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# GURUKUL'S C.M.E



*A Quarterly Magazine For  
Medicine Reorientation*

**KNOWLEDGE  
BUILDS  
CONFIDENCE**

वीरवृक्ष



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***SHRI. PRATAPRAO GANPATRAO JADHAV***

Minister of State (Independent Charge) AYUSH,  
Government of India.

***Sadar Abhinandan***







## Editor's Desk

Dear physician,

To begin with '**Chintan**' that the need of hour is to draw our own line based on experiential science besides experimental protocol; for world standard manufacturing of ayurvedic medicines need for **standardisation** of crude herbs, processing & final goods packed; sharing of aims & goals by head of **Delhi Bhartiya Chikitsa Parishad** (D.B.C.P); the exclusive study of **biomarkers** in ayurvedic practice is one of its new kind; importance of herbs as medicines in the form of **Ras-Aushdhis**; while brief & precise description of thesis during **M.D. (A) study**; the role of **Agnideepan** or **Aam pachan** combination are few of the write ups contributed by experts.

Management of '**Vericose Veins**' a common problem of the metros & non surgical solution for **urinary frequency** are the topics of concern shared by specialists.

Thanks.

With Regards



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

**Dr. Shruti**  
Co-Editor

# Contents



|  |                          |    |
|--|--------------------------|----|
| Chintan!   |                          | 3  |
| Standardisation of Crude Drugs                                       | Dr. V.V. Doiphode        | 4  |
| Atithi (Vartalaap)   | Dr. Raghuram Ayyagari    | 7  |
| Concepts of Disease Markers in Ayurveda                              | Dr. G.S. Lavekar         | 11 |
| Rasaoushadhis In Chronic Disorders a Literary Review                 | Dr. Mahantsh B Rudrapuri | 14 |
| Randomised Controlled Study Of Herbal Formulation                    | Dr. Renu                 | 17 |
| Understanding Of Agnideepana & Amapachana Drugs With Its Application | Dr. Santosh N. Belavadi  | 21 |
| Varicose Veins   | Dr. Kapil Dev            | 27 |
| Management of Urinary Frequency                                      | Dr. Aman Gupta           | 31 |

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

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## ***Chintan!***

### **DRAW YOUR LINE FIRST!**

*Dear Doctor,*

*Social media has ever been the tool of promoting any sacred profession or any consumer item by virtue of words oral or printing. Today ancient ayurved needs to be re-addressed by its own practitioners.*

*Lets think over or have Chintan!*

- 1. It is the foremost & sole responsibility of (B.A.M.S./MD (Ay)/MS (Ay)/PhD in this direction.*
- 2. Although ministry of A.Y.U.S.H. is doing well domestically as well as overseas.*
- 3. Ayurvedic physicians serving as faculties in acedemic, research institutions, pharmaceuticals besides dispensary of state or central health services owe greater duty.*
- 4. Ayurveda has the potential to control, contain or cure mostly present day disorders based on tridoshaj philosophy.*
- 5. Swasthvirt in the form of preventive & social medicine is an ideal answer to many a life style diseases.*
- 6. On going research oriented study of herbs, formulations is the need of hour for scientific validation, clinical trial, social recognition and acceptance.*
- 7. Let ayurvedic pharmaceuticals be asked or encouraged for research based or clinically trialed medications.*
- 8. Ayurvedic principles or fundamental should be the basis for diagnosis & treatment not allopathic or modern medicine diagnosed diseases.*
- 9. How long the privilege or benefit of intergrated / allopathic medicines will be availed in private practice except emergency care or minor surgical procedures.*
- 10. Its time to realise importance and necessity to share evolving knowledge among P.Gs. to U.Gs. rather keeping research work of thesis at book shelves only growing older and unwanted dust.*
- 11. Please don't let waste your precious & proffessional time in petty politics rather utilise in scientific & clinical seminars or sessions.*
- 12. Let's think of promoting and propagating our ancient medical system our selves.*



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Editorial Board

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## Standardisation of Crude Drugs

Need of standardization of Ayurvedic drugs in special & Ayurved philosophy in general is very much today. Having potentials of becoming world's medical alternative in years to come, Ayurved is looked upon as an important science of tomorrow. At the same time commercial malpractices have entered in the field of propagation of Ayurved. Herbal or Ayurvedic adjective increases the prize of any drug ten times. Mere use of one two herb parts cannot make the product Ayurvedic. There are number of herbs which are not clearly identified, some are controversial, many are not in sufficient quantity available for use, leading to practice of using substitutes or even to some; extent adulterated parts. A physician can safely & confidently use the drug for his patients, if only standardization at all the three levels guarantee him about purity of the drug, which is possible only after adopting universally accepted methods. He also will need consistency in the supply of standard raw material and the final product.

### The standardization is at 3 stages :-

1. Raw material.
2. Manufacturing process.
3. Finished product.

We are considering at present, the standardization of raw material. This standardization needs to be at two main levels.

1. Individual vaidya preparing his own medicine.
2. At industry level where large scale production is made.

It is necessary that, a regular & uniform supply of standard raw material is made available. In industry sophisticated analytical instruments are available, but for an individual, help of well established laboratory may not be possible. It is a need of today that, methods of identification and standardization at individual level are made available.

Ayurved, which is a science of life, deals with the standards (Manam of Good and healthy life style) the very definition of Ayurved.

For maintenance of healthy life style standards of normal Dosh, Dhatu, Mal and Maan is maintained by parameters like "Sama", "Samyak" and "Yathartham". Aim of ayurvedic management is therefore to restore the balanced or normal (Sama is known as Grahya – Grahayatwa).

Though in Ayurvedic classics microscopic characters of a particular drug are not given, various synonyms and commentator's notes there upon, serve the same purpose of correct identification and mitigation of controversies regarding plants. A synonym 'Chitraparni' indicates multicoloured leaf of 'Prushniparni' (Uraria Pitta), similarly there are numbers of such examples. Synonym 'Chitra Tandul' is for Vidang; Sinhanan for Vasa flower etc. However there has been subjectivity and an element of personal experience based on organoleptic methods of identification. While standardizing drug on Ayurvedic guidelines for wider acceptability across the globe, standardization

using objective and acceptable methods is need of the hour. Moreover in recent times use of herbal medicine is increased considerably because-

They are often only medicines available in less developed areas and 2) They are becoming popular alternatives in more developed areas, meanwhile it has been realized that medicinal plants are a valuable resource for a new product & potential source for new drug and thereby economical development. Hence a comprehensive programme for the standardization regarding cultivation preparation, evaluation, utilization and conservation of herbal medicine needs to be developed.

Some other major factors like genetic variability, biodiversity, storage and usage of plants needs to be considered.

For determination of identity every point of the following list is important. A) Purity :-

Marich & Gulbakshi seeds, because of similar appearance must be identified as separate entities. Haridra & Starch powder need separate testing. Nagkeshar & Buds of Twak may be mistaken for each other. Clove & Mother or extracted Clove has separate identifying characters. These are the examples of same appearance but different actions.

B) Identity :- Chitrak root should be collected after differentiation from other roots.

C) Quality :- Mature clove should be collected after differentiation from other roots.

C) Quality :- Mature clove should be collected after nine years of cultivation. For optimum quality and yield, Chandan should be collected after 20 years. Haritaki needs to be Ghan, Vrutta & Snigdha. D) Mitigations of controversies :- e.g. there are four varieties of Rasna which are used, out of them, standard is Pleusia Lansiolata. Out of sixteen species of Purpataka, Famaria parvitlora is standar. E) Wide Bio-diversity :- The drugs cultivated at different geographic areas have different properties e.g.

Shatavari obtained from different geographic areas show different characteristics. Classical galactogenic activity is found only in variety, collected from a specific area. F) Genetic Variability :- Variations in active principles very according to ploidy mutants and hybrids. There is variation in active principles in normal diploid plants and polyploidy plants. Usually the polyploids exhibit variation in morphology e.g. Acorus calamus. Volatile content of this plant is light and 2.1 in diploid variety where as in tetraploid variety is 6.80. It is yellowish brown & viscous. G) Cultivation against wild Growth :- Ashwagandha, Bala, Shatavari, Amala, do have varied properties depeding on the process of cultivation. The wild variety have different properties. Exact analysis of products developed under Green House is yet to be decided. H) Global acceptability & increase export. If we consider the present synario of the steps or ways of standardization Available pharmacopoeias are, 1) British herbal pharamacopoeias are, 1) British herbal pharamacopoeia 2) B.H. compendium 1991. 3) Japanese standards for herbal medicienes 1993 4) Ayurvedic pharmacopoeia of India 5) World Health organisatin guidelines 6) Comprehensive monographs

#### **W.H.O. GUIDENCES : Monograph title**

- Botanical Sensory evaluation – Visual microscopy / touch / odor / taste Foreign Matter – foreign plants, foreign animals, foreign minerals Microscopy – Histological observations, histochemical detection.

Physiochemical : TLC Ash – Total, Acid – Total, Acid soluble, water soluble Extractable matter – In hot water, cold water, ethanol Water content & volatile matter, LOD, Azcotropic Volatile oils – By steam distillation

Pharmacological : Bitterness value – unit's eq. to bitterness of std. Solution of quinine hydrochloride. Haemolytic activity – on ox blood by comparison with std. ref, Saponin Astringency – fraction (tannins) that binds to std. Powder Swelling index – In water Foaming index – foam height produced



by 1 Gm. Matter.

Toxicological : Pesticide residues

Arsenic – stain produced on HgBr<sub>2</sub> paper in comparison with std. stain Heavy metals – Cadmium and Lead Microbial contamination – Total Aerobic count

Pathogens – Total Aerobic count

Pathogens – Enterobacteriaceae, E coli Salmonella Aflatoxins Radioactive contamination

Mostly W.H.O guidelines are accepted. The important aspect in the W.H.O. guidelines is TLC. Through TLC, Gas chromatography and HPLC identification of plant product is very much reliable.

### Merits of Pharmacognostic standardization

- I. It is in consonance with organoleptic methods mentioned in Ayurveda. II. Quicker method for locating active principle. Morphology is concerned with Ayurvedic description. IV. Cost effective method V. Needs minimum equipments and chemicals VI. Less labourious.

Steps in pharmacognostic standardization :

- (a) Macroscopy (b) Morphometry (c) Microscopy (d) Micrometry (e) Histo chemistry (f) Micro chemistry
- (b) By using chromatography standardization of plant material is very easy. It's finger printing. Identification of adulterant is very much possible by TLC. E.g. Guggulu by chromatography we can have standard layer of guggulu, which can be separated from other substances, mixed with it, which will have separate layer. Common adulterant, Gum acacia will have totally different layer.

The pharmacognostics standardization is also recommended by W.H.O. & its merits in

pharmacognostic standardization are very useful. However the above methods require sophisticated laboratory techniques. If we want to standardize a drug at grass root level, simple methods such as morphological identification are more useful. These identifications can be done with pharmacognosy. To characterize & standardize botanically the crude drug material, following methods are used.

