

GURUKUL'S C.M.E



**A Quarterly Magazine For
Medicine Reorientation**

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Issue 3 April 2014



Editor's Desk

Dear Doctor,

Stepping ahead for 3rd issue, April 2014, a few of the contemporary health topics are being published.

The age old popular vedic era beautification techniques are explained for detoxification (shodhan) & pacification (purification) at organ as well as tissue level, therapeutic medicated lepa as local applicants for injury of bones, ligaments & joints, the clinically proved evidence of 'Amalaki Powder' for iron deficiency disorders, introduction of holistic Chinese Medicine as propagation of ancient Ayurvedic health sciences, go & easy remedy of life style ailment like constipation (Malav Sthamb), present comparative study of bad obstetric history & its correction with Punsvan Karm for healthy delivery as well as old but safe, means of administration of drugs through basti & cost effective herbal tips for backache.

So are the information on Laparoscopy, a new tearing less, bleeding less surgical procedure, skin complications among diabetics with thorough & brief knowledge on Angina and Hypertension.

As earlier, through this quarterly magazine, Gurukul's C.M.E., I am Committed to bring more information from various fields of Ayurvedic Medical Science through recent researches & clinical trials.

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.

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*Solicit
Your
Suggestions & Cooperation*

Important

* Views & Opinions Expressed In The Articles Are Entirely Of Authors.

* **For 4th Issue :** You are requested to send Articles on Research, Clinical Study or Expertise, with your Photograph, **before 15th July, 2014** at gurukulscme@gmail.com, dr.vdinesh@gmail.com

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COSMETOLOGY IN AYURVEDA

Cosmetology includes the treatment of skin, hair & nails.

Ayurvedic cosmetology specialises in the field of natural principle & it is ideal for modern demands. Plant extracts & natural substances have been formulated into cosmetic products according to ayurvedic system. One of the major benefit is that biologically active ingredients are easily absorbed into the deeper layer of the skin & influences it at the cellular level.

The human body responds extremely well to natural substances, while it has an in-built resistance to synthetic ones.

Beauty enhancement by ayurveda:

In ayurveda dinacharya & ritucharya are explained in the context of preservation of health & promotion of beautification aspect. The procedures like.

- **Karnaabhyanga / karnapoorna , lepanam**
- **Abhyanga**
- **Sugandhadravaya lepana**
- **Udvartana**
- **Souviranjana dharana**
- **Gandusha**
- **Prayogika dhoomapana**
- **Pratimarsha nasya**
- **Aaschyotana and tarpana karma**

Are described elaborately for health preservation & beauty enhancement. An ideal ayurvedic strategy for achieving complete beauty care & prevention of ageing is as follow:

The patient should be thoroughly examined & “**Prakriti, temperament**” should be evaluated so that the appropriate treatment can be planned. The therapy can be planned by shodhana (detoxification) & by shamana (pacification).

Shodhana(detoxification): to remove the accumulated toxins in the body. Ritu anusara shodhana karma should be performed. To begin with, the person is given medicated ghee internally till the samyak sneha lakshana appear in the body

After ghritapana, abhayanga & swedana karma should be performed. The patient is then subjected for the specific shodhana karma.

Shamana (pacification): Useful drugs are chandanasav, saribadyasav.

Care of the Skin: Twacha is the term for skin in ayurveda. Skin is a cover of the exposed parts of the body. The sense of touch spreads over the entire body through skin. As ayurveda believes that all living beings have the panchamahabhoota as it is components, same is for the skin. It is the seat of sparshana indriya. Skin is also the dwelling of bhrājaka pitta and regulates the temperature of the living body and absorbs all local medicinal application.

In charaka samhita, the charaka state medicinal plants in “Varnaya mahakashaya”. used to obtain glowing complexion. The herbs mentioned in Varnaya Mahakashaya are –

- 1. Chandana**
- 2. Nagkeshara**
- 3. Padamaka**

4. **Khus**
5. **Yashtimadhu**
6. **Manjistha**
7. **Sariva**
8. **Payasya**
9. **Seta(shweta durva)**
10. **Lata(shyama durva)**

In Sushruta Samahita” **Eladi gana**” contains –Ela. Tagara, kushtha, jatamansi,tavaka, dhamamaka, patra, nagkeshra,priyangu, harenuka,vyaghranakha,s hukti,stouneyaka,choraka, shriveshata,khus, guggul, sarjarasa,turushka,kundaru,agaru,ushira,devdaru,kes hra and padamakshra. All these herbs can eliminate toxins from the body, clear the complexion that leads to a glow on the skin and alleviates kushta and boils. Before choosing any ayurvedic beauty care method, it is important to know about the body constitution (Prakariti) and the basic types of skin. Three basic type are based on the doshas Vata,pitta,kapha.

Vata skin - Dryness is vata property.it is cool too. A thin fine dry skin which is cool to touch is identified as vata skin. When vata in the body is aggravated the skin will go rough, dry and flaky.

Pitta skin - Pitta skin feels warm to the touch. It will be soft, oily and reddish and it is more sensitive. Skin rashes, acne and freckles are the result of pitta aggravation.

Kapha skin - Kapha types have soft, thicker, oily and slightly cool skin. Their skin is thicker, softer; oiler and smoother .when aggravated kapha can cause excessive oiliness, blackheads, pimples and moist eczema.

Daily care of the skin:

1. Apply slightly warmed oil as per dosha dominance. (Vata –sesame oil,Pitta –coconut oil and kapha – mustard oil)
2. Give a full body massage for about 10-15 minutes. It nourishes the body, makes the skin soft and silky and promotes the strength of the skin.
3. Once a week complete oil bath will be helpful.
4. After the oil massage or bath exercise ,yoga or sun

bath works as a sudation (swedana) which reduce heaviness of the body and eliminates the waste.

5. Cleanse the body with the udavartana. An udavartana is a mixture of flour (grama or moong) and herbal powders like ushira, chandana,koshtha,jatamansi. mustaka and padamakshra etc.This udavartana procedures alleviates the kapha dosha,makes the skin clean and smooth,

6. Take a warm water bath to rinse off the udavartana. it gives pleasant feeling to the mind ,relieves the stress and strain.

Daily facial care:

To remains healthy and want good appearance of the skin especially of the face requires frequent cleansing to remove sebum, dead cells,crust.as a daily routine the cleaning and toning can be achieved with the paste of Triphala. Mix 2 tsf of triphala powder and 1 tsf of jiraka powder .prepare the paste and apply it to the face and wash it after 5 minutes .the face becomes clean, soft and smooth.

Antiperspirant herbs:

The herbs which reduce or stop the sweating are called “swedopanayana” herbs.The herbs are ushira, chandana, kamala, mustaka, nagkeshra, padmakshra and jatamansi.

Care of the Hair :

Hair is also a part of beauty of the human beings.a hair consist of a root(the part implanted in the skin) and a shaft (portion projecting from the surface)

Ayurvedic aspect of hair:

The hair (kesha) is the waste of asthi dhatu. Hence, anything detrimental to ashthi dhatu will be harmful to the hair. Depletion of ashthi dhatu causes hair loss.

The health of hair depends upon the health of the bones and skin.

