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GURUKUL'S C.M.E



*A Quarterly Magazine For
Medicine Reorientation*

**KNOWLEDGE
BUILDS
CONFIDENCE**

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Editor's Desk

Dear Doctor

Wishing you a **Happy New Year 2016**, bringing forth highly informative write-ups by experts. The undertaking of different projects for **Research & Development** of ancient sciences by **C.C.R.A.S.** under **A.Y.U.S.H** umbrella is a stepping stone for promotion & pride of ayurveda and it's practitioners; a successful endeavor for clinical study of "**Sookshm Trifla** a non-surgical treatment for **Pooyalsa** (Dactyocystitis); a productive pilot observation of ayurvedic ingredients for **Aamatisar** (Summer Diarrhoea); encouraging execution of **Vataghan** mixture along with massage of oil for **Parshwshool & Katishul** (Lumbago); significant improvement in well-being with additional use of **Jivantyagi-Ghrit** on **Rajyakshma** (Tuberculosis); contemporary use of age-old ayurvedic preparations for promoting control of **Tmak-Swas** (Bronchial Asthma); easy & affordable solution by simple herbs with preventive & therapeutic measures for **Janpo-Dhwans** (Epidemic/Endemic) i.e. environmental pollution; containing of **Pritishaya** (Rhinitis) an immunity ailment by conventional **Sidhyog**; **Sugandhit-Shringar** Chikitsa (Aroma Therapy) for physical & psychiatric disorders and seasonal use of **Til** (Sesame) for various winter afflictions by means of oil & sweets.

Today's scope of endoscopic treatment for **G.I.T** disorders; simple surgical procedure for **Pilonidal Sinus** a life-style ailment and management of **Frequency Micturition** are some of the contributions by medical specialists.

Extending congratulations on behalf of **Gurukul's C.M.E.** magazine readers to **Ayush** for completing one year of successful independent running.

Thanks.

With Regards

A handwritten signature in black ink, consisting of a stylized 'D' followed by a flourish.

Dr. Dinesh Vasishth

Ph.D (Internal Medicine), M.B.A.

Hxoku Jh /kuOrjh t h



ॐ शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भिः ।

सूक्ष्मस्वच्छातिहृद्यांशुकपरिविलसन् मौलिमम्भोजनेत्रम् ॥ कालाम्भोदोज्ज्वलाङ्गम्
कटितटविलसद्धारुपीताम्बराढ्यम् । बन्दे धन्वन्तरितं निखिलगदवन प्रौढदावाग्निलीलम् ॥

नमामि धन्वन्तरिमादिदेवं सुरासुरैवन्दितपादपङ्कजम् ।

लोके जरारुग्भयमृत्युनाशनं धातास्मीशं विविधौषधीनाम् ॥ ॐ



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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 **15th March, 2016** At **gurukulscme@gmail.com**

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Research & Development of CCRAS In Brief

Background: The Central Council for Research in Ayurvedic Sciences (Formerly Central Council for Research in Ayurveda and Siddha established on 30th March, 1978 and reconstituted with present name on 11th April, 2011) is an autonomous body under Ministry of AYUSH, Government of India.

It is an apex organization for undertaking, coordinating, formulating, developing and promoting research in Ayurvedic sciences on scientific lines. Core Research activities comprise of Medicinal Plant Research (Medico-ethno botanical Survey, Pharmacognosy and Tissue Culture), Drug Standardization, Pharmacological Research, Clinical Research, Literary Research & Documentation and Tribal Health Care Research Programme.

Research activities are carried out through its 30 peripheral Institutes located across the country and also in collaboration with various Universities, Hospitals and Institutes.

Core Objectives

- 1 Development of safe, effective products and therapies for diseases of National and Global importance
- 2 Validation of Classical Ayurvedic formulations & therapies for generating tangible evidence on safety and extent of use
- 3 Capacity building programmes on research

methodology and drug development

4 R&D support for academic, research institutes and industry

5 Create awareness and promote competitiveness, excellence and innovation among the researchers in the field of Ayurveda

6 Dissemination of research outcome through publications, research journals, websites etc.

Some significant Achievements- at a glance

- Since inception, validated several Ayurvedic formulations for 36 diseases/conditions besides developing new drugs such as Ayush-64 for malaria, 17 formulations for Reproductive and Child Health care (RCH). Currently, 24 clinical trials focusing on 20 diseases are continuing.
- Collaborative projects on **Mental Retardation has been completed and 3 projects viz. Breast Cancer, Wound healing Ksharasutra & Ayush Rasayana A&B** for healthy ageing , and Ayurgenomics are currently in progress .
- **Conducted 537 Medico-ethno botanical survey tours conducted, 1,20,000 herbarium specimen & about 2500 folk claims are documented. Under cultivation programme 716 species are maintain.**
- **Through phyto-chemical and quality control research programme so far Pharmacopoeial**

standard for 1060 single drugs and 530 formulations have been carried out.

- Approx. 375 studies have been carried out for safety evaluation/biological activities since inception. In addition, Safety Studies of drugs mentioned in Jama article and also carried out the safety studies of commonly used Bhasmas and Rasakalpas to generate evidence

- Under Drug development of new formulations viz. Ayush QOL-2C, Ayush SL, Ayush A, Ayush Rasayana have been developed.

- Under Tribal Sub-plan, Tribal Health Care Research Programme and Services are extended to 17 States through 14 CCRAS peripheral institutes

- Swasthya Rakshan Programme linked with Swachha Bharat in 19 states.

- Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan in 18 states.

- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) in 3 states viz. Bihar, Rajasthan and Gujarat

- Ayurgenomics: Development of a standardized questionnaire for assessment of Prakriti and its relevance with the parameters of health and disease.

- Inter sectorial Research for Reproductive and Child Health Care.

- So far the council obtained 17 patents, 14 patents filed and 10 technologies have been transferred for commercialization.

On 1st anniversary of independent 'Ayush Ministry, Gurukul's C.M.E. desired to come out this issue of publication as 'AYUSH' special; a supplementary to introduce achievements & developments among B.A.M.S. / M.D. (Ay.) doctors.

Thanks & Regards

**Prof. Vd. K.S. Dhiman Ji,
Director General C.C.R.A.S.**

Other AYUSH heads were also appealed but with no co- operation.
Wish & Hope in future.

LESS EGO BETTER HEALTH



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EFFECT OF "SOOKSHMA TRIPHLA" ON DACRYOCYSTITIS --- A CLINICAL STUDY

INTRODUCTION:

Dacryocystitis is a common eye disease comparable to, "**Pooyalasa**" described in Ayurvedic literature. This disease is presented mainly by, "**Epiphora**", i.e. persistent watering from the eyes. Present conservative treatment has very little or no effect and the patient have to undergo surgical procedure. After most advanced and sophisticated plastic surgery, the complaint of, "Epiphora" persists to a considerable extent. The surgery is also not possible in many patients due to –

- 1. Old age.**
- 2. Infants.**
- 3. Tubercular infections**
- 4. Atrophic rhinitis etc.**

Post operative fibrosis in the naso-lacrymal passage causes fresh obstruction and conditions remain as they were.

Thus, present treatments including the advanced surgical procedures are not completely satisfactory to relieve the symptoms and hence an alternative is sought for.

"**Pooyalasa**" or **dacryocystitis** is caused by **obstruction in the passage of tear fluid**. The obstruction may be in the **naso-lacrymal duct** or in the **lachrymal canaliculi**. Mostly obstructive lesions in naso-lacrymal duct are prone for this disease.

In ayurvedic literature, causative factors, that are

explained for this disease, lead one way or the other to obstruction in the passage. "**Kapha Dosha**" is mainly responsible for this type of disease. To relieve the obstruction liquefaction (**Vilayana**) of the stagnated Doshas is required.

Drugs like **Amala** (*Phyllanthus emblica*), **Harda** (*Terminalia chebula*), **Beheda** (*Terminalia bellerica*) are useful for this purpose.

In Ayurveda to relieve obstruction in the naso-lacrymal duct, a special procedure called as. "**Nasya**" is also advocated. This was also tried in this project.

MATERIALS & METHODS :

1. Selection of the patients: Patients of different ages and either sex were selected on random basis attending the Out Patient Department of **Seth Tarachand Ramnath Charitable Hospital, Pune.**

2. The patients were divided into three groups. One groups consisting of 10 patients. There was no special criterion about this sub-grouping.

3. The treatment was of out-door nature. Three groups received different treatments.

One group was treated with "**Sookshma Triphala**" **2. tablets** three times a day (proprietary Ayurvedic Medicine of Ayurveda Rasashala, Pune-4)

Second group was treated with, "**Guda-Shunthi Nasya**, once a day early in the morning.

Third group was treated with combination of the above treatments.

There was no control group.

4. Follow up of the patients was done every week.

5. Total duration of the treatment was for 3 months and final follow up was at the end of 6 months.

6. The symptoms looked for were-

1. Reduction in watering. 2. Reduction in other discharges. 3. Reduction in the local signs and symptoms.

STATISTICAL DATA :

Table No. : 1. **Trial**

Total No. of Patients treated - 30

Number of patients treated with, “Shookshma Triphala” 10

Number of patients treated with, “Nasya” 10

Number of patients treated with, “Sookshama Triphala & Nasya” 10

Table No. : 2.

No. of Male Patients **Sex**

No. of Female 17

Table No. : 3. **Success**

No. of Patients treated 30

No of cured patients 17

Table No. : 4. **Age**

Year		Year		Year	
10 to 25		25 to 50		50 onwards	
Cured	Non-cured	Cured	Non-cured	Cured	Non-Cured
3	6	8	5	6	2

Table No. : 5.