1. Macroscopy 2. Morphometry 3. Microscopy 4. Micrometry 5. Histo chemistry 6. Micro chemistry

The crude drug is detached from parent plant. Therefore every time morphotaxonomic identity cannot be confirmed.

Various plant organs / parts are used as raw material. The correct type of raw material (with known yield of extractive) is picked. Collected at particular age/ developmental stage and season (mixed with adulterated drugs, either knowingly or unknowingly due to mistakes during collection.) This methods of identification & standardization is very much concurrent with the principles of Ayurved. Sushrut Samhita & Charak Samhita have traced the importance of identification & standardization exactly on the pharmacognostic studies. However use of other sciences for standardization keeping basic principles of Ayurved intact is the need of the hour. Various branches of Pharmacognosy and Botany dealing with morphology, taxonomy, anatomy, histology, cell biology, histochemistry, development Botany, plynology, plant physiology, plant ecology, phytochemistry, plant genetics, plant molecular biology are useful for description. Generalised identification is possible as far as exomorphic character are concerned e.g. leaf, root, etc. However for standardization of individual plant detail technique of pharmacognostic studies are necessary Examples of individual Bark, Stem, leaves can be considered in next issue.

# Atithi Vartalaap



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**Q-1. ALTHOUGH YOU HAD DISTINGUISHED UNDER GRADUATION, MAY I ASK, YOUR EXPERIENCE OF STUDYING BASIC TEXTS OF AYURVED AND COMPARATIVE STUDY OF MODERN MEDICINE.**

The studies at the UG were more stick on to the Classical Ayurveda text reading along with other relevant books of the syllabus. However, the counter modern medicine teachings and trainings were studied simultaneously. Regular study at home after the college hours and summer special trainings at the relevant clinics/ organizations as per the subjects of that year also helped to understand the subject thoroughly, that made me excel with Gold medal. e.g: Near by Lab visits regularly for Roganidan subject, Regular visits to nearby Herbal Gardens for Dravyaguan subject, visits of Ayurvedic manufacturing units for Rasa-Bhaisajya subject, and near by ayurvedic clinics visits which are run by Vaidya Acharayas for understanding of Kayachikitsa subject etc....

**Q-2. THE SUBJECT “DRAVYAGUN”, BASIS OF AYURVEDIC MEDICAL SCIENCES, HOW IT WAS ADDRESSED PRACTICALLY AS “KASHTAUSHDHIS” IN HERBAL GARDENS OR VISITING PLACES OF CULTIVATION ?**

Regular visits to Herbal garden as per syllabus structure and taking to near by Hills/cultivation areas as part of Dravyaguna tour for identification of the medicinal herbs as organized by the college

authorities helped all the students to be more aware of the Ayurvedic herbs. Apart from that ,as said, regular visits to herbal garden in summer holidays also helped a lot.

**Q-3. KINDLY THROW LIGHT ON SUBJECT AND THESIS OF P.G (MD) FOR THE CLINICAL BENEFIT OF PHYSICIANS ?**

The thesis topic was about Male infertility which was more prevalent at that time, in that area. Vajikarana Lab was set up by the Gujarat Ayurveda University in the campus , and gave the opportunity to PG students, to make research and to find out the solutions from Ayurvedic perspective for the problem of Male Infertility. Panchakrma, topic like “**Baladi Vryasya Basti**, with comparative study of **Satavaryadi** Yoga for the management of **Kshina Shukra** w.r.t Oligozoospermia”, which is the one of the major reason for the Male Infertility was takenup as study topic. The result was more impressive with the Panchakarma treatments.

**Q-4. DID YOU EVER PRACTISE AS PHYSICIAN ?**

Yes. I am practicing Ayurvedic physician at Directorate of AYUSH, Govt. of NCT of Delhi since 20years, and presently posted at the Ayurvedic Unit, Dr.Hedgewar Arogya Sansthan, Karkardooma

**Q-5. WHEN YOU JOINED DIRECTORATE OF AYUSH IN DELHI ?**

It was 20 years before.

**Q-6. WHAT WAS YOUR EXPERIENCE SHIFTING FROM CLINICAL SIDE TO ADMINISTRATIVE ONE?**

I was a thorough Ayurvedic clinician initially. Served at various Dispensary Units, and also at Hospital Units of the Directorate of AYUSH, GNCTD, with leap of time and experience, I am gradually taken up the work of Administration, as was given to me as part of the Job.

**Q-7. N.A.B.H IS THE MANDATORY BENCHMARK FOR QUALITY CONTROL OF ANY RECOGNISED CENTRE FOR EXCELLENCE, PLEASE THROW LIGHT ON “AYUSH-NABH”.**

National Accreditation Board of Hospital and Health care providers is a Body under Quality Council of India. It's mandate is to focus on Quality aspects of Health Care services and it has made a benchmark in allopathic system of medicine. Quality Management systems (QMS) in AYUSH sector are relatively new to the stake holders and NABH is tirelessly putting efforts in bringing the AYUSH hospitals under QMS. They have developed various standards for achieving the quality and safety in patient care in an AYUSH set up and trained AYUSH graduates towards awareness of Patient quality & safety and also trained the AYUSH doctors / paramedics as AYUSH assessors, who can further assess the AYUSH hospitals for their standard of Quality and can guide them for the improvements in patient care service. It's a continuous process. More recently the NABH is also guiding the Ayushman Bharat Arogya Mandir AYUSH units for quality Assessments. By reading the available quality standards of NABH, the students of AYUSH can get the basic idea of quality and safety in patient care.

**Q-8. KINDLY SHARE YOUR EXPERTISE DURING COVID-19 PANDEMIC & INTENSIVE CARE UNIT (ICU) FROM AYURVEDIC PERSPECTIVE ?**

During COVID times, it was the initiatives of the Directorate of AYUSH, Govt. of NCT of Delhi in all

districts of Delhi, that started supplying the AYUSH Immunity Boosters to the RWA, Banks, NGOs, and other organizations. Apart from this, the patients who are attending the various AYUSH units which are run by the Directorate of AYUSH, across Delhi

were given the immunity boosters, diet advises, Yoga and pranayama sessions for quick recovery as well to prevent the infection by staying fit.

Apart from this, the COVID care units, COVID hospitals have been collaborated for the combined efforts for tackling the situation. Communications were made with the contractors of the Food supply chains who are supplying the diet to the admitted patients at various hospitals of both COVID and Non Covid categories. The Diet plan was included the AYUSH immunity boosting diet articles like Golden milk, Chyavanprash etc. The articles were told to avoid as per Dos and Don'ts of Ritucharya regimen of Ayurvedic classics. Regular Pranayama sessions were conducted to all admitted patients including the ICU patients. The Yoga sessions were conducted for those who can perform as per patients Bala.

**Q-9. RESPECTED SIR, TO YOUR CREDIT YOU HAVE MANY SCIENTIFIC SESSIONS, PAPER PRESENTATIONS, WRITING BOOKS, TRENDING WEBINARS ETC. PLEASE SHARE ESPECIALLY THE ONE THAT NORTH AMERICA (AAPNA) ?**

The webinar was arranged by the - Association of Ayurvedic Professionals of North America (AAPNA) on the subject of Clinical Ayurveda, as part of 38th International Conference. AAPNA is spreading awareness about Ayurveda wisdom to the Ayurvedic practitioners across the globe through various seminars/workshops etc. They also conduct visits to various Ayurveda institutes/Universities of India for better understanding of the subject.

The topic Clinical Ayurveda was explained in detail about the concepts like Dosha, Dhatu, Samprapti etc. It was also covered the topics like,



how to diagnose a case in an Ayurvedic perspective, the minimum components required for an Ayurvedic prescription etc.

**Q-10.** PLEASE SHARE THE OUTCOME OF I.T FOR AYURVED IN ONE OF THE WORKSHOPS ORGANISED BY MINISTRY OF HUMAN RESOURCES, GOI.

IT for Ayurveda was basically aimed at Shabdardth i.e Ayurvedic terminology. These workshops were attended by the Ayurvedic teachers, physicians from all subjects of graduation/PG , sat down for days together , compiled the terms used in the classical texts and then translated into Hindi. The terminology covered all areas of Astanga Ayurveda.

**Q-11.** YOU HAVE REPRESENTED VARIOUS AYUSH PROJECTS AND PROGRAMMES, HOW YOU INCORPORATE AYURVED, NATUROPATHY, YOGA AND SIDDHA ?

Yes. The AYUSH components were given an appropriate place in all projects and programmes .

**Q-12.** WOULD YOU PLEASE SHARE THE ROLE OF MODERN PARAMETERS IN THE ASSESSMENT OF “UDAR-ROG” (G.I.T DISEASES) IN ONE OF THE WORK SHOPS YOU ATTENDED.

The Udara roga is major strength area of Ayurveda, where the Ayurvedic doctors can contribute a lot in it's management, be it Takra kalpana or Bhumyamalaki prayogam etc.

The parameters as explained by the Ayurvedic classics like Sama-Nirama concept, Rasadi dhatu nirmanam from the ahara rasa etc. if thoroughly understood, will be more helpful in samprapti vighatana chikitsa of udara roga. However, the help of modern parameters simple investigations like LFT and advanced imaging techniques like MRI/ CT helps in confirmation of the conditions as assessed by Yukti pramana by the treating Ayurvedic physician.

**Q-13.** HOW AYUSH TREATISE ESPECIALLY AYURVED IN HELPING AND CONTROLLING FAMILY PLANNING ?

Not my expertise area.

**Q-14.** AS YOU HAVE MANY COLORS TO YOUR ADORNING CAP, WHAT IS YOUR SUGGESTION TO BUDDING BAMS (UGs) AND MD (PGs) FOR FUTURE ?

The budding students of UG must have a disciplined, sincere efforts in understanding the basic concepts of Ayurveda, which are very deferent from other systems of Medicine including allopathy. They are unique and if understood thoroughly, it will become the torch in hand for students for making an appropriate ayurvedic diagnosis and treatment.

For PG students , I would like to suggest to read as many books as possible of ayurvedic literature, previous research papers, thesis books, other publications, to understand wide interpretation of the ayurvedic concepts as done by the previous scholars, so that new ideas can emerge from their own minds which are useful for the ayurvedic fraternity. During our PG studies at Jamnagar, our small group of friends of our batch had made a tiem table of three years and completed one reading of all available thesis , Ayurvedic literature books, other text books of specialty subjects (for me, it was about Panchakarma, and for others it was about their specialty subjects like Kaumarabhritya, Prasuti etc.,) daily reading for one hour at the Gujarat Aurveda University Library, helped a lot.

