



### Editor's Desk

Dear Doctor

Beginning with a write up of brief & precise re-introduction on India's conventional medical systems as main healthcare duely codified by **A.Y.U.S.H**; significant role of ayurved in checking care of growing dreadful cancers (**Arbud/Granthi**); clinical comparative analysis of herbo-mineral preparation **Godyantyadi** syrup for post-surgical headache with encouraging out come; for attaining reasonable height among children the appropriate combination of **Ayurved**, **Yog** and **Naturopathy** is the scientific answer; soothing & satisfying solution for disturbing Vitiligo (**Kilas**) by ancient health management.

Emergency protocol for **Retrograde Intubation**; age-old usage of coconut (**Naarikel**) as medicine and home remedy; therapeutic advantages of **Panchkarma** for modern day mental illnesses; **Agnikarma** a unique surgical therapy for painful conditions of joint (**Sandhi**), tendon (**Snayu**) and bone (**Asthi**) are some of the interesting topics.

Before concluding I regret & feel sorry to esteemed regular readers of magazine Gurukul's C.M.E. as last issue no 2 of Vol. 3 was not published due to unavoidable circumstances.

Thanks.

With Regards

C

Dr. Dinesh Vasishth

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

### **Contents**



Indigenous Medicine in India	Ms. Shailaja Chandra	3
A Review on Neoplastic Diseases and the Role of Ayurveda as an Integrated Care of Cancer	Dr. Yogita Bisht	8
Clinical Compatitive Study Of Efficacy Of Godantyadi Syrup In Pdph (Post-Dural Puncture		
Head Ache) Compared With Paracetamol	Dr. Rashmi Bhise	11
बच्चों की लम्बाई बढ़ाना	डॉ. भारत सिंह 'भरत'	19
Review On Vitiligo: A Challenging Skin Disorder	Dr. Shalini Prakash	23
"Can't Intubate, Can Oxygenate Scenario"		
Retrograde Intubation	Dr. Dipak Poman	26
Naarikel	Dr. R. K. Soni	29
State of Mind According to Ayurveda	Dr. Neeraj Jaswal	30
" Agnikarma "An Introduction	Dr. Preeti Chhabra	33



### TARIFF FOR ADVERTISEMENT

Per Issue One Page **BLACK & WHITE** Insertion Rs. 5000/-

### **COLOURED INSERTION**

Last Covering Page Rs. 9000/-Inner Covering Page (2nd Last) Rs. 7000/-

### 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 September, 2016

At gurukulscme@gmail.com www.gurukulscme.com

Gurukul's C.M.E, A Quarterly Magazine is printed at Param Offsetters, A-9, Okhla Industrial Area, Phase-I, New Delhi-110020 & Published from: 326, Sant Nagar, East of Kailash, New Delhi-110065. Mobile: 08800675116

Designed By: V. V. Photo Design Prints, Mob.: 9811080157, Owner, Publisher, Printer & Editor: Dinesh Vasishth









# "CONGRATULATIONS" FOR

2nd INTERNATIONAL YOGA DAY
The Prime Minister of India



Hon. SHRI NARENDER MODI JI &

Respected Shri Shripad Naik Ji



A.Y.U.S.H. MINISTER

Please Declare!

'NATIONAL AYURVED DAY'





**Ms. Shailaja Chandra**Former Chief Secratary
Govt. of NCT, Delhi

### Indigenous Medicine in India





Country's first Ayurvedic college started in 1889 at Thiruvananthapuram (Ernakulum) in Kerala

Indigenous medicine denotes the use of traditional

health practices by people in different cultures. While the effectiveness of such knowledge and healing skills is generally inexplicable in terms of cause and effect, traditional medicine continues to be accepted for a variety of reasons. From 2010 to 2013, I was commissioned to write two reports on the Status of Indian Medicine and Folk Healing for the Ministry of Health & Family Welfare. This gave me an opportunity to travel to all parts of the country and observe how three indigenous medical systems in particular had developed over time, besides other tribal and folk healing practices. Ranging from well-equipped National Institutions and highly sought-after hospitals and medical colleges for Ayurveda, Unani and Siddha medicine, to the healing practices of a wide variety single practitioners, traditional healers and bone-setters, my study was facilitated by the state Governments but I had the freedom to select whatever I wished to see. These two paradigms represent two entirely different approaches to indigenous medicine.

The first consists of three codified systems of medicine, firmly locked by complex concepts and elaborate treatises. So impressive is the array of this knowledge that six patent offices in the world have treated the stanzas scanned from the ancient texts to be evidence of "prior art" which had been in the public domain for centuries. India's Traditional Knowledge Digital Library which is available to patent examiners in six UN languages enabled patent examiners to reject patent claims by referring to the textual evidence rendered into a patent compatible format. Over the last decade hundreds of patent applications have been successfully foiled because the World Intellectual Property Organisation has accepted that the description of plants and diseases given in the ancient Indian texts is clear evidence





### •

### **GURUKUL'S C.M.E.**

of the knowledge having been in the public domain and in use for centuries.

India is thus the fountainhead of codified indigenous medicine. Ayurveda, which accounts for some 85% of this sector is practiced throughout the Indian subcontinent and is based upon the balance of three doshas (vaata, pitta and kapha) and the certainty that it is the imbalance between the doshas which is the root cause of the disturbance which then manifests as illness. India is perhaps the only country in the world which recognises four drug-based systems under the Drugs and Cosmetics Act. A separate chapter in the Act regulates the licensing and manufacture of Ayurvedic, Unani (a system which had its origins in Yunaan or Greece) and Siddha medicine – (based on another ancient system but confined to Tamil Nadu and parts of Kerala.



Choudhury Brahm Prakash Hospital and college at Kheda Dabur in Delhi

The practitioners of these three systems undergo a five and a half year degree course which is governed by registration requirements exactly at par with those set out for allopathic doctors by the Medical Council of India. Homoeopathy, though a system of German origin, is also regulated by independent statutory bodies which govern education, practice and drug manufacture. Taken together with Yoga and Naturopathy (which have no texts or drugs but which greatly enhance good health,) the group of six is widely known by the acronym AYUSH.

In 1970, the Government enacted a law that created a body for regulating medical education for the AYUSH sector, making college education with a common syllabus and examinations mandatory. The Act did however permit traditional healers who had



The National Institute of Unani Medicine at Bengaluru

passed specified examinations prior to a cut-off date to diagnose, treat and medicate individuals who chose to consult them. Many such non-institutionally trained practitioners are no longer alive today. Their progeny, students and unfortunately a few self-styled practitioners continue to treat patients although the law does not recognise such practice. Due to poor enforcement of the law in many parts of the country, unscrupulous quacks claiming to practice indigenous medicine have often cheated unsuspecting patients, thereby bringing a bad name to the sector and its practitioners.

The hope that laws and institutionally qualified practitioners can stop medical malpractice does however risk losing the last vestiges of classical Ayurveda in its purest form. The Ashtavaidyas of Kerala are an institution in themselves. They are families of highly respected Brahmin scholar physicians who hail from a long lineage of vaidyas who have undergone rigorous scholarship and apprenticeship. That kind of Ayurvedic education once had three distinct parts – five years of textual study in Sanskrit, followed by five years of learning about medicinal plants in the forest, and finally five years of apprenticeship under a guru who tested a student's perception and skills before he was allowed to come into his own. Those who understand the strength of such tutelage question the wisdom of







excluding this time-honoured classical approach in the zeal to set standards and bring uniformity.

On another plane, families of Hakims who had practiced Unani medicine for generations now face the prospect of ending a family tradition. Hakim Zafar in Sambhal in Western Uttar Pradesh is an example of a traditional healer who sees more than 300 patients every morning prescribing a combination of dried herbs, which are to be boiled and drunk as a decoction. People visit him regardless of age, gender, religion and language and it appeared to me that they came only for a kind word and to collect the special herbs which created a salubrious effect. A research officer who accompanied me on this particular visit observed considerable commonality with herbs used in Ayurveda. He had however never heard of silk cocoons being a part of any potion!

At the other end of the spectrum of indigenous medicine lies a wide variety of tribal and folk healing practices which continue to be the mainstay of millions of people in remote areas. In the Northeastern states and many tribal areas in India, even when regular health facilities are available, the local people rely on local healers. I took the help of the National Institute of Folk Medicine at Pasighat in Arunachal Pradesh and had the folk healing practices in all the states studied. Although the



A woman buying drugs at a Unani clinic at Pulwama in Kashmir

healers are secretive about the plants they use, every state has its band of well-known practitioners who tend to everyday problems with great confidence.

At the family level, reliance on medicinal plants is a part of family tradition almost everywhere in India. "Gharelu nuske" or home remedies are routinely used for dozens of afflictions - even affecting infants, children, pregnant women and the elderly - in fact the most vulnerable members of a family because the safety and healing properties of these home remedies are well known. The use of ginger and holy basil (tulsi) in a tea-based decoction, eating fenugreek (methi) seeds in yoghurt (dahi) and drinking water in which roasted cumin has been soaked overnight are all time-honoured remedies for colds, coughs, an upset stomach, loss of appetite and general fatigue. The surprising part is that with very little variation, such home remedies are used in almost all regions of the country. Decoctions, teas, the use of grape wine (drakshasava) and an application of medicated oils, condiments and spices is commonplace. Even in nuclear families young people have begun checking the properties and dosage of medicinal plants like Ashwagandha (withania somnifera,), tulsi and ginger by combing internet sites. Indigenous medicine then, is no longer the preserve of vaidyas and hakims. A young, modern clientele, including foreigners in search of "natural products" has begun to use shatavari, triphala and brahmi to name only three products from scores that are available over the counter. Indigenous medicine's time has come but in a guise that one could not have imagined was possible. Recent studies are showing another trend with the use of indigenous medicine. Patients are combining modern medical treatment with indigenous medication believing that this can alleviate symptoms, reduce drug dosage and mitigate the side effects caused by chemical drugs. This is being seen in the treatment of hypertension, diabetes, chikangunya and skin ailments and even tuberculosis and cancer. No one disputes that the drugs manufactured by reputable ASU companies and dispensed by good practitioners have positive







effects on quality of life including good sleep, appetite, improved metabolism and a sense of well-being. However, self- medication and integration of systems is a new phenomenon largely promoted by literature on the healing properties of plants. There has been little effort to validate this approach and sometimes the positive outcomes baffle both patients and physicians.

Against this backdrop, numerous challenges beset the sector. First, there is the issue of safety and quality. Drugs manufactured by leading companies like Himalaya, Dabur, Charak, and Baidyanath to name just a handful have earned a sound reputation and their products are manufactured, labelled and sold much as modern drugs are. Rarely if ever, are there complaints or questions about quality. The same goes for Unani products manufactured by companies like Hamdard. Family concerns like Dhoot Papeshwar in Maharashtra, Aryavaidyashala in Kottaikal and the Ayurvedic Pharmacy in Coimbatore have a timehonoured reputation built over scores of years – in some cases, the firms have been in existence for more than a century. Some of them have modernised their equipment and processes without compromising on the essentials recounted in the ancient texts. But howsoever good the quality of the products, beyond a point the indigenous systems require a physician who can recognise the signs and symptoms of affliction by diagnosing the constitution or the individual "prakriti "of the patient. That requires patience, skill, insight and experience and naturally the first challenge is to find a practitioner who combines these qualities. Considering the wide range of practitioners and an absence of bench-marking, often this boils down to an individual's good fortune in finding a competent physician- a factor which deters many from using indigenous medicine.

