

FROM THE CHAIRMAN.....

Time flies so fast that the Parul Group of Institutes is now completing the glorious journey of 12 successive years with the theme of "Globally Move Forward". The time has been arrived where we are spreading the excellence of education all over the world. Parul Group of Institutes will carry on working with all the commitments to advance the standards of their students whether it is concerned with their education or their future perspectives.

My warmest wishes to Parul Institute of Ayurved as it is organizing a workshop and a national seminar on "Clinical and Diagnostic skills in Ayurveda". This is the era where evidence based clinical and diagnostic practices are increasing day by day. In the light of developed technology still we are not in a phase where we can deny a role of skilled clinician for proper management of all the ailments. This seminar will bring all the information related to clinical and diagnostic skills which will provide multidimensional aspects of the therapeutic procedures amongst Ayurved fraternity. Also the students will have great advantage to learn from the eminent speakers who will grace the proceedings in workshop and seminar.

I wish all of you an immense success and I convey my best wishes to all the learned speakers, guests and delegates. I hope this shall be unique experience to all those have put in their efforts to make this event possible.

FROM THE MANAGING TRUSTEE.....

It is occasion of great pleasure that Parul Institute of Ayurved is organizing Workshop and A National Seminar on Clinical and Diagnostic skills in Ayurveda.

Parul group of Institutes has made remarkable progress by expanding its sphere to distinguished courses like Engineering and Technology, Architecture, Computer Applications, Information Technology, Pharmacy, Ayurved, Homeopathy, Physiotherapy, Nursing and Management programs. Post graduate courses in Pharmacy, Ayurved, Computer applications and Management are also becoming center of attraction in student community. Collaboration with foreign countries and international students are also signfanct benchmarks of the campus.

Here, in our campus we focus not only education but development of all over personality with better career opportunities with proper professional insight is also looked after. And this really makes the campus significant not only at state level but at national and international level also.

I look forward to this workshop and seminar and I wish this endeavor a great success.

FROM THE MANAGING TRUSTEE.....

It is undeniably a great pleasure to know that the Parul Institute of Ayurved is organizing workshop and national seminar on clinical and diagnostic skills in Ayurved.

The participation of a large number of eminent thinkers, speakers, educationists, delegates and students on this joyful occasion would have a meaningful impact on the partakers and would also be an important contribution in the direction of practical implementation of Ayurvedic procedures with more practical view for the benefit of human kind.

I take this occasion to accolade the academic staff of Parul Institute of Ayurved and express my best wishes to them for all the future undertakings.

DIAGNOSIS OF DISEASES IN AYURVEDA BY ASHTAVIDHA PAREEKSHA

Dr. AjitkumarWahane¹

1. Lecturer, Dept of Rachana Sharira, Parul Institute of Ayurveda, Vadodara.

Abstract:

Ayurved is traditional science whose aim is to maintain health and prevent the disease. It deals with study of how to make body healthy, how to maintain health and study of different types of diseases with their Nidan, Lakshans and treatment. The diagnosis of diseases in Ayurveda is based on various Pareeksha explained by our Acharyas. One of them is AstvidhaPareeksha. .It includes examination of Nadi, Mala,Mutra,Jivha,Shabda,Sparsh,Drukand Aakruti . The Pareeksha is based on Aaptopdesha, Pratyaksha and AmumanaPramana.

Keywords:Ayurved,AstavidhaPareeksha and Pramana.

NALADADI GHRITAM AS PRATIMARSA NASYA IN INSOMNIA-A SINGLE CASE STUDY

Dr. Anjali Sekhar A¹

Dr.P. Srikanth Babu²

1. MD 2ND YEAR, Dept.of Kayachikitsa, B.R.K.R. Govt Ayurvedic College, Hyderabad

2. Associate Professor, Dept.Of Kayachikitsa, B.R.K.R. Govt Ayurvedic College, Hyderabad

Abstract:

A 35 year old male patient, Vata Pitta prakruti, madhyamavayah, c/o Nidranasha or Insomnia since 1 month presenting clinical symptoms like aggression and agitation as a result of altered diet and sleep pattern because of irregular day and night shift schedule (altered circadian rhythm).The patient was reluctant to go for allopathic medication due to fear of addiction.Sleep/Nidra which is predominantly ShleshmaTamoSamudbhava is disturbed when there is irregularity in routine leading to aggravation of Vata. The ventrolateralpreoptic nucleus of the hypothalamus is one area of the brain that is particularly involved in the switch between wakefulness and sleep.Nasya is considered one of the best forms of medicine to address any imbalance above the shoulders. Nasya is known to promote sleep in Insomnia as it activates the sleep centre of the brain. The patient was given Naladadighrita as Pratimarsanasya for 40 days and there was significant improvement in the quality and quantity of his sleep and patient was relieved from mood swings during the daytime.Naladadighritam mentioned in the Ashtangahridayamchi.rasayanam,contains Jatamansi as the main ingredient which is a known sleep promoter. This along with other ingredients in ghritha form as PratimarsaNasya produced the desired result thus paving way for further research.

Keywords: Pratimarsha Nasya, Insomnia.

A CLINICAL STUDY ON GARBHINI PANDU AND ITS AYURVEDIC MANAGEMENT

Amit V. Rupapara¹

S. B. Donga²

1. Lecturer, Department of Streeroga Prasootitantra, Parul Institute of Ayurved, Limda.

2. Associate professor, Department of Streeroga Prasootitantra, I.P.G.T. & R.A., Jamnagar.

Abstract:

The desire to have a healthy progeny is innate & very intense in every living being. The hectic life and tremendous stress in today's world has made the conception & continuation of pregnancy to term very difficult. Anaemia is one of the common disease conditions which affect a pregnant woman. In Ayurvedic classics anaemia in pregnancy is taken under the *Rasa Pradoshaja Vikara*. It is clear that *Garbhavasthajanya Pandu* occurs due to the foetal demands & improper functioning of the *Rasa Dhatu* leading to malnourishment of the body. Total 10 patients were registered from O.P.D. / I.P.D. of the department of *Streeroga & Prasootitantra*, I.P.G.T. & R.A., Jamnagar. *Dhatri Lauha Vati* 1 tablet of 250mg thrice a day was selected for the present study due to its *Pandughna*, *Prinana*, *Raktaprasadana* properties. *Dhatri Lauha Vati* provided relief in all the cardinal features of *Garbhini Pandu*. Hb%, TRBC, PCV were increased in percentage.

Key words: *Garbhini Pandu*, Anaemia in pregnancy, *Rasa Pradoshaja Vikara*, *Dhatri Lauha Vati*.

A CASE STUDY ON EFFECT OF CHURNODAK BASTI IN TREATMENT OF PURISHAJ KRIMI WITH SPECIAL REFERENCE TO HYMENOLEPIS NANA

Vd .Amruta Deokar¹

Vd. Mukesh Auropremi²

Vd. Purnima Hope³

Vd.Kirti Rathod⁴

1. 1st Year PG Student, Dept. of Kaumarbhritya, Parul Institute of Ayurved, Vadodara.

2. Guide and Asst. Professor, Dept. Of Kaumarbhritya, Parul Institute of Ayurved, Vadodara.

3. Professor and HOD, Dept. Of Kaumarbhritya, Parul Institute Of Ayurved, Vadodara.

4. Lecturer, Dept. Of Kaumarbhritya, Parul Institute Of Ayurveda, Vadodara.

Abstract:

Krimi roga is a worm infestations described in ayurveda. *Hymenolepis Nana*, is the most common human tapeworm worldwide, it occurs most frequently in children although adults may also become infected. It may be correlated with Purishaj Krimi. It is found that over 270 million pre-age children and over 600 million school-age children live in areas where these parasites are transmitted and are in need of treatment and preventive interventions. In the present case Churnodak Basti described in Ayurvedic literature *RASTARANGINI* is administered in *Krimiroga*.

Methods: The present study is a male child patient of 3 yrs of age presented with complaints of *udarshoola*, *guda kandu*, *vivarnata*, *dravmal pravitti* since 3 months and as noticed by parents worms were seen in stool. Direct examination of faeces revealed the presence of ova of *Hymenolepis Nana* and eosinophilia. Patient was administered with Churnodak basti (10ml) for period of 3 days followed by 3 cycles weekly. Later weekly evaluation of faecal specimens were done. Criteria for cure were negative stool report.

Result: Relief from symptoms with segments of worms saw moving after Basti pratyagaman and absence of ova in stool and normal eosinophils.

Conclusion: Thus, Churnodak Basti seems to be effective in Purishaj Krimi.

Keywords: Purishaj Krimi, *H. nana*, Churnodak Basti, Tapeworm

DIAGNOSTIC CONCEPTS OF PURUSH VANDHYATVA (MALE INFERTILITY)

Prof. Anand V. Pol¹

1. Prof. & Head, Dept of Roganidana, G.J. Patel Institute of Ayurvedic Studies & Research, Anand, Gujarat.

Abstract:

Infertility is a very common condition affecting approximately 13-14% of couples in the reproductive age group. Although this prevalence has remained stable over the last few years, the demand for infertility services has increased substantially. This increase is due primarily to the Baby Boom generation entering into the reproductive age group at a time of highly publicized technological advances. Infertility is defined classically as the inability to conceive after 1 year of unprotected intercourse. This definition is based on the cumulative probability of pregnancy.

Methods:

- Educate on infertility causes and prevention
- Conduct appropriate diagnostic workup
- Offer information on treatment options
- Provide resources for counseling and emotional support

Ayurvedic Interpretation: According to principles of Ayurveda Shukra performs trifold functions in the body. Sarvadaihika which includes Dhairyam, Dehabalam and Ojoposhaka. Maithunagata which includes functions like Priti, Chavanam and Harsha and the third one is Rupadravyagata refers to Bija.

Shukra Vikriti: Disturbance due to Doshic vitiation in above functions results in Shukra Vikriti. Shukra Vikriti can be classified on the basis of - Gunatah (qualitative) Vikriti Pramantaha (quantitative) Vikriti. Description of Klaibya is also important for diagnosis of male infertility.

Conclusions: At last on the basis of reference of Charaka Sharira 3/9 it can be concluded that the Garbhotpatti not only depends on the Mata or Pita but there are many factors involved and all should be taken into consideration for Diagnosis as well as treatment of Purush Vandhyatva (Male infertility).

Key Words: Infertility, Shukra Vikriti

ASSESSMENT OF ALLERGIC BRONCHITIS IN CHILDREN W.S.R. TO BALA PARIKSHA

Dr. Aklesh V. Gaud¹

Dr. Archana Gharge²

1. 2ND Year PG, Dept of Roganidan, YMT Ayurvedic Medical College, Mumbai

2. Prof. YMT Ayurvedic Medical College, Mumbai

Abstract:

Ayurveda explains Allergic Respiratory Diseases under the banner of Pranava Srotasa. The pathological axis of pratishaya-kasa-swasa very well highlight the disease producing mechanism associated with allergic reactions. The basic etiological factors include beeja dusthi and agantuka factors. The general dosha domination in allergic bronchitis is vata kapha with occasional pitta dosha involvement. The main seat of kapha dosha is ura which itself is a moolsthana of pranava srotasa. Allergy is closely associated with vyadhikshamatwa & asatmyatha in ayurveda. When there is vitiation of kapha dosha there arises the possibility of decrease in vyadhikshamatwa as natural kapha contributes to Shareer bala.