**Q-15.** WHAT IS THE SCOPE OF PANCHAKARMA IN GENERAL PRIVATE PRACTICE ?

In Ayurvedic general practice, Panchakarma is an integral part. Bahya and Abhyatara sodhana if done properly, including the Keraliya Panchakarma , will yield the good results, non recurrence of the disease, and also gives name , fame and money to the treating physician. There is a saying in

Charak Samhita that means, the physician shall benefit by doing the practice the following and it is always fruitful in one or other ways like - 1. Kvachit Dharma- At times treating a patient is our duty, 2. Kvachit Maitri- some times may gain new friendships, 3. Kvachit Artham- often may receive monetary benefits, 4. Kvachit Yasha- may earn respect and praise.

**Q-16. PLEASE REACT ON COMMON LIFESTYLE DISEASES AND AYURVEDIC MANAGEMENT ?**

It is very elaborative topic, needs full article

**Q-17. HOW AYURVED CAN HELP IN GERIATRIC MEDICINE ?**

It is very elaborative topic, needs full article

**Q-18. THANKING YOU, WHAT IS YOUR VALUABLE ADVICE TO GURUKULS CME, QUARTERLY MAGAZINE ?**

The GURUKULS CME, QUARTERLY MAGAZINE is unique in nature. I have gone through some of the issues and found it useful for the practitioner who are sitting at their day care centers. **Column Athithi Vartalap** is also a first of its kind. My best wishes to the team, specially to Dr. Dinesh Vasishth, whose continuous efforts are valuable and making this magazine to reach out to the stakeholders of AYUSH.

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## Concepts of Disease Markers in Ayurveda

### Introduction:

Ayurveda is an ancient comprehensive health care science consisting of many new emerging scientific concepts and procedures.

In Ayurveda five means or procedures are described in diagnosis of diseases called “Nidan Panchak” = Penta Diagnostic Measures, these are Nidan = Disease Causative Factors, Poorvaroop = Non manifested disease symptom or sign of disease, Roop = Disease Symptoms,

Upshaya = Pacifying Factors and Non Pacifying or aggravating Factors and Samprapti = Pathogenesis.

### Methodology:

लिङ्गम अव्यक्तं अल्पत्वाद् व्यधिनाम तद् यथा यथम् ॥ अ. स. नि.  
अव्यक्तं लक्षणम् तस्य पूर्वरूपम् इति स्मृतम् ॥ मा. नि.

**“Avyaktam lakshanam tesham Purvarupamiti smrutam”**

प्रायुषं प्राग उत्पत्ति लक्षणम् व्याधे ॥ च. सु.  
भावी व्याधि बोधकं एव लिङ्गम् पूर्वरूपम् इति ॥ मा. नि.  
स्थान संश्रयिनः कुदतः भावी व्याधि प्रबोधकं ॥ दोष कुर्वन्ति यत् लिङ्गम् पूर्वरूपम् तद् उच्यते ॥ मा. नि. १

The disease markers are signals predicting the appearance and prognosis of diseases and also helps in treatment modalities in the same way poorvaroop predicts the possible future diseases and also helps in prevention of the diseases. 2

There are two types of Poorvaroop Samanya = Common and Vishista = Specific

The pre- disease mechanism is mostly silent from Nidan = Etiological factors to Purva roopa = Non-manifestation of symptoms, very rarely the Non-

manifested symptoms are concealed or very weak and unnoticed. When the unmanifested symptoms get aggravated and manifested as Roopa = Symptoms which are visible or recognizable, from this stage the appearance of disease starts.

Constant Exposure to Etiological Factors (Nidan Sevan)

Dosha Imbalance in Their Sites (Dosh Vruddhi-Accumulation of morbid material)

Dosha Migration to Other Parts of the Body (Prasar)

Dosha Lodging at Weaker or damaged Sites (Khavagunya)

Dosha-Dushya Interaction (Dosha-Dushya Sammurchana)

### Appearance of Poorvaroop -

### Discussion:

Here the most important feature of disease manifestation stage is the Purvaroop = Non-manifested precursor symptoms which are very weak or undetectable or unnoticed, and if treated in time the manifestation of diseases can be prevented. The Purvaroop are the signals indicative of future diseases, the Purvaroop may be more than one for a particular disease. 3

In view of this we can relate the Purvaroop with the different disease markers. The disease markers or biomarkers also called molecular markers, diagnostic are concealed or present in the different body tissues or systems and these may be in different forms like mild unnoticed symptoms



or signs, enzymes, hormones and proteins; for one disease there may be more than one marker considering the pathogenesis. The X-Ray, CAT Scan or MRI diagnostic or disease progression or response findings are also considered as biomarkers. There are some Risk markers = Arishta Lakshana also observed and measured in Cancer and other fatal diseases. In routine or in specific investigations they are revealed otherwise they may be silent or unnoticed. 4

### Types of Purva Rupa 2 types:

Samanya Purvarupa (Generalized premonitory symptoms) Samanya Purvarupas will not reveal the dosha involvement in the formation of a disease. In some cases or in later stages, the involvement

of doshas too will be indicated called Vishesha Purvarupa (Dosha specific premonitory symptoms)

### Further the Madhav Nidan has also mentioned other types as follows:

Sharira Purvarupas - premonitory symptoms which are in physical form.

Body temperature is a well-known biomarker for fever.

Blood pressure is used to determine the risk of stroke.

Manasa Purvarupas - premonitory symptoms which exhibit the mental symptom or sign. Sharira-Manasa Purvarupas - premonitory symptoms which occur both in the physical and mental symptoms.

### Some Important Disease Markers

| S.N. | Name of the Disease or Condition   | Marker  |
|------|--|---|
| 1.   | Inflammation - is the mother of all diseases.  | C-reactive protein (CRP) Optimal Range < 0.5 mg/L. <sup>6</sup>   |
| 2.   | Coronary and Vascular disease  | cholesterol values are a biomarker and risk indicator <sup>7</sup>  |
| 3.   | Diabetes   | Hemoglobin A1C. Optimal Range = 4.6% – 5.5% ... <sup>8</sup>  |
| 4.   | Increased mortality in men with low testosterone is linked to , as much as 33% greater death risk  | Testosterone Optimal Range = 700 – 900 ng/dl (TOTAL testosterone) and 150 – 225 pd/ml (FREE testosterone) <sup>9</sup>          |
| 5.   | Healthy sex life and predictive of strong bones and a healthy heart. SHBG is a protein produced by the liver that transports sex hormones throughout the body. Instrumental in converting total testosterone into free testosterone that is bioavailable for absorption. | Sex hormone-binding globulin (SHBG) is a biomarker <sup>10</sup>  |
| 6.   | Liver cancer, ovarian cancer, and germ cell tumors, help to diagnose these cancers and follow response to treatment; to assess stage, prognosis, and response to treatment of germ cell tumors   | Alpha-fetoprotein (AFP) <sup>11</sup>   |
| 7.   | Osteoarthritis   | Serum cartilage oligomeric matrix protein (COMP) <sup>14</sup> , serum hyaluronan <sup>15</sup> , and urinary CTX <sup>12</sup> |

## Conclusion:

**My view in writing this article is that the Ayurveda teachers, Clinicians Scholars and Scientists may attempt an exercise to co-relate the Purva Rupa with the different Disease Markers which are described and are in Clinical practices.**

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## RASAOUSHADIS IN CHRONIC DISORDERS- A LITERARY REVIEW

### Introduction:

Rasa shastra is the branch of Ayurveda that mainly developed in the medieval period, it incorporates not only rasa but also maharasauparasa and sadarana rasa etc hence the formulations which consists above as one of the constituent can be termed as Rasaushadi1. The Rasaoushadidravys refers to the herbo - mineral or metal or mineral formulations use for therapeutic purpose. Some of these formulations contain heavy metals like mercury, lead, tin, and arsenic etc.

Chronic diseases are defined as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, diabetes, stroke etc. are the leading causes of death.

Primary causes- tobacco use, excess use of alcohol, raised blood pressure, physical inactivity, raised cholesterol, obesity, unhealthy diet, raised blood glucose etc2.

### TYPES OF RASAOUSHADI –

- 1) KhalviyaRasayana, 2) PottaliRasayana
- 3) KupipakwaRasayana, 4) ParpatiRasayana.

### IMPORTANCE OF RASAOUSHADIS IN CHRONIC DISORDERS

#### 1. RASAOUSHADI IN CARDIAC DISEASES/HRID ROGA3 –

Hridroga is broad entity considered in Ayurveda,

covering all the cardiovascular diseases, which is a leading cause for the deaths. Ayurveda gives wide range of wide range of formulations which can be used effectively, among them hridayarnava rasa is considered as most effective and widely used in practice for prevention and cure .

**Hridayarnavarasa** – contains kajjali, tamrabhasma, bhavanadravya - triphalakwath and kakamachikwatha.

• **Kajjali** – is sarvarogahara, it may give strength to cardiac muscles by its rasayana property

• **Tamrabhasma** – it removes atherosclerosis and platelet aggregate • Triphala and kakamachi act synergistically to prevent atherosclerosis.

Other rasaoushadis–Nagarjunaabra rasa

Pravalabhasma, Sringabhasma, Tamragharbapottali.

#### 2. RASAOUSHADIS IN DIABETES / PRAMEHA-

Diabetes mellitus is a metabolic disorders characterized by hyperglycemia due to absolute or relative deficiency of insulin. DM can be compared with the prameha which is tridoshaja condition with the dominance of kapha and dhushya involved meda, mamsa, kleda, shukra vasa majjashonithalasika and oja.

**ChandrakalaRasa** –vangabhasma, rasa sindoor, abrakabhasmalauhabhasmaamalaki, ela, shilajatu, karpoora, shalmali, guduchi, swarasa.



It has a free radicals scavenging and anti LPO potential. All the herbal ingredients have antioxidant activity it has a phytoconstituents such as alkaloids, terpenoid, phenolics, glycosides, steroids, polysaccharides etc. triterpenoids of B.ceiba which considered as antidiabetic activity.

Other rasaoushadis– Pramehasetu rasa  
Pramehagajakesari rasa  
Pramehachintamani rasa  
Chandrakalagutikaetc

### **3. RASAOUSHADIS IN STROKE / PAKSHAGATA –**

It is the sudden death of some brain cells due to lack of oxygen when the blood flow to the brain is lost by blockage of an artery to the brain . It is correlated with pakshagata is a disease in which morbid vata beholds either side of the body, dries up sira, snayu of that part rendering it dead and producing chestanivriti along with ruja and vaksthamba.

Ekangaveera rasa - shuddagandhaka, shuddhaparada, shuddhakantaloha basma, vangabhasma, tamrabhasma, abrakabhasma, tikshnalohabhasma, pippali, nagara, maricha, bhavanadravyatriphala, trikatu, nirgundi, chitraka, shigru, kushta, arkaguduchi, adraka.

