



24th International Conference - Kayachikitsa & Panchakarma







POST GRADUATE STUDIES, HOSPITAL & MEDICAL RESEARCH CENTRE. INDIA'S 1" & ONLY INSTITUTION WITH NAAC & NABH ACCREDITATION



A constituent unit of

#### **KLE Academy of Higher Education and Research**

Deemed-to-be University Shahapur, Belagavi - 590003, Kamataka India.

Organized by: DEPARTMENT OF KAYACHIKITSA & PANCHAKARMA

In Collaboration with: ASSOCIATION OF AYURVEDIC PROFESSIONALS OF NORTH AMERICA (AAPNA)









#### **ABOUT CONFERENCE**

#### PRAGATI 2017

Striding into futuristic Ayurveda with recent advances

24th International Conference – Kayachikitsa and Panchakarma

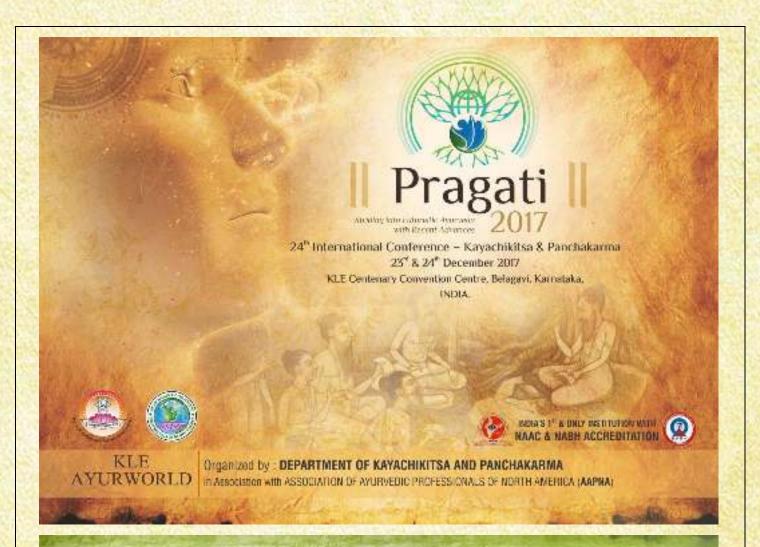
#### About Conference:

We are delighted to bring you Pragati 2017, 24th International Conference on Kayachikitsa and Panchakarma, being organized by the Departments of Kayachikitsa and Panchakarma of KLE University's Shri. B M Kankanawadi Ayurveda Mahavidyalaya, Post Graduate Studies and Medical Research Centre, Belagavi, Karnataka in association with Association of Ayurvedic Professionals of North America, USA, International University of Yoga and Ayurveda, Inc, Florida, USA and Global Ayurveda Conferences, LLC, USA on 23rd and 24th December 2017 at KLE Centenary Convention Centre, Belagavi, Karnataka, India.

The conference PRAGATI 2017 is being organized to appraise on the advances and recent research updates in the understanding and management of conditions of following areas: Cancer, Urology with a focus on Chronic Kidney Disease, Lifestyle induced diseases, Endocrinal diseases, Immunological conditions and Neuropsychology.

Currently, Non-communicable diseases (NCDs) such as Diabetes (prevalent among 422 million adults), Cancers (amounts to 1 in 6 deaths globally), Kidney disease (prevalent among 10% of the population) as well as increasing cases of Kidney failure disproportionately in developing countries like India are

replacing communicable diseases such as Influenza, Malaria or AIDs as the most common cause of premature deaths worldwide. India is burdened with various endocrine diseases and prevalence of thyroid diseases and diabetes is on the rise. According to a projection from various studies, it has been estimated that about 42 million people suffer from thyroid diseases. The global prevalence of diabetes among adults over 18 years of age has risen from 4.7% in 1980 to 8.5% in 2014. Mental, Neurological and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. Mental health is related to mental and psychosocial well-being. Promoting mental health and well-being through Ayurveda are integral part of sustainable development to transform the country. With the growing awareness of Ayurveda, staying relevant and acceptable globally, Ayurveda fraternity has to take cognizance of changing trends in prevalence as well as emergence of new traits of diseases due to forces driven by unplanned urbanization, globalization and unhealthy lifestyles. With Shamana (Palliative) and Shodhana (Purificatory) i.e., Panchakarma therapies forming the mainstay treatment in Ayurveda, managing the disorders of above areas demands in-depth understanding, analysis of the guidelines expressed in vast Ayurvedic literature and updating with the recent researches for better management, restoring health and building a healthy nation.





We are delighted to bring you Pragati 2017, 24" International Conference on Kayachikitsa & Panchakarma, being organized by the Departments of Kayachikitsa & Panchakarma of KLE University's Shri. 3 M Kankarawadi Ayurveda Mahavidyataya, Post Graduate Studies and Medical Research Centre, Belagavi, Kamataka in association with Association of Ayurvedic Professionals of North America, USA, International University of Yoga & Ayurveda, Inc. Florida, USA & Global Ayurveda Conferences, LLC, USA on 23° & 24° December 2017 at KLE Centenary Convention Centre, Belagavi, Karrasaka, India.

The conference PRAGATI 2017 is being organized to appraise on the advances & recent research updates in the understanding and management of conditions of following areas: Cancer, Brology (with a focus on Chronic Kidney Disease). Lifestyle induced diseases, Endocrinal diseases, Immunological conditions & Neuropsychology.

Currently, Non-communicable diseases (NCOs) such as Diabetes (prevalent among 422 million adults), Cancers (amounts to 1 in 6 deaths globally), Kidney disease (prevalent among 10% of the population) as well as increasing cases of Kidney failure disproportionately in developing countries like India are replacing communicable diseases such as Influenza, Malana or AIDS as the most common cause of premature deaths worldwide. India is burdened with increased prevalence of various endocrine diseases like thyroid disorders & diabetes. According to a projection from various studies, if has been estimated that about 42 million people suffer from thyroid diseases. The global prevalence of diabetes among adults over 18 years of age has risen from 4.7% in 1980 to 8.5% in

2014. Mental, Neurological & substance abuse disorders are common in all regions of the world, affecting every community, age & income group across the globa. Mental health is related to mental & psychosocial well-being. Promoting mental health & well-being through Ayurveda are integral part of sustainable development to transform the country.

With the growing awareness of Ayurveda, staying relevant & acceptable globally, Ayurveda fraternity has to take cognizance of changing trends in prevalence as well as emergence of new traits of diseases due to forces driven by unplanned urbanization, globalization & unhealthy lifestyles. With Shamana (Palliative) & Shodhana(Purificatory) Le., Panchakarma therapies forming the mainstay treatment in Ayurveda, managing the disorders of above areas demands in depth understanding, analysis of the guidelines expressed in vast Ayurvedic literature & updating with the recent researches for better management restoring health & building a healthy nation. Here we propose you PRAGATI - 2017

Resource persons : About 8 Eminent scholars in the field of Kayachikitsa & Panchakarma. from agross India & USA will be enlightening the delegates in conference.

- Cancer & its Management : Dr. Yogesh Bendale, RCC, Pune, Maharashtra.
- Immunological Disorders : Dr. P Muralikrishna, SVAC, Tirupati.
- Urology : Dr. Sunil Inamdar, Kolhapur, Maharashtra.
- Endecrinology: Dr. Prakash Mangalasseri, VPSV AC, Kottakal, Kerala.
- Thyroid Disorders : Dr. V G. Huddar, AllA, New Delhi.
- Lifestyle Disorders : Dr. Shivakumar Harti, AllA. New Delhi.
- Neuropsychology : Dr. Basavaraj R. Tubaki, KLEU SBMKAM, Belagavi, Kamataka.
- Recent Developments in Panchakarma: Dr. B S Prasad, KLEU SBMKAM, Belagavi, Karnataka.

#### **Domains for Presentation:**

- Endocrinology (Focus on Thyroid & Diabetes Melitus) Cancer
- · Lifestyle Induced Disorders Neuropsychology
- Immunology Urology (Focus on Chronic Kidney Disease).

#### For Oral paper Presentation :

Clinical understanding & appraisal of the concept, Diagnostic approach, Management modalities, Role of Pathya & Research Updates in the above Domains.

For Poster Presentation: Above Domains

- Etiopathogenesis & diagnosis
- Treatment principles & management
- Lifestyle modification & diet
- Research Updates

Duration of the presentation will be limited to 6+1 minutes in English language.

Last date for submission of abstracts: 30\* November 2017

Last date for submission of Full text of Paper: 10" December 2017

For submission of structured Abstract log on to college Websile.

Web.: www.kleayurworld.edu.in





UG Students/laternees : Rs.2000/-PG Scholars : Bs.2500/-Teacher/Physicians: Rs.3000/-Foreign Delegates : 80 US Dollars Registration Online & Offline Registration can be done by submitting

> duly filled Registration form Payment Details

(DD/Online-NEFT) available on the college website. Registration Fees includes Food, Conference kit & Dormitory accommodation (Only for students)

Last date for Registration : 30" November 2017 VENUE: KLE Centenary Convention Centre. KLE University's JNMC Campus, Belagavi, Kamataka, INDIA

Dr. Prabhakar B. Kore, Hon. Chancellor KLE University, Belagavi.

Prof. Dr. Vivek A Saoji, Hon. Vice-Chancellor, KLE University, Belagavi. Prof. Dr. V. D. Patil, Registrar, KLF University, Belagavi.

Co - Chairman Dr Shekhar Annamhhotla.

