Treatment Strategy**

First of all, we must optimize diabetic control with the use of anti diabetic drugs.

Bacterial skin infections are treated with appropriate systemic antibiotic drugs and local anti Septics.

We can use different anti fungal agents like Topical azoles or allylamines and also systemic antifungal agents such as terbinafine, fluconazole or itraconazole for cure of cutaneous fungal diseases.

Diabetic, leg ulcers need elevation of the legs at night, weight reduction, use of moist dressing, and hyperbaric oxygen therapy, Topical recombinant platelet derived growth factors and oral pentoxifyllime and prophylactic antibiotic therapy.



Diabetic Dermopathy and neuropathy requires local application of emollient creams and oral multivitamins.

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## Re Thoughts



1. Slow Success builds character, while fast builds ego- **Ratan Tata**
  2. Energy of mind is essence of life- **William Blake**
  3. Yoga is a light which once lit will never dim- **B. S. Iyenger**
  4. More one does meditation more one is stronger - **Lyn-David**
  5. Family is not about blood but one who holds hand when needed. - **Anonymous**
- 
- 





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## **Let us talk about PSA (Prostatic Specific Antigen)**

This article is aimed to reduce unnecessary testing, false positive tests, and the burden of overdiagnosis and treatment

### **What is PSA ?**

PSA is a glycoprotein produced almost exclusively in the epithelium of the prostate gland. In the circulation PSA may be complexed to serum proteins (cPSA) or may be free (fPSA).

The cPSA and fPSA together comprise total PSA (tPSA). The tPSA is normally less than 4 ng/mL (normal ranges vary depending upon which assay is used). A mildly increased tPSA in a patient with a very large prostate can be due to nodular hyperplasia, or to prostatitis, rather than carcinoma.

The fPSA correlates more closely with benign prostatic conditions than the tPSA. The cPSA has a greater sensitivity for prostatic adenocarcinomas at the low ranges of elevation. A rising tPSA is suspicious for prostatic carcinoma, even if the tPSA is in the normal range.

Transrectal needle biopsy, often guided by ultrasound, is useful to confirm the diagnosis, although incidental carcinomas can be found in transurethral resections for nodular hyperplasia. (Jung et al, 2006)

PSA variants : PSA velocity / PSA density / PSA ( age related ) : all these are used to increase the sensitivity of PSA

### **What does rise in PSA mean ?**

Men who have findings suspicious for carcinoma on digital rectal examination (DRE) :

- And a tPSA of <4 ng/mL have a probability of cancer of at least 10%,
- While those with tPSA levels from 4 to 10 ng/mL have a 25% probability.

- Men with tPSA's above 10 ng/mL have a >50% likelihood of having a prostate cancer. (Demura et al, 1996)

### **EARLY DETECTION OF PROSTATE CANCER : AUA GUIDELINE**

This guideline addresses prostate cancer early detection for the purpose of reducing prostate cancer mortality. This document does not make a distinction between early detection and screening for prostate cancer. Early detection and screening both imply detection of disease at an early, pre-symptomatic stage when a man would have no reason to seek medical care—an intervention referred to as secondary prevention.

### **GUIDELINE STATEMENTS**

**Guideline Statement 1:** The Panel recommends against PSA screening in men under age 40 years. (Recommendation; Evidence Strength Grade C)

- In this age group there is a low prevalence of clinically detectable prostate cancer, no evidence demonstrating benefit of screening and likely the same harms of screening as in other age groups.

**Guideline Statement 2:** The Panel does not recommend routine screening in men between ages 40 to 54 years at average risk. (Recommendation; Evidence Strength Grade C)

- For men younger than age 55 years at higher risk (e.g. positive family history or African American race), decisions regarding prostate cancer screening should be individualized.

**Guideline Statement 3:** For men ages 55 to 69 years the Panel recognizes that the decision to undergo PSA screening involves weighing the benefits of preventing prostate cancer mortality in 1 man for

every 1,000 men screened over a decade against the known potential harms associated with screening and treatment. For this reason, the Panel strongly recommends shared decision-making for men age 55 to 69 years that are considering PSA screening, and proceeding based on a man's values and preferences. (Standard; Evidence Strength Grade B)

- The greatest benefit of screening appears to be in men ages 55 to 69 years.