The canvas is much too large and the choice much too varied to find one correct answer. At one end of the spectrum stand the National institutions for Ayurveda, Unani and Siddha medicine (located at Jaipur, Bengaluru and Chennai respectively) where high standards of teaching and clinical practice are pursued while following a syllabus set out by the Central Council of Indian Medicine which has been patterned on the Medical Council of India. In the process, the Guru-Shishya parampara - personalised, teaching and learning under the tutelage of a teacher has been given up entirely. Almost all Indian medicine colleges (of which there are more than 400,) including the National Institutes have modelled themselves on allopathic medical colleges and the need to standardise and modernise has replaced the individualised approach which had been the mainstay of traditional medicine for centuries. The Southern States like Kerala, Tamil Nadu, Andhra Pradesh and Karnataka have some fine institutions which taken together with the Gujarat Ayurvedic University at Jamnagar, the Benares Hindu University at Varanasi and the Choudhury Brahm Prakash Ayurved Charak Sansthan at Kheda Dabur Delhi, still produce practitioners who are confident of practising their system without falling back on allopathic drugs for quick results. This however, is not a uniform story when one goes to the second and third rung of colleges and hospitals across the country where the goal of becoming a doctor and starting practice has overtaken the need to master the classics and diagnostic techniques.

Finally, there is the future of integration at the tertiary level. Towards the end of 2012 when I was completing the second report, I was astounded to find that Medanta a super-speciality conglomerate in Gurgaon had an Ayurvedic doctor working collaboratively with an oncologist, a robotic surgeon and even the cardiologists. The experiences of these super-specialists have been captured in an exhaustive seminar which was organised at the India International Centre in Delhi and is available on you-tube at - https://over2shailaja.

wordpress.com/2013/05/05/panel-discussion-at-indiainternational-centre-on-status-of-indian-





medicinefolkhealing-part-ii-on-22th-april-2013/ Medanta's difference is in catapulting integration to the tertiary level. Ironically, it is here that physicians from two different systems talk to and treat the patient according to his preferences. It is happening on a small but impressive scale but could be the harbinger of things to come if patients remain satisfied. During my visit to Bengaluru, I was pleasantly surprised to find an Ayurvedic doctor treating infertility cases referred by a London trained gynaecologist working in one of the city's speciality hospitals. The gynaecologist, to whom I spoke, could not explain how the Ayurvedic doctor had succeeded in helping some 10 couples to beget a child out of 80 cases referred by her. Examples like this give the hope that barriers can be broken through traditional medicine approaches but the diversions on the way are often daunting.

Most people identify Ayurveda as being synonymous with body massage, the slow stream of

oil relaxing and cooling the brain and as a process of detoxifying and rejuvenating the body. The five star hotel and spa massages embellished with soothing aromas and rose petals are a miniscule part of the panchakarma regimen which involves over 16 different procedures which are used to treat patients suffering from paralysis, mental affliction, arthritis and spinal injury. Such panchakarma treatment can be observed in every Ayurvedic hospital in the country but it is quite different from the relaxation techniques used for rejuvenation of healthy people.

Both fulfil a felt need as it should be. Although India has achieved a lot, there remains immense scope to rise as a world leader. The way indigenous medicine has adapted itself to modern times has been remarkable. It is time to build on these strengths - not for the survival of practitioners or to meet narrow sectoral interests, but to preserve a heritage which is undeniably unique, efficacious and entirely indigenous. The day that happens indigenous medicine will come into its own!

### LESS EGO BETTER HEALTH



Only for Rs 45000/- all inclusive committed package





Dr. Yogita Bisht
BAMS, M.D. (Kayachikitsa)
Assistant Professor
Shri Dhanwantri Ayurvedic Medical
College and Research Centre, Mathura (UP)
yogitabisht06@yahoo.co.in

# A REVIEW ON NEOPLASTIC DISEASES AND THE ROLE OF AYURVEDA AS AN INTEGRATED CARE OF CANCER

### INTRODUCTION

The word neoplasia means new growth and it includes benign disease. A tumour which literally means swelling includes benign or inflammatory disease. Carcinoma on the other hand signifies malignancy of epithelial cell origin. Sarcoma is the malignancy of mesothelial cell origin, lymphoma of lymphoid organs and leukaemia of white blood cells origin. Charaka and Sushruta Samhita both described the equivalent of cancer as "granthi" and "arbuda". "Granthi" and "Arbuda" can be inflammatory or devoid of inflammation, based on the doshas involved. Tridoshicarbudas are usually malignant because all three major body humors lose mutual coordination, resulting in a morbid condition. Neoplasm can be classified in Ayurveda depending upon various clinical symptoms in relation to tridoshas.

### **INCIDENCE**

Neoplastic diseases are the 2nd most common cause of death in the world after cardiovascular diseases. Variation with age, sex and geography of various malignancies are present. Commonest solid tumour is lung and breast cancer. Incidence is often higher in developed countries.

#### **CAUSES**

1. Drugs – Cytotoxic drugs cause leukemia

- **2. Infections** Infection with human papillomavirus causes cervical cancer, schistosomiasis causes squamous bladder cancer
- **3. Genetics-** Breast cancer gene 1/2 can cause breast and ovarian cancer, adenopolyposis coli gene can cause colorectal cancer
- **4. Lifestyle** Western lifestyle contributes to breast and colorectal cancer, tobacco contributes to lung, bladder, head and neck cancer while alcohol can cause esophageal cancer
- **5. Occupational** Asbestos can cause mesothelioma, aniline dyes lead to bladder cancer and UV radiations lead to skin cancer

Although precise cause of cancer is unknown, but all these factors cause mutations in DNA of at least one cell which than no longer behaves normally. Clonal growth, additional mutation and proliferation of sub clonal lines lead to invasion, spread and metastasis of the cancer to various sites.

### **CLINICAL ASSESSMENT**

The important points of consideration are the nature of primary malignancy i.e. site and type, extent of the disease and patient's general condition. The local features include hemorrhage, lump, pain, skin abnormality, ulcer, obstruction, abdominal swelling, fracture, weight loss, anorexia and fatigue.





In Ayurveda there are diseases that can be named as clear malignancies, including Arbuda and Granthi, such as Mamsarbuda (sarcomas) and Raktarbuda (leukaemia), Mukharbuda (oral cancer), and Asadhya vrana(incurable or malignant ulcers).

Others are those Diseases that are not cancers but can be considered probable malignancies, such as ulcers and growths. Examples of these are Mamsaja oshtharoga (growth of lips), Asadhya galganda (incurable thyroid tumour), Tridosaja gulmas, and Asadhya udara roga, (abdominal tumours like carcinomas of the stomach and liver or lymphomas).

### ROLE OF AYURVEDIC MEDICINAL PLANTS IN CANCER

The treatment plan according to Ayurveda can be Tonification or Purification depending upon the strength of the patient. Many of the herbs mentioned in Ayurvedic classics are strongly purifying, ridding the body of toxins, excess dosha and ama. A retrospective meta-analysis of observations on 85 plant drugs reported to have an anticancer effect indicates that herbs with Katu, Tikta, Kasāya Rasa (bitter, pungent, and astringent taste), Usna Virya (e.g., hot biopotency), and Katu Vipāka (catabolic active metabolites), and herbs with dry, coarse, light, and sharp biophysical properties have significantly greater possibilities of producing anticancer effects.[1] Natural products discovered from medicinal plants have played an important role in the treatment of cancer. They have exhibited anticancer activity in animal models of leukemia, skin cancer and sarcomas.

- Some Plant derived anti cancerous agents in clinical use Vinca alkaloids, Podophyllotoxin derivatives, Taxanes, Campothecin derivatives, Homoharringtonine
- Plants proved effective as anti cancerous in vivo or in vitro [2] - Achyranthus Aspera (Apamarga), Allium Sativum (Rason), Andrographis Panniculata (Kalmegh), Cannabis Sativa (Bhanga), Camellia Sinensis (Green Tea), Picrorrhiza Kurroa (Kutki), Gossypium Hirsutism (Karpaas), Oroxylum

Cordiafolia Indicum (Shyonaka), Rubia (Manjistha), Smilax China (Chopchini), Strychnos Nuxvomica (Kuchala), Taraxacum Officinale Chebula (Dudhi), Terminalia (Haritaki), Withania Somnifera (Ashwagandha)

In a study, plants namely Azadirachta Indica (Nimba), Boesenbergia Pandurata (Finger root- Chinese ginger), Coscinium Fenestratum (Daruharidra) were extracted with 95% ethanol and tested for cytotoxic effects. All of these extracts resulted in a reduction of cell proliferation of Hep2 cells at four and eight hour's incubation. When incubated for eight hour, Azadirachta Indica and B. Pandurata resulted in 95% inhibition of cell proliferation, while C. Fenestratum provided 80% inhibitions respectively. [3]

Researchers have also looked at some compounds used in Ayurvedic medicine. These include those listed below. [4]

### Withaferin A (Ashwagandha)

In America in 2011 researchers found that in the laboratory Withaferin A from Withenia Somnifera stopped the growth of some types of breast cancer cells. It also stopped the growth of breast cancer in mice. Several other studies support these findings.

#### Sanjeevani

An Indian study in 2011 looked at Selaginella Bryopteris, a traditional Indian herb referred to as Sanjeevani. It was found that compounds taken from the herb stopped the growth of cancer cells in the laboratory. The compound also reduced the development of skin tumours in mice.

### Indian frankincense (Shallaki)

A US research study also in 2011 looked at acetyl-11-keto-beta-boswellic acid (AKBA) taken from the gum resin of the Boswellia Serrata slowed the growth of bowel cancers in mice and made the cancer less likely to spread.

### Mangosteen (Amra)

Recently, the compound alpha mangostin taken

9

April May June 2016







from the outside layer of the fruit was shown to slow the growth of breast cancer in mice and it was much less likely to spread to the lymph nodes.

### Pomegranate (Dadim)

Early research in the laboratory seems to show that pomegranate extracts may have anti cancer properties against prostate, bowel and liver cancer. One small study followed men who drank pomegranate juice every day and found that their cancer took longer than normal to grow.

### Curcumin (Haridra)

Researchers at MD Anderson Cancer, - University of Texas, reported that Curcumin could stop the spread of multiple myeloma, head and neck cancer, lymphoma, lung cancer, melanoma, pancreatic cancer, prostate cancer, breast cancer and others by triggering apoptosis (programmed cell death)

### Bitter melon (Karvellaka)

Several groups of investigations have reported that treatment of bitter melon related products in a number of cancer cell lines induces cell cycle arrest and apoptosis without affecting normal cell growth. [5]

#### CONCLUSION

Western Treatment of cancer ranges from the use of powerful chemicals, bursts of radiation to complete removal of tumour and surrounding tissue. Each treatment type brings a certain level of risk, pain and disability to the patient, but malignant cells when left untreated inevitably choke off vital organs and circulation. In that consequence, Ayurveda can offer a lot of relief to patients through natural treatments. These interventions, when offered in an integrated and timely fashion, prolong life, protect organs and residual healthy tissue, reduce pain, and maximize self-care and mobility skills, and thereby help to reduce the stigma of cancer and physical impairment while providing dignity and a better quality of life for the cancer patient.

