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Jarakaya-2021



PROCEEDING OF INTERNATIONAL CONFERENCE

on 19 & 20 November 2021

Theme- Geriatric Diseases-Care and Cure
to Celebrate



jointly organized by

Gujrat Board of Ayurvedic &
Unani System of Medicine &
Parul University

Jarakaya-2021

Organized by : Department of Kayachikitsa,
Faculty of Ayurved, Parul University.



PROCEEDINGS OF INTERNATIONAL CONFERENCE

THEME-GERIATRIC DISEASES-CARE AND CURE

JARAKAYA-2021

ORGANIZED By:

**Department of Kayachikitsa, Faculty of Ayurveda,
Parul University**



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Proceeding Of International Conference JARAKAYA-2021

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FOREWORD

I feel honoured to be requested to write the foreword for this excellent work as special add on by the efforts from the Department of Kayachikitsa on conducting pre- international conference Jarakaya 2021 under Azadi ka Amrut Mahotsav on 26/10/2021 presiding eminent guest speakers.

I am indeed happy to write a foreword to the book which is combined efforts from the department of Kayachikitsa. It has taken a herculean task to compile this book after referring voluminous literature of past and present with reference to Geriatric practice: cure and care by the scholars. This is a genuine work compiling original references by the authors from Ayurveda and contemporary sciences. The resources provide comprehensive knowledge about the subject prepared in accordance with the diseases, drugs involved and its etiopathogenesis. Ayurvedic system of medicine has been practiced in the country and globally from time immemorial and has stood the test of many adversities over centuries.

This book proceedings from the Department of Kayachikitsa will be a timely contribution to students, practitioners, scholars and researchers of ayurvedic medicine. The purpose of this book will be served by the progressive discussions and constructive feedbacks from the readers. I am sure the readers will be benefited immensely by this book. I wish the department to get more such opportunities to convert such intricate subject into an interesting and readable one.

Dr. Devanshu Patel, MBBS, M.D

President,

Parul University



PARUL UNIVERSITY
PARUL INSTITUTE OF AYURVED
EVENT NAME: JARAKAYA - 2021
DATE: 26.10.2021
ORGANIZED BY: DEPT OF KAYACHIKITSA
REPORT

Under the banner of –Azadi ka Amritmahotsav|| and on occasion of World Ayurveda Day, dept of Kayachikitsa organized International Conference Webinar Jarakaya – 2021 on 26.10.2021. Dr. Sharada, Professor, Principal & HOD, Dept. of PG studies in Kayachikitsa, Jammu Institute of Ayurveda & Research, Jammu was the resource person for the scientific session. Dr. Sharada discussed the basics of Jara, Vata vyadhi and Jara janya Vata vyadhi Chikitsa. It was a very informative session. It was published live on social media platforms like Google Meet, Facebook and YouTube. UG and PG students of various colleges were present during the session. During the inauguration of the scientific session, the welcome speech was delivered by Dr. Hemant Toshikane, Dean, Faculty of Ayurveda, PU and the vote of thanks was proposed by Dr. Prakash A Kumbar, Asso.Prof, Department of Kayachikitsa, Parul institute of Ayurved, PU. Dr. Rinjin G Krishna, Assistant Prof, Department of Kayachikitsa, Parul institute of Ayurved, PU was the moderator for the scientific session. The scientific session was followed by Paper presentation session. Dr. Vaishali Deshpande, Prof & HOD, Department of Kayachikitsa, Parul Institute if Ayurved & Research, and Dr. Naresh Kore, Prof & Dy.MS, Parul Institute if Ayurved & Research were the jury for the paper presentation session. Out of total 20 students who had registered for the paper presentation, 16 students presented the paper. Dr. Manu R, Hod, dept. of Kayachikitsa proposed the vote of thanks. Dr. Vishnu B, Assistant Prof, Department of Kayachikitsa, Parul institute of Ayurved, PU was the moderator for the session of paper presentation.



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AYURVEDIC MANAGEMENT OF PSYCHIATRIC DISORDERS IN GERIATRICS

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Abstract:

21st century is the country of Psychosomatic Disorders and SADD syndrome (Stress, Anxiety, Depression and Disease). The real meaning of healthy life is seven-dimensional equilibrium, Bhautik (physical), Bouddhik (Intellectual), Bhavanatmak (Emotional), Samajik (Social), Adhyatmik (spiritual), yavsayik (occupational), Paryavaran (environmental). According to ayurveda ageing is an inevitable outcome of kala or Parinaam, healthy balance of the mind and body is given utmost importance in Ayurveda. Geriatrics is a progressive irreversible phenomenon of body rather than disease in which the body loses its ability to respond to a challenge to maintain homeo-stasis. In Ashtanga Ayurveda –Jarall is incorporated at 7th number among its eight branches. Major causes of more morbidity and mortality among geriatrics is chronic inflammatory and degenerative conditions such as arthritis, diabetes osteoporosis, hypertension, diabetes depression psychiatric disorder, Parkinson's disease and age-related pathies. Conventional system of medicine is not very satisfactory in this problem has lack of holistic and comprehensive approach towards psycho somatic metabolic diseases. Ayurveda has potential and interventions to resist disease occurring in degenerative face and improves physiological processes that influence metabolic and immunological status and Compensates age-related biological losses in mind, body altogether affords rejuvenating effect to a remarkable extent. mental health concern that may touch most people's life directly or indirectly, affecting 350 million people worldwide. It can affect an individual's ability to figure, variety of relationships, and destroy their quality of life.

Introduction:

Mind is the organ or seat of consciousness, the faculty or the function of the brain by which an individual becomes aware of his surroundings and by which he experiences feelings, emotions & desires and is able to attend, to remember, to learn, to reason and to decide. For ages, mental health has been important to humankind. This is more so in the present century, which has been termed as the age of anxiety. Mental health is vital to individuals, families and society.

Manas roga

Manasa-Roga (mental disorder) generally refers to an abnormal mental condition in relation to mental functions. Based on information available in the Ayurvedic classics, Manasa Roga is an abnormal mental condition characterized by- (1)

- Impairment of Manasa Karma (general mental functions) like Indriya bhigraha, Swasyanigrah, and Vichara.
- Impairment of Buddhi, Smriti, Sangya Gyana, Bhakti, Sheela, Cheshta, Achara separately or in combination.
- Presence of Alpasattva (weak will power).⁽²⁾
- Vitiating of Dosha, specifically Manasa Dosha.
- Involvement of both Adhishthana viz. Manasa and Sharira or Manasa alone.

Etiological factor for Manasa- vikaar⁽³⁾

Ayurvedic approach towards understanding of illness is very fundamental and deep rooted.

- Basic 3-fold causes viz. Unwholesome contact of Kala, Buddhi and Artha i.e.
 - a) Parinama (time factor including chronological errors)
 - b) Pragyapradha (Intellectual blasphemy).
 - C) Asatmendriyarthasamyoga (Incompatible contact of sense organs with their objects).
- Sadvritta Apalana (not following good conduct).
- Vegavidharana.
- Purvajanmakrit.

- Prakriti Viparyaya.
- Ishtasyalabhat and Anishtasya Labhat.

Samprapti-

Aetiological factors primarily vitiate Rajasa and Tamasa (Manasa Doshas) which afflict Hridya (the seat of intellect) of Alpa Satva person (weak will power) and cause Manovaha Srotodushti (vitiates psychic centre emotions etc.) and give rise to Manasa Roga.

Salient Geriatric Psychic Ailments Characteristics ⁽⁴⁾

- Impairment of Manasa Karma (general mental functions) like Indriyabhigraha, Swasyanigraha, and Vichara.
- Impairment of Buddhi, Smriti, Sangyagyana, Bhakti, Sheela, Cheshta, Achara separately or in combination. (5)
- Presence of Alpasattva (weak will power).
- Vitiating of Dosha specifically Manasa Dosha.
- Involvement of both Adhishthana viz. Manasa and Sharira or Manasa alone

Adjuvantly we can compose as ⁽⁶⁾

- 1- Vyamoha (Delusion)- state of false belief, commonly found in senile psychosis & Depressive state.
- 2- Avastu Bodhan (Hallucination) & Bhrama (Illusion) - State of false Perception
- 3- Pravartan (Regression)-State of childish behaviour in advanced age.
- 4- Manovagyanik Kash (Psychological Ailment)
- 5- Smriti Vyatikram (Memory Disorder)
- 6- sanvegamak Vyatikram (Emotional Disorder)
- 7- VisajaAngika Pratikriya (Toxic Organic Reaction)
- 8- Antardrishti Abhav (Lack of Self Mirroring)

1- Disease due to primary involvement of Rajas and Tamas (7)

These are emotional disorders. They may themselves act as diseases, symptoms of diseases or causes of various mental disorders.

Acharya Charaka has enumerated the following psychiatric symptoms caused by Rajasa and Tamasa.

- i) Kama (Lust)
- ii) Lobha (Greed)
- iii) Krodha (Anger)
- iv) Moha (Delusion)
- v) Irshya (Jealousy)
- vi) Mana (Pride)
- vii) Mada (Neurosis)
- viii) Shoka (Grief)
- ix) Chita (Depression)
- x) Chitodvega (Anxiety)
- xi) Bhaya (Fear or phobias)
- xii) Harsha (Euphoria).

Along with these diseases Vishada (anguish), Dainya (meanness), Abhyasuya (envy), Matsarya (malice) have been mentioned.

2- Diseases which are produced due to the involvement of Rajasa and Tamasa along with Vata, Pitta and Kapha.

- i) Unmada (Psychosis) ii) Apasmara (Epilepsy)
- iii) Atattvabhinivesha (Obsession)
- iv) Apatantraka (Hysteria)
- v) Bhrama (Vertigo)
- vi) Tandra (Drowsiness) vii) Kama (Neurasthenia)
- viii) Mada (Psychoneurosis) ix) Murchha (Fainting)

- x) Sanyasa (Coma)
- xi) Madatyaya (Alcoholism)
- xii) Gadodvega (Hypochondriasis)

3- Psychiatric illnesses related with personality defects-The patients of mental deficiency and personalities come under this category. The psychopathic personality, the characteristic feature of Rajasa Prakriti and Tamasa Prakriti includes individuals with mental deficiency like Sattvaheenta, Amedhata, Vikrita sattva, Psychosomatic Illness. Sometimes they are normal with this type of personality and very often among geriatrics mental-deficiency may occur due to a disease. The causative factors in these diseases are emotional factors or psychic factors with manifestation of clinical features predominantly at somatic level. These are as follows:

- Bhayajatisara (Diarrhoea due to fear)
- Shokajatisara (Diarrhoea due to grief)
- Shokaja Jwara (Pyrexia due to grief)
- Kamaja Jwara (Pyrexia due to passion)
- Krodhaja Jwara (Pyrexia due to anger)
- Shokaja Shosha (Wasting due to grief)
- Dwishtartha Samyogaja Chhardi (Emesis due to unfavourable objects)
- Manasa Arochaka (Tastelessness due to mental disturbance) ⁽⁸⁾

Examination of Geriatric Mental status

We do not have the precise tools to assess the state of mental health unlike physical health.

"Unmadam Punar Manobuddhi Sangyagyana Smriti Bhakti Sheela Cheshtachara Vibhramam Vidhyat"⁽⁹⁾

Ashtvidha Sattva Pariksha -(eight-fold mental status examination has been prescribed to examine a psychiatric patient.,¹⁰

Deranged or unsettled conditions of Manah(mind), Buddhi (intellect or decision), SangyaGyana (orientation and responsiveness), Smriti (memory), Bhakti (desire),

Sheela (habit or temperament), Cheshta (psychomotor activity) and Achara (conduct) result in manifestation of psychosis.

- Identity Basic Detail
- Psychiatric assessment
- Avedaka (Informant)
- Pradhana Vedana (Chief Complaint)
- edanavrittam (History of present illness)
- Purvavyadhivrittam (Medical history)
- Kulavrittam (Family history)
- Sheela (Habits, temperaments)
- Cheshta (Psychomotor activity)
- Achara
- Manah
- Buddhi (Decision)
- Smriti (Memory)
- Sangya Gyanam (Orientation and responsiveness)
- Bhakti (Desire)
- Prakriti (Constitution)
- Sattva- Parilisha (Mental Stamina)

Pathological & Radiodiagnosis- Routine Blood and Urine Screening

- Electrophysiological
- Geriatric depression scale (GDS)
- (EEG, EMG)
- Brain Imaging test (CT, MRI, PET) (10)

Management & Measures

Samanya chikitsa -Nidana Parivarjan - The first and foremost principle in the management of any disease is to avoid and eliminate causative factors. The rules which are to be followed to avoid any disease have been summed up as follows: ⁽¹¹⁾

- a) Sadvritta-Palana (following good conduct) and Achara Rasayana.
- b) Samyaka Vega Dharana and Udirana (proper restraining and elimination of natural urges).
- c) Wholesome contact of Kala, Buddhi and Indriyarthas.
- d) Observance of the rules of diet, lifestyle and exercise.
- e) Avoidance of Pragyapradha

In Ayurvedic system of medicine chikitsa has been categorized into two broad divisions viz. Laukiki Chikitsa & Naisthiki Chikitsa.

A- Laukiki chikitsa (Swasthyadayini Chikitsa) -It refers to the treatment of a disease or ailment affecting an individual in mental and physical dimensions. The types of Laukiki Chikitsa as mentioned below:

1. Daiva Vyapashraya (Divine Therapy)- To combat daivakrit diseases. It is a sort of faith therapy derived mainly from Atharvaveda. ⁽¹¹⁾
2. Yuktivyapashraya (Rational Therapy)- Here the method of treatment is based on reasoning and proper planning. Hence, it is more scientific and rational therapy and it is planned treatment based on fundamental principles of Ayurveda. ⁽¹²⁾

Evident Based Medications-⁽¹³⁾

- 1- Shiro Abhyanga, Shiropichu, Shirodhara with Himsagar tail, Bramhi taila
- 2- Single Drug Bramhi, Sankhpushi, Jatamamsi, Giloy, Ashwagandha etc.
- 3- Churna- Shatavari Kalp, yasthimashu churna, Saraswati churna
- 4- Vati-Prabhakar, Chandraprabha, Bramhi
- 5- Bhasm-Muktapishti, Muktabhasm
- 6- Rasaushadhi- Yogendra rasa, Smritisagar, Vatakulantak rasa, Kamdugdha
- 7- Asava/Arista-Drakshasava, Aswagandharista, Saraswatarista

8- Tail/Ghrita-bramhi, kalyanak, Himsagar taila

3. Sattvavajaya (Psychotherapy)- To control the mind by withdrawing it from undesired objects. ⁽¹⁴⁾

B-Naisthiki Chikitsa- Ideal therapeutic measures for the management of mental ailments can be as follows and while treating the patients especially mentally ill persons, the course of conduct related to Trivarga i.e. Dharma (virtue), Artha (wealth) and Kama (desire) should be followed. This is the spritual dimension of ayurveda refers to absolute eradication of vedana (miseris) that can be attained by the elimination of desires (Upadha) which are root cause of miseris. ⁽¹⁵⁾

Other supportive measures for prevention-

The Achara Rasayana guide laid out in Charaka Samhita encourages a moral path of integrity which directly relates to an individual's state of health. When our thoughts are positive, the actions we perform are conscientious, and the words we speak are uplifting we create a biome for our physical and mental bodies to function optimally. Achara Rasayana not only cleanse the subtle body, but they also refine the physical body by giving favourable impressions to the sense organs. This is something beautifully unique to Ayurveda, the idea that our thoughts, words, and actions have a paramount impact on the restoration of health and wellbeing. It sharpens the intellect thereby enabling the individual in restraining from prajnaparadha.

- Practices of Yoga -"Yogo Moksha Pravartakah" ie. by Yogic practices one can attain the state of Moksha, Process of increasing Sattva and decreasing Rajasa & Tamasa
- Relaxation -Relaxation is a mean of getting free from stress. Meditation, Shavasana and Yoganidra have been found very effective in alleviating stress and ultimately resulting in good mental health.
- Saddvritta Palana (Good conduct)- Acharya Charaka has laid down the rules that are to be followed and by which one can attain good health and control over sense faculties.
- Vega Vidharana-The impulses of greed, fear, anger, jealousy, excessive attachment and malice are the emotional factors that should be overcome.
- Manokshobha Chikitsa- Psycho-shock therapy-To manage acute episodes of Unmada by inducing physical pain and mental shock bring deranged mind back to normalcy.

- Samadhi (Mental equanimity or concentration)-Gyana-Vigyana or Atma divigyana altogether concentrating or fixing the mind into the soul after withdrawal of mind from its objects.

Dravyabhuta Chikitsa ⁽¹⁶⁾

Aravyabhuta chikitsa (16)

Preventive Measure for promotion of Mental Health in Geriatrics --(Manasa Swasthya) ⁽¹⁷⁾

The practices described for promotion of mental health i.e., purity of Manasa and its activity in Ayurvedic texts include -

- Sadvritta Palana
- Achara Rasayana Sevana
- Dharniya Vega Vidharana
- Promotion of Gyana & vigyana
- Replacement of emotions (Pratidwand watmaka)
- Medhya and Divya Rasayana Sevana
- Yoga Sadhana
- Ashvasana, Suhrid-vakya,
- Santvana
- Naishthiki Chikitsa
- Promoting Mental Health

Conclusions

Rapid changes-in globalizing world associated with urbanisation in the new millennium have resulted in newer type of stressors and the streamlining of an inclusive society towards patients of psychiatric illness is critical as a social web.

Ayurveda called jara (old age) as swabhavika vyadhi. It is a natural phenomenon of physiological change since birth, these metabolic changes have a significant impact over nervous system which manifest several disorders in geriatrics. Atherosclerotic changes in advance age leads to poor perfusion of blood in tissues which hamper 's significant nutrition and changes pathology which leads to ailments. In advanced

age people comprising of financial as well as poor health which is a predisposing cause of disorders among them. The Basic difference between the modern and Ayurvedic approach is that, while modern system promotes relaxation by blocking awareness of a stressful event, ayurvedic approach as described earlier makes one to realize the situation and adopt suitably to solve the Geriatric mental problems in a refreshing way for ever. The only key available to solve these problems of Manas is to adopt Ayurveda as a way of life. Its humanistic and holistic approach covers all the shades of life and living.

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EXPLORE ROLL OF TRADITIONAL TREATMENT OF AYURVEDA IN GERIATRIC DISORDER NILIKA WITH BALAHARIDRADI LEPA AND KHADIR TWAK KWATH

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Guided by: -

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Introduction:

The disease Nilika (Lentigo senilis) is a type of kshudra kustha (group of skin disorders), mentioned in Ayurveda. It may manifest with various sign and symptoms like Krishna (Blackish discoloration), Nirujatanu (painless thin lesion) that may generally manifest in Gatra mukha i.e., whole body and face. In Ayurveda Nilika can be compared with lentigo senilis. Lentigo senilis is a common skin lesion occurring late in life as yellow-brown to brownish-black macular spots over the light-exposed areas. A lentigo is a small, sharply circumscribed, pigmented macule surrounded by normal-appearing skin. Ninety per cent of elderly persons were found to have hyperpigmented macules compatible with a clinical diagnosis of senile lentigo. Lepe (pack) with khadir twak kwath are well-known medicines for Nilika (lentigo senilis). Balaharidradi Lepa and Khadir Twak kwath are defined as Nilikahara dravayas in ayurvedic Samhita as they are having Nilikahara, Kusthaghna, Varnya, Krimighna and Kantikar activity. Aim:- To explore roll of traditional treatment of Ayurveda in geriatric skin disorders and geriatric cosmetology. Objective:-(i) To study the mode of action Balaharidradi Lepa and Khadir Twak kwath in the management of Nilika (ii)To study the Phytochemical anlysis of Indogenouse Herble Drug Balaharidradi Lepa and Khadir Twak kwath. (iii)To study any adverse effect of Balaharidradi Lepa and Khadir Twak kwath Material & Methods: - Local application of Balaharidaradi Lepa and oral administration Khadira Twak Kwath twice a day. Duration: 2 months. Results: - An arbitrary grading system based on classical diagnostic outline mentioned in

classical texts of Ayurveda and Von luschan's color scale statistically significant results observation Conclusion: The present study supports the use of Balaharidhadi Lepur and Khadine Twaka Kwa treating ang with the good acceptance by all treated patients

Keywords: Ayurveda, Cosmetics, Kantikar, Balaharidradi Lepa and Khadir Twak kwath, Nilika (lentigo senilis), Hyperpigmentation disorder.

