



4TH EDITION

A BIANNUAL AYURVEDA NEWS BULLETIN

AYURDEEP



FACULTY OF AYURVEDA
PARUL UNIVERSITY

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4TH EDITION REVIEW

We are immensely happy to publish the fourth edition of “AYURDEEP” a Biannual Ayurveda Bulletin which has summary of events related to Parul Institute of Ayurveda & Parul Institute of Ayurveda & Research. Several Guest lectures and Seminars conducted, Awards received by students & staff members, Days observed in and outside campus by faculty of Ayurveda, Special programmes conducted are highlighted in this volume. As a routine this time we have highlighted yet another Ayurvedic preparation manufactured by our own Pharmacy.

We all being doctors have utmost responsibility of contributing to the healthy society. Our happiness solely depends on the health and wellness of our patients. Consultants, Medical officers, Postgraduates, Internees, Nurses, Pharmacists, Receptionists, Lab technicians, Housekeeping staffs and each and everyone related to the Parul Ayurveda Hospital & who are working vigorously with only one motto i.e to cure the illness of patients and to bring back smiles on their faces by making them disease free. By keeping this in mind 4th volume of Ayurdeep extensively highlights success case stories treated in our hospital.

“HEALTH IS LIKE MONEY,
WE NEVER HAVE A TRUE IDEA OF ITS VALUE UNTIL WE LOSE IT”
Josh Billings

“THE NEW YEAR STANDS BEFORE US LIKE A CHAPTER IN A BOOK, WAITING TO BE WRITTEN. WE CAN HELP TO
WRITE THAT STORY BY SETTING GOALS”

WE THE FACULTY OF AYURVEDA, PARUL UNIVERSITY

WISH YOU ALL A VERY HAPPY 2020



4th Edition
A BIENNIAL AYURVEDA NEWS BULLETIN

AYURDEEP

**FACULTY OF AYURVEDA
PARUL UNIVERSITY**

DAYS OBSERVED

Black Day of Our Nation-Pulwama Attack (Tribute to Soldiers)

Parul University gave tribute to our soldiers who lost their lives in Pulwama Attack on 15th February 2019.



International Yoga Day observed at Parul University on 21 June 2019. Shri Bhargav Bhatt, BJP, Vice president Gujarat state participated in the event.



An awareness rally lead by Commissioner of Police, Vadodara on International Day Against Drug Abuse and Illicit Human Trafficking 26th June 2019



DAYS OBSERVED

Shishyopanayan Samskara - Traditional Way of Welcoming New UG & PG Students
was conducted by Faculty of Ayurved, Parul University
on 3rd January, 2019.



Leprosy Day was
observed with Leprosy Awareness Programme organized by
Dept. of Swasthavritta, PIAR on 30th January, 2019.



Environmental Day
was celebrated on 5th June, 2019 by Planting 45 new plants in PIAR Garden



GUEST LECTURES

Experts from Patanjali Yoga centre Haridwar delivered guest lecture on 17 June 2019 at PIA, Parul University



Postgraduate Interactive session with Dr. Shailaja Rao, Prof & HOD, PG Dept of Kaumarabhritya, SDMCA & H, Hassan conducted by Dept. of KB, PIA on August 31st 2019.



Orientation lecture by Dr. Hemant D Toshikhane, Dean, Faculty of Ayurveda, Parul University for final year UG Students of PIA, 2019.



Guest lecture was delivered by Dr. Sachin Deva, Reader in Dept of Roga Nidana, PIA at Barghava Ayurveda college, Dehmi Anand, Jan. 2019.



Guest lecture on successful treatments in shalakyta tantra diseases by Dr. Veerayya. Hiremath, Prof. Dept of Shalakyta Tantra conducted by Dept. of Shalakyta Tantra, PIA on Aug 14th 2019



Guest Lecture by Dr. Vitthal Huddar, Associate Prof. Dept. of Kayachikitsa, AIIA, Delhi on Ayurvedic management of neurological disorders was conducted by Dept of kayachikitsa, PIA on Aug 8th 2019.



Guest lecture by Dr. Mahesh Sanghavi, President Ayurveda proctology Association on advancements in Anorectal treatments conducted by Dept. of Shalya tantra, PIA on Jan 2nd 2020.

Guest lecture by Dr. Suhas Kulkarni, Senior Ophthalmologist of Belgaum. Karnataka conducted by Dept of Shalakyta Tantra, PIA on Sept 14th 2019.



Guest lecture by Dr. Amit Chowdhary, Prof., Dept of Panchakarma, Quadra Institute of Ayurveda, Roorkee, Haridwar conducted by Dept of Kayachikitsa, PIA on 5th Dec 2019.



Guest lecture by Dr. Sujata Kadam, AIIA, New Delhi on Research trends in Prasooti and Streeroga conducted by Dept of PTSR, PIA on Dec 11th 2019.



GUEST LECTURES

Expert lecture by Dr. Prakash Deshpande, Prof., Dept. RSBK, BVV Ayurveda College, Bagalkot on "Introduction to Rasashastra and Importance of Rasoushadhis" organized by Dept. RSBK, PIAR on 11th January, 2019.