Rasayan - A Clinical study of the role of Rasayana

as a neoadjuvant- and adjuvant of chemotherapy in management of carcinoma was carried out in 50 patients of carcinoma receiving chemotherapy, **Rasayana Avaleha** containing several drugs like such as **Amalaki** (Emblica Officinalis), **Guduchi** (Tinospora Cordifolia) as well as **Haridra** (Curcuma Longa) as a prakshep dravya was administered in a dose of 10 gm bd for 3months. The effect of therapy was significant in on mouth ulcers, constipation, and myelo-suppression and in on improving general well-being of the patient.

Panchakarma - Panchkarma therapies help in counteracting the side effects of chemotherapy and radiotherapy. Since the chemotherapy and radiotherapy drugs cause vitiation of doshas in the body mainly the pitta dosha, sadhya snehan prior to chemotherapy schedule has got paramount significance. External therapies like abhyangam, vaspa swedana, shiro-dhara, pshastishali swedana etc help in maintaining the energy levels. Normal cells and tissues of the body are rejuvenated and have better tolerance to the side effects of the chemotherapy and radiotherapy. At this juncture, following the concept of Integrative oncology, Ayurveda drugs by virtue of their anti-cancer potential, anti -oxidant potential and protective potential, can offer a lot of aid in improving and augmenting the quality of life. [6]

### REFERENCES

- 1. An Assessment of the Ayurvedic Concept of Cancer and a New Paradigm of Anticancer Treatment in Ayurveda, Ram Harsh Singh, The Journal of Alternative and Complementary Medicine. October 2002, Vol. 8, No. 5: 609-614
- 2. Anticancer Potential of Plants and Natural Products: A Review, Science and Education publishing, Vol-1, issue-6, 2013
- 3. Narisa K., Jenny M. W., Heather M. A. C., Cytotoxic Effect of Four Thai Edible Plants on Mammalian Cell Proliferation. Thai Pharmaceutical and Health Science Journal, 1(3), 189, 2006.
- 4. www.cancerresearchuk.org > ... > Complementary and alternative therapies > Therapies
- 5. Pharmaceutical research, June 2010, Vol. 27, Issue 6, PP 1049-1053
- 6. Ref. role of Ayurveda in integrated cancer rehabilitation: ayurvaid's integrated cancer rehabilitation program (icrp) a role model, Zankhana. M. Buch M.D. (Kayachikitsa), Consultant Physician AyurVAID hospitals, Domlur, Bangalore, Karnataka, India









**Dr. Rashmi Bhise**Assistant Professor, Shalyatantra
Tilak Ayurved Mahavidyalay,
Pune 411011.

### Clinical Compatitive Study Of Efficacy Of Godantyadi Syrup In Pdph (Post-Dural Puncture Head Ache) Compared With Paracetamol

### INTRODUCTION

"Toward the evening I was forced to take to bed and remained there for nine days, because all the manifestations recurred as soon as I got up. At midnight a violent headache set in that quickly became insupportable."

### August Bier 1898

A personal experience of PDPH

Post-dural puncture headache (PDPH) classically presents as a postural headache following therapeutic or diagnostic interventions of the epidural or spinal space.

It is usually known to be a self-limiting process. If left untreated, 75% of them will resolve within the 7 days and 20-25% will have resolved by maximum by 10-15 days.

Though prevalence of this disease PDPH is reduced due to use of lesser number gauge needle, still incidence of PDPH occur, it is unpleasant, it may interfere with a post operated period, patients ability too. It may extend the length of hospital stay, Most treatments are geared towards lessening the pain and symptoms until the hole in the dura can heal, or at least until it can close to the point where the symptoms are tolerable. So-called "conservative treatment" involves hydration, bed rest and analgesics.

More of all things the main aim of the study is to review other precursor factors, to study clinical efficacy of "Godantyadi Syrup" and to provide alternative and combined multi property and adverse effect lacking Herbo-mineral drug and making post operative period of patient worthwhile and with less days of hospitalization.

### AIMS AND OBJECTIVES

- 1. To study PDPH(Post-dural puncture head ache) describe in modern literature.
- 2. To study Litrature of spinal anaesthesia
- 3. To study clinical efficacy of Godantyadi Syrup in PDPH(Post-dural puncture head ache)
- 4. To conduct controlled comparative study of Godantyadi syrup and Paracetamol in management of PDPH(Post-Dural puncture head ache)







#### Materials and method

Study design It was an open controlled Randomized clinical comparative study in which patients were divided randomly in two groups was conducted in post operated patient those who diagnose with PDPH (Post-Dural puncture Headache)

### Selection of cases

For the study the patients having the clinical features of PDPH were selected

Group A: this group was termed as study group

Sample size: 30

Drug used: Godantyadi syrup

Method: 30 ml of dose given in tid doses 8 hrly. With room temperature water

Group B: this group was termed as control group

Sample size: 30

Drug used: Paracetamol 500 mg tid doses

Method :whenever symptoms started tablet was given if pain on vas scale does not attain score less than 80 D25 given intravenously

Follow up :Daily follow up were done, but for the purpose of the study findings were recorded on CRF Daily up to relief from symptoms.

Duration of the treatment: 3rd, 5th.7th day max one weak

### **INCLUSIVE CRITERIA:**

\*Those who given Spinal anaesthesia ASA I and ASA II \* Both the sexes male and female with PDPH \* Headache after spinal anaesthesia \*Diagnose PDPH \*With any needle size \*Age group – above 18 yrs \*Associated symptoms: Like a)neck stiffness and scapular pain b)nausea, vomiting, vertigo, dizziness c)photophobia, diplopia ,hearing loss, tinnitus EXCLUSIVE CRITERIA: \* Those who are under GA \*Pre diagnose head ache\*Migraine\*tension headache\*meningitis \*infective meningitis \*Cerebral vein thrombosis\* ASA III and ASA IV \* Head ache start immediately after spinal anaesthesia \*Psy patient \*CNS disorder \*Diabetic patients ( as sugar base Syrup )

### TOTAL EFFECT OF THERAPY

Cured (TOTAL SCORE 75%-100%)

Markedly Improved (TOTAL SCORE 50%-75%%)

Improved (TOTAL SCORE 25%-50%)

Unchanged (TOTAL SCORE<25%)

L.A.M.A. left against medical advice

Criteria for Assessment







### Primary assessment criteria

SC	CORE	0	1	2	3
CF	RITERIA				
1	Headache Pain on VAS scale	No pain	Mild 10 to 30	Mod 40 TO 70	Severe 80 to 100
2	International headache socity	NO PAIN	MILD	MODERATE	SEVERE
3	Vitals	Equal P,BP,RS as at pre operative assessment	Raised P,BP,RS than pre op P,BP,RS with or without PDPH symptoms	Raised P,BP,RS than normal with PDPH symptoms	-
4	Postural elements	No pain in any position	Pain present but giddiness absent while changing posture	Pain and giddiness aggravates when sits Specially at changing posture	-

**Secondary assessment criteria-** (to create ease to assess patient WITH hypothetical point of view and for ease of diagnosis)

SITE OF PAIN	Fronto occipital	Other than Fronto occipital	
NEEDLE SIZE USED	23	25	26
Loss of CSF in drops	NO LOSS	1	2
Number of pricks	SINGLE/1	2	
Neck extension by taking pillow post operatively	Taken	Not taken	
Pre loading of IV fluids	Adequate	Inadequate	







### Methord of preparation of Drug:-

**Drugs:-** Raw materials were purchased directly from the market. The drugs were checked for the Authencity. Godantyadi syrup made by standard method given in the sharangdhar samhita of prapration of kwath, kwath is converted into syrup by standard method of Sharkar kalpana given in dravyaguna vidnyan by Yadavji Trikamji Acharya.for preservation Sodium Benzoate used in the quantity of 1/10th.syrup cooled down and for 100ml syrup 6grams Godanti bhasma added to syrup The proportion of the ingredients of Godantyadi syrup was as follows: kwath

Godanti bhasma 180 gram

250gramas each shuska dravya

Trikatu	250 gms	Rasna	250 gms	
Rajani	250 gms	Pushkarmoo	ol 250 gms	
Devdaru	250 gms	Sugar	6000 gran	ns
Yawani	250 gms	Sodium ben	zoate	30 grams

1.5 kg of shuska dravya are prepared as kwath in 24 liters of water 3 liters of kwath decocted it is converted into syrup with 6 kg of sugar with 30 grams of sodium benzoate and it is dispense in 100 ml bottles after cooling 6 grams of Godanti Bhasma added to it and given to the patient 100 ml of bottle same quantity repeated while making drug again

### **OBSERVATION AND RESULTS**

### PRE LOADING OF IV FLUIDS

OUT OF 60 PATIENTS 78.33% patients were adequately preloaded 21.33% patient were inadequate due to delayed spinal after preloading so preloading is inadequate

The concept hydration for PDPH is often misunderstood, the purpose of hydration is to ensure rate of CSF production but it is observed that, no such over hydration or improper hydration affects incidence of PDPH.

Hydration and PDPH shows less relation with each other

### Needle size wise distribution

While giving spinal anaesthesia 23 no, 25 no needle are used and 26 also it is proved in literatures that more the size of needle more prone for PDPH (post dural puncture headache). Out of 60 patients 56.6% of were given spinal with 25 No. Needle . And 28.3% of were given spinal with 25 No. Needle remaining with 15% with 26 No.

Higher gauge needle like 23 or more are always proved to produce PDPH but nowadays even with needle number 25 and 26 incidences occurred but in these case other factors also involve.

### Needle size do matter producing PDPH (Post dural-puncture headache)

### Number of pricks wise distribution

While giving spinal anaesthesia some problems occurs as difficult spine, improper position of patient at the time of anaesthesia due to anxiety or some other reasons. Because of this multiple pricks can occur. Out of 60 patient Single prick anaesthesia were given in 46(76.6%), Max. 2 prick anaesthesia were given in 14(23.3%).







It is observed that as matter of giving anaesthesia with minimal injury to the dura leads mild to moderate PDPH but more the pricks severity of headache is high

### Loss of CSF in drops wise distribution

Loss of CSF after needle insertion is also leads to reducing CSF volume out of 60 patients no drop loss in 34(56.6%), patients were observed 1 drop loss in 20(33.3%) patients were observed , 2 drop loss 6(10%) patients were observed

Loss is generally due to blood stained pricks or human error of timing of insertion of needle or improper locking of syringe and spilling of drug. As in literature mentioned that degree of CSF leak does not correlate with severity of headache but it is it is strongest pre-cursor of producing PDPH (post dural puncture headache).

More the loss of CSF leakage strongly the chances of incidence of PDPH

Neck extension by taking Pillow post operatively

Neck extension by taking pillow after operative out of 60 patients 70% patients were not taken pillow and 18% were taken. Taking pillow or any kind of neck extension defiantly produces headache even with use small gauge needle extension is strongest precursor of PDPH.

Neck extension is strongest precursor of PDPH.

#### **CLINICAL EFFICACY OF THERAPY:**

### Results of both groups after therapy

To know the effect of drug after therapy on symptom before treatment (BT) and after treatment (AT) readings are taken.