The nourishment of hair depends entirely upon the rasa dhatu. Dearrangement of rasa dhatu causes hair fall and premature greying .So health of hair depends upon rasa and ashthi dhatus and on all the three doshas.

Herbs for hair care:

- **Bibhitaka:** The seed oil of bibhitaka prevents premature greying of hair.
- **Brahmi :** Sesame oil enhanced with brahmi ,kulanjana and vacha is very useful for promoting hair growth and prevents the hair fall.
- **Bhringraja:** The fresh juice blackens the hair. It is the best natural hair dye. The fresh juice of the leaves or sesame oil enhanced with it is useful in promoting growth of hair.
- **Shankhapushpi :** Its oil prevents the hair fall and premature greying of hair.
- **Tila (sesame):** Prepare the decoction of its roots and leaves .give hairs wash with it. It promotes the hair growth, blacken them and gives a silky texture.
- **Yashtimadhu:** Sesame oil enhanced with liquorice and amalaki prevents the hair fall .In charaka the term “keshya” is used for liquorice.
- **Madayantika(Mehndi):** Henna is mainly used as a colouring agent. It is mixed with other natural dyes, and largely used as hair dye.
- **Methika :** A paste of its leaves applied over the scalp regularly before taking bath help hair grow and keep them silky.
- **Narikel :** Daily massage the scalp with coconut oil. It promotes the hair growth and prevents the hair fall.

Natural hair cleanser

Take amla, shikakai and reetha seeds in an iron pan and soak them in water for a night. Mash them and wash hair with this water.

Care of the Nails:

Nails are the important part of the hands and they too need to be taken care. The condition of our nails is the reflection of the condition of our body tissues .If we are having problems with our nails, then we need to look at the balance and nourishment of the whole body .In ayurveda, fingernails are the product of our bones

- To harden soft nails soak them in warm olive oil for about 20 minutes.
- Neem oil, aloe Vera and triphala herbs paste helps in nourishing the nails.Lemon oil can repair brittle nails.
- To make the nails soft and nourish them, prepare a cream of almond oil and honey leave it overnight.
- Sesame seeds, sunflower seeds, dairy products, nuts, dried fruits and green leafy vegetables encourage healthy nail growth.

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EFFECT OF MANJISTHADI LEPA IN TRAUMATIC JOINT DISORDERS

Abstract

Among commonly occurring traumatic skeletal disorders, the sprains and strains of ankle joint and inter-phalangeal joints are more common. In all such conditions patient complaints of pain associated with swelling, and with or without deformity. These clinical conditions hamper the routine activities of the individuals. **Sushruta** has advocated the application of **Manjistadi lepa** in traumatic joint injuries in Chikitsa Sthana. The management of such traumatic disorders varies in allied sciences, so an attempt is made to assess the efficacy of non-invasive and OPD based management by **Manjistadi lepa**.

In this observational study 25 patients selected from L.R.P. Ayurvedic Medical College & Hospital, Islampur, Maharashtra. Manjistadi lepa was found to be very beneficial in traumatic joint disorders due to strain and sprain was observed.

Keywords: Manjistadi lepa, joint disorders, traumatic, soft tissue injuries, medicated paste application.

Introduction

The commonly occurring traumatic joint disorders are fractures, dislocations, synovitis, sprains and strains. The ankle joint and inter-phalangeal joints are more prone to this and characterized by a painful tear of ligament at joints. In all such conditions initial complaint of patients will be pain associated with swelling with or without deformity. These traumatic joint injuries appear to be simple, but are

more painful and troublesome to the patient. These clinical conditions hamper the routine activities of the individuals along with disturbance in the financial status.

Acharya Sushruta has advocated the application of Manjistadi lepa in traumatic joint injuries in chikitsa sthana which made me to undertake this work. Previously one study was conducted in Radial Bone fracture as it was found very good analgesic and anti-inflammatory action. The management of such traumatic disorders varies in allied sciences like analgesics, brace, crepe, below knee cast for 2-6 weeks followed by immobilization and so on. At first, treatment of both sprains and strains usually involves resting the injured area, icing it, wearing a bandage or device that compresses the area and medicines. Later treatment might include exercise and physical therapy.

Injuries to the soft tissues of joint require more skill in diagnosis than fracture because the lesion is not evident on the radiographs, but the risk of stiffness is even greater. The key to manage these injuries is a careful clinical assessment based upon an understanding of the anatomy and physiology of the joint involved. Injuries to the soft tissues alone may be grouped under following headings.

- 1. Contusions and cuts**
- 2. Sprains / strains**
- 3. Traumatic synovitis**
- 4. Complete tear of soft tissues on one aspect of joint**

5. Dislocations.

In these conditions some invasive techniques have their own disadvantages like infection of the joints, post-operative problems etc. so to overcome these and to avoid such invasive and painful procedures a clinical trial was conducted at college attached hospital, using Manjistadi lepa³. (Medicated paste application)

Material and methods:

Source of Data: It is an observational study with a pre-test and post-test design conducted on 25 patients to assess the efficacy of Manjistadi lepa on traumatic joint disorders. Patients were selected from OPD and IPD of Loknete Rajarambapu Patil Ayurvedic Medical College, Hospital, Post Graduate Institute & Research Centre, Islampur. who were fulfilling the inclusion and exclusion criteria.

Lepa drugs⁴ : **Manjishta** (Rubia cordifolia) part used is root,

Yashtimadhu (Glycyrrhiza glabra). part used is wood.

Raktachandana (Santalum rubrum) part used is hartwood,

Shali Pishti (Oryza sativa), part used is Grain.

Shatadhauta Gritha (hundred times processed Ghee).

Preparation of Manjistadi lepa

All the above ingredients are taken in equal quantity and mixed with Shatadhouta grita and hot water and medicated paste is prepared. This paste is applied in semi solid form and freshly prepared Manjistadi lepa is used for each patient.

Inclusion Criteria:

1. Patients with history of Sprains and Strains were randomly selected irrespective of age and sex.
2. Patients with subluxation were also selected.

Exclusion criteria:

1. Patients with dislocation of joint
2. Patients with open and displaced fracture.

Diagnostic criteria:

Patients with history of Traumatic joint injury presenting with

- Swelling
- Tenderness
- Color change
- Difficulty in movements

Assessment criteria:

- Pain
- Swelling
- Range of movements.

Procedure of application: Selected patients were subjected to application of Manjistadi lepa mixed with luke warm water. The thickness of lepa was 1cm and removed after complete drying up of lepa. This lepa was applied twice daily for a period of 3-5days.

Observation and results:

Among 25 patients reported for the study 16 were males and 09 were females.



Sl. No.	Joints Affected	No. of Patients	Percentage
1	Ankle joint	11	44%
2	Knee joint	03	12%
3	Inter phalangeal joint	06	24%
4	Costochondral joints	03	12%
5	Wrist joints	02	08%

The following table illustrates the percentage of improvement seen in patients.

Sl. No.	Joints Affected	No. of Patients	Percentage
1	Complete Relief	15	60%
2	Moderate Relief	6	24%
3	Mild relief	3	12%
4	No Relief	01	4%

Discussion:

Rakta prasadana karma and hot potency (ushna veerya) of Manjista lepa helps to penetrate into the local tissue that will dilate the peripheral vessels. Thus resulting in venous dilation followed by increased peripheral arterial blood flow. This may be the reason for the reduction of the swelling at the affected area.