Expert Lecture by Dr. Vinay Pawar, Reader, Dept. Basic Principles, DYP, School of Ayurveda on "Clinical Utility Of Vimana Sthana of Charaka Samhita" organized by the Dept. Basic Principles, PIAR on 25th April, 2019.



Expert Lecture Series by Dr. Kirankumar Delwadia, Prof. & HOD, Dept. of Pathology and Dr. Nisarg Savjiyani, Asst. Prof., Dept. of Pathology from 9th to 11th April, 2019 on "Basic Pathology & Immunity and Immune Deficient Disorders" organized by the Department of Roga Nidana, PIAR



Expert Lecture by Sri Paramadhama Dasji, Hare Krishna Movement, Vadodara on "Art Of Mind Control" organized by the Dept. of Basic Principles, PIAR on 26th April, 2019.



Expert lecture by Dr. Shruti Phatak, Reader, Dept. Kriya Sharir, DYP, School of Ayurved on "Concept of Srotas" organised by Dept. of Kriya Sharir, PIAR on 22nd April, 2019.



Expert Lecture by Dr. Shivani S. Gavande, Prof., Dept. of Kayachikitsa, B S Ayurved Mahavidyalay on "Applied aspect of Charaka Chikitsasthana in Today's Era" organised by Dept. of Basic Principles, PIAR on 22nd November, 2019.



Expert Lecture by Dr. Bhanu Prakash Joshi, Prof., Lakulesh Yoga University on "Sensitisation To Clinical Ayurved" organized on 20th June, 2019.



Expert Lecture by Paramadhama Dasji, Hare Krishna Movement, Vadodara on "Yoga in Modern Age" organized by Dept. of Swasthavruttha, PIAR on 20th June, 2019.



Expert Lecture by Vd. Kadam Amol Shamrao, Prof. & Principal, Dept. of Ayurveda Samhita & Siddhanta, Dr. Deepak Patil Ayurveda College & Research Centre on "Practical Utility of Padartha Vigyan" organized by Department of Basic Principles, PIAR on 28th September, 2019.



SEMINARS & WORKSHOPS

A Knowledge sharing National Seminar on hepatobiliary and pancreatic diseases was held at Parul University. Padmashree Balendu Prakash renowned Ayurvedic Physician, Deharadun and Dr Sameer Naik, Prof. & HOD of PG Dept of Kayachikitsa, KLEU `S Sri BMK Ayurvedic College, Belgaum were the keynote speakers at the seminar on 16 April 2019.



CPR workshop successfully conducted by Dr Mrugesh Suthar, ER Incharge, PSH for PG scholars of PIA on 12 & 13 Feb 2019.



Faculty of Ayurveda, Parul University organized National Seminar SAMMOHAN-Anesthesia in Indian Medicine on 7th & 8th Feb. 2019.



National Seminar on Recent Trends In Research conducted on 19th Jan 2019 at Parul University, Vadodara.



2nd Research Methodology and Biostatistics workshop for 1st Year MD / MS students on (27th -29th June 2019) Successfully Organized by Dept. of Samhita and Siddhant, PIA, Parul University, Vadodara.



SEMINARS & WORKSHOPS

National Seminar and Workshop on New Dosage Forms "Mahoushadhi-2019" organized by Dept. of RSBK, PIAR on 5th and 6th July, 2019.



One Day State Level Workshop Pulse Tech-2019 on Nadipariksha by Nadiguru Acharya Dr. Sanjay Chhajed was organized by Department of Kriya Sharir, PIAR on 23rd December, 2019.



Inauguration of "Garbhasanskara" A unique Ayurvedic approach to reform Genius and Healthy Child on 26th November, 2019 at Parul Sevashram Hospital by Department of PTSR, PIAR



ANANDA BLISS

A state of art luxury soaked health care unit “Ananda Bliss” was inaugurated in Parul Ayurveda Hospital by former Indian cricketer/wicket keeper Mr.Nayan Mongia on 7th of Dec 2019



GUJARAT AYURVED CRICKET PREMIER LEAGUE

Gujarat Ayurved cricket premier league was organized by Faculty of Ayurved, Parul University from 7th to 10th of Jan 2020 in which more than 30 teams both male and female including students and faculties of Gujarat Ayurveda colleges enthusiastically participated in the event. **Entire event was live streamed successfully.**

Boys Winners- Shri Swaminarayan Ayurved college, Kalol

Boys Runners- Parul Institute of Ayurveda, Vadodara

Girls Winners- Parul Institute of Ayurveda, Vadodara

Girls Runners- Govt Ayurveda college, Vadodara



CAMPS CONDUCTED

Special Health checkup camp conducted by Parul Ayurveda Hospital on 15th april 2019 for Allergic rhinitis, pancreatitis, migraine, hepatobiliary disease. Consultation from Padmashree Vd. Balendu Prakash renowned Ayurvedic Physician, Deharadun & Vd. Sameer Naik, Prof. & HOD of PG Dept of Kayachikitsa, KLEU`S Sri BMK Ayurvedic College, Belgaum.