No. of patients **Effects**

9 Watering reduced

7 Other discharges reduced

5 Local signs and symptoms reduced

9 No significant relief.

Table No. : 6.

Patients treated with only, “Shookshma Triphala”

No. of patients 10

Table No. : 7.

Patients treated with, “Nasya” only

No. of 10

Table No. : 8.

Patients treated with “Shooksham Triphal & Nasya”

No. of patients 10

DISCUSSIONS :

When the aetiology and the pathogenesis of the disease Dacryocystitis and “Pooyalasa” as explained in the Ayurvedic texts is studied on comparison basis; it is seen that all the causes that lead to obstruction in the naso-lacrymal apparatus will prohibit the normal passage of the tear fluid. This stagnation of the tear fluid will cause accumulation in lachrymal sac. The stagnation will cause infection.

The predominant Dosha is “Kapha” in the pathogenesis of this disease. **Sartha Yoga Ratnakaira** explains **Triphala** as the best remedy for eye diseases. Triphala can be used in different forms such as, “**Parapati**”, “**Pottali**” etc. but the best form could be in the form of tablets. Triphala is known to **relieve obstruction** in passages and hence used in this disease. Haritaki, Terminalia chebula, Aamalaki Triphala is composed of as follows”

Mixture of these in equal parts is combined in a triturated combination of 0.28 Gm/of Mercury and sulphur purified by special Ayurvedic methods.

This “**Kajjali**” has a high penetrative powers to carry Triphala to the site of action.

Nasya Chikitsa (Nasal administration) is mainly used in diseases of, “**Oordhwa Jatru Avayavani**” (diseases of head). The combination of, “**Guda – Shunthi**” used for Nasya is of Shodhan type which reduces the obstruction in Naso-Lacrymal passages.

Thus, Nasya for local action and Sookshma Triphala for total body action particularly to relieve obstruction is used. Sookshma Triphala is known to have **anti-inflammatory & bacteriostatic** like action.

SUMMARY :

30 patients on random basis treated with Sookshma Triphala, Nasya (Guda-Shunthi) in 3 groups for about 6 months in out patients department of Set Tarachand Ramnath Charitable Hospital.

There was no control group.

Results are as shown in various tables.

CONCLUSION :

1. **Sookshma Triphala** relieves the symptoms of epiphora and others in Dacryocystitis upto 65% to 70%.
2. In combination with **Nasya**, there is no marked difference in action.
3. As pilot project we can say that parenteral use of **Sookshma Triphala** in dose schedule of 2 tablets three times a day (t, i, d) can be used effectively as the basic treatment for dacryocystitis.
4. This line of treatment definitely prolongs surgical procedure.

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A PILOT CLINICAL ASSESSMENT OF AN AYURVEDIC HERBAL FORMULA IN THE TREATMENT OF NON-SPECIFIC 'AMATISAR' IN THE SCHOOL GOING CHILDREN IN THE AGE RANGE OF 5 TO 12 YEARS

Abstract: This study was conducted to assess the efficacy of an Ayurvedic herbal formula in the treatment of non-specific 'Amatisar' in school-going children aged 5 to 12 years. The study was conducted in the Department of Ayurved, Mahavidyalaya, Shevgaon, Dist. A'nagar, Maharashtra. The study was conducted in the Department of Ayurved, Mahavidyalaya, Shevgaon, Dist. A'nagar, Maharashtra. The study was conducted in the Department of Ayurved, Mahavidyalaya, Shevgaon, Dist. A'nagar, Maharashtra.

Abstract:

Due to ignorance, illitracy, unhygienic conditions many children suffer from periodic episodes of diarrhoea, especially in summer. According to ayurved this condition is recognized as 'Amajanya atisar', 'Vataja atisar' or 'Krumijanya atisar'.

Any atisar should be treated promptly and dehydration avoided. Atisar may be accompanied by intestinal colic, fever, debility and some times vomiting. All these must be corrected promptly.

Bilwadya Ghrutam was found to be useful in these conditions which is discussed here based on the data collected from our hospital attached to **Shevgaon, Patherdi**, Dist Ahmednagar, **Ayurved Mahavisyalaya**, Maharashtra.

Key words: Amatisar, diorrhoea, summer diarrhoea, pain in abdomen, tenasmus,

INTRODUCTION:

This is a common disorder mainly caused by the irregularities in food habits. Summer diarrhoea is caused in summer months of February to June in the state of Maharashtra. It affects all age groups the peaks being in the age range of 5-16 years and 25 - 45 years.

According to Ayurvedic principles this condition can be described as as 'Amajanya atisar'. This is

caused due to indigestion of improper food that is uncovered and/or stale.

Atisaar is come across by all the general practitioners during their routine practice. It exist in the communities and societies in an endemic form and is found all the year round especially in summer months. Many times this condition is also called as 'summer diarrhoea'.

In Aamatisaar the stools are liquid and the soild portion of stools sinks in water. The remote (**viprakashtha**) aetiological factors responsible for atisar are discussed by **Bhavamishra**, the author of Bhavaprakash are as follows :

This description clearly states that eating heavy ('guru' – difficult to digest) food items, too much liquid food, too thick (hard and dry) food items, too much cold food items, eating food of opposite properties ('**viruddha bhojan**'), over eating (eating before the digestion of food eaten first), indigestion and frequent use of enematas causes '**Atisar**' (diarrhoea or loose motions).

The predromal signs :

Pins & needles sensations in the following regions:

- 1 Pain in heart region
- 2 Pain at the navus (Naabhi)
- 3 Pain in the flanks (Kukshi)

- 4 Pain in abdomen
- 5 There is no strength in the extremities and body parts
- 6 Normal movement of **Vayu** is obstructed
- 7 Excretory products (stools and urine) are obstructed and cannot be eliminated easily
- 8 There is distention of abdomen due to gases
- 9 The food eaten is not digested

According to modern medicine diarrhoea sets in because of the following aetiological factors, such as:

1. **Infections:** Cholera, Typhoid, Coli form bacteria, shigella
2. **Infestations:** Amoebiasis, giardiasis, intestinal worms
3. **Lactose intolerance**
4. **Food poisoning**
5. **Gastro-enteritis**
6. **Over eating or feeding**
7. **Drug induced and iatrogenic diarrhoea**

Diarrhoea is defined as the presence of stool liquidity and an increase in daily stool weight. In this condition both the frequency and quantity are increased. Many times the passage of liquid stools is uncontrollable. Also there is perinial discomfort. Many types are described in modern medicine and most of them are related to some sort of infection or infestation due to protozoa and intestinal worms. The first aim is to reduce the frequency and quantity of stools and to prevent dehydration.

In the present study an attempt is made to find out if simple, herbal, ayurvedic treatment can bring about the reduction in frequency and quantity of liquid stools in moderate diarrhoea.

Study design: For the present study the randomly selected patients were divided into two groups and the results are compared by comparison.

Aim: To find out if simple, herbal, ayurvedic treatment is useful in moderate diarrhoeas.

Objectives: to find out if ayurvedic treatment is well tolerated, and if it has any side effects.

Acceptance Criteria:

Person suffering from uncomplicated diarrhea of recent origin. persons not below the age of 18 and not above the age of 65. Obedient and co-operative persons. Persons living within the radius of 5 Km from our hospital.

Rejection Criteria:

Acute cases like food poisoning. Persons on anti-cancer or higher antibiotic treatment. Pregnant women. Persons under the age of 18 or over the age of 65. Persons living beyond 5 Km radius. Persons having history of HBP, convulsive disorders, diabetes, asthma, malignancy. Persons suffering from communicable diseases like TB, Malaria, Leprosy, AIDS. All types of malignancies. Alcoholics, addicts, heavy tobacco users. Disobedient, irregular persons who are unco-operative.

ASSESSMENT CRITERIA (PARAMETERS):

Frequency of diarrhea in 24 hours. Approximate quantity passed at a time. Ability of holding the urge of defaecation. Abdominal colic, pain or tenasmus. Degree of dehydration and Thirst severity. Pain, spasms, tenasmus and colic factor.

Materials and Methods:

For the present study it was planned to include about 100 cases suffering from simple and moderate diarrhoea in school going children above 5 years and below 12 years of age irrespective of sex. The patients were collected from the OPD of the hospital attached to our college. The parents of the children were explained in marathi language about the nature of this study and their verbal consent was obtained. It was planned to administer the drug for seven (7) days without interruption. All the patients attended the OPD at 9 am and received the drug in the presence of the Research scholars. Evening

dose at 8 pm after food was administered by the parents at home. It was given to them as 7 day qota (70 g) in a clean, dry, wide mouthed glass container. The **control group** received **modern medicines** in the form of binding mixtures, antibiotics and antispasmodics.

Diagnosis of Atisar was based on Ayurvedic principles. Modern medicine was used as a supportive to ayurvedic findings. Signs and symptoms (Lakshanas) were looked for as mentioned in the Samhitas. Ayurvedic examination was based on 'Darshan', 'Prashnan', and 'Sparshan' methods. The out come of the treatment was evaluated on Ayurvedic principles of **Samprapti Bhanga**. Statistical analysis was used to find out the level of confidence (P. value).