INTRODUCTION: -

In Ayurveda Nilika has been described under kshudra kushtha. As per ancient scholars of Ayurveda, it is a type of kshudra roga; here kshudra is described on the basis of hetu (etiology), lakshana (symptoms) and cikitsa (treatment). These are exemplifying abruptly in the classical texts, hence known as kshudra [1]. The disease Nilika is occurred due to vitiated vata and pitta [2]. Both the dosha are responsible for manifestation of the disease, they are aggravated due to different manasika nidana (psychological phenomenon) and lodges into the gatra and mukha bhaga (entire body and face). This pathogenesis is characterized by few limited signs and symptoms as mentioned in Classical texts of Ayurveda, like- Krishna (blackish discoloration), Nirujatanuka (painless thin lesion), in Gatra Mukha (Body and face) [3]. As the disorder is described under the heading of Kshudra roga, therefore a very short descriptions of nidana (etiology), lakshana (sign and symptoms) and treatment principles are available in Classics. According to Ayurveda vitiated vata, pitta and rakta are prime pathological factors for manifestation of this disease. Rakta is the dhatu (body tissue), which is responsible for coloration of the body [4]. Any physiological alteration of Raktadhatu may inexact the normal sketch of the body and assist to manifest the different altered coloration of body and produce several symptoms. In Ayurveda Nilika can be compared with Lentigo Senilis.

Lentigo senilis is a common skin lesion occurring late in life as yellow-brown to brownish-black macular spots over the light-exposed areas. A lentigo is a small, sharply circumscribed, pigmented macule surrounded by normal-appearing skin. Ninety per cent of elderly persons were found to have hyperpigmented macules compatible with a clinical diagnosis of senile lentigo. In America, solar lentigines are observed in as many as 90% of whites older than 60 years and in 20% of whites younger than 35 years. Lepe (pack) with khadir twak kwath are well-known medicines for Nilika (lentigo senilis). Balaharidradi Lepa and Khadir Twak kwath

are defined as Nilikahara dravayas in ayurvedic Samhita as they are having Nilikahara, Kusthaghna, Varnya, Krimighna and Kantikar activity.

Beauty is the apparent new indicator of social worth. This contrasts with cultures where age is revered and elders are deferred to with respect.[5]

Ageing of population has been one of the most important development of this century all over the world and will be one of the major challenges for next millennium.

In 2010, an estimated 524 million were aged 65 or older -8 percent of world's population. By2050, this number is expected to nearly triple to about 1.5 billion, representing 16 percent of world population.

Between 2010 and 2050, the number of older people in less developed countries is projected to increase more than 250 percent. compared with a 71 perecent increase in developed countries.

This remarkable phenomenon is being driven by declines in fertility and improvements in longetivity. With fewer children entering the population and people living longer, older people are making up an increasing share of the total population.

In some countries, the sheer number of people entering older ages will challenge national infrastructures, particularly health systems. This numeric surge in older people is dramatically illustrated in the world 's two most populous countries: Chine and India. India 's current older population of 60 million is projected to exceed 277 million in 2050, an increase of nearly 280 percent from today. The dramatic increase in average life expectancy during the 20th century ranks as one of society 's greatest achievements. .[6]

The Ayurveda gives top priority to geriatrics. The term geriatrics is derived Greek word, Geri-old age and iatrics-care. It is branch of medicine concerned with care and treatment of elderly. The word geriatrics has also a close link with the Sanskrit word Jiryadi which means degenerated. In Ayurveda, the human body has been described as a living subject where the wear and tear is continuous and perpetual phenomenon. Acharya Sushrut has been explained Jara among the eight branches in the beginning of Sutrasthan. Ayurveda is having separate branch for Jara - geriatrics among all eight branches.

DISCUSSION:

In Ayurveda, Nilika is explained as a Kshudra Rogal or Raktaja Roga. As per Ayurveda classics Krodha (anger), Aayaas (laziness), Ushna (hot in the property), Tikshna (sharp), Ruksha (dryness) dietary habits, and in modern science exposure to sunlight and exposure to dust are causative factors for Nilika. Maharshi Sushrutal and Vagbhatta have narrated some specific etiology and Samprapti. This disease is mainly manifested due to vitiated Vata and Pitta Doshas and Rakta Dushya.

According to the modern view, the disease Nilika can be correlated with Lentigo Senilis.

Actinic lentigines also called solar lentigines or lentigo senilis, are light brown to dark brown, spots, even-colored or reticulated patches occurring mainly in sun-exposed areas. The dorsal aspects of the hands, extensor forearms, upper trunk and face are the most commonly affected sites. They might be sometimes solitary, but these lesions are more often multiple. Actinic lentigines are considered to be a clinical sign of photoaging and their frequency increases with age. [7,8,9,10] Their number is an indicator of the amount of sun exposure over the course of a life-time and therefore shows an increased risk for developing skin cancers. [11,12,13] They are more characteristic of fair to the medium photoaged skin, and prevalence in India is quite close to other Asian countries. It affects one-third of women about 50 years old in the large sample study carried out in India and concerns half of the population over 70 years old. Actinic lentigines are sometimes difficult to distinguish from seborrheic keratosis or simplex lentigos. The presence of the three entities often causes distress to the individual due to their color, number, size, location, and their known link to aging for two of them. At the histological level, actinic lentigines are characterized by a hyperpigmented basal layer which is due to an increased total melanin content of the epidermis (hypermelaninosis).[14] The number of melanocytes was found increased in some studies (hypermelanocytosis), [15] whereas others did not reveal any differences. The global architecture of the epidermis is often disorganized with broadened rete-ridges and includes long, short, crowded, and bulbous buds. [16,17,18] In addition, the rete-ridges of the dermal-epidermal junction are altered and elongated resulting in a protrusion of the epidermis into the dermis. Although a strong association between actinic lentigines development and UV exposure has been observed, the underlying molecular mechanisms are still not fully understood. a potential role of keratinocyte growth

factor has been recently suggested as well as the involvement of other dermal factors. [19,20]

Flow chart-1, Pathological Description of Nilika:



For the treatment of the Nilika (lentigo senilis) many drugs are mentioned in Ayurvedic classics, which are having Nilikaharhara action. Among these, Balaharidradi Lepa (Bala-Sida cordifolia [Linn.]. Atibala-Abutilon indicum [Linn.]. Yashtimadhu-Glycyrrhiza glabra [Linn.]. Haridra-Curcuma longa [Linn.]). and Khadira Kwath-Acacia catechu (Willd.)" are selected for the study as Nilikaharhara and Kushthaghna dravyas. This study aims to evaluate the effect of Balaharidradi Lepa and Khadira Twaka Kwath in Nilika (lentigo).

Mode of action: Nilika Roga is occurring due to the vitiation of Vata - Pitta Dosha. The predominant Rasa of the drugs are Madhura, Tikta, and Kashaya. Pitta is aggravated by anger and exertion. Vitiated Vata and Pitta get localized on the face and whole body give rise to a patch on the skin, which is painless, thin, and black colour. Therefore, Madhura, Tikta, and Kashaya Rasa subdue the Pitta, which is the main cause of the disease. The Guna of the drug is Laghu, Snigdha, and Pichchhila, which breaks the etiology of Nilika by subsiding Vata and Pitta.

Madhura, Tikta, and Kashaya Rasa acts as Brinhana, Kantikara, Varnya, Dahashamaka, Kandughna and Krimighna, etc., pacifies vitiated Pitta and is Laghu in the property. Due to Madhura-Tikta Kashava Rasa and Shita Virya, it acts as Pittahara. The drug has Shita Virva and Kushthaghna Prabhava, which is beneficial for skin disorders like Nilika due to its Pittashamaka property. Shita Virya and Kushthaghna Prabhava are Varnya as it endorses tissue firmness.

According to Ayurvedic texts, Bala, Atibala, Yashatimadhu. Haridra Lepa, and Khadira Twaka Kwath are Kantivardhaka, Ojhovardhaka Dahashamaka, Varnya, Kandughna, Kushthagha. Rasayana, Vranashodhana, Krimighna, and Ruchivardhaka, etc. In the modern aspect, Balaharidradi Lepa, and Khadira Twaka Kwath have cooling, anti-inflammatory, antioxidant, astringent, antiviral antibacterial, and antifungal effect Hence, it can be stated that the drugs are useful for skin disease externally as well as internally in combined therapy.

METHODS OBTAINED FOR ASSESSMENT OF NILIKA: Appropriate literary meanings of the features Nilika can be reviewed by the preliminary approach of arbitrary grading system.

Subjective Parameters Scoring

Table-1. Arbitrary grading on symptom Krishna (Black color lesion over skin)

Table-1	
FEATURES	SCORE
a. Deep black color lesion over skin	4
b. Moderate black color lesion over skin	3
c. Light black color lesion over skin	2
d. Faint black color lesion over skin	1
e. Normal skin	0

Table 2: Arbitrary grading on symptom Nirujtanu (Thin skin with devoid of pain)

Table-2	
FEATURES	SCORE
a. thin skin without any pain present more than 4% surface area of body	4
b. thin skin without any pain present more than 3% to 4% surface area of body	3
c. Thin skin without any pain present more than 1% to 2% surface area of body	2
d. Thin skin without any pain present less than 1% surface area of body	1
e. Normal skin	0

Table 3: Arbitrary grading on symptom Gatra Mukha (Body and Face)

Table-3	
FEATURES	SCORE
a. Lesions are presented in more than 4% surface area of body.	4
b. Lesions are presented in more than 3% to 4% surface area of body.	3
c. Lesions are presented in more than 1% to 2% surface area of body.	2
d. Lesions are presented in less than 1% surface area of body.	1
e. Normal skin	0

Table 4: Assessment of grading and remarks

Grade	Grade	Sign	Remarks
G4	4	++++	Very severe
G3	3	+++	Severe
G2	2	++	Moderate
G1	1	+	Mild
G0	0	Nil	Normal

Objective Parameters Scoring:

Von Luschan's color scale [Figure 1]

	1	10			19	28	
	2	11			20	29	
	3	12			21	30	
	4	13			22	31	
	5	14			23	32	
	6	15			24	33	
	7	16			25	34	
	8	17			26	35	
	9	18			27	36	

CONCLUSION:

According to Ayurvedic texts, Bala, Atibala, Yashatimadhu, Haridra Lepa, and Khadira Twaka Kwath are Kantivardhaka, Ojhovardhaka, Dahashamaka, Varnya, Kandughna, Kushthagha, Rasayana, Vranashodhana, Krimighna, and Ruchivardhaka, etc. In the modern aspect, Balaharidradi Lepa, and Khadira Twaka Kwath have cooling, anti-inflammatory, antioxidant, astringent, antiviral, antibacterial, and antifungal effect. Hence, it can be stated that the drugs are useful for skin disease Nilika (Lentigo senilis) externally as well as internally in combined therapy.

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AGNIMANDYA IN GERIATRIC MANAGEMENT – A REVIEW

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ABSTRACT–

Geriatric is a branch of medical science deals with problems of aging and disease of elderly. ⁽³⁾ Aging is natural process. It reduces the number of healthy cells in body therefore the body loses its ability to respond to a challenge (external / internal stress) to maintain homeostasis. Similarly, like other vital organs functional ability of GIT system is reduced considerably and thereby become victims of *Agnimadhya* leading to *Ajirna*, *Dyspepsia*, loss of appetite, Constipation, Acid peptic disorders. In order to improve this *Agnimadhya* lifestyle modification and in general ayurvedic management is need of a hour so that their quality of life can be increased.

Key words – *Ayurveda*, *Jara*, Geriatrics, *Agnimadhya*.

INTRODUCTION:

Number of people Aged 65yr or more is projected to grow from an estimated 524 million in 2010 to nearly 1.5billion in 2050 with most increase in developing countries including India. ⁽²⁾

Ayurveda science has addressed Geriatric Health issue under a heading –*Jara*|| In *Astang Ayurveda* „*Jara*“ is incorporated as independent branch among its eight branches. Aging is a process of physical, psychological & social change in multidimensional aspects.

Ayurveda science basically aims at promotion of health of individuals & management of disease. *Ayurveda* a positive life science, stresses more on lifestyle management. On the contrary in the present days *Jara* is often found even in

youngsters also the younger generation is moving round the clinics for their problems i.e grey hair, constipation, acid peptic disorders, Dyspepsia. This alarms us about early ageing i. e *Jara*. This is pathological *Jara* rather than Physiological *Jara*. *Jara* is totally dependent upon *Trividha Upastambas* i.e *Aahar, Nidra, Bramhacharya*.

Concept of *Jara* in *Ayurveda*

As per Fundamental Principles "*Dosha Dhatu Mala Mulam hi Sariram*".⁽⁴⁾ *Kapha* is predominant in *Balyaavastha*, *Pitta* in *Madhaya* & *Vatta* in *Vardhikya/Jaraavastha*. In *Jara awastha* due to dominance of *Vata* there is *Dhatushaya* observed. According to normal human physiology *Chya* (Anabolism) and *Apachya* (Catabolism) process take place simultaneously in our body. But then specifically in *Balyaawastha*, *Yuva awastha Chya* (Anabolism) *Prakriya* occurs & in *Jara awastha* (catabolism). In old age, due to *Vkritavata, Vishamaagni, Ksheenakaphaaadhyadhatu* i.e *Rasa* is not formed properly leading to *Agnimadhya*

Ageing is accompanied by several changes in gastro-intestinal system and older adults frequently gastrointestinal problems. According to *Ayurveda* those who do not consume food according to the dietary guidelines and consume food without self control become victims of *Agnimadhya, Ajirna, Dyspepsia*, loss of appetite, Constipation, Acid peptic disorders.

It is difficult to bring out general management for a GIT disorder as symptoms, severity may vary according to *Prakruti, Satmya, Bala* & implement same on a largescale Still there is need to come with lifestyle management in an integrative framework for holistic management of GIT problems in Geriatric

Management of *Agnimadhya*

1. ***Nidana Parivarjana***: -Avoidance of aetiological factors like Incompatible Diet, *Viruddha Aahar*, Drinking of excess water immediately after meal
2. ***Samprapti Vighatana*** i.e., Reversal of the pathogenesis of the disease by applying Samsodhana and Samsamana measures.
3. ***Samsodhana or biopurification*** of the body performed through Pancha Karma therapy restores the integrity of the channels or Srotamsi of the body which augments the inner transport system with improved nutrition, bioavailability of medications and clearance of excretables, toxins and metabolites affording improved physiological pattern and occurrence of self-healing.

Mruduvirechan: - *Draksha/Munakka* 10gm or *Araghwadhphala Majja* 10gm or *Haritaki* or *ErandaTaila* (Depending upon *Koshtha*) can be given to patients at night time or at end of week with suitable Anupana

4. **Samsamana or palliative therapy** is designed for balancing of Dosas and Dhatus through appropriate use of:

- . Planned diet
- Drugs and therapeutics
- Life-style management

Planned Diet

***Pathya Aptahya* –**

Concept of balanced diet in ealderly – *Ayurvedic* balanced diet is one that not only nourishes the body, but also restores balance of *Tridosha*, which is very much essential for maintaining health and mental upliftment. The constituents of well-balanced diet include *Shashtik Shali*, *Mudga*, *Yava*, *Aamalaki*, *Milk*, *Sapri*, *Honey*, *Jala* etc.

Diet content cereals, vegetables, legumes, & fruits should be given to the elderly. The diet should be regulated taking into account the habitat, season, age etc. the diet should be balanced & the quantity should be according to one 's digestive capacity. Following points may be considered while planning / advicing dietary & other life style regimen ⁽⁵⁾

- 1) The food should be tasty, nutritious, fresh and good in appearance.
- 2) Too spicy, salty and pungent food should be avoided.
- 3) It should neither be very hot nor very cold.
- 4) Liquid intake should be more frequent and in small amount.
- 5) Heavy food can be prescribed in a limited quantity.
- 6) Heavy food should not be given at night. The proper time. for night meals is two to three hours before going to bed after dinner, it is better to advice for a short walk.
- 7) Heavy physical work should be avoided after meals.
- 8) Mind should be peaceful while eating.
- 9) Eating only whenever hungry and avoidance of over eating.
- 10) Inclusion of sufficient number of vegetables and fruits in diet.
- 11) Daily intake of vegetable soup and fruit juices.

Drug therapy

Dipana with use of the powder prepared from *Trikatu* in the dose of 1-3gm, *Hingwashtakchurna* before or with food helps in acceleration of Digestive Fire and appetite.

Panchana: - Use of *Chitrakadivati* and *Lashunadivati* 2 pills each after Food supports in proper digestion. also, other drugs are mentioned in below chart

Drug therapy -

Name of Material	Dosage form	Vehicle
<i>Hingawashastakchurna</i>	1-3g	Lukewarm water Or Ghrita
<i>Lavanabhaskarchurna</i>	1-3g	Lukewarm water Or Ghrita
<i>Gadhrvahastadikashaya</i>	15ml	Lukewarm water Or Ghrita
<i>Ajmodaarka</i>	10-20ml	Lukewarm water Or Ghrita
<i>Sankhavati</i>	250-500mg	Lukewarm water Or Ghrita
<i>Chitrakadivati</i>	1.5gm	Lukewarm water Or Ghrita
Hingwadi vati	1.5gm	Lukewarm water
Lashunadi vati	1.5gm	Lukewarm water
Agnitudi vati	250mg	Lukewarm water
Sanjivini vati	250mg	Lukewarm water
Indukanta ghrita	10-20ml	Lukewarm water
Pippalyadi ghrita	10-20ml	Lukewarm water
Pippalyadi asava	10-20ml	Lukewarm water
kumaryaasava	10-20ml	Lukewarm water
Drakshaasava	10-20ml	Lukewarm water
Jirakadyarishta	10-20ml	Lukewarm water

Rasayana Therapy⁶

Rasayana therapy is defined as a Therapeutic measure which promotes the longevity, prevents aging, provides positive health and mental, impart resistance and immunity against disease

The use of Rasayana measures and remedies produces best qualities of Dhatus, i.e., body-tissues by acting through one or all of the following three principal levels of biological system with net result of improved nutritional status leading, in turn, to better qualities of tissues, longevity, immunity, resistance against disease and improved mental faculties. The primary levels/modes of Rasayana effect are

1. At the level of Rasa (Promoting directly the nutrient value of plasma)
2. At the level of Agni (Promoting biofire system responsible for digestion and metabolism).
3. At the level of Srotas (Promoting microcirculation and tissue perfusion).

In order to promote *Agni* specific *Rasayana* that increases the digestive system are *Pippali, Rasayana, Bhallataka, Rasayana, Haritaki, amlaaki* Also in Many patients' anxiety is one of the reasons for GIT disorders so in such psychosomatic patients in use Of *Medhaya Rasayana* ⁷are advisable such as Ashwangdha, Guduchi, amlaki, Shakhapushpi, Jatamassi are advised.