Objectives:

- Study of Allergic Bronchitis acc to modern science.
- Study of Bala pariksha in Patients diagnosed of Allergic Bronchitis.

Methods: 50 patients of Allergic Bronchitis will be taken for project and observational study will be conducted. Observation will be obtained on the basis of examination of patients through the study and collected data will be presented in the form of tables and charts etc. With the help of observations and all collected data discussion and conclusion will be made.

Key Words: Allergic Bronchitis, Children, Bala pariksha.

ROLE OF APAMARGA PRATISARNIYA KSHARA IN THE MANAGEMENT OF GUDABHRAMSHA

Dr. Bharat Kumar Suthar¹

Dr. P. Hemantha Kumar²

1. P.G. Scholar, bharat.ayusha88@gmail.com, Contact no. +91-9509203263

2. Proff. & Head, P.G. Dept. Of Shalya-Tantra, National Institute of Ayurveda, Jaipur, Rajasthan-302002, India

Abstract:

Introduction: The disease *Gudabhramsha* which is described in Ayurvedic literature and Rectal Prolapse are one and the same disease with different terminology. Rectal Prolapse occurs when a mucosal or full thickness layer of rectal tissue slides through the anal orifice. *Sushruta* has described *Kshara karma*, which is one among the Para surgical procedure. *Pratisaraneeya Kshara Karma* is described in *Arsha Chikitsa*, in the context of "*Bhrasta Guda*" (Rectal Prolapse), which is said to be the effective one.

Aims & Objectives: To evaluate the effect of "*Pratisaraneeya Kshara Karma*" in the management of *Gudabhramsha*.

Materials & Methods: 20 patients were randomly selected for *Apamarga Pratisaraneeya Kshara Karma*. During this treatment, the patients were observed for daily improvement and relative observations were noted on 1st, 2nd, 3rd, and 7th day. After that, patients were advised to come for follow up once in a week, for one month and then once in a month for 6-months.

Results: In the present study, the improvement of Degree of Rectal Prolapse showed significant improvement. But at the end of first month, due to recurrence occurred in some cases the improvement in degree of Prolapse was decreased. However 4th Degree Rectal Prolapse shows, poor results in this study.

Conclusion: After collecting all the research data, clinical profiles, reports, observations and results of this study, the efficacy of *Pratisaraneeya Kshara Karma* appears to be very effective in *Gudabhramsha*.

Key words: *Gudabhramsha*, Rectal Prolapse, *Bhrasta Guda*, *Apamarga Pratisaraneeya Kshara*.

GAU PIYUSH - AN IMMUNITY BOOSTER IN AYURVEDA - A REVIEW

Dr. Bhavin Dhanavade¹

Dr. Anil Pandya²

1. 1st Year M.D Scholar, Dravyaguna Department, P.I.A., Limda, Vadodara.

2. Prof. & H.O.D Dravyaguna Department, P.I.A., Limda, Vadodara.

Abstract:

Gau Piyush (cow colostrums) is the first milk which cow gives after giving birth to calf. It contains more immunoglobulin, lactose, protein, fat than normal cow milk. Gau Piyush supports the human organism in two main ways. First, its multiple immune factors and natural antibiotics provide strong support for the immune system. Second, its many growth factors offer a broad-spectrum boost to the organism to encourage optimum health and healing. The immunoglobulin, growth factors, antibodies play a role in prevention of infection that is in passive immunity. The vital nutrients help for tissue development, growth and energy. The growth factors present in the Gau Piyush provide a novel treatment option for the diseases which occurs due to low immunity. This review explores the current knowledge on the beneficial effect of Gau Piyush supplementation in the above condition.

Keywords: Gau Piyush, immunoglobulin, immunity

MALA PAREEKSHA AS A DIAGNOSTIC TOOL IN PLAQUE PSORIASIS

Bhavana Kumari¹

1. PG scholar, YMT College, Mumbai.

Abstract:

Appearance carries a lot of weight in modern world. To an extent this is inevitable in a highly competitive society, where the first impression often needs to be the best impression for success. Psoriasis is a common, chronic and non-infectious skin disease characterized by well-defined slightly raised, dry erythematous macules with silvery scales and typical extensor distributions. Plaque psoriasis is most common form, is seen as red and white scaly patches appearing on top first layer of the epidermis. Stool examination is an important diagnostic step in therapeutic planning for patients with chronic gastrointestinal and other symptoms that are linked with plaque psoriasis.

Objectives:

- To study of plaque psoriasis according to modern sciences.
- To study physical and chemical examination of stool.

Material & method: Compilation of plaque psoriasis from relevant books, journals, modern sciences and internet will be made. 30 patients of plaque psoriasis will be selected for project. Separate crf will be prepared with the help of classical and modern text. Patient will be diagnosed according to text. Collection of stool sample will be done in morning within 2 hrs for 3 days taken for physical and chemical examination. Results of stool reports will be maintained. Analysis of information will be done with the help of clinical and theoretical study. Statistical test will be applied.

Inclusion criteria:

- Patients in the age group of 16-60 years irrespective of sex.
- Patients of plaque psoriasis.

Exclusion criteria:

- Patients with other systemic disorders like cardiac illness, Bronchial asthma, endocrine disorders etc.
- Pregnancy
- Skin disorders other than plaque psoriasis.

Observation will be obtained on the basis of examination of patients through the study and collected data will be presented in the form of tables charts, etc. Result will be obtained on the basis of observation. With the help of observation & all collected data conclusion& discussion will be made.

Keywords: Plaque Psoriasis, Mala Pareeksha

A FOLKLORE MEDICINAL PLANT MADHUMALATI (QUISQUALIS INDICA LINN.) WITH ITS PHARMACOLOGICAL EFFICACY AND ADR: REVIEW ARTICLE

Bhavesh Vaghela¹

Rekha Parmar²

Anil Pandya³

1. Lecturer, Parul Institute of Ayurved, Limda, Vadodara
2. Reader, Parul Institute of Ayurved, Limda, Vadodara
3. Professor, Parul Institute of Ayurved, Limda, Vadodara

Abstract:

For the herbal medicine, mainly crude drugs obtained from plant kingdom which are the origin of herbal drugs utilized for the treatment of disease states, often of a chronic nature, or to attain or maintain a condition of improved health. The Madhumalati, Botanical name *Quisqualis Indica* Linn. Coming from Combretaceae Family is folklore medicinal plant who has been used very frequently in China, Philippines, Bangladesh, Myanmar and Malaysia and now also broadly grown in India for the medicinal purpose as well as ornamental plant in most of the garden. This article contains brief reviews of medicinal properties of plant *Quisqualis Indica* Linn. which have been proved but are rarely used as herbal medicines in India, the prime focus which has to be considered that this plant can be available easily as it is an evergreen plant and most of the people were used to decorate their house, as this is an ornamental plant too which doesn't depend on seasons to grow. *Quisqualis indica* Linn contains phytoconstituents such as Alkaloid, L-proline, α -amino acid, L-asparagine, Quisqualic acid, Rutin, flavonoid and other phytoconstituents and due to presence of these phytoconstituents it is showing various activities such as anti-inflammatory activity, antipyretic activity, immunomodulatory activity, antistaphylococcal activity, anthelmintic activity, antiseptic activity etc.

Keywords: *Quisqualis indica* Linn, Madhumalati, Rangoon Creeper, Phytoconstituent, Pharmacological activity and ADR.

CLINICAL AND DIAGNOSTIC SKILLS IN AYURVEDA IN PRESENT ERA

Dholakiya D.M.¹

1. Lecturer, Department of Kayachikitsa, J.S. Ayurved college, Nadiad

Abstract:

Standard diagnostic and clinical skill in Ayurveda (applicable at clinical chair) is the burning issue for Ayurveda society. Samhitas the basic root of our clinical methods gives the pathway according to the conditions, like- Vyadhi sankarya, Ninanarthkara roga, Nanatmaja roga, Samanyaja roga and Tribodhy sangarha (general protocol to diagnose the unknown disease). About reach at the diagnosis skill to find out Aama, Srotasa, Agni, Samutthatva, Rogmarga, Ahara-Nindra, Satmya, Jihva, Mal-Mutra is essential to fulfill the purpose. Questionnaires of each and every lakshana samuchyaya in current situation and context is also a vital part of effective clinical skill for Ayurveda.

Keywords: Vyadhi sankarya, Ninanarthkara roga, Nanatmaja roga, Samanyaja roga, Tribodhy sangarha, Aama, Srotasa, Agni, Samutthatva, Rogmarga, Ahara-Nindra, Satmya, Jihva, Mal-Mutra

TRIVIDHA PARIKSHA OF VRANA

Darshan S. Vyas¹

1. PG Scholar 1st year, Shalyatantra Department, PIA, Limda, Vadodara.

Abstract:

According to Acharya Charaka and Acharya Vagbhata – Trividha Pariksha is very important for disease diagnosis. Darshan (Inspection), Sparshan(Palpation) and Prashna(History taking and Interrogation) are very important to examine different types of Vrana. Vrana is mainly of two types Agantuja and Nija. Agantuja Vrana is Abhighataj Vrana. Nija Vrana is due to dosh prakop. 1) Darshan Pariksha(Inspection):- Vrana Examination by naked eye is called Darshan Pariksha. Examination of Vrana like blackish, reddish, yellowish, swelling, pus discharge etc. comes under Darshan Pariksha. 2) Sparshan Pariksha (Palpation):- It is palpation method helps to understand coldness, hotness, roughness, hardness, softness etc of Vrana. 3) Prashna Pariksha (Interrogation). It is helpful to know about origin of Vrana (Nija or Agantuja), duration of Vrana, severity of pain, burning and itching sensations, heaviness etc.

Keywords: Trividha Pariksha, Vrana Pariksha.

DIAGNOSTIC TOOLS OF SUSHRUTA

Dr. Dipsinh Chavda¹

1. Reader, Shalya Tantra, G. J. Patel Institute of Ayurveda Studies and Research, New Vallabh Vidyanagar, Anand, Gujarat

Abstract:

Diagnosis is of the utmost value or to restore patients' health by the physician, but limits are imposed upon medical skill, the best physician is he who can distinguish the possible from the impossible. The science of life "Ayurveda" is classified in eight disciplines. Among them Shalya Tantra is the science of medicine related with the foreign body (Endogenous & Exogenous). Diagnostic principles of it are available in ancient treatise Sushruta Samhita. It contains various types of Diagnostic tools for various types of diseases according to its stages. The variety of them on which Sushruta wrote is really unbelievable. In addition to his worldwide known work of historical significance on Surgery he also made similar unique contributions. It is very necessary to consider the times when Sushruta Samhita was written and the facilities available to a Surgeon. We have at our disposal highly developed technical and technological advancement today, which Sushruta never enjoyed. Therefore, whatever Sushruta did or wrote at that time is within his limitations of diagnosis and surgical amenities. Sushruta's greatest tool was his power of meticulous observations on which he built his observations and Experiences. Diagnostic explanations of findings or observations are correct and effective even today.

Keywords:Diagnosis, Sushruta, Tools

REVIEW ON SUTIKA PARICHARYA (POST NATAL CARE) IN AYURVEDA

Divyakumari J. Solanki¹ Dr. Rita Makim² Dr. Ranjana Ingale³ Dr. Amit Rupapara⁴

1. 1st year P G Scholar, Parul Institute of Ayurveda, Vadodara.
2. HOD, Department of Prasooti Tantra and Stree Roga, Parul Institute of Ayurveda, Vadodara.
3. Associate professor, Department of Prasooti Tantra and Stree Roga, Parul Institute of Ayurveda, Vadodara.
4. Assistant professor, Parul Institute of Ayurveda, Vadodara.