Anti oxidant and atherosclerotic properties of ingredients and bhavanadravya which are capable of relieving the oxidative stress occurred due to free radicals. They reduce the risk of atherosclerosis, stroke and hypertension by neutralizing the damaging effects of free radicals.

Other formulations - Kamadudha rasa  
Sameerapannaga rasa  
Gandharvahasthaditailaetc

### **4.RASAOUSHADIS IN ARBUDA/ CANCER –**

A growth of new cells which proliferate without relation to needs of body are tumour. As per Ayurveda manifestations of various non inflammatory swelling occurs due to vitiation of vata and kaphadosha and they are classified as arbhuda, granthi .

Other formulations – Abrakabhasma  
Shankavishabhasma, Swarnabhasma  
Tamrabhasmaetc

### **5. RASAOUSHADI IN BRONCHIAL ASTHMA/ TAMAKA SHWASA–**

Bronchial asthma is a chronic inflammatory disease of airway. It leads to recurrent episodes of wheezing, breathlessness tightness of chest, and cough particularly at night or early morning. Which is correlated with tamakashwasa mainly caused by vata and kaphadosha.

Shwasakutararasa–shuddha parade, shuddhagandhaka, shuddhavatsanabha, shuddhatankana, shuddhamanahshila, trikatu.

Its main property is as a purgative, also acts as antimicrobial, anti inflammatory, bronchodilator and expectorant drug.

Other formulations – Swasakasachintamani rasa  
Mahalakshmvilasa rasa

### **6.RASAOUSHADI IN EPILEPSY/ APASMARA–**

Chronic neurological disorder characterized by episodic unprovoked seizures. which is correlated with apasmara in Ayurveda symptoms are tamahapravesha (entering in to darkness) bibhatsyachesta (convulsion with teeth biting, altered state of consciousness.

Smritisagararasa–shuddhaparada shuddhagandhaka, shuddhaharatala, shuddhamanahshila, tamrabhasma. Bhavanadravyavachakwatha, brahmiswarasa, jyothishmatitaila.

Tamrabhasma helpful in scrapping out GABA inhibitors and excess calcium ions in intracellular fluids. Haratalamanahshila helps in penetrating blood brain barrier.

Other formulations – Sameerapannaga rasa  
Tantupashana, Indrabrahmavati, Bhutabairava rasa

### **7. RASAOUSHADI IN PSORIASIS/ EKAKUSHTA–**

It is a noninfectious chronic inflammatory disease of skin characterized by well defined erythematous plaques with silvery scale. In Ayurveda ekakushta is the skin disease among the kshudrakushta which has symptom of aswadanam (not perspire), mahavasthu (extensive), arunavarna (discolouration).

Talasinthoora – has a property to act against skin diseases with vata and kaphadosha,

Pravalapisti – improves skin lusture and complexion

Rasa manikya – removes excessive toxins from the body, act as antiseptic, anti fungal antioxidant.

### Conclusion

Use of metals and minerals in ayurvedic drugs remains a most controversial issue for the followers of western medicine, mere presence of metal in a formulation will not develop adverse effects. A drug can act as a both medicine or poison, metallic preparations are to be prepared properly by fulfilling the standard criterion by following the guidelines called AFI developed by Ayush and CCRAS.

Rasendrasarasangraha mentions that Rasaoushada is more effective with low dose, palatable and best immediate action.

The risk related to toxic effects are reduced by following the guidelines provided by GMP, GCP, GLP for quality control and quality assurance for good quality processed medications. As rasaoushadi is used by many practitioners and patients even got relief from the diseases. Rasaoushadi is unique in all aspects due to its quicker action, palatability, easy to administer,

enhancement of action of other ingredients of formulation, able to treatment of complex diseases. Being the essential elements in the body metals and minerals have high chemical reaction with enzymes and absorbed more rapidly. Usually bhasmas are in colloidal form because of their smaller particle size happen to breakdown easier and better absorbent.

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## **Randomised Controlled Study Of Herbal Formulation (Tab. Cardicare) & Basti Treatment In The Management Of Coronary Artery Disease (Hridroga)**

Looking into the present scenario of the cardiovascular diseases and the datas foreseen for the coming years ahead, the situation is very alarming. It is high time to seriously work on the subject and to prove the efficacy of certain Ayurvedic medicines on various scientific parameters which could be helpful to prevent or to reverse the disease process or pathogenesis of C.A.D. It is expected that ayurveda can offer a cost effective and dependable treatment modality for C.A.D.

My present research work entitled "**Randomised Controlled Study of a Herbal Formulation (Tab. Cardicare) and Basti Treatment in the Management of Coronary Artery Disease (Hridroga)**", aims to undertake Conceptual and clinical studies on Hridroga Vis-a Vis Coronary Artery Disease, on various scientific parameters and to clinically evaluate the efficacy of the proposed formulation (Cardicare) and Basti treatment in the management of Coronary Artery Disease.

The literature regarding Hridaya, Hridroga, its eatiology, pathogenesis, clinical features, are found at various places in Ayurvedic Samhitas. In our ancient age old Vedas also, the concept of Hridaya and its chikitsa were mentioned.

W.H.O. declared C.A.D./I.H.D. as "**Modern Epidemic**". When CAD emerged as the modern epidemic, it was a disease of the most affluent societies. Fifty years later, the situation has changed, there is a strong inverse relation between social

class and CAD in developed countries. In many developed countries, CAD still poses the largest public health problem.

Many scientific researches have been carried out on different Ayurvedic drugs for evaluating their efficacy in the management of C.A.D. (Hridroga). **Tab Cardicare, which is a proposed formulation have Pushkarmoola, Hingu, Karpura, Yavakshara, Vidalavana, Shunthi, Kutha, Kutaki, as its ingredients.**

This formulation possess various pharmacological properties and actions like Deepna, Pachana, Vatanulomana, Srotoshdhana, Medohara, along with special effect at Dhatwagni level. Having these properties, Tab. Cardicare is likely to check/ reverse/ treat/delay the pathogenesis of Atherosclerosis which is the key factor for development of C.A.D. Therefore it was decided to evaluate the efficacy of A Herbal Formulation (Cardicare) and Basti as Ayurvedic therapy in the management of C.A.D. (Hridroga) in a series of patients.

For the present clinical trial, out of 35 registered clinically diagnosed and confirmed cases of C.A.D. (Hridroga), 30 cases were selected for full follow-up and randomly divided into following three groups.

**Group Ist :** 10 patients of C.A.D. (Hridroga), were recommended Tab. Dilzem 30mg TDS as Allopathic therapy for 30 days. (Control Group)

**Group IInd :** 10 patients of C.A.D. (Hridroga),

were recommended Tab. Cardicare in the dose of 2gm T.D.S. with lukewarm water as Ayurvedic therapy for 30 days.

**Group IIIrd :** 10 patients of C.A.D. (Hridroga), were recommended Tab. Cardicare 2gm. T.D.S. with lukewarm water for 30 days along with Basti treatment for 16 days.

The clinical studies on the present series of patients of C.A.D. (Hridroga) reveal that the majority of patients were of upper-middle age group of middle class Socio-Economic status with dominance of males. A significant preponderance of the incidence of C.A.D. (Hridroga) was seen in the patients of Vata-Kaphaja Prakriti with mainly in Rajasika and Tamasika manas prakriti.

All the patients selected for the present research work were observed for any improvement in their clinical manifestations after the therapy. Datas reveals that patients of C.A.D. (Hridroga) developed a growing feeling of well being, mental and physical fitness after the therapy in all the three groups.

It was observed that clinically there was comparatively highly significant improvement in various parameters in IInd & IIIrd groups after the therapy but Ist group showed significant improvement.

## Results of Therapeutic Trial

### 1. Subjective Improvement :

Attempts were made to elicit the subjective improvement produced by the drugs under trial. Although there was marked improvement in the feeling of well being, physical and mental fitness in all the three groups but the incidence of improvement was higher in group III i.e. Basti therapy group moderate level of improvement was observed in group II i.e. Ayurvedic group and there was mild improvement in the patients of group I, i.e. Allopathic group.

### 2. Clinical Recovery according to C.C.V.S

**Breathlessness** - Highly significant results were obtained in all the three groups ( $p < 0.001$  and  $p < 0.1005$ ), but on the basis of mean Percentage maximum results were seen in group II (75%), better results were seen in group III (72%) and group I also showed considerable improvement (45.45%), after the therapy.

**Chest Pain** - Highly significant results were observed in all the three group ( $p < 0.001$ ) but on the basis of Mean percentage best results were seen in group III (71.42%), better results were in group II (70%) and fairly good results were in group I (52.63%).

**Palpitation** - Statistical analysis shows that there were highly significant improvement in group III (82.60%) & group II (73.68%) and there was significant improvement in group I i.e. (52.38%).

**Fatigue** - There was highly significant decrease in the feeling of fatigue in all the three group ( $p < 0.001$ ) but on the basis of mean percentage best results were seen in group III (76.19%), better results were in group II (61.90%) and fairly good results were in group I i.e. (41.66%).

### 3. Clinical Recovery in Symptoms

#### Hridrava (Palpitation)

Highly significant decrease in **Hridrava** in group III (73.00%),  $p < 0.001$  and significant decrease in group II (60%,  $p < 0.010$ ) and in group I (53.33%,  $p < 0.001$ ).

**Shulyate (Pain in chest)**- Highly significant results in all three groups, group III (78.43%,  $p < 0.001$ ), group II (70.59%,  $p < 0.001$ ) and group I (61.90.00%,  $p < 0.001$ ).

Jeernatyarth Vadana (Pain in chest after digestion) Highly significant decrease in group III (73.93%,  $p < 0.001$ ) and in group II (80%,  $p < 0.001$ ), but



significant recovery was found in Group I (50.19%,  $p < 0.02$ ).

**Veshthana (Cramps)** - Highly significant decrease in group II (50.00%,  $p < 0.05$ ) but insignificant in group I i.e. (28.57%,  $p < 0.2$ ).

**Hriddah (Burning sensation, retrosternal/epigastrium)**- Highly significant decrease in group II (67.00%) and group III (66.84%) ( $p < 0.001$ ).

**Aruchi (Anorexia)** - Highly significant decrease in group II (79.17%) insignificant in group III (77.78%), ( $p < 0.001$ ). but in group I (25.00%) significant.

#### 4. Observation of symptoms According to Tridosh (Mean %)

**Bharika Hridaya (Heaviness in chest)** - Highly significant decrease in all the three groups, group III (76.41%,  $p < 0.001$ ), group II (73.33%,  $p < 0.001$ ) and group I (64.71%,  $p < 0.001$ ).

**Vatika Hridroa** recovery in group I were (48.49)%, in group II (65.14%) and in group III (72.63%).

**Paittika Hridroga** recovery in group I (25.00%) group II (67.00%) and group III (66.84%).

**Kaphaja Hridroga** recovery in group I were (43.46%) in group II (76.25%) and in group III (77.09%).

#### 5. Observation on various physiological changes :

**Body weight**- Highly significant reduction in group III (4.10%,  $p < 0.001$ ) and significant in group II (2.93%,  $p < 0.010$ ).