The pain being the resultant of swelling which exert pressure over the peripheral sensory nerve, the Ushma guna and Madhura rasa of the lepa dravya probably act as Vata shamaka. This results in reliving the pain.

Yastimadhu along with Shatadouta ghrita does Vranaropana and Pitta shamana. The madhura and snigdha property of these act as Anti inflammatory. Shatadhouta ghrita enhances tissue permeability aiding in tissue repair.

The lepa itself during the process of drying may cause local pressure and stiffness and the rest given may help in faster recovery.

Conclusion:

- Manjistadi lepa was found to be very beneficial in traumatic joint disorders due to strain and sprain.
- Among the various joints involved patients suffering from ankle joints responded well when compared to other joints.
- The drugs of Manjistadi lepa are easily available, cost effective and can be practiced in OPD level.
- The duration of treatment is also sort owing to the fast action of the drugs.

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Laparoscopic Surgery

Laparoscopic surgery, also called **minimally invasive surgery (MIS) or keyhole surgery**, is a modern surgical technique in which operations in the abdomen are performed through small incisions (usually 0.5–1.0 cm) as opposed to the larger incisions needed in **laparotomy**. Keyhole surgery makes use of images displayed on TV monitors to magnify the surgical elements. Most commonly done surgeries are **Laparoscopic Cholecystectomy, Appendectomy, Umbilical hernia, Inguinal hernia, Adhesiolysis, Hysterectomy, Diagnostic Laparoscopy etc.**

Laparoscopic surgery includes operations within the abdominal or pelvic cavities. There are a number of advantages to the patient with laparoscopic surgery versus an open procedure. These include reduced pain due to smaller incisions, hemorrhage, shorter recovery time and reduced overall cost of surgery.

The key element in laparoscopic surgery is the use of a laparoscope - a telescopic rod lens system, that is usually connected to a video camera. It is attached with a fiber optic cable system connected to a 'cold' light source to illuminate the operative field, inserted through a trocar to view the operative field. The abdomen is usually insufflated like a balloon.

Laparoscopic cholecystectomy is the most common laparoscopic procedure performed. In this procedure, 5–10 mm diameter instruments can be introduced by the surgeon into the abdomen through trocars. Instead of larger incision as in traditional (open) cholecystectomy, four incisions of 0.5–1.0 cm will be sufficient to perform a

laparoscopic removal of a gallbladder. The length of postoperative stay in the hospital is minimal, and same-day discharges are possible in cases of early morning procedures.

Truly the laparoscopic approach is intended to minimize post-operative pain and speed up recovery times, while maintaining an enhanced visual field for surgeons. Due to improved patient outcomes, in the last two decades, laparoscopic surgery has been adopted by various surgical sub-specialties including gastrointestinal surgery (**including bariatric procedures for morbid obesity**), **gynecologic surgery and urology**. Based on numerous prospective randomized controlled trials, the approach has proven to be beneficial in reducing post-operative morbidities such as wound infections and incisional hernias (especially in morbidly obese patients), and is now deemed safe when applied to surgery for cancers such as cancer of colon.

Advantages

There are a number of advantages to the patient with laparoscopic surgery versus an open procedure. These include:

- 1.Reduced hemorrhaging**, which reduces the chance of needing a blood transfusion.
- 2.Smaller incision**, which reduces pain and shortens recovery time, as well as resulting in less post-operative scarring.
- 3.Less pain**, leading to less pain medication needed.

4.Procedure times may be slightly longer, but hospital stay is less, and often with a same day discharge which leads to a faster return to everyday living and reduce overall cost.

5.Reduced exposure of internal organs to possible **external contaminants** thereby reduced risk of acquiring infections.

Disadvantages

While laparoscopic surgery is clearly advantageous in terms of patient outcomes, the procedure is more difficult from the surgeon's perspective when compared to traditional, open surgery:

1. Surgeons can use only instrument to interact with tissue rather than manipulate it directly with their hands. This results in an inability to accurately judge . This limitation also reduces tactile sensation, making it more difficult for the surgeon to feel tissue

2. Newer technique to learn the surgeon.

3. Increasing cost of Laparoscopic instrument is a matter of concern.

Limitation of Laparoscopy-

The restricted vision, the difficulty in handling of the instruments, new hand-eye coordination skills are needed, the lack of tactile perception are the main limitation of laparoscopic procedures.

Risks :

Apart from risk of general surgeries, other significant risks are from trocar injuries during insertion into the abdominal cavity, as the trocar is typically inserted blindly. Injuries include abdominal wall hematoma, umbilical hernias, umbilical wound infection and penetration of blood vessels or small or large bowel. The risk of such injuries is increased in patients who have a low body mass index or have a history of prior abdominal surgery. While these injuries are rare, significant complications can occur, and they are primarily related to the umbilical insertion site.

Vascular injuries can result in hemorrhage that may be life threatening. Injuries to the bowel can cause a delayed peritonitis. It is very important that these injuries be recognized as early as possible.

There may be an increased risk of hypothermia and peritoneal trauma due to increased exposure to cold, dry gases during insufflation. Many patients with existing pulmonary disorders may not tolerate pneumoperitoneum (gas in the abdominal cavity), resulting in a need for conversion to open surgery after the initial attempt at laparoscopic approach.

Sometimes CO₂ retention pushes against the diaphragm and can exert pressure on the phrenic nerve. This produces a sensation of pain that may extend to the patient's shoulders.

Dense adhesions from previous abdominal surgery may pose added risk for laparoscopic surgery and are considered relative contra-indications for this approach.

Intra-abdominal adhesion formation is a risk associated with both laparoscopic and open surgery and remains a significant, unresolved problem. Adhesions are fibrous deposits that connect tissue to organ post surgery. Complications of adhesions include chronic pelvic pain, bowel obstruction, and female infertility. Small bowel obstruction poses the most significant problem.

Robotic laparoscopic surgery:

The process of minimally invasive surgery has been augmented by specialized tools . Some of the features include:

Visual magnification — use of a large viewing screen improves visibility
Stabilization — Electromechanical damping of vibrations, due to machinery or shaky human hands
Reduced number of incisions

Robotic surgery has been a boon for undeveloped area, where a single central hospital can operate several remote machines at distant locations.

Laparoscopic surgery is given dramatic changes in the field of surgery. It increases acceptances, improves care and also cost effective. The restricted vision, the difficulty in handling of the instruments, the lack of tactile perception and the limited working area are factors which add to the technical complexity of this surgical approach. For these reasons, minimally invasive surgery has

emerged as a highly competitive new sub-specialty within various fields of surgery. Surgical residents who wish to focus on Laparoscopic surgery gain additional training after completing their basic surgical residency.



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Study of 'Amalaki Powder' as a single drug treatment on Pandu Roga (Iron deficiency anemia)

Introduction:

In India more than 80% of females are suffering from anemia. In developing countries like India, anemia is most commonly found disease. The patients who are suffering from Iron deficiency anemia are more than any other disease in India. The mostly used drugs for treating this problem are iron supplement which are having many side effects like constipation, nausea, vomiting, headache etc.