Bilwadyam Ghrutam was prepared as mentioned in **Bharat Bhaishajya** Ratnavali, vol. 3, reprinted in 1985. The ghee preparation was carried out as

mentioned in **Sharangadhara Samhita**. It contains dried kernel of ripe '**Bilwa**' fruits (Agale marmalos), '**Chitrak**' (Plumbago zeylanicum), '**Chavya**' (Piper betel leaves), and '**Shunthi**' (Zingiber officinale) cooked in water, milk and **Cow's** clarified butter.

For Preperation of formula.

Sufficient quantity of ghruta was prepared in one batch and it was stored in clean, dried, glass jars having wide mouth and air tight lids. Each child in the drug group received 5 g of ghee (one teaspoonful) twice a day after food. Ghee was administered by licking, as such with the help of a sterile spoon and without any vehicle. It was palatable.

RESULTS:

It was found out that the acceptance of ayurvedic drug by all the patients was very good and there was no incidence of rejection.

For detail of Tables & Charts may contact at email : shethss8@gmail.com



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CLINICAL EVALUATION OF "VAT HAR YOG & KATI BASTI" IN THE MANAGEMENT OF LOW BACK ACHE

Introduction:-

Low back pain is an extremely common problem of mankind. According to one study almost **80** percent of persons in modern industrial society experience back ache at some time during their life. Aetiology of low back ache may be **congenital, traumatic, inflammatory**, degenerative, metabolic neoplastic & some time referred pain from uro genital organs may be responsible for Low Back ache. Occupational improper posture is risk or precipitating factors responsible for this problem. Prolapsed disc, Ankylosing spondylitis Lumbar spondylitis are common terms which are very much popular in society. Back pain is uncommon in children but if present. It is often due to some organic disease. Psychological factors play an important role in producing back pain. In adolescent postural and traumatic back ache are commoner. In adults ankylosing spondylitis and disk prolapse are common. In elderly persons degenerative arthritis, osteoporosis and metastatic bone disease are usually the cause. Low Back Ache is very common in women due to several pregnancies, lack of exercise, nutritional deficiencies, osteomalacia, and hormonal imbalance. Most of the patients used to subside the pain with the help of different kind of pain killers. Analgesics, anti inflammatory, steroids or muscle relaxant are common drugs which are used by doctors. In ayurveda different kind of guggulu are first choice of treatment in Low Back Ache. We are

treating the Back ache under common treatment programme, detailed history and present signs and symptoms significantly help not only in diagnosis but also in proper management of Low Back Ache.

For treating low back ache comprehensive management is required.

For Comprehensive Management the drug should be VattKaphhar.

In modern terminology drug should be:

1. Anti inflammatory
2. Antimicrobial
3. Neuro muscular toner
4. Anti spasmodic
5. Mild laxative
6. Metabolic regulator
7. Immunomodulator
8. Rich in micronutrients

Keeping in mind the above components vat haryog as well as specific procedures (**Kati-basti**) were developed. **Kati basti** is process in which medicated oil is poured and made to stay over lumbosacral region within the circular boundary prepared by mashapisti (**Urad Dal pisti**). It is nothing but a modification of **snehan and svedan**. Both snehansvedana will take place simultaneously in this procedure.

Vatharyog a systemic management and Kati-basti (a local treatment) provides dual & most comprehensive therapy for the best management of low back ache.

Hence it was decided to undertake an extensive clinical evaluation study on the effect of katibasti and vatharyog on the patients of low back ache.

Ingredient of VAT HAR YOG

Aloes - 1 Part

Suranjan - 1 Part

Sunthi - 1 Part

Ashwagandha- 1 Part

Nagarmotha - 1 Part

ChitrakMool - 1 Part

SudhHingu - 1/8Part

SudhKuchla- 1/16Part

Inclusive criteria - Low back

- Ankylosing spondylitis
- Sciatica
- LumbarSpondylolysis
- Traumatic Low Back Ache
- Postural back ache
- Minimal prolapse disc

Exclusive Criteria - Neoplastic pathology

- Extensive prolapses of disc with acute weakness in lower limb

Material & Method

36 patients of the both sexes were registered for clinical trial from O.P.D of **Aggarwal Hospital, Shakti Nagar**. The criteria for diagnosis of the disease was based on the clinical symptoms mentioned in the texts. A detail history was taken. Local & System clinical examination was carried out. Through X-ray L.S spine, A.P lateral view, Lab investigations like HB TLC, DLC, ESR,S.uric Acid, Blood Urea, Serum Creatanine, Blood Sugar & L.F.T's were done. Patients were given oral Medicine VatharYog 3 gms/TDS with luke warm milk along with katibasti with MahavishgrbhTaila, once a day.

Before doing the katibasti patients were subjected to methodical and gentle Abhayanga (massage) over the affected parts. Masha pisti (black gram floor) is made into a thick paste with water and circular shape of 3" in height, 15-20" in diameter and with ½" in thickness in prepared. After the Abhyanga, the Kati Pradesha is thoroughly wiped-off with a clean dry cloth and the patient is asked to lie down on the table in prone position (face downwards). Then the circular pisti is gently transferred over the Kati pradasha (lumbosacral region). The bottom portion of the circular portion is made leak proof by using little more quantity of the paste. The selected medicated oil Mahavisgarbha Tail is then made Luke warm and poured inside the circular portion. The heat of the oil is maintained by taking out little quantity of oil and replacing the same quantity within warmer oil. This process is continued for half to one hour. After the process, the whole thing is removed and gentle massage is done again over the part.

The patient is advised to take rest and not to expose to cold weather. This treatment is carried out for **two months**. All the cases were followed up accordingly. Subjective and objective parameters were used to assess the effect of treatment.

Observations & Results:-

The results were assessed clinically mainly on the lines of symptomatology. Response of the treatment was divided into three groups viz.

- 1. Cured** – Totally with disappearance of all the signs and symptoms.
- 2. Improved** – Pain with sufficiently relieved and no existence of associated symptoms, if they exist, they are very mild.
- 3. No Response** – Pain specially, its severity was not reduced and other symptoms may also exist.

Discussion:-

LowbackAche is a disease of **tridosha** where vatadosha play an important role in the pathogenesis of the disease. **Katibasti** is a local treatment on over low back ache and is a combined process of SnehanaSvedana. It is very effective for **Vat shaman**. It gives neuromuscular tonicity and acts as anti inflammatory.

The ingredients of **VatharYog** are very potent, (**shothhar**), **Vednasthapak**, Nadibalya, Mriduvirechak, Mootral, Deepan, Pachean, Manspesisnayubalye, and vatanulamok and all the ingredient single or in combined form are being

used by most of the learned Ayurvedic Physicians throughout India. In my 37 years of clinical experience, I found Vat harYog is very effective in low back ache.

Conclusion:-

From the results of the present study on 36 cases of low back Ache. It is clearly pointed out that Katibasti when adopted along with oral medicines give significantly better results than by oral medicines alone. It has also been observed that the combination of Katibasti and medicines relieves the symptoms significantly. Hence Katibasti may be practiced as the principle treatment in cases of all types of Back Ache along with oral medication.

Re Thoughts

"You have to make the good out of the bad because that is all you have got to make it out of."

Robert Penn Warren

"In the end, it's not the years in your life that count. It's the life in your years."

Abrarham Lincoln

"Love is the greatest refreshment in life."

Pablo Picasso

"The key to immortality is first living a life worth remembering."

Bruce Lee

Presented By

Dr. Jagdish Singh

Sr. Physician, Ex. President N.I.M.A., Delhi

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'Jivantyadi Ghrith'- An Add On Therapy in Female Genital Tuberculosis -A Case Study

ABSTRACT

Tuberculosis remains the major health problem not only in India but also in world. According to WHO, one third of global population suffering from tuberculosis. **In India, about 5, 00,000 people die from TB every year.** Most of the cases of female genital tuberculosis is of human type of tuberculous bacilli i.e. 80% & about 20 % is of bovine type.

Most common age for infection is between 20 & 40 years of age, which is working population as a human resource. Recent available anti-tubercular drugs not efficiently working in different types of tuberculosis which is termed as total drug resistance. That leads to hazardous effect on individual as well as on society. It is now time essential to treat such cases obviously with anti-tubercular drugs along with effective Ayurvedic formulations.

Considering all these facts, it was decided to use Ayurvedic formulation along as an add –on therapy in such cases. In present study, Jivantyadi Ghrith of Charak Samhita Sutrasthana 8/ 111-113 was used in cases of female genital tuberculosis. It appears to be very useful by improving the immune mechanism & it reduces the adverse effects of the anti-TB drugs.

Introduction -

Female genital tuberculosis is always secondary to tuberculosis. It can be classified into two groups i.e. **Minimal** – which is symptom-less, except sterility & **Advance** – which is genital tuberculosis with palpable masses.

Tuberculosis can be correlated with **Rajyakshma** as per description found in Ayurvedic texts. Direct description of vitiation of genitourinary system is not mentioned in Ayurvedic texts. Hence possible pathological understanding should be considered according to basics of Ayurveda. In female genital tuberculosis, strotro-rodhajanya dhatukshaya observed, which leads to inflammatory changes & malfunctioning of genital organs.

Jivantyadi Ghrith of Rajyakshma Rogadhikar of Charak Samhita Chikitsa Sthana Adhyaya 8, possess the properties of Agnideepan, Aam-paachan, Strotro vishodhan & Rasayana, which helps to reverse the pathophysiology of female genital tuberculosis.

CASE HISTORY

A 30 years old female patient presented with complaints of reduced appetite, lower abdominal pain, scanty menses, burning micturition & dyspareunia during coitus since 10 years. She was a case of primary infertility and was willing to conceive right after her marriage i.e. last 10 years.