**Pulse rate**- There was significant decrease in group III (0.67%,  $p < 0.05$ ).

**Respiratory Rate**- Insignificant ( $p < 0.2$ ) and ( $p < 0.5$ ) in all three groups.

**Systolic Blood Pressure (S.B.P.)** Highly significant reduction in group I (5.11%,  $p < 0.001$ ) and group III (3.03%,  $p < 0.001$ ). Group II also showed significant results (2.07%,  $p < 0.010$ ).

**Diastolic Blood pressure (D.B.P.)** - Highly significant reduction in group I (5.84%,  $p < 0.001$ ), in group II (1.66%,  $p < 0.050$ ) and group III (4.53%,  $p < 0.01$ ) moderately.

**Temperature** : No significant change in temperature noticed in all the three groups before and after the therapy ( $p < 0.2$  and  $< 0.1$ )

#### 6. Lipid Profile

**Serum Cholesterol** - Highly significant decrease in group II (18.17%,  $p < 0.001$ ) & in group III (10.96%,  $p < 0.005$ ) insignificant decrease in group I (3.59%,  $p < 0.1$ ).

**V.L.D.L.**- Highly significant reduction in group II (18.17%,  $p < 0.001$ ) & group III (6.43%,  $p < 0.001$ ) but insignificant in group I (3.59%,  $p < 0.1$ ) treated with Dilzem.

**H.D.L.** - Highly significant improvement increase of group II (16.20%  $p < 0.001$ ) and group III (14.14%,  $p < 0.005$ ) no significant increase in group I, (2.53%  $p < 0.1$ ) treated with Tab. Dilzem after the therapy.

**L.D.L.**- Highly significant reduction in group II (33.05%,  $p < 0.001$ ) & in group III (23.15%,  $p < 0.005$ ) where as insignificant decrease of group I (6.79%,  $p < 0.1$ ).

#### 7. E.C.G Changes

**Findings in Bipolar Limb Leads** - In E.C.G. cardiac ischaemia is shown in the form of ST- and T-presence. There were significant isoelectric or near to isoelectric level changes i.e. there was statistically significant correction of ischaemia of heart muscles indicating an increased blood supply to cardiac muscles which is shown as correction

in E.C.G. in the form of return to normal pattern of E.C.G. In group II (87.50%,  $p<0.01$ ) & in group III (81.81%,  $p<0.01$ ), but findings were less significant in group I (66.66%,  $p<0.05$ ) after treatment with respective drugs.

**Findings in Augmented Leads** - That there were significant isoelectric or near to isoelectric level changes in ST segment in all the three groups but best results were achieved in group II (70.00%,  $p<0.05$ ), better results in group III (66.66%,  $p<0.02$ ) and least results in group I (27.27%,  $p<0.05$ ) were observed after the therapy. As stated earlier, return of E.C.G. towards isoelectric changes means return of E.C.G. pattern towards normal side.

**Findings in Precordial Leads** - It was observed that there were significant isoelectric or near to isoelectric level changes in ST segment in all the three groups. Results were highly significant in group I (69.56%,  $p<0.001$ ), significant results in group II (85.00%,  $p<0.02$ ) and group III (80.00%,  $p<0.02$ ), which confirms the coronary vasodilator effect of Dilzem, Tab.Cardicare, and Bastitreatment.

## 8. Computerized Treadmill Test (C.T.M.T.) Observations:

As mentioned earlier for the present clinical study, 30 clinically diagnosed and confirmed cases of CAD. were registered. C.T.M.T. was done before treatment to confirm the diagnosis. After treatment of 30 days, all the patients were again advised C.T.M.T.

Various observations are computed on the basis of statistical data available and are summarized in Table 38,39,40 and Figure 38, 39, 40.

**Exercise time in minutes** - Highly significant increase in exercise time in all the three groups. It was maximum in Group III (25.33%  $p<0.01$ ), and significant in Group I (~ 20.91%,  $p<0.010$ ) and in Group II (14.13%,  $p<0.050$ ).

**Maximum ST changes in mm.** - It was observed that there was significant isoelectric or near to isoelectric level changes in ST segment. It was maximum in Group III (65.00%,  $p<0.01$ ), then in Group I (46.03%,  $p<0.01$ ) and in Group II (15.46%,  $p<0.01$ ).

**Percentage Target Heart Rate (P.T.H.R.)** - Percentage Target Heart Rate was calculated in each patient by the formula " $220 - \text{Age} = \text{THR}$ ." 85% of P.T.H.R. should be achieved by individual during exercise and it was considered the criteria for evaluation of Percentage Target Heart Rate.

It was observed that after trial in 1st group only 5 patients out of 10 patients, were able to achieve the P.T.H.R. (before treatment 2 patients were able to achieve the P.T.H.R.), in 2nd group 7 patients out of 10 patients, were able to achieve the P.T.H.R. (before treatment 3 patients were able to achieve the P.T.H.R.), in 3rd group 8 patients out of 10 patients, were able to achieve the P.T.H.R. (before treatment only 2 patients were able to achieve the P.T.H.R.).

Thus the above observations clearly indicate that there was maximum percentage improvement in achieving the Percentage Target Heart Rate (P.T.H.R.) in group III (45.52%), moderate improvement in achieving the P.T.H.R. in group II (32.56%) and there was mild improvement in achieving the P.T.H.R. in group I (21.23%).

Correction of ST changes (reversal of ST wave, which is inverted in cases of cardiac ischaemia), significant increase in exercise time in mins, achieving the Percentage Target Heart Rate (P.T.H.R.) significantly confirm that modern drug Dilzem and the Ayurvedic drug - Tab.Cardicare, and Basti Tt. used in present clinical trial seems to have coronary vasodilatory effect or it may be said that the contents of **Tab. Cardicare and Basti**, may correct the ischaemic condition of cardiac muscles significantly & successfully.



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## Understanding Of Agnideepana & Amapachana Drugs With Its Application

### Abstract

It is very necessary to do optimum functioning of Jatharagni for proper digestion absorption and assimilation of medicine. With this we can expect desired effect of Shodhana therapies, and this is achieved by Amapachana chikitsa which is said to be as one of the Poorvakarma said by Acharya Sushruta.

**Keyword: Ama, Agni, Amapachana, Chikitsa, Anupana, Digestants etc.**

### Introduction

**Definition of Ama** This term means raw, uncooked, unripe, immature or undigested

Even though the disease associated with ama have been described by both Charaka, Sushruta and Vagbhata was the earliest authors to define ama in detail. This article highlights about basic aspects Ama, Pachana, Amapachana, Agni, different Amapachana formulations.

### Nidana- Etiology

**Aharaja:** Guru, ruksha, sheeta, shuska, vidahi, Apavitra, apriya, Viruddha ahara

**Viharaja:** Diwaswapna, Manasika: Kama, Krodha, Lobha, Moha, Irsha, Lajja, Shoka, Abhimana

**Ama lakshana- Symptomatology:** Srotorodha,

Balabhramsha, Gourava, Anila moodhata, Aalasya, Apakti, Nisteeva, Malasanga, Aruchi and Klama.

**Ama Pradoshajavikaras- diseases:** Ajeerna, Vishuchika, Alasaka, Grahani, Amavata, Amajashoola. Adamalla quoted Amapradoshaja vikaranam Amavatadi.

**Treatment principles:** Acharya Vagbhata said Pachana, Deepana, Snehana and Swedana and Based on Kala and Bala shodhana is carried out. A.H.Su.13

**Concept of Agni:** Ayurveda has described an important factor of digestion and metabolism in our body as agni. Agni is the invariable agent in the process of paka that is digestion and transformation. Ingested food is to be digested, absorbed and assimilated which is unavoidable for the maintenance of life and is performed by agni.

Based on the functions and site of the action agni has been divided into 13 types.

•Jatharagni- One, Bhutagni-5 and Dhatvagni-7

There are 13 types of agni, 1 Kayagni, 7 dhatwagni, 5 Bhutagni. The dhatwagni and bhutagni entirely dependent on Kayagni. Any disturbances in kayagni directly impact on dhatwagni and bhutagni.

Agni plays important role in digestion and metabolism of food and any impairment will leads

to formation of ama which is prime cause for all diseases. In such case amapachana chikitsa is the first line of treatment. Acharya Charaka said Jatharagni, Panchabuthagni and Saptadhatvagni. The Bala and Prana depends on Agni one should protect otherwise leads to death. The person's Ayu, Varna, Bala, Swasthya, Utsaha, Buddhi, Kaanti, Ojas, Teja, Agni and Prana all these are because of prabalata of Jatharagni. If Jatharagni becomes nashta or lost the person will not survive. Cha.Chi.15/3-4

Mandagni is the root cause for all the diseases. In the present era changing food habits and altered routines of the people leads to so many problems where ama is the prime one.

Deepana pachana:

According to Acharya Sushruta Deepana and Pachana is considered among poorvakarma chikitsa. They are Deepana, Pachana/ Amapachana, Snehana and Swedana. Su.Su.5

Definition of Pachana: The one which digests Ama is said to be Pachana and this pachana process is called as amapachana. And it is also defines as the one which does digestion is called as Pachana. The drug which digests the ama known as Pachana

The drugs which will stimulate or enhance the Agni. Here Agni tends to Jatharagni Dhatwagni / Butagni without performing Amapachana. A.H.Su.14/7. Arunadatta, Y.R, Sharangadhara, Rasavaishesika 4-10.

Acharya Vagbhata said the drug which digests the ama (un ripened food) is said to perform pachana karma. Pachana is considered to be a part of activity of agni having shamana action.

**According to dosha Amapachana:**

**Vatadosha- Vatavikara:** Shuntikwatha, Rasnadikwatha

Pittadosha- Pittajavikara: Vasakwatha, Patolakwatha

Kaphadosha- Kaphajavikara: Phalatrakwatha,

Pichumanda nimbha kwatha.

A.H.Su, Chikitsakalika pachanasutrani /70

Deepana: Deepana is one which kindles agni and initiates hunger and interest in taking food and helps in proper digestion of food. The dravyas which enhance the agni without undergoing pachana of ama like Mishi. Agnimahabhuyeshta.

Deepana gunakarma: Amla, Lavana, Katurasa, Laghu, Ushna and Teekshnaguna, Katuvipaka, Ushnaverya and Doshagnata vatakapashamaka.

Deepaniya Gana: Pippali, Pippalimoola, Chavya, Chitraka, Srungavera, Amlavetas, Maricha, Ajamoda, Ballataka and Hingu. Cha.Su.4/6

Deepana and Pachanadravya: Pippali, Gambhari, Kantakari, Ativisha, Chitraka, Bilva, Trikatu and Triphala.