So there is much need to find a better alternative treatment for Pandu vyadhi which must be economical, safe and having minimum side effects.

The herbal preparations are having minimum side effects and these are economical, safe, and easy to administer on large group of peoples. All these qualities are same as definition of the best medicine mentioned in Ayurveda.

Amalaki Churna is easily and most commonly found drug in any part of India. It is having minimum side effects when taken orally as a medicine.

Aims and objectives:

Aims:

This clinical trial was aimed to study efficacy of the Amalaki Churna on the Pandu (Iron deficiency anemia).

This study was also aimed to study the Iron deficiency anemia in females.

Objectives:

This study was helpful to establish the effect of herbal preparation on Pandu(Iron deficiency anemia).

This study helps to find out the herbal drug which is economical, safe, easily available and having minimum side effects to treat Pandu Vyadhi.

Materials and methods:

Materials:

Ayurvedic parameters were used while selecting 50 patients of Pandu Vyadhi (Iron deficiency anemia) for this clinical trial.

Inclusive criteria:

The patients having age between 21 to 60 years and hemoglobin level less than 10 mg/dl was selected for this study.

The patients was screened with clinical & laboratorial diagnosis of nutritional iron deficiency anemia

Exclusive criteria:

The patients suffering from other diseases and having age less than 21 years and more than 60 years were excluded from the study.

Amalaki churna: Prepared and filled in capsules similar to the standard iron preparation capsules.

Standard empty preparation capsules will be collected from the local market.

Methodology:

Design of the study: This is an open randomized prospective clinical study.

Drug: Amalaki churna.

Dose : 2gm/day in equally divided doses after meals.

Duration : 3 months.

Follow up study: 2 weeks.

The efficacy of the drug on patients was studied with the help of hematological parameter and symptomatic relief.

Criteria of assessment:

The haematological parameters were used for the assessment of the results.

Haemoglobin (Hb%)

Effect of treatment on symptoms of Pandu Vyadhi like **Shotha, weakness, palpitation, headache**, etc. were recorded.

Observations and results:

The percentage of hemoglobin level in patients **before treatment**

Sr no.	Hemoglobin levels(gm/dl)	No. of patients	Percentage (%)
1.	5-6	02	4%
2.	6-7	07	14%
3.	7-8	11	22%
4.	8-9	12	24%
5.	9-10	18	36%

The symptom set in patients of Pandu Vyadhi **before treatment**

Sr. no.	Symptoms	No. of patients	Percentage %
1.	Shotha	41	82%
2.	Daurbalya	50	100%
3.	Pandutva	37	74%
4.	Daha	38	76%
5.	Bhrama	16	32%

The percentage of hemoglobin level in patients **after treatment**

Sr. no.	Hemoglobin levels(gm/dl)	No. of patients	Percentage (%)
1.	5-6	00	0%
2.	6-7	01	8%

3.	7-8	05	10%
4.	8-9	06	12%
5.	9-10	05	10%

The symptom set in patients of Pandu Vyadhi **after treatment**

Sr. no.	Symptoms	No. of patients	Percentage %
1.	Shotha	18	36%
2.	Daurbalya	09	18%
3.	Pandutva	17	34%
4.	Daha	00	0%
5.	Bhrama	02	4%

Comparison between the Hb% before and after the treatment.

Sr. no.	Hemoglobin levels(gm/dl)	No. of patients	Percentage (%)
		Before - After	Before- After
1.	5-6	02 00	4% 0%
2.	6-7	07 01	14% 08%
3.	7-8	11 05	22% 10%
4.	8-9	12 06	24% 12%
5.	9-10	18 05	36% 10%

Comparison between the symptom set in patients of Pandu Vyadhi before and after the treatment.

Sr. no.	Symptoms	No. of patients	Percentage (%)
		Before - After	Before- After
1.	Shotha	41 18	82% 36%
2.	Daurbalya	50 09	100% 18%
3.	Pandutva	37 17	74% 34%
4.	Daha	38 00	76% 00%
5.	Bhrama	16 05	32% 04%

Discussion:

After studying the results found from this study it was seen that Amlaki churna is effective in Pandu

Vyadhi. The symptoms of Pandu vyadhi are reduced and the hemoglobin level of the patients were also improved significantly.

The total 60% patients shown hemoglobin percentage more than 10mg/dl which is significant improvement. The other patients also shown improvement in their hemoglobin % significantly.

The patients of Pandu showing **Shotha** as one of the symptom are **41** in number and they are reduced to **18** after treatment. The patients showing **Daurbalya** are **50** before treatment and they reduced to **9** after treatment. The patients showing **Panduta** are **37** before treatment and they reduced to **17** after treatment. The patients showing **Daha** are **38** before treatment and they reduced to **0** after treatment. The patients showing **Bhrama** are **16** before treatment and they reduced to **2** after treatment.

These results shows that the Amalaki churna is very effective in treatment of Pandu vyadhi.

Conclusion:

Amalaki churna is very much effective in reducing the symptoms of Pandu vyadhi and also very helpful in elevating the hemoglobin level in the patients of Pandu vyadhi.

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HERITAGE HEALING

The ancient and effective Chinese system of medicine for infertility (male & female).

Traditional Chinese Medicine (TCM), is an advanced and effective system of medicine, that aims to treat the root cause of disease, rather than it's symptoms. Once the cause is treated, the symptoms automatically disappears. **In that sense, the tenets of TCM are similar to that of Ayurveda.**

The practitioner is required to understand the disease causing factors, and their effects on the body, mind and psychology of the patient. The delicate inter-relationship between the mind and the body has to be properly understood. From the modern day point of view, the system can be viewed as **holistic**.

Just like every person, TCM believes that every disease too has a distinct personality. Given the same conditions, different people will show different symptom-patterns, depending upon the distinctiveness of their individual self. The same disease can manifest differently in different people. On the basis of the study of these complexes and patterns, an experienced doctor works out a diagnosis. As per TCM there are twelve big meridians in our body. These meridians are the carriers of 'Qi' (energy) and the route along which intelligence is exchanged between organs. Yin/ Yang are the energies that complement each other. They are inseparable and present in everything. For one to be healthy, **Yin** and **Yang** have to be in harmony. Put simply, **TCM** believes that 'Qi' has

to flow freely along the meridians, if it's not able to flow because of a blocked meridian for instance, illness will result.

TCM and Infertility -

TCM uses several modalities for treatment of cases related to infertility. It covers various diseases and weaknesses of reproductive organs. Since ages, TCM has shown very good results for treatment of female infertility and it's causative reasons/ factors like- **Endometriosis, Tubal-Blockages, Ectopic Pregnancy, Non-Specific Ovarian Failure, Uterine Fibroids, Poly Cystic Ovarian Disease, PID'S , Hormonal Imbalances. On the other hand , this treatment is equally beneficial for male infertility disorders.**

The mode of treatment consists of various modalities like Chinese Herbal Therapy, Acupuncture, Tuina Massage, Qi-Gong exercises. TCM medicines are basically derived from herbs and other natural sources. Medicines help to clear stagnant Qi, increase blood flow to the related organs, build up basic nerve energy and augmented nerve force regenerates and re-vitalises the reproductive organs. In a review published in the December issue of the journal *Complementary Therapies in Medicine*, **women receiving Chinese herbal medicine treatments were twice as likely to get pregnant within a four-month period than those receiving conventional Western medical fertility drug treatment or IVF.** The findings also suggested that

the quality of the menstrual cycle - a key component in Traditional Chinese Medicine (TCM) diagnosis -- appears to be crucial to the successful treatment of female infertility.