Abstract:

Ayurveda gives importance for the care of woman at every phase of her life especially when it comes to antenatal and postnatal care. The lady after such a difficult process of prasava must be advised certain mode of life which helps the woman to regain her lost vitality and help her back to pre-pregnant state is called Sutika Paricharya. This paper highlights on various major components of Sutika Paricharya such as Sutika kala, Vihara, Aahara (Normal diet in puerperium) and Ausadha (medicine). Acharya Sushruta and both vagbhatta mentioned the duration of sutika kala as 1 ½ months, Kashyap as 6 months and other as when the menses restart. In our classics under Sutika Paricharya certain things like Udaravestna , Abhyanga, Udvardana, Pariseka, Dhupana, Yonimardana, Snehan, Yavagusevana with Panchkola, Balataila, Vidarigandhadi Dravya prayoga, Sasti shali Kullatha prayoga are mentioned which helps in formation of the Dhatus (rejuvenation), increasing agni (Deepan), vatashaman, brimhan and proper excretion of mala, mutra and dustashonitas. Maharshi Kashyapa has given the special indication of manda for sutika. All these helps in punarnavekarana of the woman. Under vihara Acharya Bhavaprakash has mentioned avoidance of Vyayam, Maithuna, Krodha and Sita sevan .The main achievements of Sutika Paricharya is Garbhashaya shuddhi, Dhatu paripurnata, Stanya utpatti and vridhhi. All should follow this Sutika Paricharya to restore the maternal health.

Keywords: Sutika paricharya, Sutika kala, Puerperium

NEWBORN CARE IN AYURVEDA

Bhargav Mehta

Abstract:

Newborn care in ayurved includes pranapratyagamana or resuscitation of baby which adds stricking two stones,sprinkling water,cleaning of oral cavity, putting cloth soaked in oil etc.,After completing these processes Acharyas have asked to give madhu & ghrita for licking. Also Acharya vagbhatt has mentioned features of asphyxiated baby. After that cutting & care of umbilical cord is mentioned. Later Acharyas mentioned general nursing care of newborn includes bath, feeding (nutrition & fluid intake), clothing, maintainance of body temperature & protection from infections or Rakshakarma. For feeding Acharyas have given schedule for first 4 days, as most of the mothers do not have sufficient milk secretion. Also Acharyas have mentioned special decoctions as per different dosha for bath. In modern science APGAR score is mentioned to assess condition of baby for resuscitation. There are varios instruments used in modern science for resuscitation.

ROLE OF DOOSHIVISHA & GARAVISHA IN CURRENT AYURVEDIC DIAGNOSIS & MANAGEMENT

Dr. Gajanan Chatuphale¹

1. Lecturer, Department of Agadtantra, Parul Institute of Ayurved, Limda, Vadodara.

Abstract:

Concept of Dooshivisha & Garavisha is a specialty of Ayurvedic toxicology i.e. Agadtantra. Both these concepts are well explained by Acharya Sushruta, Charaka & Vagbhata. But now days both these concepts are only limited as a theoretical entity & not considered while diagnosing patients by an Ayurvedic approach. Actually in current scenario various lifestyle disorders due to changed diet pattern, fast food, cold drinks, addictions like smoking, tobacco chewing, alcohol, narcotic drugs & occupational diseases due to urbanization, industrialization, environmental pollution & stress are major burden on healthcare systems in India. These diseases can be treated more judiciously after understanding the concept of Dooshivisha & Garavisha in detail. Current paper includes an innovative approach towards role of Dooshivisha & Garavisha in current Ayurvedic diagnosis & management.

Keywords: Garavisha, Dooshivisha, lifestyle disorders

QUESTIONARY AND DIAGNOSTIC APPROACH IN THE CLINICAL EXAMINATION OF AYURVEDA

Drashti Shah H.¹

1. Intern, JS Ayurved Mahavidyalaya, Nadiad.

Abstract:

Ayurveda is an ancient science of life that prevents and cure the mankind from the disease since thousands of years .Aapta, Pratyaksha and Anumana pramanas are effective diagnostic tools and their configuration develops clinical diagnostic skills like ama, shrotas ,agni parikshana , dosha vriddhi and kshaya etc. Trividha roga vishesha vigyan is the super diagnostic approach. These three are main clinical diagnostic methods. For better assessment and diagnostic purpose interrogation with patients is the most important. Eg. Questionary of "Ama pariksha" is such needed as the demand of the present era.

Key words: Aapta, Pratyaksha, Anumana, ama, shrotas, Agni parikshana, dosha vriddhi and kshaya e Trividha roga vishesha vigyan.

THE CONCEPT OF KSHARA KARMA IN AYURVEDA

Ghodela Naresh Kumar¹

1. Lecturer, Dept.of Shalya Tantra ,Ayujyoti Ayurvedic College and Hospital,Jodhpuria Sirsa.Haryana,India.

Abstract:

Acharya sushruta while describing the preparations of *kshara* emphasized the procedure of *kshara Karma*. *Kshara* is deemed among the instruments because of the specific properties like *chedana*(Excision),*bhedan* (Incision),*lekhana* (Scraping) and ability to alleviate vitiated three *Doshas*.*Kshara* can be used in various forms viz. *paniyakshara* ,*pratisarneeyakshara*, *Ksharaplota* (medicated gauze) and *kshara sutra*. These different modes of application can be applied in various conditions i.e. infected and chronic ulcer, *Bhagandar*, *Nadivrana*, *Arsha*, *Arbuda*, *Abscess* etc.

Keywords: *Kshara Karma*,*Ksharaplota*,*Ksharasutra*.

AYURVEDIC MANAGEMENT OF ALCOHOLIC CIRRHOSIS OF LIVER - A CASE STUDY

Dr. Hardik J. Patel¹

1. PG Scholar, Department of Kayachikitsa, JS Ayurved Mahavidyalaya, Nadiad.

Abstract:

A 40 year old male shopkeeper patient known case of DM and Alcoholic cirrhosis of liver with portal hypertension and mild ascites having complaints of Abdominal distention, paleness, anorexia, weakness, occasional Fever, abdominal pain and oliguria came to P D Patel Ayurvedic hospital and well responded in all signs and symptoms along with improvement in laboratory investigation and Child-Pugh grade.

INTRODUCTION:

Cirrhosis of liver refers to an inflammation and damage of parenchyma of the liver. It results in degeneration of hepatic cells and dysfunction of the liver which produce fever, nausea, jaundice and portal hypertension, but in latent stage it produce lack of concentration and hepatic coma. Vardhmana Pippali Rasayana acts as a rejuvenational effect on degenerated hepatic cells to regenerate it's again.

CASE PRESENTON:

Before one and a half year during routine checkup he has detected DM and physician has started medicine. In May 2013 he suffered fever, chills, weakness, loose motion, abdominal pain, abdominal distention, and cramps for 10 days and then he consult physician in Nagapur. Doctor has diagnosed Alcoholic cirrhosis of liver. Doctor gave some medicines and done abdominal paracentesis. At this time he stopped alcohol consumption. After holy festival he started alcohol again and he suffered above complaints again and he consult physician again. He was admitted at Ashwini hospital, Nagpur from 06/11/14 to 08/11/14. Then he admitted for further treatment at Midas Multispecialty Hospital in Nagpur 08/11/14 to 14/11/14 Here doctors diagnosed AKI and done dialysis 4 time and abdominal tapping also. Then PGIMER at Chandigarh from 15/11/14 to 2/12/14. Before 2 months he took Some Ayurvedic medicines and he got some relief. There is no family history of DM and Alcoholic Cirrhosis of Liver. On examination pallor present, icterus present, gynaecomastia was noted, on per abdominal examination- distended (99cm), ascites, bowel sounds were present, CNS: conscious, no focal neurodeficit. In Doppler (08/11/14) investigation Liver parenchymal Disease with changes of portal hypertension, Hepatosplenomegaly, mild ascites were find out.

Investigation	11/12/14	2/1/15
Hb%	8.7	9
TLC	71000	6900
Platelets	97000	1.2
Urea	-	-
Creatinine	0.92	-
Na+	129	-
K+	4.2	-
SGOT	115	-
SGPT	53	-
Bilirubin	9.95	3.16
Direct	5.02	2.10
Protein	5.87	
Albumin	-	
Globulin	-	
Alp	-	
PT	12	
INR	-	

PTI	-	
HIV	-	
HbsAg	-	
HCV	-	
Afp	-	
PPBS		154

MANAGEMENT AND OUTCOME:

When patient came here then we started Vardhaman Pippali prayog. On first day 2gm Pippali powder twice in a day and then increase 1gm everyday for up to 5 gm. And then remain this dose for next 4 days. Then we decreased 1gm everyday up to 2gm. On 12th day we gave Virechan with 4gm Katuki Churna. Along with Pippali Churna we gave Punarnavadi Kwath 40ml twice and Shvet Parpati Powder 500mg twice in a day. Start 3gm Bhringraj Churna, 3gm Bhumyamalaki Churna, 3g Sharpunkha Churna twice and 2 Tab Arogyavardhini vati twice on 13th day. Patient was totally on milk diet. 10gm Chyavanprashavleha gave as a breakfast with milk. Salt was restricted. Every day we measure abdominal girth of the patient. Patient is treating with above plan of treatment from 9th Jan 2015 to 11th Feb 2015 (about 32 days). Patient haematological and liver function tests were carried out after treatment period.

Investigation	21/1/15	6/2/15
Hb%	-	-
SGOT	40	97.0
SGPT	74	68.0
S. Alkaline Phosphates	286	200
Bilirubin	2.3	2.2
Direct	1.3	1.0
Indirect	1.0	1.2
Albumin	3.0	3.0
Globulin	3.8	3.5
HbsAg	-ve	-ve
PPBS	-	146
Abdominal girth	86	72

DISCUSSION:

Generally cirrhosis of liver is due to Alcoholism. It is considered in Ayurveda as a Yakrut Dosha (Udararoga). In Udararoga chikitsa Charaka has mentioned one stanza the udararogi have to go under daily purgation therapy, but the appropriate meaning of this quotation is considered as a mutravirachana. So Punarnavashtaka Kwatha and sweta parpati aushadha which have mutravirechaka action gives better result in patient with cirrhotic changes in the liver.

CONCEPT OF STERILIZATION ACCORDING TO AYURVEDA

Dr. Hardik Variya¹
Toshikane⁴

Dr. Nilesh Jethava²
Dr. Harisuman Trivedi⁵

Dr. Satish H.S.³

Dr. Hemantha
Dr. Devdutt Dave⁶

1. P.G. Scholar, M.S. 1st year, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.
2. Lecturer, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.
3. Reader, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.
4. Principal, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.
5. H.O.D, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.
6. Professor, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.