- Organizing Secretary

Dr. Prodesp Grampurchit Reade , Deat of Panchakarna

Founder AAPNA, USA

ORGANIZING COMMITTEE

Chairman Prof. Dr. B. Sreenivasa Prasad Principal, KLEU Shri BMK Ayuryeca Mahavidyalaya

Organizing Secretar Dr. Kirankumar Mutuali. teader,Deat of Kayach witea

Prof. Dr. P.G. Jader, Vice Principal Prof. Dr. S.K.Patti, Medical Superintendent, KLTU's Ayurved Hospital & MIC Prof. Dr. B.H.Tuliaki, HOD, Deal of Keyadiskaka

For Assistance, Mob.: 9164646868, 9964144197 Email: klepragati2017@gmail.com







K L E University's

(2nd Cycle) & Placed in Category (A) by Mrtino Gall) Shri B.M.K. AYURVEDA MAHAVIDYALAYA, PG STUDIES, HOSPITAL & MEDICAL RESEARCH CENTRE BELAGAVI-590003. Ph.: 0831-2486286 / Web: www.kleayunword.edu.in

## DR. SHARANPRAKASH R. PATIL, M.D. Minister for Medical Education



Phone No.: 080-22253747 Telefax: 080-22253747 Room No. 301, 3rd Floor Vidhana Soudha Bengaluru - 560 001



No: MEM 5 96/2017-18

Date: 01-12-2017

#### ~ Message ~

It's a grateful bliss that, K.L.E.U's Shri B.M.K Ayurveda Mahavidyalaya, Belagavi is organising the International event "PRAGATHI-2017" by the department of Kayachikitsa & Panchakarma on 23<sup>rd</sup> and 24<sup>th</sup> December 2017.

I wish the faculty for organising this International event and I hope this event will help in the enrichment of Ayurveda and enlighten the skill, knowledge, confidence of the researchers, practioners, P.G's and U.G students.

It gives me an immense pleasure to be a part of this grand event and I congratulate all the organisers and volunteers for the accomplishment of this historical event.

Wishing the event to be a grand success.

(Dr.Sharanprakash R.Patil)

Member, The Souvenir Committee, B.M.K Ayurveda Mahavidyalaya, Shahapur, Belagavi-590 003. Dr. Shalini Rajneesh, IAS., Principal Secretary to Government Education Department (Primary and Secondary Education)



Telephone: Off. 080-22257334

Fax: 080-22385545

6th Floor, Gate No.2, M.S. Building

Dr. B.R. Ambedkar Veedhi

Bengaluru - 560 001

E-mail: prsprim-edu@karnataka.gov.in



Date: 13.11.2017

MESSAGE

I am very delighted to know that the K.L.E.U's Shri. B.M.K. Ayurveda Mahavidyalaya, Belagavi is organizing International conference "PRAGATHI-2017" by Kayachikitsa & Panchakarma department during December 23<sup>rd</sup> and 24<sup>th</sup> 2017.

I am sure this international event in the field of Ayurveda will illuminate basic principles, skills, ethics, recent advancements in Kayachikitsa & Panchakarma practices and also motivate the physicians, aspiring scholars of Ayurveda to practice it in a virtuous way.

I feel privileged to offer my best wishes to organizers of this seminar and hope they would achieve a milestone in the field of Ayurveda in the days to come.

Shali

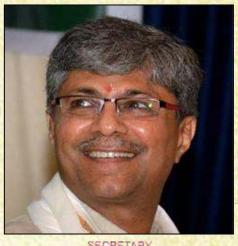
The Organizing Chairman,
"Prgagathi-2017"
KLE University,
Shri. B.M. Kankanawadi Ayurveda Mahavidyalay,
Shahpur, Belagavi,Karnataka.



वैद्य राजेश कोटेचा Vaidya Rajesh Kotecha







SECRETARY
GOVERNMENT OF INDIA
MINISTRY OF AYURVEDA, YOGA & NATUROPATHY
UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)
AYUSH BHAWAN, B-BLOCK, GPO COMPLEX
INA, NEW DELHI-110023
Tel.: 011-24651950, Fax: 01124651937

E-mail: secy-ayush@nic.in

#### MESSAGE

It gives me immense pleasure that Dept. of Kayachikitsa and Panchakarma, Shri, B.M.K Ayurveda Mahavidyalaya, Belgavi is organizing Pragati 2017 an International Conference on Kayachikitsa and Panchakarma on 23<sup>rd</sup> and 24<sup>th</sup> December 2017 and bringing an e-souvenir.

The frame work of Ayurveda has risen from vedic sciences, which has developed its own methodologies to understand the human body and also diagnose and treat diseases. Ayurveda the oldest system of medicine is divided into eight branches and the Kayachikitsa is the first and most important branch consists of two words 'Kaya' meaning body, and 'Chikitsa' meaning 'treatment.

Ayurvedic Chikitsa aims at the removal of the disease-causing factors and the restoration of the equilibrium of bodily functions and tissues (*Doshas* and *Dhatus*) in a way which is compatible, conducive and nourishing to patients without weakening them. Once the disease-causing Dosha is identified, the entire treatment is planned to restore the deranged functions to balance using a variety of treatment modalities from medicines, medical procedures (*Panchakarma*), and diet, mental and physical activities. Ayurveda, thus, is a complete healthcare system beyond treating disease.

Ayurvedic principles and methods of healthy living can easily be incorporated into people's day to day life, food habits and activities. The primary purpose of healthcare should be to keep people healthy and minimise the onset of disease. Ayurveda, with its holistic perspective and integrated approach to health and disease, emphasis on diet and lifestyle activities, and time-tested clinical practices can play an important role in healthcare.

Incidence of Non communicable Diseases (NCDs) such as Diabetes, Obesity/Dyslipidemia, Hypertension, Cardiovascular Diseases and Cancer etc. is increasing rapidly worldwide. Ayurveda, the science of life offers comprehensive management for such types of diseases with holistic approach. Ayurveda aims to integrate and balance the body, mind, and spirit. This balance is believed to lead to happiness and health, and to prevent illness.

The health seeking trends across the globe on utilization of Traditional Medicine/complementary medicine such as Ayurveda reveals that most of the prevalent users of traditional medicine comprises people suffering from chronic refractory diseases which are not life threatening such as Diabetes Mellitus, Hypertension, Arthritis and for conditions like pain management etc. and those suffering from diseases which are life threatening like Cancer, HIV/AIDS etc. Further Health seeking approach towards Ayurveda and Traditional Medicine for management of these conditions as standalone to conventional treatment to manage symptoms and quality of life.

CCRAS under the Ministry of AYUSH has taken a flagship programme "Validation of Classical Ayurveda formulations for its safety and efficacy" since 2011 and so far the evidence on the clinical safety and efficacy of about 80 formulations have been completed while studies are about 100 formulations are under investigational phase. Further, CCRAS has generated evidence on experimental safety of 14 commonly used Ayurvedic herbo-mineral and metal based formulations in collaboration with reputed institutions. About 8 common herbo-mineral formulations for which CCRAS has generated evidence of quality and safety. The above evidences certainly endorse the safety and efficacy of Ayurvedic formulations realising that the formulation prepared as per guidelines of classical Ayurvedic texts are always safe.

CCRAS is shortly introducing Pharmaco-epidemiology programme to study the factors influencing the safety and efficacy of the Ayurveda interventions which would be certainly a guiding principle and evidence to document such issues for Academic and Research purpose.

It is high time to update and refresh the knowledge of the AYUSH practitioners & public Health fraternity regarding potential of AYUSH systems in Prevention and Control of various infectious, non-communicable, immunological

Contd...3/-

diseases by lifestyle corrections (behaviour & practices) and create skilled Management Educators for helping and educating the general public to imbibe the age old and time tested principles of Ayurveda and to incorporate it in their day to day life to live a long and healthy life.

This occasion would serve as a platform for disseminating the updated knowledge on Ayurveda, specially panchakarma procedures and creating awareness regarding the importance of healthy Life style for its Prevention and Management.

I congratulate the organizers for taking this initiative and hope that deliberations made in this event would certainly widen the horizons of AYUSH Practitioners, Public Health Fraternity & other stakeholders and sensitize them to translate this potential area into practice.

I wish this event a great success.

वाजियाकोर्यम

(Rajesh Kotecha)

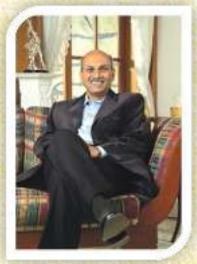
Dated the 20th December, 2017



(Declared as Decmed-to-be-University u/s 3 of the UGC Act, 1956)
Accredited 'A' Grade by NAAC (2<sup>rd</sup> Cycle) Placed in Category 'A' by MHRD (Gol)

JNMC Compus, Nehru Nugar, Belagavi-590-010, Kamataka State, India 22: 08:31-2444444 FAX: 08:31-2493777

Web: http://www.kledeemcduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in



MESSAGE

I am very delighted to know that KAHER's Shri. B M Kankanawadi Ayurveda Mahavidyalaya, Post Graduate Studies and Medical Research Centre, Belagavi, in association with Association of Ayurvedic Professionals of North America, USA, International University of Yoga and Ayurveda, Inc, Florida, USA and Global Ayurveda Conferences, LLC, USA is organizing an International Conference "Pragathi-2017" on 23<sup>rd</sup> and 24<sup>th</sup> December 2017.

The Central theme of the Conference is focused mainly to deal with life style / chronic diseases.

I am proud to say that KLE Shri B.M. Kankanwadi Ayurveda Mahavidyalaya and Hospital is one of the acclaimed Ayurvedic institutions in the country, as has been said by Shri Ghulam Nabi Azad. Hon, Union Minister when he visited the campus.

The KLE Society and KAHER have put in lot of efforts to develop the infrastructure and the qualified manpower to make it one of the best Ayurvedic Institutions.

I request the delegates who have come for the Conference to go around the campus and ascertain the facts for themselves.

I extend a warm welcome to all the delegates and hope that his Conference will be fruitful and share the experience and expertise among themselves.