Yoga Practices:

Following Yogic practices are beneficial in indigestion however, these should perform only under guidance of yoga therapist

1. *Suryanamaskar, Katichakraasna, Bhujangaasana, Dhanurasana, Vajraasana, Pavanmuktasana*
2. *Pranayama (Anuloma, Viloma, Bhastrika)*
3. *AgnisaraKriya, Bhujagni mudra*
4. *Kunjala, Danda, Dhauti, VastraDhauti.*

Conclusion:

Increased life expectancy, rapid urbanization and lifestyle changes have led to an emergence of varied problems for the elderly in India. So, Geriatric health care must be made a part of the primary health care services. It must be remembered

that complete health care to the elderly is possible only by comprehensive and multidisciplinary approach. In order to promote *agni* at cellular level above mentioned management measures can be adopted also lifestyle Modification in terms of Ahara and vihara combining with Ayurvedic Rasayana.

These measures are for preventing and curating the diseases as well as for promoting the health in old age. Proper observance of these principles leads to the perfect physical, mental and spiritual well being.

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IMPORTANCE OF TRAYOPASTHAMBHA IN NEUROLOGICAL DISORDERS IN THE DEVELOPMENT AND MANAGEMENT OF ELDERLY PEOPLE

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ABSTRACT:

Ageing is a natural process. No one knows when old age begins. The –biological age of a person is not identical with his –chronological age. The process of aging brings about marked physiological changes in the body. Inadequate dentition, diminished sensitivity to taste and smell as well as hearing and vision impairment, diminished secretion of hydrochloric acid in the stomach and digestive enzymes, biliary impairment, irregular bowel evacuation, general ill health, economic or emotional insecurity and unwanted feelings are commonly seen. Among these, neurological disorders are much more common because the site of involvement of *Doshadhisthana* of degenerative disorders of nervous system in brain which is situated in the head. Head is regarded as one important *marma* of the body. There are over 600 known neurological disorders and conditions that affect the human nervous system and for many of them treatment options are extremely limited. Ayurveda considers neurological disorders to be the result of a *Vata* dosha. Treatments for neurological disorders will aim to rectify this *Vata* imbalance and bring the *Vata dosha* in harmony with *Pitta* and *Kapha dosha* so as to eliminate every type of disease in an individual. Ayurveda has got the potential for

prevention of diseases and delaying of aging by promotion of health and management of diseases in elderly people. The *Trayopasthambha*: - *Ahara* (Diet), *Nidra* (Sleep) and *Bramhacharya* (Celibacy) are the pillars of health. *Ahara* replenishes the *bhautika* constituents, *Nidra* is helpful to soothe the mind and sensory motor apparatus and observance of celibacy or moderation in sex is responsible for spiritual wellbeing. An optimal state of health can only be achieved when there is a proper balance of these three components.

KEYWORDS: Ageing, Neurological disorders, Vata disorders, Trayopasthambha

INTRODUCTION:

Ageing is a natural process which is regarded as inevitable, irreversible, always progressive, biological phenomenon and associated with decline mental functions. The study of the physical and psychological changes which are incident to old age is called Gerontology. “*Vardhakya*” or “*Jararoga*” can be incorporated in geriatrics in modern parlance which is a branch of medicine concerned especially with the problems due to the ageing process and diseases of elderly people. Discoveries in medical science and improved social conditions during past few decades have increased the life span of man. The expectation of life at birth in developed countries is over 80 years. These trends are appearing in all countries where medical and social services are well developed and the standard of living is high.

In the year 2019, there were an estimated 694 million old persons in the world, of which 540 million were living in developing countries. Italy and Japan have the highest proportion of older persons (about 24 % and 16 % respectively). By 2025, the number of elderly people is expected to rise more than 1.2 billion with about 840 million of these in low- income countries. In India, although the percentage of aged persons to the total population is low in comparison to the developed countries, nevertheless, the absolute size of aged population is considerable. For the year 2019 the estimates are 9.3 % of total population were above the age of 65 years.¹

The nervous system is a complex, sophisticated system that regulates and coordinates the body ‘s basic function and activities. Starting from digestion up to endocrine function, everything is depending upon the complex neurophysiology. Ayurveda considers neurological disorders to be the result of a *Vata* disorder or can say diminution the function of *Kapha dosha*. The vitiation of *Vata dosha*

causes an imbalance and disharmony in the human system that leads to neurological disorders. Ayurvedic treatments for neurological disorders will aim to rectify this *Vata* imbalance and bring the *Vata dosha* in harmony with *Pitta* and *Kapha dosha* so as to eliminate every type of disease in an individual. There are over 600 known neurological disorders and conditions that affect the human nervous system and for many of them treatment options are extremely limited. Hundreds of millions of people worldwide are affected by neurological disorders. Approximately 6.2 million people worldwide die because of stroke each year, over 80% of deaths take place in low- and middle-income countries. More than 50 million people have epilepsy worldwide. It is estimated that there are globally 35.6 million people with dementia with 7.7 million new cases every year- Alzheimer 's disease is the most cause of dementia and may contribute to 60-70% of cases. The prevalence of migraine is more than 10% worldwide.² Insomnia is the most common sleep disorder whereas depression is a common mood disorder. As per WHO, depression is expected to be the second frequent cause of morbidity world over by 2020. Depression accounts for more than 60 % of admission to geriatric psychiatry units and is present in about 30% of elderly patients with acute and chronic medical illness.³

Elderly people need both preventive care and health promotion. Not only diseases are more common in elderly, they are often more difficult to diagnose and complex to treat accurately. Atypical presentation of common disorders with nonspecific features again adds the complexity. Thus, geriatric assessment is always systemic multifactorial approach to improve diagnostic accuracy and planning care for the frail elderly. Ayurveda has got the potential for prevention of diseases and delaying of aging by promotion of health and management of diseases. The *Trayopasthambha* (Three *Upasthambha*): - *Ahara* (Diet), *Nidra* (Sleep) and *Bramhacharya* (Celibacy) are the pillars of health.⁴ An optimal state of health can only be achieved when there is a proper balance of these three components.

PHYSIOLOGICAL CHANGES OF AGEING DESCRIBED IN AYURVEDA

According to Acharya Charaka systemic classification of age, where he described old age above 60 years.⁵ On the other hand, Acharya Sushruta mentioned above 70 years.⁶ Sarangdhara Samhita presents an interesting scheme of loss of different biological factors during different decades of life as a function of ageing.⁷

DECADES	AGE RELATED LOSS OF BIOLOGICAL FACTORS
0-10	<i>Balya</i> (Childhood)
11-20	<i>Vridddhi</i> (Growth)
21-30	<i>Chavi</i> (Complexion)
31-40	<i>Medha</i> (Intelligence)
41-50	<i>Tvak</i> (Skin texture)
51-60	<i>Drusthi</i> (Vision)
61-70	<i>Sukra</i> (Semen)
71-80	<i>Vikram</i> (Strength)
81-90	<i>Buddhi</i> (Cognitive power)
91-100	<i>Karmendriya</i> (Locomotive ability)

In old age physiologically *Dhatukshaya* occurs, among the *Tridosha*, *Vata* is the predominant dosha. It precipitates atrophy and involution of tissues as well as responsible for most of the manifestation of ageing. With the advancing age, the deflected *agni* leads to decrease in the vigor and vitality with decay and atrophy due to defective metabolism. During this period, there is gradual decline of all the *dhatu*, *virya*, *indriya*, *ojas*, *bala* and *utsaha* along with loss of hairs, wrinkling of skin, chronic and recurrent cough, shortness of breath, inability to perform routine activities etc.⁸

METERIALS AND METHODS

Trayopasthambha are the basic tool which is designated as *Upasthambhas*, literally means sub-posts. The Ayurvedic classical text Charaka Samhita describes an analogous between the human body and a building. Anybody requires pillars for its stability. Ayurveda state that for the appropriate maintenance of health one needs to have three *Sthambhas* (i.e., Pillars) as well as three *Upasthambhas* (supporting pillars) functioning properly. The *Upasthambhas* are *Ahara*, *Nidra* and *Bramhacharya*. In old age proper food replenishes the *bhautika* constituents, sleep

is helpful to soothe the mind and sensory motor apparatus and observance of celibacy or moderation in sex is responsible for spiritual wellbeing.

AHARA (BALANCED DIET)

Nutrition requirements of elderly is different compared to the normal adult. The process of ageing brings more vulnerable to malnutrition for many reasons including inadequate dentition, delayed gastric emptying, diminished sensitivity to taste and smell as well as hearing and vision impairment, diminished secretion of hydrochloric acid in the stomach and digestive enzymes, biliary impairment, anorexia due to ageing, numerous medications, disease like *Smrutinasha* (Dementia), *Manoavasada* (Depression), Stroke, *Kampavata* (Parkinson disease) and other neurological disorders.

In Ayurveda *ahara* throughout the life serves as a sound insurance for health for the years of old age. *Ahara* is referred as “*Mahabheshaja*”. Ayurveda described a large number of food and drinks, their method of preparation and code and discipline of taking the food. Wholesome food is responsible for the formation of the body, happiness, helps to enhance the physical, mental, social and even the spiritual facet of the body and contrast to that, unwholesome food gives rise to diseases and unhappiness.⁹ According to Charakacharya, our body is the final and supreme product of *ahara* because it imparts the complexion, clarity, good and pleasant voice, longevity, genius, happiness, satisfaction, nourishment, strength and intelligence. *Ahara* has been enumerated first among *trayopasthambha*, which shows its major importance.

According to modern science of nutrition it has brought a great relationship between nutrition and the functions of the nervous system. Glucose, B complex vitamins like thiamine, riboflavin, niacin, choline and B6 are essential for normal health of the nervous system. Choline and B6 deficiency affect the impulse-transmitting capacity and produces epilepsy and convulsions if the deficiency is prolonged. Thiamine depleted diets produced irritability, depression and quarrelsome nature.¹⁰ The lowered metabolic rate reduces the caloric requirement by about 25% compared with normal adults. Physical activity is also less, protein deficiency and absorption of nutrients is poor due to changes in intestinal wall. Protein splitting enzymes like pepsin, trypsin is mild in their action thus not digested properly. Food like (meats, fish, dried beans, peas) must be supplied to provide 1.5 grams of protein per kg of body weight. Poor absorption of minerals produces osteoporosis, thus diet containing calcium, vitamin D and iron should be

recommended. Diet containing dairy products, fish, legumes, nuts, eggs etc. are full of vitamin D and calcium. Generally raw vegetables or fruits are less consumed by elderly, which produces signs and symptoms of various vitamin deficiencies and should be advised with multivitamin supplements. Fluid intake must be liberal so as to from 1 to 1.5 liters of urine daily. Since many renal diseases are common, routinely urine output must be checked. Only proper urine formation eliminates the urea, uric acid and other metabolic byproducts. Constipation is common complaint, because of reduced muscle tone of intestine, less physical activities, so only roughage in the diet can stimulate the intestinal movements. Advice to eat every day at least one high fiber food (dried beans and peas, corn, dates, 100% bran cereals or potatoes with skin) to get 20-35 grams of fiber. Cooking methods adopted for geriatric must be like steaming or boiling, making food easily digestible. Fat digestion is difficult and delayed. Moreover, cholesterol level could be high among old people and so it is better to avoid saturated fat from animal sources, coconut and palm oil. Vegetable oils reduce the blood cholesterol level and 40-50 grams of such fats or oils can be used.

Daily consumptions of *Hita*, *Avirudha*, *Satmya* and *Nitya Seevaniya ahara* makes the person disease free condition, so for elderly one should plan diet according to the „*Astha Ahara Vidhi Visesaayatana*”.¹¹ These are *Prakrti* (Nature of food articles), *Karana* (Method involved in the processing of the food articles), *Samyoga* (Combination of food articles), *Rasi* (Quantity of food articles), *Desa* (Habitat or climate of substance), *Kala* (Depends on the digestion of food), *Upayokta* (Wholesomeness of individual or habit of the individual), *Upayoga samstha* (Rules governing the intake of food). To nourish the *Panchabhautik Sharir*, *Ahara* should contain of all the six *rasas*. These *rasas* should be present in balanced proportions in the diet because it plays major role in the body therapeutically and also in diagnosing a certain type of disease. It has a great significance in determining the *Vata*, *Pitta*, *Kapha*’s involvement in the actual cause of disease. Excessive *kaphavardhaka rasa* may leads *Santarpana janya rogas* such as -*Prameha*, *Atisthoulyam*, *Kota*, *Kandu*, *Jwara*, *Kushta*, *Visuchika*, *Sopham* where as excessive use of *Vatavardhaka rasa* manifest *Apatarpana janya rogsa* such as *Dourbalyam*, *Pandu*, *Sukra-Oja-Mamsa Kshaya*, *Kasa*, *Parsva sula*, *Arochaka*, *Trika-Parva-Sandhi bheda*. Dietetic rules are elaborated in detail under the heading of the “*Ahara Vidhi Vidhana*”, which should be strictly followed in elderly for the purpose of longevity.¹² As *Ushna* (Warm) *ahara* helps in the downward passage of *Vata* and detachment of *Kapha*, *Snigdha* (Unctuous)

provokes the subdued power of digestion, *Matravata* (Proper quantity) promotes longevity in its entirety without afflicting *Tridosha*. The main objective of diet therapy is to maintain good nutritional status, to correct deficiencies, to encourage bowel movement and improve bowel evacuation and to increase or reduce the body weight whenever necessary.

NIDRA (SLEEP)

About one third of our lives, we spend asleep. Through the ages, sleep has occupied a special place in human concern. Acharayas had mentioned *nidra* as one of the *trayopasthambhas*, and included it as *adharaneeya vega*. *Nidra* is also known by name –*Bhutadhatri*” as it nurses all the living beings. It is a special state of mind in which the mind is not associated with any type of *indriyas*. Detachment from the *bahya visaya* is resulted from the tiredness of body as well as mind. *Kapha dosha* and *tamoguna* are responsible for sleep. Quantity of sleep can't be generalized to everyone, because of difference in *Prakrti* (Constitution), *Ahara*, *Vaya* (age), *Vyavasaya* (Occupation) and *Satmyaasatmya* (Wholesome and unwholesome) of individual. Charakacharya opines that the *sukha-dukha*, *pustikarsya*, *bala-abala*, *vrkata-klibata*, *jnana- ajnana* and the very presence and absence of life depend upon sleep.¹³ Sushruta adds on this point sleep imparts *pusti*, *varna*, *bala*, *utsaha* (enthusiasm), *agnivrdhi* (increases appetite), *atindriya jaya* (mastery over senses), *samyavastha of dhatu* (equilibrium of dhatu).

Night is the accepted time for *nidra* and sleeping in the day is contraindicated as it may produce *shlesma pitta kopa*. There are some special occasions in which sleeping in day time is indicated. They can be categorized as follows: in relation with *rtu* (indicated in *grisma rtu*), in some diseases (*Trsna*, *Sula*, *Hikka*, *Jirnatissara*, *Svasa*, *Ajirna*, *Ksata*), in relation with activities (those people who indulge in singing, long lecture, consumption of alcohol, sexual intercourse, *sodhana* therapy), in special category individuals like *Vrddha*, *Bala*, *Abala*, *Krsa* (Old-Children-Weak-Lean people). Here the *divasvapna* brings about *dhatusamya*, *bala*, *shlesma vriddhi*, *sthairya* or stability of body parts and life.

A major determinant of sleep is the internal biological clock that regulates the circadian rhythm over 24-hour period. Any disruption of this rhythm can result in interrupted sleep and cause a myriad of problems, including fatigue, mental changes, cognitive difficulties, and physical changes. *Nidra nasa* is most common in old age. It may be caused by *Vata dosha* or *Pitta dosha* or due to *manastapa*, *sosha* or *abhigata*. It is estimated that nearly 67% of the elderly people have at

least one sleep-related complaint. Various sleep related problems identified in elderly people including long time to fall asleep, disturbed sleep at night, and decreased daytime alertness etc. Researches have observed direct correlation between poor sleep quality and increased physical and psychiatric morbidity, decline in cognitive function, and impaired quality of life (QOL). Most common factors cited for sleep disturbances are lack of sufficient physical activity, poor sleep-related hygiene and excessive daytime napping.

An improper *ahara* and *vihara* cause aggravation of Vata that travels through the channels of the *manovaha srotas* causing sleeplessness. *Abhyanga* and *Samvahana* (massage), *Udsadan*, *Udvartan* (rubbing medicated paste and powder), *Karnapuran* and *Akshitarpan*, *Shiroabhyanga* and *Padabhyanga*, *Shirodhara*, *Takradhara*, *Snana* (bath) are desirable for best results in management of sleep disorders. *Yoga* with a combination of *Asanas* specifically *Shavasana*, *Pranayam* and medication (*Dhyan*) along with proper *ahara* and *vihara* beneficial in elderly people.

BRAMHACHARYA (CELIBACY)

The technical meaning of *Bramhacharya* is self-restraint, particularly mastery and perfect control over the sexual organ freedom from lust in thought, word and deed. In *Charaka Samhita*, in *Trieshaneeeyadhyaya*, *Cakrapani* says that *Bramhacharya* means control of senses and spiritual bliss conducive to the knowledge of *Bramha*. *Bramhacharya* is broadly divided into two types-*Naishtika bramhacharya* means strict celibacy and *Vaivahika bramhacharya* is *Bramhacharya* after married life.

The sex power gets reduced by old age and there is diminution of sexual activity on the part of men. Wherein woman between 40 and 50 years, there is cessation of reproduction. During this phase physical and mental disturbance may occur. Emotional disorder result from social maladjustment. Failure to adapt can result in depression. In this period celibacy is one among the best enhances of longevity. According to *Yogaratra* the *sukla* of men is under the control of mind and life is under the control of *sukla*. Hence one should protect mind and *sukla* with all effort. As per *Buddha Gautam Smriti* - Practice of *Bramhacharya* bestows longevity, glory, tremendous strength, vigour, knowledge, wealth, undying fame, virtues and devotion to truth increase. It invigorates the mind and the nerves. It helps to conserve physical and mental energy. It augments memory, will force and brain power. He who established *Bramhacharya* in old age will have lustrous eyes, a sweet voice, a beautiful complexion and diseased free. *Vagbhattacharya* opines a

person desirous of longevity should not enter into sexual intercourse with women before the age of 16 years, after the age of 70 years. A piece of wood which is dried and unctuous eaten away by insects and has become porous, gets broken immediately by a little pressure similarly body of old man gets decayed by sexual intercourse with a woman.

Food is untimely transformed into *Sukra*, so one should prevent the loss of *Sukra* because loss of *Sukra* leads to emaciation, many diseases and even death.¹⁴

DISCUSSION:

An elderly person is unique in its different proposition towards life. In health and in disease, age has its own revelations which never mirror classic concepts. The site of involvement of *Doshadhisthana* of all these degenerative disorders of nervous system in brain which is situated in the head. Head is regarded as one important prime *marma* (Vital organs) of the body. It is the seat of *prana* (life), *pranavata*, *pranavahasrotas* (seat of channels which control vital functions), *Indriyas* (cognitive and connective organs) and *indriyavahasrotas* (sensory and motor system). It seems that *Vata* is the prime dosha among the *Tridoshas*. Similarly, *Pranavata* appears to be the prime *Vata* among the five varieties of *Vata* according to its functions and locations in the head. *Pranavata* facilitate the accomplishment of all the vital functions with the help of other *Vatas*, *doshas* and organs of the body. The attribution of *pakvasaya* as prime seat of *Vata* is due to its origin basing on “*pancatma vayu: koste pradurbhavati*”. The head appears to be the functional seat of *Vata* in view of the location of many vital and important factors which are connected with the function of *Vata* located in it. *Vata* get provoked naturally in *Vrddhavastha* or due to exposure of *vataprakopaka* factors. Charaka ‘s description of *dhatusaidhilyavasta* (degenerative or ageing process), includes non-production of *majja* in bones and increase of *medas*. The property of non-production of *majja* leads to impaired nourishment to *mastiska majja* resulting in to *saidhilya*, *soshana*, and impairment of quality of *mastiska majja* i.e., reactive hyperplasia of fibrillary atrocities, loss of neurons which is the basic phenomenon of degenerative diseases of the nervous system. Hence, basing on the above description and in view of the similarities of clinical features with *Vata* disorders almost all the degenerative disorders of the nervous system should be regarded as *Vata* disorders.