**Guideline Statement 4:** To reduce the harms of screening, a routine screening interval of two years or more may be preferred over annual screening in those men who have participated in shared decision-making and decided on screening. As compared to annual screening, it is expected that screening intervals of

two years preserve the majority of the benefits and reduce overdiagnosis and false positives. (Option; Evidence Strength Grade C)

- Additionally, intervals for rescreening can be individualized by a baseline PSA level.

**Guideline Statement 5:** The Panel does not recommend routine PSA screening in men age 70+ years or any man with less than a 10 to 15 year life expectancy. (Recommendation; Evidence Strength Grade C)

- Some men age 70+ years who are in excellent health may benefit from prostate cancer screening.

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## Local Contraceptive - Neem Oil

Nimba (Neem) (*Azadirachta indica* A Juss) is an important medicinal plant used in various forms in Ayurveda. The Neem seed oil is used for application on infected wounds and is attributed with having anti-microbial properties. The spermicidal effect of Neem oil has been studied in rhesus monkey, and water-soluble fraction containing sodium nimbinidate is spermicidal in human sperms *in-vitro*.

### Method of administration

1 ml. of Neem oil locally (introduced in Vagina through a plastic applicator) five minutes prior to coitus.

### Efficacy on Neem Oil

No. of Women studied	225
No. of Cycles studied	1700
Maximum No. of Cycles followed	52

### Neem Oil Local Contraceptive (Spermicidal)

### Pregnancy rate as per Pearl Index-HWY

Drug failure	2.1
Drug omission	21.1
Combined	23.2

### Clinical studies

The study has been conducted on 225 fertile female volunteers in the age group of 18-35 years (mother with at least one child) in OPD of Central Research Institute (Ayurveda), Punjabi Bagh, New Delhi in a selected population of the community. The drug has been found very effective since only three women conceived due to drug failure. 43 volunteers continued upto 36 cycles and more.

**Conclusion :** It is well tolerated and accepted except for a foul smell. Further efforts are under way to make the drug more acceptable by modifying dosage forms.



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## CASE STUDY 'CHANDRAPRABHA VATI' FOR INFERTILITY

According to W.H.O Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 month or more of regular unprotected sexual intercourse. There are many causes of infertility which can be due to number of disorders either in male or female.

In females, there can be various factors contributing to infertility e.g. uterine disorders like pelvic inflammatory disease, endometriosis, septate uterus, uterine fibroid. Tubal disorders like blocked fallopian tube, pelvic surgery etc. Disorder of the ovarian, such as polycystic ovarian syndrome and other follicular disorder; cancers, poor nutrition, chemo therapy and other medications, overweight, underweight, old age, smoking, alcoholism, thyroid disease and may be due to disorder of endocrine system causing hormonal imbalance.

In males infertility may be caused by dysfunctionalities in ejection of semen, blockage of seminal vesicle, injury of genital track, hypogonadism, infection, malignancy, old age, certain medications, azoospermia, oligospermia, hormonal imbalance. Other than these factors lifestyle habits like alcoholism, smoking, low physical activity, obesity etc. are also related to infertility.

But in some cases, the cause remains unknown. Here infertility is there but all the investigations known seems normal.

**There was a case named XYZ aged 29 years from Punjab (India). She was married five**

**years ago and was trying to conceive from last four years but was unsuccessful. She came to my clinic few months ago with primary infertility. She was taking medications from a renowned gynaecologist. She was given drugs like clomiphene citrate, folic acid etc for nearly five months. Patients was disappointed as she had taken the treatment one year before also and was about to leave the medications when someone from her relation advised her to take Ayurvedic treatment.**

On careful examination and investigations, the couple was found normal and the cause of infertility was unknown. They were willing to do whatever they were told.