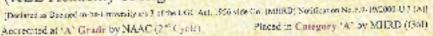
Deemed-to-be

Dr. Prabhakar B. Kore Chancellor, KAHER



#### KLE UNIVERSITY

(KLE Academy of Higher Education & Research, Belagavi)







29-11-2017

Prof. (Dr.) Vivek A. Saoji M. S. (Surgery)

Vice-Chancellor

#### Message

I am happy to note that our BMK Ayurveda Mahavidyalaya is organizing an international conference-Pragati-2017 on Kayachikitsa and Panchakarma. I take this opportunity to extend warm greetings to all the delegates and invited faculty and welcome you on our campus.

We at KLE University believe in exchange of ideas, sharing of knowledge, fostering collaborations and a meaningful interaction is the way forward for growth and development. This conference provides a perfect platform for the above. It is further heartening to know that the conference is jointly organized with Association of Ayurvedic Professionals of North America, International University of Yoga and Ayurveda Inc Florida and Global Ayurveda Conferences LLC, USA. I am sure this will add an international perspective and give us a global view on this important topic.

In the present times, when our working pattern and life style habits are rapidly changing, increasing competitiveness puts us under constant stress, therefore the life style disorders are on rise. I am sure this conference on Kayachikitsa and Panchakarma will give us some solutions and provide us with way forward in these challenging times.

I complement and congratulate the faculty and staff of Ayurveda College for organizing this important event. I am sure the scientific deliberations will be enlightening and create further opportunities for interactions and networking.

I wish the conference all the success.

With Regards

Sincerely

(Dr. Vivek A.Saoji)

Phone: (+91) 831-24444444 | Fax: (+91) 831-2493777 | Mobile: +91 91081 78630 | Web: www.kleuniversity.edu.in | Email: vivok.saoji@kleuniversity.edu.in | vc@kleuniversity.edu.in



(Declared as Decmed-to-be-University w's 3 of the UGC Act, 1956)
Accredited 'A' Grade by NAAC (2<sup>rd</sup> Cycle) Placed in Category 'A' by MHRD (Gol)

JNMC Compus, Nebru Nugar, Belagavi-596-010, Karnataka State, India

w: d831-2444444 FAX: 0831-2493777

Web: http://www.kledeemoduniversity.edu.in E-mail: info@kledeemoduniversity.edu.in



MESSAGE

I am very delighted to know that KAHER's Shri. B M Kankanawadi Ayurveda Mahavidyalaya, Post Graduate Studies and Medical Research Centre, Belagavi, in association with Association of Ayurvedic Professionals of North America, USA, International University of Yoga and Ayurveda, Inc, Florida, USA and Global Ayurveda Conferences, LLC, USA is organizing an International Conference "Pragathi-2017" on 23rd and 24th December 2017.

The KLE Shri B.M. Kankanwadi Ayurvedic Mahavidyalaya is a proud possession of the KAHER. The Hospital is one of the best in the Country and all the academic programs are being run efficiently.

The College has lot of collaborations not only with National but also with International agencies.

I hope all the delegates will go around the B. M. Kankanwadi Ayurvedic Mahavidyalaya and see for themselves the excellent facilities available in the campus.

 on behalf of KAHER, extend a warm welcome to all the delegates and hope your stay will be comfortable and academic discussions will be fruitful.

I wish the Conference a grand success.

Deemed-to-be University

Prof. Dr. V.D. Patil Registrar







Dr. Shekhar Annambhotla

BAMS, MDAyu, LMT, RMAS, FAMAS

Founder – Ojas, LLC – Ayurveda Wellness Center

Founder – AAPNA – Association of Ayurvedic Professionals of North America, Inc.

Co-Founder – International University of Yoga and Ayurveda, Inc.

Founder – Global Ayurveda Conferences, LLC

Founder – Dosha Botanicals, LLC

567 Thomas Street, Coopersburg, Pennsylvania, USA

Phone: +1-484-347-6110

Email: doctorshekhar@gmai.com

We are delighted to know that the 24<sup>th</sup> International Conference Pragathi 2017 "*Kayachikitsa & Panchakarma*" is organized by KLE University's Shri B. M. Kankanawadi Ayurveda Mahavidyalaya, Dist. Belagavi, Karnataka the 23<sup>rd</sup> & 24<sup>th</sup>, December 2017 in alliance with the Association of Ayurvedic Professionals of North America (AAPNA), Global Ayurveda Conferences (GAC), and the International University of Yoga and Ayurveda (IUYA), USA.

Kayachikitsa and Panchakarma are the key specialty branches of ayurvedic healing. The aim of the Pragathi 2017 conference is to shed light on the advances and recent research updates in the understanding and management of various conditions like cancer, urology and various non-communicable diseases which are causes of premature deaths worldwide. Psychological, neurological, immunological and substance abuse disorders are becoming hazardous in all regions of the world. Ayurveda, which is the ancient science of life, promotes and preserves mental health and well-being which are both integral parts of a healthy life. With Shamana (internal medication) and Shodhana (Panchakarma) therapies forming the mainstay treatment in Ayurveda, managing the disorders of the above areas demands in depth understanding and analysis and this conference will help you to gain that knowledge.

I hope everyone will enjoy this groundbreaking conference. I extend my warm wishes for continued success in your teaching, practice and research

Dr. Shekhar Annambhotla

December 10, 2017

#### PRAGATI ORGANISING COMMITTE MEMBERS

#### **CHAIRMAN**



Dr. B. S. Prasad, Principal

#### **ORGANIZING SECRETARY**



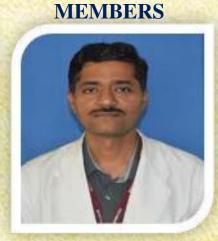
Dr. Kirankumar Mutnali



Dr. Pradeep Grampurohit



Dr P G Jadar, Vice Principal



Dr B R Tubaki, HoD, Department of KC Medical Superintendent



Dr. S. K. Patil,

#### **SCIENTIFIC COMMITTEE**

#### **CHAIRMAN**



Dr B R Tubaki



Dr. VedantamGiridhar



Dr. Laxmikant D



Dr. Sukumar N.



Dr. SavitaAngadi



Dr. Aziz Arbar



Dr. Girija S.



Dr. Rajshekhar S

# REGISTRATIONCOMMITTEE CHAIRMAN



Dr. R. R. Hiremath



Dr. MeghanaPatil



Dr. Anil Koralli



Dr. Prachi M



Dr. Sumith



Dr. Uma S

#### E- SOUVENIR COMMITTEE CHAIRMAN



Dr. Kavitha N.



Dr. Keertan M. S.



Dr. Taj N. D.



Dr. Santosh Patil



Dr. Suketha



Dr. Veena Kulkarni



Mr. Vinayak Inchal

## STAGE COMMITTEE CHAIRMAN



Dr. Aziz Arbar



Dr. Kashavva



Dr. Girija. S



Dr. Deepti B



Dr. Pradeep S. S.



Dr. Ramesh K

#### **RECEPTION COMMITTEE**

#### **CHAIRMAN**



**Dr Prasanna Savanur** 



Dr.DeeptiBagewadi



Dr. M.B. Gundakalle



Dr. Adivesh H



Dr. Usharani S



Dr. Ashwini

## ACCOMMODATION/TRANSPORT COMMITTEE CHAIRMAN



Dr. M.B. Ramannavar



Dr. B. B. Desai



Dr. Santosh Y. M.



Dr. Vishwanath W.



Dr. PramodShet



Dr. AmrutaWali



Mr. I S Pandit

# CATERING COMMITTEE CHAIRMAN



Dr. Sandeep Sagare



Dr. Prabhakar Hegde



Dr. Kiran K. Prasad



Col.Ishwar H

# FUND RAISING COMMITTEE CHAIRMAN



Dr. GajendraTodakar



Dr. Pradeep L. G.



Dr. Kiran Mutnali



Dr. Arun C.



Dr. Vishwanath W.

#### CULTURAL COMMITTEE

#### **CHAIRMAN**



Dr. Mahesh P. S.



Dr. Shrutika K.



Dr. Tanuja

### **Index**

#### Sl. No CONTENT'S

- 1. Foreword
- 2. Gold Sponsors
- 3. Proceedings of international conference
- 4. About Institute
- 5. Felicitation
- 6. AAPANA Awardees
- 7. Silver Sponsors
- 8. Invited articles from renowned persons
- 9. Clinical success stories
- 10. Newspaper advertisement's
- 11. Abstracts Day 1
- 12. Poster Presentations
- 13. Abstracts Day 2
- 14. Puzzles and cross words

#### **FOREWORD**



Knowledge is a dynamic domain. One need to keep updated with the developments of respective fields. Especially in medical field it is very essential to peace with developments in knowledge as well as skills. It is also the responsibility of institutes of higher education to take up developmental activities as well as to impart the advances to budding and practicing scholars.

KLE AYURWORLD shouldered such responsibility and constantly disseminating the knowledge and imparting skills through various seminars, workshops, training programmes symposia etc. activities of regional, national and international level. For the last five years the institute has organised 334 number of programmes through which 25,642 numbers of people got benefitted. PRAGATI is one such activity. Pragati denotes progress. This conference is intended to update the latest developments in the field of Kayachikitsa & Panchakarma. Kayachikitsa is the widest and highly practicing branch. Panchakarma is believed to be part of Kayachikitsa. To my opinion, Panchakarma is the common facility to all specialities of Ayurveda. For example Shalya, Shalakya, Prasooti, Kaumarabhritya all specialities require Panchakarma procedures. Considering the wide application and scope this year we have decided to seminar on Kayachikitsa & Panchakarma. Taking in to account of previous activities and the feedback in this seminar we have restricted the number of plenary lectures so that ample time is provided to resource persons to share their knowledge and experience. The response from all over the country is over whelming including overseas delegation from five countries. As the abstracts for presentations escalated and crossed 300, the scientific committee has tough time to accommodate. However, the committee managed to arrange around thirty parallel sessions to accommodate all the scholars.