Drinkable Amapachaka yogas:

Ushanajala -Deepana pachana basti vishodhanam Y.R, Ghrita- Agnivrudhikarma Y.R

Gomutra- Laghu Agnideepana Y.R, Saindhavalavana-Deepana kaphanashaka Y.R

Yusha- Laghu and Agni pradeepa Y.R, Takra- Agnimandye amritopamam Y.R, Sharangadhara. Dhanyadi kwatha – Deepana pachana, Amashoolaharam

Danyanagara kwatha – Pachana deepanasthata, Shuntimanda – Deepana pachanosmrta, Amalakyadichurna and Abhayadikalka – Deepana pachana

Mode of action:

Deepana drugs do not help for digestion, but stimulate the appetite. These drugs posses the properties of Teja mahabhuta and are having Katu, Amla, Lavanarasas with ushna veerya, Teekshna. Ushna Laghu gunas. But some Acharyas consider deepana drugs predominant in Vayu and Pruthvi mahabhuta (B.P). In fact Agni and Vayu mahabhutas



should be predominant because Vayu is associated with Agni i.e Samanavayu is a stimulant of appetite. Therefore Vayu stimulates Agni. Cha.Chi.15.

Deepana drugs act from mouth to the pyloric end of stomach as tasty and pungent bitter foods stimulate the secretion of salivary juice.

#### **Total Action of Amapachana:**

- Stimulation to Liver
- Dissolve toxins
- Enhance the Jatharagni and easily digests the medicine
- Better absorption of Medicine
- For better assimilation and Achieve successive results

Amadosha treatment principles: In the context of Ama chikitsa Acharya Vagbhata has mentioned the Poorvakarmas as Pachana, Deepana, Snehana and Swedana. According to bala Shodhana is carried out. A.H.Su.13/29

General guidelines about Matra, Anupana and Aushadhi sevanakala with special reference to Amapachana

Kala - Bhojana purva and Bhojana madya Anupana - Ushna jala, Takra, Vyadhyanusara , Matra - 3-5grams, 2-3 times/day. Duration - 3-5 days or until niramalakshana seen

#### **Different formulations:**

**Churnas:** Panchakolachurna, Ksharadravya churna, Pippalyadichurna, Lavanabhaskarachurna, Shivaksharapachanachurna, Hingwashtakachurna and Chitrakadi churna, Vaishwanarachurna, Jeerakadichurna, Ajamodadichurna, Trikatuchurna Panchasamachurna.

**Vatis:** Chitrakadi vati, Lashunadi vati, Amapachana vati, Agnitundivati, Hinguvachadigutika

**Kwathas:** Pippalyadi kwatha, Bijapuradi kwatha, Dhanya panchaka kwatha and Shunti jeeraka kwatha. Ghritas: Chitrakaghrita, Pippalyadi Ghrita,

Hapushadi Ghrita and Ksheerashatphala Ghrita.  
**Asava/Aristhas:** Dashamularishta, Chavikasava, Panchakolasava and Jeerakadhyarishta.

General dosage, time and Anupana of Amapachana:

- Trikatu chura- Shunti, Pippali, Maricha, Dose: 3-5gram, Aushadha sevanakala: Before food, Anupana: Ushnajala. Indication: Kushta
- Shuntyadikwatha – Shunti, Gokshura kwatha, Dose: 3-5gram, Aushadha sevanakala: Before food, Anupana: Ushnajala. Indication: Amavata
- Vaishvanara churna - Ajamoda, Shunti, Saindhava, Haritaki,

**Dose:** 3-5gram, Aushadha sevanakala: Before food, Anupana: Ushnajala.

#### **Indication: Amavata**

- **Shankhavati-** Shuddhaparada, Gandhaka, Vatsanabha, Hingu, Pippali, Saindava Shankhabhasma. Dose: 3-5gram, Aushadha sevanakala: Before food, Anupana: Sukhoshnajala. Indication: Amajashoola.

• **Agnitundi rasa/vati-** Shuddhaparada, Gandhaka, Vatsanabha, Triphala, Ajamoda ...etc

**Dose:** 250mg 1 tab, Aushadha sevanakala: After food, Anupana: Sukhoshnajala.

**Indication:** Jwara, Kasa, Atisara, Krimi and Agnimandhya

- Chitrakadi gutika (B.R, Cha.chi.15, C.D)- Chitraka, Pippali, Kshara, Lavana, Hingu Ajamoda, etc Dose: 1vati 2-3 times daily Anupana: Sukoshnajala/ Takra
- Hingwashtakachurna (B.R) -Trikatu, Ajamoda, Saindhava, Jeerakadwaya

**Dose:** 3grams 2- 3times, Anupana: Sukhoshnajala

- Lavanabhaskarachurna (B.R)-Pippali, Pippalimula, Dhyanyaka, Jeeraka, etc 1tsf tid Sukhoshnajala.

## Re-Thoughts

1. Prove yourself to first your self only then to others - **Dr. R. K. Sood**
2. Energy of Mind is essence of life -**William Blake**
3. Slow success builds 'Character' while fast success builds 'Ego' - **Ratan Tata**
4. Family is not about blood its about who is willing to cooperate hand when one needs -**Col. (Rtd.) H. O. Taneja**
5. Instead of worrying about what you can't but shift your energy to what you can do - **T. Benett**

## जरा विचारें

1. जिंदगी तो सस्ती है बस मुस्कराने के तरीके महंगे हैं।  
• डा. अरविंद गुप्ता
2. प्रार्थना और विश्वास अदृश्य होते हैं पर ताकत इतनी कि  
असंभव को संभव करे दें। • डा. अनिता
3. इंसान दो चीजों से बेचैन है, दुख बेच नहीं सकता और  
सुख खरीद नहीं सकता। • डा. मुरारी
4. बच्चों को संस्कार बिना सुविधायें देना पतन का कारण होता है • डा मदन सिंह
5. मन में यदि घृणा व बैर है तो मंदिर, मस्जिद, गुरुद्वारा  
जाना केवल सैर है • डा.राजेश शर्मा

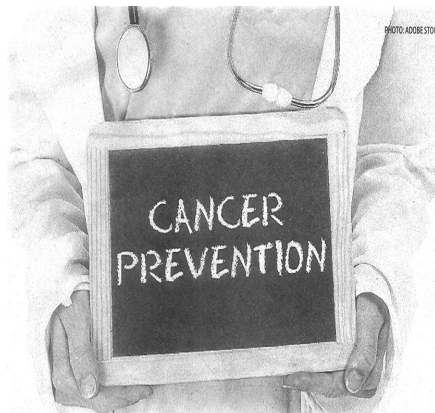
# Recent Developments

## MDNIY signs Memorandum of Understanding with CRPF

A Memorandum of Understanding (MoU) was signed between Morarji Desai National Institute of Yoga (MDNIY) and Central Reserve Police Force (CRPF) on April 16 at CRPF head-quarter RK Puram, New Delhi in the gracious presence of senior officers of both institutions. On this occasion Director, MDNIY, Vaidya Dr Kashinath Samagandi and Inspector General (Trg), CRPF Seema Dhundia signed on the MoU for smooth functioning



of Yoga Training to CRPF personnel. The MoU intends to facilitate conducting Yoga course/training to CRPF personnel as per their need in various ways.



## Make these lifestyle changes to keep cancer at bay

Cancer has become a widespread disease across the globe, and learning the ways to prevent it has become a topic of paramount importance. While genetics play a big role in cancer risk, research suggests that up to half of all cancers can be prevented through healthy lifestyle choices. From having the correct plant-based diet to avoiding processed food — we'll explore practical and impactful lifestyle changes that individuals can adopt to mitigate their chances of developing cancer.

**OPT FOR A WHOLESOME DIET**  
Switching to a plant-based diet rich in fruits, vegetables and whole grains provides essential antioxidants and nutrients that contribute to a robust immune system, reducing the risk of cancer. Fill your plate with vibrant fruits and vegetables rich in antioxidants and fibre. Choose seasonal options like guavas, oranges, spinach and cauliflower.

Similarly, minimising the intake of processed foods and sugars is crucial. These foods not only contribute to obesity but also create an environment in the body that might promote cancer development.

### MAINTAIN A HEALTHY WEIGHT

Being overweight or obese increases the risk of various

cancers, including breast, ovarian and uterine cancers. Adopting a healthy eating pattern and regular exercise can aid in weight management.

Additionally, regular physical activity not only helps in maintaining a healthy weight but also has direct cancer-preventing benefits. Working out also promotes hormone regulation and boosts the immune system.

### HOW LIFESTYLE MODIFICATION HELPS WITH SPECIFIC CANCERS

**For breast cancer prevention**  
Encouraging new mothers to breastfeed is a vital aspect of breast cancer prevention. Breastfeeding has been linked to a reduced risk of both breast and ovarian cancers.

Educating women about the correlation between alcohol consumption and an increased risk of breast cancer is also crucial.

**For uterine and ovarian cancer prevention**  
Discussing the potential benefits of oral contraceptives in reducing the risk of uterine and ovarian cancers, particularly in high-risk individuals, can help.

Meanwhile, emphasis should be laid on the importance of routine gynaecological check-ups for the early detection and prevention of reproductive cancers.

**For gynaecological cancers**  
Educating women about the association between smoking and an increased risk of gynaecological cancers, including cervical and ovarian cancers, is a must.

### MANAGE STRESS TO REDUCE THE RISK OF CANCER

It is important to explore the relationship between chronic stress, elevated cortisol levels and an increased risk of cancer. Encouraging stress management techniques such as yoga and meditation will help reduce the risk.

In conclusion, adopting a proactive approach to lifestyle changes significantly contributes to cancer prevention. People should prioritise their health by making informed choices regarding diet, exercise and overall well-being. These lifestyle changes not only reduce the risk of cancer but also enhance the quality of life.

Techniques like mindfulness meditation can reduce stress and anxiety, potentially lowering inflammation linked to cancer risk.

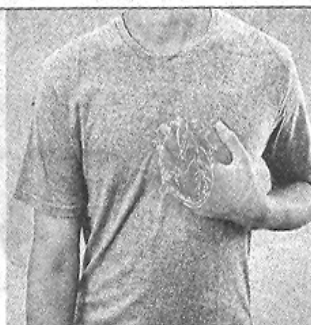
*Inputs from Dr Vaishali Sharma MD (AIMS) COAG (Harvard) RCOG Associate (London), senior gynaecologist and Dr Vikas Goswami senior medical oncologist*

## WHAT IS MESENTERIC ARTERY BYPASS?

It is a surgical procedure that creates an alternate route (bypass) for blood to flow from the aorta (body's largest artery) to mesenteric artery (artery that supplies blood to the intestines)

### CASE STUDY

- Pain in upper abdomen for 9 months
- Began about an hour after food intake
- Persistent pain, patient didn't respond to antacids



- Significant weight loss of 12kg in six months
- Patient developed fear of eating food



### Bypass Surgery

- Safe and feasible
- Blood loss minimal in the hands of experienced surgeon
- Highest success rate among all available interventions
- First line of treatment in young people with longer life expectancy





# Moving News

## Yoga Mahotsav- 75 Days countdown to International Day of Yoga'24 held in Pune

The 'Yoga Mahotsav,' held in celebration of the 75-day countdown to the International Day of Yoga, witnessed an overwhelming turnout at Wadia college Sports Ground, Pune (Maharashtra) jointly organised by Morarji Desai National Institute of Yoga and National Institute of Naturopathy, Ministry of Ayush by thousands of participants gathered for the gala event, actively engaging in the practice of the Common Yoga Protocol (CYP). This remarkable display of enthusiasm and participation underscores the growing



importance of Yoga in fostering personal and societal betterment. The event was honoured by the

presence of esteemed guests including Satyajit Paul, Deputy DG, Ministry of Ayush.