STATSTICAL ANALYSIS OF THE EFFECT DONE BY WILCOXAN-RANK SIGNED TEST AND TO KNOW THE DIFFERENCE BETWEEN TWO DRUGS BOTH GROUPS AFTER TREATMENT READINGS COMPARED WITH THE HELP OF MANN-WHITNEY TEST AND CHI-SQUARE TEST AND FISHER EXACT TEST.

#### 1. PAIN ON VAS SCALE

Relief was achieved in Group A 84.5% while in Group B 87.0% of relief was achieved at the end of the therapy.

By Wilcoxon Signed Rank test

In both groups A and B some of all ranks 465.the number of pairs were 30 and mean difference is  $1.900\pm0.5477$  so P value is <0.0001 the results were very highly significant.

### **TABLE**

By Mann-whitney test(COMPARED BOTH AT)

U=411 U'=489 and P=0.2431 value is >0.05 so insignificant

On pain Godantyadi syrup is as good as Paracetamol. one hour basis comparison Paracetamol is reduces pain instantly while Godantyadi syrup takes time.

2. SEVERITY









Relief was achieved in Group A 83.3% while in Group B 85.2% of relief was achieved at the end of the therapy.

By Wilcoxon Signed Rank test

In both groups A and B some of all ranks 465.the number of pairs were 30 and mean difference is  $1.800\pm0.5509$  P value is <0.0001 the results were very highly significant.

### **TABLE**

By Mann-Whitney test (COMPARED BOTH AT)

U=422 U'=478 and P=0.3062 if p value is >0.05 so insignificant

On decreasing severity both Godantyadi syrup and Paracetamol shows very highly significant results percentage wise Paracetamol reduces more severity.

#### 3. POSTURAL ELEMENT

Relief was achieved in Group A 85.5% while in Group B 77.5% of relief was achieved at the end of the therapy.

By Wilcoxon Signed Rank test

In both groups A and B some of all ranks 465.the number of pairs were 30 and mean difference is  $1.400\pm0.4983$  so P value is <0.0001 the results were very highly significant.

#### **TABLE**

By Mann-Whitney test(COMPARED BOTH AT)

U=270 U'=630 and P=0.0007 if p value is considered extremely significant.

On comparing both Godantyadi syrup and Paracetamol percentage wise and statistically too, drug show different effect i.e. MANN WHITNY TEST shows extremely significant results with P value >0.0007 so giddiness while changing posture in postural element criteria is reduced more with Godantyadi syrup.

#### 4. VITALS

Relief was achieved in Group A 85.5% while in Group B 87.5% of relief was achieved at the end of the therapy.

By Wilcoxon Signed Rank test

In both groups A and B some of all ranks 465.the number of pairs were 30 and mean difference is  $1.400\pm0.4983$ ; P value is <0.0001 the results were very highly significant.

#### **TABLE**

By Mann-Whitney test (COMPARED BOTH AT)

U=444 U'=456 and P=0.4625 if p value is >0.05 so insignificant

P,PB,RR shows deviation with pain, both Godantyadi syrup and Paracetamol shows result as pain reduces, hence calculation wise it show very highly significant results percentage wise Paracetamol acts more.

TOTAL EFFECT OF THERAPY: The total effect of therapy is the comparison between two groups comparing each patient's total score of before treatment and after treatment score and percentage of relief







total effect then calculated on CHI-SQUARE and FISHER EXACT TEST to know the difference of both treatments

	CURED	MARKEDLY IMPROVED	IMPROVED	CHI-SQUARE WITH YATES CORRECTION	FISHER EXACT TEST
GROUP A	18	11	1	P >0.05	P>0.05
				CHI-0.1357	R.I.=0.8867
GROUP B	21	9	0		
				Not significant	Not significant

IMPROVMENT	EXCELL	GOOD	SATISFACTOR	AVERAGE	TOTAL
	ENT		Υ		
GROUP A	0=13	0=9	O=7	O=1	30
	E=12	E=13	E=6	E=1	
GROUP B	O=10	0=16	O=4	O=0	30
	E=12	E=13	E=6	E=1	

**CHI- SQARE TEST** 

CHI- SQARE VALUE IS 3.15

P=0.20

INSIGNIFICANT P > 0.05 > 0.05 Comparison between two groups was statistically evaluated by chi square Test. the P value is 0.20 which was insignificant which suggest that there is no significant difference between two groups with respect to therapy

### **CONCLUSIONS**

Following CONCLUSIONS can be laid from the study:

- Incidence of PDPH does occur with lesser gauge needle.
- PDPH occurrence have multiple precursors such as,
- Needle size has shown some effects on producing PDPH. It is observed that, giving Anaesthesia with minimal injury to the Dura leads to Mild to Moderate PDPH but more the pricks severity of Headache is High
- More the loss of CSF leakage there are strong chances of incidence of PDPH
- Neck extension is strongest precursor of PDPH
- Hydration and PDPH shows less relation with each other.

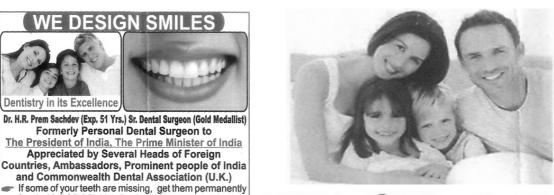






- Both the drugs exert significant effect on the symptoms of PDPH (post dural puncture headache
- Incidence of PDPH (post dural puncture headache) with Higher gauge needles do impact Highly, but post operative neck extension, loss of CSF after needle insertion, and multiple pricks also are precursor of PDPH post dural puncture headache.
- Majority of patients pain resolve within 3 days with both the treatments, then within 5days very less patients headache resolve within 7 days
- Effects of Godantyadi syrup as good as is and Paracetemol.
- Godantyadi syrup shows higher significance in resolving postural element symptom in which giddiness during change of posture reduces.
- Whereas Paracetamol show less significant results on postural element.
- The study drug Godantyadi syrup gives relief not only immediate after the treatment from the symptoms but also has prolong effect on all the symptoms.
- Whereas the Paracetamol gives relief only immediately after the treatment from all the symptoms but has no prolong effect.
- The study drug acts as an analgesic and oral hyperglycemic agent in relieving the symptoms.
- Godantyadi syrup lacking side-effects while paracetamol is having side effects.
- It proves to be an alternative, easily administrable in relieving the symptoms of PDPH







fixed with PORCELAIN. Eat food with comfort, fixed for

L. GELA RAM MEMORIAL DENTAL & ORTHODONTIC CENTRE F-1A, East of Kailash (Metro Pillar- No. 82) Nr. Kailash Colony Metro Stn. New Delhi-65, Timings: 9 am to 1 pm, & 4 pm. to 7 pm. (Sunday Closed) Phone: 011-26442130, 41621353

DEBIT / CREDIT CARD FACILITY AVAILABLE







डॉ. भारत सिंह 'भरत' एम.ए., एन.डी.डी.वाई., ए.डी.एन.वाई. एम.डी. (एक्यु), एच.एच.टी. (रजि.ऋ)

### बच्चों की लम्बाई बढ़ाना

संसार में आठ प्रकार के लोग देखने को मिलते हैं- बहुत छोटे या बहुत लम्बे, बहुत पतले या बहुत मोटे, बहुत गोरे या बहुत काले, बहुत घने बाल वाले या गन्जे। इसमे बहुत घने बाल वालों को छोड़कर सभी तरह के लोग इन होने-पने से सन्तुष्ट नहीं होते हैं। ठीक इसी प्रकार जिन बच्चो की लम्बाई औसत से कम होती है शादी से पहले कुछ परेशान तो वो स्वयं होते हैं उनसे ज्यादा परेशान उनके अविभावक होते हैं। किसी पार्टी या समारोह में वो अपने को हीन महसूस करते हैं।

### कद कम होने के कारण:-

कुछ बच्चों की लम्बाई कम रह जाती है उसके कई वैज्ञानिक कारण होते हैं।

- 9: पिट्यूचरी ग्रन्थि के रस स्नाव में विकृति आने से ग्रोथ हारमोन में कमी ।
- २ः जिनके माता-पिता ही कद में छोटे हो ।
- ३ः जो बच्चे हमेशा पैर मोड़कर पीठ झुकाकर सोतें हों ।
- ४ः जिन बच्चों को पौष्टिक आहार न मिलता हो। प्रोटीन, विटामिन, मिनरल, कैलोरी, कैल्शियम रफेज की कमी।
- ५ः जो बच्चे बहुत नर्म गद्दे में सोते हों, तिकया ऊँचा लगाते हों तथा शरीर टेढा-मेढ़ा करके सोते हों, उल्टा सोते हों।
- ६ः जो बच्चे खाना-पीना अनिश्चित समय पर करते हैं। मौसम के अनुरूप भोजन नहीं करते हों।
- ७ः जो बच्चे नींद कम लेते हों, रात्रि में अधिक जागरण। पढ़ाई की, पेपरों की चिन्ता, भय, उतेजना से ग्रसित रहना, माता-पिता का डर, भय होना ।
- दः बच्चों द्वारा नशीले पदार्थ लेने की गलत लत पड़ना, बच्चो का शारीरिक शोषण होना ।
- ६ः शारीरिक श्रम की कमी ।
- 90: हृदय रोग, अस्थमा, मधुमेह, वृक्क के रोग, अल्परक्तता, गठिया, वात, हिड्डयों के रोग, रिकेट रोग, विटामिन डी की कमी आदि किसी रोग से पीड़ित रहने के कारण।
- 99: थायराइड हारमोन के स्नाव की मात्रा में कमी, सिन्ड्रोम की कमी, हाइपोगोनाडिज्म, जैनटिक परिवर्तन के कारण ।
- १२: मानसिक रोग के कारण आदि

### लम्बाई किस उमर तक बढ़ती है?

बच्चों की लम्बाई- लड़के २४ वर्ष तथा लड़िकयाँ २१ वर्ष तक लम्बाई बढ़ाने का प्रयास कर सकते हैं। लम्बाई बढ़ने की यही अवस्था होती है।





### JUNUKUL 3 C.IVI.E.

### कारण जानने के लिए कुछ परीक्षण:-

- 9. ग्रोथ प्लेट के एक्सरे करवाना।
- २. GHD ग्रोथ हारमोन्स की कमी की स्क्रीनिंग।
- ३. रक्त परीक्षण में (सी.बी.सी.)
- ४. डी.एन.ए. एनालिसिस
- 5- थायराइड, यकृत तथा वृक्क के कार्य प्रणाली का रक्त द्वारा परीक्षण (TFT, LFT, KFT)
- ६. ट्यूमर चेक करने के लिए इमेजिंग स्केन
- ७. यूरिन एनालिसिस
- ८. इ.एस.आर. तथा सी.आर.पी. परीक्षण आदि।

### शरीर की लम्बाई कैसे बढ़ती है?

हमारा शरीर हिड्डियों के ढ़ाँचे में सधा हुआ है। हमारी रीढ़ की हिड्डी में ३३ मनके होते हैं। नमें ६ मनके में घूमने योग्य होते हैं। तथा २४ मनके स्थिर होते हैं। इन हिड्डियों के मनकों के बीच Cartilageneous tissues होते हैं। हिड्डियों के मनकों के मध्य Interverlebral disc होती हैं जो बढ़ने का काम करती हैं। जिसके कारण रीढ़ की हिड्डी बढ़ती है और साथ-साथ शरीर बढ़ता है तथा बच्चों की लम्बाई बढ़ती है।