In lines with go green concept, we brought out this Pragati Souvenir in the form of e-souvenir. I must appreciate the efforts of souvenir committee for in time completion and bringing out the souvenir with good collections & compilations in attractive manner.

PROF. (DR.) B. S. PRASAD

Chairman
Organising Committee

#### FROM THE PEN OF ORGANIZING SECRETARY

I on behalf of organizing committee welcome you all to International Conference of Kayachikitsa and Panchakarma – PRAGATI – 2017 and 24th Conference by Global Ayurveda Conferences, LLC, USA.

A sea change has taken place in the last decade in Ayurvedic education, healthcare and research. The number of Ayurveda education and health care institutions has been on constant rise year after year in the past decade indicating the need of a natural, safe and cost-effective treatment for the ailments experienced by the society. Gone are those days where public once used to fear from the haunting communicable diseases. Past decade has

witnessed rise of non-communicable diseases drastically. Currently, non-communicable diseases (NCDs) such as Diabetes mellitus is prevalent among 422 million adults in 2016 and the global prevalence of diabetes among adults over 18 years of age has risen from 4.7% in 1980 to 8.5% in 2014. Various Cancers amount to 1 in 6 deaths globally. Kidney diseases are prevalent among 10% of the population. According to a projection from various studies, it has been estimated that about 42 million people suffer from thyroid diseases. Mental, Neurological and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. India is burdened with these all these diseases presently. India has often been referred as growing hub of research and also a country where experimental in vivo and in vitro data can be outsourced because of competence, expertise and good laboratory practices (GLP) compliance. However, GLP, GMP, and GCP should not only be restricted to regulatory studies, the spirit behind these should also become integral component of day-to-day laboratory and clinical setups.

A focused approach and collective efforts where multiple institutions or research centers work together will have synergistic effect and yield better results of Ayurveda treatment modalities in above conditions. There is a need that above thrust areas are recognized and task force is constituted which can motivate and invite interested researchers to undertake projects with defined and definitive deliverables. The knowledge and skills must be dynamic with free flow of ideas and skills between scientists and clinicians. It is important that collaborative and exchange programs be promoted so that the scientific professionals are better-trained and equipped with updated knowledge and advanced skills

The conference is one of the effective reflections of its scientific, academic, and social contribution. Not only does it allow us to meet, greet, and eat but it also provides a unique forum for exchange of ideas, offers, and opportunities. With this background, the International Conference on Kayachikitsa & Panchakarma 'PRAGATI-2017' is organized with the theme "Striding into futuristic Ayurveda with recent advances".

There are several innovative steps taken in this conference. The information about the conference was largely sent using the Internet. However, the conventional postal method was also used for those who requested. The observation that record number of over 1200 enquiries was received and about 650 have registered from even remote places in India and abroad has alleviated the unfounded apprehension about computer use. Electronic submission of abstract though must have been uncomfortable for many, has forced them to acquire minimum computer proficiency. The often casual approach in submitting abstract has largely been avoided as all the abstracts have been peer reviewed by internal and two external reviewers. Getting the abstracts reviewed by experts was a mammoth task yet it could be achieved because of 24x7 work culture of our team and the great cooperation from abstract reviewers. I wish this becomes the regular practice.

The abstracts submitted in the conference could be a good surrogate marker of Ayurveda research in India. It can be indicative of the quality, quantity and the areas of research being carried out. It can also serve as a source for identifying strengths and opportunities in different laboratories for exploring collaborative research and importantly to guide financial and strategic support to the institutions which have high potential but proportionally lesser output. The abstract analysis revealed that a record 320 abstracts were received in addition to 12 invited talks in six domains.

The analysis of abstracts indicates a high volume of research in Cancer, Diabetes and lifestyle disorders. It was observed that some centers have submitted excellent research work. Such institutes need to be identified and supported by the government and the funding agencies.

It is heartening to know the great interest of delegates from all over the globe in Indian system of Medicine.

Let us together infuse new enthusiasm in young, not so young, and veteran Ayurveda educationists, scientists, clinicians to make Ayurvedaa relevant, dynamic, main stream, and most sought after discipline.

Dr. Kiran Kumar Mutnali, M.D.

Organizing Secretary

#### FROM THE CO-ORGANIZER'S DESK

With greeting and high respect to colleagues, scientists, professors, practitioners and all audience who are active in the field of Ayurveda. It gives us the immense pleasure to invite you to join us for the "Pragati 2017", 24th International conference being organized by the Departments of Kayachikitsa & Panchakarma of KLE University Shri BM Kankanwadi Ayurveda Mahavidyalaya, Post Graduate Studies and Medical Research Centre, Belagavi, Karnataka in Association of Ayurveda Professionals of North America, USA, International University of Yoga & Ayurveda, Inc, Florida, USA & Global Ayurveda Conferences, LLC, USA on 23rd & 24th December 2017 at KLE Centenary Convention Centre, Belagavi, Karnataka, India.

The conference "Pragati 2017" is being organized to appraise on the advances & recent research updates in understanding and management of conditions of following areas: Cancer, Urology (with a focus on chronic kidney Disease), Life style induced diseases, Endocrinology, Immunological conditions & Neuropsychology.

We hope that, we can provide the new opportunity to address serious problems of progress, notifications, exchange up to date knowledge, trade benefit from experts for seminar and consultation in an intimate setting and away from any biases in order to get the goal a novel Science & technologies improvement.

With the growing awareness of Ayurveda, staying relevant and acceptable globally, Ayurveda fraternity has to take cognizance of changing trends in prevalence as well as emergence of new traits of diseases due to forces driven by unplanned urbanization, globalization & unhealthy lifestyles.

We whole heartedly appreciate all the endeavors of our colleagues and scholars from around the world who helped us to make this event more effective and possible.

Dr. Pradeep L Grampurohit MD, Ph.D

Head of the Department Dept. of Panchakarma



#### **KLE Society's AYURVED PHARMACY**



**GMP CERTIFIED UNIT** 

#### **OUR MAJOR PRODUCTS**



DUGDHAVARDHINI



**BRINGRAJ TAILA** 



MARICHYADI MALAHAR



UDM



**HERBAL TEA** 



OJA



**PINDA MALAHAR** 



**CHYAVANAPRASHVALEHA** 

KLE AYURVEDA Tradition ... Technology ... Innovation

## Trusted Medicines from Shree Dhootapapeshwar Limited



Manufacturer of
Authentic, Standardised, Safe & Efficacious
Ayurvedic Formulations

#### Shree Dhootapapeshwar Limited

135, Nanubhai Desai Road, Khetwadi, Mumbai - 400 004. Tel.: 91-22-3003 6300 / 91-22-2382 5888 Fax: 91-22-2388 1308 E-mail: healthcare@sdlindia.com Website; www.sdlindia.com K.A.P.L.



# KERALA TM ayurveda

wellness, naturally

#### PRAGATI 2017



# Striding into futuristic Ayurveda with recent advances International Conference – Kayachikitsa&Panchakarma 23<sup>rd</sup>& 24<sup>th</sup> December 2017



#### PROGRAMME SCHEDULE

	Saturday 23-12-2017 (DAY -1)		
9 – 11 AM	Scientific Session: 01		
9 – 9:40 AM	Ayurvedic understanding of Thyroid Disorders and Treatment approach based on clinical evidences	Dr.Vitthal Huddar <sub>MD(Ayu), Ph.D</sub> Associate Professor, All India Institute of Ayurveda. New Delhi	
9:40 – 10:30 AM	Critical analysis and therapeutic approach in the management of Diabetes Mellitus	Dr PrakashMangalasseri <sub>MD(Ayu)</sub> Associate Professor,VPSV Ayurveda College, Kottakkal	
10:30– 11 AM	Immune modulation: An effective process in Ayurveda	Dr V N Joshi <sub>MD(Ayu)</sub> College of Ayurveda, London, UK	
11 – 11:15 AM	TEA	BREAK	
11:15 AM – 12:30 PM	INAUGURAL FUNCTION	Chief Guest – Shri. Vaidya Rajesh Kotecha Secretary, Ministry of AYUSH, Govt. of India	
	Launching of CCRAS Research Projects	Dr. Kartar Singh Dhiman Director General, CCRAS, New Delhi	
12:30 – 1 PM	Key Note	Dr. Shekhar Annambhotla <sub>MD(Ayu)</sub> Founder, AAPNA, USA	
1 – 2 PM LUNCH & POSTER PRESENTATION SESSION			
2 – 4:15 PM	Scientific Session: 02		
2 – 3 PM	Clinical Understanding of Autoimmune Diseases in Ayurveda and their management	Dr. P Muralikrishna, MD, Ph,D (Ayu) Prof and Head PG Dept of Panchakarma, SV Ayurvedic College, Tirupati	
3- 3:30 PM	Scope of Ayurvedic Practice in United Kingdom	DrPrathimaNagesh <sub>MD(Ayu)</sub> College of Ayurveda, London, UK	
3:30 – 3:45 PM	TEA BREAK		
3:45 – 4:15 PM	Recent Advances in Panchakarma	Dr. B S Prasad <sub>Ph.D(Ayu)</sub> Principal, Shri.B.M.Kankanawadi Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka	
4:15 – 6:15 PM			
6:30 – 7: 30 PM	Cultural Program		
7: 30 – 9:30 PM	DINNER		