In a joint family, old people are respected, their words are considered as valuables for next generation and they enjoy their position. But in modern society they often

feel neglected and psychological problems created by this reflects as many ailments. As a holistic approach realistic goals are set for therapy of the elderly involving many sectors of the society to target minimization of illness, promotion of function, maintenance of self-independence as well as social support. Each one of the *Trayopasthambhas* deserves importance because these factors are concerned with the basic needs of living system and over indulgence or total abstinence of any of these may be harmful to life. Among these, Ahara plays important role as it nourishes *Dhatu* and is responsible for the maintenance of compactness, strength, and formation of an excellent form of *dhatu*. This excellent form of *dhatu* reflects in terms of *sara* (absoluteness of body tissues), which makes a person look young and beautiful. No any medicine is equivalent to food and it should be consumed in proper quantity. Balanced diet increases enthusiasm, memory, life span, luster, *agni*, *ojas* and make person diseases free.

Sleep related disorders in older age are mostly ignored by the physicians. These include *Alpa nidra*, *Khandit nidra*, and *Anidra/Nidranasa*. Sleep disturbances can lead to changes in the physiological systems, such as a reduction in the production of appropriate hormones, like the growth hormones and also a decline in the metabolic functioning. Approximately 90% of Serotonin is located in the intestine where it is used to regulate intestinal movements and 10 % in platelets and brain for the regulation of mood, appetite and sleep. Disruption in the Serotonin manifests depression, migraine anxiety. An ideal preventive health package for the sleep related disorders includes various components such as knowledge and awareness about disease conditions and steps for their prevention and management, *Panchakarma* procedures, physical exercise. For the promotion of a positive mindset and to create a feeling of well-being, meditation, *yoga*, prayer and strategies for motivation should also be included.

In *Astanga Hridaya*, *Vajeekaranadhayaya Vagbhatta* mentioned *Bramhacharya* as *Lokadwaya rasayana* (*Rasayana* for earth and heaven). By the establishment of *Bramhacharya* concentration and purity go together. This is due to *Ojas Shakti* which is conserved by the preservation of semen and its transmutation. Lecithin, cholesterol, phosphorus and other constituents of nervous system and brain tissue are the main constituents of reproductive elements as well. Loss of these valuable nerve-nourishing substances by excessive sexual act and by poor nutrition may alters the proper functioning of the nervous system and brain. Wisely and judiciously adopting the concept of *Bramhacharya* helps to utilize all essential nutrients which enhance the physical, psychological, social and spiritual health.

CONCLUSION:

Increased life expectancy, rapid urbanization and lifestyle changes have led to an emergence of varied problems for the elderly in India. So, Geriatric health care must be made a part of the primary health care services. There is ample scope for research into the degenerative and other diseases of old age, their treatment in hospital and general practice, and finally into preventive geriatrics and the epidemiology of conditions affecting the aged. It must be remembered that complete health care to the elderly is possible only by comprehensive and multidisciplinary approach. An optimal state of health can only be achieved when there is a proper balance of these three *Upastambhas*. Thus, every Ayurveda treatment protocol brings attention to restoring balance within these three components. At last, -Old age is an incurable disease-We can 't heals old age but we can protect it, promote it and extend it.

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CASE STUDY – AYURVEDIC MANAGEMENT OF AN ASCITES OF HEPATIC CIRRHOSIS ORIGIN AS GIT DISORDERS IN GERIATRICS

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ABSTRACT:

Aging is a condition in which a person gradually loses the ability to maintain homeostasis, due to structural alteration or dysfunction. Aging is a major risk factor for most chronic diseases. As the liver has a remarkable ability to regenerate, this review assessed the effect of aging on chronic liver disease.

In Ayurveda, Hepatic cirrhosis complicated with ascites is commonly related to the disease group —Udararogall. Among eight types of —udararogall the most serious conditions are considered to be jalodara or yakṛddālyudara, which can be interpreted as different varieties of hepatic cirrhosis complicated with ascites. In such case, *Ayurvedic* treatment gives relief without any side effect. Diet restriction, medicinal treatment and surgical procedure are mentioned in *Samhita*. Diet restriction is an important feature of the management of this condition. A 70-year-old male came to outpatient department with anorexia, abdominal distension, vomiting after meal, respiratory distress, pedal oedema etc. He was given *Nitya Virechana* (daily therapeutic purgation) with *Gomutra Haritaki* (in vardhamana krama) with pravra jivniya milk diet for 40 days. After 40 days, a significant improvement was noted in all the symptoms of the patient.

INTRODUCTION:

Aging is associated with gradual alteration of hepatic structure and function as well as various changes in liver cells including hepatic sinusoidal endothelial cells.

Aging can also increase the risks for various liver diseases and plays as an adverse prognostic factor, causing an increase in the mortality rate.

All diseases are produced by *Mandagni*; especially it causes *UdaraRoga* due to frequent episode of *Ajirna*, *Malin-anna*, *Malasanchaya* and *Paap karma* leads to accumulation of the *Doshas*, they in turn get aggravated and all *Strotasa* get blocked especially *Ambuvaha* & *Swedavha*, bring about abnormalities in the *Prana*, *Agni* & *Apan* get *Apachit Aahar-rasa* localized in between the skin and the muscles of the abdomen in the form of *Dravaansha* producing *Udara/JalodaraRoga* leading to abdominal distention. *Jalodara* has been mentioned in *Laghu-trayi* and *Brihat-trayi*.

According to *Charaka Samhita(cha.chi.13)*, *Agni* loses its power because of excessive intake of water after administration of *Snehana* treatment, or by a person suffering from *Mandagni* or by an individual or excessively emaciated. As a result of this, *Vayu* located in *Kloman* gets interrupted with *Kapha* and *Udaka Dhatu* increases the quantity of the water in the obstructed channels of circulations. The vitiated *Kapha* and *Vayu* from their own locations assist in increasing this water as a result of which *Jalodara* (Ascites) is caused. In modern science we can co-relate it with ascites.

The word ascites is of Greek origin (*askos*) and describe the condition of pathological fluid collection of fluid in the peritoneal cavity.

As per *Ayurveda* Ascites is exclusively called terminal condition of all GIT disorders, Except GIT disorders all types of Ascites are usually a presentation of complication of various diseases. Modern describe Ascites as a symptom found in various clinical conditions like Cirrhosis of liver, Congestive Cardiac Failure, pancreatic disorders, pulmonary disorders etc.

Liver disease accounts for approximately 2 million deaths/year worldwide. 1 million due to complications of cirrhosis. Cirrhosis is currently the 11th most common cause of death globally. Liver disease burden in India is 22.2 deaths/1,00,000population. Cirrhosis is within the top 20 causes of disability and years of life lost and account for 1.6% and 2.1% of worldwide burden. Global prevalence of cirrhosis from autopsy studies ranges from 4.5% to 9.5% of the general population. About 2 billion people consume alcohol worldwide and upwards of 75 million are diagnosed with alcohol disorders and are at risk for alcohol associated liver disease.

In Modern Science Treatment of Ascites involves a low salt diet, medication such as diuretics, and tapping the fluid. *Ayurveda* offers some really good *Ayurvedic* drugs for *Jalodara*.

In spite of all modern advance techniques and medical facilities and development still there is no sure treatment for *Jalodara*. Tapping etc. all treatment gives temporary relief and recurrence is common while *Ayurveda* cures the *Jalodara* with its specific therapeutic approach with Dietary restriction.

PRELIMINARY DATA OF PATIENT

Age:	70 Years
Sex:	Male
Date of admission:	13/04/2021
Date of discharge:	23/05/2021

CASE DESCRIPTION

A 70 years old male came to our Hospital in *Kayachikitsa* OPD on 13/04/2021 with complaints of anorexia for 8 months years, abdominal distension for 8 months and respiratory distress, generalized weakness, disturbed sleep and bilateral pedal edema for 6 months.

PAST HISTORY

H/O UTI before 1 year.

No history of tuberculosis, diabetes mellitus, hypertension, hypothyroidism, any surgery or chronic illness.

History of present illness-

The patient was alright before 1 years. After that, the patient had low grade fever and after investigations, diagnosis of Urinary Tract Infection. After treatment of UTI, fever was subsided. Thereafter, the patient felt anorexia, vomiting and heaviness of abdomen, respiratory distress, pedal edema etc. For this, the patient took allopathic medicine for 2 months but did not got relief, hence he came to *Kayachikitsa* Department, Government Akhandanand Ayurveda Hospital, Ahmedabad and was admitted to the indoor patient department for daily observation.

ON EXAMINATION

B.P. – 130/90 mm hg

P.R.-102 /min

R.R.- 20/min

Weight- 66 kg

Family history

- No evidence of this type of disease in the family.

Physical examination

- Bilateral pedal edema: +++
- Body temperature: 98.6 F
- Mild pallor
- Blood pressure: 130/90 mmHg
- Pulse: 102/min
- Icterus: pallor
- Respiratory rate: 20/min.

Systematic examination (per abdomen)

- Inspection: Distended abdomen
- Palpation: Hepatomegaly, splenomegaly, tenderness in the right and left hypochondriac region
- Percussion: Shifting dullness and fluid thrill: Present.

BT		AT
HB (%)	10.4	11.9
TLC (cells/cumm)	7000	6000
RBC (million cells/mcl)	3.46	4.76
SGPT(U/L)	15	12
CRP (mg/dl)	90.2	5
RBS (mg/dl)	106	90

BT		AT
S. CREATININE	0.62	0.75
PT-INR	1	1.26
APTT (second)	25.9	32.9
Total Protein(gm/dl)	5.4	6.6
Albumin	2.8	3.8
Globulin	2.6	2.8
HBsAg, HCV, HAV	NEGATIVE	NEGATIVE
USG ABDOMEN	Moderate ascites. Gross splenomegaly	No ascites Mild splenomegaly

Treatment

Drug	Gomutra Haritaki		
Form	Tablet (500 mg)		
Dose	3-10 gm		
Mode of administration	Oral		
Time of administration	Early morning on empty stomach & at evening.		
Anupana	Warm milk		
Duration	40 days		
Day	Gomutra Haritaki(gm)	Day	Gomutra Haritaki(gm)
1	3	21.	10
2	3.5	22.	10
3	4	23.	10
4	4.5	24.	10

5	5	25.	10
6	5.5	26.	10
7	6	27.	9.5
8	6.5	28.	9
9	7	29.	8.5
10	7.5	30.	8
11	8	31.	7.5
12	8.5	32.	7
13	9	33.	6.5
14	9.5	34.	6
15	10	35.	5.5
16	10	36.	5
17	10	37.	4.5
18	10	38.	4
19	10	39.	3.5
20	10	40.	3



Day to Day progress in ascetic patient – physical findings

Date	P.R.	R.R.	B.P.	Wt.	Abdominal Girth (Cm)			Milk	Fluid	Bowel
	Min.	Min.	Mm Hg	Kg	STANDIN G	SITTI NG	LYIN G	Intake (in Ltr.)	Output	Frequen cy (Times)
13/4/2021	102	20	130/90	66	108	110	107	1.5	300 ml	4
14/4/2021	100	22	128/86	66	108	110	108	1.5	400 ml	6
15/4/2021	100	20	130/90	66	106	108	106	1.5	450 ml	3
16/4/2021	98	20	124/88	66	104	107	105	1.5	500 ml	4
17/4/2021	98	22	122/84	64	102	105	105	1.5	500 ml	5
18/4/2021	96	22	130/90	64	100	104	103	2	550 ml	4
19/4/2021	88	22	120/84	64	98	100	100	2	550 ml	6
20/4/2021	88	20	126/88	64	96	100	98	2	550 ml	9
21/4/2021	88	20	126/84	63	96	100	99	2	550 ml	6
22/4/2021	88	20	126/80	63	94	100	97	2	550 ml	4
23/4/2021	86	20	130/78	63	93	99	96	2	550 ml	5
24/4/2021	86	20	130/90	63.5	92	98	96	2	600 ml	6
25/4/2021	90	20	130/90	62	90	94	93	2	600 ml	7
26/4/2021	90	20	128/74	62	89	94	93	2	700 ml	6
27/4/2021	86	20	124/76	61	89	92	90	2	700 ml	8
28/4/2021	86	20	122/84	60	89	92	90	2	700 ml	5
29/4/2021	84	20	130/90	62	88	94	93	2	700 ml	4
30/4/2021	86	20	130/88	60	88	94	92	2	800 ml	8
1/5/2021	83	20	132/86	60	87	94	88	2	800 ml	9
2/5/2021	86	20	124/80	60	87	94	88	2.5	800 ml	6
3/5/2021	84	20	124/80	60	86.5	90	88	2.5	900 ml	5
4/5/2021	86	20	124/80	60	85.5	90	87	2.5	950 ml	6
5/5/2021	88	20	124/80	60	85.5	89	86	2.5	950 ml	6
6/5/2021	80	20	122/78	59	84	88	85	2.5	1000 ml	7
7/5/2021	82	20	120/80	59	84	88	84	2.5	1000 ml	5
8/5/2021	84	20	124/80	59	87	89	86	2.5	1000 ml	5
9/5/2021	86	20	124/80	58	85	88	85	2.5	1000 ml	5
10/5/2021	88	20	124/80	58	88	86	86	3	1000 ml	5
11/5/2021	84	20	124/80	58	84	88	86	3	1000 ml	5

Date	PR	RR	BP	Wt.	Abdominal Girth (Cm)			Milk Intake (in Ltr.)	Fluid Output	Bowel Frequency (Times)
	Min.	Min.	Mm Hg		STANDIN G	SITTING NG	LYIN G			
12/5/2021	82	20	124/80	58	83	86	84	3	1200 ml	4
13/5/2021	80	20	124/80	58	83	85	82	3	1200 ml	6
14/5/2021	82	20	124/80	57	82	85	82	3	1200 ml	7
15/5/2021	80	20	124/80	57	82	86	80	3	1200 ml	8
16/5/2021	84	20	124/80	57.5	80	84	80	3	1200 ml	6
17/5/2021	84	20	124/80	57	80	84	79	3	1200 ml	5
18/5/2021	86	20	124/80	57	82	84	82	3	1200 ml	6
19/5/2021	84	20	124/80	57	81	84	80	3	1200 ml	5
20/5/2021	84	20	124/80	56	80	83	80	3	1200 ml	5
21/5/2021	84	20	124/80	56	79	82	79	3	1200 ml	6
22/5/2021	84	20	124/80	56	79	82	79	3	1200 ml	5

Pathya-Apathya

Diet was restricted to the patient and he was kept on only cow milk (*Ilaychi Sidhha Godugdha*). All type of food items and water were restricted for 3 months. When the patient was hungry or thirsty, she was given lukewarm *Godugdha* only. Medicines were also given with cow milk as an adjuvant.

Results

Significant results were found in all the symptoms, abdominal girth and pedal edema.

Discussion

Discussion on causes of ascites, *Aacharya Charaka* has mentioned many causes of *Udararoga*. In the present case, the patient had low digestive fire, over eating, very hot, salty, spicy, acidic food, taking dry and impure diet and suppression of natural urges and aging factor. *Haritaki* is considered as *Tridosahara*, *Anulomana*, *Rasayana*, *Prajasthapana*, *Hrudya* and *Lekhana* in *Ayurvedic* text and has the capacity for the regeneration of hepatocytes in presence of „*Pravar-Jeevaneeya*” milk-diet. *Haritaki* as *Anulomana* helps in relieving of the bacterial over growth in the intestine and the reduces the conversion time of the urea into ammonia and reduces the chances of the hepatic encephalopathy. *Gomutra* is having *Katu Rasa*, *Laghu*, *Ushna*, *Teekshna*, *Ksharaguna*, *Kaphavatahara* it also acts as antibiotic, antifungal and anti-cancer agent. *Ksheera* is full of nutrients and easily digestible. *Agni* is very weak in this disorder so it can no digest solid food and food rich in fat and protein.

CONCLUSION

–*Nityameva Virechayet*” this short *Chikitsa Sutra* described by *Maharshi Charaka* for *Jalodara* (ascites). *Gomutra-Haritaki* with only *Dugdha Aahar* act on root of pathology of *Jalodara* and alleviating the basic components of *Samprapti*. Ayurveda has solid concept of *Rasayana* with best *Jivaniya* drug / food, *Haritaki*, *Gomutra* and milk etc. This is wonderful classical management instructed by Master Charaka. It only needs very cheap and easily available drugs and pure cow milk as diet, fulfilling the principle of *Nirjala*, *Niranna*, *Nirlavana Chikitsa*. In modern science Patients has to go various invasive technique during the management while Ayurveda has no invasive techniques. The fluid accumulated in the peritoneal cavity is extracted out through the anal route in the form of purgation, cleansing the rejuvenating micro channels in the body.

TOPICAL AYURVEDA PROTOCOL AS ADD-ON FOR INSOMNIA IN GERIATRIC POPULATION – CONCEPT AND PROPOSAL

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ABSTRACT:

INTRODUCTION: Epidemiologic studies show that approximately 50% of older adults have insomnia, often unrecognised and inadequately treated in clinical practice, carry deleterious consequences that affect physical-mental health and social functioning. Since Jara is a swabhavika roga, there are normal changes to sleep-architecture throughout lifespan and is associated with an increasing prevalence of multimorbidity, polypharmacy and psychosocial factors affecting sleep. Even though managed with hypnotics and antipsychotic drugs, this doesn't offer a life without its dependency and causes various short-term and long-term complications. This paper is an effort to put forth a proposal throwing light on Ayurvedic topical intervention as add-on to the standard of care for insomnia in geriatric population.

MATERIALS AND METHODS:

An active control group study is proposed with 2 groups - 30 patients each. Geriatric population with insomnia willing to take part in the study, with proper inclusion and exclusion criteria will be selected for the study. Control group will be subjected only with standard of care and study group will be administered with shirothalam prepared with ksheerabala101 and kachuraadichurnam and padabhyangam with Ksheerabalathailam as per standard Ayurveda protocol as add-on to current standard of care. Assessment will be done before and after intervention, between and within groups using Insomnia Severity Index and Pittsburgh Sleep Quality Index and will be recorded.

DISCUSSION:

In Ayurveda, nidra is one of the triads for sustaining life. Nidranasham, lack of sleep results from vata-pitta aggravation, kapha-depletion and derangement of manasika dosha. The abovesaid protocol could induce sleep by correcting the pathogenesis. It is important to screen the other possible etiological factors like psychiatric, neurological conditions and other chronic medical illness.

CONCLUSION:

The protocol once found effective could modify usage of hypnotics and anti-psychotic drugs. Also, proper-sleep aids in improving quality-of-life and increases life-expectancy in geriatric population.

KEYWORDS: insomnia, geriatrics, shirothalam, padabhyangam

AN AYURVEDIC TREATMENT PROTOCOL FOR XEROSIS CUTIS IN GERIATRIC POPULATION - CONCEPT AND PROPOSAL

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ABSTRACT:

INTRODUCTION:

Xerosis cutis or dry skin is one of the common clinical conditions in old age population. Epidemiologic studies show that approximately 60% of older adults have xerosis cutis. Skin deficient in hydrolipids is the evident characteristic of xerosis, if ignored can lead to insidious onset of cutaneous infections and chronic ulcers. Eventhough varied conventional managements are widely practiced, there isn 't an accepted standard of care.