Abstract:

Sushruta Samhita is the first and foremost authentic text of Ayurveda in the specialty of surgery written by *Acharya Sushruta* who was primarily a surgeon and recognized as “The Father of Surgery” in the world. *Sushruta Samhita* is the foremost text which elaborates the importance of *Raksha Karma* (sterilization). Since Vedic period *Homa-havana* and *Yagna*, sterilization of house & place around it by *Dhoopan*, is going on traditionally and for instrument by *Payana* method and heat Flames method. There are three types of *Payana*, *Kshara Payana*, *Udaka Payana* and *Taila Payana*. Also it is useful in various branches of Ayurveda like *Shalakyas*, *Kaumarbhrutya* and *Prasutistreeroga*. *Sushruta* has also explained the method of treating *Vrana*, *Vranitaagara* and *Shastrakarmagarya* by this method of *Dhoopana*. *Dhoopana Dravya* like *Guggulu*, *Aguru*, *Sarjarasa* and *Sarshapa*, added with *Lavana*, *Nimbapatra* and *Ghrut* were used for fumigation purpose. This present paper deals the concept of sterilization in Ayurvedic perspective.

Keywords: *Sushruta Samhita, Bhutvidya, Sterilization, Rakshoghna Dravyas, Fumigation.*

AYURVEDIC MANAGEMENT OF CHARMADAL KHUSTHA (ERYTHRODERMIC PSORIASIS)-A CASE STUDY

Hardikchandra Kalal¹

1. PG Scholar, Department of Kayachikitsa, JS Ayurved Mahavidyalaya, Nadiad.

Abstract:

In Ayurveda “Charmadal kustha” is described in *Kusthavyadhi chikitsa* which is similar to erythrodermic psoriasis. It is a very rare type of psoriasis and it only affects about three percent of people with psoriasis. Psoriasis is a specific, often inheritable, acquired disorder characterized by itching, scaling, redness at whole body and pain & stiffness of multiple joint, after itching bleeding at both hands fingers. A 19 years old male came to Ayurveda OPD with history of psoriasis from last 3 months and according to the patient one of the causes involves in the disease is contact with bio-medical waste eradication in his job work. He was treated with *shanshodhan* & *shanshaman chikitsa*. He got significant result.

Keywords: Charmadal Kustha, Erythrodermic psoriasis, shanshodhan & shanshaman chikitsa.

CONCEPT OF RHINOPLASTY

Dr. Harish Daga¹

Dr. D. S. Dave²

1. PG Scholar, Department of Shalyatantra, Parul Institute of Ayurved, Limda, Vadodara.
2. Prof., Department of Shalyatantra, Parul Institute of Ayurved, Limda, Vadodara.

Abstract:

One of the oldest forms of surgery is plastic surgery. The term plastic derived from the Greek word "Plstikos." *Charak samhita* and *Sushruta Samhita* are among the oldest known treatise on *Ayurveda*. Plastic operations like *Otoplasty* and *Rhinoplasty* are described in 16th chapter of *Sutrasthana* of *Sushruta Samhita*. It is corrected by mean of *sandhankarma*. Development of *sandhankarma* is closely connected with the operative techniques used in Rhinoplasty. *Sushruta* has developed the forehead flap surgery, the most successful technique of plastic surgery even now days. Procedure made with the help of equal size of leaf to the excised nose. Flap of skin taken from forehead, should be stitched with the stump of nose. Position and shape of nostrils should be maintained by small hollow stems of *Ricinus communis*. With recent advances; Surgeons are improving techniques and discovering new ones that can decrease the risk of Scaring and Recovery time. Restoring the Appearance and Functions of the part is Main Importance of Plastic Surgery.

Keywords: Plastic surgery, *Sandhankarma*, Rhinoplasty

REVIEW STUDY ON *UTTARABASTI* OF KUMARI TAILA IN THE MANAGEMENT OF FALLOPIAN TUBAL BLOCKAGE

Vd. Hetal Baria

Dr. Shilpa B. Donga

Dr. L.P.Dei

1. Vd. Hetal Baria, Lecturer, Shree Gulabkunverba Ayurved Mahavidhyalaya, Gujarat Ayurved University, Jamnagar.
E-mail: het.baria@gmail.com Mobile: 9428986145
2. Dr. Shilpa B. Donga, Associate Professor, IPGT & RA, Gujarat Ayurved University, Jamnagar.
3. Dr. L.P.Dei, H.O.D. IPGT & RA, Gujrat Ayurved University, Jamnagar.

Abstract:

Tubal blockage is one of the most essential causative factors for female infertility. It is the need of the era that a secure, more expenditure effectual and absolute therapy of this sensitive problem should be developed. This review study is an attempt to understand the ailment according to *Ayurvedic* ethics and to evaluate the efficacy of *Kumari Taila Uttarabasti* in tubal blockage. Patients of child bearing age with active marital life of 1 year or more having complaint of failure to conceive with at least one fallopian tube blocked diagnosed by Hysterosalpingography (HSG) were selected. Data of 67 patients taken for the clinical trial in the four studies is being presented here. Out of them 61 patients completed the course of treatment, with 53.73% unilateral and 46.27% bilateral tubal blockage. *Kumari Taila* (5 ml) Intrauterine *Uttarabasti* was given for 6 days (with interval of three days in between), after completion of menses for two consecutive cycles. The tubal patency was found in 62.69% of patients and conception was achieved in 20.90% of patients without any complication. *Uttarabasti* is an imperative and an exclusive *Ayurvedic* procedure stated in classics particularly for the management of *Vandhyatva* and other gynecological disorders. *Kumari Taila Uttarabasti* is a highly effective procedure for treating tubal blockage with no apparent evidence of complication.

Keywords: Hysterosalpingography (HSG), Tubal blockage, Intrauterine *Uttarabasti*, *Kumari Taila*.

PRE-OPERATIVE MANAGEMENT IN AYURVEDA

**Dr. Hiren B. Mistry¹ Dr. Nilesh Jethava² Dr. Satish H. S.³ Dr. Hemantha Toshikane⁴
Dr. Harisuman Trivedi⁵ Dr. Devdutt Dave⁶**

1. P.G. scholar M.S. (Ayu.), Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.

2. Lecturer, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.

3. Reader, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.

4. Principal, Parul Institute of Ayurveda, Limda.

5. Prof. & HOD, Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.

6. Prof., Dept. of Shalya Tantra, P.G. Studies, Parul Institute of Ayurveda, Limda.

Abstract:

Ayurveda is an ancient science of life since the time of immemorial. In Ayurvedic classics, there are two types of treatment for all diseases, either with use of Aushadhi (medicines) or by use of surgery. In Shalya Tantra, there was description of eight types of shastra karmas to perform shalya karma but *Poorva karma* should be done before any surgical procedure and this *poorva karma* is known as *pre-operative* management in *Ayurveda*. If *Poorva karma* is performed properly and timely, these results in great success of any surgery and complication free post-operative period. The surgeon does not get defamed even after death of patient during procedure if *poorva karma* is performed properly with time.

Key words: Poorvakarma, Ayurveda, Pre-operative, Consent

A CASE REPORT OF JALOUKAVACHARANA IN GLAUCOMA

Dr.K.Indira jhansi rani (PG Scholar)

Dr. T. Praveen Kumar (Guide)

Abstract:

Eyes are the best gift of nature to mankind, an important sense organ which helps in vision. In Ancient literature eyes are regarded as "index of mind". Glaucoma is a chronic progressive optic neuropathy caused by a group of ocular conditions which lead to damage of optic nerve, with loss of visual function, most common risk factor is increase in intra ocular pressure. It is the main cause for blindness after cataract. In India about 12 million people are affected and contribute 12.8% of total blindness. Adimanthas is one among the netra rogas explained in classics which occur due to the improper treatment of abhisyanda. It is a disease with symptoms of intense pain of eye where the eye seems to be extracted out & churned up along with the involvement of half of the head in association with specific features of doshas that can be correlated to glaucoma. Raktha mokshana is one of the treatment modalities explained by susruta for adimanthas. Rakthamokshana by Jaloukavacharana has been considered for this case based on clinical presentation.

Keywords: Glaucoma, Intra ocular pressure, Jaloukavacharana, Adhimantha

ANALYSIS OF SROTAS IN MDR PULMONARY TUBERCULOSIS PATIENTS AS AN AYURVEDIC DIAGNOSTIC TOOL

Dr. Jai Kiran Kini¹

1. Associate professor, Dr. G. D. Pol Foundation's YMT Ayurvedic Medical College, Kharghar, Navi Mumbai

Introduction:

MDR tuberculosis is declared as global emergency, as every day 3 patients are dying by tuberculosis. The diagnosis or confirmation of this disease is always depends on the laboratory investigations in current practices. Earlier researchers have proven the relation between tuberculosis and rajyakshma hence MDR TB can be considered as the upadravavastha of Rajayakshma Vyadhi. The analysis of srotas plays the key role in ayurvedic diagnosis for every vyadhi. The knowledge of shatkriyakala is also important in samanya chikitsa of every vyadhi as it always elaborates the avastha of dosha and dushya for that particular vyadhi. Prevention of MDR stage and for prophylaxis also, we should have knowledge of pattern of common and basic srotodushti in MDR tuberculosis avastha

Material and method-

In DOTS opd of YMTAMC, Kharghar, 30 patients of seronegative, both gender and 25-45 age from group of MDR pulmonary tuberculosis were collected for this study with the help of special designed CRF from ayurvedic and modern text.

Ashtavidha, dashavidha pariksha with well elaborated srotas parikshan done in all patients and results recorded carefully

Results and observations:

avipaka since last 1 year in all, 68% having rasavaha, 54% raktavaha, 68% majjavaha with bhrama (82%), karnanaad (32%) from pranavaha, 88% shosha from udakavaha, 100% mansashosha from mansavaha, 75% asthibheda from asthivaha was seen.

AYURVEDIC DIAGNOSIS AND MANAGEMENT OF CARDIOVASCULAR DISEASE IN POST-MENOPAUSAL WOMEN

Dr. Jasmine Gujarathi¹

Dr. Ritesh Gujarathi²

1. Associate Professor, Dept. of Striroga & Prasutitantra, G. J. Patel Institute of Ayurvedic Studies and Research, VV Nagar, Anand, Gujarat. Email: jassyleo@gmail.com,
2. Associate Professor, Dept. of Basic Principles, G. J. Patel Institute of Ayurvedic Studies and Research, VV Nagar, Anand, Gujarat. Email: drritesh00@gmail.com

Abstract:

Old age becomes a more vulnerable period for women because along with aging they have to suffer from the inevitable traumas of menopause. Postmenopausal phase is associated with significant increase in the incidence of age-related medical conditions like cardiovascular diseases and osteoporosis. Cardiovascular disease in post-menopausal women is under-diagnosed and under-treated as the clinical features differ in men and women. Studies show that heart disease kills six times as many more women than breast cancer. Women are also more likely than men to have 'silent heart attacks' – an attack without any acute symptoms. Diagnosis at a later stage makes the condition difficult to manage and as a result there is an increase in the number of deaths in post-menopausal women due to heart-related conditions. Reviewing the Ayurvedic literature presented the condition similar with *Kaphaja Hridroga* and *Medavritta Vata*. Also tremendous interest in preventing the mortality due to CVD in postmenopausal women has led tremendous interest towards herbal alternatives. Use of phytoestrogens in minimizing risk of postmenopausal osteoporosis has led an hope towards use of *Shatavari* – a potent phytoestrogen in preventing cardiovascular disease in postmenopausal women.

Keywords: Cardiovascular diseases, Post-menopausal stage, *Kaphaja Hridroga*, *Medavritta Vata*.