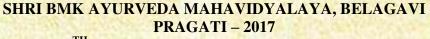
#### PROGRAMME SCHEDULE

Sunday 24-12-2017 (DAY - 2)			
9 – 10:30 AM	0:30 AM PARALLEL ORAL PAPER PRESENTATIONS		
10:30 – 10:40 AM	TEA BREAK		
10:40 AM – 1:10 PM	Scientific Session: 03		
10:40 AM – 12 Noon	Evidence based therapeutic appraisal of Ayurvedic interventions in the management of Liver, Lung & Pancreatic Cancer	Dr. YogeshBendale <sub>MD(AYU)</sub> Chairman and MD, Rasayani Biologics Pvt. Ltd., Pune, India	
12 – 12:30 PM	Mapping the evidence for the prevention of Lifestyle induced disorders in Ayurveda	DrShivakumarHarti, Ph.D (Ayu) Assistant Professor, All India Institute of Ayurveda. New Delhi	
12:30 – 12:50PM	Recent Updates in the management of Sthoulya	Dr Pradeep Gramapurohit <sub>Ph.D (Ayu)</sub> Associate Professor, Head of Dept of Panchakarma	
12:50 – 1:10 PM	Understanding and management of Alcoholic Liver Disease: An Evidence based Ayurveda Approach	Dr KiranMutnali <sub>MD (Ayu)</sub> Associate Professor, Dept of Kayachikitsa	
1:10 – 2 PM	LUNCH BREAK		
2 – 4 PM	Scientific Session: 04		
2:00 – 3:00 PM	Ayurvedic Management of Chronic Kidney Disease and Diabetic Nephropathy	Dr Sunil Inamdar <sub>MD(Ayu)</sub> Practitioner, Kolhapur	
3:00 – 3:45 PM	Evidence Based Practices in Neuropsychiatry w.s.r Anxiety and Depression	DrBasavaraj R Tubaki <sub>MD (Ayu), Ph.D, VSF</sub> HOD, Dept of Kayachikitsa	
3:45 – 4 PM	Tea Break		
4 – 5 PM	PANNEL DISCUSSION&VALEDICTORY		



#### K L E Academy of Higher Education & Research (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

	Day: 1Date:23.12.17	Day:Saturday	Time: 12.00PM-2.00PMAfternoon session
	Session		
ŀ	Poster Presentation		Venue- KLE Centenary Hall (I Floor- Corridor)

Day – 1	Day: Saturday Time :4:15pm-6.15pm Evening
Session	Venue
Parallel Session – 01	Anatomy Hall (Ground Floor)
Parallel Session – 02	Pathology Big Hall (First Floor)
Parallel Session – 03	Pediatric Seminar Hall (Ground Floor)
Parallel Session – 04	Demonstration. Room No. 6 (Ground Floor)
Parallel Session – 05	Demonstration. Room No. 7 (Ground Floor)
Parallel Session –06	Demonstration. Room No. 9 (First Floor)
Parallel Session -07	Demonstration. Room No. 10 (Second Floor)
Parallel Session -08	Demonstration. Room No. 11 (Second Floor)
Parallel Session –09	Demonstration. Room No. 12 (Second Floor)
Parallel Session –10	Demonstration. Room No. 13 (Second Floor)
Parallel Session –11	Demonstration. Room No. 14 (Second Floor)
Parallel Session –12	Demonstration. Room No. 15 (Second Floor)
Parallel Session –13	Demonstration. Room No. 16 (Second Floor)



#### K L E Academy of Higher Education & Research (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)

#### SHRI BMK AYURVEDA MAHAVIDYALAYA, BELAGAVI **PRAGATI – 2017**



#### 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 2 Date: 24.12.17 Day:Sunday Time: 9.00am-10.30 am Morning session	
Session	Venue
Parallel Session –14	Anatomy Hall (Ground Floor)
Parallel Session –15	Pathology Big Hall (First Floor)
Parallel Session –16	Pediatric Seminar Hall (Ground Floor)
Parallel Session –17	Demonstration. Room No. 6 (Ground Floor)
Parallel Session –18	Demonstration. Room No. 7 (Ground Floor)
Parallel Session –19	Demonstration. Room No. 9 (First Floor)
Parallel Session –20	Demonstration. Room No. 10 (Second Floor)
Parallel Session –21	Demonstration. Room No. 11 (Second Floor)
Parallel Session –22	Demonstration. Room No. 12 (Second Floor)
Parallel Session –23	Demonstration. Room No. 13 (Second Floor)
Parallel Session –24	Demonstration. Room No. 14 (Second Floor)
Parallel Session –25	Demonstration. Room No. 15 (Second Floor)
Parallel Session –26	Demonstration. Room No. 16 (Second Floor)



🚱 India's Only Institution With NAAC & NABH Accreditation in AYUSH Sector 🙆





(Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)

#### SHRI BMK AYURVEDA MAHAVIDYALAYA, BELAGAVI **PRAGATI – 2017**



## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 1	Date: 23.12.17	Day: Saturday	Time	:12	PM-2PM
After Noon	n session				
POSTER S	SESSION – 1		Venue- KLE Centena	ary Hall (I Floo	or- Corridor)

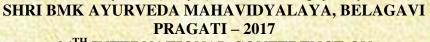
Sl.	Name Of Presenter	Phone No.	Topic
1.			Preventive Measures For Lifestyle Disorders - Swastasya Swastya
4.66	Dr.B.Pavani	8247502125	Rakshanam
2.	Dr. Jeevan Kumar		Lifestyle And Dietary Modification In Management Of The
	Giri	918861147089	Prameha W.S.R To Diabetes Mellitus.
3.	Dr. Priyanka		
	Dattatraya Tamane	9403949306	Life Style Induced Disorder And Lifestyle Modification & Diet
4.	Dr.Rangarajan.B	9535058152	Pathya – Apathya : A Pivotal Role In Madhumeha
5.	Dr. Ashok Lamani	9743067119	Lifestyle Disorders: A Major Threat To Global Health
6.	Dr.Bankimchandra		TO CONTRACT OF THE PARTY OF THE
	SJ	9449921088	Life Style Modification And Diet For Parkinsons Disease
7.	Dr.Ramya Shetty	8310702628	Conceptual Study On Sthoulya Vis-A-Vis Obesity
8.	Dr.G.	A A STATE OF	12. 是否是"ASPA"的是不是一种的。
	Vishnuvardhanreddy		Importance Of Diet And Yoga In Lifestyle Disorders
9.	and the contract of the contra	DENERSON	Role Of Understanding The Aetiopathogenesis, Management Of
	Dr.Niranjan Kedar	9145124579	Anidra According To Ayurveda
10.		male all balls	Avasthanusar Samprapti Of Prameha (Diabetes Mellitus) And Its
	Dr.Sujit Kashid	9538314320	Preventive, Treatment Modalities According To Shatakriyakala
11.	Mr. Hiremath	A STATE HOME	
	Mahantswami	THE ALL OFFICE	Kaala Chakra For Lifestyle Modification & Diet
12.	STATE OF THE STATE	E 1 99 A	Analytical Study Of Nisha Amalaki Ws.R To Its Method Of
	Miss Shivaganga	9164648888	Prescription Clinically







(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 1	Date: 23.12.17	Day: Saturday	Time	:12	PM-2PM
After Nooi	n session				
POSTER S	SESSION – 1		Venue- KLE Centena	ry Hall (I Flo	or- Corridor)

Sl.	Name Of	Phone No.	Topic
	Presenter		
13.	Dr.Gargee.R.B	9742103828	Lifestyle Modification In Sthoulya
14.	Dr Swathi G S	9496968061	
15.	Mr. Sumera		
	Afreen Fatima	9108062993	Fissure In Ano As A Life Style Disorder
16.	Dr.Bhavana		An Ayurvedic Way Of Understanding Of Neuropsychology And It"S
1	Vinayak Bhat	918762151648	Clinical Approach.
17.	Ms. Seena Sasi	8281220400	Neuropsychology
18.	Dr. Bhargavi		<b>经验证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证证</b>
	M. Pate		Spondylosis, Low Back & Neck Pain By Lifestyle
19.	Dr. Swetha	PERSONAL PROPERTY.	THE RESERVE OF THE PARTY OF THE
	Mantale		A Review Study Of Amavata
20.	Dr Sowmya	#N (5 )	Exploring The Preventive Potential Of Ayurveda In Dementia: Need Of
	Pillai		The Hour
21.	Ms.Pooja	A STATE OF THE PARTY OF THE PAR	
	Kumari	THE RESERVE	
	Sangwan	7795908871	Prevention And Management Of Thyroid Disorder
22.	Dr	STATE OF THE STATE	
MAY	Vidhyasri.M		Hypothyroidism And Its Management- An Overview
23.		THE STATE OF	Polycystic Ovary Syndrome (PCOS) - Life Style Modification And
4(4)	Dr.Divya P.S	881187899	Diet
24.	Dr. Rakesh	9591838173	Life Style Modification And Diet On Hypothyrodism

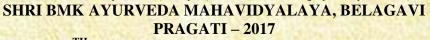


Manual Control of the India's Only Institution With NAAC & NABH Accreditation in AYUSH Sector





(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 1	Date: 23.12.17	Day: Saturday	Time	:12	PM-2PM
After Noon	n session				
POSTER	SESSION – 1		Venue- KLE Centena	ry Hall (I Flo	or- Corridor)