### General Instructions

I before hand told them that will continue the treatment for at least three months to see the result of treatment. So they agreed. Following completely Ayurvedic fundamentals my first step was to stop all the allopathic medicines, counselled the couple about the concept of Ayurveda which means the harmony between **body, mind and spirit**. To achieve this, we have to focus not only on medicine but on our **aahaar – vihaar and aacharan** also. Stress is also the cause of many problems in our life. To reduce stress I advised both of them to start practising **Yoga, pranayama and meditation** early in the morning daily and to do any activity they like as a hobby like **reading books, watching good content on television, gardening or cooking** whatever they like next step to be followed was good sound sleep

as **Nidra** in ayurveda is considered pillar of health. so, it was advised to take proper rest at night at proper time and avoiding scrolling of social media on mobile phones before bedtime as this was their normal routine.

I also told them to do prayer or puja daily for positivity and grace of God. For aahaar they were advised to avoid taking fast food and processed food items. Only fresh and seasonal fruits and vegetables were allowed. Proper home cooked **sattvic** food was advised. They were asked to take **Cow Milk** and **Luke warm water**. Oily or fried food with lots of spices was discouraged. Instead, fresh food containing balanced diet was encouraged. So, **tamsik food and lifestyle** was completely avoided. Couple was advised to abstain from intercourse for at least one month before starting medicine and to follow up after one month.

On their next visit they were found less stressed looked optimistic. They had followed instructions seriously. Physical and mental health was observed which was found satisfactory.

Then, I prescribed **Chandraprabha vati** twice daily to both husband and wife. **Anupaan of chandraprabha vati** was with Luke warm milk. Semen analysis was done and the reports were overwhelming as motility of sperm has increased from 65% to 80% and female hormones were observed to be within normal limit.

Patient was now advised to have intercourse after 10th day of menstrual cycle and every alternate day till 16th day.

On their next visit physical and mental checkup was done. followed up after every fifteen days. on next visit, she complained of missed menstrual period besides feeling of nausea early in the morning. I told them to take pregnancy test which came positive. She had conceived the next month after taking **chandraprabha vati** as advised earlier.

After completion of safe pregnancy period female delivered a healthy male child.

### My Experience

So it encouraged me to try **Chandraprabha vati** on other patients also which responded very well in many such cases. Now I use Chandraprabha Vati on regular basis. For Infertility patients Chandraprabha Vati is my clinically trialled ayurvedic medicine.

On careful analysis it is observed that the ingredients like **karpooora, musta, devadaru, makshika Bhasma, ela, guggul, pippalimool, trivrit, yavakshara** has anti-inflammatory properties which also relieves pain and anxiety, **Loha Bhasma** reduces anaemia. **Shilajit** gives strength and reduces fatigue and general lethargy.

Chandraprabha vati is extensively used in various ailments related to reproductive health of both women and men. It balances hormones and cures problems related to mensuration, stomach cramp. It might help to manage stress due to its vata balancing property.

**Among men regular consumption of this vati increases sperm count and motility promotes overall health besides helps to correct male sexual dysfunction & increasing Libido. So, it is an herbal formulation with combination of minerals also. Therefore it is also called sarvaroga pranaashini.**

It is concluded that this formula is timetested authentic and trustworthy. Many researches had been done on this miracle drug. Still more research is needed on it to benefit more and more patients as it is not only helpful in case of **infertility but also cures urinary track disorders, menstrual problems, prameha, ashmari, pandu, kamala, granthi, arbud, halimak, kushta, arshrog, dantarog, netrarog, mandaagni, etc.** This medicine is a **rasayan** also. It balances all the three doshas.



चन्द्रप्रभेति विख्याता सर्वरोगप्रणाशिनी ।  
प्रमेहान्विशति कृच्छ्रं मूत्राघातं तथाश्मरीम् ॥ ४६ ॥  
विवंधानाहशूलानि मेहनग्रन्थिमर्बुदम् ।  
अण्डवृद्धिं तथा पांडुं कामलां च हलीमकम् ॥ ४७ ॥  
अन्त्रवृद्धिं कटीशूलं कासं श्वासं विचर्चिकाम् ।  
कुष्ठान्यर्शांसि कण्डू च प्लीहोदरभगन्दरे ॥ ४८ ॥  
दन्तरोगं नेत्ररोगं स्त्रीणामार्तवजां रुजम् ।  
पुसां शुक्रगतान्दोषान्मन्दाग्निमरुचिं तथा ॥ ४९ ॥  
वायुं पित्तं कफं हन्याद्व्याध्या वृष्या रसायनी ।  
चन्द्रप्रभायां कर्पस्तु चतुःशाणो विधीयते ॥ ५० ॥

This shloka best described the benefits of Chandraprabha vati.