There is a long recorded history of Chinese herbs being used in the treatment of infertility. In fact, records indicating herbal treatment of infertility

and miscarriage date back to 200 A.D., including mention of formulas that are still used for those same purposes today. **The first book devoted solely to gynecology and obstetrics, "The Complete Book of Effective Prescriptions for Diseases of Women," was published in 1237 A.D.**

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Hypertension – A Review

BACKGROUND

HTN is a common disorder affecting around 5% in rural and 10% in urban India. It is a major risk factor for cardiovascular and renal disease. But it is usually asymptomatic so referred as SILENT KILLER.

Definitions

Blood pressure appears to be a continuous linear relationship between blood pressure level and risk. There were so many classification of HTN before, But recently JNC8 published in 2014 makes it simple for the practicing doctors.

It says- There is a strong evidence to support treating hypertensive persons aged 60 Years or older to be BP goal of less than 150/90 mmHg and hypertensive persons 30 through 59 years of age less than 140/90mmHg. The goal for diabetics and pts with CKD – 140/90mmHg.

WHO also recommends to keep BP below 140/90mmHg.

Types of HTN

- Essential (or primary) HTN, cause unknown
- Secondary hypertension where a cause (eg renal artery stenosis) has been identified.

- 1 Renal Parenchymal Disease
- 2 Renal Artery Stenosis.
- 3 Primary Hyperaldosteronism
- 4 Pheochromocytoma
- 5 Aortic Coarctation
- 6 Cushing Syndrome

7 Drug Induced HTN

- Oral Contraceptive Pill
- Steroids
- NSAIDS
- Immunosuppressive like cyclosporine etc
- Erythropoietin
- Anabolic Steroids
- Thyrotoxicosis

There are other types of HTN needs to be mentioned as below:-

- Isolated Systolic HTN
- Malignant HTN or accelerated-phase HTN
- White Coat HTN

Consequences of HTN

- Cardiac disease
 - Left Ventricular Failure
 - Angina

Myocardial Infarction

Cerebrovascular Disease

- TIA
- Stroke
- Hypertensive Encephalopathy

Vascular Disease

- Aortic Aneurysm
- Arterial Dissection

Others

- Progressive Renal Failure

- Hypertensive retinopathy

Management of HTN

1 Lifestyle changes

- Reduce wt if pt is overweight.

- Low salt intake to 2gms/day

- Increase exercise at least 30-40mts brisk walk covering 3-4 KMs.

- Alcohol intake should be in moderation

Drug Therapy-Main Points are summarized

below:-

- JNC8 2014 recommends any of the four can be started

- ACEI like Ramipril

- ARBs like Telmisartan

- CCB like Amlodopin

- Thiazides

- Don't combine ACEI & ARB

- Beta-blockers in CAD

- In CKD ACEI or ARB should be added

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Dist:sangli

MALAVA SHTHAMBA- CONSTIPATION

DEFINITION:

Malv Shthamba or constipation is explained as having bowel movements cleared less than 3 times a week.

With constipation stools (Mal, Vishtha), are usually hard, dry, small insize, & difficult to eliminate regularly.

Malv Shthamba or constipation is a symptom not a disease.

However constipation can be defined as accumulation of toxins in the colon due to improper bowel movements.

ETIOLOGY:

Developing the proper urge for defecation in the morning is very important. The modern lifestyle of getting up late in the morning and running to work does not allow this habit to develop, which can lead to constipation. All **Vata & Kaph Prakriti** persons suffer from this problem.

The main cause is dietary, eating late meal after sundown or eating food that is hard to digest and that produces toxins in the colon. Food without roughage, too much coffee and tea, eating dry substances like legumes, drinking cold drinks and smoking contribute to constipation.

Other factors like not drinking enough water, staying awake late at night, insomnia, stress, nervousness, worry, grief and fear is also responsible. Many elderly people suffer from constipation besides the following.

1.A diet that is low in fibre & in fluid is commonest

2. Immobility & lack of exercise

3. Several disorders, such as metabolic disorder, diabetes - mellitus, hypothyroidism and depression

4. Hypotonic colon due to chronic laxative abuse

5. Slow gut transit time especially in young females.

6. Drugs – Opioids and antacids.

People recovering from abdominal surgery and people with anal disorders, such as haemorrhoids or a tear in the anal canal, may find it painful to defecate and then develop constipation.

Types-

Vata and Kapha predominant types are found. Pitta type is rarely found.

Symptoms-

The tongue is mirror of digestion. Usually the tongue has slightly whitish coating when we get up from bed. but after scraping of the tongue this coating disappears.

Complications-

Insomnia, headache, stomatitis, aphthous ulcers in the mouth, piles, fissures and hernia are common complications.

Treatment-

- Don't forget to take in, a glass of hot milk with teaspoon of clarified Ghee at bed time
- Triphala churna, 3gm at bed time with warm water.
- Isabgol husk & Gulkand with milk at night.
- Go high on fibers, eat plenty of fresh fruits & vegetables consuming a high- fiber diet is best way to soften stools besides eat vegetables like **Parmal, Sahanjan Ki Phalli, Jimikand & Harad Achar** on regular basis. **Anjeer (Figs) soaked in water along with Kishmish & Khajoor. (Dates).**

During day meals only drink black salted & Jeera mixed Chachh (Namkin Lassi).

Snacks & meals comprised of whole grains like Wheat, Grams (chana), Jow, Ragi, Sabudana should be preferred.

Other prescriptions-

- Swadisht virechen powder 1 tea spoon at night.
- Panchskar powder 1 tea spoon at night.
- Amapachaka vati 2 tab.3 times day
- Gandharva haritaki 1 tea spoon at night

- Abhayarishtha 4 tablespoon with equal water 2 times after meals.

Do's & Donts'

1. Correction of dietary habits is must.
2. Consume enough green roughage & seasonal fruits.
3. Smoking, drinking, (alcohol, beer), soft drinks should be minimum.
4. Red meat (mutton), spicy fast food should be discouraged.
5. Avoid more time & straining in toilets.
6. Drink early morning water half to 1 liter (accordingly) boiled & kept in cooper vessel overnight, this will gradually correct patient's **gastro-intestinal colic reflux.**

Yoga Postures-

Yoga specially Pranayama, Naukasan, Pavanmuktasan, Suryanamaskar besides 50 minutes swift walk daily.

Remember - No Curry, No Hurry, No Worry.



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BOH- (Bad Obestratic History) An Ayurvedic Review

Introduction

Pregnancy and motherhood is a precious gift of God to every woman.

BOH is defined as one with previous poor obstetric outcome that can adversely affect future pregnancy and labour.