### प्राकृतिक चिकित्सा कैसे करें?

हम सब प्रकृति की गोद में पाले-पोसे जाते हैं। प्रकृति ही हमारी जननी है। हमारा जितना प्राकृतिक जीवन होगा उतने ही हम स्वस्थ व सुखी होंगे। हमारा आहार तथा रहन-सहन प्राकृतिक ही होना चाहिए। तभी हमारी लम्बाई बढ़ेगी तथा स्वस्थ रहेंगे।

- 9. सभी बच्चों का आहार, नास्ता, दोपहर का भोजन व रात्रि का भोजन एक निश्चित समय पर होना चाहिए।
- २. भोजन में ऋतु के अनुसार हरी शाक सिब्जियाँ, सलाद, विशेष रूप से शलगम, हरी गोभी, (Broccdli) फिलयाँ, Rhubarb भिण्डी, पालक, Brussels sprouts मटर, बथुआ नित्य देना चाहिए। गाजर, टमाटर, मूली आदि खिलाएं।
- ३. सभी मौसम के फल परन्तु विशेष रूप से सन्तरा, नींबू, पपीता, सेब, केला, आम आदि सभी फलों का सेवन करना चाहिए।





- - ४. बच्चों को नित्य स्नान कराना चाहिए तथा सप्ताह में एक बार पूरे शरीर की तेल मालिश करें। रीढ़ में तेल लगाकर अवश्य मालिश करनी चाहिए। सप्ताह में एक बार धूप स्नान जरूर कराएं।
  - ५. रात्रि सोने से तीन घण्टे पूर्व खाना खाएं। तथा रात्रि में नींद कम से कम ६-७ घण्टे जरूर लेनी चाहिए। रात्रि में अधिक जागरण न करें
  - ६. ज्यादा (साप्ट) मुलायम गद्दे पर न सोएं तथा तिकया छोटा या मध्यम, उम्र के हिसाब से प्रयोग करें। ज्यादा ऊँचा तिकया न लगाएं। हार्ड बेड में सोएं। मोटी दरी तथा ऊपर से चादर बिछा लें।
  - ७. बच्चों को सीधा या करवट के बल सोना चाहिए। कभी भी उल्टे होकर कमर-पीठ झुकाकर पैर मोड़कर नहीं सोना चाहिए। बच्चों को ज्यादा कसे कपडे न पहिनाएं।
  - ट. रोज कुछ आवश्यक व्यायाम करें अथवा योगासन-ताड़, पर्वत, अश्वत्थ, कोंण, उत्कट, गोमुख, पश्चिमोत्तान, अर्धमत्स्येन्द्र, चक्र, भुजंग, धनुर, नौका, आदि आसन करें या सूर्य नमस्कार करें। यह सब ६ वर्ष की आयु के बाद करें।
  - ६. भोजन में प्रोटीन, कार्बोहाइड्रेट, कैल्शियम, विटामिन, मिनरल, रफेज, लौह आदि हरी शाक सिब्जियों में पाया जाता है अतः इनका प्रयोग अधिक करें। सदैव पौष्टिक आहार लें।
  - १०.बच्चों को डाँट-फटकार, मार-पीट कम करें। डर चिन्ता से मुक्त रखें।
  - 99.बच्चों को महीने में एक बार कुंजल क्रिया तथा एनिमा देकर पेट साफ कर देना चाहिए। सप्ताह में एक बार जलनेति कराएं।
  - 9२.अच्छा होगा यदि बच्चे प्रातः अनुलोम-विलोम, भिस्त्रका, कपालभांति तथा भ्रामरी प्राणायाम करें। इससे सभी ग्रन्थियाँ सुचारू रूप से कार्य करती हैं तथा कद बढ़ाने में सहायक होती हैं। मन, बुद्धि सिक्रय होते हैं। पाँच से दस मिनट आँख बन्द करके मन को शान्त करके एकाग्र होकर बैठें।

# कद बढ़ाने के लिए आयुर्वेदिक उपचार:- बच्चों की लम्बाई बढ़ाने में आयुर्वेद का प्रयोग अत्यन्त लाभप्रद होता है।

- 9. बच्चों को शरद ऋतु में आधा चम्मच से एक चम्मच (उम्र अनुसार) अश्वगन्धा चूर्ण + सतावर सुबह-शाम गर्म दूध में मिलाकर पिलाना चाहिए।
- २. शिलाजित (गोली, कैप्सूल, अवलेंह) दूध के साथ दिन में एक बार उम्र के अनुसार दें।
- 3. बच्चों को आँवला किसी भी रूप में (आँवला कैन्डी, चटनी, उबालकर) रोज सेवन करना चाहिए। आँवला रसायन है यह पेट के रोगों में, बालों के लिए, शारीरिक शक्ति, रोगों से रक्षा करने वाला, मन-बुद्धि को तीव्र करने वाला होता है।

- ४. गुडुची का चूर्ण आधा से एक चम्मच दूध के साथ सुबह-शाम दें। दूध में सदैव शहद मिलाकर ही दवाएं दें।
- ५. गूगल गोली पीसकर शहद के साथ सुबह-शाम दें। आमलकी चूर्ण भी आधा से एक चम्मच दुध के साथ दें।
- ६. अश्वगन्धा चूर्ण, सतावर चूर्ण, आमलकी चूर्ण, गुडची चूर्ण, आँवला चूर्ण तथा गुगल १००-१०० ग्राम पीसकर छानकर शहद में मिलाकर अवलेह बनाकर रख लें तथा रोज 9 से २ चम्मच दूध के साथ सुबह-शाम दें।
- ७. रात्रि में रीढ में रोज अश्वगन्धा तेल, लक्षादि तेल या बाबा तेल से हल्की सी मालिश करें।

नोट-शिलाजित, अश्वगन्धा, सतावर, आमलकी, गुडुची, गूगल का प्रयोग शीतकाल में ही करें। आँवला सभी ऋतुओं में ले सकते हैं।

एक्युप्रेशर द्वारा चिकित्सा:- एक्युप्रेशर चिकित्सा अत्यन्त उपयोगी चिकित्सा है। रोज प्रातः खाली पेट दोनों हाथों व पैरों में पिट्रयूचरी, पीनियल, थॉयराइड, पैराथॉयराइड, थायमस, यकृत, अग्नाशय, एड्रीनल ग्रन्थियों के केन्द्र बिन्दुओं तथा रीढ़ के सभी केन्द्र बिन्दुओं में हाथ के अंगूठे से अथवा जिम्मी से ३०-३० सेकण्ड क्रम से ३ बार प्रेसर दे। अथवा हाथ के मसाजर, पैर के रोलर लेकर सुबह दबाकर एक्सरसाइज करने से बच्चों की लम्बाई बढने में तो सहायक होगा ही बच्चे स्वस्थ भी रहेंगे।

## **AYUSH may soon be part of** mainstream health system

### **Traditional** Meds Get Govt Push

New Delhi: The Centre is drafting a national policy for AYUSH and one of the key proposals will be to include ayurveda, unani, siddha and homeopathy under the uni-versal health insurance scheme which will enable integrating traditional systems of medicine into the public health system.

on the need for creation of infrastructure, research facili-ties and regulation to

India to tie up with WHO for research

Taking traditional medicines to the international stage, India is expected to collaborate with the World Health Organisation (WHO) and the United States for research and development of ayurveda, unani, siddha and homeopathy. The UN agency have evinced keen interest in Ayush medicines and is slated to sign an agreement to this effect in Geneva soon, Ayush minister Shripad Naik informed Rajya Sabha. TNN

streamline AYUSH, an official source said. The final draft policy is likely to be circulated among ministries and states by June before it makes its way to the Cabinet, a senior official told TOI. He added, the AYUSH ministry is targeting to launch the fi-

nal policy latest by October.
"We are working on the Besides, it will also focus draft policy. We have already circulated a note seeking suggestions from other stake-holders,"the official said.

The proposed policy assumes significance because of the renewed and focused thrust from the top level in the government towards development of the AYUSH system as well as its integration in the healthcare delivery mecha-nism of the country, the official said. "This has been emphasized by the PM on several occasions," the official said.

By bringing a national policy, the government also USH practitioners to hand plans to promote India as a primary healthcare needs.

preferred AVIISH destina tion on the global map and harness the potential of the traditional system of medicine for improving primary and preventive health care.

The proposed policy will also set specific targets to be achieved within deadlines bring regulation for educa tion and research, as well as set standards for AYUSH medicines and treatment.

The policy aims at estab-lishing AYUSH systems of medicine as the preferred choice of treatment in primary health care. At the same time, it will also provide for filling in the existing gap between demand and supply of doctors, mainly in rural areas, by training AY-USH practitioners to handle





**Dr. Shalini Prakash** M.D. Kriya Sharir, A & U Tibbia College & Hospital, Delhi University

E-mail id- drshaliniprakash007@gmail.com

### Review On Vitiligo: A Challenging Skin Disorder

Vitiligo is a hypopigmentary and acquired depigmentary skin disorder. It is characterized by selective destruction of melanocytes of the basal layer of epidermis and/or occasionally the hair follicle resulting in white patches on the skin, the mucous membrane and/or white hair. The hair and rarely the eyes may lose colour.

Vitiligo is probably caused by a variety of factors interacting in specific ways. Research has advanced the understanding of the physical and psychosocial aspects of vitiligo, but the cause and cure for this disease are unknown. The National Institute of Health grants approx. \$500,000 annually toward pigment research programs. It is a relatively common dermatologic finding that has been observed since ancient times. It is more common in the tropics and in blacks. Approximately 50% of the cases have the onset of their disease prior to the age of 20 years and 25% prior to the age of 14 years.

#### **ETIOLOGY**

The cause of vitiligo remains unknown, although an autoimmune pathogenesis seems most likely. Other factors may be genetic, oxidative stress, neural or viral causes. Some theories have been used to explain the disease:

### **Autoimmune theory**

• Autoimmune theory based on the clinical association of vitiligo with a number of disorders related to autoimmune disease. Organ specific auto antibody to thyroid, gastric parietal cell and adrenal

tissue are found in the serum more frequently in patient with vitiligo.

- Some antibody against melanocyte has been found in serum of patient, which may triggered by various kind of stimuli.
- The most prone sites for autoimmune vitiligo are prominent are like eyebrow, knee, elbow and distal part of fingers.

Neurogenic theory (interaction of melanocytes and the nervous system)

- The hypothesis suggests that a compound is release at the peripheral nerve ending in skin which may inhibits melanogenesis and could have toxic effect on melanocyte.
- The lesions are segmental and unilateral.
- Generally it was seen in the region supplied by trigeminal nerve.

### Self destruction theory

Melanocytes destroyed due to defect of natural protective mechanism that removed toxic melanin precursor.

### Oxidative stress theory

- Oxidative stress is an over-accumulation of hydrogen peroxide in the skin. Every person develops hydrogen peroxide in the skin, as a result of natural biological processes.
- An enzyme called "catalase" normally breaks down the hydrogen peroxide in the skin into water





and oxygen. However, people with vitiligo may have a problem manufacturing catalase, or in their body delivering the catalase to the skin.

Increase in hydrogen peroxide in the skin may be one of the root causes of vitiligo, and in fact, studies have suggested that most people with vitiligo exhibit this "oxidative stress".