Sl.	Name Of Presenter	Phone No.	Topic
25.	Dr Ompraskash	THE RESERVE OF THE PERSON NAMED IN	Immunomodulatory Effect Of Swarnaprashana In Paediatrics (
	Dwivedi	7259536966	Poster)
26.			Evaluation Of The Clinical Efficacy Of €Œlä• Kshä• Dä«
876			LēPa― In The ManagementOf Scaling Condition Of Sidma
	Dr.G.M. Rukmalee	94716542305	Kushta
27.			Clinical Efficacy Of Three Ayurveda External Applications In The
	Dr.J.A.D.P.P		Management Of Scaling Condition Of Scalp Psoriasis (Sidhma
and the	Jayakody	94777980072	Kushta On Scalp)
28.			Effect Of Sri Lankan Traditional And Ayurvedic Treatment
GO.	Dr.J.A.D.P.P		Modality In Severe Case Of Chronic Plaque Psoriasis (Sidhma
	Jayakody	94777980072	Kushta); A Case Study
29.	Dr. SADANANDA		
19.7	BHAT	9980909951	Etiopathogenesis Of Allergy: An Ayurvedic Perspective
30.	Dr.Sruthi		
	Kunaparaju	9886773086	Ashmari(Urolithiasis)
31.	Dr Nitish Pathania	9739455615	Etiopathogenesis And Diagnosis Of Chronic Kidney Disease
32.	Dr.Bhavana	9972706282	Diabetic Nephropathy
33.	Dr.Rahul Dagadu		
100	Baviskar	9403754619	Cancer: Etiopathogenesis And Diagnosis
34.	Dr. Tejaswini S. B.	9822520175	Study Of Snigdhata In Nadi
35.	Dr.A. S.		
	Chittawadgi	9620119897	Etiopathogenesis Of Pernicious Anemia
36.	Dr.R.P. Liyanage	94719222011	An Indigenous Approach Of Jeavons Syndrome (Eyelid
			Myoclonia With Absences); A Case Study







DADALLEI CECCION 1

#### K L E Academy of Higher Education & Research (Deemed to be University)

(Accredited 'A' Grade by NAAC (2nd Cycle) II & Placed in Category 'A' by MHRD (Gol)

### SHRI BMK AYURVEDA MAHAVIDYALAYA, BELAGAVI PRAGATI - 2017 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA



## ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 1 Day: Saturday :4:15pm-6.15pm Date: 23.12.17 Time **Evening session** 

PA	RALLEL SESS	SION – 1	Venue- Anatomy Hall (Ground Floor)
Sl.	Name Of	Phone No.	Topic
	Presenter		
1.	Dr.Suketha		"Wheat Belly" - Consequences In Diabetes
100	Kuamri	9483637757	
2.	Dr.Neelakanta J	BOARD BOARD	Importance of Avasthika Apatarpana Chikitsa In Prameha W.S.R. To Diabetes
	Sajjanar	9844812331	Mellitus
3.	Dr.Keertan M S	9886238888	A Case Study On Diabetes Mellitus
4.	Dr.Dhanpat	National Property	Management of Diabetes Mellitus In Ayurveda W.S.R. To Naga Bhasma: A
	Mishra	8792324056	Review―
5.	Dr.Kiran K	0005406405	Contemporary Role of Ashta Ahara Vidhi Visesha Ayatana In Prediabetes
1000	Prasad	9895406407	
6.		2000	Effect of Processed Green Tea Leaf Powder In Sthoola Madhumehi With Special
033	D DI G	0064707144	Reference To Obese Type 2 Diabetes Mellitus - A Randomized Double Blind
_	Dr.Bhavya S	9964787144	Controlled Clinical Trial
7.	Dr.Dhananjay V	0.40.6055066	Cross Sectional Study On Evaluation of Faulty Lifestyle Habit As Aetiology of
	Patel	9426955066	Type-I Diabetes And Its Prevention By Ayurvedic Principals.
8.	Dr.Nitin V	8618085142	Role of Shodhana W.S.R To Basti In The Management of Diabetes Mellitus
9.	Dr.Laxmikant S	0.400007651	Healing Fat In Constipation And Over Weight
10	D	9480007651	
10.	Dr.Sushma B	0525002226	Diet And Lifestyle Modification Through Ayurveda In Childhood Obesity
11	Marihal	9535902226	
11.	Dr.Sukumar	9986125625	Sexual Health And Altered Life Style
12.	Nandigoudar Dr.Guray Vinod	9980123023	Significant Role of Desha And Prakriti In The Prevention And Management of
12.	Dr.Gurav villou	8495966193	Life Style Disorder
13.	Dr.Poornima	7204451156	Role of Pathya In Life Style Disorders
14.	Dr.Prachi Mehta	7795006975	Hypertension - An Ayurvedic Perspective
15.	Dr.Harshavardhan	1193000913	11yportonsion - An Ayurveure reispective
13.	A K	8099959900	Vasti - A Therapeutic Panchakarma In Clinical Practice
16.	Dr.Uma Shetti	00777777900	A Randomized Comparative Clinical Study To Evaluate The Efficacy of
10.	Di.Ulla Siletti		Ardhabilwa Kashaya And Brihatyadi Kashaya In The Management of
		9738467051	Mootrakrichra
	The second second	7/3040/031	1VIOOU akticiii a







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day - 1Date: 23.12.17 **Day: Saturday** Time :4:15pm-6.15pm **Evening session PARALLEL SESSION – 02** Venue: Pathology Big Hall (I Floor)

Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.R R Hiremath	9480539098	Lithotrophic Activity of Mutral Kashaya- Preclinical Study
2.	Dr.Meena Shamrao Deogade	9404049302	Chemotherapy Adversity Reduction Through Ayurveda Drug- A Case Study
3.	Dr.Madhuri R Kurlgeri	9742845955	Saptavida Jala Sheetikarana And Cancer Prevention
4.	Dr.Pramod Shet	7204557179	Rasayana: A Potential Tool For Reversal of Cancer Biologics?
5.	Dr.Mukund A Sonavane	9850909568	Principle Based Perspective of Ayurveda On Molecular Mechanisms of Natural Host Resistance Against HIV Infection In Humans & Its Implications
6.	Dr.Waheeda Banu	9008137091	A Comparative Clinical Study In The Effect of Eranda Taila Virechana And Valuka Sweda In The Treatment of Amavata.
7.	Dr.Sahana Shankari	8277118209	Role of Swarnaprashana In Enhancing The Immunity In Children W.S.R.T. Ig- A
8.	Dr.Girija Sanikop	9844362838	Management of Primary Infertility With PCOD Through Integrated Approach - A Case Report
9.	Dr.Kavitha C N	9481209047	PCOD- A Case Report
10.	Dr.Jithesh Madhavan	9447882885	Management of Positive Symptoms of Schizophrenia With Selected Ayurvedic Protocol - An Uncontrolled Trial
11.	Dr.Shilpa Raga	9538509930	Role of panchakarma in the management of ekakushta w.s.r to psoriasis an auto immune disorder"
12.	Dr.Aziz Arbar	9844532113	Concept of Sroto Shodhana Prior To Administration of Routine Panchakarma In Childhood Disabilities - Clinical Case Report
13.	Dr.Padmavati Venkatesh	9448235819	Management of Compressive Myelopathy With Paraplegia With The Ayurvedic Treatment Principles- A Case Study
14.	Dr.Adavesh Holeyache	9620580419	Guda Ardraka Prayog In Shotha W.S.R To Subclinical Hypothyroidism - A Case Report
15.	Dr.Vijay Jain	12705661073	Epigenetics And Ayurveda

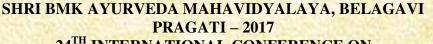






#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

**Day** – 1 Date: 23.12.17 Day: Saturday Time :4:15pm-6.15pm **Evening session** 

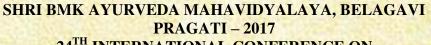
PA	PARALLEL SESSION – 03 Venue: Pediatric Seminar Hall (Ground Floor)				
Sl.	Name of	Phone No.	Topic		
	Presenter				
1.	Dr.Mahadev		Role of Kaphamedohara Yoga Along With Rasayana In The		
	Sogi	7411769545	Management off Neural Tumors.		
2.	Dr.Sagar K Kora	9844432510	Correlation of Side Effects of Chemotherapy As Dooshivisha		
3.	Dr.Chaithra S		Case Presentation On CA Lung -An Ayurvedic Perspective On		
	Shetty	9740573054	Diagnosis		
4.	Dr.Aitilin		A Case Study On Breast Cancer With Ayurvedic Management		
	Kharkylliang	7975999704	A Case Study Off Breast Cancer With Ayurvedic Management		
5.	Dr.Mahalaxmi		Concept of Shatkriyakala In Cancer		
111-1	Hugar	8792241778			
6.	Dr.Sujata		Critical Review On Ayurvedic Management of Chemotherapy Induced		
	Sopanrao Kale	9881522582	Side Effects In Cancer		
7.	Dr.Namita	the state of	Understanding of Etiopathogenesis of Cancer In Ayurveda		
	Minajagi	9739085906	Charles and the participant of Cancer In 113 ar vota		
8.	Dr.Mandeep		Nutritional Descipline of Ayurveda A Ray of Hope In Cancer		
	Singh	7307374073			
9.	Dr.Komal Itkari	9902064236	Cervical Cancer: Clinical Understanding And Ayurvedic Management		
10.	Dr.Kadambari S	THE REAL PROPERTY.	Diet And Lifestyle Modification In Prevention Of Cancer		
	Solankure	9164503876			
11.	Dr.Radhika Bhat	9686525248	Indigenous Drugs In Cancer Management		
12.	Dr.Poonam		Adjuvant Effect of Ayurveda In Management of Head And Neck		
27000	Dhruv	9540904293	Cancers		
13.	Dr.Mahadevappa		Bhallataka- A Arbudaghna: A Review		
48	Kotnalli	9611847142			
14.	Dr.Gayathri M		Virechana Karma And Rasayana On Molecular Gene Profile In Familial		
50	Prakash	8095821236	Breast Cancer		
15.	PARTY OF THE PROPERTY.	section from	Understanding The Concept of Rasayana In Terms of Genoprotective		
	Dr.Teja D Naik	9545285222	Action		







(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 1	Date: 23.12.17	Day: Saturday	Time	:4:15pm-6.15pm
Evening sea	ssion			

PARALLEL SESSION – 04	Venue: Demonstration. Room No. 6 (Gro	ound
	Floor)	