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## जरा विचारें

1. मदद भी अजीब चीज है, करो तो भूल जाते हैं ना करो तो याद रखते हैं।
2. अहंकार और संस्कार में फर्क अहंकार दूसरों को झुका कर खुश होता है पर संस्कार स्वयं झुककर खुश होता है।
3. स्वाभिमान इतना भी ना बढ़ाये कि अभिमान बन जाये एवम् अभिमान इतना भी कम ना करें कि स्वाभिमान ही मर जाये।
4. सांस और विश्वास अलग-अलग है पर काम एक ही करते हैं। सांस जाये जो शरीर खत्म यदि विश्वास जाये तो रिश्ता।
5. जिंदगी कुल्फी की तरह है, टेस्ट करो या वेस्ट करो, पिघल तो रही है।

# DHAROHAR

## HERBAL MEDICINE

### “KutKi”

**Hindi-** Katuka, **English** - Black Helebore, **Latin** - Picrorhiza Kurroa, **Sanskrit** - Tikt

**Brief Description** - Small Shrub like plant with tiny Hairs; **Stem** (6-10)"long, thin 1 ½ cm wide

**Leaves** 2"-4" long round thorny **Flowers**- white or violet (2-4)' long, **Fruit** - (½-1)" thick oval, slender, brownish, with skin/flack like covering, very bitter in taste & smell.

Plants grown at a height of (7 -14) thousand feet in **Himanchal, Uttrakhand, J & K, Sikkim**

**Chemical Composition**- Root contains -2 glucocycles, kutkin, picrorhizin, Kutki Sterol, D-Mennitol etc.

**Ayurvedic Features** - **Gun** - Ruksh, Laghu, Tikshan ; **Ras**- Tikt; **Vipaak** - Katu,

**Virya** - Sheet

#### Clinical Therapeutics

1. It's **Kaph-Pitt** Har
2. **Krimighan** (Anti-Helminthic); **Rochak** (Appitiser), **Deepan** (Digestive); **Yakrat Utejak** (Hepatobiliary stimulant); used in conditions of **Agnimand, Kamla, Bibbandh** (Despepsia, Jaundice, constipation), **Fatty Liver, Bile salts & pigments**.
3. For **Kass** (cough), **Swas** (Bronchitis)
4. Kutiki is **Shothhar** (Anti-Inflammatory), **Haridya Gati** (controls tachicardia), Strengthens (cardiac muscles).
5. Control Blood Sugar (**Premehghan**; Anti diabetic).
6. Conditions of **Kushth** (Skin Diseases)
7. For **Visham Jawar, Malaria, Viral Fever, P.U.O.**
8. Among patients of **Stothlaya, Medorog** (Overweight & Obesity)
9. For **Aswasth Stanpaan** (Unhealthy Lactating Mothers)
10. **Dose** (500mg - 1000mg) with **honey, hot water or chaach**.
11. **Yog** **Arogyavardhani vati, Katukadya Loh**.

### Nasya

Cleans and Lubricate both nostrils with oils of **Shadh Bindu, Til, Nariyal, Sarnso, Cow - Ghee** twice a day to check pollution effects of **Smoke & Smog**.



**9th Ayurved Day Celebration,  
29th October 2024  
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# शुभ धन्वन्तरस्य



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सत्यं च येन निरतं रोगं विधूतं, अन्वेषितं च सविधिं आरोग्यमस्य।  
गूढं निगूढं औषध्यरूपम्, धन्वन्तरि च सततं प्रणमामि नित्यं॥

resanskrit.com

One who wiped out all the diseases, truly and constantly, One who discovered the guidelines for (good) health, One who uncovered the hidden nature of medicinal plants, I, forever, bow to the God Dhanwantari.