### THE RIGHT DOSE HAPPINESS THROUGH HORMONES

How to be happy? Is one of the most searched topics online. Internet is also chock-a-block with how-to-be-happy advice, much of it junk. Generally, you are happier when your mood is better and your sense of well-being is elevated. But we are too used to looking outside us to feel better. Look inside. Four hormones – dopamine, serotonin, cortisol, and endorphins, DOSE – regulate our mood and well-being. And there are simple ways to harness the power of DOSE. Here's a quick guide

**DOPAMINE:** Acts on areas of brain to produce feelings of pleasure & satisfaction

**DOs** | Break down tasks into smaller, achievable goals to create a consistent reward system

> Exercise regularly, particularly cardiovascular exercises

> Eat food rich in tyrosine: cheese, soybeans, lean meats

**DON'Ts** | Don't ruin the natural balance between work, leisure and physical activity

> Don't overindulge in instant gratification. Examples: social media and junk food

**SEROTONIN:** Stabilises your mood, regulates sleep patterns, digestion

**DOs** | Get as much sun as you can daily

> Do regular aerobic exercises

> Eat food rich in tryptophan: nuts, cheese, red meat, chicken, fish, oats, beans, lentils, eggs, and in vitamins: fruit, vegetables, and whole grains

> Practice meditation & yoga

**DON'Ts** | Don't be irregular with either exercise or diet

> Don't underestimate impact of stress and negative thinking

**ENDORPHINS:** Help relieve pain, reduce stress and improve sense of well-being

**DOs** | If you can, go for high-intensity interval training (HIIT) & endurance sports

> Embrace physical contact: hugs or even a pat on the back

> Be kind, volunteer to help

> Keep pets and love them, bond with them

**DON'Ts** | Don't shun community activities & social networks

> Don't follow a lifestyle that promotes isolation and loneliness

**CORTISOL:** Stimulates positive social interaction, induces anti-stress effects

**DOs** | Nurture close relationships, spend quality time and have deep conversations

> Embrace physical contact: hugs or even a pat on the back

> Be kind, volunteer to help

> Keep pets and love them, bond with them

**DON'Ts** | Don't shun community activities & social networks

> Don't follow a lifestyle that promotes isolation and loneliness

**TIMES Special** Doesn't sound complicated, does it? You will be best off if you create a daily routine: exercise, social interactions, mindfulness practices, healthy eating and adequate sleep. Try to plan your week in advance. Try to be positive and, this is super important, regularly reflect on your experiences. And whenever you feel you need professional guidance, get it, whether via a fitness trainer or a nutritionist, or a mental health professional. Optimise your plan according to your individual needs



Since inception, 'Care with Compassion' has been the motto of AIIA. Our treatment methods include panchakarma, diet, yoga and oral medication coupled with diagnostic facilities for pre-and-post treatment. Our hospital staff including faculty doctors, PG scholars, paramedical and nursing staff, etc. make AIIA a world-class hospital. AIIA is making significant progress with the constant support of the Ministry of Ayush. We are involved in cutting-edge research with premier institutions such as the London School of Hygiene and Tropical Medicine to conduct a study on Ashwagandha for promoting recovery from COVID-19.

**Prof. Tanuja Manoj Nesari**  
Director, All India Institute of Ayurveda (AIIA)

## TOI event focuses on digital healthcare, holistic wellness

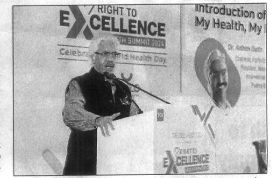
Times News Network

**New Delhi:** "Wellness is not just mental, spiritual, and physical health but also emotional, intellectual, occupational, and environmental well-being of an individual. It's a path, it's a journey, it's an activity. It's something you continue day after day," said Dr Ashok Seth, chairman, Fortis Escorts Heart Institute, while speaking at the Times of India's flagship property event, Right To Excellence, on Friday.

Ahead of World Health Day doctors and health experts discussed critical issues related to healthcare, including digital health awareness, modern-day parenting and digital healthcare. In his opening address, the co-founder of The Wellness Co, Rohan Jain, said, "Together, we have the power to inspire positive transformation and create a healthier, happier future for generations to come. Let us seize the opportunity to collaborate, innovate, and drive meaningful change in the realm of wellness."

Leading wellness brand The Wellness Co and Parenting app Mylo were the sponsors of the summit.

Talking about improving wellness and lifestyle, Dr Arvind Soin, chairman and chief surgeon, Medanta Liver Transplant Institute, said, "Healthcare institutions should not only focus on treatment but also on promoting wellness and positive health." He



Dr Ashok Seth, chairman of Fortis Escorts Heart Institute, is among the speakers at the Right To Excellence event on Friday.

added that cancer, type 2 diabetes, cardiovascular disease, and neurodegenerative disorders can be detected early and prevented in 30% of the people. Speaking about holistic wellness during a panel discussion on modern wellness techniques, Dr Nivedita Kawadia, a functional and regenerative medicine expert, said, "There is a need to have a very comprehensive approach for a woman who either wants to conceive, is pregnant, or is in the postpartum phase. The transition can be very overwhelming for a new mother, so ensure that her emotional, hormonal, and physical health are all taken care of."

The panel discussion on digital healthcare highlighted the problem of unverified health information that is widely spread on social media. Rohan Jain, co-founder of The Wellness Co, said, "Currently, there is so much content out there, so it's very important for people to do their own research and also look at the science behind the protocols and technologies that are available out there."





**Dr. Kapil Dev**

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## VARICOSE VEINS

### Definition:

Varicose veins are bulging, enlarged veins. Any vein that is close to the skin's surface, can become varicose. Varicose veins most often affect the veins in the legs. That's because standing and walking increase the pressure in the veins of the lower body.

Usually Veins are dark purple that look twisted and bulging.

Spider veins are not varicose veins, but they're smaller. Spider veins are found closer to the skin's surface and look like a spider's web.

### Symptoms:

- Heavy feeling in the legs.
- Burning, throbbing, muscle cramping and swelling in the lower legs.
- Worse pain after sitting or standing for a long time.
- Itching around one or more of the veins.
- Changes in skin colour around a varicose vein.
- Non healing ulcer, near malleoli.

### Causes:

Weak or damaged valves, caused by

- Genetic.
- Obesity. Being overweight puts added pressure on veins.
- Age. Aging causes wear and tear on the valves in the veins

- Sex. Women are more likely to get the condition. Hormones tend to relax vein walls. So changes in hormones before a menstrual period or during pregnancy or menopause might be a factor. Hormone treatments, such as birth control pills, might increase the risk of varicose veins.

- Standing or sitting for long periods of time. Movement helps blood flow.

Pathophysiology: While walking and running, muscles tighten in the lower legs to act as pumps. Vein walls help blood return to the heart. Tiny valves in the veins open as blood flows toward the heart, then close to stop blood from flowing backward. If these valves are weak or damaged, blood can flow backward and pool in the veins, causing the veins to stretch or twist.

### Prevention:

- Walking and compression stockings.
- No long standing or sitting
- Exercise.
- Raise your legs when sitting or lying down.
- Keep a healthy weight

### Diagnosis:

Clinical and Doppler study

### Treatment:

- Sclerotherapy. Injection of STD foam that scars and closes them. In a few weeks, treated varicose veins fade. Not meant for large bunches, only for small bunch and spider veins

- Catheter-based procedures using radiofrequency or laser energy. This procedure is the treatment most used for larger varicose veins. A thin catheter is introduced into an enlarged vein. Radiofrequency or laser energy heats the tip of the catheter. As the catheter is taken out, the heat destroys the vein by causing it to cave in and seal shut.
- High ligation and vein stripping. This procedure involves first tying off a varicose vein before the

place where it joins a deep vein. The next step is removing the varicose vein through small cuts. (outdated)

**IN MY EXPERIENCE, CATHETER-BASED PROCEDURES USING RADIOFREQUENCY OR LASER ENERGY ARE BEST AS THERE IS NO CUT NO STITCH, THE PATIENT CAN GO HOME AFTER 6 HRS.**



**B.A.M.S (GAU), M.D-Ayu (RGUHS), DHM (NHFW) FRCP (UK) CHSE (IIPH) CMTOX (Medvarsity)**  
Assistant Professor, Dept. of Agad Tantra  
Institute of Teaching and Research in Ayurved (INI), Jamnagar, Gujarat, India  
Practicing as Physician and Health Safety Consultant (Dr. M A Santwani Health Care)

#### ABOUT THE AUTHOR

Dr. Sushant Sud has more than 13 years of experience in the healthcare field. Passionate about medical ethics and the power of empathy in healthcare, Dr. Sushant Sud has dedicated their career to exploring and promoting the principles of altruism in medicine. Their unique insights and practical guidance make this book an essential resource for anyone committed to the betterment of healthcare.

In a world where the pressures and complexities of modern medicine often overshadow its noble beginnings, "Foundations of Service Ethos: Understanding Altruism in Healthcare" invites you to explore the essential virtues that underpin the practice of compassionate, patient-centered care. This insightful and timely book delves into the profound impact of altruism on healthcare, illuminating how selfless service and a deep commitment to the well-being of others are fundamental to healing and wellness.