MATERIALS AND METHODS:

A pre and post clinical study in Geriatric population with xerosis cutis is proposed . Thirty subjects, of age group 55-70 years willing to take part in the study, with proper inclusion and exclusion criteria will be selected for the study. They will be administered with Indhukandam grithapanam and Murivenna Abhyanaga for 30 days. The outcome measures including hydration, TEWL, skin P^H, elasticity, temperature, skin pigmentation, and videoscope image will be assessed with DermaLab Combo. Parameters like scaling, redness, roughness, cracks and fissures will be assessed by SRRC scoring (European group on efficacy measurement of cosmetics and other topical products).

DISCUSSION:

Accoding to Ayurveda, there is evident dhatu kshaya induced by vata in vridha avasta. The formed rasa dhatu is incapable to nourish the dhatus in a vridha. This results in deterioration in dermal health. Twak gatavata lakshanas like roughness,

dryness and cracking etc, hence become visible in elderly. Abhyangam with murivenna will aid in vata samana in twak and Indhukandha grithapana will bring in agni deepthi and vata anulomana in koshta.

CONCLUSION:

The treatment once found effective would have a significant decrease in morbidity related to xerosis cutis and a potential to greatly increase the quality of life in Geriatric population.

KEYWORDS: Xerosis cutis, Twak gata vata, Murivenna, Abhyangam, Indhukandha grithapana, Geriatrics.

AN APPROACH TOWARDS GERIATRIC NEURODEGENERATIVE DISORDERS THROUGH AYURVEDA

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Abstract:

Ageing is the natural process of becoming older though one cannot avoid it but quality of life can be enriched. Age is a major risk factor for neurodegenerative maladies like Dementia, Parkinson 's disease etc. which are key challenges to clinicians all the time. Ageing and neurodegenerative diseases shares similar processes, so dementia is misunderstood as _normal ageing '. The effect of molecular and cellular damage over time leads to a gradual decrease in physical and mental capability, a growing risk of disease and eventually death. Few or no effective treatments are available for ageing related neurodegenerative disease, which tend to progress in an irreversible manner and are associated with large socioeconomic and personal costs. Ayurveda provides a holistic approach to treatment along with several nootropic herbs having multidimensional bioactivities in various disorders. Recently there is upsurge in global interest toward the Ayurveda and medicinal plants are widely admired by researchers owing to their natural source and fewer side effects. People are approaching Ayurvedic clinicians most of the time, so now it became important to know the disease condition through Ayurvedic view and manage the condition effectively.

This article reviews the Ayurvedic drugs with potential in the treatment of age-related neurodegenerative disorder.

Keywords: Ayurveda, Ageing, Neurodegenerative diseases.

MENTAL HEALTH CARE IN GERIATICS THROUGH RASAYANA

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ABSTRACT:

Geriatric health care is the process of planning and coordinating care of the elderly with physical and mental impairments to meet their long-term needs, improve their quality of life and maintain their independence for as long as possible. India has, acquired the label of –an aging nation with 8.3% of its population being more than 60 years old. Due to increased elderly population, the prevalence of Geriatric specific disease condition is also increase number of psychiatric complications like Dementia, Delusional disorders, Hallucinations, Depression, Anxiety, Personality alterations, Alzheimer ‘s disease and age-related neurological problems. Geriatrics or JaraChikitsa or Rasayana in Ayurveda is a method to control or slow down or arrest the aging process in the human being during the degenerative phase of life and act as micronutrients. Some of these Rasayans are organ and tissue specific. Those specific to brain tissue are called MedhyaRasayan. In Ayurveda 'MedhyaRasayanas' e.g., MandukparniSwaras, YashtimadhuChurna with Ksheer (Milk), GuduchiSwaras, and Shankhapushpi Kalka are known to be beneficial to improve the intellectual. Medhya Rasayana drugs are used for prevention and treatment of Geriatric disorder. These drugs promote the Dhi, Dhriti, Smriti. This helps the mental patient to get relieve from stress, anxiety and depression.

Keywords: Jara, MedhyaRasayanas, Mandukparni, Yashtimadhu, Guduchi, Shankhapushpi

INTRODUCTION

Geriatric health care is the process of planning and coordinating care of the elderly with physical and mental impairments to meet their long-term needs and improve their quality of life. Elderly people are highly prone to mental morbidities due to

ageing of the brain, problems associated with physical health, cerebral pathology, socio-economic factors such as breakdown of the family support systems, and decrease in economic independence. Many psychiatric complications like Dementia, Delusional disorders, Hallucinations, Depression, Anxiety, Personality alterations, Alzheimer 's disease and age-related neurological problems can be seen in elderly people. It is mandatory that geriatric health care services be made a part of the primary health care services. Complete health care to the elderly is possible only by comprehensive and multidisciplinary approach.

HALLMARKS OF BRAIN AGING

With normal aging, Human brain shrinks, resulting in reduction of white and grey matter and enlargement of ventricles. Dysregulation of Ca²⁺ homeostasis. Alteration of neuronal network activity. Oxidative Damage. Impaired DNA repair. Impaired adaptive stress response signalling is seen.

CONCEPT OF AGING IN AYURVEDA

Ayurveda defines mental health as a state of mental, intellectual and spiritual well-being. It is well established that this state of mental harmony declines with advancing age leading to various degenerative conditions. According to Acharya Sharangdhara, loss of virility, strength, and cognitive power, is progressively noted from the 6th decade of life.

BalyamvriddhisccchavirmedhaTwakdrstisukravikramauBuddihKarmendriyamche tojivitamdasatohrseta¹. (Sa.S.Pu. 6/19)

Decades of life	Specific Loss from the Body	Suitable Rasayana Drugs
0-10	<i>Balya</i> (childhood)	<i>Vacha</i> (<i>Acoruscalamus</i>) <i>Kasmari</i> (<i>Gmelinaarborea</i>)
11-20	<i>Vridhhi</i> (growth)	<i>Bala</i> (<i>Sidacordifoila</i>) <i>Aswagandha</i> (<i>Withaniasomnifera</i>)
21-30	<i>Chavi</i> (luster)	<i>Amalaki</i> (<i>Emblica officinalis</i>)
31-40	<i>Medha</i> (intellect)	<i>Shankhapushp</i> (<i>convalvuluspluricalis</i>) <i>Jyotishmati</i> (<i>Celestrus paniculata</i>)
41-50	<i>Twak</i> (luster of skin)	<i>Bhringaraja</i> (<i>Ecliptaalba</i>) <i>Somaraji</i> (<i>Centratherumanthelminthicum</i>)
51-60	<i>Drusti</i> (Vision)	<i>Saptamrutaloha</i>
61-70	<i>Sukra</i> (sexual ability)	<i>Atmagupta</i> (<i>Mucunaprurita</i>) <i>Munjataka</i> (<i>Orchislongifolia</i>)
71-80	<i>Vikrama</i> (physical ability)	
81-90	<i>Buddhi</i> (thinking ability)	
91-100	<i>Karmendriya</i> (locomotion)	

NEUROLOGICAL DISORDERS IN AYURVEDA

Ayurveda has described various kinds of mental Disorders²:

1. Unmada (Insanity)
2. Apasmara (Epilepsy)
3. Atattvaabhinivesha (Obsessive Disorders)
4. Bhaya (Fear)
5. Harsha (Excitation)
6. Shoka (Grief)
7. Udvega (Anxiety)
8. Avasada (Depression)

PSYCHOLOGICAL PROBLEMS IN OLD AGE

The honour, respect and status conscious elderly people especially feel gradually secluded from the family as well as society, Generation gap had also been noted to be a factor of stress in elderly. This particular condition may precipitate the state of anxiety and depression. Variation of mood is widely associated with long lasting crippling diseases. Pain in such conditions may lead to demoralization and depression. Most important disease occurring in elderly is dementia, Alzheimer 's type dementia is a major health problem in countries with increased longevity of its people, Sooner or later it is going to be a problem in India as well, Dementia is characterized by a gradual decline in cognitive abilities, such as memory, language, orientation alertness, reasoning and judgement. Number of psychiatric complications like delusional disorders, hallucinations, depression, anxiety, personality alterations and agitation may be found in dementia of Alzheimer 's type. Ultimately the disease may have proved to be fatal. The outstanding pathological feature is death and disappearance of nerve cells in the cerebral cortex. This leads ultimately to extensive convolution atrophy, especially in frontal and medial temporal regions.

RASAYANA THERAPY IN AYURVEDA

Rasayana Therapy is a method to control or slow down or arrest the aging process in the human being during the degenerative phase of life and act as micronutrients. Rasayans work through three basic mechanisms:

1. Rasa enhancing or direct nutrient effect.
2. Agni enhancers or promoters of digestion and metabolism.
3. Srotas purifying agents or promoters of microcirculation and tissue perfusion.

Jara chikitsa is known as Rasayana chikitsa as said by Acharyas. Some of these Rasayans are organ and tissue specific. Those specific to brain tissues are called Medhya Rasayan.

MEDHYA RASAYANA

Medhya Rasayanas are group of medicinal plants with multi-fold benefits, specifically to improve memory and intellect. These drugs promote the: - Intellect (Dhi), Retention power (Dhriti), Memory (Smriti). Medhya Rasayana drugs are known to have specific effect on mental performance by promoting the functions of -Buddhi|| and -Manas|| by correcting the disturbances of -Rajas|| and -Tamas||. This helps the mental patient to get relieve from stress, anxiety and depression. In Charaka Samhita, four drugs are mentioned as Medhya Rasayanas:

1. Yashtimadhu churna
2. Mandukaparni swarasa
3. Shankhapushpi kalka
4. Guduchi swarasa

Medhya Rasayana drugs acts as two types:

- ShitaVirya and Madhura Vipaka - it promotes kapha and enhances -Dharana Karma e.g., Yastimadhu, Bramhi, Sankhpushpi etc.
- UshnaVirya and Tikta Rasa - it promotes pitta and enhances Grahana and Smarana (i.e., grasping power and Memory) e.g., Guduchi, Vacha, Jyotishmati.

Medhya drugs	Synonyms	Properties			
		Rasa	Guna	Virya	Vipaka
Mandukaparni (<i>Centella asiatica</i> Linn. Family – Umbelliferae)	<i>Manduki, Twastri, Divya, Mahausadhi, Dosha karma – Kapha-Pitta shamak.</i>	<i>Tikta</i>	<i>Laghu</i>	<i>Sheeta</i>	<i>Madhur</i>
Yastimadhu (<i>Glycyrrhiza glabra</i> Linn., Family – Fabaceae)	<i>Yastimadhuk, Klitaka, Dosha karma – Vata- pitta shamak</i>	<i>Madhur</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhur</i>
Guduchi (<i>Tinospora cordifolia</i> Willd. Miers, Family – Menispermaceae)	<i>Amrita, Madhuparni, Chinnamula, Cakra-lakshanika, Amrita-valli, Chinna, Chin-nodhbhava, Vatsadani, Jivanti, Tantrika, Soma, Somavalli, Kundali, Dheera, Vi-shalya, Rasayani, Candrasahsa, Vayastha, Mandali, Deva-nirmita, Dosha karma – Tri-dosha shamak</i>	<i>Tikta, Kasaya</i>	<i>Guru, Snigdha</i>	<i>Ushna</i>	<i>Madhur</i>
Shankhapushpi (<i>Convolvulus pleuricaulis</i> Choisy, Family – Convolvulaceae)	<i>Ksheerpushpi, Mangalyakusuma, Dosha karma – Vata- pitta shamak</i>	<i>Tikta</i>	<i>Snigdha, Picchil</i>	<i>Sheeta</i>	<i>Madhur</i>

MODE OF ACTION OF YASHTIMADH³

- Acc. to Charaka Samhita, it is *Jivaneeya, Sandhaneeya, Varnya, Kanthya*.
- *Karma of Yashtimadhu*: - *Vata-pittahara, Balakritta, Varnakritta, Swarya, Shothahara, Kshayahara*.
- The chemical constituent of liquorice is glycyrrhizin (about 2–9%), glycyrrhetic (glycyrrhetic) acid, isoflavonoids, chalcones, triterpenoids, coumarins and sterols, amines, gums, lignans, amino acids and volatile oils.
- Effect on Learning and Memory: - Glabridin (isolated from the *Glycyrrhiza glabra* roots) is a potential candidate for memory improvement and can be used in the management of Alzheimer patients.
- Aqueous extract of Liquorice also has an Anti-depressant effect.
- It also has Anti-oxidant property which gives neuroprotective effect resulting in reduced brain damage and improved neuronal function.

MODE OF ACTION OF GUDUCHI⁴

- Acc. To Charaka Samhita, it is *Vayasthapana, Rasayani, Balya, Agni Deepani, Medhya, Tridoshanahara*.
- Guduchi is known to be a rich source of trace elements (Zinc & Copper) which act as antioxidants & protects cells from the damaging effects of oxygen radicals generated during immune activation.
- The chemical constituents of Guduchi: - alkaloids, diterpenoid, lactones, glycosides, steroids, sesquiterpenoid, phenolics, aliphatic compounds and polysaccharides etc.
- Immunomodulator activity: - Aqueous *Tinospora* extracts were able to increase the leukocyte count & bone marrow cells significantly.

- Anti-stress & Tonic Activity- The plant of *Tinospora Cordifolia* brought about good response in children with moderate degree of behavior disorders and mental deficit. It has also significantly improved the I.Q. levels.

MODE OF ACTION OF SHANKHPUSHPI⁵

- Acc to Charak Samhita, it is *Medhya, Swarakarni, Rasayani, Unmadaghna, Nidrajnana and Majjadhatu Rasayana*.
- It contains carbohydrate-D-glucose, maltose, rhamnose, sucrose, starch, proteins, amino acids and the alkaloids-convolvine, convolamine, phyllabine, convolidine, confoline, convoline, subhirsine, convosine, and convolidine
- Whole plant showed memory-enhancing, anti-anxiety and CNS-depressant activity and significantly increases the scavenging activity of free radicals by its bioactive constituents which helps to attain antioxidant defence mechanism.
- It also has anti-convulsant property and showed the significant elevation in cell survival. Increase in the cell number after administration of Shankhapushpi provides considerable evidence of the efficacy of this drug in learning and enhancement of memory. It reduced alcoholic withdrawal anxiety, and increased the cortical hippocampal GABA level.

MODE OF ACTION OF MANDUKPARNI⁶

- Acc to Ayurveda, it is *Vayasthapana, Kapha-pitta shamak, Rasayana, Medhyavridhikar and Sarvapathya*.
- The active constituents are Saponins, Flavonoids, Tannins, vitamins B & C, Ca, Mg, and Na.
- It showed Sedative and anti-anxiety property.
- Cognition and antioxidant properties: - It is known to re-vitalize the brain and nervous system, increase attention span and concentration and to combat aging.
- Anti-epileptic effect: - It increases cerebral levels of GABA
- It also has Anti depressant effect.

CONCLUSION

Ageing is a biological phenomenon associated with an imbalance between the oxidative stress, pro-oxidants production and antioxidant protection system. There

are no consistent results with anti-oxidant therapy and increased longevity although search is still on? With increasing longevity, the age-related disorders are likely to be increased in 21st century. Keeping this in mind Rasayana drugs may be advised as food supplement as well as medicine to minimize the ageing and related disorders. Specially Medhya rasayana may be useful in the degenerative disorders of brain, like dementia of senile and Alzheimer 's types with the aim to correct the cognitive dysfunction and preventing the disease progression. Rasayana can be used in both curative and promotive aspects in Vardhakya. Young can be advocated to use Medhya Rasayana regularly as the period for the administration of Rasayanasis effectively in young and middle age groups. However, MedhyaRasayana can be effectively used in delaying the deteriorating aspects of Jara.

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AMYOTROPHIC LATERAL SCLEROSIS (ALS)

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Definition:

Amyotrophic lateral sclerosis is a progressive neurodegenerative disorder of undetermined etiology characterized by progressive motor paralysis due to degeneration of UMN and LMN in the brainstem and spinal cord.

- The term Amyotrophy = atrophy of muscles.
- Lateral Sclerosis = sclerosis or hardening of anterior and lateral corticospinal tracts.
- It is first described by neurologist Jean Martin Charcot in 19th century.

Aetiopathogenesis:

- The etiology of ALS remains undetermined.
- In Familial ALS (FALS), mutation in superoxide mutase 1 (SOD-1) has been reported in 20 % of cases.
- Sporadic ALS is thought to have both genetic and environmental influence.
- The neuropathological hallmark of disease is aggregation and accumulation of proteinaceous inclusion in motor neurons.

Affecting parts:

Clinical Features:

- Approximately one-third of patients with ALS present with bulbar- onset disease, which is characterized by progressive dysarthria, followed by dysphagia and often with associated emotional lability.
- Limb-onset disease accounts for 60% of cases, is usually asymmetrical in presentation and can first develop in the upper or lower limbs.
- Up to 5% of patients present with respiratory problems, and these patients are often observed in cardiology and pulmonology clinics before they are referred to neurology clinics
- In these cases, patients can also present with unexplained weight loss.

Diagnosis:

- Diagnosing ALS is based on the El Escorial and Airlie House criteria.
- Genetic testing can also be included in patients with a family history of ALS.
- The diagnosis of ALS requires clinical, electrophysiological, or pathological evidence of lower motor neuron degeneration, and clinical evidence of upper motor neuron degeneration with evidence of progressive spread of symptoms and signs within a region or other regions.
- Electromyography confirms LMN disease.
- Occasionally MRI Brain shows signal changes within cortico spinal tract.

Ayurved:

- According to ayurved there is no exact correlation of ALS, But sign and symptoms it is mainly vatic disorders.
- Vata action is much resemble with nervous system function, so symptoms of ALS resemble with vitiated Vata symptoms.
- ALS can be correlated with Kapha Avrita Udana Vata, and Kapha Avrita Vyana Vata
- आवते श्रेष्मणोदाने ववर्ण्य वाक्स्वरग्रह् ॥२२४॥
दौफलयं गुरुगुतात्स्त्वमरुचिश्चिोन्नजायते ।
- गुरुत त्राणा म्स्थजा रुज् ॥२२८॥
ा सवग ं सवस

Treatment (Based on Research):

- Abhyang and swedan for 7 days
- Rajayapan basti (Kal basti plan)
- Shirodhara Bala-Ashwagandha Tail
- Lepa – Vacha churna
- Oral medication (1) ashwagandha churna-2gm
+ guduchi satva -500mg
+ panchatikta guggulu ghrit-250mg
- Trayodashang guggulu-2-tab thrice a day
- Masha baladi kashay-30ml BD

AYURVEDIC RESEARCH ON ALS:

- One research article shown effect of with aferin (extract of withania somnifera) in early-stage treatment in reduces level of SOD 1 (superoxide dismutase) and extends lifespan in a mouse model of ALS.
- One other research article shown effect of withania somnifera that reverses transactive response DNA binding protein in a mouse model of ALS.

Why it is important to know about the ALS?

- Prognosis: Majority of patients die within 3-5 years after onset of ALS.
- Research: There are no many researches done on ALS.

ICE BUCKET CHALLENGE:

- It is an activity involving the pouring of a bucket of ice water over a person's head, either by another person or self-administered, to promote awareness of the disease amyotrophic lateral sclerosis and encourage donations to research.