Source - Unknown

जिन्होंने निरंतर समस्त रोग दूर किये, जिन्होंने (अच्छे) आरोग्य के विधी बताई,  
जिन्होंने औषधियों के छुपे स्वरूप को बताया, उन धन्वन्तरि भगवान को मैं सदैव प्रणाम करता हूँ।





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### Composition

Each 500mg Capsule Contains

Shothaghani (Boerhavia Diffusa) (Water Ext.)	150 mg
Tiktshaak (Crataeva Nurvala) (Water Ext.)	150 mg
Trikantak (Tribulus Terrestris) (Water Ext.)	150 mg
Veervriksh (Terminalia Arjuna) (Water Ext.)	50 mg

**Bhavna** - Krimighna (Curcuma Longa), Joa (Barley)  
Amrittashtak Kwath (Sharangdhar Sanghita)

**Dose** : 1 Capsule 2-3 Times A Day For 3 Months

**Indications** : To Control Fever, Painful & Burning Conditions  
Of Kidney, Ureter, Bladder, Urethra, Prostate



### Composition

Each 500mg Capsule Contains

Shuddha Godanti Bhasma	300mg
Laxmi Vilas Ras	90mg
Satva Ashwagandha	50mg
Satva Tagardi Kwath	30mg
Satva Patoladi Kwath	30mg

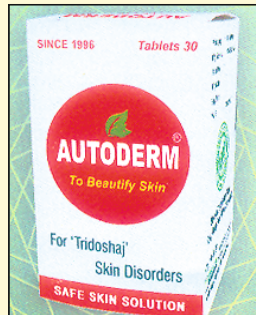
**Bhavna** - Amritashtak Kwath, Panchtikta Kwath  
Dashmool Kwath

**Dosage** 1 Capsule 2-3 Times A Day  
With Warm Water Or Milk For 3 Months

**Indications** : Acute or Chronic Headache From Anxiety,  
Stress, Disturbed Sleep, Sinusitis, Migraine,  
Menopause & Viral Fever

MRP. 240/- (30 caps.)

MRP. 180/- (30 caps.)



### Composition

Each 500mg Tablet Contains

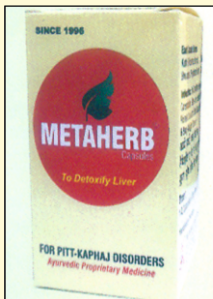
Gandhak Rasayan	250 mg
Raktasar (Acasia Catechu) (Water Ext.)	100 mg
Beejak (Pterocarpus Marsupium) (Water Ext.)	75 mg
Kilim (Cedrus - Deodara) (Water Ext.)	75 mg

**Bhavna** Mahamanjishthadi Kwath (Sh. S.)  
Patolaadi Kwath (Y. R.)

**Dose** 1 Tablet 2-3 Times A Day For 3 Months

**Indications** Remedy For Allergic, Inflammatory & Fungal Disorders  
e.g Boils, Urticaria, Acne, Eczema, Hair Loss, Herpes, Psoriasis, Diabetic  
& Old Age Irritation.

MRP. 240/- (30 Tab.)



### Composition

Each Capsule Contains

Kutki (Picrorrhiza Kurroa) (Water Ext.)	250mg
Bhuiamla (Phyllanthus Niruri) (Water Ext.)	250mg

**Bhavna** Amla, Jo, Haldi, Neem, Amrita, Punarnawa

**Dose** 1 Capsule 2 Times After Meals For 3 Months

**Indications** For Controlling Hyper Acidity, Fatty-Liver,  
Constipation, Hepatitis A,B,C, Raised Cholesterol,  
Blood Sugar, Uric Acid & Body Weight (Obesity)

MRP. 210/- (30 caps.)



### Composition

Each 500mg Tablet Contains

Asgandh (Withania Somnifera) (Water Ext.)	100mg
Arjun (Terminalia Arjuna, Roxb) (Water Ext.)	100mg
Adrak (Zingiber Officinale) (Water Ext.)	100mg
Amrita (Tinospora Cordifolia) (Water Ext.)	100mg
Ati Rasa Asparagus Racemosus (Water Ext.)	100mg

**Bhavna** Dashmool Kwath & Trifla Kwath

**Dose** Adult : 1 Tablet Twice A Day  
Children Above 10 Years : 1 Tablet Daily

**Indications** To Enhance Energy, Immunity For Physical,  
Mental & Psychological Well Being.

MRP. 240/- (30 caps.)