On Examination -

Ashtavidha Pariksha -

Nadi – 72/ min, regular

RaktaBhaara (B.P.)- 150/90 mm of hg

Druka - Samyak Mala – Samyak

Akruti – Madhyam, Samhat Mutra – Intermittent with burning

Jivha- Niram, Aarakta Shabda – Samyak
Sparsh – Sheet, Mrudu
Systemic Examination -
CVS – S1&S2 normal
RS – AE=BE, Clear
CNS- Conscious, Well Oriented
P/A – Soft, Lower Abdomen Tenderness +++
Review of Investigation -

a. Hystosalpingography (Dt. 29th Dec 2012)

Uterus shows deformed endometrial cavity with irregular endo-cervical canal e/o corneal block in the fallopian tubes, both tubes are irregular and shows beaded appearance which is suggestive of possibly tubercular origin.

b. Mantoux Test – Positive

c. HIV Test – Non – Reactive

d. Liver Function Tests – WNL

e. Kidney function Test - WNL

f. Hb % - 11.4 GM%

g. Blood sugar level – 90 mg%

h. Urine Routine – normal

Investigations advised –

a. Sputum for AFB – (Dt. 09th Jan 2013) – Negative

b. X ray Chest PA View (Dt. 11th Jan 2013) - NAD.

Husbands History - A 36 years male, occupationally driver having no surgical illness, no addiction of tobacco and alcohol, HIV test- non reactive and Semen analysis suggestive of normozoospermia and normal motility.

Treatment advised -

a. DOTS category I – regimen for 6 months.

b. Jivantyadi Ghrit – 10 ml along with milk two times a day after meal

Contents of DOTS (Category – I) - as per RNTCP guidelines

Contents of Jivantyadi Ghrit - all drugs in equal quantity to prepare Ghrit.

Sr. No.	Drug Name	Latin Name
1	Jeevanti	Leptadeniareticulata
2	Madhuka	Glycyrrhizaglabra
3	Draksha	Vitisvinifera
4	Kutaj	Holarennaantidysentrica
5	Shati	Hedychiumspichatum
6	Pushkarmoola	Inularacemosa
7	Vyaghri	Solanumxanthocarpum
8	Gokshur	Tribulusterrestris
9	Bala	Sidacordifolia
10	Neel Utpala	Nelumbonucifera
11	Tamalaki	Phyllanthusniruri
12	Trayamana	Gentianakurro
13	Duralabha	Fagonia Arabica
14	Pippali	Piper longum

Discussion -

Possible Effects of Jivantyadi Ghrit-

1. **Sterol** – This is chemical composition of Jivanti which reduce cholesterol. It also activates general metabolism.

2. **Glycoside** – Chemical components of Kachora, closed to aspirin which is analgesic & anti – inflammatory.

3. **Inulin** – Chemical components of Pushkarmool which is having anti – microbial action as tuberculosis is bacterial disease.

4. **Diosgenin** – Chemical components of Kantkari having anti – inflammatory action.

5. **Gentiopictin** – Chemical components of Trayaman which is gastric stimulant which modulates the appetite, also used in chronic inflammatory disease.

6. **Flavonoid** – Chemical components of **Bhuiamala** having anti – inflammatory, anti- microbial & anti – cancer activity.

7. Saponin – chemical composition of **Dhamasa** having anti- inflammatory activity. Saponin having immune stimulating activity which reduces the future risk of recurrence of mycobacterial infection.

Observations -

Patient was treated with Anti- Tubercular drugs i.e. DOTS (Directly observed treatment short chemotherapy) of category – I along with Jivantyadi Ghrit in 10 ml quantity along with milk for six months. The Patient was followed & assessed after every 15 days regarding clinical recovery. After completion of six months of clinical study following changes were observed-

a. Metabolism – Appetite improved & general debility reduced.

b. Systemic - Tenderness reduced at the lower abdomen. There is no burning micturition.

Conclusion -

Above case study shows significant clinical improvement in sign & symptoms of FGT. Jivantyadi Ghrit of Rajyakshma Rogadhikar along with DOTS (CAT –I) helpful in improving the appetite , reduces the local inflammation & improve the function of genital organ which initiates the regular & adequate menses . It also reduces the side effects of anti – tubercular drugs & ultimately responsible for improvement in general metabolism & condition of the patient.

The study further needs more research on good sample size to develop best add on therapy to reduce the long regimen of anti – tubercular drugs. So that it will improve the success of cure rate & ultimate reduction in the death rate by tuberculosis.



Plastic surgery in Medieval India

During one of his battles with the British, Tipu Sultan (1793 A.D.) the ruler of Srirangapatnam (in the present Karnataka state in South India) had, as punishment, cut the nose of 4 Indians, and 3 other Soldiers- who served in the British Army. The commanding officer of the British contingent in India chanced upon an Indian merchant who had his nose fixed after cut as a punishment for adultery. The commanding officer traced the vaidya (doctor) from Maratha (the present Maharashtra) and had him fix the noses of his Indian soldiers. This was reported in the Madras Gazetteer of 1793.

A detailed account of the reconstruction procedure was published in the October 1794 issue of the Gentlemen's Magazine published from London. Inspired by this account, an English surgeon J.C. Carpué published his experience. A German surgeon Graefe followed Carpué's example. Rhinoplasty thus moved from Maratha to Europe and has come back 200 years later as Plastic surgery in India.

- *Bhale Bharth English Monthly*

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MANAGEMENT OF TAMAKA SWASA (BRONCHIAL ASTHMA) IN CLINICAL PRACTICE

ABSTRACT

Ayurveda, the ocean of remedies serving mankind since years ago. It is a life science where the herbal, mineral and animal origin drugs are used in the therapeutics in different dosage form.

Tamaka swasa is one of the most common Respiratory disorder found in day to day clinical practice, if neglected is life threatening too. Usually it affects all the age groups and both the sex.

In the present paper an effort is made to study the management of Tamaka Swasa in regular clinical practice.

INTRODUCTION-

As you know that there are many respiratory disorders which are explained in Ayurvedic classics, viz- Kasa, Swasa, Hikka, Pratisyaya, etc. Tamaka swasa is the one of the most common respiratory disease found in day to day clinical practice. it affects all the age groups and both the sex, But it is more prevalent in school going children due to excessive exposure to pollution and cold.

To Ayurveda, Tamaka swasa is one among the five varieties of Swasa and said to be yappa in case of more than one year duration of history. In Ayurvedic classics five types of swasa are found, Mahaswasa, Urdhaswaswa, Chinnaswasa, Tamakaswasa and Kshudraswasa.

AETIOLOGY-

Ahara-

- Vata, Kapha prakopaka ahara,
- Laghu, Ruksha, Shitala, Atisnigdha, Vidhahi, Guru, Vishtambi, picchila, Abhisyandhi ahara and pana.
- Adyashana, Vishamashana.
- Dadhi sevana, Mahsha sevana, Pinyaka, Taila, Anupa mamsa, etc.

Vihara-

- **Vata, Kapha prakopaka vihara,**
- **Shita sthana nivasa**(Living in cold and clammy areas.)
- **Dhuma Rajo sevana** (Living in dusty, smoky, areas.)
- **Atiatapa and anila sevana** (Excessive exposure to hot sunrays and wind.)
- **Ati vyayama, Karmabhara** (Excessive exercise, lifting and carrying of heavy articles.)
- **Dhumapana** (Excessive smoking.)
- **Vegadharana** (Suppression of natural urges.)
- **Apatarpana** (Pasting or intake of less nutrient diet.)
- **Atimytuna** (Excessive sexual intercourse.)

PATHOGENESIS-

Vata, Kapha prakopaka ahara and vihara leads to obstruction of **pranavaha, udakavaha and**

annavaha srotas due to pratiloma sanchara of vayu along with kapha at the level of head and neck leads to peenasa and at the level of pranavaha srotas leads to Tamaka swasa.

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Aetio-Pathogenesis of Tamaka swasa.

Aetiological factors-Vata, Kapha prakopaka karana

- Pratiloma of vayu along with kapha
- Srotho avarodha
- Peenasa, gur-gur dwani and tivra swasa vega.
- leads to Tamaka swasa.

PRODROMAL SIGNS & SYMTOMS-

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Anaha, Admana, Parshva shula, Hritpida,
Krucraswasa and Shankapida.

SIGN AND SYMTOMS-

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- Brethlessness
- Peenasa
- gur-gur dwani at urdhwa pradesha
- Krucraswasa relives after expectoration of kapha.
- Relief in swasa vega in sitting position.
- Kasa(cough)
- Bhrama and Anidra
- Uchritta aksha(opened eyes)
- Lalata swedana
- Desires to take worm foods and drinks.
- Shraha shula
- Mukha shosha
- Kricra bhashitam.

Tamak swasa vega will be aggravated by cloudy, cold and rainy atmosphere, prakvayu(wind from east) and kapha vardhaka ahara.

MANAGEMENT- AND TREATMENT

The management of Tamaka swasa should be planned in the following aspects, depends on conditions.

1) Nidana parivarjana.

2) Kapha vilayana-chedana dravya prayoga.

3) Shodhana chikitsa.

4) Swasa kasa hara dravya prayoga.

5) Respiratory tonics(Rasayana yoga).

1) Nidana parivarjana- avoid vata-kapha prakopaka ahara and vihara.