Mega Health check up camp by Parul Ayurveda Hospital was conducted at Santosh Nagar which was inaugurated by Shri Rajesh Aihre - corporator Subhanpura 2019.



Health checkup camp was conducted for mentally disabled children of Manav Kalyan Trust, Navasari on 1st July 2019 on the eve of Doctors day by Dept of Kaumarabhrithya, PIA.



Free health check up camp by Parul Ayurveda Hospital at Koliyari Taluk, Pavi Jetpur which was inaugurated by Member of Parliament Smt Hon. Geetaben Rathwa on sept 18th 2019.



Dept of Kriyasharira, PIA in collaboration with Vasu Pharma organized BMD camp and more than 200 people had the benefit of same on Aug 20th 2019 at Parul Ayurved Hospital



Khemdas Ayurved Hospital organized Medical Camps in places viz. Moghara, Shamaidevi, Jarad, Khakhriya, Ghanbhirpura, Mohebej, Untkoi, Khadki, Rumadiya, Vagach, Dhaboi, Jamli, Surasamal, Goyavat etc.,



FIELD VISITS

Parul institute of Ayurved, Parul university visited Forensic Science Laboratory, Ahmedabad and Reptile house (Snake Park), Kankaria lake, Ahmedabad on 19th February, 2019



Students of Bhargav Ayurveda College, Dehmi, Anand visited Botanical Garden, PIA, Parul University



Students of PIA, Parul University participated in Airshow 2019 Vadodara on sept 27th 2019



Field Visit to Waghai Govt. Botanical Garden, Rajpipla and Govt. Botanical Garden, Rajpipla conducted by Department of Dravyaguna Vijnana, PIAR on 1st April, 2019



FIELD VISITS

Study Tour to Government Ayurved Pharmacy, Rajpipla and Prashant Pharmaceuticals, Rajpipla conducted by Department of RSBK, PIAR on 2nd April, 2019.



Department of Swasthavritta & Yoga, PIAR organized visit to Baroda Dairy on 18th and 19th November, 2019 for 3rd year B.A.M.S Students.



II Year BAMS visited to Central Pathology Laboratory, Dept of Radiology and Central Blood Bank of Parul Sewashram Hospital on 4th April, 2019 organized by Department Roga Nidana, PIAR



PARUL AYURVED PHARMACY

Bhringaraja Keshya Taila

Composition : Bhringaraja, Bhrahmi, Nili, Musta,

Amalaki,

Sahchar, Shati, Sweta, Raktagunga, Gulabpushpa,

Japapushpa, Dudhi Swaras and Tila Taila.

Indications : Hairfall, Graying of Hair, Dandruff.



AWARDS / ACHIEVEMENTS

Falication of Respected Dr Hemanth Toshikhane, Dean, Faculty of Ayurveda, Parul University & Dr BG Kulkarni, Principal, PIAR, Parul University by Gujarat Ayurveda Registration Board during CME of Ayurveda General Practitioners of Vadodara in collaboration with 'Earthveda Health Care' on 3rd February 2019.



Dr Shailesh Deshpande, Prof. & HOD, Kayachikitsa, PIA Received Best Paper Award at International Conference on Aharavidhi - Ayurvedic Approach to Modern Dietary Practises' held at Tilak Maharashtra Vidyapeeth, Pune on 22th February 2019.



Dr. Sachin Deva, Reader, Rognidana, PIA received First Best Paper Award at 'Sammohan-2019' held at Parul University on 7th and 8th February 2019.



Dr. Krishna Rathod, Asst. Prof. Basic Principles, PIA received second best paper award at 'Sammohan-2019' held at Parul University on 7th and 8th February 2019.



Dr. Krishna Kulloli, Asst. Prof. Rognidana, PIA received second best paper award at 'Sammohan-2019' held at Parul University on 7th and 8th February 2019.



Dr. Sachin. Deva, Reader, Rognidana, PIA received First Best paper award at Amruta National seminar on 'Pragmatic approach towards chronic disorders' held at Hyderabad on 22nd



Dr. Divya Deva, Asst. Prof. Panchkarma, PIAR secured first Best Paper Award in National Seminar "Sammohan 2019" organized by PIAR, PU on 7th & 8th February, 2019



Dr. Vaishali Deshpande, Prof. & HOD, Kayachikitsa, PIAR secured Best Paper Award in oral presentation in an International Conference "Aaharvidhi" organized by Tilak Maharashtra Vidyapeeth, Pune on 22nd February, 2019.



AWARDS / ACHIEVEMENTS

Dr Dinesh chandra Pandya, Director, AYUSH, Gujarat State Felicited by Parul Institute of Ayurved on the occasion of National seminar on pancreatitis and hepatobiliary diseases on 16th April 2019.



A book named "Exam Oriented Human Anatomy" authored by Dr. Abhijit Patil, Prof. & HOD Rachana Sharir, PIA released at 'Sammohan-2019' held at Parul University on 7th and 8th February 2019.