### FACTORS WHICH AFFECT MELANOGENESIS

- Improper digestion, absorption and distribution of nutrients
- Metabolic disorders like phenyl-ketone urea.
- Trace minerals like copper, zinc, iron etc.
- Hormones like adrenalin, noradrenalin, MSH etc.
- Enzymes like tyrosinase
- Physical agent like UV rays
- Therapeutic agent like 8-methoxy trypsin
- Genetic disorders like defect in gene mutation and migration.
- Sun exposure

In Ayurveda, all the skin diseases have taken under the roof of Kushtha. Vagbhatta said that the word Kushtha literally means the disease which disfigures the body. Kilasa is foremost amongst them. Main effect of Kilasa is disfigurement as well as psychological. The Nidana, Dosha, Dushya etc of Kilasa are same as Kushtha even then some peculiarities of Kilasa distinguish it from Kushtha. Kilasa was described in the chapter of Kushtha but not included in the typology of Kushtha.

Vitiligo has been described as 'Kilasa'; further as 'Darun', Charun' and 'Shvitra'. It occurs mainly due to the frequent intake of improper diet combinations and disturbance of Vata, Pitta, Kapha by several other factors also. It further involves more Papa-karma, Guru ghrshanam etc. After aggravation of tridoshas, it moves and affects Rakta, Mamsa & Meda dhatus. It is non infectious, non exudative. It involves

mainly Skin and does not invade deeper Dhatus in true sense. It becomes Asadhya very quickly and requires extensive and long term treatment. Sadhya-asadhyata plays very important role in the treatment of disease.

#### TREATMENT

The treatment of vitiligo is a long & difficult process which always involves sunlight or UV rays. Physical & chemical methods used besides the Cosmetics therapies. Psychological counselling is must.

Broadly, the treatment strategy as follows:

- General Management
- Specific Management
- Pathya-apathya

### Most important thing in the treatment is:

- the attitude of the physician towards the patient and
- the treatment to be used

Vitiligo patients should not discard any treatment until it has been given at least a 6-8 month trial. The process of returning skin color is slow and the rate of improvement varies greatly from case to case.

### Principal of treatment are threefold in Ayurveda as:

- Nidana Parivarjana
- Apakarshana
- Prakriti Vighata

Selection of any of them depends upon Roga-Bala, Rogi-Bala, Kala, Vaya, Agni, Aushadha etc. When the morbid Doshas are more potent, the patient should be treated with Shodhana.

For this purpose Rakta-Mokshana is to be done at every six months, Virechana is to be given at every one month, Vamana and Nasya is to be given at every 15th and 4th day, respectively.

• **SNEHANA:** Tikta-Ghrita like Panchatikata Ghrita (Su.Chi.9/7)









- SWEDANA: Nadi Sweda or Bashpa Sweda
- VIRECHANA: Virechana is line of treatment for Pittaja and Raktaja Vyadhi and involvement of Rakta and Pitta are very clear in Kilasa

#### • RAKTAMOKSHANA:

- Rakata-Mokshana should be preceded by Shodhana and
- Virukshana. (Ch.Chi.7/171)

#### • KSHARA:

• The conditions where Rakta-Mokshana is contraindicated, Kshara is to be applied over the lesion as advocated by Acharyas (Ch.Chi.7/54 and A.H. Su.30/3).

#### • SHAMANA THERAPY:

 Shamana includes local application and internal medication.

#### • LEPANA:

• Lepana is choice of treatment by sufferer as it requires less attention, easy to apply and it does not disturb daily routine. It should be applied after completion of the Shodhana (Ch.Chi. 7/53).

Acharya Charaka has told very minimum use of Bakuchi, which, now a day is known as boon for the treatment of Kilasa. He introduces another drug, known as Kakodumber. That contains Psoralean just like Bakuchi.

#### ABHYANTAR PRAYOGAS:

- Malapuyadi Kwatha
- · Hapushadi Churna
- Endri Rasayana
- Nilinyadi Ghrita
- · Lodhrasava
- · Madhukasaya
- · Abhayarishta
- Punarnavadhyarishta
- · Ashta Mutra

• Besides all these treatment therapy, the patient should follow the dietary restrictions, should have patience & faith in the treatment and develop positive thinking.

### **Bibliography**

- Charaka Samhita. Part II. Elaborated Vidyotini Hindi Commentary by Pt. Kashinatha Shastri and Dr. Gorakhanatha Chaturvedi. Published by Chaukhambha Bharati Academy, Varanasi
- Susruta Samhita volume I, Kaviraja Ambikadutta Shastri, Chaukahambha Sanskrit Sansthan, Varanasi
- Astanga Hridayam of Vagbhatta by Kaviraj Atrideva Gupta. Edited by Vaidya Yadunandana Upadhyaya. Published by Chaukhambha Prakashan, Varanasi
- Harrison's Principles of Internal Medicine, Vol. I & II. 15th edition
- A clinical study on the Management of Kilasa with kakodumber- Bakuchi compound. Hemant C Chuydasama, GAU, Jamnagar 2005









**Dr. Dipak Poman, MD**Consultant AnaesthesiologistSeth Tarachand Hospital, Pune

# "CAN'T INTUBATE ,CAN OXYGENATE SCENARIO" RETROGRADE INTUBATION

### RETROGRADE INTUBATION INTRODUCTION:

It involves the antegrade pulling or guiding of an endotracheal tube into trachea using a wire or catheter which has been passed into trachea via percutaneous puncture through cricothyroid membrane or cricotracheal membrane and blindly passed retrograde into larynx,hypopharynx,pharynx and out of mouth or nostril.

### INDICATION:

- Failed attempt atdirect laryngoscopy
- Inability to visualize vocal cord fold owing to blood, secretions or anatomic variation
- Unstable cervical spine
- Upper airway malignancy
- · Mandibular fracture

### **EQUIPMENT:**

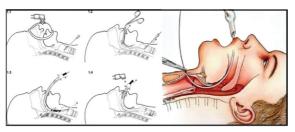
- Inj Lox 2% and Lox 10% spray
- Laryngoscope
- Guide wire –J shape (preferably)
- -Length 2.5 times the length of standard
- · Endotracheal Tube
- 18 gauge Tuohy's needle
- Suction catheter
- Syringe 2cc/5cc
- Drape

### **TECHNIQUE:**

- Position-Supine
- Extension of head or neck it displaces the cricoids and trachealcartilages anteriorly and displaces sternocledomastoidmusle laterally.
- Painting and drapping of site.
- Trachea, Larynx, Pharynx and Nasal passage should be anaesthetize by Lox 10% spray.
- Anaesthetize by Inj Lox 2% with adrenaline at the entry site of Tuohy's needle.
- With the help of Tuohy's needle no 18 gauge puncture the trachea and confirm it by patient's cough reflex.
- Pass guide wire through Tuohy's needle and advance into the trachea until it emerges from mouth opening.
- Guide wire retrived from mouth with magill'sforcep.
- Free end of the guide wire fix with artery forcep.
- Pass the suction catheter through nasal passage whichenter in mouth. Pull out tip of suction catheter with magillsforcep from oral cavity.
- Then suction catheter with guide wire take out from nostril. Now the guide wire is passed through murphy's eye of endotracheal tube.
- Endotracheal tube pass over guide wire into trachea.
- Once the endotracheal tube enter in trachea guide wire can be remove.







### **CONTRAINDICATION:**

- •Laryngotracheal Disease (stenosis, malignancy, infection)
- Lack of access to cricothyroid membrane or cricothyroid ligament (due to neck deformity, obesity, mass)
- Skin infection

### **COMPLICATION:**

- Bleeding
- Subcutaneous emphysema
- Pneumomediastinum
- Pneumothorax
- Catheter travelling caudal
- Breath Holding

### **CASE REPORT**

#### PREOPERATIVE ASSESMENT:

• Patient's age :59 yr

• Sex: Female

• Provisional Diagnosis: Left side CA Cheek

• Operative Diagnosis: Squamous Cell Carcinoma

• Plan Procedure: Left alveolus composite resection

+ RND

+ PMMC flap

ASA Grade : II

 Airway Assessment : Mallampatti Grade -IV Dentition –Normal

Thyromental distance -5.5cm

• Systemic Examination:

RS: B/L Air entry equal

: Chest expansion equal

: No added sound

CVS: Pulse -68/min

:BP – 134/90 mm of Hg, : S1S2 Normal CNS: Sensory and Motor Reflexes –Normal

: Conscious, oriented

HEPATORENAL: NO any significant deformity.

• **History**: Medical: No any significant illness Surgical: Had RTA (Implant in Left arm –distal end of Humerus) **Allergic**: No any allergic history Family: No any significant family history

• **Investigations** : (on 12/6/2014)

Hb -11.0 gm%, RBC -4.92 /mm3, WBC -13,300 / mm3, N-86% L-10% M-02% E-02% B-0%

Platelet -2,99,000/mm3, BUL -23.3 mg/dl

Sr.Creatinine -0.8 mg/dl, BSL- (F)-87 mg/dl

(PP)-115 mg/dl, LFT -Bilirubin (T)-0.5 mg/dl

(D)-0.2 mg/dl, (ID)-0.3 mg/dl

SGPT -17 IU/L, AlPO4-118 KA/U

BT -2 min 20 sec, CT -5 min 30 sec

Sr. Sodium-138 mmol/L, Sr. potassium -39 mmol/L

HIV -Negative, HBsAg -Negative

2D-ECHO -LVEF-62%

Histopathology: Specimen-Biopsy? CA cheek

: Result – Squamous cell carcinoma, Grade I-2

Keratinising, Invasive with epithelial pearls.

USG Abdomen and Pelvis – No liver metastasis.

-No other abnormality seen.

### **ADVICE:**

- NBM oral for 8 hour before operation
- · Maintain good oral hygiene
- Removejewelery, Ring, Ornaments, Nailpolish
- Inj Atropine 0.64 mg IM ½ hr before surgery.
- High risk consent.

### ANAESTHESIA RECORD

- Premedication: Inj Atropine 0.64 mg IM
- : InjMidaz 1 mg IV
- Preoxygenation doe for 3 min
- General Anaesthesia: Induction- InjPropofol 100mg IV
- Retrograde Intubation done with 7.5 ETT with cuff





B/L Air entry Checked, Packing done and tube fixed.

- Maintaince: N2O/O2=5/3 with intermittent Isoflurane On bains semi -closed circuit with IPPV.
- Muscle Relaxant : Inj Atracurium 15+10+10+10+5+5+5+2.5+2.5 mg IV

TIME	PULSE	BP	SPO2	RR	
11.30 am	76/min	128/70	96%	24/min	
12.00 am	74/min	138/84	96%	20/min	
12:30 am	88/min	142/90	98%	22/min	
01:00 pm	86/min	134/80	98%	22/min	
01:30 pm	94/min	144/84	99%	20/min	
02:00 pm	92/min	128/72	99%	22/min	
02:30 pm	99/min	116/78	99%	22/min	
03:00 pm	96/min	130/70	99%	20/min	
LEA-20 G-RL DNS					

- RECOVERY: Suction Done
- : Inj Neostigmine 2.5mg IV + Inj Myopyrolate 0.5 mg IV
- : Extubation Done after suction
- : After extubation: spo2-98% , p-98/min, BP-130/90 mmHg, RR-20/min, Responding to all stimuli. Good recovery.