A CLINICAL STUDY ON KIKKISA W.S.R TO STRIAE GRAVIDARUM AND ITS MANAGEMENT WITH KIKKISAHARA YOGA

Jigna I Gadhavi¹ Dr. Hemant Patel² Dr. Rita Makim³ Dr. Ranjana Ingale⁴Dr. Amit Rupapara⁵

1. PG Scholar, Dept. of Striroga & Prasutitantra, Parul Institute of Ayurved, Limda, Vadodara.
2. M.D. Ayu
3. HOD, Dept. of Striroga & Prasutitantra, Parul Institute of Ayurved, Limda, Vadodara.
4. Reader, Dept. of Striroga & Prasutitantra, Parul Institute of Ayurved, Limda, Vadodara.
5. Lecturer, Dept. of Striroga & Prasutitantra, Parul Institute of Ayurved, Limda, Vadodara.

Abstract:

The importance of beauty is increasing day by day women has to suffer many cosmetic changes during pregnancy. Among these *Kikkisa* is the major problem which affects women's beauty. More than 90% of total women are affected with it. Seventh month onwards the uterus enlarges due to growing foetus and produce stretching of abdominal skin. Due to these stretching linear lines appear over the skin of abdomen, breasts and thigh known as *Kikkisa* (striae gravidarum). Total 30 patients were selected and divided into two groups. Majority of them were obese. Group A(n-15) were given Kumariyadi cream (Anubhut yoga) and Group B (n-15) were given Karveeradi cream (Astanga sangraha) for local application twice in a day. Duration of study was 2 months with follow up for 1 month. Kumariyadi cream and Karveeradi cream was selected due to its Kandughna, Kusthghna , Kaphasamaka, Raktasodhana properties hence it prevents Vidaha , Vaivarnya, kandu . In Group-A, 86.67% of patients got no occurrence and also 13.34 % of patients had mild occurrence, In Group-B, 26.67 % of patients got no occurrence, 60% patients had mild occurrence, while 13.33% of patients got moderate occurrence of symptoms .Statistically insignificant difference in occurrence was found in between both the group.

Keywords: Kikkis, Karaveeradi cream, kumareyadi cream, Striae gravidarum

APPLICATION OF SHATKRIYAKALA FOR CLINICAL DIAGNOSIS

Kashyap Chauhan

Shubhangi Kamble

IPGT&RA, GAU, Jamnagar

Abstract:

Ayurveda is the art of daily living in harmony with the laws of nature. *Ayurveda* is a practical medical science, which promotes perfect health through prevention and cures health problems by recommending lifestyle changes. *Acharya Sushruta* has explained the process of disease manifestation under the heading of *Shatkriyakala*. *Kriyakala* literally means 'Time for Action'. Amongst *Shatkriyakala*, *Prakopavastha* is the 2nd stage of disease manifestation. *PittaDosh* is predominant in middle age, hence *Pittaja* diseases are likely to manifest in this age group. Prevalence of *Pittaja* diseases is increasing in this era due to irregular lifestyle and faulty dietary habits. *Dosha dushti* in the form of *Pitta Prakopa* is the basic cause, which if left untreated gives rise to various diseases. *Nidana Parivarjana* serves as the first line of treatment in all diseases. Hence, the clinical study was carried out on patients of *Pitta Prakopa* so as to test the hypothesis whether any disease could be diagnosed at *Prakopavastha* and further pathogenesis could be arrested by giving necessary treatment earlier. 16 patients showing symptoms of *Pitta Prakopa* in the age group 18-50 years were given *Yashtimadhu* in the dose of 2 gm bd along with *Pathyapathya* in the form of lifestyle modifications for 7 days. Effect of therapy was assessed on the basis of change in chief and associated complaints as well as *Agni Bala* and *JaranaShakti*. Statistically highly significant results were found in chief complaints i.e. *Amlika* (85.71%), *Pipasa* (77.78%) and *Paridaha* (61.9%).

Key words: *Dosha Dushti*, *Shatkriyakala*, *Pitta Prakopa*, *Yashtimadhu*.

A CLINICAL AND DIAGNOSTIC SKILL IN THE CASE OF HUGE KAPHA VATAJA VDRADHI DUE TO MYCOBACTERIUM TUBERCULI IN LEFT UPPER EXTREMITY - A CASE REPORT

Prof. Kendre Manchak V.¹

1. Prof., Department of Kayachikitsa, G. J. Patel Institute of Ayurvedic Studies and Research, VV Nagar, Anand, Gujarat.

Abstract:

Introduction:

Huge Kaphaja vidradhi due to mycobacterium tuberculi in left upper extremity is a rare entity. Diagnosis of atypical presentation is very difficult hence case was undiagnosed up to one year by various experts. After careful application of clinical and diagnostic skills case was diagnosed and treated successfully.

Case report:

A 32 years old male case was reported to *Kayachikitsa* department in December 2014 with the complaints of painless progressive huge swelling in left upper extremity from shoulder to wrist and not responding to orthopedic treatments since one year. Primary investigations were within normal limit. After careful examination single axillary lymph node was palpable and FNAC was showing tubercular lymphadenitis. Case was diagnosed as Kaphaja vidradhi due to mycobacterium tuberculi and vidradhi bhedana was performed with the help of surgeon in shalya department and 1.5 litre pus was drained and treated successfully.

Conclusions:

Huge Kaphaja vidradhi due to mycobacterium tuberculi in left upper extremity was undiagnosed up to one year but after proper application of clinical and diagnostic skills, the case was diagnosed and treated successfully.

Keywords: *Vidradhi, Kaphaja vidradhi, cold abscess, tubercular abscess.*

References:

Susruta samhita, Ambikadatta Shastri, Editor, Chaukhambha Sanskrit Sansthan Varansi, Nidana Sthana 9/9, P- 342

AAVARANA – A DIAGNOSTIC APPROACH IN AYURVEDA

Dr. Ketki Arun Aurangabadkar¹

1. Asst. Prof., Dept. of Roga Nidana Vikriti Vigyana, PIA, Limda, Vadodara, E mail: dr.ketkiaurangabadkar@gmail.com

Abstract:

Sushruta has mentioned three pathological conditions of vata (su. Ci. 5/29). One of them is avrita vata. Term avarana refers to, to cover, to mask or to obstruct. Gati is unique feature of vata, whenever its gati is disturbed due to avarana then its vitiation occurs. This has been the central idea of avrit vata. In this paper attempt has been made to diagnose the modern disease in terms of aavarana. This will help in treating these modern diseases according to general principle of management of aavarana.

Keywords: avrita vata, gati, aavarana.

NABHIROGA IN CHILDREN AND ITS DIAGNOSIS

Dr. Mahipatsinh Chavda¹

Dr. Kirti Rathod²

Dr. Purnima Hope³

1. P.G. scholar, M.D. 1st year, Dept. of Kaumarbhritya, P.G. studies, Parul Institute of Ayurveda, Limda.
2. Lecturer, Dept. of Kaumarbhritya, P.G. studies, Parul Institute of Ayurveda, Limda.
3. Professor, Dept. of Kaumarbhritya, P.G. studies, Parul Institute of Ayurveda, Limda.

Abstract:

In intra uterine life the fetus receives its nutrition through *Nabhinala* (umbilicushernia), which is very essential for survival. However, after birth, it may become source of infection that may cause various complications. Therefore, it should be care of, very cautiously. *Nabhiroga* explained in *Ayurveda* classics are of two types. 1) *Asamyakkalpanajanyanabhiroga*. 2) Other *nabhiroga*. *AcharyaCharaka* described six types of *Asamyakkalpanajanyanabhiroga* which are *Ayaamam*, *Vyaayamam*, *Uttundita*, *Pindalika*, *Viinamika*, *Vijrimbhika*. Other *Nabhiroga* are described as *Nabhipaka*, *Nabhisotha*, *Nabhivrana* and *Pralambika*. In day to day examination of newborn, umbilicus should be inspected carefully so that early diagnosis and treatment of *Nabhiroga* can be done. Diagnostic features of *Nabhiroga* are explained well in the current paper.

Key words: *Nabhiroga, Umbilicus, Umbilical cord, Newborn, Diagnosis*

JALOKA AVACHARAN: AYURVEDIC REVIEW

Narendrasinh Thakor¹

1. PG Scholar, Department of Shalyatantra, PIA, Limda, Vadodara.

Abstract:

As the very basic of life for “leech” is water, since their site of dwelling is ‘Jal’ i.e. water, the leech is Jaloka. Bloodletting is one of the important procedures of Shodhan karama which is very useful in the treatment of some disease especially in Rakta-Pitta disorders. Jaloka avacharan (leech application) is the best and effective method of Raktamokshana. Medicinal use of leech application is practice globally; detailed description on this therapy is available in Shushruta Samhita. Leech therapy eliminated vitiated Dosha and toxin that accumulate in the body. Bioactive substance present leech saliva also exerts a therapeutic effect in several ailments.

Keywords: Jaloka Avacharan, Leech therapy.

A CASE STUDY ON ECZEMA W.S.R VICHARCHIKA BY JALAUKAVACHARANA

Nikhil M.D.¹

K.B.Roy²

Rohini R.S³

Hemanth D.T.⁴

1. 1st Yr. Post Graduate Student, Dept. Of Kayachikitsa, PIA, Limda, Vadodara.
2. Prof. Dept of Kayachikitsa, PIA, Limda, Vadodara.
3. Asst. Prof., Dept. Of Panchakarma, PIA, Limda, Vadodara.
4. Principal&HOD, Dept of Shalay Tantra, PIA, Limda, Vadodara.

Abstract:

Eczema is a form of dermatitis where inflammation of epidermis occurs. Although the exact cause of eczema is not known, it is activated by the immune system and is related to allergic reactions, though it not the same as compared to other allergic reactions. "Controlling eczema more effectively can make a remarkable improvement to the patient's quality of life." In *Ayurveda*, *Acharya Sushruta* has described the diseases by the name "*Vicharchika*." Where the pitta dosha predominat symptoms like raji, atikandu, arathi, ruja over body will be observed. In pitta and rakta dosha pre dominant conditions *raktamokshana* is best line of treatment. In the current case report of 62-year-old male, who presented with complaints of rashes over both of his legs from knee to ankle joint with intense itching and burning sensation since 4 months. *Raktamokshana* was done by *jalaaukavacharan* for over 4 times (once in a week) and a significant improvement was seen in sign and symptoms without any complications. Hence the conclusion can be made as *raktamokshana* seems to be effective in *rakta* and *pitta doshaja twak vikara's* like *vicharchika*.

Keywords: Eczema, *Vicharchika*, *raktamokshana*, *jalaaukavacharana*.

AYURVEDIC MANAGEMENT OF CHRONIC RENAL FAILURE: A CASE STUDY

Nilesh Italiya¹

1. PG Scholar, Department of Kayachikitsa, JS Ayurved Mahavidyalaya, Nadiad.

ABSTRACT:

A 39 years old female patient of chronic renal failure suggested forgoing on hemodialysis, came in the P D Patel Ayurveda Hospital characterized by swelling, weakness, lack of appetite and vomiting which very well responded through ayurvedic management without need of haemodialysis. GFR was also increased with ayurvedic treatment.

INTRODUCTION:

Chronic renal failure is the progressive, long standing and irreversible impairment of renal functions. When some of the nephrons loose the function; the unaffected nephrons can compensate it. However, when more and more nephrons start losing function over the months or years, the compensatory mechanism fails and chronic renal failure develops. Ayurvedic management perform rejuvenation action on the affected nephron, to enhance their excretory mechanism of the body west by natural dialysis.