Parul University- PIA received the 'Devadoot Award' for the services during the floods at Vadodra 2019.



2 teams of 3rd year students from PIAR got grants of 75k and 50k for the innovative presentation in SOIC - SSIP @ KCG Ahmedabad mentored by Dr. Prasanna M, Prof. & HOD, Dept. Agadtantra, PIAR



A book named "A Handbook of Dravyaguna- Non Detailed" authored by Dr. Prasanth R. Krishnan, Reader Dept. of Dravyaguna, PIAR released on 6th July, 2019.



Dr. Eshwari Salian, Asst. Prof. Dept. Shalakyata Tantra, PIAR bagged 'Young Scientist Award' in "Update Shalakyata 2019" at Tilak Ayurveda Mahavidyalaya, Pune on 26th to 28th December, 2019



SUCCESS CASE STORY

A SUCCESS CLINICAL STORY ON MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

THROUGH PANCHAKARMA.

A CASE STUDY

Rheumatoid arthritis is the 2nd common arthritis after Osteoarthritis and is most common inflammatory arthritis. The prevalence is approximately 0.8% of population (range 0.3% to 2.1%). R.A is seen worldwide and affects all races. Usually occurs in the age group of 35 to 55 yrs. It is a challenging and burning disease for the physicians and medical field. Till today in modern science, there is no effective medicine for this disease.

All that modern medicine can do on this disease is anti inflammatory, analgesic administration. But it gives only temporary relief. Amavata is the prime disease which makes the person crippled and unfit for an independent life and about 60% of the patients become unfit to work 10 years after the onset of the disease. Having several features similar to Rheumatoid arthritis, Amavata can be correlated with Rheumatoid arthritis (R.A.) of contemporary science.

CASE STUDY:

A 28 year male patient was admitted in PAH with complaints of pain in all major and minor joints associated with swelling and morning stiffness since 7 months, patient had a previous history of RA since from 10 years underwent Allopathic treatments regularly and patient was on steroids and anti-inflammatory tablets daily since 3 years. On examination there was acute pain in bilateral knee joints and ankle joints associated with mild swelling in knee joints, at time of admission blood investigations revealed that ESR was 32mm/hr and RA was 512 IU/ml. After confirmative lab investigations patient was diagnosed as Amavata and given a course of collective Panchakarma treatments for 21 days continuously which Nitya Virechana for 3 days, modified Churna Basti in Yoga Basti (5days) schedule and modified Dvipanchamuladi Basti in Kala Basti (10 days) schedule, along with these external therapies like Udhvartana, Abhyanga, Parisheka, Pinda sweda etc were carried out. Later we got significant results in both symptoms and in blood investigations i.e. ESR reduced to 14 mm/hr and RA reduced to 30.4 IU/ml.

Treated by: Dr. Mahesh. P, Assistant Professor, PG Dept of Panchakarma, Parul Institute of Ayurveda, Parul University, Vadodara, Gujarat-391760.

SUCCESS CASE STORY

AMAVATA-SUCCESS CASE STORY

A female patient of age 21 years, diagnosed to have Rheumatoid Arthritis since 3 years, admitted to Khemdas Ayurveda Hospital with severe multiple joint pains with swelling in larger joints like bilateral knee, ankle, shoulder and elbow joints. It was associated with morning stiffness and excessive fatigue.

Patient was on disease modifying anti- rheumatic drug (DMARD), Corticosteroids in high doses and NSAID'S. Her previous medical history and family history was nothing specific.

Menstrual History: Normal

On examination: Gait –Abnormal, Pallor-Mild, Vitals-WNL & Temp-99.0 F.

CVS }
RS } No abnormality detected
P/A }

Musculoskeletal system: Inspection: Swelling in bilateral knee, ankle, shoulder and elbow joints.

Tenderness: Grade 4- in bilateral Knee joints and metacarpal and meta carpo phalangeal joints of both hands; Grade 3- In other larger joints except shoulder joints, Grade 2- In rest of the minor and major joints.

Range of movement: Restricted painful active and passive movements of all the affected joints

Deformity: Swan neck deformity + , Boutonniere deformity +

Lab findings: On 11/2/2019- Hb-9.7gm%, ESR-70mm/1hr, Anti CCP >200 u/ml

Treatment:

Patient was treated with Aavaranahara line of treatment initially for 5 days, followed by Ruksha Sweda , Vaitarana Basti(Kaala Basti schedule) with Shamanoushadhi's. The same treatment protocol was followed in two different sittings with a gap of 1 month. She was also advised to take wholesome diet throughout the course of treatment.

Result: After 75 days patient got relieved from the symptoms about 80% and there was a reduction in ESR and Anti-CCP values. Also her all previous medications DMARD, Steroids and NSAID'S were withdrawn completely.