### • POST OP INSTRUCTIONS:

- : NBM for 6 hrs
- : Close observation –P,BP,SpO2, RR, Temp, U/O, Secrations for next 48 hrs



### Re Thoughts

No one can make you inferior without your consent

- Eleanor Roosevect

Invisible things are the only realities

- Edgar Allan Poe

Age is an issue of mind over matter, if you don't mind it does not matter.

- Mark- Twain

Success is not final, failure is not fatal, It is the courage to continue, that only counts.

- Winston Churchil



### **(**

### HERBAL MEDICINE HERITAGE



**Dr. R. K. Soni**BAMS,
A & U TIBBIA College (DU)

### **NAARIKEL**

Latin- Cocos mucifera linn

Hindi - Nariyal; English - Coconut palm

**Brief Description** - Found in sea shores South India Kerala, East Bengal and Orissa. Tree (60-90) feet in hight, **Stem** - (1-2) feet, **Leaves** - (8-20) feet, Leaflets (2-3) feet, **Fruits** - Oval / Triangular - (10-15) inches, Outer shell covered by hairs & inside contains water and soft fruit. Bears fruits round the year so called as sadaphal.

### **Chemical Composition**

Fresh Water (**Dabh**) contains **Proteines** - 0.62% **Glucose** - 5.5% **Chlorides** - 0.55%, **Phosphates** Traces, **Water content** - 92.32% besides **Vit A & B**.

### Gunn

Guru, Snigdh; Madhur Ras,

Madhur- Vipaak & Sheet Virya

Dosh Karma - Vat Pitt Shamak

### Clinical therapeutics

- 1. Popularly consumed in conditions of exuastion, weakness & convalascence.
- 2. Checks thirst, headache, bodyache & high grade fever.

- 3. Soothing effect in summers for scorching sun & heat affected patients.
- 4. Water (Dabh) helps in disorders of hyper acidity, gastritis, tympanitis, acid peptic disease & entrocolitis.
- 5. In situation of burning, painful & incontinance urination.
- 6. While white fresh or dry **geeri** is used for **dysmenorrhea**, **crptomenorrhoe** & as **aphrodisiac**.
- 7. Fresh fruit considered at par with **cod-liver oil** in debilitating & loss of weight.
- 8. Coconut oil has **anti-allergic**, **anti-inflammatory**, **analgesic effect** on various skin eruptions like bites, burns, injury, chicken or measlery rashes if used along with camphor etc.
- 9. In Ayurveda texts Naariyal is described as 'Keshya' so its oil is messaged on scalp for hair fall and greying preferabtly with ratanjot, awla etc. as hair tonic.
- 10. Popular preprations (Yog)

**Naarikel Lavan, Naarikel Khand** & Ayurvedic message oils of base naariyal oil.







Dr. Neeraj Jaswal BAMS, M.D. (Ay.) Chief Consultant Sri Sri Ayurveda Panchkarma, Delhi Ph.: 011-65639338, 88603239790

# STATE OF MIND ACCORDING TO AYURVEDA

### Introduction

"Samadoshah samagnishcha, samadhatu malakriyah, prasannatmendriya manah, svastha ity abhidviyate."

"The one whose 'doshas' are balanced, whose metabolism is balanced, whose tissues and eliminations are normal, and whose senses and mind are centered in the Self, is considered healthy and remains full of bliss." Shushruta Sutra sthanam 15.41.

This important quotation defining health according to Ayurveda, written thousands of years ago, reveals the natural condition of the mind as a state of happiness. Why is it then, in today's world, is there an epidemic of so-called 'depression' and stress-related conditions?

### Causes acc to ayurveda

Psychosis is termed 'unmad' from Sanskrit, implying 'forgetfulness of God'.

According to Ayurveda, overuse or misuse of mind causes mental stress. Intense or rigorous mental work a day can cause Prana Vata imbalance and person becomes stressed and his mental functions like; dhi (acquisition), dhriti (retention) and smriti (recall) are impacted. Apart from this, stress can affect your mind in the following ways

### Effect on mental health

- Your mind becomes hyper active
- You lose the ability to make clear decisions
- Negative thoughts , Short-temperedness, agitation
- · Anxiety, Constant worrying, mood swings
- Inability to concentrate, relax and sleep

### Effect on physical health

- The three sub-doshas; Shleshaka Kapha; related with lubrication of joints and moisture balance in the skin, Vyana Vata; governing circulation, nerve impulse and sense of touch and Tarpaka Kapha; governing neuro humors; go out of balance.
- Physical tiredness, Chest pain and Rapid heart beat
- Aches and pain, frequent colds
- Sluggish digestion and formation of ama (impurities) in the body
- Regeneration of cells slows down
- Addiction to cigarette

#### **Solutions:-**

### Dinacharya –

The Ultimate Solution Beginning the daily habits with awareness—rising with the sun, eliminating toxins (natural urges), bathing (snana) and beginning our personal practice of worship(meditation)—helps recognize our place in the family, community and cosmos.

#### Meditation

Meditation is often referred to as the first and last medicine of Ayurveda. It can be practiced by a child and until one's last day of life. Meditation is neither religion nor doctrine, but rather one's own personal process of self-realization. 'Handicap' is no bar to meditation. Meditation is to rise above the mind's actions and reactions to the inner stillness of the 'allknowing'.

### **Herbal Treatment: -**

Herbs referred to as adaptogens are used to reduce

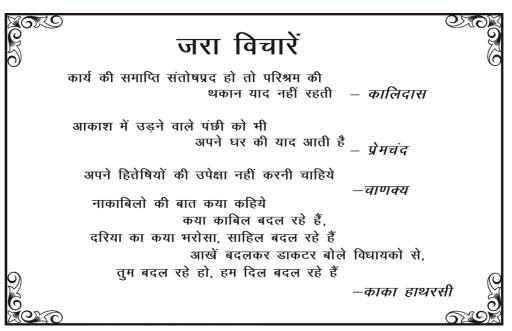




stress including; root of ashwagandha, shankhpuspi, brahmi (gotu kola), jatamansi (musk weed). These herbs not only help to reduce stress but also help to fix vata imbalance. All these and various other life rejuvenating herbs may be taken after consulting ayurvedic physician

### Panch Karma (Detoxification):

Undergoing Panch Karma (Ayurvedic Detox Treatment) offered by Sri Sri Ayurveda Panchkarma helps you to maintain strong and healthy metabolism and as well prevents toxins to get accumulated in the body. It also corrects the imbalanced doshas by identifying the root cause of stress.



# RECENT DEVELOPMENTS ICMR to validate traditional treatments

Vanita Srivastava, Rhythma Kaul

vanita.shrivastava@hindustantimes.com

NEW DELHI: Within days of doctors demanding that the Ministry of Ayush conduct controlled trials to prove the efficacy of traditional treatments from dengue, Indian Council of Medical Research (ICMR) has offered to scientifically validate their effectiveness.

ICMR said the move would help the government prepare itself better for similar outbreaks.

"We have had discussions with the Ministry of Ayush about starting scientifically-designed clinical trials in some ayurvedic hospitals," ICMR director general Soumya Swaminathan told HT. The ministry has an advisory on its website on Ayurveda, Unani, Siddha and Homeopathy methods for dengue cure.

Earlier this week, doctors at All India Institute of Medical Sciences rubbished claims that papaya leaves and goat's milk increase platelet count. "People should stop buying papaya leaves and goat milk at exorbitant prices. There has been no research to prove it. The ministry needs to do controlled trials to prove their effi-

cacy," said Dr SK Sharma, head of the medicine department, AIIMS.

"We do not support these herbal cures. In fact, papaya juice is bitter and can induce vomiting, which will dehydrate the patient further," said Dr Sharma.

ICMR will pick selective compounds for scientific testing that are identified by ayurvedic doctors as 'most promising'. "Clinical trials will provide evidence on whether or not traditional cures are actually effective and to what extent," said Swaminathan.

Proponents of Ayurveda claim traditional remedies exist to increase platelet count, which falls rapidly in dengue patients.

"Ayush researchers have compiled a list of at least 16 antidengue plants and herbs that are available in India and have been proven effective," said Dr KS Dhiman, director general, central council for research in Ayurvedic Sciences.

"These claims have not been made off the cuff but have been proven through studies that show medicinal herbs improve host defence mechanism," said Dr MM Padhi, deputy director (technical), CCRAS.

31

April May June 2016





### **MOVING NEWS**

### DEODORANTS MAY HARM GOOD SKIN BACTERIA

Wearing antiperspirant or deodorant could help manage your body odour but may also harm skin microbes that protect you against pathogens, a new study suggests. Researchers from North Carolina Central University recruited 17 people and found that in those who didn't wear a



deodorant or antiperspirant, 62% of their microbes were corynebacteria, 21% staphylococcaceae bacteria, with a random assortment of other bacteria accounting for less than 10%. Regular product users had 60% staphylococcaceae bacteria, only 14% corynebacteria, and more than 20% of opportunistic bacteria.

## EATING HEALTHY IS BETTER THAN AVOIDING JUNK FOOD

Eating more healthy food is more important for people with heart disease than avoiding unhealthy foods such as refined grains, sweets, desserts and deep-fried food, found a study of 15,000 people across 39 countries, the findings of which were



### STRESS CAUSES SKIN PROBLEMS, HAIR LOSS

Psychological stress causes skin problems such as itchy skin and flaky patches on the scalp, found a study of more than 400 undergrad students divided into groupings labelled as low stress, moderate stress and high stress. Compared to

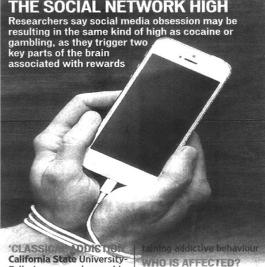


the others, the high stress group suffered more from itchy skin, hair loss, oily, flaky patches on the scalp, sweating, scaly skin, hail biting, itchy rash on hands, and hair pulling. The findings, reported in the journal Acta Dermato-Venereologica, suggest non-pharmacologic therapeutic solutions are needed.

## APPLES, BERRIES HELP PREVENT WEIGHT GAIN

Eating fruits and vegetables that contain high levels of flavonoids, such as apples, pears, berries and radishes, may help prevent weight gain, a new study has found. Researchers from Harvard University and the University of East Anglia (UEA) examined the association between the

dietary intake of seven flavonoid subclasses and weight change in a study of 1,24,086 men and women based across the US over 24 years. Increased consumption of most flavonoids were associated with weight maintenance, and even a modest weight loss.



California State University-Fullerton researchers said social media obsession is like any other classical addiction — which trigger the amygdala, where emotions, behaviour and motivation combine, and the striatum, a critical component of the reward system

Neuro-chemicals such as dopamine operate across brain reward pathways and are responsible for main-

### Doctors say many young

Indians are socially isolated because of their addiction

Facebook or any social

Facebook or any social media addiction can lead to impulse-control disorders, depression and aggressive behaviour

It has also been found to affect lifestyles – irregular dietary habits, decreased physical activity, less sleep.







#### DR. PREETI CHHABRA

BAMS, M.D. (Kyachikitsa) M Sc ( Yoga, SoL & PM ) , PGDHHC Dip. Therapeutic Nutrition Sr. Consultant Ayurveda New Delhi

### " AGNIKARMA " ......An Introduction

The importance of Agni in our lives is ungauzable. It's significant presence can be adjudged right from the labour room to the crematorium. Between these two poles lies the suffering and pain. 'Pain' is the most distressing symptom experienced by humans. Although , Ayurvedic texts have no clear mention of potent analgesic drugs; but procedures like Raktamokshan and Agnikarma have been practiced since centuries to achieve effective analgesia. Incidentally, these two methodologies are very simple and economical.