CASE PRESENTATION:

A 39 years old female patient having known case of hypertension and diagnosed case of chronic renal failure having complaints of pedal edema, pain in both feet with difficulty in walking, occasionally uneasiness and nausea, weakness and gas trouble with constipation came at P.D Patel ayurvedic hospital on 5th December 2014. The level of serum creatinine and blood urea was 8.9 and 123 mg/dl respectively with lower hemoglobin level (9.2 gm %) and hyperkalemia. She is taking conventional medicines prescribed by physician i.e. moxinidipine (TDS), tab-nexiron(OD), tab-alphaD₃ (OD).

She has history of hypertension since 2001. She has taken long term (approximately 3 years) non-steroidal anti-inflammatory and analgesics for back pain performed by falling down in May 2002 in Jaipur. Then after pedal edema, nausea, weakness and uneasiness started in October 2005. She consulted physician and diagnosed as a case of chronic renal failure with the help of ultrasound and laboratory investigation. From October 2005 to December 2014, she is taking the above

medicines regularly without interruption. The serum creatinine level was raised up to 8.9 mg/dl within this period and so she was suggested for hemodialysis or renal transplantation as early as possible which forced her to go for some alternative.

Sign and symptoms present in the patient:

Anorexia, weakness, nausea, pedal edema

ULTRASONOGRAPHY OF ABDOMEN (5th December 2014):

Both the kidneys are small in size with increased echo pattern. Right kidney measures 72*28 mm and left kidney measures 68*31 mm in size with loss of cortico-medullary difference. These Findings suggest bilateral chronic medical renal disease.

TREATMENT AND RESULT:

1. Patient was hospitalized and treated with following ayurvedic management. All the conventional medical treatment continues which she is taking.
2. Varunadi kwath 40ml two times per day.
3. Gokshuradi guggulu 3tab three times per day.
4. Bhumiamalaki churna 2grams & Rasayan churna 3grams three times per day.
5. Tab-Uricare (modified Jivitprada vati which doesn't contain bhasma) 2tab three times per day.
6. Tab-Tamalaki Rasayana (dry extract of bhumiamalaki) 2tab two times per day.
7. Niruh basti-320ml (used punarnavadi as kwath material and other ingredient was same as per the classics) daily before lunch.
8. Nadi swedana on kati pradesha (with nirgundi patra) daily.

Patient was treated with above treatment from 5th dec 2014 to 9th jan 2015. Patient's hematological and biochemical investigation was carried out on every 7th days during whole treatment period.

Investigation	5/12/14	11/12/14	14/12/14	17/12/14	24/12/14	31/12/14	7/1/15
Hb%	8.9	10.9	11.0	10.2	10.3	10.0	10.1
Urea	123.0	138.0	130.0	108.0	101.0	101.0	92.0
Creatinine	8.9	9.0	9.3	8.1	7.3	7.0	6.6
Na+	140	141	138	144	137	139	140
K+	5.3	4.9	4.1	4.3	5.4	5.5	5.7
Protein	-		-	6.4	-		
Albumin	3.4	-	-	3.4		-	
Globulin		-	-	3.0		-	
S calcium		7.1		7.4		8.1	8.3
U.Albumin	++	++	++	+	+	+	+

DISCUSSION:

Most of case of chronic renal failure is due to diabetes and hypertension. In this case, hypertension and nephrotoxic drug administration both were found as a causative factor. CRF is specific form of renal disease. According to Ayurveda, CRF is a disease of *Mutravaha Srotas*. Though all the three *doshas* as well as all the *dushyas* are involved in the disease, *kapha* is responsible in blocking microvessels and developing microangiopathy. *Vata* is responsible for degeneration of the structure of the kidney. According to Ayurvedic principles of management of the disease, tissue damage can be prevented and repaired by *Rasayana* drugs because they have the capability to improve qualities of tissues and hence increase resistance of the tissues. On the other hand, blockage can be removed by *Lekhana* drugs having scraping effect on blocked channels. *Goksuradi guggulu* (combined Ayurvedic preparation) is *Rasayana* for *Mutravaha Srotas* and it has also *Lekhana* (scraping) effect because of *Guggulu* (*Commiphora mukul*). *Varunadi kvath* is also helpful to relieve the *kapha* and *vata doshas*. *Rasayan churna* has *rasayan* properties. *Niruha basti* is a minor alternative of dialysis.

PROBLEMS, DRAWBACKS AND SCOPE OF MODERN INVESTIGATORY TECHNIQUES IN DIAGNOSING DISEASES DESCRIBED IN ĀYURVEDA.

Dr. Pallavi Dattatray Nikam¹ Dr. Arjun Singh Baghel²

1. Ph.D. Scholar, Dept. of Basic Principles, I.P.G.T.&R.A., G.A.U., Jamnagar.
2. Associate Prof., Dept of Basic Principles, I.P.G.T. & R.A., G.A.U., Jamnagar.

Abstract:

The skill to adopt scientific methodology for diagnosing disease is vanishing day by day. This is because they are based on subjective parameters and the skilful *Vaidyas* (Āyurvedic doctors) who are able to use and able to teach that how to use these techniques are very rarer today. Though various modern investigatory techniques are proving very helpful for Āyurvedic clinicians, all of them cannot be directly adopted in Ayurvedic diagnosis of any disease, because Physiology and Pathology of Āyurveda are quite different from that of modern medical science. In the diseases, whose pathogenesis is related with anatomical changes in the body according to Ayurveda, these modern investigatory techniques can be adopted directly as there is no major difference in Anatomy of Ayurveda and modern medical science.

In modern medical science, the parameters and standard physiological values of those parameters are universally applied but in Āyurveda there is individualistic approach to decide physiological condition of the body. Sometimes reports of modern investigations confuse the Ayurvedic physician as Ayurvedic and modern etiological factors and understanding of pathogenesis differ grossly in most of the cases. So, all modern investigatory techniques cannot prove useful to diagnose diseases described in Ayurveda. If Ayurveda practitioners want to use modern diagnostic techniques to diagnose diseases described in Ayurveda, they have to think logically on these investigations in context of Ayurvedic principles or they have to evolve new diagnostic techniques based on Ayurvedic principles.

In this research paper, light has been thrown on the problems and drawbacks associated with the use of modern medical investigative techniques for diagnosis and then treatment of Ayurvedic diseases. Also scope of their utility has been discussed in brief.

DIAGNOSIS AND MANAGMENT OF THE SCLERODERMA ACCORDING TO AYURVEDA: A REVIEW ARTICLE

Dr. K. B. Roy¹

Dr. Prasad Mamidi²

Dr. Priyanka³

1. Prof., Department of Kayachikitsa, Parul Institute of Ayurved, Limda, Vadodara.
2. Reader, Department of Kayachikitsa, Parul Institute of Ayurved, Limda, Vadodara.
3. P.G. Scholar, Department of Kayachikitsa, Parul Institute of Ayurved, Limda, Vadodara.

Abstract:

In current present study a female patient of 45 yrs of age presenting with symptoms of Hypo pigmentation on both arms and legs, Thickness of whole body skin, Generalised weakness with body ache, multiple joint pains, vesiculo – pustular lesions over both elbow joints with discharge and pain. The disease was started before 12 months. At that time she had itching, Burning sensation and Pain on affected part of the skin. Disease started with hypo pigmentation on fingers, and then gradually pigmentation is appeared on legs also. The whole body skin had more thickness then the normal skin. No history of Fever/giddiness/or chest pain. Patient taking treatment for her skin condition from some private doctor. That Medicines/documents are not available. At present (since 12 days) she was coming on Parul hospital for the treatment of vesiculo – pustular lesions over both elbow joints with discharge and pain. T/P/R-N/110/Regular , B.P. - 160/100 mmHg , Spo2 -94% , R.A. –Clear AEBE , CVS –S1 S2/Trachy/no murmurs , RBS – 100 mg/dl. Temp. – 99.1 F. patient was advised lab investigation –CBC , Blood group , S.Bilirubin , S.Sodium ,S.Potassium ,S.Creatinine ,S.Urea ,C Reactive Protein Titre ,ESR ,Hepatitis C Virus, HIV I , II & HBsAG ,V.D.R.L. ,PS for MP , S.Uric Acid ,Renal Function Test , Culture Aerobic & Susceptibility ,ANA Test. Recently Patient was treated with following medicines Tab. Azoran (50)

TDS ,Tab. Wysolone (10) BD ,Inj. Augmentin (2g.) iv 12 hourly and beta din dressing on both elbow joints for a period of 12 days.

The modern diagnosis of this patient is scleroderma/auto immune disease. In this case my view of what is the diagnosis and management of this patient according to Ayurveda.

EFFECT OF VAMANA KARMA ON LIPID PROFILE

Dr. Rahul V. Magare¹

1. Assistant Professor, Dept of Rog Nidana, GJPIASR, Anand.

Abstract:

Introduction:

Acharya Charaka have explained Ashraya ashrayee sambandha of Kapha and Meda (lipids). Vamana procedure does Upashoshana of Kleda, Meda (lipids) & Shleshma. The vitiated Kapha present in entire body is alleviated and expelled out through the mechanism of Vamana karma and disease procedure is suppressed up to the maximum level. The current study highlights the trend between lipid profile of healthy individuals before & after performing Vamana therapy. The presentation is focused on the pathway of lipid & fat metabolism in detail, Mode of action of Vamana Karma, Kapha & Meda relation, Meda & lipids relation. Along with that, the Vamana Karma is explained in detail with Vamana yoga & Ayogya, classification of Vamana dravyas, procedure of Vamana Karma, Samyak yoga, Ayoga & Atiyoga lakshana of Vamana Karma, Vamana vyapada, mode of action of Vamana Karma with Ayurvedic & modern view.

Materials & methods:

30 healthy volunteers which are Vamana yoga were randomly selected. Routine investigations were done to screen out any other major illness. Vamana Karma was performed on each volunteer and follow up was taken after 7th and 30th days of Vamana Karma. The change in total lipid profile noted to assess the effect of Vamana Karma.

Conclusion:

Out of the 30 volunteers, all of them had reduced level in Sr.Cholesterol, Sr.Triglycerides, Sr.LDL, Sr.VLDL. Also all 30 volunteers had increase level of HDL.

DIAGNOSIS AND MANAGEMENT OF ANUKTA VYADHI THROUGH AYURVEDA W.S.R. TO SWINE FLU

Dr Ritesh Guarathi¹

Dr Jasmine Gujarathi²

1. Associate Professor, Dept of Basic Principles, G Patel Institute of Ayurvedic Studies Research, New V V Nagar

2. Associate Professor, Dept of Striroga and Prasutitantra, G Patel Institute of Ayurvedic Studies Research, New V V Nagar

Abstract:

Anukta vyadhi is the term utilized for those diseases which are not mentioned in classical Ayurveda texts. As we accept that the treatises like Charaka Samhita, Sushruta Samhita are more than 4000 year old. The diseases which are described in these classics were the result of the food habits and regimen which was followed in that era. During the course of development many new diseases were added by various Ayurveda Acharyas. Also few diseases which are mentioned in Ayurveda classics are not seen now a days. It's a million dollar question how to manage the diseases which are not described in Ayurveda classics but its prevalence is seen today. Acharyas have given certain guidelines regarding diagnosis and management of such diseases. This paper reviews such literature available in the ancient texts and also an attempt has been made to apply this knowledge in the context of Swine Flu.