2) Kapha vilayana- chedana dravya prayoga-shlka-4. Apply saindhava lavana mixed with tila taila over the chest, back and abdomen followed by nadisweda in order to thinning of kapha and for easy expectoration.

3) Shodhana therapy-

- Abhyantara snehapana- with pippalyadi ghrita, kantakari ghrita, etc.

- Virechana karma is the main line of treatment which is advised by Acharya charaka- Trivrut leha or haritaki along with yestimadhu is best for this purpose as both are virechaka and as well as kasa, swasa hara dravyas.

- In kaphadhikata, vamana is also advised before virechana with suitable vamaaka dravya.

- Navana nasya with sukhoshna gritha manda and saindhava lavana.

4) Swasa-kasa hara dravya-

a) Ekamulika single herb- Pushkaramoola, Shati, Karkatasrunji, Bhargi, Haritaki, Yastimadhu, Pippli, Haridra, Chitrakamoola, Maricha, Shunti, Kantakari, Vasa, Tulasi, Bringraj, Hingu, Yavakshara, Madhu, etc.

b) Bhasmas- Abhraka, Swarnamakshika bhasma, Srunga, Mayura piccha, Tankana, Godanti, etc. 125-500mg

c) Churnas- Srungyadi, Talisadi, Sithopaladi, Karpuradi etc. 5-10mg

d) Asava-Arista- Kanakasava, Vasakasava, Bringrajasava, Draksharista, etc. 20ml-30ml

e) Avaleha- kantkari, Chitraka haritaki, Bharangi guda, Vasavaleha, etc.

f) Vati & Rasayoga- Lavangadi vati, Khadiradi vati, Gorochanadi vati, Swasakutar rasa, swasakasa chinthamani, Trilokya chinthamani rasa, etc.

g) Rasayana yoga- Chavanaprasha, Koshamanda rasayana, Agastya haritaki, Bramha rasayana, etc.

PATHYA-

Sukoshna jala, Godugdha with shunti churna, Yava, Godhuma, Mudgha, Palak, Goats milk, Purana gritha, Worm cloths, Ushna desha nivasa.

APATHYA-

Cold water, Shita pradesha nivasa, Dadhi, Masha, Vidhahi ahara, Dusty area, Vegadharana.

CONCLUSION-

The ideal drugs to treat Tamaka swasa should possess the properties as such **Vata, Kapha hara, Kapha vilayana-chedana, Swasa-kasa hara gunas.**

In my clinical practice, have found good results with the following combinations.

1) -Sithopaladi churna -50gms.

-Karpuradi churna -25gms.

-Guduchi satva -10gms.

-Abhraka bhasma -05gms.

-Srunga bhasma -05gms.

-Loha bhasma -05gms.

2) -Rasasindura -01gms.

-Sithopaladi churan -24gms.

3) -Shudda hingu -05gms.

-Guda -05gms.

-Pippli churna -05gms.

Given in divided doses with madhu. These drugs should be advised as per **Desha, Kala, Bala, Satva, Satmya and Matra** for better health.



!!जरा विचारें!!

- मानव का वास्तविक सौन्दर्य उसके संस्कारों में दिखाई देता है।
- भौतिकता ही सांसारिक दुःखों का मूल कारण है।
- संस्कारी शिक्षा ही मानव और मानवता का भेद बताती है।
- भद्र आचरण ही शिक्षा और अशिक्षा का भेद बताता है।
- अहंकार जीवन के लिए “विश” के समान है।

प्रस्तुतकर्ता – राम ध्यान यादव “ध्यानी”



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Current Pollution Challenges & Ayurveda

Any undesirable change in physical, chemical or biological characteristic of air, water or soil is likely to have an adverse effect on the natural environment or life is termed as environmental pollution.

Types of pollution

1. Air
2. Water
3. Soil
4. Noise

Many types of disease occur due to this pollution. Such as respiratory diseases, asthma, cancer, heart diseases may occur due to **air pollution**. Diarrhea, vomiting, typhoid, kidney disorders, etc may arise due to **water pollution**. The direct impact of **land pollution** is air pollution and water pollution and the key health problems are same. Chronic exposure to **noise pollution** may cause noise induced hearing loss, cardiovascular effect and work place accident.

Ayurveda is a God gifted health science to human being. It has a huge scope to solve any type of health challenges. Pollution has been described in ayurveda under **Janapada dhwamsa** where mass of people affected at a time due to polluted air, water, land and climate changes. Janapada dhwamsa (**Epidemic**) may occur due to four types of environmental pollution.

1. **Vayu** (Air),
2. **Jala** (Water),
3. **Desha** (Land),

4. Kaala (Seasonal changes/Climate changes).

The main etiology of this pollution or Janapada dhwamsa is **Adharma** (Charak. Vimana cha 3/20). Dharma represents performing the appropriate acts which is not only propitious for mankind but also for the environment. **Adharma is where common people move away from their apposite efforts and pollutes all possible resources.**

Management:

A. In Ayurveda 1st line of treatment for every disease is Nidan Parivarjana (Removal of cause). So first we have to follow the dharma marga that is doing the right things. (To follow sadvritta/good advises described in our shastra).

B. The next line of treatment is prevention from diseases. To prevent ourselves from the effect of polluted environment a vast description is available in the name of **Dinacharya** (daily regime), **Ritucharya** (seasonal regime), and **Sadvritta** (moral and spiritual conduct related to general and social living).

Few of the common advises are mentioning here:

1. Apply simple oil (til tail/mustard oil) or medicated oil (**Anu tail/ Shavindu tail**) in each nostril (1-2 drops) before going outside.
2. Massage oil all over body before bath (especially on ear, nostril, sole and head).

3. Eat large amount of ghee (**preferably cow ghee**) up to 30 ml daily (at least 2-3 spoon) to make the body competent for fighting against polluted environment.

4. Do physical exercises as per capability (**till sweating comes from the forehead**) so that body becomes strong enough to fight from any unfavorable condition.

5. If the three basic physiological entity of body (**vata, pitta, kapha**) remain in a balance state than hardly the external unhealthy factors affect the body so in order to maintain the balance state of doshas following few rules should followed.

- Take the diet according to your appetite not more or less. i.e **moderate**
- If habituated for day sleep (**except summer season**) to break it gradually.
- Follow the seasonal **dietetic regimen**.

Winter season: Normally appetite increases in this season so we should take **madhura, aml** and **lavana** and heavy diet like **malpua, halwa, ghewar** or **milk** products etc.

Spring season: One should take **light** diet, take **bitter** eatables and do **exercise**.

Summer season: Take **sweet & cold** eatables, **liquid** and **unctuous** diet. **Avoid** sour, salty, spicy diet and heavy exercises.

Rainy season: Take **honey** in diet; **prefer sour, salty and unctuous** diet. Avoid heavy exercise.

Autumn season: Take **light** diet preferably sweet and **mild bitter** whenever feel **hungry**, **avoid** spicy food.

If someone follows the above regimens they are hardly affected by any environmental changes and if affected it will be of mild nature.

C. It is to manage the ailment caused by pollution. Primarily is a need for purification of the whole body by **Panchakarma Therapy** for expelling out toxic materials. After purification the body should be supplemented with **Rasayan Therapy** i.e daily intake of **Rejuvenating** and **Antioxidants** drugs (herbs/drugas) like **Amlaki, Haritaki, Shatavar, Shilajeet, Giloy, Ashwagandh, Tulsi, Haldi, Honey, Milk, Takra (Chhach), Chavanprash** etc. & described Ayurvedic formulae (Yog) accordingly. also yogic deep breathing exercises & meditation **Pranayam** are other essential remedies to enhance lungs' vital capacity & body's deteriorating immunity.



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Award ! Best Article

Based On Content, Clinical Research Study & Practical Significance

CONGRATULATIONS

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"Low Back Ache Katishula & Its Possible Treatment Kati Basti"

2014-15 :

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"Ayurvedic Management of Accidental Intracerebral Haemorrhage"

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Pratishyaya (Rhinitis)

In the last 50 years world has witnessed lot of climatic changes causing number of diseases specially respiratory classified as upper and lower pulmonary disorders.

A major troubling one of upper respiratory tract is **Pratishyaya** (Rhinitis). Although its a disease which doesn't come in a severe category but it hampers daily activities.

Pratishyaya means the one occurring time and again. This term split into, "**Prati**"-meaning abhi mukha i.e. towards and "**shyaya**" means moving or flowing. The combined word is explained in vighraha vakhya as $\frac{1}{2} \text{fr} \{k \text{ le} \sim'; ; \text{krsbfr i fr}'; k \frac{\%}{2}$. Continuous secretion from nose is known as pratishyaya, getting precipitated due to etiological factors in chronic course equally victimises the immunity badly.

Characteristics of Pratishyaya-

Nasal discharge,
Nasal blockage,
Headache,
Continuous sneezing,
Heaviness in head .

Any disease which if left untreated leads to chronicity which later on turns difficult to treat in the same way if Pratishyaya is not treated in time it leads to severe disorders like asthma etc.

Pratishyaya is a **Vata-Kapha** predominant Tridoshaja disease which is considered to be of five types.

Pratishyaya can be co related to Rhinitis explained of Modern Medicine.

Rhinitis means inflammation of the lining of the nose. Defined clinically as symptoms of running nose, itching, sneezing and nasal blockage (post nasal drip (congestion).