A CASE STUDY REPORT OF DEMENTIA DUE TO ALZHIEMER'S DISEASE

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Abstract:

Dementia is a chronic organic mental disorder, characterised by the following main clinical features: Impairment of intellectual functions, Impairment of memory, Deterioration of personality with lack of personal care. Impairment of all these functions occurs globally, causing interference with day-to-day activities and interpersonal relationships. There is impairment of judgement and impulse control, and also impairment of abstract thinking. There is however usually no impairment of consciousness. A 56 years old female patient visited Parul Ayurved Hospital with history of Alzheimer 's disease and came up with complains of Memory loss for 3 years, Emotion less for 1 year, Unable to speak, Unable to perform daily routine work and associated with complains of Urinary and faecal incontinence for 2 months, Disturbed sleep. Her ct scan report revealed Age related Atrophic changes of cerebral and cerebellar region and Bilateral hypodensities in peraventricular region suggestive of ischemic changes. So, for that Sarvanga abhyanga with Nirgundi taila followed by bashpa sweda. Shiropichu with Ksheerbalataila Pratimarsh nasya with Brahmi ghrita: 2 drops Each nostril, Padabhyanga with Balaashwagandha taila at night Tab.vatavidhwamshaka ras 1-0-1 (A/f) Tab.Brahmi vati 2-0-2 (A/f) has been given. This ayurvedic treatment protocol found to be very effective in this patient of dementia.

KEY WORDS: Dementia, Alzheimer 's disease, Shaman chikitsa

INTRODUCTION:

- Dementia is a chronic organic mental disorder, characterised by the following main clinical features:
 1. Impairment of intellectual functions.
 2. Impairment of memory.
 3. Deterioration of personality with lack of personal care.
- Impairment of all these functions occurs globally, causing interference with day-to-day activities and interpersonal relationships. There is impairment of judgement and impulse control, and also impairment of abstract thinking. There is however usually no impairment of consciousness.
- The course of dementia is usually progressive though some forms of dementia can be reversible. Additional features may also be included:
 1. Emotional lability (marked variation in emotional expression)
 2. Thought abnormalities, e.g., perseveration, delusions.
 3. Urinary and faecal incontinence may develop in later stages.
 4. Disorientation in time, place and person.
 5. Neurological signs may or may not be present, depending on the underlying cause.

C/O:

- Memory loss for 3 years.
- Emotion less for 1 year.
- Unable to speak.
- Unable to perform daily routine work.

A/c:

- Urinary and faecal incontinence for 2 months.
- Disturbed sleep.

HISTORY OF PRESENT ILLNESS:

- Patient was apparently normal before 3 years then she underwent into depression because her husband developed paralysis. After that she gradually stop talking with everyone and she gradually developed forgetting things like way of her home, preparing food, where she kept things and before 1.5 years she totally stops talking. Patient took allopathic treatment for 6 months but didn't got relief so she came to Parul Ayurved Hospital for betterline of treatment.

Family history:

- Father had alzheimer 's disease.

Past history:

- Alzheimer 's disease.

Occupational history: Housewife

History of medicine: Not available

Personal history:

- **Ahara:** - Vegeterian, spicy and oily food
- **Vihar:** Avyayama, Diwasvapna
- **Bowel habit:** Irregular and unsatisfactory
- **Nidra:** Disturbed sleep (5-7 hours)
- **Urine:** 3-4/day 2-3/night
- **Blood group:** O+ve

Menstrual history and obstetric history:

Number of deliveries:3 normal
deliveries

General Examination:

- **Gait:**normal
- **Decubitus:**absent

- **Icterus**-absent
- **Pallor:** Absent
- **Faces:** Normal
- **Clubbing/cynosis**-absent
- **Edema**-absent
- **Lymphnodes**- no any lymph nodes enlarged

Rogi Pariksha:

- **Prakruti:** Vata kapha
- **Sarataha:** Madhyam
- **Samhananata:** Madhyam
- **Pramanataha:** Madhyam
- **Satwa:** Alpa
- **Satmyata:** Alpa
- **Ahara shakti:** Alpa
- **Vyayamshakti:** Avara
- **Vaya:** 56 Years
- **Jiwha:** Liptata
- **Desha:** Sadharana

SYSTEMIC EXAMINATION:

Locomotor System:

Inspection: No any joint deformity.

Palpation: No local increased temprature.

Range of movement: Abnormal and uncoordinated

Respiratory System:

Inspection: No any scar mark

Palpation: No tenderness

Auscultation: Air Entry bilaterally Equal

Cardiovascular System:

Auscultation: S1S2 heard, No any abnormal sound

Gastrointestinal System:

Inspection: no scar and discoloration.

Palpation: no tenderness, no any organomegaly.

❖ MENTAL STATUS EXAMINATION:**General Appearance and Behaviour:**

- a) Facial expression: Non reactive, Dull and Anxious
- b) Posture: Stooped And stiff
- c) Eye to Eye contact: Absent
- d) Consciousness: conscious
- e) Behaviour: Disinhibited
- f) Dressing and grooming: Not well dressed, Inappropriate and Dirty
- g) Physical Feature: Look older

Psychomotor activity:

- Decresed, Retarded and automatic obedience, Lip smacking
- Movements: abnormal and uncoordinated
- Speech: Aphasia

Motor Activity:

- Hypokinesia
- Not cooperative
- Not willing and responsive
- Not attentive and responses to questions

Mood and Affect:

- Stability of mood: unstable
- Range, intensity, and variability of affect:

Restricted (i.e., low intensity or range of emotional expression)

- Flat (i.e., absence of emotional expression,)
- General responsiveness of the patient: Not Responding

CT SCAN (11-06-2019):

- Age related Atrophic changes of cerebral and cerebellar region.
- Bilateral hypodensities in peraventricular region suggestive of ischemic changes

HEMETOLOGICAL INVESTIGATION:

Hb: 10.5 g/dl

Rbc: 3.34mill/cmm

Esr: 41mm/hr

❖ Treatment:

1. Sarvanga abhyanga with Nirgundi taila followed by bashpa sweda.
2. Shiropichu with Ksheerbalataila
3. Pratimarsh nasya with Brahmi ghrita: 2 drops Each nostril.
4. Padabhyanga with Balaashwagandha taila at night.
5. Eranda taila 20ml with 1 glass of milk at night
6. Tab.vatavidhwamshaka ras 1-0-1 (A/f)
7. Tab.Brahmi vati 2-0-2 (A/f)
8. Bilwadi vati 1-0-1 (A/f)
9. Kalyanka ghrita :2tsp -0- 2 tsp with food
- 10.Gandharwahastadi kashshay :15ml-0-15ml (B/f) with warm water
11. Bala kashaya: 75ml-0-75ml (A/f)

CHANGES AFTER TREATMENT:

- Patient was able to walk without any support about 60%-70% of coordination.
- Increased movement but not well oriented.
- Patient responded for painful stimuli.
- Patient was picking objects by herself
- Patient shows eye to eye contact with some extend.
- Patient started mumble some words but it was not loud and clear.
- Patient is unable to change cloths by herself but show some responses to cover herself.
- Showed response of avoidance of food which she doesn 't like and startedtaking food with herself.
- Patient likes to watch colorful things.
- Patient started to show some expression on Photos and smiled 2-3 times.

GIT DISORDERS IN GERIATRICS

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Introduction

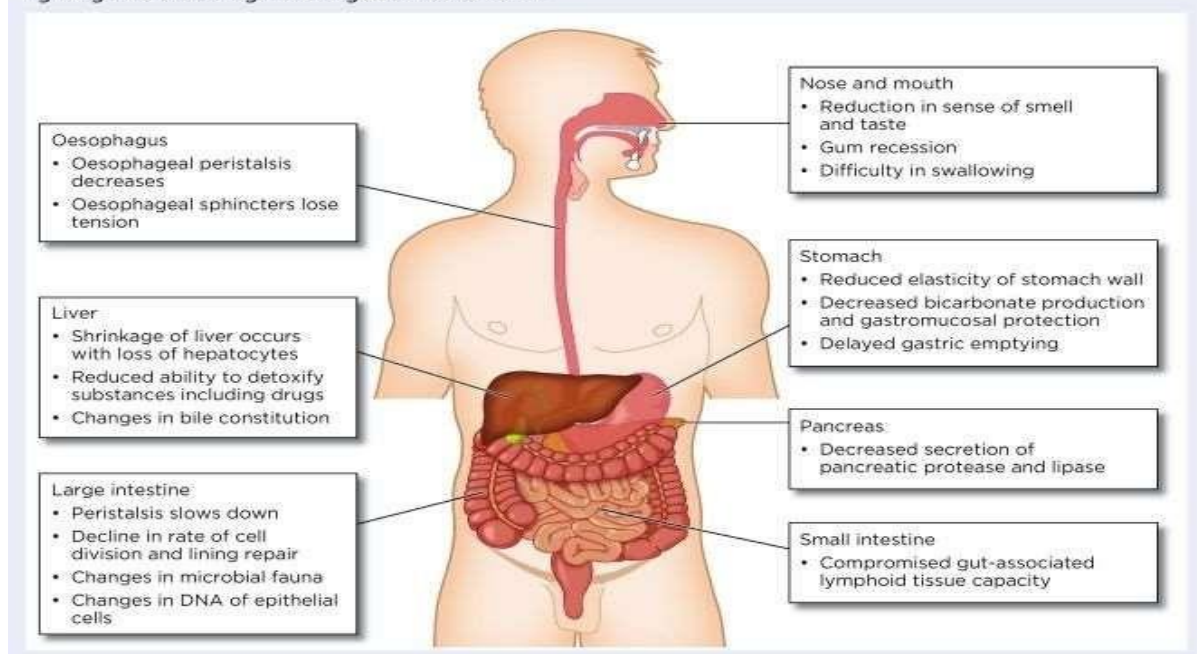
As the incidence of elderly people is rising in the population world over including india, it is now felt necessary to develop newer strategies for geriatric health care.

- It tends to vary in different age group by genetic factors, dietary habits, socio-economically conditions, life style occurring disease.
- Ayurveda has considered aged or elderly as jara or Vardhakya, a natural disease.
- During this period of life, due to dhatukshaya and vatavidhhi etc., Vata disorders related to Gastro-intestinal tract like indigestion, abdominal distention, flatulence, diarrhoea, constipation are common problems.
- Management of geriatric GIT problems can be done by Yogika Aahara and Yogika Vihara as Acharya Charaka says –Aahara sambhavam vastu roga aahara sambhavat. Yogika vihara means by Yogika kriyas and asanas like Surya namaskar, Vajrasana, Pashchimotanasana, Dhanurasana and pranayama through one can control over Apan vayu by correcting Jatharagni successfully.
- Some medicine also uses to treat geriatric GIT disorders.

Cause for Geriatric GIT problems

- due to dhatukshaya and vatavidhhi etc
- Samasana (incompatible and unwholesome diet)
- Vishamashana (irregular food habit)
- Vegavidharana
- Improper sleeping habits
- Emotional disturbance
- Loss of teeth due to aging
- Decreased salivary production
- Adhyasana (over eating)

Fig 1. Age-related changes to the gastrointestinal tract



Patho-physiology for Geriatric GIT problems

In elderly people, indigested food does 't digest properly due to

- ✓ Diminished secretion of digestion enzymes
- ✓ Impaired chewing due to loss of teeth
- ✓ Decrease in saliva production due to ageing may also contribute to severity of acid reflux

- ✓ Slowing of gastric emptying, which may produce abdominal distention, increase meal induced fullness.

Prevention from Geriatric GIT problems

- Consumption of Godhuma, Mudga, Old rice, Rasona, seasonal fruits, diet of high fiber content, hingu, draksha, aamalaki, green vegetables and luke warm water.
- Consumption of light and easily digestible food
- Practice of vajarasana after meal
- Avoidance of irregular food habits, oily spicy food items, and bakery items
- Avoidance of over eating, suppression of natural urges, excess tea is recommended

Avoidance of irregular sleep, worries, anxiety and depression

medical management

- Nidana parivarjana: avoidance of etiological factors like incompatible diet, irregular food habits etc
- Use of Dipana medicines like Trikatu
- Use of Paachana medicines like Chitrakadi vati, Agnitundivati etc
- If possible shodhana karma should be done followed by Shamana aushadhis

Formulation

- ✓ Hingvashtaka churna
- ✓ Lavanabhaskara churna
- ✓ Avipattikara churna
- ✓ Shankha vati
- ✓ Chitrakadi vati
- ✓ Hingvadi vati
- ✓ Lasunadi vati
- ✓ Agnitundi vati
- ✓ Sanjivani vati
- ✓ Kamdudha rasa

- ✓ Sutashekhara rasa
- ✓ Indukanta ghrita
- ✓ Pippalyadi ghrita
- ✓ Pippalyasava
- ✓ Kumaryasava
- ✓ Draksharista
- ✓ Jirakyarishta
- ✓ Chyavanprasha

Yogika practice

Following yogika practice are beneficial in GIT disorders.

- ✓ Suryanamaskar, Vajrasana, Bhujangasana, Pavanmuktasana, Pashchimotanasana, Dhanurasana
- ✓ Pranayama like anuloma villoma, bhastrika etc
Danda dhauti, Vastra dhauti if possible

Counselling- Advise patient to

- Ensure the digestion of previously consumed food before having next meal
- Eat properly in pleasant, quite atmosphere without watching TV. Talking etc
- Take food at regular time
- Take dinner before sleep
- Walk regular after walking
- Include fiber rich food
- Avoid skipping breakfast
- Avoid spicy, oily and heavy food articles
- Avoid junk food and bakery items

GENERALIZED SENILE PRURITUS-A CASE STUDY REPORT

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Introduction:

- Pruritus refers to a sensation of the skin which causes a desire to scratch. Itching is a normal body response to protect us from harmful external substances or parasites such as insect bites, allergens. However, pruritus (or itch) is a common and distressing symptom of many skin diseases, systemic illnesses and psychological disorders.
- Itch is perhaps the commonest presenting symptom of skin disorders. In any two-week period, 8-9% of the population suffer from significant pruritus. Pruritus lasting more than 6 weeks is called chronic pruritus. Pruritus may be localised to one area or generalized all over the skin.
- Generalised pruritus without rash (especially in people over 65 years of age) is most commonly caused by dry skin.

Generalized pruritus case study in ayurveda

- All the skin diseases in Ayurveda have been discussed under the broad heading of *Kushta*. Which are further divided in *Mahakustha* and *Kshudra Kushta*.
- This paper highlights a case study of *Kushta(pruritus)* treated with the Ayurvedic principles in particular *Shodhana Chikitsa*.
- Even as a *shamana chikitsa*
- As pruritus refers to itching there are 2 types of conditions in Ayurveda in which kandu is chief symptom:

Kandu- kapha vrudhhi and vata (rooksha guna) vrudhhi here in this case it is due to vata rooksha guna vrudhhi

- Viruddha dushta asuchi bhojana can cause kushta

Chief complaints: -

A 60 years old female came with complaints of severe itching all over the body severe at night, feels like ants walking all over body loss of appetite, disturbance in day to day life, disturbed sleep due to itching since 1 month

History of present illness: -

Patient was apparently alright before 1 month gradually started itching at back region and then increasing in intensity of itching day by day. Intensity of Itching increases at night.

History of medications

allegra 120mg TID

atarax 25mg BD

itraconazole 200mg BID

cetirizine 10mg got temporary relief then again complaint of same and came at PAH for ayurvedic management.

Past history:

2 years back patient took modern medications for same type of symptoms. Got relieved.

- ***Occupational history:*** housewife

- ***Family history:***

Husband has Dry dermatitis on left hand:

- ***Personal history:***

- **Ahara:**-mixed,takes cold,irregular spicy and oily food(dushta ,viruddha aahara)
- **Vihara:** tea/coffee
- **Bowel habit:** regular

- **Nidra:** sound sleep - diwaswapna
- **Urine:**4-5times /day 0-1times /night
- **Blood group:** AB+ve
- **Menstrual history and obstetric history:** menopause attended
- number of deliveries:1

Generalized examination:

- **Gait-**normal
- **Decubitus-**absent
- **Faces-**normal
- **Pallor-**absent
- **Icterus-**absent
- **Clubbing/cynosis-**absent
- **Edema-**absent
- **Lymphnodes-** no any lymph nodes enlarged
- **Prakruti:** vata kapha
- **Sarataha:** madhyam
- **Samhananata:** alpa
- **Pramanataha:** madhyam
- **Satwa:** madhyam
- **Satmyata:** alpa
- **Ahara shakti:** alpa
- **Vyayamshakti:** mahdyam
- **Vaya:**60
- **Jiwha:** alpa liptata
- **Desha:** sadharana

Gastro intestinal examination:

Inspection: no any scar marks, distension

Palpation: soft, non tender, no organomegaly

Percussion: no any dullness

Auscultation: normal bowel sounds

- **Skin examination:**

Colour: discoloured mild reddish patches over whole body.

Texture: dry skin, no specific lesions.

Burning sensation due to severe itching.

- Central nervous system examination:
- Sensory: sensation: deep/superficial-intact
- Motor: tone: reflex/rigidity- normal
- Power: +2
- Co-ordination: knee-heal test/finger-nose test-intact

Involuntary/movements: tremors/chorea-no any involuntary

movementsDifferential diagnosis:

- Kotha?
- Pruritus?
- Dadru?
- Sheetapitta?

Eczema?

Samprapti:

- Poor quality food or poisonous content / Remanant of poisonous content in body Get introduced in body Aggravates doshas vata and Kapha coating due to poor qualities Affect on dhatus Dosen 't gets removed easily due to kapha coating Presents with different symptom of Dushi vish.

- Etiopathogenesis of Viruddha Ahar: -

Repeated consumption of Incompatible diet → Doshs get aggravated → Cannot get removed out of body → Present with different symptom → Viruddha Ahar → forms diseases like kushta, kotha, udarda roga grahni, sheetapitta etc.

Investigations:

Diagnosis: generalized senile pruritus

Treatment principles: krimihara chikitsa, shodhana chikitsa, shamana chikitsa

Treatment:

- Krimihara chikitsa: (for 7 days)

krimikuthar rasa 1-0-1 with vidangarishta 20ml-0-20ml(b/f)

Sarivadi vati 1-0-1 with Amruttotar Kashaya 15ml-0-15ml(a/f)

- Shodhana chikitsa:

sarvanga abhyanga with nimba taila followed by aragwadha patra kashaya

- Shamana chikitsa

Mahatikta ghruta 15ml-0-15ml(b/f)

Dushivishari agad 1-0-1 with Sarivasava 15ml-0-15ml(b/f)

Chandrakala rasa 1-0-1 with Drakshadi Kashaya 15ml-0-15ml(a/f)

- Mode of action: Krimighna chikitsa, shodhana chikitsa and shamana chikitsa
 - As we have used shodhana chikitsa nimba having anti-microbial properties having tikta rasa and sheeta virya helps in managing the kushta.
 - Aragwadha having kandughna and kusthagna properties also it is mrudu rechaka having properties for pitta and kapha shamana
 - Krumikuthar rasa-vidanga, hingula, ajmoda etc acts as krimihara, aruchihara
1. Mahatiktaka ghruta: tikta rasa pradhana ghruta having properties for pitta shamana does not aggravate vata and kapha, agni dipaka.
 2. Amruttotar Kashaya: guduchi as a chief ingredient acts as a rasayana, mrudu rechaka, vata anulomaka

3. Dushivishari agada-gairika having vishagna properties used for dushi visha chikitsa
4. Chandrakala rasa- having mukta pishti, Ch a n d a n a , kapoorā etc, vata - pittashamaka
5. Drakshadi Kashaya-it acts as dahaprashamana, used in urdhwaga rakta pitta,mainly vata pitta shamaka
6. sarivasava- rakta prasada, rakta shodhaka, vata-pitta shamaka,

kushtagnaPathya/apathya to follow:

Avoid exposure to sunlight.

Avoid buttermilk, brinjal, tomato, ladies finger

Avoid taking bath with cold water.