Lab findings: On 24/4/2019-Hb-10.5gm%,ESR-40mm/1hr, Anti CCP 197.56 u/ml

Treated by- Dr. Divya B, Assistant Professor, Dept. of Panchakarma, PIA& R, Parul University, Ishwarpura,Vadodara,Gujarat



SUCCESS CASE STORY

ROLE OF SHODHANA AND SHAMANA CHIKITSA IN EKAKUSTHA (PSORIASIS)-A CASE STUDY

A 65 years male patient came to the Khemdas Ayurved Hospital, Kayachikitsa OPD with chief complaints of Silvery-whitish black discoloration of skin (Matsyashakalopam) around periumbelical region, scalp, hand and leg with intense itching and dryness since 5 years (on/off). Vitals of patient were normal and he was history of hypertension, type-2 diabetes mellitus since 2 years and on allopathic medication for the same. Patient was diagnosed as Ekakustha (Psoriasis). Due to severity and chronicity of disease, Shodhana and Shamana treatment was planned. Virechana was given as Shodhana. Snehapana was done by Mahatiktak ghrita till samyak siddhi lakshana for 4 days (40ml, 80ml, 120ml, and 160ml). Then virechana was done by Trivrutta Avaleha 70 gm. During snehapana, on third day mild improvement was seen and after virechana near about 50% symptoms were reduced. Ruksha guna has been significantly reduced due to the sneha guna of ghrita. Itching and dryness (Matsyashakalopamam) was reduced significantly. For removal of Aanshika dosha, Kustha Shamana Chikitsa (Gandhaka Rasayana, Arogyavardhini Vati, Mahamanjisthadi Kwath) was continued for 2-3 months along with pathyapathya. Discoloration of skin gradually disappeared and patient has got 80% relief on 21th day. Here we can say that for removal of utkleshita dosha and leena dosha, Shodhana Chikitsa is needed. Shodhana and Shaman Chikitsa also improve the function of bhrajaka pitta which is responsible to regain the normal complexion of skin.

Treated By - Dr. Nisha Munishwar, Assistant Professor, Department of Kayachikitsa, PIA& R, Parul University, Ishwarpura, Vadodara, Gujarat



**Before Treatment
(1st Day)**



**After Treatment
(21st Day)**

Treated By - Dr. Nisha Munishwar, Assistant Professor, Department of Kayachikitsa, PIA& R, Parul University, Ishwarpura, Vadodara, Gujarat

SUCCESS CASE STORY

CORN ENROOTED WITHOUT EXCISION-A CASE STUDY

INTRODUCTION

Corn can be compared to kadam is resultant of a localized hyperkeratosis of the skin especially pressure point of the soles requiring complete excision even though with high recurrence rate. Ayurveda gives unique treatment for such multiple kadam without excision. The same was tried in a case of 18-year-old female with multiple corns on bilateral feet of 3 years history. Which could prove effective after 15 days of treatment.

CASE STUDY

A 18 years old female came to the shalya OPD no 116 of Parul Ayurveda Hospital, Vadodara, Gujarat with the complaints of multiple corns on bilateral sole since 3 years.

MATERIALS

- Hingutrigunataila for padaabhyanga (massage on feet)
- Dasangalepa for local application.
- Kanchanaraguggulu for internally.

METHODS

1. PURVA KARMA

Written informed consent taken.

2. PRADHAN KARMA

Kadam (corn) part cleaned with Triphalakhwath.

Padabhyanga (massage on feet) with Hingutriguna Taila for 10 mints.

After padaabhyanga, patient was asked to keep both the feet immersed in salt luke warm water till ankle joint for 10 minutes after that Dasangalepa (medicated paste) was applied over the corn and left till it dries afterwards washed with luke warm water. This procedure was done twice daily for 15 days.

3. PASCHAT KARMA

Internally Kanchanara Guggulu was given 2 tablets twice daily after food for 15 days.

RESULT

Patient noticed reduction of the pain within a week and softening of the corn at the end of 15 days

Treated by: Dr. Vivekanda kullolli, Professor, PG Dept of Shalya Tantra, Parul Institute of Ayurveda & Deputy Medical Superintendent, Parul Ayurveda Hospital, Parul University, Vadodara, Gujarat-391760.



Remission of corn at the base of great toe after treatment.

SUCCESS CASE STORY

A CLINICAL CASE STUDY OF POSTOPERATIVE GUDAJ VIDRADI (PERIANAL ABSCESS) ASSOCIATED WITH FOURNIER'S GANGRENE AND NECROTIZING FASCIITIS MANAGED BY PANCHATIKTA GHRITA.

ABSTRACT

Fourniers gangrene is a genital disaster with considerable morbidity and mortality. We introduce the gangrene supplier and Gudaj vidradi(perianal abscess) to a 28-year-old person. He had sequential debridements with panchatikta ghruta regular dressing. In this present study, the main therapy should be open drainage and early invasive surgical debridement of all necrotic tissue, accompanied by antibiotics, ayurvedic medicines and nutritional status for 35 days.