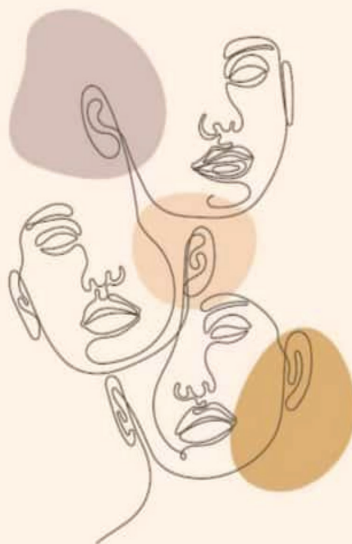
#### DISCOVER

- The Roots of Altruism in Medicine
- Cultivating a Service-Oriented Culture
- Strategies to Combat Burnout
- Ethical and Moral Dimensions
- Enhancing Patient Outcomes

#### WHO SHOULD READ THIS BOOK?

- Healthcare Professionals
- Healthcare Leaders and Administrators
- Medical and Nursing Students
- Patients and Caregivers

## FOUNDATIONS OF SERVICE ETHOS: UNDERSTANDING ALTRUISM IN HEALTHCARE



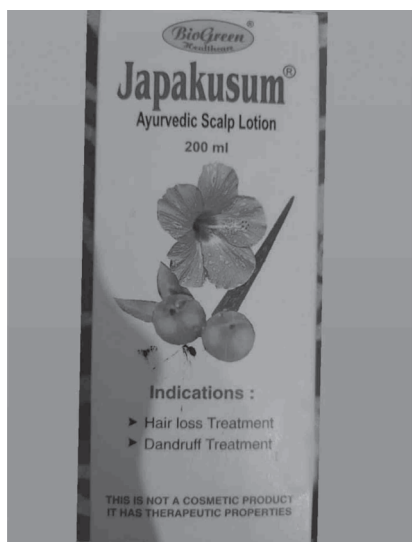
- Dr. Sushant Sud

## चाय के गुण

ए एण्ड यू तिबिया कॉलेज  
करोल बाग, नई दिल्ली-110005

नींबू वाली चाय पेट घटाए।  
अदरक वाली चाय खराश मिटाए।  
मसाले वाली चाय इम्युनिटी बढ़ाए।  
मलाई वाली चाय हैसियत दिखाए।  
सुबह की चाय ताजगी लाए।  
शाम की चाय थकान मिटाए।  
दुकान की चाय मजा आ जाए।  
पड़ोसी की चाय व्यवहार बढ़ाए।  
मित्रों की चाय संगत में रंगत लाए।  
पुलिसिया चाय मुसीबत से बचाए।  
अधिकारियों की चाय फाइलें बढ़ाए।  
नेताओं की चाय बिगड़े काम बनाए।  
विद्वानों की चाय सुंदर विचार सजाए।

कवियों की चाय भावनाओं में बहाए।  
रिश्तेदारों की चाय संबंधों में मिठास लाए।  
चाय चाय चाय सबके मन भाय।  
एक चाय भूखे की भूख मिटाए।  
एक चाय आलस्य भगाए।  
एक चाय भाईचारा बढ़ाए।  
एक चाय सम्मान दिलाए।  
एक चाय हर काम बन जाए।  
एक चाय हर गम दूर हो जाए।  
एक चाय रिश्तो में मिठास लाए।  
एक चाय खुशियाँ कई दिलाए।  
चाय पिए और चाय पिलाए।  
जीवन को आनंदमय बनाए।  
जीवन को आनंदमय बनाए।



**Sanjay Sinha**  
**9650515017**

*On behalf and consent of editorial board it is decided that articles/writeups sent by experts for publication of Gurukuls C.M.E quarterly magazine will be honoured a certificate of appreciation besides a meagre amount of Rs. 1000/- (One thousand only) as remuneration from the current issue of July, August, September 2023 onwards (Not of earlier issues).*

*The editorial board has the right/discretion to select the article /writeup describing ayurvedic fundamentals, scientific basis and clinical significance.*

*Editor*  
**Dr. Dinesh Vasisth**

## Herbal Heritage

# ARJUN

**Hindi-** Arjun, **English** - Arjun, **Latin** - Terminalia Arjuna, **Sanskrit** - Veer Vriksh

**Brief Description** - **Tree** height (60-80) feet, **Trunk** : simple, smooth, white outside; pinkish red inside; **Leaves**: Amrood like, rectangular (4-6)" long & ½ inches wide **Flowers**: white or yellowish **Fruits** : Like 'Kamrakh' but small in size 1 ½ inches diameter 5-7 sided surfaces.

*Found in dry velleys of Himalayas, Bengal, Bihar & M.P.*

**Chemical Composition-** Skin (Chaal) contains B-sitosterol, Algic Acid, Arujunic Acid, Arjunetin, Tannin, Calcium, Magnesium, Aluminium, Flowers contain Tannins.

### Ayurvedic Features

**Gun** - Ruksh, Laghu, **Ras**-Kashay **Vipaak** - Katu, **Virya** - Sheet, **Prabhav**- Hirdya (cardiac)

### Clinical Therapeutics

1. It is **Kaph- Pitt** shamak .
2. Locally - When applied checks **bleeding & wound healing** .
3. Internally for bleeding, **piles & dysentary** (anti coagulant).
4. Nourishes **heart muscles**, checks **tachy cardia & dyslipiedemia**.
5. Stops cough due to **general debility** & relaxes **mylagia chest**.
6. May be used for patients of **diabetes mellitus, dysuria, spermatorrhoea**.
7. Gives relief in **leucohrroea & dysmenorrhoea**.
8. In cases of **chronic fever (tuberculosis/ P.U.O.)** & enhances **immunity**.
9. For various disorders of skin (**pruritis, urticaria**).
10. Patients having **overweight or obesity**.

**Use full part** : Twak (Bark); **Dose** : Powder 3-6 gms, **Kwath**- 50-60ml

**Popular Yog** : Arjun Kshir Paak, Arjunarisht Arjuna churn.



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## MANAGEMENT OF URINARY FREQUENCY

Urinary frequency occurs when there is an increased need to urinate more often without a concomitant increase in the volume of urine. In most people the bladder is able to store urine until it is convenient to go to the toilet. Needing to go more than eight times a day or waking up in the night more than twice to go to the bathroom could mean excess fluid intake or it could signal a health problem.

### Causes of Frequent Urination

- Urinary Tract Infection
- Diabetes mellitus
- Diabetes insipidus
- Pregnancy: growing uterus places pressure on the bladder, causing frequent urination.
- Prostate enlargement: benign or malignant.
- Diuretics
- Stroke or other neurological diseases. Damage to nerves that supply the bladder can lead to problems with bladder function, including frequent and sudden urges to urinate.
- Artificial sweeteners, alcohol, caffeine and citrus foods
- Bladder Cancer
- Interstitial cystitis. This condition of unknown cause is characterized by pain in the bladder and pelvic region. Often, symptoms include an urgent and/or frequent need to urinate.

### Diagnosing the Cause of Frequent Urination

Perform a physical exam and take a medical history,

asking questions such as the following:

- Are you taking any medications?
- Are you experiencing other symptoms?
- Do you have the problem only during the day or also at night?
- Are you drinking more than usual?
- Is your urine darker or lighter than usual?
- Do you drink alcohol or caffeinated beverages?

The basic causes of urinary frequency can be divided into three groups:

- Polyuria when too much urine is being produced.
- Instability of the detrusor mechanism.
- Inability of the bladder to stretch.

### Increased Urinary Volume:

- Excessive Fluid Intake
- Use of Diuretics
- Diabetes Insipidus (Central)
- Diabetes Insipidus (Nephrogenic)
- Diabetes Mellitus (Type 1 or Type 2)
- Excessive Intake of a High Solute Load (Such As Mannitol Therapy in the Hospital, or Use of Radiocontrast Materials for Radiology Procedures)
- Salt Wasting Kidney Diseases (Such As Bartter Syndrome)

### Voiding Dysfunction

- Prostate enlargement-benign or malignant
- Neuropathy: diabetes, multiple sclerosis, Parkinson's Disease
- Interstitial Cystitis
- Urethral Strictures
- Urinary Tract Infections
- Psychological

**Evaluation****History:**

-Voiding diary: Ask the amounts of fluid consumed and voided to distinguish between urinary frequency and polyuria.

-Acuity of onset, presence or absence of irritative symptoms eg, irritation, urgency, dysuria

-Obstructive symptoms eg, hesitancy, poor flow, sensation of incomplete voiding, nocturia

-Fever, flank or groin pain, and hematuria (infection);

-Missed menses, breast swelling, and morning sickness (pregnancy)

-Past medical history: should ask about known causes, including prostate disease and previous pelvic radiation therapy or surgeries. Drugs and diet are reviewed for the use of agents that increase urine output (eg, diuretics, alcohol, caffeinated beverages).

**Interpretation of findings:**

- Dysuria suggests frequency is due to UTI or calculi.

- Weak urine stream, nocturia, or both suggests BPH.

- Urinary frequency in an otherwise healthy young patient may be due to excessive intake of alcohol or caffeinated beverages.

- Gross hematuria suggests UTI and calculi in younger patients and cancer in older patients.

- Frequency, weight loss, low grade fever, malaise suggests bladder tuberculosis

**Physical examination:**

Examination focuses on the genitourinary system.

- Any urethral discharge or any lesions consistent with sexually transmitted diseases are noted.

- Rectal examination in men should note the size and consistency of the prostate and rectal tone;

- Pelvic examination in women should note the presence of any cystocele.

- The costovertebral angle should be palpated for tenderness, and the abdominal examination should note the presence of any masses or suprapubic tenderness.

- Neurologic examination should test for lower-extremity weakness and loss of sensation.

**Investigations :**

- Voiding diary; which includes fluids consumed and urine output over 24 hours

- Urinalysis and culture: can detect infection, hematuria, diabetes

- Rule out diabetes

- Pregnancy testing as appropriate

- USG KUB with post void residual volume will diagnose prostate enlargement, bladder tumors, stone disease.

- Urine for ZN stain and urine for cytology may pick up genitourinary tuberculosis and bladder malignancy

- Cystoscopy, cystometry, and urethrography are required in cases where initial work up does not pick up the etiology

**Treatment**

Treatment varies by cause.

Fluid management: avoiding excessive intake of fluids, caffeine, tea, alcohol

Diagnose and treat underlying cause such as diabetes, UTI, prostate enlargement

**Key Points**

- UTI is the most common cause in children and women.

- Prostate disease is a common cause in men > 50 yr.

- Excessive intake of fluids or beverages can cause urinary frequency in healthy people.



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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** Amrittashtak Kwath, Panchtika 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

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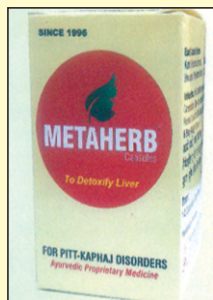
|   |        |
|---|--------|
| Gandhak Rasayan                             | 250 mg |
| Raktsar (Acasia Catechu) (Water Ext.)       | 100 mg |
| Beejak (Pterocarpus Marsupium) (Water Ext.) | 75 mg  |
| Kilim (Cedrus - Deodara) (Water Ext.)       | 75 mg  |

**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

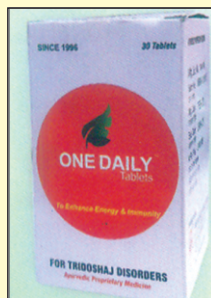
Each Capsule Contains

|  |       |
|--|-------|
| 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)



### 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. 210/- (30 caps.)

MRP. 240/- (30 caps.)