BOH implies previous unfavorable fetal outcome interms of two or more consecutive spontaneous abortions, h/o IUD, IUGR, still birth, early neonatal death or congenital anomalies etc.

Overall incidence of bad obstetric history in literature is variable with large etiological heterogeneity. An average of 11% abortions, 25% IUGR, 7% neonatal mortality and 9% perinatal mortality occur in India.

The concept of BOH is dealt in detail in the chapter Jatisootriyam shareeram of Charaka samhita.

EARLY PREGNANCY LOSS

- Chromosomal defects

LATE PREGNANCY LOSS

- Preterm labour with PROM
- IUGR
- Severe anaemia
- PIH & Hypertension
- Rh incompatibility
- Maternal infections
- Genetic defect

MID PREGNANCY LOSS

- Cervical incompetence
- Uterine anomalies
- Maternal infections
- Endocrinal

Preventive aspects of BOH

Classical texts have references as to how to beget a good progeny .

Avoidance of pippali , kshara, lavana in excess

Proper employment of Garbhadana samskara

Use of suitable pathya during garbhadhana

Specific Achaara during Garbhadhana

Masanumasa paricharya after garbhadharana

Achara Rasayana

Putreshti yajna

Pumsavana

Garbhasthaapaka dravyas

Vaarana bandha

Samanya paricharya

Masanumasa paaricharya

Sadvrutta

Avoiding garbhopaghatakara bhavas

Garbhini paricharya is designed by sages of Ancient India to carry the pregnant mother and foetus through 9 months of pregnancy without any complications.

There is a logical sequence in the masanumasa paricharya where in the pregnant woman is nourished with nutrients appropriate to the growth of the foetus. In the first trimester, she is advised to take plenty of milk according to her power of digestion. Milk contains high quality of protein which helps in the structural health of the foetus during early part of pregnancy. Subsequently, milk is processed with Jeevaneeya gana dravya which aid in normal physiological functioning of foetal organs.

During 4th month, Acharyas have told the use

of Navaneeta. The nervous system of the foetus dynamically expands during the 4th month .Brain consists of 100% fatty acids and the use of Navaneeta is appropriate at this time.

Subsequent periods of paricharya are explained with a view for the management of normal labour.

According to Acharyas, Vata plays a critical role in growth and development of the foetus and also in the conduct of normal labour.

Thus the whole management of pregnancy is based on secured physiological requirements based on the fundamental principles of Ayurveda.

PUMSAVANA KARMA

After a thorough search through ayurvedic literatures many purposes of pumsavana karma can be understood :

Acharya Dalhana has mentioned it for

Garbha grahanaaya
Garbhasthaapanaartham
Putraaptyajanaanatham –

Main events that occur in first 2 months of pregnancy constitutes the vigorous development of zygote into various stages decidual changes,proper implantation and placentation

As Time specified by our acharyas for Pumsavanakarma within 8th to 10th week probably helps in healthy placentation and maintaining uterine environment by means of hormonal balance thus helping in garbhasthapana.

Pushya, hasta amd nakshatras because of their potency and presiding diety .

such as Bruhaspathi –pushya nakshatra are believed to protect the Pregnancy and qualify the garbha.

Following the regimens told by our acharyas in dinacharya , rtucharya , sadvrutta ,achara rasayana helps in Swasthya of the person , thereby future generation will also be in healthy condition.



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SKIN DISORDERS IN DIABETES MEELITUS

SKIN SYMPTOMS DUE TO DIABETIC VASCULAR ABNORMALITIES

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

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

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

Wet gangrene of the foot : This is a late manifestation of diabetic microangiopathy. Nondiabetic atherosclero sistend to develop a dry form as a result of targe-vesset insufficiency.

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

practical diagnostic significance, especially in fair -skinned patients.

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

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

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

DIABETIC NEUROPATHY

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

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

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

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

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

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

INSULIN RESISTANCE AND ACANTHOSIS NIGRICANS

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

VARIOUS SKIN DISORDERS ASSOCIATED WITH DIABETES MELLITUS

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

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

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

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

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

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

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

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

Vitiligo: Vitiligo occurs more frequently in diabetics (in on study).

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

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

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

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

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

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

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

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

Reactive perforating collagenosis (folliculitis):

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

Treatment Strategy

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

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

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

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

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

Re -Thoughts

1. Success comes from calm mind, it is a cold iron which bends & cuts hot iron.
2. When one is angry, great amount of energy is wasted, so utilize it wisely.
3. Patience is bitter but bears sweet fruits.
4. Perfection is the child of time.
5. Contentment is a natural wealth while luxury is an artificial poverty.
6. Impossible is a word found in the dictionary of fools - Napoleon B
7. Man is not finished when he is defeated but he is finished if he quits - R. Nixon.



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BIO PHARMACEUTICS OF BASTIKALPA WITH SPECIAL REFERENCE TO NIRUHA BASTI

ABSTRACT

There are various routes of Drug Administration and dosage forms. The drug may be applied locally or may be administered orally and by injection.

The administration of a medicament in liquid form in to rectum, uterus (Garbhashaya) and urethra (Mutrashaya) called as Basti in Ayurveda and the drug for it known as "Basti Kalpa."

The drug used in basti kalpana classified basically in to two groups on the basis of pharmaceutical preparations. From these preparations which are **kashaya pradhan** known as 'Asthapana' and **sneha pradhana** known as 'Anuvasan.'

The 'Asthapana Basti' also known by synonym **Niruha**, **shodhan** and **kashaya**, as Basti sustains the body by eliminating vitiated doshas ('dosha nirharanat sharer dosha haranat va.....') called as 'Niruha.' The efficacy of niruha basti clinically proved at various institutional research centers. The special mixing procedure of ingredients and the proportion of the same may enhance the biotransformation of drug.

Keyword: Basti, Asthapan, Anuvasan, Niruha, dosha, Garbhashaya, Mutrashaya.

INTRODUCTION

A number of drugs cannot be administered orally because either the drugs are affected by the digestive juice or their therapeutic activity is modified by the liver after absorption. After the drug is absorbed

from the small intestine, the drug is carried by hepatic portal vein to the liver. The liver modifies many drugs chemically and thereby often reduces their systemic effectiveness.

In this case the basti chikitsa is quite superior more than $\frac{1}{2}$ (50to70%) of rectally administered drugs where reported absorbed into the general circulation (Bucher, K Helv physiol et pharmacol Acta6:821,1948).

Thus the study of **absorption, elimination and accumulation of drug, physiochemical and biological factors that influence drug absorption** is known as "pharmacokinetics" of the drug.

'Biopharmaceutics' is the study of physiological and pharmaceutical factors influencing drug **lease and absorption from dosage forms**. The absorption refers to the overall transport of drug and released substance into the body or parts these. There are so many factors affecting drug absorption. Here an attempt was made to evaluate the drug absorption of niruha basti i.e. **Dwadash prasrutika basti**.