AN AYURVEDIC MANAGEMENT OF HRIDROGA: CASE STUDY

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Abstract:

Ischemic heart disease (IHD) is a leading cause of death worldwide. IHD affects around 126 million individuals (1,655 per 100,000), which is approximately 1.72% of the world 's population. Nine million deaths were caused by IHD globally. The current prevalence rate of 1,655 per 100,000 population is expected to exceed 1,845 by the year 2030. This study is a case report of a patient Kaphavataja Hridroga who responded well to Ayurvedic management After 3 months of treatment. The present case report showed that Ayurveda has a great potential for the treatment of heart disease and merits further research.

Introduction:

The word _Hrudaya 'in Ayurveda is a synonym for heart in Modern medicine. The name itself indicates the function of this vital organ. _Hru 'means, one which draws fluid or blood from the body forcibly² and _Da 'which means to donate. Simply saying, Rasa (body fluids) and Rakta (blood) are circulated in the body, by the dual action of forcible collection and supply by the heart and thus the name Hrudaya in Ayurveda. This is the fundamental function of the heart. According to Ayurvedic texts, the heart originates from the essence of Rakta and Kapha, predominantly from maternal side, and develops into a muscular organ³ the treatment modality in Kaphavataja Hridroga would be more ushna tikshna dravya and also which does not cause that vata vridhhi in this case we have follow the treatment like koshta shodhan, shodhana basti, hridayabasti along with shamana aushadhi.

Material and method:

Place of study: Parul Ayurveda Hospital, Limda Wagodia - Vadodara, Gujarat

Case Report - Patient is a K/C/O IHD/CAD, came with complaints of difficulty in breathing on walking up to 100-200 meters, heaviness in chest and irregular unsatisfactory bowel habit and mild B/L knee joint pain.

History of present illness

Patient was apparently healthy before march 2016. On 27th march 2016, he got extreme chest pain, perspiration and gabhrahath. So, he was rushed to the hospital where as per his reports, angioplasty was done. There after he got relief from his complaints. On 27th march 2019, he got chest pain, perspiration, heaviness in chest and gabhrahath so he was shifted to the hospital where angioplasty was done again and got relief from his symptoms. From mid of January 2021, he gradually developed difficulty in breathing on rest which later on got diagnosed as pleural effusion, for which he got admitted in the hospital in end of February 2021. But after the treatment, he got relief from his symptoms temporarily. He was still experiencing difficulty in breathing and heaviness in body. So, he came hospital.

Past history: IHD/CAD

Previous Report:

27th march 2016: - 2D ECHO disclosed IHD, mild LV systolic dysfunction with LVEF: 45%.

CAG disclosed 40-50% eccentric proximal stenosis in LAD, 40% proximal stenosis in LCX, total occlusion in proximal segment of RCA. In angioplasty, DES to RCA was done.

27th march 2019: -2D ECHO disclosed IHD, CAD and good LV systolic function with LVEF: 56 CAG disclosed 80% proximal segment stenosis in LAD and dominant patent stent in proximal segment of RCA. In angioplasty, PTCA to LAD with DES was done.

Personal history:

Name: XYZ	Occupation: Worker	Addiction: Tea, Alcohol	BP 136/80 mmhg
Age: 61	Marital Status: Married	Bowel Habit: irregular	Pulse 68/min

Sex: Male	<i>Bala: Madhyama</i>	Appetite: Reduced	Weight 85 KGs
Religion: Hindu	<i>Nindra: Disturbed</i>	<i>Prakruti: Kaphavata</i>	Height 168 CMS

Clinical Examination:

BP: 140/80 mm of hg (Sitting Position)

PR: 68/ min (regular)

CVS Examination: JVP not elevated, No cardiomegaly Normal S1 S2 Heart Sound

R.S Examination: B/L Airway Entry Clear, No added Sound

GIT Examination: No organomegaly, No tenderness

Dyspnea on Exertion: Grade III (NYHA) (Dyspnea on doing less than ordinary activity) 4

6-minute Walk Test: ~ 230 Meter distance Covered

Treatment Plan:

- (8Days Admission in one month for 3 month)
- Kostha Shodhana with Eranda taila 20 ml for 1 Day at Night with milk
- Hridaya Basti with Dashamoola Taila (30min)
- Anuvasana Basti With DashmoolaTaila 60ml
- Niruha Basti5 with Manjistadi kshar Basti470ml
- Tapyadi Loha6 2 BD
- Chatushparni Churna 3gm BD
- Kaishor Guggulu 2 BD

Discharge Medication:

- Chatushparni Churna 3 gm BD
- Krishnadi Churna 3 gm BD
- Dashamoolapushkarmooladi Vati 2BD

Advised On Discharge:

Pranayama, Routine Exercise Add Dadima, Draksha Mung, yava, patola, karvellaka, kullatha

Follow Up: 30 Days

Observation and Result:

After the treatment, there was 75-80% relief from the symptoms as said by Patient. On discharge, he could walk easily upto 1.5 km without any difficulty in breathing, he also felt lightness in his body and felt more active than before.

Parameter	1 st Sitting	2 nd Sitting	3 rd Sitting
Heaviness in chest	+++	++	+/-
Laziness	+++	++	+
Knee joints pain	++	+	-
Bowel Habit	Irregular unsatisfactory	Regular	Regular satisfactory
Lightness in body	+	++	+++
6-minute walk Test (Distance covered)	~ 230 meters (mild exertion)	~300 meter	~350 meter

Before Treatment (on 1st Sitting) 6-minute Walk Test

	BP	PR	RR	Spo2
Pre-Test	136/80 mm of hg	72/min	21	97%
Post Test	150/90 mm of hg	96/min	28	96%
~ 230 Meter Distance Covered (mild exertion)				

After Treatment (on 3rd Sitting) 6 Minute walk Test

	BP	PR	RR	Spo2
Pre-Test	140/80 mm of hg	72/min	19	98%
Post Test	150/80 mm of hg	82/min	24	95%
~ 350 Meter Distance Covered without any exertion				

Discussion:

Kostha shodhan Will remove the doshas from Aamashaya and Pakvashaya and the Erand taila does the shaman of vata and kapha so it will do the Sroto shuddhi.

Hridaya Basti (Snigdha Sweda) does the Vata shamana and also it will give the strength to the cardiac Muscle.

Dashmoola Taila; all ingradients of Dashmoola taila have Properties such as Tikta, Katu, Kashaya rasa, Lakhu, Ruksha gunas, ushna virya and Katu vipaka. Due to this it results into in Kaphavatahara Karma And does help in Samprapti vighatana of this Kaphavataja Hridroga

In this Niruha Basti, Gomutra, which is having Kshara Guna. Kshara has the property of Lekhana and Vishoshana, which will remove the Ama and does the stroto sudhikarana.

Manjistha is a rakta shodaka It also reduces platelet aggregation, and thus facilitates smooth flowing of blood throughout the body. And it has having potent vasodilatory action so it will also help in regulating high blood pressure.

Tapyadi loha it has good action on rasa vaha srotovikara and it is raktadhatuvardhaka and balya it having ingredient like roudya bhasma, shilajita etc will act as a rasayana as well.

Chatushparni churna does the vatakapha hara and also acting as shulaprashamana, shwasa roga nut and balya. (Hrudi prakupite sidhhama amshumatih (Shalparni) payo hitam cha.chi 28)

Kaishor guggulu having ingredients like Triphala, vidanga, guggulu, trikatu etc. are useful in lowering cholesterol. And as well as it also acts as pandughna, shwasanuta and rasayana.

Krishnadi churna does the kaphavata hara its ingredients are having ushna virya katu vipaka so it may work on shwasa as well as Kaphaja Hrudroga.

Conclusion:

Hence it is concluded that the above line of treatment is effective in kaphavataja hridroga. The present case report showed that Ayurveda has a great potential for the treatment of heart disease and merits further research

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COMMON GERIATRICS SKIN DISORDER

Presentor by: -

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Guide by:

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INTRODUCTION

- Ageing results in decline of normal functioning in all organ systems including skin.
- This predisposes the elderly persons to develop various skin ailments.
- In dermatology department from aug. 2012 to 2014, 4.7% were aged 60 years and above.
- In this study included the 38.9 5 patients having xerosis, and 28.9% patients having infections like hiv and 9.0% patients having pruritus, and age-related skin changes 3.7%, benign neoplasms were seen in 1.1%.

AETIOLOGY

Intrinsic

Extrinsic

Functions of skin decline with age

- Cell replacement
- Barrier function
- Chemical clearance
- Sensory perception
- Mechanical protection
- Wound healing
- Thermoregulation
- Sweatproduction
- Sebumproduction

Asteatitic eczema

Causes:

- Over cleansing of the skin.
- Living in areas of low humidity
- Extended sun exposure

Symptoms:

- Dry, itchy, scaly especially arms and legs.
- Red or pink irritated skin.
- Fine cracks on the skin.

Treatment:

- Abhayanga.
- Shatavari churna; - balances vata and pitta dosha.
- Manjishtha kashaya: - balances vata and pitta dosha.
- Triphala vati – balances all three doshas.
- Purpura

Define:

- a group of conditions characterized by ecchymoses or other small hemorrhages in the skin, mucous membranes, or serosal surfaces.
- Causes:
 - Decreased platelet counts,
 - Trauma,
 - Drug reaction
 - Vascular defects.

Treatment:

- Ushirasav
- Dadimavaleha
- Durva swarasa

Dermatitis:

- Despite decreased immune response, inflammation is very common in geriatric skin.
- Eczematous dermatitis – erythematous, scaly skin.

- Symptoms:
- Located on legs: rarely on arms.
- Looks like dried earth and paving stones.

Pruritis:

It is specific condition of itching with no preceding rash

Causes: malignancy

thyroid disease

renal or liver disease

polycythemia vera

Symptoms:

redness

scratch marks

bumps, spots or blisters

Treatment:

corticosteroid ointments creams

khadiradi vati

bruhat haridra khanda

Conclusion:

In elderly age group having vata dosha predominance and due to vata dosha guna of ruksha it may create blackish discolouration, dryness of skin rough texture, stiffness of the local area, numbness, fissures, cracks, nervous involvement.

Skin ageing are broad and is due to genetic program (intrinsic) and damage by uvr, alcohol, smoking, poor nutrition.

Due to ageing create histologics changes in skin like thinning of epidermis, dermis, decreased number of fibroblasts.

Ageing related dermatological condition will be manage by balancing vata dosha by abhyanga, and vata dosha hara drugs like shatavati, manjishta, kaishore gu. and by nasya.

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A CASE STUDY ON CORONARY ARTERY DISEASE- EFFECT ON GERIATRIC AGE GROUP

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Abstract:

India has one of the highest burdens of cardiovascular disease during worldwide. CVDs such as coronary artery disease and cerebrovascular such as stroke account for 17.7 million deaths and are the leading cause. The results of Global Burden of Disease study state age-standardized CVD death rate of 272 per 100000 population in India which is much higher than that of global average of 235.1st Indians are known to have the highest coronary artery disease (CAD) rates, risk increase with increasing age. Within India, the rates of CVD vary markedly with highest in states of Kerala, Punjab and Tamil Nadu. Moreover, these states also have the highest prevalence of raised cholesterol levels and blood pressure. 21.7% of adults aged 65 years and older reported having coronary heart disease. It becomes as a measure health issue, which place a heavy burden in community due to resulting disabilities. it required great concern to prevent the death rates and improve quality of life.

Key Words: Cardiovascular disease, CAD, Geriatric age, Chest pain, Exertional dyspnoea.

Introduction:

Cardiovascular disease is leading cause of death globally, which comprises condition like coronary artery disease. Coronary artery disease develops when major blood vessels supplying the heart become damaged or blocked due to plaque build up that limits the blood flow. Due to hypoperfusion develop ischemia of that area which leads to symptoms like angina, exertional dyspnoea. The risk of CAD increases as the age increases. Physical balance and strength are the factors that effects the person 's ability to function and make the management of disease more

challenging. Physical activity is important for maintaining heart muscle, vessel elasticity, reducing blood pressure level. 2nd At geriatric age these factors are affected and plays an important key role to make a person more susceptible, in this study a 81year old male patient came to KC opd having chest pain and exertional dyspnoea which was tried to managed by Shodhan and shaman chikitsa.

Case report

An 81-year-old male patient came to kayachikitsa opd with following chief compliant-

- Chest pain and fatigue
(while walking 100-200 mt)

X 1 month

- Shortness of breath

He had a H/O Hypertension Since 20 years, for that he is taking (Tab Metoprolol Oral 25 mg + Tab Telmisartan 20 mg 1-0-0 A/F). Also, he is Diabetic for 20 years back and on medication (Tab Glimicine 1-0-0 A/F) for that. He also had a H/O Chest pain, 20 years back, and he is taking (Tab Nicorandil 1-0-0 A/F). He previously had a medical history of chest pain before 20 years, for that he admitted at local hospital and got relief. In August 2019, He again develop episodes of chest pain with exertional dyspnoea and fatigue during walking. Hence for all these complaints he approached Kayachikitsa OPD at Parul Ayurveda hospital on 14/9/2021.

The patient 's diet comprises of mixed diet (both veg/nonveg option) with katu, amla ras Pradhan aahar. He had having mandagini with krura kostha, with katinya & vivandhyukta mala once/day. Frequency of urine 4-5 times/day & 1-2 times/night, normal sound sleep and have addiction of tea 3-4 times/day. On initial examination patient appear well with well-built and nutrition. He comes with normal gait. He is conscious and well oriented with time person and place, absence of pallor, icterus, clubbing; No any edema, cyanosis or palpable lymph-node is seen during examination. His was having pulse rate-62bt/min, B.P- 140/90 mmhg, temperature-98.5*f, R/R-20/min, with Wt.-69kg & Ht.- 167 cm.

- **R.S Examination**– Both Lung fields are clear, with good air entry.

- **C.N.S. Examination** – Pt. is Conscious, oriented & cooperative.

- **P/A**- Soft, No any Organomegaly.

- **L.S Examination** - No any Joint Deformity, Range of movement normal.

- **C.V.S Examination**- There was no tenderness on palpation during examination, no any visible scar marks. Patient is comfortable at rest, but shortness of breath while walking (100mt)

- **On Auscultation**- S1 S2- is not heard properly.

Investigations

Table1: Showing investigations done for study (16-09-2021)

CBC	Diabetic parameters	CAG
HB- 8.7 gm/dl	HbA1c- 6.90%	LMCA- Normal& Calcific
PCV- 25.8%	PP2BS- 142mg/dl	LAD- Calcified, totally occluded
MCH- 19.64pg	PROTEIN- Nil (U/R)	LCX-mild segment- 80% stenosis
ESR- 18mm/hr	PUS CELL- 2-3/HPF	Oms- 90% & RCA- 75% stenosis

TREATMENT PLAN

Table no.2: Shows first visit/14-09-2021 to 24-09-2021; Shaman chikitsa- with panchkarma

S. No	Medicine	Dose	Panchkarma
1.	Yoga2	2 tabs thrice a day A/F	Matra vasti with dashmool tail- 30ml
2.	Chatusparni churna	3gm twice a day A/F	Hridya vasti with dashmool tail
3.	Krishnadi churna	3gm twice a day A/F	Hridya lepa with rasna, pushkarmoola, shunthi churna

Table no. 3: Shows follow up medications/25-09-2021 onwards

Medicine	Dose	Duration
<i>Tapyadi loha</i>	2 tabs Twice a day after meal	15 days
<i>Ksheer pak (yastimadhu+ gokshur+ pashanbhed + arjun)</i>	50ml Twice a day after meal	15 days
<i>Dadimadi ghrita</i>	½ tsp Twice a day after meal	15 days
<i>Chatusparni churna</i>	3gm Twice a day after meal	15 days

Result after treatment: After given above treatment patient condition was improved. He was having no any episode of chest pain. He was able to walk upto 30 min without any exertional dyspnoea.

Table no.4: Second visit/10-10-2021to 17-10-2021; Schedule of therapy

S. No	Medicine	Dose	Panchkarma
1.	Kostha Shodhan with eranda tail	30 ml at nt, for 3 days	Hridya vasti with dashmool tail- 30ml
2.	Chatusparni churna	3gm twice a day A/F	Hridya lepa with rasna, pushka rmoola, shunthi churna
3.	Yoga2	2 tabs thrice a day A/F	-
4.	Krishnadi churna	3gm twice a day A/F	-

Table no. 5: shows follow up medication/18-10-2021 onwards

Medicine	Dose	Duration
<i>Tapyadi loha</i>	2 tabs Twice a day after food	15 days
<i>Ksheer pak (yastimadhu+ gokshur+ pashanbhed + arjun)</i>	50ml Twice a day after food	15 days
<i>Chatusparni churna</i>	3gm twice a day after food	15 days
<i>Syp sarivasav</i>	15ml Twice a day after food	15 days
<i>Mahamanjithadi kshaya</i>	15 ml Twice a day	15 days

Observation and result:

- After followed medication, patient condition was improved.
- Previously patient was having Dyspnoea and chest pain while walking to 100-200 mt, at present he is able to walk 45 minutes without any exertional dyspnoea.
- There is no any shortness of breath while walking now.
- On 2D ECHO- Previously LVEF- 30-35%

At present LVEF- 40-44%

On 11/02/2020

2D ECHO:

- RWMA with Mild and basal inferoseptal, inferior wall akinetic.
- Mild Lt. Vent. Systolic Dysfunction.
- LVEF- 30- 35 %
- Trivial TR
- No any PAH
- Grade 1 LV D/D

On 17/10/2021

2D ECHO:

- RWMA with inferior, inferoseptal wall akinetic.
- Mild Lt. Vent. Systolic Dysfunction.
- LVEF- 40- 45%
- Trivial TR
- No any PAH
- Grade 1 LV D/D

Discussion:

Irregular food habits, consumption of low saturated fat rich foods, lack of exercise, obesity and increasing age are the factors which makes more susceptible to an individual for cardiovascular diseases. That type of diet cause kapha and pitta dusti

which obstruct the path of the vayu which cause rasa and rakta dusti. Condition like HTN, Hypercholesterolemia and DM as well as old age also causes vessel damage and thrombus formation which further leads to ischaemia and cardiac muscle weakness. Chatusparni contain Shalparni, Prishnaparni, Mashparni, Mudgaparni which is anti-inflammatory, and healing activity. They balance all the tridosh specially kapha and vata. For Hridya vasti and Matra vasti dashmool oil was used. Dashmool has anti-inflammatory, analgesic, as well as act as cardiac tonic and boost cardiac muscle strength. Yoga 2 contain drugs like rasna, devdaru ,punarnva, amruta, aamlaki, pushkarmool, trikatu, vacha and chitrak. Trikatu, Devdaru help in thrombotic condition as well as increase blood flow, pushkarmoola has a anti-inflammatory as well as antimyalgic effect which also used in hridlepa. On ksheerpak yastimadhu and arjun are used which act as a cardiac stimulant. Selective drugs are effective in thrombotic condition as well as boost cardiac muscle strength.^{3rd}

Conclusion-

In the above patient, Kosta Shodhan, and Matra vasti with internal medicine showed promising result, there is no any chest pain episode occur after treatment as well as improved on ejection -fraction. Ayurveda is a ray of hope in such chronic conditions.

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जरा

निरुक्ति

जृ + अप् (धातु मूल)

जृ to grow old, affixes अङ् and टाप्।

Meaning worn out, becoming old.

“जरा - जीर्यत्यनया । जृ + “षिद्धिदादि- भ्योऽङ् ।” “जीर्यत्यनया जरा जृ ष वयोहानौ षित्वात् ङः दृश्रोर्णुरिति गुणः ।” इत्यमरटीकायां भरतः ॥

Jara meaning one which worn out, bring reduction in the life span.