Agnikarma is one of the parasurgical procedures of Shalya Tantra. As the literal meaning goes AGNI + KARMA, it is a treatment modality conducted with the aid of Agni (Fire). This has an edge above the other therapies – as it has the potential to bestow rapid pain relief in acute conditions such as colic, lumbago, sciatica, muscular pain etc. Although it offers fast relief from the distressing symptom of pain, it may not be regarded as the wholesome treatment. It is a complimentary procedure to the ongoing or planned shaman therapy and as an adjuvant to the medicaments. Agnikarma enhances the efficacy of the overall treatment.

Agnikarma is regarded as the ace treatment for Vataj Shoola. Vitiated Vayu, when traverses through Twacha, Mamsa, Sira, Snayu, Sandhi and Asthi, produces unbearable pain and distress. Snehana, Swedana, Raktamokshan / Viddha Chikitsa, Agnikarma, bandaging, Mardana (massage) are the sequential therapeutic regimens of treating painful conditions of Snayu, Sandhi and Asthi. There are clear textual references of repeating these

Upkramas (procedures) till the patients get absolute relief from the agonizing pain. There is a strong recommendation ,that if relief is not bestowed by Raktamokshana, Agnikarma should be done without hesitation.

If the pain is in Twacha and Mamsa, Agnikarma should be performed superficially and if it is originating from Siras, Snayu, Asthi or Sandhi, it should be done deep- at the level of Mamsa.

Agnikarma offers comfort, by playing a major role in relieving pain and helping in achieving reasonable mobility. Varied indications of Agnikarma arepainless hypergranulation, ulcers, glands, tumours, fistula, Apachi, Shlipad, warts, moles, ingunal hernia, haemostasis of cut vessels or a bleeding tract.

### Domains of Agnikarma

- Ayurveda advocates Agnikarma for non recurrence of tumours.
- Almost instant relief in pain due to calcaneal spur, sciatica, kati graha, manya stambh, etc.

### Probable mode of pain relief by Agnikarma

Heat applied in moderation, brings about vasodilatation and improves the regional circulation. This phenomenon causes mobilization and subsequent flushing out of the accumulated toxic metabolic products, responsible for pain i.e. lactic acid, blood clot, urate crystals, etc.; eventually offering relief in pain .

In Ayurvedic perspective therapeutic introduction of heat, does Dhatu Utkleshan, Aam Dosha Pachan, resulting in Dosh Dushya Sammurchanna Vighatan and hence relief in symptoms.





#### **Contraindications**

- Avar satva patients with history of neurogenic shock on the very sight of blood / simple needle prick or trauma
- Localised skin infections / large vranas (ulcers)
- Agnikarma should not be performed in Sharad ritu, Grishma ritu, on a rainy day, a cloudy day and at night.
- To be executed with caution in uncontrolled diabetic or hypertensive patients
- It is contraindicated in patients of pitta prakriti, children below 10 years of age, older age group, pregnant subjects, constitutionally weak and emaciated patients.

### Materials used for Agnikarma

Metallic tools, bony and fatty substances

- Blunt shalaka of gold tip, length 7-8 cm (14 carat)
- Loha shalaka 25 cm long
- Panchdhatu shalaka (Tamra+ Loha+ Naag +Yashad + Vang )
- Pippali / Aja shakrit (goat's faeces)/Godanta (cow tooth)/Jamba vaushtha (stone shalaka) .
- Spirit lamp / match box
- Ghrit, Madhu, Gur (Jaggery), Yashtimadhu churna, Haridra churna
- Probe holder / measure tape / digital thermometer / foot rule

### Site of Agnikarma

To facilitate the selection of Agnikarma points, Shastra mentions specific sites in Anguli Pramana, Parv Pramana and landmarks viz. sense organs, hairlines, nipples, umbilicus, bony prominencies and creases. The clinician should have precise and perfect knowledge of surface anatomy and the Marmas as markers to avoid injuries. Where the text does not mention the points for Agnikarma, it should be done at the most painful spot.

### Types of Agnikarma

(on the basis of mode of application)

- Bindu (dot) Vilekha (line) Valaya (circle)
- Pratisarana It may be snidha or ruksha.

### Paschat Karma

Application of Ghrit & Madhu, Shat dhaut Ghrit, Madhuyashti Ghrit, Jatyadi Ghrit and Kumari Majja

### AGNIKARMA IS COMMONLY USED IN

### Calcaneal Spur

Agnikarma is done at the most tender spot on the calcaneum on the plantar aspect with the aid of a mrittika shalaka.

#### Katishoola

(Lumbar pain / spondilitis / spondylolisthesis/ sciatica/ back ache )

Point – muscular prominence in the lumbar region lateral to lumbar vertebrae in between L1-L2, L2-L3, L4-L5, L5-S1.

Manya shoola / Manyay stambh / Vishwachi

(Spasm of cervical muscles / cervical spodilitis/spondylolisthesis/brachial neuritis)

Prior to agnikarma, pradhaman nasya is given in non hypertensive patients.

Point – Prominence of muscles on both sides of cervical vertebrae and shoulder / intervertebral space on lateral side.

#### Janu shoola

(Knee joint pain / osteoarthritis of knee joint)

Points- Articular surface of the knee joint on medial and lateral sides.

Four fingers above and below the knee crease on the lateral aspect.

Manya granthi/Apachi (C. lymphadenitis scrofula) Agnikarma is done on the plantar aspect of the wrist joint; three lekhas at 1 finger distance.

Yakrit pleeha vriddhi

(Jaundice/ liver- spleen enlargement)

Anatomical snuff box of wrist in yakrit vriddhi and iaundice.

Same point on the left side for splenic enlargement.

### Gridhrasi (Sciatica)

Point -4 fingers above knee joint on lateral aspect of the thigh.

Other indications are – Kaphaj granthi (not situated in marma sthan), arbudha, corn (kadara), pada daha, bahu shoosha,arsha, arbudha, fistula, warts, moles, nadi vrana, to arrest bleeding from vessels etc.

It is of utmost importance here to mention that Agnikarma should be executed with well calibrated devices, calculated risk factors and only after developing required expertise.







ORIGINAL

पत्रों के पंजीव भारत सरकार

िवं प्रसारण म

भारत सरकार

### GOVERNMENT OF INDIA



भारत के समाचारपत्रों के पंजीयक का कार्यालय OFFICE OF THE REGISTRAR OF NEWSPAPERS FOR INDI

> पंजीयन प्रमाण-पत्र CERTIFICATE OF REGISTRATION

प्रमाणित किया जाता है कि प्रेस और पुस्तक पंजीकरण अधिनियम, 1867 के अन्तर्गत इस समाचारपत्र को पंजीकृत कर लिया है : This is to certify that this newspaper has been registered under the Press and Registration of Books Act, 1867:

1. समाचार पत्र का नाम

Title of the Newspaper

्र समाचार पत्र की पंजीयन संख्या Registration Number of the Newspaper

3. भाषा/भाषाएं, जिसमें/जिनमें समाचारपत्र

प्रकाशित किया जाता है

Language/Languages in which it is published 4. इसके प्रकाशन का नियतकाल तथा जिस दिन/ दिनों/तिथियों को यह प्रकाशित होता है

Periodicity of its publication and the day/days dates on which it is published

5. समाचारपत्र की फुटकर कीमत Retail selling price of the newspaper

6. प्रकाशक का नाम/Publisher's Name राष्ट्रीयता/Nationality

पता/Address

7. मुद्रक का नाम/Printer's Name

राष्ट्रीयता/Nationality

ਪੂਰੀ/Address 8. समपादक का नाम/Editor's Name

राष्ट्रीयता/Nationality

पता/Address

9. जिस स्थान पर मुद्रण का काम होता है, उसका सही तथा ठीक विवरण

True and precise account at the premises where printing is conducted

10. प्रकाशन का स्थान Place of publication

दिनांक /Date: 1 1 MAR 2016

**GURUKUL'S C.M.E** 

DELMUL/2013/66374

अंग्रेजी हिन्दी संस्कृत ENGLISH HINDI SANSKRIT

तिमाही QUARTERLY

दिनेश वशिष्ठ DINESH VASISHTH

INDIAN

326, SANT NAGAR, EAST OF KAILASH, NEW DELHI-110065

दिनेश वशिष्ठ DINESH VASISHTH

INDIAN

326, SANT NAGAR, EAST OF KAILASH, NEW DELHI-110065

दिनेश वशिष्ठ DINESH VASISHTH

INDIAN

326, SANT NAGAR, EAST OF KAILASH, NEW DELHI-110065

A-9, OKHLA INDUSTRIAL AREA PHASE-I, NEW DELHI-110020

326, SANT NAGAR, EAST OF KAILASH, NEW DELHI-110065

( एस. एम. खान S.M. KHAN)

भारत के समाचारपत्रों के पंजीयक

REGISTRAR OF NEWSPAPERS FOR INDIA

Owner(for reference): DINESH VASISHTH



### **CHINTAN**

### Enough is Enough

Dear Doctor,

There is an old saying that jack of all is a master of none.

This popular idiom is applicable to I.S.M community specially private practitioners who are doing both systems of medicine. Mostly modern practice in routine than Ayurved.

Undoubtedly we have been offering medical services at economical rates to masses earning & surviving well with the reputation of patient friendly as well as family doctor in society. Besides we are supporting consultants with mere appreciation in return at the cost of poor recoganisation by them or some times called us; quacks.

Simultaneously ayurved did not get sufficient attention and suffered because of us although we graduated in Indian system of medicine but did not promote rather pretended a doctor of modern medicine.

Thanks and high regards to AYUSH department Govt. of India, doctors in government service, ayurvedic colleges and pharmaceuticals for keeping alive ancient health system.

### Let's do CHINTAN

We should conduct regular ayurvedic camps & workshops, share experiences of our M.D (AY.) and PhD doctors of their research studies, clinical trials of pharmaceuticals and any other development at the level of AYUSH dept. C.C.R.A.S, R.A.V., I.C.M.R & C.S.I.R.

We should think that ayurved not modern medicine has solution for many a diseases to cure and control the complications if it is incorporated except emergency medicine and modern surgery. Realise future belongs to AYUSH care.

For professional honour let's choose our own path; not fight state or central governments for right of modern practice but ask for privilege of using alopathic medicine in emergency as first aid to save lives.

With regrets & regards.

Dr. Dinesh Vasishth

An Awnla A Day Keeps Ailments Away.





# Clearliv

Tablets / Syrup / Drops

# **Hepato Protector**



- Improves Natural Antioxidant Defense
- Effective & Safe in Hepatitis B & C



Combination of Phyllanthus niruri, Ricinus communis, Eclipta alba, Curcuma longa and other proven **Hepato Protectors** 







**Hepato Protector** 

For more information contact e-mail: clearliv@apexlab.com



### Presenting for the First Time Ever





Trusted for Superior Efficacy



Globally patented drug delivery platform which provides
Quick and Comprehensive transdermal penetration



# Helps minimise dose of oral NSAID, thereby, reducing renal and gastric side-effects

Proof of concept studies available on request: pmtspektra@troikaapharma.com