MATERIALS AND METHODS:

Materials- with reference to "**Chakradatta**" **niruha** **adhikar** described by Chakrapani, the standard dose of niruha basti is Dwadash prasrutika i.e. 960ml. Which consist ingredients with the ratio as follow :

Sr. no.	Drug name	Quantity	Wt as par AFI
1	Saindhav (Rock salt)	1 Karsh	12 gm
2	Madhu(Honey)	4 Pala	192 gm
3	Sneh(Til tail or other sneh)	4 Pala	192 gm
4	Kalka	2 Pala	96 gm
5	Kwath	10 Pala	480 ml
6	Prakshep	4 Pala	192 gm

(1 Prasut = 2 Pala, 4 Karsh = 1 Pala and 1 Karsh = 12 gm (AFI))

Total Dwadash prasrutika basti contain Madhu- 2 Prasrut, Sneh- 2 Prasrut, Kalka- 1 Prasrut, Kwath- 5 Prasrut, Prakshep-2 Prasrut excluding saindhava.

Methodology of Niruha Basti:- The mixing of drugs and method of preparation described by Chakradatta and Acharya Charaka is same.

Take Saindhava +add honey mix with churner (Vinirmathya) + add sneha properly Add kalka addition of quath dravya, again mix with churner + add prakshepa make a homogenous emulsion.

Modern view of rectal administered drug and its absorption

In general drug absorption from rectal site occurs by passive diffusion across biologic membrane.

Factors affecting drug absorption

A) Physical factors:

1. Solubility- Drug absorption requires that molecules be in solution at the absorption site.

2. Concentration of drug

3. pH of drug- chemical instability is often a function of pH

B) Chemical factors:

1. Lipophilicity - Biologic membranes being lipidal in nature are usually more permeable to lipid soluble substances. The relative lipophilic to hydrophilic properties of the entire molecule

– undergoes passive diffusion across the biologic membrane (lipid solubility and water solubility) Lipophilicity altered.

2. Stability-salt formation is a chemical modification that usually enhances aqueous solubility. It is observed that the dissolution rate of the salt effect intestinal motility.

C) Metabolic factors:

Drugs may be expressed to pre systemic biotransformation when administered by intravascular route.

D) Physiological factors:

1. Site of application – the large effective area of the rectal cavity approximate 200 to 400 cm². In general drugs absorbed in the lower region of the rectum enter directly into the systemic circulation.

2. Residence time – the time for which a drug remains at its site of absorption may affect its Bioavailability.

Action at site of application – GI mucosal surface is a mass of folded tissue covered by projections of columnar epithelial cells called villi and microvilli. These structure increases the effective surface area for absorption.

Co-relation of Modern perception to Ayurvedic view

1. ADO SAIDHAVASYA-Adding of rocksalt is a chemical modification and that usually enhances aqueous solubility.

2. MADHUNA PRASRUTDWAYAM-chemically honey is mainly a mixture of dextrose and levulose. The fruit sugar or levulose which remains liquid. It contains formic acid and ash. The dextrose and levulose absorbed easily. Honey contains both fat soluble and water soluble principles (Materia Medica, p.n. 192). The pH of honey is 3.9 but can range from 3.2 to 6.1. Honey contains many kinds of acids both organic and amino with nutritive

sweeteners. Honey is mostly sugars and contains only trace amounts of vitamins or minerals. Honey contains tiny amounts of several compounds thought to function as antioxidants including chrysin, pinobanksin, vit C, catalase and pinocembrin.

Osmotic effect:- when water is mixed with honey it loses its low water activity.

Hydrogen peroxide – is formed in a slow release manner by enzyme glucose oxidase present in honey. It is active only when honey is diluted. It is active only when the acidity of honey is neutralized by body fluids.

Antioxidant constituents in honey help clean up oxygen free radicals present.

Nutraceutical effects:- Antioxidants in honey even been associated with reducing the damage done to the colon.

Honey contains electrolytes in the form of acids and minerals.

Honey serves an important role as it is mild laxative, bactericidal, sedative, antiseptic and alkaline characteristics. It is also act as antibiotics.

3. SESAMUM OIL-contains 70% of liquid fats consisting of glycerides of oleic and linoleic acids and 12 to 14 % of solid fats, stearin, palmitin and myristine. A crystalline substance

Sesamin and a phenol compound sesamol.

4. KASHAYA—Hydrophilic compounds used that are more radially excreted predominantly.

DISCUSSION

1) Niruh basti administered increase liquid (H₂O) concentration up to 650 to 960 ml considering higher dose (classical dose i. e. Dwadash prasarutika basti).

2) It increases rate of flow liter/day.

3) In Niruha basti saindhava (NaCl) is one of the ingredient due to which ion concentration change at the site of absorption. There is change in pH may occur sodium concentration in gut-flora increased.

4) The concentration may help in absorption and chemical interaction may be happened.

5) The oil and water from Niruha convert in emulsion like mixture. The absorption of drug through water media may be happened at first level.

6) The fatty acids present in honey stimulate peristalsis and increased absorption (MM).

7) Tiltail :- It is best among Chatusneha. It is best 'Vatahar dravya'. The fatty acid present in Sesamum oil stimulates peristalsis and phenolic action too.

CONCLUSION

The overall action of Niruha basti kalpa is due to alteration in pH and electrolytes due to addition of saindhav, madhu (honey); addition of kashaya, sesamum oil altered Lipophilicity and most important the large effective area for absorption.

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Six steps to relieve from Back Pain (Lumbago)

Back pain can strike a person at any time. The good news is, most of acute backache attacks resolve without much fuss. However, it is only sensible that each of us should know the first aid measures to soothe the aching back.

The most common cause of back pain is strained muscles or sprained ligaments. Several things could lead to that such as improper lifting, a sudden or strenuous physical effort, an accident/ injury/ fall, Lack of muscle tone, excess weight especially around the abdomen, your sleeping position especially if you sleep on your stomach, sitting in one position for a long time, poor sitting and standing postures, holding the cell phone under your shoulder, carrying a heavy luggage/ briefcase/ purse/ shoulder bag, sitting with a thick wallet in your back pocket, holding a forward-bending position for a long time and lastly the daily stress and strain.

The effect may begin to show immediately or it will be after several hours after you have strained the muscles. The muscles knot up in spasm and you can feel pain. That's your body's way of signaling you to slow down and prevent further injury.

If you suffer a sudden attack of acute back pain, you might consider taking the following first aid measures:

1) REST:

At the first signs of back pain, just lie down. Being in a horizontal position places the least strain on your spine. If you are at home, slip into your bed, provided it is not too soft or uneven. If you are outside, don't worry, the floor should be fine, just

ask somebody to make the surface comfortable so that it is firm- not hard- and doesn't dig into your spine and ribs. If possible, let somebody spread a few rugs or blankets evenly on the ground.

If your muscles are in spasm, it may take you a while to ease yourself on to the bed or down on the floor. Try sitting on the edge of the bed and then rolling slowly on to it, or use a support to help you to get to the floor.

There is no right or wrong way to lie. You can lie on your back, on your front or on your side whichever is least painful. Lying in a horizontal position will help to relax muscles that are in spasm and you should find the pain slowly ease away.

If you are lying straight on your back, you might like to place a pillow or a rolled up towel in a small of your back. This should make you more comfortable. If you are lying on your side, a pillow between your knees will support the upper leg and prevent from folding over forward. Whether you are on the bed or on the floor, don't prop yourself upon pillows, that will put more strain on your back and worsens the pain. Get plenty of rest, but avoid prolonged bed rest. Moderate movement keeps your muscles strong and flexible. Avoid heavy weight lifting, push-ups and bending or stretching for two to three weeks.