Keywords: Fournier's gangrene, Gudaj vidradi, Perianal abscess

INTRODUCTION

An anal abscess is a pus-filled lodged space discovered close the anus or rectum. Ninety percent of abscesses result from an acute anus gland infection. Occasionally, bacteria, fecal material or overseas matter may obstruct an anal gland and lodge in the tissue around the anus or rectum, where they may then gather in a place called an abscess. Gangrene from Fournier involves a scrotum infection (including the testicles), penis, or perineum. The area between the scrotum and anus is the perineum of a man, or the area of a woman's anus and vulva. The postoperative management is very care to be taken because of highly chances for infection. There are many measures to create favorable conditions for wound healing such as use of antiseptic solutions and many topical desloughing and debridement agents which promote healing but, there are certain drawbacks of these agents like damage to healthy granulation tissue, local skin irritation etc. since it has been an ongoing process to search out better remedies in order to overcome the previous drawbacks.

Keeping in view above-mentioned problem ancient literature was explored and formulation Panchatikta Ghruta application as mentioned in Bhaishaja Ratnavali and Yoga Ratnakara is taken for study.

CASE STUDY

A 28 years old male came to the shalya OPD no 116 of Parul Ayurveda Hospital, Vadodara, Gujarat with the complaints of pain in perianal region and high grade fever with chills along with weakness and intolerable foul smell since 4 days.

PERSONAL HISTORY

Bowel: Regular

Appetite: Poor

Diet: Mix

Micturition: Normal

Sleep: Disturbed due to pain

GENERAL EXAMINATION

General condition: Average

Temperature: 100.6 F

B.P : 140/95 mmHg

P.R : 82/min

SUCCESS CASE STORY

No pallor, icterus, cyanosis and clubbing

Lymph node: No any lymph enlargement

Edema: No any pitting edema.

LAB INVESTIGATION

Hb : 11.2gm/dl

TC : 17100 cumm

DC : 90,06,02,02,00

RBC: 3.85

PLATELET: 122000/count

RBS : 158 mg/dl

Sr.urea : 33 mg/dl

Sr. creatinine: 0.9 mg/dl

Bilirubin: Total: 1.5 mg/dl

Direct: 0.8 mg/dl

Indirect: 0.7 mg/dl

SYSTEMIC EXAMINATION

CVS : S1 S2 sound normal

CNS : Well conscious and oriented to time, place and person

RS : Broncho vesicular sound normal

GIS : Umbilicus centrally placed and inverted. No scar mark and no tender

ON EXAMINATION:

Tenderness at perianal region with necrotizing tissue extending from 9 o clock to 5 o clock and diagnosed as peri anal abscess associated with Fournier's gangrene and necrotizing fasciitis.

MATERIALS

Surgical blade no. 11

Artery forceps

Fine scissors

Pancha tikta ghrita

Triphala kwath

METHODS

pre operative:

written consent was taken

2% xylocaine sensitivity test given.

Part preparation done

TT given.

SUCCESS CASE STORY

Operative:

Under spinal anaesthesia I&D done along with slough debridement done.
Wound cleaned and packed with Panchatikta Gritha.

Post operative:

Dressing done with Panchatikta Gritha
Regular hot water sitz bath with Triphala Kwath
Internal medicines : Inj.Xone 1gm IV for 3 days
Tab.Moxiclav 625mg (1-0-1) for 5 days
Tb. Kaishora guggul 2-2-2
Tb. Gandhaka rasayan 2-2-2
Tb. Septilin 2-0-2
Panchatikta ghritha 2tsf-0-2tsf

Externally: Vrana Prakshalan with Triphala kwath
Panchatikta ghritha topically applied once in a day.

MANAGEMENT

The preventive interventions and full curing of a illness with a minimum possibility of recurrence are given greater significance by Ayurveda, a study of existence than a medical science. The main slogan of every doctor is improved wound repair with minimal scar creation and effective control of suffering. Shasti upakarma was defined by Sushruta as leadership of various types of vrana, such as sadhyovrana and dusta vrana. This case deals with dusta vrana management by using several shasti upakrama methods, which are discussed in the sushruta samhitha¹.

- I. Vrana Shodhana
 1. Vrana Prakshalana with Triphala kwath
 2. Alepa with Pancha Tikta Ghritha

II. Vrana Ropana

Ropana means a factor that favors or accelerates without cytotoxicity the healing process. Currently, the modern medical system can't discover such karma that encourages the healing process without harmful living cells. Modern medicine's healing products are cytotoxic to natural and microbial cells. Ghritha encourages vrana ropana without harming natural bodies and this research enables to promote vrana ropana with medicated ghee as panchatikta ghritha.

SUCCESS CASE STORY

BEFORE OT



Fig.1

DURING OT



Fig.2

DURING OT



Fig.3

ON 7th DAY



Fig.4

ON 14th DAY



Fig.5

ON 21st DAY



Fig.6

ON 28th DAY



Fig.7

ON 35th DAY



Fig.8

SUCCESS CASE STORY

DISCUSSION ON EFFECT OF TREATMENT:

The postoperative treatment was mainly focusing on wound healing with the help of ayurvedic medicines only. In this case vrana shodhan and vrana ropana were used by Triphala Kwath as Vrana Prakshalana and Pancha Tikta Ghrta as Vrana Ropana.