Sl.	Name of Presenter	Phone No.	Topic
1.	Dr.Rohit R Natekar	9096179003	Conceptual Study of Jaat Prameha (Ksheeradavstha) "An Ayurvedic Approach
2.	Dr.Shilpa A S	9446753444	Importance of Adravyabhutha Chikitsa In Madhumeha: Review of Evidence Based Literature
3.	Dr.Sumesh S Pai	9020111444	Management Module of Meha
4.	Dr.Siddhi Gangadhar Khot	8884857546	A Case Report On Type 2 Diabetes Mellitus In Terms of Dhatukshyajanya Madhumeha
5.	Dr.Aparna	9.1831E+11	Ayaskriti A Ray Of Hope In The Management of Diabetes Mellitus
6.	Dr.Sneha P	8892183185	A Critical Analysis of Chikitsa Sutra With The Use Of Pathya On Prameha Peedakas W.S.R To Diabetic Carbuncle- A Case Series
7.	Dr. Varnika Singh	8800540490	An Approach To Standardise Mutra Pariksha In Diabetic And Other Diseased Patients As Per Ayurveda
8.	Dr.K Sruthi	8897394280	Diabetes - Preventive Measures And Its Management
9.	Dr.Rashmi Moogi	9164431716	Suryanamaskar : A Lifestyle Modification In Prediabetes
10.	Dr.Madhuri Y Sullad	8618198626	Clinical Understanding of Madhumeha In Ayurveda
11.	Dr.Rakesh H R	8722502237	Role of Shadupakrama In Madhumeha
12.	Dr.Harshitha K J	7795102794	Hypoglycemic Activity of Yava Mantha: An In-Vitro Study
13.	Dr.Neha Thakur	8219274582	Unraveling Diabetic Nephropathy And Its Management
14.	Dr.Keerthana J	7204094874	Ayurvedic Management of Madhumeha "A Case Study
15.	Dr.Suraj Kumbar	8147170441	A Role of Basti W.S.R.To Prevention of Immunological Diseases

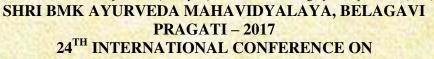






(Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

KAYACHIKITSA & PANCHAKARMA

Day – 1	Date: 23.12.17	Day: Saturday	Time	:4:15pm-6.15pm
Evening ses	sion			

PARALLEL SESSION – 05	Venue: Demonstration. Room No. 7	(Ground
	Floor)	

S1.	Name of	Phone No.	Topic
1.	Presenter		A Comparative Study of Efficiency of Demyodi Vyyotha And Madhumahari
1.	D. II		A Comparative Study of Efficacy of Darvyadi Kwatha And Madhumehari
94	Dr.Hemlata Soni		Churna In The Management of Madhumeha W.S.R. To Diabetes Mellitus
		Company (No.	Type-2 (Niddm)
2.	Dr.Gaurangi	0.001024710	Clinical Efficacy of Shodhanottara Shamana Chikitsa In Type Ii Diabetes
3.	Pandharkar Dr.Shikha	8691034712	Mellitus "An Exploratory Study
3.		7052552024	Role of Ayurvedic Interventions In The Management of Type Ii Diabetes
1	Chaudhary	7053553834	Mellitus: A Pilot Study
4.	Dr.Rekha V	0225714777	Prameha Vs Diabetes Mellitus
_	Shinde	9325614777	District Allife Ctals Developing and Management of the Ossilar
5.	Dr.Pratikshya	7900272007	Diabetes: A Life Style Based Disorder And Mangement of Its Ocular
(	Majagaiyan	7899372007	Manifestations Through Kriyakalpa Procedures.
6.	Dr.Rashim	0000021021	Approach To Diabetic Neuropathy And Its Management In Ayurveda: A
7	Kanwar	9888031921	Conceptual Study
7.	D. H.V.H.	7411265202	Role of Panchakarma In Prevention And Management of Life Style
0	Dr.H V Happy	7411365303	Disorder Madhumeha(Diabetes Mellitus)
8.	Dr.Bharati	9217902000	Etiopathogenesis Of Gestational Diabetes Mellitus
0	Hunashyaal	8217892099	Deleg Dedes Le Life Code Ledend Discorder Describe (Disloter
9.	Dr.Sunita T	7411170610	Role of Pathya In Life Style Induced Disorder- Prameha (Diabetes
10	Bhaskar	7411179612	Mellitus)
10.	Dr.Menaka	8880264753	Diet And Lifestyle Guidelines For Diabetes
11.	Dr.Mohammad	0005744005	Effect of Shilajitu On The Management of Madhumeha W.S.R. To Type 2
10	Yaseen Hullur	8095744095	Diabetes Mellitus
12.	Dr.Prathibha	0662221525	Evidence Based Lifestyle And Diet Guide Lines For Diabetes "An
10	M	9663331535	Ayurvedic Review
13.	Dr.Niranjan	0145104550	The Literature Review Of Prameha (Diabetes Mellitus) Upadrava W.S.R.
1.4	Kedar	9145124579	To Diabetic Neuropathy And Its Preventive, Treatment Modalities
14.	Dr.Swarda	+91	Healing Fats In Diabetes
4.5	Uppin	9972271893	
15.	Dr.Sumaiya M	0100771600	Role of Matra Basti In Diabetic Neuropathy- A Case Study
No.	Hakki	8123751600	







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





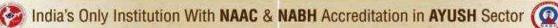
#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 1	Date: 23.12.17	Day: Saturday	Time	:4:15pm-6.15pm
Evening se	ession			

PARALLEL SESSION – 06	Venue: Demonstration. Room No. 9	(First
	Floor)	

Sl.	Name of Presenter	Phone No.	Topic
1.	Dr.Vidhyasri M	9738470103	Clinical Approach In Different Stages Of Diabetic Retinopathy
2.	Dr.Nayana Gavekar	8123236686	Thyroid Disorders
3.	Dr.Sushma Shenoy	9448928299	Ayurvedic Understanding Of Thyroid Function And Its Management Principles
4.	Dr.Greeshma Mahesh	9480441866	Hyperthyroidism:An Ayurvedic View
5.	Dr.Vivek	9812360008	Hypothyroidism In An Ayurvedic Perspective
6.	Dr.Shakti Hiremath	725961254	Etiopathogenesis Of Hashimotos Thyroiditis
7.	Dr.Ashwini I Honagannavar	7899413891	Role Of Yoga In Hypothyrodism
8.	Dr.Shreedevi T N	9480287230	Case Series On Primary Hypothyroidism
9.	Dr.Kavyashre M R	9964583490	An Analytical Review Of Herbal Plants In Thyroid Disorders
10.	Dr.Chintan J Bhatt	9545168179	Ayurvedic Management Of Hypothyroidism: A Single Case Report
11.	Dr. Vatsala H S	8892535465	A Case Study On Hyperthyroidism With Special Reference To Bhasmaka Roga
12.	Dr.Rabiya Basri	8147027075	Effect Of Katutumbi Taila Nasya In The Management Of Hypothyroidism
13.	Dr.Ashwini Kumbar	9591095850	Diagnostic Approach To Thyroid Disorders
14.	Dr.Rakhi Gadale	9480085750	Review On Ayurvedic Management Of Hypothyroidism
15.	Dr.Akshata S Madarkhandi	9739144335	Understanding Of Pathophysiology Of Hypothyroidism In Ayurveda









(Accredited 'A' Grade by NAAC (2nd Cycle) II & Placed in Category 'A' by MHRD (Gol)

## SHRI BMK AYURVEDA MAHAVIDYALAYA, BELAGAVI PRAGATI – 2017



## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

**Day** – 1 :4:15pm-6.15pm Date: 23.12.17 **Day: Saturday** Time **Evening session** 

PARALLEL SESSION - 07 Venue: Demonstration. Room No. 10 (Second Floor)

Sl.	Name of	Phone No.	Topic	
	Presenter			
1.	Dr.Manjula Turamari	9611829646	Research uodates in immunology	
2.	Dr.Ashwini Naik	9606833599	Classical approach towards immunotoxicity with special reference to environmental factors	
3.	31 S S S S S S S S S S S S S S S S S S S			
4.	Dr.Geetha Nayak S	9481345345	An outlook into ayurveda as science of immunology	
5.	Dr.Manasa G	9481069898	"Ahara rasayana – an essential immuno booster in children"	
6.	Dr.Ashwinkumar A Soni	9420776161	Ayurvedic approach to improve respiratory immunity in children	
7.	Dr.Archana Byahatti	7899589389	Suvarna prasha, an age old immune armour to children	
8.	Dr.Dhanyashree K	9483705726	Factors enhancing immunity as explained in the ayurvedic literature and its relevance in present era	
9.	Dr.Kirti Tomar	9711505420	Vasantic vamana - an approach as an immunity modulator	
10.	Dr.Deepa Puranikamath	7899392234	Role of rasayana in autoimmune disease w.s.r to amavata	
11.	Dr.Neelam Kaalia	7838495779	Systemic review of amavat and its management	
12.	Dr.Manjula Heggai	8722729458	Role of rasayana in immune deficiency diseases	
13.	Dr.Sharada Sphoorthi Y	9964287679	Diagnostic approach to asthma -a recent update	
14.	Dr.C H Rajani	8105788208	Vatarakta w.s.r to scleroderma - a case study	
15.	Dr.Ashish K Singh	7411350009	Immunomodulation as rasayana to ayurveda	







(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (GoI)

## SHRI BMK AYURVEDA MAHAVIDYALAYA, BELAGAVI PRAGATI – 2017



## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 1	Date: 23.12.17	Day: Saturday	Time	:4:15pm-6.15pm	
Evening se	ession				
PARALLEL SESSION – 08			Venue: Demonstration. Room No. 11 (Second		
			Floor)		