Rhinitis is defined as having two of the listed symptoms for ≥ 1 hour/day for ≥ 2 weeks

- Blockage
- Running (including postnasal drip)
- Sneezing (including nasal itch).
- **Allergic rhinitis:**
 - Is common
 - Diagnosed by history and examination, and should be backed up by specific allergy tests where identification of specific triggers will enable avoidance or affect choice of treatment
- Non-allergic rhinitis:
 - Has a multifactorial aetiology
 - May be a presenting complaint for systemic disorders such as Wegener's granulomatosis, Churg-Strauss syndrome and sarcoidosis.
- **Infective rhinitis:**
 - Caused by viruses, and less commonly by bacteria, fungi and protozoa
 - Is often more severe in allergic patients especially if infection occurs at the time of allergen exposure

Similarity in Etiological Features of Rhinitis & Pratishyaya

Rhinitis

Inhalation of airborne particles such as dust mites, pollen etc.

Ingestion of certain foods such as chocolates, citrates, strawberry, eggs;

Bathing with cold water

Climate change

Pratishyaya

Rajah Sevana
(Exposure to dust)

Vishamashana,
Excessive intake of
Guru, Sheeta,
Madhura substance

Ati jala krida

Rituvaishamya

Similarity in Clinical Features of Rhinitis & Pratishyaya

Rhinitis

Nasal Obstruction

Itching in the nose

Watery nasal discharge

Paroxymal Sneezing

Vaccum Headache

Hoarseness of Voice

Dryness of throat

Pratishyaya

Anadhha Nasa
(Nasal obstruction)

Pihita Nasa

Tanu Sravaprvartnam

Kshavathu

Shankh Nistoda

Swaropghata

Gala, Talu, Osth Shostha

Management of Treatment

1. **Nidaana Parivarjan** (Avoidance of Etiological Factors)
2. **Sodhana chikitsa** (Treatment)
3. **Shamana chikitsa** (Treatment)

1. **Nidaana Parivarjana-** To avoid the factors that cause the recurrent attacks is the first and the foremost treatment of any disease. In the case of Pratishyaya it is required to avoid factors that could trigger the attack like Dust, Climatic changes, Sudden change in Weather, Food items, Stress etc.

2. **Shodhana Chikitsa** - A disease occurs again and again if the vitiated doshas have not been cleared out completely. When doshas resides in the body they remain there in latent stage and gives rise to disease again when they come in contact with aggravating factors.

NASYA is also one of the treatment for medicated from of oil/power ghrut/juice instilled in Nostrils required.

Useful preparations -

1. Anu taila
2. Shadbindu taila
3. Brahmi taila
4. Go-Ghrita etc.

3. **Shamana Chikitsa-** Shamana Chikitsa means the procedures or medicines involved for alleviating the symptoms of any disease. Many Preparations have been mentioned in Ayurvedic texts for Pratishyaya. Although Ayurvedic treatment depends more on the Prakriti of the patient and the vitiation of Doshas but some preparations which are time tested and are frequently used in patients are-

1. **Agastya Haritaki**, 2. **Chitrak Haritaki**
3. **Chaturshna churna**, 4. **Vyagree Haritaki**
5. **Triphala churna**, 6. **Trayushna churna**
7. **Tribhuvan kirti Rasa**, 8. **Laxmi vilas Rasa**
9. **Nardiya** 9. **Amritarishta**, 10. **Shirishasava** etc.

^LoLEK; f=mi LrEH%vlgj%çāp; Zp funk* & vk qñ vuq kj ^LoLEK* ds rhu mi LrEHk (Pillars) :-
vlgj (Seasonal Diet), çāp; Z(Disciplined Daily Schedule), ñe funk (Sound Sleep)

*Amrud (Guava), Madhu (Honey), Papita (Pappaya), Ushn Jal
(Boiled Water), Ispgoal (Grains of Ispgoal)
Are Few Of The Best Anti-Oxidents*

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Aroma Therapy

♦ Dr. Manju Aggarwal

Literally, Aroma means fragrance or sweet smell. Therapy means the healing art. It means the healing art of diseases with fragrance or healing with essential oils. Aromatherapy has been around and has been practised in one form or another since the beginning of civilisation. The Egyptians, the

Greeks, the Romans, the Americans, the French and the Indians used essential oils perfumes, scented oils made from herbal plants. The Father of Medicine Hippocrates recommended essential oil massage as a therapeutic regimen. Cleopatra, ruler of Egypt at the time of Roman expansion, bewitched Marc Antony through her artistry with perfume. The modern father of Aromatherapy is considered to be Dr. Rene Maurice Gattefossé, a French Chemist. One day when he suffered a severe burn from an explosion in his lab, he quickly put his hand into a container of lavender oil. He was surprised to see its amazing result. His pain decreased immediately. Rapid

healing took place with no scarring. The use of aroma therapy is increasing day by day and the therapeutic value of essential oils is gaining good name and fame. It is the art, and science, of using oils extracted from aromatic plants to enhance health and beauty. Aroma Therapy acts in accordance with holistic principles, affecting body, mind and soul.

Essential oils are the aromatic or volatile constituents found in plants. They can be derived from all parts of the plant. The flowers produce essential oils that have sedative and relaxing effects on the body. They

flowers, herbs, spices, woods and fibers, usually by distillation, expression and solvent extraction. Solvent extraction is only acceptable for aromatherapy if the solvent used is completely removed after the manufacturing process. The most popular method of extraction nowadays is distillation. The oil-bearing parts of the chosen plant, for example, the flowers and leaves, are packed into a distillation vessel which is then closed and boiled with water. The boiling water causes the oil cells to burst. The oil and water separate and the essential oil can then be drawn off. There are different methods of distillation, including steam, and dry distillation.

An Essential Oil is: 1 Thing and watery rather than oily, 11 Swift to evaporate and it won't leave a grease mark on paper. Over powerfully scented when neat, which can be quite unpleasant. Perfumed oils will always smell pleasant, whereas essential oils often have more of the effect of smelling salts. All essential oils fall into three basic categories:

Storing Essential Oils: Because essential oils are affected by sunlight they should be stored in dark glass bottles, with stoppered caps. Make sure that the cap is on securely and the bottle stored up-right in a cool dark place. The oils should be stored out of sight and the touch of children. Remember that children, especially small ones, are very inquisitive. Never store essential oils in plastic bottles. Good Essential oils should keep for several years if properly stored, though the oils of orange, lemon and lime will not keep as long. Patchouli is at the other extreme and actually gets better as it ages.

Mixing Essential Oils: It is strongly recommended that you use a dropper so that you can measure the actual number of drops easily. Use a different dropper for each oil to avoid cross contamination.

The droppers should be in different sizes according to the viscosity of the different oils.



produce no harmful side-effects when properly administered. Apart from the physical benefits, essential oils can have subtle effects on the mind and emotions. The essential oils taken from plants and used in Aromatherapy have been described as their "life force" they are essential to the plants' biological process, as well as being the substance which gives them their scent. Synthetic oils, even if chemically similar, will lack all the natural elements, and that vital life-force, that makes essential oils so valuable therapeutically. Another reason why synthetic oils are not acceptable is that the minor constituents are never identical.

Essential oils are extracted from

Carrier Oils: Pure Essential Oils are mostly too strong and concentrated to be used directly on our skin. So they should be diluted with carrier or base oils so that they can be rubbed or massaged onto the skin. Essential Oils can be very expensive and will not go very far when full strength, but will cover a large area when diluted and will be just as effective.

Carrier Oils are always vegetable in origin. They should be natural, unprocessed, oils which have not been treated with chemicals. Also the oils which themselves have no, or a minimum of, aroma of their own are more suitable for Aromatherapy, to allow the Essential oils themselves to work properly.

A few of Carrier Oils are listed below:

Sweet Almond: The first choice of many aromatherapists as it is good for all skin types. The best quality oils is cold pressed and filtered. Almond oil diluted with 10 % of Avocado or Wheatgerm (unless the user is allergic to wheat) is good for people with dry skin, and can help relieve itching, soreness and dryness.

Grapeseed: A good second choice carrier especially for those whose skin seems not to absorb other oils very quickly. It does not leave a greasy feeling to the skin after application. Grape seeds are washed, dried, ground, and pressed with the aid of heat and sometimes refined. Heat is used because the seed has only 13% oil in it.

Olive: Used in a 10% dilution, for rheumatic conditions, hair care and cosmetics.

Soya: Can be used 100% on all skin types. Rich in lecithin and one of the few foods to have all 22 health giving amino acids and Vit A and B complex. The down side is that Soya is liable to oxidation and can cause acne, allergic reactions and hair damage.

Sunflower Seed: Can be used 100% Organic oil is cold pressed. "Kitchen" oil is probably solvent extracted and is not recommended

for aromatherapy/massage.

Coconut: Usually deodorised for use in aromatherapy, coconut oil can aid tanning and is reputed to filter the sun's rays. Can cause a rash on some people.

Calendula (macerated): An infused oil. This Oil has an anti-inflammatory, antispasmodic, vulnerary (aiding healing of wounds) effect and so is very useful in its own right. The addition of essential oils enhance the effects of the oils together, (a synergistic effect). It also blends well with Hypericum.

Baths: Using oils in baths is a simple, effective and pleasant way to relax and receive the therapeutic effects. Water itself has therapeutic value which enhances the powers of the oils. To use add 6 to 10 drops of essential oil, (or a blend), to the surface of the water which has already been run, add no other substances, e.g. foam or bath oil, then immerse yourself for about 20 minutes, whilst you inhale the vapour. (Again reduce the amount of oils used in baths for babies). Take care with plastic baths as some oils may cause staining.