2) SWALLOW PAIN RELIEF TABLETS:

Don't be afraid to take simple pain-relief tablets during an acute episode of back pain. Medicines such as PARACETAMOL, IBUPROFEN, DICLOFENAC & muscle relaxants help in relieving pain and ease you out of muscle spasm. What works

should simply guide the choice of the medication best for you. Just be careful that you don't add insult to injury by swallowing a tablet that might worsen an existing illness. A person who has peptic ulcer, asthma, or allergy should particularly be vigilant.

3) USE OF COLD PACK:

During the first 24-48 hours, applying a cold pack against your back may help relieve the pain. Wrap an ice pack or a bag of frozen peas in a piece of cloth. Hold it on the sore area for 15 minutes four times a day. To avoid frostbite, never place ice directly on your skin. After 48 hours, you may use heat to relax sore or knotted muscles. Use hot water bottle wrapped in a towel, an electric heating pad or heat lamp. Spending a few minutes in a hot shower can also soothe a painful back. But be careful not to burn your skin with extreme heat. If you find that cold provides more relief than heat, you can continue using cold, or try a cold and hot combination.

4) A GENTLE MASSAGE:

Ask someone to give a gentle back rub. That can help to relax your muscles. Just make sure the room is warm, that you are lying on a comfortable surface, and the massage is gentle. No pressure should be directly applied on your spine.

5) HOME TRACTION:

There is a simple way of applying traction at home to stretch the lower spine and relieve the pressure on the discs. Lie on your back on the floor; ask somebody to lift your legs by the ankles, lean back slightly and gently swing your legs from side to side. This simple technique should help if you have pain in the lower back or down the back of the leg.

6) WARM UP:

Gradually begin gentle stretching exercises. Avoid jerking, bouncing or any movements that increase pain or require straining. Healing will occur most quickly if you can continue your usual activities in a gentle manner while avoiding what may have caused the pain in the first place. Avoid long periods of bed rest, which can worsen your pain and make you weaker.

AYURVEDIC MANAGEMENT:

- 1) Add some AJWAYAN and SAINDHAWA (Salt) to hot mustard oil and after some time macerate AJWAYAN and salt in the oil and apply it to the painful area.
- 2) Make a decoction of Guduchi, Ashwagansha, Bala, Nirgundi and Pippali moola and consume it 3-4 times a day before meals.
- 3) Some memorable Ayurvedic preparations like Tablet Ekangveer rasa, Shoolvajrini vati, Yograj guggulu etc.
- 4) Take daily 2-4 ml of Parijataka bark/ leaves juice in the morning.
- 5) Apply Prasarini tail to the painful area.

When to go for Radiological tests:

e.g. X-Ray Chest/Spine, C.T., M.R.I. & Laboratory parameters like C.B.C. , E.S.R., A.E.C. Montoux test, T. B. Gold, to exclude neurological pathology in following conditions as per physician's advice.

In case, your pain does not settle, or you have any of the following symptoms that suggest possible nerve damage from a prolapsed disc, you would do well to consult a physician as soon as possible:

- When you start developing a problem with your bladder or bowel, seem to be losing control over them, or suffer any numbness or loss of feeling in the groin or rectal area.
- When your leg or foot feels weak and you experience difficulty in walking and you relate it to back.
- When you have pain down the leg and you experience repeated or prolonged "pins and needles" in your leg.
- When you have pain in your back that also radiates down the leg with numbness or loss of feeling in your leg.
- When your pain results from a fall or blow to your back.
- When your pain, fever last longer than a week.



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ABC OF HEART DISEASE...

When ever we talk about the health & related diseases, we are surprised by the word **attack** like heart attack, brain attack or leg attack.

In the last century maximum deaths in the world are due to cardiovascular accidents, C.V.A.

Public in general is not knowing about any of these disabling attacks which hampers the life of victim.

A sincere & through awareness is needed from the professionals to educate the masses to cut down not only the expenditure but also the morbidity as well as mortality rate.

Some preventive health tips for healthy heart for example smoking, alcohol consumption, laziness, inactivity (no exercise), obesity, sedentary life eating fiber less, fry, fatty, freezed food, canned cold saturated food should be discouraged.

The most common heart disease is angina called as heart pain or chest pain.

WHAT IS ANGINA?

Chest discomfort for a transient myocardial ischaemia is likely to occur when the coronary blood flow is less, insufficient than required.

The pain lasts for 2-3 minutes like a band around the chest which can be local or radiating to any direction mostly towards left side of hand, wrist, arm, shoulder, chin, jaw, neck.

Occasionally epigastric or interscapular pain is due to reduced blood supply to the heart.

How it can identified?

Although angina is a clinical diagnosis. History of similar episodes in life experienced by the

patients commonly place the hand or indicating with clinched fist on the sternum associated with breathlessness.

What are the test for angina?

ECG most commonly available test for angina. It can show the change in **ST elevation** or no changes. (see other in list of Investigations)

Clinical Conditions when you may find

ANGINA:

Exercise, Anaemia, Hyperthyroidism, Hypertension, Aortic Stenosis, Obstructive cardiomyopathy, Dilated cardiomyopathy, Hypertrophy of the ventricle, Tachycardia, Coronary artery spasm. Etc.

INDUCED BY:

Exertion, Walking against the wind, Walking on staircase up to 2nd floor flight, Uphill walking, Sudden increase in cold, While eating food or after eating food, Starting of the walking, may be during dangerous dreams also.

PRECIPITATION: By extra & undue effort or anxiety

RELIEF: By rest or Glyceryl Trinitrate (Sorbitrate) S/L

Differential Diagnosis : of Angina

Muscular pain, Oesophagitis, Hiatus hernia, Cervical Spondylosis, Thoracic cage disease, Mediastinum,

INVESTIGATIONS:

ECG, X-RAY CHEST P A VIEW

ECHOCARDIOGRAPHY, T M T

THALLIUM SCANNING, C T ANGIOGRAPHY

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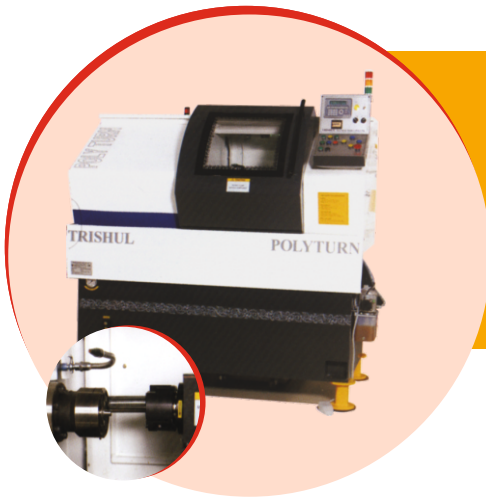
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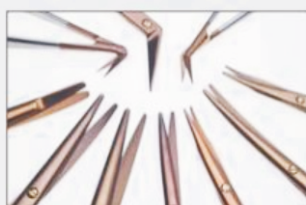
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