Keywords: Anukta Vyadhi, Ayurveda, Diagnosis, Management, Swine Flu.

ROLE OF JALOUKAVACHARANA IN BUERGER'S DISEASE

Dr. K. Rudrama Devi¹ Dr. B. Satyanarayana² Dr. M. Gurumurthy³

1. PG Scholar
2. Co-Guide
3. Guide

Abstract:

The ever changing global cultural deviations had led to many life style disorders, Buerger's disease is one among them. Buerger's disease (Thromboangitis obliterans) is a non-atherosclerotic segmental inflammatory disease of small and medium sized arteries of the lower extremities of predominantly young male tobacco users. Buerger's disease is more common among men than women. Early symptoms may include episodic pain and coldness in digits and late findings may present as intermittent claudication and gangrene eventually forcing amputation of the limb. Cessation of all forms of tobacco usage is the cornerstone of the treatment. Other modalities of treatment for reducing pain or avoiding amputation have not been successful. In Ayurveda, it comes under Kotha where there is vitiation of Pitta and Vata causing inflammation of the arteries and obstruction of the flow of blood. Jaloukavacharana has been considered for this case based upon clinical presentation. After Jaloukavacharana, there is a positive improvement in both subjective and objective parameters. Thus Jaloukavacharana enhances the tissue viability by ensuring blood flow.

Keywords: Buerger's disease, Thromboangiitis obliterans, Dustavrana, Jaloukavacharana.

EFFECT OF SHATPUSHPA CHURNA & SHATPUSHPADI TAILA UTTARBASTI ON VANDHYATVA (VIPHALA ARTAVA-ANOVULATION)

Samhita Thaker¹ Hetal Patel² Dr. Rita Makim³ Dr. Ranjana Ingale⁴ Dr. Amit Rupapara⁵

1. PG Scholar, PTSR Department, Parul Institute of Ayurved, Limda, Vadodara.
2. MS, PTSR (Ayu)
3. HOD, PTSR Department, Parul Institute of Ayurved, Limda, Vadodara.
4. Asso. Prof., PTSR Department, Parul Institute of Ayurved, Limda, Vadodara.
5. Asst. Prof., PTSR Department, Parul Institute of Ayurved, Limda, Vadodara.

Abstract:

In present era, Vandhyatva has been one of the unsolved major complaints of womanhood. 'Beeja' is an important factor, which is directly related to an ovulation process. Failure to produce a mature ovum by ovary (Beeja Granthi) consequently for 3-4 cycles is called Viphalartava means anovulation. Total 46 patients of viphalartava of Primary & secondary infertility were registered, randomly categorized into three groups. In Group A (n-18) Uttarbasti of Shatpushpadi taila 5ml for 2months intrauterine & Shatpushpa Churna 2gm thrice/day for 2months orally with Madhu/Ghrita was given. In Group B (n-17), only oral medication was given similar to group A. In Group C (n-11), Placebo, Sharkara Churna 1cap(500mg)twice/day for 2months orally was given. As suggested in Kashyapa Samhita, Shatpushpa (taila & churna) was selected for the present study due to its Agnivardhana, Rutu Pravartana, Yoni-Shukra Vishodhina, Ushna, Vataprashamana, Mangalya, Papanashini, Putraprad & Viryakari properties. Viphalartava is one of the Vatika Vikara, so Uttarbasti was selected. This study highlighted, Hindu, anxious Housewives, 25-30yr of age group, addicted of tea have maximum Viphalartava. Highly significant ($P > 0.001$) results were appreciated in Group A [75.78%] than Group B and Group C. In Group B 73.20% relieved ($P > 0.001$). In Group C 43.58% relieved ($P < 0.10$).

Keywords: Viphalartava, anovulation, Shatpushpa, Uttarbasti.

PROBLEMS IN DIAGNOSING AND TREATING FISTULA-IN-ANO

Dr.Sanjay Kumar¹

1. Assistant Prof., Dept. of Shalyatantra, G.J.Patel Ayurvedic Collage & Research, New V.V.Nagar, Anand, Gujarat.
Email: drsanjaytrivedi888@gmail.com

Abstract:

Fistula in ano and anorectal sepsis is along established condition described in "Corpus Hippocratum" in a treatise named "ON- Fistula"¹. Centuries have passed but the basic principles of management of anorectal sepsis remained the same which revolves around resolution of anorectal sepsis and treatment of fistula without hampering continence. Diagnosis procedures for fistula-in-ano Trividha pariksha: darshana, sparsana and prashna; Astanga pariksha: Nadi, mala, mootra, jiwaha, sabdam, sparsham, drik and akriti. DRE: internal opening can be felt as a nodule Dye injection (methylene blue or Indigo carmine Hydrogen peroxide) Proctoscopy: may reveal internal opening Probing: useful in exploring tracts. Painful sometimes. False passage one may create in fibrosed tracts.

Anorectal diseases greatly suffer the mankind for centuries. Of them, anorectal abscess and anorectal fistulas form a major group affecting human beings causing pain, inconvenience, discharge and incontinence. For understanding perianal sepsis, knowledge of the anatomy and pathology is mandatory. For planning any treatment strategy, anal sphincter complex and pathology are key factors. Eradication of sepsis and maintenance of continence is the two great challenges to the surgical fraternity. To achieve these goals the management spans from simple observation to complex procedures like the mucosal advancement flaps. The drawbacks of the procedures remain as recurrence and incontinence. Newer modalities like the fibrin glue, fibrin plug, LIFT procedure and stem cell treatment are being used as the treatment modalities. The present article describes patho-physiology and discusses the various investigative modalities and treatment options for fistula in ano.

Keywords: Perianal sepsis, fistula in ano, seton, fibrin glue, fibrin plug.

DASHVIDHA PARIKSHA AS A PROGNOSTIC TOOL FOR INSULIN RESISTANCE

Vd. Shivani Gupta¹

1. Assistant Professor (Rognidan Avum Vikriti Vigyan), G.D. Pol Foundation's YMT Ayurvedic College, Kharghar

Abstract:

Introduction- Diabetes Mellitus is a known global threat and Insulin Resistance has a cardinal role in pathophysiology of diabetes mellitus. Insulin Resistance (IR) is a physiological condition in which cells fail to respond to the normal actions of the hormone insulin. The body produces insulin, but the cells in the body become resistant to insulin and are unable to use it as effectively, leading to hyperglycemia. Beta cells in the pancreas subsequently increase their production of insulin, further contributing to hyperinsulinemia. This often remains undetected and can contribute to a diagnosis of Type 2 Diabetes or latent autoimmune diabetes of adults. As Insulin Resistance remains undetected for long time and till the time of detection it had done the harm to the body in the form of DM. So here I have tried to make a prognostic tool with the help of dashvidha pariksha so that we can identify insulin resistant prone people so it could be checked before it can cause harm to the body.

Purpose- To make a prognostic tool for insulin resistance with the help of dashvidh pariksha.

Method- 30 patients from National Institute of Ayurveda, Jaipur were taken for the study and a CRF designed on the basis of dashvidha pariksha. Prakriti, Vikriti, Sara, Sanhanan, Praman, Satmya, Satva, Aharshakti, Vyayam Shakti and Vaya are the parameters. Patients were either already diagnosed with hyperinsulinemia or confirmed later with serum insulin level.

Result- Prakriti, Sara, Sanhanan, Satmya, Satva, Aharshakti, Vyayamshakti and Vaya were found most striking and helpful criteria for the diagnosis of Insulin Resistance prone individuals. Detail discussion would be done in full paper.

Conclusion- Being an asymptomatic clinical condition Insulin Resistance is a dormant volcano which erupts later and attack the individual all of sudden. This prognostic tool will help us to screen those who are prone to Insulin Resistance and early diagnosis and preventive measures will help us to decrease the disease load of diabetes mellitus.

AYURVEDIC MANAGEMENT OF PARKINSON'S DISEASE: A CASE STUDY

Shivaranjani Kanthariya¹

1. PG Scholar, Department of Kayahikitsa, JS Ayurved Mahavidyalaya, Nadiad.

Abstract:

Parkinson's disease is a general term used to define a symptoms complex manifest by bradykinesia with rigidity and/or tremor. Peak age of onset is the 60s; course progressive over 10-25 years. In spite of advancements in the field of medicine, treatment of Parkinson's disease remained highly symptomatic. A 65 years old labor male patient came to our P.D Patel Ayurvedic hospital, Nadiad with a history of continuous tremors in right upper and lower limb with bilateral knee joint pain, restricted movement of neck, bilateral pedal edema, anxiety and headache. He treated with ayurvedic medicine- shaman and shodhan both treatment given. Patient got marked improvement.

Keyword: Parkinson's disease, Ayurvedic management – Shodhan chikitsa and Shaman chikitsa

AYURVEDIC ASPECT OF CLINICAL AND DIAGNOSTIC SKILLS

Dr. Shraddha R. Yadav¹

Dr. Gopal Sharma²

1. MD Scholar, Rachana Sharir, GAC Nagpur, Maharashtra.

2. Professor, Rachana Sharir, GAC Nagpur, Maharashtra.

Abstract:

Ayurveda is one of the world's oldest science which promotes physical and mental health. Our Aacharya's and WHO also defined that Swasth state means not only physical absence of disease but mentally free from disease. Aim of Ayurveda is 'Swasthsaya Swasthya Rakshanam Aaturasya Vikar Prashanam'. Swasth state of body is maintained by following Ayurvedic Paricharyas.

For diagnosis of diseases Vaidya must have the knowledge of Sharir Rachana and Sharir Kriya. For clinical diagnosis it is important to know the site of Dosha, stage of Dosha, state of Dooshya and site of Dosha Dooshya Sammurchana which is done by Aptopdesha, Pratyaksha and Anumana Pramana, In Ayurvedic texts various types of Pareeksha (diagnostic methods) described which are – Dvidvidha Pareeksha, Trividha Pareeksha, Chaturvidha Pareeksha, Panchavidha Pareeksha, Shadavidha Pareeksha, Asthavidha Pareeksha, Dashavidha Pareeksha, Ekadasha Pareeksha and Dwadashavidha Pareeksha.

Key words: Ayurved, Dosha, Dhooshya, Pramana, Pareeksha.

AYURVEDIC DIAGNOSTIC CRITERIA FOR SWINE FLU W.S.R.TO SROTAS PARIKSHAN

Vd. Snehal D. Yadav¹

Vd. Jai Kini²

1. P.G. Scholar, Dept. of Rognidan Evum Vikriti Vigyan, YMT Ayurvedic Medical College, Kharghar, Navi Mumbai.

2. Guide, Dept. of Rognidan Evum Vikriti Vigyan, YMT Ayurvedic Medical College, Kharghar, Navi Mumbai.

Abstract:

Swine flu has been creating a terror effects all-round the globe. The intensity of this disorder can be lowered by diagnosing and taking proper treatments. The number of swine flu deaths is rising sharply. There were 215 deaths by February 5, 2015 out of 2038 cases.

Purpose: Now a days flow of patients towards ayurveda is increasing. so I studied the ayurvedic diagnostic criteria of swine flu for early management, decrease deterioration and prevention of swine flu. In fast life cycle it is very difficult to maintain hygiene. Mode of transmission is very fast in swine flu hence early diagnosis is key to prevent swine flu. I have observed many patients of swine flu in my period of internship in pune, hence I choose this topic.