The possible mode of action of medicines which were help for wound healing as mentioned below. By the active ingredients like chebulin², which is one of the main content in Hareetaki which are having anti inflammatory, anti fungal, anti oxidant effects, those help in possessing of wound healing. Vibheetaki³ having angiogenesis property which is promoting in epithelization and Amalaki⁴ having anti oxidizing, anti fungal, anti microbial which are helps for promoting the wound healing. These active ingredients are mainly helps in Vrana Sodhana.

For Vrana Ropana, Pancha Tikta Ghrta were used, Nimba, Patola, Vyaghri, Guduchi, Vasaka, Hareetaki, Vibheetaki, Amalaka, Ghrta are supporting for Vrana Ropana. Neem leave⁵ (Azadirachta Indica) have active ingredients such as nimbidin and sodium nimbidate which possessing anti-inflammatory, antibacterial, antifungal and antiviral properties that help in healing process and also contains an excellent nutrition which plays a vital role information of collagen and formation of new capillaries. So it is clear that it might be helpful in the phases of wound healing process. Hareetaki have active ingredient such as chebulin which possessing anti inflammatory, anti fungal, anti oxidant effects and has a vital role in wound healing process. Vibeetaki having angiogenesis which lead a role for quick healing the wound by its property help in epithelization. Amalaki having anti oxidant, anti fungal, anti microbial properties that help in healing process and also contains an excellent nutrition which plays a vital role information of collagen and formation of new capillaries. Trichosanthes dioica (patola⁶) having the properties of vitamin A and vitamin C, which is help for wound healing process in proliferative phase and Solanum xanthocarpum (vyaghri)⁷ having anti inflammatory property which possess the wound healing early. Tinospora cordifolia (guduchi)⁸ having anti microbial activity which helps for preventing any infection and helps for possessing the wound healing. Adathoda vasika (vasaka)⁹ having anti ulcer, anti microbial which possess in wound healing activity fasten.

While discussing on **Vrana Lakshanas**,

Effect of treatment On Size (Akriti): with the help of prinana and Vrana Ropana action of trial drug acted as promoter on rate of contraction.

Effect of treatment on Pain and Tenderness (Vedana): by the virtue of sheeta and shoolahara properties of trial drug the pain and tenderness subsides.

Effect of treatment on Smell (Gandha): Pancha Tikta containing very good fragrance of volatile oil and this is helpful in to bad odour of the infected vrana.

Effect of treatment on Discharge (Srava): by the virtue of sheeta and katu property of trial drug, the discharge is ceased.

Effect of treatment on Colour (Varna): Ghrta contain varnya properties which is helpful to enhance the local appearance of the wound.

Effect of treatment on Infection: the trial drug has krimihara property and panchatikta ghrta has antiseptic property. This is help to sweep out the infections from the wound.

Unhealthy granulation tissue: lekha and shodana stop the unhealthy granulation tissue in wound. Hence, the Panchatikta ghrta has the basic qualities of controlling the cardinal symptoms of the vrana, these proves the efficacy

SUCCESS CASE STORY

of the drug in vrana ropana.

Conclusion:

From the discussion on the subject of Postoperative Gudaj Vidradi (perianal abscess) associated with Fournier's gangrene and Necrotizing Fasciitis with Panchatikta ghrita application following conclusions can be drawn –

1. In the management of the Fournier Gangrene (perian abscess), and the necrotizing fasciitis wound, the Panchatikta ghrita showed vrana shodhaka (vrana lekhan), putihara, vedanasthapaka and vedana ropaka properties..
2. Panchatikta ghrita can readily be employed in postoperative Gudaj vidradi, linked with gangrene from Fournier and fasciitis necrotizing injury, can also be used as a household cure and is very cost-effective.
3. There are no negative reactions discovered in this research even after the wound healing and post-treatment. In any case, complications such as formation of keloids and hypertrophic scars are not found.

REFERENCE

1. Acharya Sushruta. Sushruta Samhita, translator by prof.k.r.sreekanthamurthy, published by chaukambhaorientalia, reprint edition, 2010; 2: Chikitsa stana 1st chapter 8th slokha.
2. https://en.wikipedia.org/wiki/Terminalia_chebula
3. https://en.wikipedia.org/wiki/Terminalia_bellirica
4. <https://lifespa.com/ayurvedic-supplement-facts/amalaki/>
5. <http://journal.fk.unpad.ac.id/index.php/amj/article/view/535>
6. http://www.researchgate.net/publication/225086627_Trichosanthes_dioica_Roxb_An_overview
7. <https://www.homeremediess.com/solanum-xanthocarpum-medicinal-use-and-pictures/>
8. <http://www.ijpsonline.com/articles/hptlc-standardization-of-itinospora-cordifoliai-using-tinosporaside.html>

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REPLACEMENT OF MUSCLE FIBERS BY FATTY TISSUES A CASE STUDY

ABSTRACT

Muscles of the back of leg found in two groups namely superficial and deep. Superficial muscles include Gastrocnemius, Soleus and Plantaris. Deep muscles are the popliteus, tibialis posterior, flexor digitorum longus and flexor hallucis longus. A wide variety of variations can occur in these muscles. It may be due to any congenital anomaly or physiological variations or any pathology of musculo-skeleton system.