PARIBHASHA

- वयते वेति अजतीति वा(Shabda kalpa druma)
- मृत्यु रोगाः सुताश्चैवजरा तस्य च कन्यका ॥ (वाचस्पति)
- वयस्तश्चेति कालप्रमाणविशेषापेक्षिणी हि शरीरावस्था वयोऽभिधीयते।(च. वि. ८/१२२)
- काल कृत शरीरावस्था वयः ॥ (अ.ह.शा ३/१०५ सर्वांगसुन्दरा)

जरा भेद

स्वभावबलप्रवृत्ता ये क्षुत्पिपासाजरामृत्युनिद्राप्रभृतयः; तेऽपि द्विविधाः- कालजा, अकालजाश्च; तत्र परिरक्षणकृताः कालजाः, अपरिरक्षणकृता अकालजाः(सु. सू. २४/७)

स्वभावबलप्रवृत्ता व्याधि



क्षुत्पिपासाजरामृत्युनिद्रा

→ 1)कालजा=परिरक्षणकृताः कालजाः

which means that it occurs at the proper age even after following the daily and seasonal routine, rasayana described at the proper time.

→ 2) अकालजा=अपरिरक्षणकृता अकालजाः

aging which occurs before the mentioned age due to not taking the proper care following the daily and seasonal routine described at the proper time.

अकालज जरा हेतु

(च. चि १/२/३, अ/सं/उ ५९/५, र. र. स, म. नि६०/२, परिषिष्ट)

आहारज हेतु	विहारज हेतु	मानसिक हेतु
Lavana (Vali, pallita, Khalitya), Katu rasa pradhana, Kashaya rasa, Kshara, Suska Shaka & Mamsa, Tila Samyoga, Pista Anna, Viruddha Anna, Asatmya Anna, Ruksha Anna, Abhisyandi Anna,	Divaswapna Vayovriddhayoshita Pantha Ativyavaya Vishamavyavaya	Manasaprsyikolata Bhayabahula Moha bahula Krodha bahula Shoka bahula

Klinna & Guru Anna, Puti &
Paryushita Anna, Vishamashana,
Adhyashana.

पूर्वरूप

क्षीणत्वमन्नसमुदेति शरीर शक्तेरादौ क्रमेण तदनुस्मृति नाशेव।

ग्लानि स्ततोऽप्य वययेषु जनिर्वलीनां पालित्यमधिकतो हि शिरोरुहेषु।

दन्तस्थाचापि शिथिलत्वमथस्वभवि भूयान् विपर्ययेति प्रतिमानवै।

प्रायो जराऽगमन कालत एवपूर्वभत्यक्तमीक्ष्यत उपर्युदितं तु लक्ष्म॥ (म. नि. परिशिष्ट
जररोग २/३)

लक्षण

चरक (च.वि. ८/१२२) (च. चि. ३०/१७७-१८०)	सुश्रुत (सं.सू. ३५/२९)	अष्टांग हृदय (अ.ह.शा ३/१०५)	अष्टांग संग्रह (अ.स.शा. ८/२४)	माधव निदान(परिशिष्ट)	
हीयमनधातु हीयमनइन्द्रिय हीयमनबल हीयमनवीर्य हीयमनपौरुष हीयमनपराक्रम हीयमनग्रहण हीयमनधारण हीयमनस्मरण हीयमनवचन हीयमनविज्ञान धातु गुण क्षय शुक्र क्षय काश्य	धातु क्षय इन्द्रिय क्षय बल क्षय वीर्य क्षय उत्साह क्षय वलि पालित्य खालित्य कास श्वास सर्वक्रियासमर्थ	धातु क्षय इन्द्रिय क्षय ओजस् क्षय बल क्षय वीर्य क्षय पौरुष क्षय वचन क्षय स्मरण क्षय विज्ञान क्षय	धातु क्षय इन्द्रिय क्षय बल क्षय वीर्य क्षय उत्साह क्षय वलि खालित्य कास श्वास अग्नि साद वेपथु श्लेष्मसिंघाणकोदी रण श्लथ सार श्लथ मांस श्लथ सन्धि श्लथ अस्थि त्वक् पारुष्य	बल क्षय ओजो हानि पराक्रम हानि ग्रहण हानि धारण हानि स्मरण हानि अग्नि साद कास श्वास वेपथु मेधा हानि धैर्य प्रणाश युवजनोचित कृत्यराशे चिन्त घृण बहुलता कृशता क्रोध बहुला गले कर्फ वृद्धा	हस्तपादकम्प जिह्वकम्प मुध स्खलन पादद्वय स्खलन धनुर्वोद देहस्यातिमन बुद्धि बाल्यं जायेत् खरता प्राकृतौ वाताभ्यादिकगदा स्वल्प शक्ति अवशिष्यात् क्लेश कंचन कंथचन अतिविस्मृति दंडाश्रयेण गमन रदहीनता सत्पथ्य सेवन वशादपि यूनिरोगा ये यान्ति

Decade of age in Year	Age related Bio-Loss	Rasayna drug
1-10	Balya	Vacha, Gambhari, Suvarna
11-20	Vridhhi-Growth	Amalaki, Ashwagandha, Bala
21-30	Chavi-Lustre/Beauty	Lauha, Amalaki
31-40	Medha-Intellect	Shankhapushpi, Jyotishmati
41-50	Twacha-Wrinkling & other pathologies related to skin	Bhringaraja, Bakuchi, Kumari, Somaraji
51-60	Drishti- Vision	Triphala, Jyotishmati
61-70	Shukra- Virility	Atmagupta, Ashwagandha
71-80	Vikrama- Valour Shrotrendriya (Vag)-Hearing	Amalaki, Bala
81-90	Buddhi- Cognitive	Brahmi, Mandookaparni
91-100	Karmendriya- Locomotion	Amalaki, Bala, Ashwagandha
100-110	Chetas(Manas)	

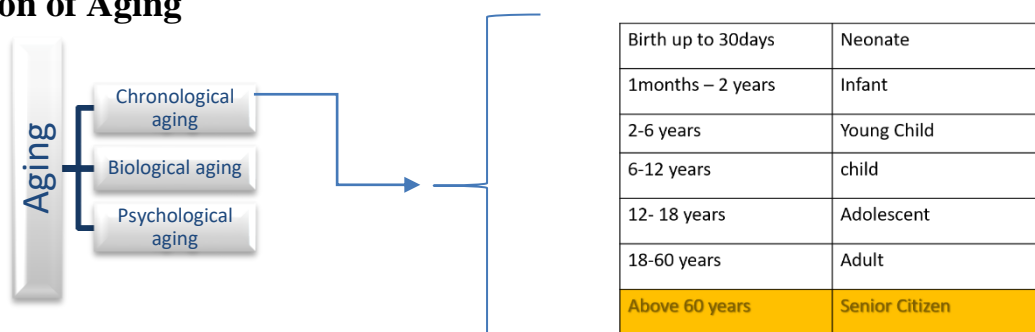
Ageing

Definition

“Ageing can be defined as a progressive accumulation through life of random molecular defects that build up within tissues and cells. Eventually, despite multiple repair and maintenance mechanisms, these result in age-related functional impairment of tissues and organs.”

Aging is not a disease, but the risk of developing disease increases in the old age. The biological composition of the tissues changes with the age, physiologic capacity decreases, the ability to maintain homeostasis in adaptation to stressors decline and vulnerability to the disease processes increases with the age.

Classification of Aging



Theory of Aging

Number of theories are put forth in regards to probable cause of aging. Following are some theories of aging based on the experimental study.

- Wear and tear theory
- Waste Accumulation Theory
- Limited Number of Cell Divisions Theory
- Hayflick Limit Theory
- Death Hormone Theory (DECO)
- Thymic-Stimulating Theory
- Mitochondrial Theory
- Autoimmune theory
- Errors and Repairs Theory
- Caloric Restriction Theory
- Gene Mutation Theory
- The Rate of Living Theory
- Order to Disorder Theory
- The Telomerase Theory of Ageing
- Neuro Endocrine theory
- Cross linkage theory
- Free Radical Theory of Ageing

Vata predominance in old age

घ्नन्ति ते वर्धयन्ति च वयो-ऽहो-रात्रि-भुक्तानां ते ऽन्त-मध्यादि-गाः क्रमात् । I(A.H. Su.1/8)

Vata Vyadhi

- तत्र वात एव व्याधिर्वातव्याधिः ।

- तत्रादौ वातविकाराननुव्याख्यास्यामः।

तद्यथा-

नखभेदश्च, विपादिका च, पादशूलं च, पादभ्रंशश्च, पादसुप्तता च, वातखुड्गता च, गुल्फग्रहश्च, पिण्डिकोद्वेष्टनं च, गृध्रसी च, जानुभेदश्च, जानुविश्लेषश्च, ऊरुस्तम्भश्च, ऊरुसादश्च, पाङ्गुल्यं च, गुदभ्रंशश्च, गुदार्तिश्च, वृषणाक्षेपश्च, शेफस्तम्भश्च, वङ्कणानाहश्च, श्रोणिभेदश्च, विड्भेदश्च, उदावर्तश्च, खञ्जत्वं च, कुब्जत्वं च, वामनत्वं च, त्रिकग्रहश्च, पृष्ठग्रहश्च, पार्श्ववमर्दश्च, उदरावेष्टश्च, हन्मोहश्च, हृद्द्रवश्च, वक्षौदघर्षश्च, वक्षौपरोधश्च, वक्षस्तोदश्च, बाहुशोषश्च, ग्रीवास्तम्भश्च, मन्यास्तम्भश्च, कण्ठोद्ध्वंसश्च, हनुभेदश्च, ओष्ठभेदश्च, अक्षिभेदश्च, दन्तभेदश्च, दन्तशैथिल्यं च, मूकत्वं च, वाक्सङ्गश्च, कषायास्पता च, मुखशोषश्च, अरसज्ञता च, घ्राणनाशश्च, कर्णशूलं च, अशब्दश्रवणं च, उच्चैःश्रुतिश्च, बाधिर्यं च, वर्त्मस्तम्भश्च, वर्त्मसङ्कोचश्च, तिमिरं

च, अक्षिशूलं च, अक्षिव्युदासश्च, भ्रूव्युदासश्च, शङ्खभेदश्च, ललाटभेदश्च, शिरोरुक् च, केशभूमिस्फुटनं च, **अर्दितं** च, एकाङ्ग-रोगश्च, सर्वाङ्ग-रोगश्च, **पक्षवधश्च**, आक्षेपकश्च, दण्डकश्च, तमश्च, भ्रमश्च, **वेपथुश्च**, जृम्भा च, हिक्का च, विषादश्च, अतिप्रलापश्च, **रौक्ष्यं च**, **पारुष्यं च**, श्यावारुणावभासता च, **अस्वप्नश्च**, **अनवस्थितचित्तत्वं** च; इत्यशीतिर्वातविकारा वातविकाराणामपरिसङ्ख्येयानामविष्कृततमा व्याख्याताः ॥११॥

Contemporary Parlance

Hyper- tension, ischemic heart disease, diabetes, senile dementia, Alzheimer's disease, parkinsonism, degenerative arthritis, osteoporosis, opportunistic infections, prostatic enlargement, degenerative eye diseases like cataract, a range of angiopathies, neuro- degenerative diseases and senile psychoses

जरा चिकित्सा

Aim of Jara chikitsa –

Prevention of Akalaja jara and delaying the Kalaja jara by

- Bringing balance in tridoshas
- Agni vardhana
- Strotoshodhana
- Dhātu poshana
- Ojo vardhana
- Idriya balakara

Reference-

रसायनतन्त्रं नाम वयःस्थापनमायुर्मेधाबलकरं रोगापहरणसमर्थं च (७) ८ (Su. Su. 1)

रसायनतन्त्रमित्यादि। वयःस्थापनं वर्षशतमायुःस्थापनम्। आयुष्करं शताधिकमपि करोति। अन्ये तु वयःस्थापनं जरापहरणं, तारुण्यं बहुकालं स्थापयतीत्यर्थः ॥८(७)॥

शोधन

- selective Panchakarma therapy has to be used, avoiding the drastic shodhana like Vamana and strong Virechana procedures.
- According to Roga-roga bala Snehana, Swedana, Mruduvirechana, basti, Nasya etc can be planned.
- But as preventive aspect Shodhana prevent the Jara (cha. Su 16/19)

शमन

- Shamana drugs should be selected depending upon dosha shamana and vyadhi shamana keeping the mind roga rogi bala

रसायन

- Charakacharya, has briefly defined Rasayana as the measure by which one gets Rasa, Rakta, and etc Dhatu in its best condition. (C.Chi. 1/1/8)
- Sushruta has defined Rasayana as the therapy, which establishes the age (**Vayasthapana**), increases the life span (Ayuskar), intelligence (Medha) and strength (Bala) as well as it enables the person to rid of the diseases. (S.S.1/7)
- Dalhana has explained the word “Vayasthpana” by giving two meanings
- 1). It enables the person to live a full life span of 100 years.
- 2) It makes the man to live young for a long period thus prevents Jara.

Vatasya Upakrama: -

- वातस्योपक्रमः स्नेहः स्वेदः संशोधनं मृदु ।
स्वादू-अम्ल-लवणोष्णानि भोज्यान् अम्ल-मर्दनम् ॥ १ ॥
- वेष्टनं त्रासनं सेको मद्यं पैष्टिक-गौडिकम् ।
स्निग्धोष्णा वस्तयो वस्ति-नियमः सुख-शील-ता ॥ २ ॥
- दीपनैः पाचनैः स्निग्धाः स्नेहाश् चानेक-योनयः ।
विशेषान् मेघ-पिशित-रस-तैलानुवासनम् ॥ ३ ॥ (A.Hr. Su/13)

Reference of Rasayana in Vata Vyadhi: -

रसायनानां सर्वेषामुपयोगः प्रशस्यते॥२४१॥
शैलस्य जतुनोऽत्यर्थं पयसा गुग्गुलोस्तथा॥

लेहं वा भार्गवप्रोक्तमभ्यसेत् क्षीरभुङ्गरः॥२४२॥
अभयामलकीयोक्तमेकादशसिताशतम् ॥(Cha.Chi.28)

In Ayurveda Management of Akalaja Jara Janya Vata Vyadhi can be dealt under

- Prevention
- Management of disease
- Rehabilitation

Prevention

- Trayopasthambha – Ahara, Nidra, Bramhacyarya/ Abramhacharya
- Dinacharya
- Ratricharya
- Rutucharya
- Sadvritta

Management of Akalaja Jara Vyadi

- **Agni Vardhana, Ama pachana** (च. वि १५/३) (च. चि. १५/४)
- Proper functioning of the Agni is the main factor in maintaining the health
- So, Agni has to be corrected first.
- Eg: Pippali, Nagara, Chitrakadi vati etc.
- Consume low fat and high fiber diet and Rasayana drugs
- Control the treatable risk factors like diabetes mellitus, hypertension, heart diseases.
- Control cholesterol level and weight.
- Practice regular exercises
- Avoid excessive use of pungent, astringent and/ or salty, oily/ fatty food. Avoid alcohol consumption, smoking.
- Avoid discontinuation of any regular medication without medical advice.
- **Agni Vardhana, Ama pachana** (च. वि १५/३) (च. चि. १५/४)

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Diseases	Panchakarma	Samana	Rasayana drug
Complications of Cerebro-vascular disorders viz. Paraplegia, Hemiplegia	Snehana, swedana, virechana and/ or basti Nasya, Shirobasti, Shirodhara.	Gandharva hastadi kvatha, Sahacaradi kvatha Maharasnadi kvatha, Brahmi vati, Manasa mitra vataka Ksheerabala taila, Mahamasha taila, Maha narayana taila - EA	Ahwagandha, Bhramhi, Rasona, Eranda
Parkinson's disease (Kampavata/ Vepathu)	Snehana, swedana, virechana and/ or basti Nasya, Shirobasti, Shirodhara.	Brahma rasayana Balaristha, Ashvagndharista, Dashamularista, Ksheerabala taila, Mahamasha taila, Maha narayana taila - EA	Kapikachu, Bala, Ashwagandha, Musali, Rasna, eranda

Shamanaushadhis

Preparation	Dosage with Anupana	Formulations
Rasaushadhi	125-250mg with madhu	Chintamani Rasa, Yogendra Rasa, Vatari Rasa, Brihat Vata Chintamani Rasa, Ekanga Veera Rasa
Choorna	2-5 gm with Madhu, Ushna Jala, Dugdha	Ashwagandha Choorna, Panchakola Churna, Shaddharana Choorna, Narasimha Choorna
Kashayam	45 ml bd	Rasnadi, Rasna Saptaka, Maharasnadi , Rasna Erandadi, Masha Baladi,
Taila	Abhyantara Pryogarthartha	Rasona Taila, Ksheera Bala, Ashwagandha taila, Sahacharadi Taila Vatanulomana-Gandharva Hastadi
	Bahya Prayojanartha	Shoola Hara- Narayana, Mahanarayana, Maha Vishagarbha, Dhanvantaram, Nirgundi, Prasari, Karpooaraadi Balya- Mahamasha Taila, Samisha Masha Taila, Bala Taila, KBT, Yashtimadhu, Ashwagandha Bala Lakshadi
Ghrita	10-20 mlwith Ushna Jala	Dashamooladya Ghrita, Ashwagandha , Sukumara, Guggulu Tiktaka, Shatavari, Brahmi, Kalyanaka
Guggulus	500mh-1gm	Yogaraja, Maha Yogaraja, Kaishore, Simhanada, Vaatari
Asava/ Arishta	10-20ml with water	Ashwagandharishta, Draksharishta

Rehabilitation

- Rehabilitation means development of a person to the fullest potential consistence with his or her impairment and environmental limitations.
- The main goals of rehabilitation are to prevent complications of bed rest and promote self-dependence.
- Unnecessary bed rest and immobility lead to negative psycho-physiological changes i.e.
- Reduction of the muscle strength, endurance, joint mobility and functional reverse of musculoskeletal system
- Diminution of the functional capacity of cardiovascular system
- Thrombotic complication
- Intellectual deficit and emotional disturbances
- Peripheral neuropathy

- Weakness

Benefits of early rehabilitation intervention

1. Help in Preventing further progress
2. Maximize functional capacity
3. Improve quality of life

Co-morbid conditions such as urinary tract infection, confusion and depression, visual impairment, loss of balance may interfere with rehabilitation activities. The following interventions may reduce the risks and are integral part of rehabilitation.

1. Avoiding prolonged immobilization, chronic use of indwelling catheters and unnecessary medications
2. Control over diabetes and hypertension
3. Audiometric evaluations and adaptation techniques for vision and hearing

Rasayana

Herbs	Anti-aging pharmacological activities
Amalaki	Anti – oxidant, adaptogenic, telomerase enhancing, autophagy inducing, insulin sensitizing, mitochondrial biogenesis enhancing activities.
Haritaki	Anti – oxidant, adaptogenic, cytoprotective, oxidative stress inhibitor, neuroprotective, autophagy enhancing, inhibition of age dependent shortening of the telomere DNA length.
Vibhitaki	Anti – oxidant, anti – depressant activities
Mandukaparni	Anti – oxidant, DNA protective, anti – amnesic, neuroprotective, neuro regenerative, anti-inflammatory, nootropic, telomere enhancer, mitochondrial dysfunction inhibitor.
Yastimadhu	Anti- oxidant, adaptogenic, nootropic, autophagy inducing, mitochondria protective activity
Guduchi	Anti- oxidant, life – span enhancing. Nootropic, neuroprotective, hepatoprotective, hormone regulatory, anti stress, immunomodulator, adaptogenic, insulin sensitizing activities.
Shankhapushpi	Anti- oxidant, neuroprotective, memory enhancing, anti-stress, anxiolytic, anti-depressant