Vaporisation: All essential oils are antiseptic and evaporate easily, so they make very good air-fresheners. Different oils create different atmospheres. For example, relaxing Sandal wood or Clary Sage is good for parties; or Peppermint clears your mind when you need to work.

Perfumes: Make your own distinctive "Natural" perfume by blending different oils. (Many commercial perfumes use synthetic concoctions for their scent.) Try experimenting with different combinations, which can be mixed with a carrier oil or nonfragrant alcohol.

A few Oils and their usage are mentioned below:

Lavender Oil: It is the most important essential oil. Everybody should keep this oil with him as a first aid kit. In long journeys when we are tired and stressed, it relaxes us. It is very useful in burns, fevers, spider and snake bites, bee and wasp stings. It is antiviral and anti-inflammatory. It is

beneficial in treating rheumatic pain, muscular pain, lumbago and cervical spondylitis. It boosts immunity. It is used in treating headaches especially sinus headaches. It is also used in treating high blood pressure, nervousness, depression, and insomnia. It can be used in treating urinary tract infections in males and females. It can be added in water when taking Site Bath. It is beneficial for Athlete's Foot, and various skin problems. It is a very beneficial remedy for colds and respiratory diseases like bronchitis.

Bergamot: Relaxes and refreshes and is good for confidence building. Uplifts the spirit and emotions with its delicious fresh and invigorating citrus fragrance. Useful for caring for oily and blemished skin. Lovely light citrus aroma. Use in vaporiser to disperse unpleasant odours. Do not apply to the skin before going out into the sun it can increase the susceptibility of the skin to sunburning.

Calendula: Good for skin infections, wounds, rashes, bites and inflammations. Also used for other inflammations, e.g. hemorrhoids and rheumatism.

Camphor White: Can be used to care for oily or spotty skin and also as an insect repellent. Also used in detergents, soaps, disinfectants, deodorants, room sprays etc.

Cardamom Seed: The sweet, spicy, warming fragrance of cardamom has been enjoyed since the days of the ancient Egyptians, who used it as a perfume and incense. It can be used as an aid to digestion and makes an excellent bath oil as a tonic which refreshes and invigorates. Also use a lot, sparingly, in cooking and also perfumes.

Celery Seed: A sweet spicy aroma. It may stimulate milk flow, balance hormones, relieve liver and elimination system problems.

Eucalyptus: Powerful antiseptic, widely used in baths and massage during the cold season. Blend oil in chest rubs and use in a vaporiser to keep air germ free in sick room. ●



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i kDrkLrTt SjDrknefLrykAA** Hk iz

Plant

Parts In Use : Seed / Oil & Whole Plant

Types : Black & White. Both are same but black contains more of calcium mostly used in havan samagry.

Chemical Composition

Rich in Vit E, Vit K, Vit B6, Mg, Cu, Fe, Zn & Calcium.

Uses : It is Vatahna & Kaphana but slightly raises Pitta.

Balya: Generates strength to bones, muscles & hairs so used for massage in **Panchkarma Therapy**.

Agni Pachak : Improves digestion and a good laxative

Medya : Calms mind, induces sound sleep, improves intellect.

Twachya & Varansodhan : Til Oil & Paste is used for healing skin wounds by moisturizing and softening.

Dantya : For dental pain, swelling, mouth ulcers by means of chewing & applying paste on affected tooth as well as mouth wash (**Gandush**).

Amenorrhoea : 3 t.s.f seeds soaked in glass of hot water overnight separated in the morning and mixed with 3 t.s.f of gur (Jaggery) made into a paste taken two times every day for a week before due date gives encouraging results.

Enema : Til oil for vatic purgation in Ascities.



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Endoscopic treatment of common bile duct stones

Unlike stones in gall bladder which gives rise to recurrent Biliary pain of benign nature, stones in common bile duct (CBD) can lead to life-threatening complications such as cholangitis and acute pancreatitis. Hence, once detected, it should be managed urgently. **Ultrasonography (USG)**, the most commonly used investigation used to detect CBD stones can actually visualize stones in only about **50%** cases, although dilatation of bile duct to a diameter greater than **6 mm** is seen in about **75%** of cases. Hence USG can confirm or suggest CBD stones but cannot exclude CBD stones. Abnormal liver function tests have a high sensitivity (94%) in detecting CBD stones. Recently available tool, endoscopic ultrasound (EUS) has sensitivity and specificity rates of about 98% in detection CBD stones. **Endoscopic retrograde cholangiopancreatography (ERCP)** is the standard method for diagnosis and therapy of CBD stones. Patients with common bile duct (CBD) stones have traditionally been referred for surgical exploration of the CBD but this procedure is not without risk, particularly in elderly patients or those with major medical comorbidities. **Endoscopic treatment by ERCP carries less mortality and morbidity, hence preferred.**

If CBD stones are detected before cholecystectomy, an acceptable approach is to clear the bile duct by ERCP and then proceed with laparoscopic cholecystectomy. Although an alternative approach

by laparoscopic cholecystectomy and laparoscopic bile duct exploration via either a transcystic duct approach or direct incision of CBD is an option, it is technically demanding. If CBD stones are detected after cholecystectomy, it is best managed by ERCP.

The standard method for stone removal is **endoscopic sphincterotomy** followed by stone extraction by balloon or basket. With this approach more than **80%** of stones can be removed successfully. Larger stones defined as more than **1.5 cm** in diameter may require additional techniques which increase success rate of up to 95%. One such technique is mechanical lithotripsy, in which the stone is captured in a specialised large basket and crushed. The fragments are then removed using standard techniques. Another form of lithotripsy is **intraductal lithotripsy**, which is performed by passing laser or electrohydraulic catheters into the bile duct. The stones are fragmented under direct endoscopic visualization using a **transpapillary choledochoscope**. There are different types of cholangioscopes including recently developed Spyglass system by which CBD can be visualized directly and lithotripsy can be done. Biopsy can also be taken by this in case of malignancy. Direct visualization is necessary to ensure that the lithotripsy device is directed at the stone and not the bile duct wall. The stones can also be fragmented by **extracorporeal shockwave lithotripsy (ESWL)**. More recently,

the combination of **Biliary sphincterotomy** and large-diameter (> 12 mm) balloon dilatation has been used to remove large stones and decrease the need for mechanical lithotripsy. If stones cannot be removed due to any reason, a **Biliary stent** is placed to relieve the obstruction. These stones are managed by other different techniques or surgery afterwards. The reason for failure could be **large size of stone, bile duct strictures, unusual anatomy, and**

calculi beyond reach of the wire basket. If patients present with cholangitis or pancreatitis then these complications are managed medically by antibiotics and other supportive measures and stones are extracted at appropriate time. These procedures do carry some complications, mainly **pancreatitis, bleeding and perforation.**

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PILONIDAL SINUS

What is it ?

Pilonidal means a 'nest of hairs'

It is also called sacrococcygeal fistula.

It is almost always located near the tailbone.

It is an abnormal pocket in the skin that usually contains hair and skin debris

If It gets infected & may show itself as an abscess which may be very painful, this should be immediately drained surgically.

Who are the patients ?

- Common among hairy young males with excess sweating & dipping hips.

- People who sit for prolonged periods of time, such as truck drivers, call centre employees, e workers with long continuous hours on computer, are at higher risk of developing a pilonidal sinus.

- It may also be seen in the skin between fingers in barbers, dog groomers and sheep shearers.

What patient complaints of :

1. Pain
2. Reddening of the skin
3. Drainage of pus or blood from an opening in the skin
4. Foul smell from draining pus

• Causes :

1. Obesity
2. Inactive lifestyle
3. Occupation or sports requiring prolonged sitting
4. Excess body hair
5. Stiff or coarse hair
6. Poor hygiene

Treatment :

The initial treatment for an infected pilonidal sinus is usually a procedure that can be performed in doctor's office. After numbing the area with an injection, a small incision is given to drain the abscess.

After the abscess has healed, doctor may choose to :

- 1) Excise then sinus and Leave the wound open. This process results in a very long healing time but has no risk of recurrence.
- 2) Excise the sinus close the wound with stitches. While the healing time is shorter with this option, there's a very high risk of recurrence.
- 3) These days the disease can easily be treated by injecting and packing the wound with new proteolytic enzymes with growth factors.

The healing is faster, cost effective and can be done in surgeon's office.



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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

- Cytoscopy, 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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RECENT DEVELOPMENTS

India's medical pluralism has huge potential

To be accepted the world over, traditional medicine needs to be judged by the same standards as modern medicine

Shailaja Chandra

Prime Minister Narendra Modi was speaking at the recent International Conference on the Frontiers of Yoga, held near Bengaluru, where he uttered words no one, certainly no PM, has had the courage to speak from a public platform. "We must also apply the techniques and methods of modern science, to test and validate results, assure quality and explain benefits," Modi said before a community of traditional medicine experts and practitioners who had come expecting to hear hosannas in their praise.

He was right. To be a believer and a proponent of traditional medicine is one thing and to get the world to believe in traditional healing is another. In the absence of any tools of measurement, medical claims require proof of safety and effectiveness of outcomes judged by the same standards of research methodology and analysis as set out for modern medicine.

Ayurveda and two other traditional medical systems — Unani and Siddha — have been an undisputed part of India's approach to medical pluralism for centuries.

These systems have been recognised for the grant of medical degrees from 1970 and their medicines have been licensed under the Drugs and Cosmetics Act 1940. Taken together with the drugless therapies of yoga and naturopathy this group totals more than the entire allopathic fraternity presenting a powerful political constituency with direct influence on the community they serve. In 1983, the then PM PV Narsimha Rao, announced the setting up of a new ministry for ayurveda. After encountering bureaucratic resistance he agreed instead to carve out a separate department within the health ministry.