Here we typically report a case observed while doing UG 1st year (2018-19 Batch) dissection where the muscle bundle of Gastrocnemius and Soleus was intact (not damaged or impaired in any way) as whole but muscle fibers were modified/replaced by fatty tissue. The variation is rarely seen and must have caused a lot of problems to person during walking, running etc.

INTRODUCTION-

Leg is divided into two compartments namely posterior and anterior. In posterior compartments further the muscles are divided into two groups - A- Superficial B- Deep.

Superficial group comprises of Gastrocnemius, Soleus and Plantaris. These muscles are known as calf muscle.

Gastrocnemius is the most superficial muscle. It is large & powerful muscle having two heads i.e., medial and lateral. Medial head being larger than lateral. Medial head arises from posterior superior depression on medial condyle of femur with adjoining raised area on popliteal surface along with capsule of knee joint. Lateral head originates from lateral surface of lateral condyle of femur with lateral supracondylar line and capsule of knee joint.

Gastrocnemius inserts onto the heel bone via the Achilles tendon.

Soleus - It is a sole shaped multipinnate muscle which lies deep to gastrocnemius. It has a dome shaped origin from back of head and posterior 1/4th of the shaft of fibula along with soleal line and middle 1/3rd of medial border of shaft of tibia. It inserts onto the heel bone along with the gastrocnemius via the Achilles tendon.

Gastrocnemius and soleus together known as Gastrosoleus or Triceps Surae.

Plantaris muscle is a small pencil-sized muscle tapering down to a fine tendon. that runs along the posterior aspect of the leg beneath the gastrocnemius and soleus muscles to attach to the Achilles tendon or to the medial side of the tubercle of the calcaneus. It is a vestigial, accessory muscle. It is absent in only 7–20% of limbs.

Nerve Supply- All the superficial muscles of posterior leg are supplied by tibial nerve.

Importance of gastrocnemius and soleus - Both the muscles are strong plantar flexors of foot at the ankle joint. Gastrocnemius also flexes knee. Both the above flexion movements are very important for walking. Soleus is more powerful but Gastrocnemius is faster acting. While walking soleus overcomes the inertia of weight and gastrocnemius provides the increase in speed. Soleus is chiefly postural muscle to steady the leg on foot while gastrocnemius is adopted for an erect posture and bipedal gait of man. Soleus plays an important role in circulation, contraction of which helps in venous return from lower limb through large valve-less sinuses and when the muscle relaxes it sucks blood from superficial vein through perforation thus Soleus is also known as peripheral heart.

Dissection procedure- Deep fascia of leg was vertically incised and reflected. Then flexor retinaculum and tendons enclosed in synovial sheath passing deep to it was identified. Medial and

lateral heads of gastrocnemius was identified. After that medial belly was dissected 5cm distal to its origin reflecting it laterally made popliteal vessels, tibial nerve and plantaris visible. Then lateral head was dissected 5cm distal to origin and reflected. Both bellies are then turned distally to identify soleus.

CASE REPORT -During conducting a routine dissection for undergraduates in Parul Institute of Ayurveda, we found a typical case of muscle modification/transformation into fatty tissue. When deep fascia was reflected vertically Flexor retinaculum and the tendons were seen and identified. But while looking for bellies of medial and lateral head of gastrocnemius, we found the intact bundle but the muscle fibres were modified into fatty tissue. Later when medial belly was cut and reflected popliteal vessels and tibial nerve and plantaris muscle was seen. But when lateral head of gastrocnemius was reflected and both bellies were made separate again the bundle of soleus was seen but not the muscle fibres. Here also the fibres were replaced by fatty tissues. Other than these two abnormal major muscles no other abnormality was detected.

DISCUSSION - Variations of such kind are not normal with the major muscles like gastrocnemius and soleus. As both the muscles are major muscles of leg doing important functions like weight bearing, walking, flexion, circulation. So any variation in such muscle can lead to a number of problems and complications.

CONCLUSION- We cannot say whether the abnormality was by birth or occurred in later developmental stage of life. Sarcopenia is the degenerative loss of skeletal muscle mass associated with the ageing process. In Sarcopenia there is decrease in the size of the muscle along with replacement of muscle fibres with fat. It normally affects balance, gait and overall ability of daily living

Variations like this can lead to a number of complications so knowledge of this case may be importance to clinicians while having a case of circulatory disorders, cardiac disorders, paralysis, musculo-skeletal disorders



REFERENCES –

1. Cunningham's manual of Practical Anatomy
2. Grays Anatomy
3. BD Chaurasia's Human Anatomy – Volume 2

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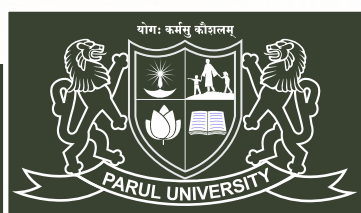
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