Aim: To study ayurvedic diagnostic criteria for swine flu w.s.r.to srotas parikshan.

Objectives:

- To study ayurvedic diagnostic criteria of swine flu w.s.r.to srotas parikshan with classical texts.
- To study of swine flu according to modern sciences.

Materials and methods: Diagnosed 50 patients of 1st stage of swine flu which are not deteriorated taken for the study. Separate CRF prepared with the help of ayurvedic text. Detailed srotas parikshan done. Results noted carefully.

Results: Pranavaha, rasavaha, annavaha srotas dushti noted in 100% of the patients. Rasa, rakta and mamsa dhatu dhushiti in 95% of patients. Ojovypad and ojovisransa was seen in 50% patients. Fever with chills was seen in 60% of patients. Headache was seen in 80% of patients.

ASTASTHANA PARIKSHA - A DIAGNOSTIC METHOD OF YOGARATNAKARA AND ITS CLINICAL IMPORTANCE

Sujata Dhoke¹

Rohit Sharma²

Hetal Amin³

Prof. R. R. Dwivedi⁴

Prof. M. K. Vyas⁵

1. MD Scholar, Basic Principles Department, IPGT & RA, GAU, Jamnagar.

2. PhD Scholar, Rasashatra and Bheshajyakalpana Department, IPGT & RA, GAU, Jamnagar.

3. Assistant. Professor, Basic Principles Department, Parul institute of Ayurveda, Vadodara.

4. Professor, Basic Principles Department, IPGT & R A, GAU. Jamnagar

5. Professor and HOD, Basic Principles Department, IPGT & RA, GAU, Jamnagar.

Abstract:

In ayurveda the term Pariksha is used in place of pramana. The synonyms of Pariksha are pramana, saadana, jnana, upalabधि. Pariksha means through which investigation cognition of valid apprehension of the state of the object arise is called Pariksha. Which is investigated in depth, establishment of reality of an object is Pariksha. It is necessary to diagnose the disease after proper examination and medicines are to be given. There are many diagnostic tools of examination. The purpose of examination is to obtain knowledge regarding span of life, strength and intensity of morbidity. Yogaratnakara provides a clear picture of scenery of illness and healthy condition through Astasthan Pariksha. Tailabindu Pariksha, one among Ashtasthan Pariksha is a diagnostic tool of urine examination developed by the medieval Ayurvedic scholars. It also helps in establishing prognosis of various diseases. In current paper, attempts were made to study the relation of Ashtasthan Pariksha in therapeutics with special emphasis and its applicability in medical practice.

Keywords: Ashtasthan Pariksha, Ayurveda, Nadi, Tailabindu, Yogaratnakara.

SCIENTIFIC STUDY OF NIDAN (HETU) OF AMLAPITTA DESCRIBED IN KASHYAP SAMHITA AND ITS PREVALENCE IN PRESENT ERA

Dr Sulakshana R. Jaybhaye¹

1. HOD and Associate professor, Department of Swasthavritta, G.J.Patel Ayurveda College and Research Center, New Vallabha Vidya Nagar, Anand, Gujarat.

Abstract:

Introduction:

First time Vriddha Jeevak has described Amlapitta as separate entity. Millions of peoples are suffering from Amlapitta. Causes of this disease are mostly related with diet and life style. In present practice only palliative treatment is given to the patient hence results are not satisfactory. Complete treatment is possible with eradication of the causative factors. Therefore it is necessary to study the causative factors described in Kashyapa Samhita and it's prevalence in present era.

Materials and method:

Patients diagnosed as amlapitta in OPD and IPD at G.J.Patel Institute of Ayurvedic Studies and research centre, N.V.V. Nagar Anand were the subjects for study. A questioner of amlapitta hetu according to kashyapa samhita was prepared and 20 subjects were asked the questioner and recorded.

Result:

Eighteen subjects have shown hetu according to Kashyapa samhita and only two subjects have shown different nidana like NSAID and antibiotics.

Conclusion:

The study shows that though Kashyapa samhita belongs 7th century but in present era also the prevalence of Nidana of Amlapitta is same as described in Kashyapa samhita.

Keywords:Amlapitta, Urdhvaga amlapitta, Adhoga amlapitta, APD diseases, Hyperacidity etc.

References:

Kashyapa samhita, Vriddha Jeevak, Pandit Hemraj Sharma, editor, with 'Vidyotini' Hindi commentary, Chaukhambha Sanskrit Sansthan, Delhi, edition 2010, Khila sthana 16,3-9. P.335.

JUDICIOUS CLINICAL APPROACHES FOR DEFINITE SUCCESS IN AYURVED TREATMENT

Dr. Viral Desai¹

1. Asst.Professor, Dept.of Pharmacognosy, Parul Institute of Pharmacy and Research, Limda, Waghodia, Vadodara, Gujarat.

Abstract:

Contemporary ayurved treatment methodology seems a mixture of classical ayurved principles and modern viewpoint of presented clinical condition. No strict and only adherence to ayurved methods for examination, diagnosis-prognosis & treatment is widely observable among practitioners. Practitioner cannot create the picture of actual disease progression and its manifestations in his mind according to ayurved in competent and scientific way. Such knowledge hurdles and confuses a lot to a practitioner when he/she supposed to prescribe only ayurved medicines, which have been designed as per authentic ayurved science. Such exercise many times also end in to biased and ununiformed practises which lead to multi medicine prescription habit.

Judicious approaches of ayurved reveals samhita based knowledge into clinically applicable way. How samprapti sangathan can be done in more understandable way and how hetuvyadhiviprit can convert in to agni based chikitsa are important parts of such approach. Action of differential fundamental ayurved tools named nidana-parivarjan, upkram, chikitsasutra, and prakrutisthapan is determined and suppose to apply accordingly. Selection of medicine for presented condition than would be an easy, scientific and sure-shot way producing confidence in practitioner and in system. The approach is exemplified by case studies.

PRAKRITI AND AUTONOMIC RESPONSES RELATIONSHIP IN HEALTHY INDIVIDUALS

Rapolu Sunil B¹

1. Assistant Professor, Department of Kriyasharir, Dhanvantari Ayurved College, Koydam.

Abstract:

According to Ayurveda, an individual can be classified into any one of the seven constitutional types (Prakriti) depending on the dominance of one, two, or three Doshas, which contribute to phenotypic diversity in health and disease. In the recent years, there have been several efforts to see whether certain physiological, haematological or biochemical parameters have any association with the constitutional types or not.

Objectives:

The objective of the present study was to see if the results of certain autonomic function tests vary according to Prakriti of an individual.

Materials and Methods:

We conducted this study in healthy volunteers of both gender belonging to the age group of 17 to 35 years after obtaining their written consent. The Prakriti of these volunteers was assessed on the basis of a validated questionnaire and also by traditional method of interviewing. After confirming that the primary Dosha (most dominant Dosha) ascertained by both these methods matched, 106 volunteers were grouped into three on the basis of primary Dosha and were subjected to various autonomic function tests such as cold pressor test, standing-to-lying ratio, Valsalva ratio and pupillary responses such as pupil cycle time and pupil size measurement in light and dark. The results were analysed by applying suitable statistical tests.

Results:

The results of several autonomic function tests correlated linearly with the primary Dosha expressed in an individual. In particular, people with Kapha as the most dominant Dosha showed a tendency to have higher parasympathetic activity with respect to their cardiovascular reactivity and diminished ocular parasympathetic activity in concern with the Pupil Cycle Time in comparison to other two groups.

Conclusions:

Certain autonomic function tests related with cardiovascular reactivity and pupillary responses may have an association with the dominant Dosha expressed in an individual. As a corollary, it may be useful to explore the possibility of employing these tests to identify the primary Dosha in an individual and useful to prediction of the susceptibility of the individual for the specific disease and for the prediction of his/her health status.

Keywords: Ayurveda, Indian traditional medicine, Prakriti, constitution, Autonomic responses, pupillary responses.

YONIPICHU CHIKITSA IN STRI ROGA AND GARBHINI

Sonal Raval¹

Dr.Ranjana Ingale²

1. PG Scholar, PTSR Department, Parul Institute of Ayurved, Limda, Vadodara.

2. Reader, PTSR Department, Parul Institute of Ayurved, Limda, Vadodara.

ABSTRACT:

In Ayurveda, Sthanik Chikitsa (local therapies) are the specialized treatment procedure. The procedures basically deal with the disorder of Tryavarta yoni (Three covering of vagina). Acharya detailed many procedures for Striroga like Yoni dhupan , Uttar-basti, Yoni pichu, Yoni dhawan, Yoni lepan, Yoni varti, Yoni puran, Yoni parisheka , Pinda chikitsa. Among these modalities, in this present study, salient features of Yoni pichu were noted. This modality was advocated for various ailments related to yoni. Yoni pichu is one of the line of treatment in yoni vyapada and other yoni disorder involved in sthanik chikitsa . Pichu dharna for garbhini at 8th month helps to deliver smoothly. Also helps for improving tonicity of vaginal wall in sootika. Yoni pichu dharana is advised to the patient at least for 7days, which helps to reduce the irritation of vaginal wall & itching sensation as well as to reduce the redness of vagina. Pichu is similar to Tampoon, which is made up by cotton swab wrapped in a gauze piece and tied with a long thread. It is dipped in medicated oil/ liquid. If powder has to be used, it is kept in thin layer of cotton. Yoni pichu is very easy to prepare, safe to use, without any side effect, economical and woman can carry out this procedure by herself at her home.

Key word: Yoni pichu, Yoni vyapada, Tampoon.

IMPACT OF AHARA VIHARA IN VANDHYATVA (INFERTILITY)

Trupti Danidhariya¹

Dr Rita Makim²

1. PG Scholar, PTSR Department, Parul Institute of Ayurved, Limda, Vadodara.

2. Reader, PTSR Department, Parul Institute of Ayurved, Limda, Vadodara.

Abstract:

INFERTILITY is major problem in our society and now a days the rate of Infertility is steadily increasing. Vandhyatva or Infertility is failure to Conceive by a couple, having normal coitus, during appropriate period of menstrual cycle, regularly at least for one year. Acharya Charaka has mentioned some nidanas like, generalized weakness, lack of nutrition, improper diet,(ahara) & regimen(vihara),stress, bad habits, trauma to the vital organs etc. for vandyatva. Among these causes, the paper presentation is belong to Ahara &vihara in vandhayatva. Main key of good Health is Hitakara Ahara & Vihara. Acharyas describe that Asatmyaj Ahara-Vihara is the root cause of all diseases. According to Shushruta & Charaka excessive use of lavana, katu, tikta & kashaya rasa will be affect male potency. Junk food, Fermented food, Pickels, Stale food, Scarcity of fibers, vitamins, minerals foods are also causative agents. Today's generation get spoiled due to improper biological clock, not following Dincharya, Ritucharya, bad eating habits, that affects the overall system of human beings & Reproductive system is one among them. These are the nidanas of Vandhyatva and Nidanaparivarjana is one among the line of treatment of disease. If one will avoid the asatmyaj Ahara-Vihara which is cause of Vandhyatva than there may be no need of other treatment.

Keyword: Vandhyattva, Nidana Parivarjana, Asatmya Ahara, Asatmya Vihara.