But the new department was not taken seriously by the ministry or its flagship institutions. In 2014, the department was re-christened, as the independent ministry of AYUSH but so far little has changed for the consumer.

And one morning Modi put his finger on the main reason for not gaining primacy, something that traditional medicine proponents have refused to confront for decades: The need to be judged by biomedical standards the world accepts.

Having said it the PM must do more. First, he should direct the CSIR, S&T, DRDO, ICMR and AYUSH to pool funds to promote high-quality clinical research on just 10 therapeutic procedures and formulations that are recognised to have the highest potential for success.

Second, he should direct the health ministry to put signages in clinics and government hospitals seeking volunteers for identified research projects where all costs would be borne by government.

Third, he should dispel the confusion around the prescription of ayurvedic drugs by modern medicine doctors. When all herbal medicines are sold over the counter, why haul up allopathic doctors for prescribing even garlic capsules?

India is sitting on a gold mine of knowledge and experience. Instead of using it to benefit humanity, traditional medicine educationists and practitioners are waiting for their day of recognition. The only way that can happen is if they validate knowledge using the tools of modern scientific research.

Shailaja Chandra is former chief secretary, Delhi

The views expressed are personal

Health minister wants focus on Indian traditional medicine system

HT Correspondent

scs@delhi@hindustantimes.com

NEW DELHI: With an aim to promote the Indian traditional medicine system at a grand level, union health minister JP Nadra asked the Indian Council of Medical Research (ICMR) to focus their research on the subject. "We have a vast knowledge and this needs to be incorporated in a holistic manner. ICMR need to go for cutting edge research and attract the best talent in the country which would be dedicated to research," said Nadra.

The health minister was speaking at an ICMR function held at the All India Institute of Medical Sciences to felicitate 43 scientists. The scientists were awarded for their work in various areas including communicable and non-communicable diseases, maternal and child health and various other medical and bio-medical fields.

The minister also asked ICMR to list at least 10 major challenges in the field of healthcare in India and find solutions to them. "These suggestions will enable healthcare to become holistic and truly meaningful," he said.

Last year, the ministry of health and family welfare had turned its department for Ayurveda, Yoga, Unani, Siddha, Homeopathy (AYUSH) into a full-fledged ministry that is being headed by minister of state (independent charge) Sripad Yessu Naik.

The aim is to boost research and promote Indian traditional system of medicine and healing. Talking about the felicitation of ICMR scientists, Nadra said, "The awards will boost the morale of the recipients and inspire other scientists to consistently work towards making innovations more affordable." "There are currently 32 research institutes under ICMR across the country and another state of the art institute is soon to come up for research on animals in south India.

MOVING NEWS

YOUR JOB COULD BE MAKING YOU PUT ON WEIGHT

Your job could be having an effect on your waistline, suggests a new study published in the journal *Social Science & Medicine*. Control in your job can come in two broad forms: skill discretion (having and being able to apply skills) and decision authority. Having skills and the freedom to use them at work is linked to a lower body mass index (BMI), whereas needing to make a lot of decisions is linked to obesity, the study suggests.



EXERCISE MAY HELP WARD OFF MENTAL DISORDERS

High or mild levels of physical activity, and exercise performed in leisure time, can help prevent mental disorders, a new study has found. The study conducted by researchers from Faculty of Sciences for Physical Activity (INEF) and Sport at Universidad Politécnica de Madrid (UPM), in collaboration with the European University (UEM), found that the level of exercise performed in leisure time is inversely related to vulnerability to mental disorders. The study population was between 15 and 74 years old.



SLEEP APNEA RAISES RISK OF GOUT

Sleep apnea raises the chances of developing gout, a painful disease of the big toe and other joints caused by elevated levels of uric acid in the blood. After a year, people with sleep apnea (paused or interrupted breathing during sleep) were found to be about 50% more likely to have had a gout attack. The risk remained irrespective of gender, age or obesity. The study was done on 9,865 people with sleep apnea who were compared with 43,588 healthy controls. Treating sleep apnea may help reduce gout attacks, said the study published in the journal *Arthritis and Rheumatology*.



ANTIBIOTICS MAKE CHILDREN GAIN WEIGHT?

Children who take antibiotics in early childhood gain more weight than those who don't, found a large study of electronic health records of 1,42,824 children between the ages of 3 and 18 years. The more the doses and the longer the exposure, the more likely they are to gain weight and retain it over time, report researchers from the Johns Hopkins Bloomberg School of Public Health in the *International Journal of Obesity*. Most lost the weight they gained after the use of antibiotics was stopped compared with children who did not take any antibiotics.



BREASTFEEDING REDUCES BREAST CANCER RISK

Women who breastfeed may have up to 20% reduced risk of developing an aggressive form of breast cancer, according to a recent study published in *Annals of Oncology*. Hormone-receptor-negative (HRN) breast cancers are more likely to be aggressive and life-threatening. This subtype is more commonly diagnosed in women under age 50. Apart from women with BRCA1 gene mutation, others at risk of HRN breast cancer are those who are obese and have had multiple early pregnancies. Furthermore, women with these multiple risk factors are least likely to breastfeed.



HIGH-FAT DIET MAY LEAD TO DEPRESSION

Eating healthy and cutting back on high-fat food can lower anxiety and symptoms of depression. While a high-fat diet creates measurable changes in the brain and causes anxiety and depression, these changes can be completely reversed to lower symptoms, report researchers in the *British Journal of Pharmacology*. The normalisation of metabolic parameters helps in achieving remission, particularly in depressed patients with type-2 diabetes, found the study.



CHINTAN

OBSTACLE ↔ OPPORTUNITY

Dear Doctor,

This old philosophical saying is always an inspiration.

For holistic health, Ayurved text books have enough of spiritual explanations as basic fundamentals.

For centuries the Indian medicine has remained the only national health care system although still practised in rural & semi urban areas while gaining acceptance as well as recognition in cities & metros on proven scientific grounds.

*My esteemed colleagues, earlier our community seniors presumed that for surviving well, practice of Ayurveda was difficult, an uneasy task and felt it an **Obstacle**. So adopted allopathy medical system as the main mode of treatment. Well they earned very good lively hood may be at affordable rates. Simultaneously they didn't do justice to their own in terms of promotion, research & development. May be the practitioners lacked in professional teaching, training & themselves. That's why today in medical society we are more of surrogate physicians.*

Salute with regards to practitioners of exclusive ayurveda, ayurvedic pharmaceuticals and department of AYUSH for keeping alive and aloft ayurveda as main pathy not as alternate medicine.

*Dear friends specially the young doctors! remember that no medical system is complete thus supplementation is required at times but not always. Now the **Opportunity** has emerged to break past that tradition and take u turn for achieving professional excellence & honour.*

*Kindly follow the teaching principals of **Guru - Shishya** parampara (Master Scholar pattern) but not merely **Aapto-Updesh** (Oral Teacher Preaching). Logical reasoning augmented with clinical application is the need for scientific accreditation for acceptance of Ayurveda and the doctors nationally & internationally.*

*Let us proceed to a new era. All the best. **Happy New Year 2016***

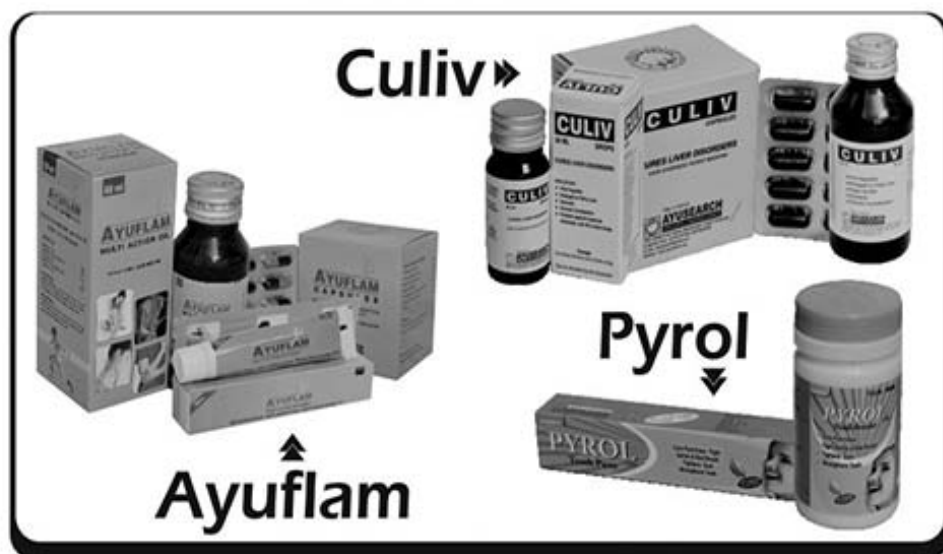
*Warm Wishes. **Dr Dinesh Vasishth***

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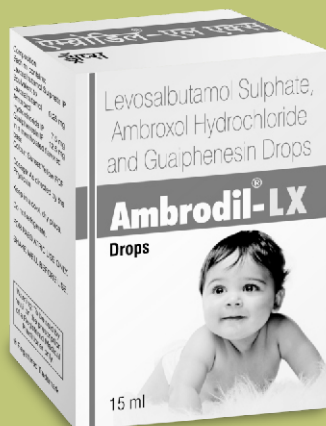
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