Sl.	Name of Presenter	Phone No.	Topic
1.	Dr.Chiragkumar C B	+91 8866407892	Infertility By Life Style
2.	Dr.Namrata Bhagaje	7204727997	Infertility And Day To Day Mistakes
3.	Dr.Sukanya H Patil	7406934574	The Role Of Nasya Karma With Shatavari Ghrita In The Management Of Menopausal Syndrome (Rajonivritti Lakshana)-An Open Clinical Trial.
4.	Dr.Anita G Dalawai	8884136090	Management OfPCOD Through Ayurvedic Approach: A Case Study
5.	Dr.Sayeda Nikhat Inamdar	8553167625	Hypothetical Evaluation Of Action Of Udvartana And Nasya On Ovulatory Functions W.S.R To Female Infertility In Obese Individuals
6.	Dr.Arbaz Mudnal	8792929504	Impact Of Smoking And Alcoholism In Male Infertility
7.	Dr.Vindhya M Hegde	9482361201	A Pilot Study To Evaluate The Causative Factors Of Pcos (Lifestyle Induced Disorder) And Its Ayurvedic Interpretation.
8.	Dr.Manasa S	9731372545	Pcos: A New Lifestyle Disorder, Role Of Ayurveda In Management And Lifestyle Modification
9.	Dr.Bushra Khanam	8130220704	Role Of Lifestyle And Diet In Pcos
10.	Dr.Basavarajeshwari U	9449805747	Ubhaya Shodhana In PCOD - Conceptual Study
11.	Dr.Soniya	9911647644	Review On Ayurvedic Approach To Cervical Erosion (Karnini Yonivyapad)
12.	Dr.Vinitha V	7907312441	Effect Of Vamana Karma In PCOS
13.	Dr.Praveen Bhirdi	8123887375	Effect Of Mashaparni Choorna In The Management Of Shukrakshaya: A Case Study
14.	Dr.Shalinee	9610553393	Ayurvedic Approach For The Management Of Chronic Kidney Disease: A Case Report
15.	Dr.Sowmya Bhat	9900846287	Role of tambulasevana in the prevention of oral disorders



Manual Control of the India's Only Institution With NAAC & NABH Accreditation in AYUSH Sector





(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)

## SHRI BMK AYURVEDA MAHAVIDYALAYA, BELAGAVI PRAGATI – 2017



## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

**Day** – 1 :4:15pm-6.15pm Date: 23.12.17 **Day: Saturday** Time **Evening session** 

**PARALLEL SESSION – 09** Venue: Demonstration. Room No. 12 (Second Floor)

Sl.	Name of Presenter	Phone No.	Topic
1.	Dr.Shriram Murt		An insight into vikara vighata bhava and its application in
	Ugudde	9.19591E+11	vyadhi
2.	Dr.Grashma C S	8095366748	Food preservatives in the light of gara visha
3.	Dr.P <mark>rajna Paramit</mark> a Panda	9439444559	Self recorded swasthya assessment scale
4.	Dr. Sombir Sheoran	9812264123	Role of sedentary lifestyle and improper diet in arsha (piles
5.	Dr.S.Samatha prakash	9908669174	A review on life style disorders and its management
6.	Dr.Ashwini Diliprao Ghuge	9503053565	Lifestyle induced disorders
7.	Dr.Kruthika B	9591208019	Role of pathya-apathya a uniqueness of ayurveda
8.	Dr.Kavitha Nayak	AND PARTY OF	Role of eranda (ricinus communis linn.) In prevention and
33%		9538071420	management of lifestyle disorders â€" a holistic approach
9.	Dr. Anuruddh Gupta	9806723255	Life style diseases
10.	Dr.Shwetha R	8147271801	Life style induced disorders
11.	Dr. Vasantha Lakshmi		Prevention and promotion of lifestyle management through
		7899730828	ayurveda.
12.	Dr.Pooja	8147402572	Concept of viruddhahara in modern era
13.	Dr.Deepika Vyawahare	The second second	Lifestyle disorder:a literature review of akalaj jara(early
		9404507468	ageing) and its prevention by ayurveda
14.	Dr.Sudhanshu Sharma	9467833630	Ritucharya-answer to the life style disorder
15.	Dr.Kiran H Gundagi	A STATE OF THE STA	Role of trayoupastambha in prevention of lifestyle induced
		9611999143	disorders –a conceptual approach







(Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 1 Date: 23.12.17 Day: Saturday Time :4:15pm-6.15pm Evening session						
	PARALLEL SESSION – 10  Venue: Demonstration. Room No. 13 (Second Floor)					
Sl.	Name of Presenter	Phone No.	Topic			
1.	Dr.Jyoti S Umarji	9611901695	Role of dinacharya modalities in the management of lifestyle disorders			
2.	Dr.Akshata B K	9008301399	Importance of ashtavidhaaharavisheshayatana in preventing thesthoulya			
3.	Dr.Cyrus Neupane	7795160988	Importance of koshtha pareeksha in panchakarma: an overview			
4.	Dr.Nandidni R Bhajantri	9590591142	Role of panchakarma in lifestyle disorders			
5.	Dr.Kirankumari Rathod	7829463385	Understanding and application of samsarjana krama in todays lifestyle			
6.	Dr.Satish S Vasan	8105619850	Preventive promotive and curative aspect of panchakarma with respect to life style disorders			
7.	Dr.Radhika Krishnan		Abstract on sthoulya			
8.	Dr. Ashwini U	7760575442	An overview on pathology of sthoulya; a life style disease			
9.	Dr.Sindhu N	9902643747	Critical analysis of asthadosha of atisthaulya in childhood			
10.	Dr.Kartar Singh Bansal	9413159097	Title-"a comparative study on efficacy of gomutra haritiki and vrikshamla(extract) in the management of sthaulya. W.s.r. To overweight"			
11.	Dr.Niharika Shakya	9451582647,	An clinical study on the efficacy and safety of tryushnadi guggulu in medoroga with special reference to dyslipidaemia."			
12.	Dr.Pallavi M	8792735322	Effect of virechana with life style modification in obesity- a retrospective study			
13.	Dr.Namrata P Gharge	7204339322	Diagnostic approach of lifestyle induced disorders (obesity)			
14.	Dr.Ekbote Anusha G	-9900845797	Obesity (sthaulya/medo roga) an important lifestyle and metabolic disorder - a conceptual background & an approach of management through ayurveda			
15.	Dr. Shiva N Gupta	9855040603	Obesity a challenge to today's world a literature review			







(Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)

## SHRI BMK AYURVEDA MAHAVIDYALAYA, BELAGAVI PRAGATI – 2017



## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 1	Date: 23.12.17	Day: Saturday	Time :4	:15pm-6.15pm
Evening se	ssion			
PARALLEL SESSION – 11			Venue: Demonstration. Room No. 14	(Second
			Floor)	Control Control

Sl.N	Name of Presenter	Phone No.	Topic
1.	Dr.Poornachandra A	9964489847	An insight into the management of sthoulya - medoroga (obesity) in the light of loka samya siddhanta
2.	Dr.Pooja Hassan G		Triphala madhupaka: a remedy for sthoulya
3.	Dr. Upasna Thakur	7018767899	Management of obesity (sthaulya) in panchkarma
4.	Dr.Mayur Nagar	8095997047	A panchakarma approach in the management of sthoulya: a case study
5.	Dr.Lubnajabeen Dafedar	7829748001	Practical application of lekhana basti in the ratio of 3:1 in the management of sthoulya (case study)
6.	Dr.Sahana M N	8762927833	An open parallel comparative randomized pragmatic clinical trial evaluating the efficacy of virechana in sthaulya.
7.	Dr.Manasvini HR	9986033998	The effect of vrikshamla swarasa on overweight and obese women
8.	Dr.Shawan Barik	9681081121	Hyperlipidaemia – a dietary analysis and preventive measures
9.	Dr.Raksha R Pai	9164264681	Management of metabolic syndrome through panchakarma- a case study
10.	Dr. Anupama S P	8762522011	To evaluate the efficacy of lekhaneeya gana mahakashaya yoga basti in the management ofsthoulya -a controlled clinical study
11.	Dr.Patil Akshata Vijaykumar		A clinical study on effect of vamana and udvartana karma in the management of sthoulya.
12.	Dr.Chinmayee Choudhury	9437739628	Computer vision syndrome : a survey study
13.	Dr.Soniya Gupta	8948760252	Case report and review of management of palmer erythema
14.	Dr.Ramanuj Soni	9868836197	Management of chronic bacterial prostatitis (tooni) through panchakarma- a case study
15.	Dr.Lokesh D Badiger	8971495916	Childhood obesity: an ayurvedic aproach to its management







(Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 1	Date: 23.12.17	Day: Saturday	Time	:4:15pm-6.15pm
Evening ses	ssion			

PARALLEL SESSION – 12	Venue: Demonstration. Room No. 15	(Second
	Floor)	

Sl.	Name of Presenter	Phone No.	Topic
1.	Dr.Vishal Kumar	9880320288	Etiopathogenesis of kaphaja unmada w.s.r depression
2.	Dr.Prayagaprasad U R	8075706676	Clinical management of depression through nasya and shamanoushadi
3.	Dr.Lekhana Pandith	9482988524	Role of himasagara taila shiro pichu in the management of chittodwega with special reference to gad(general anxiety disorder)
4.	Dr.Srinidhi S	9164562814	Role of vamana in the management of madatyaya(alcoholism)
5.	Dr.Mukta	9711768133	Sleep and waking up timings in different cohorts (based on age)- cross- sectional study
6.	Dr.Tejashwini S Hiremath	7899268892	Need for the development of an assessment scale for prajna to diagnose neuro psychological diseases
7.	Dr.Rinku Kuwar	9538246074	Sleep boon or bane for homeostasis
8.	Dr.Ajith Kumar G	8281664144	Shareeramapi satwamanuvideeyade satwam cha sareeram― -influence of dharaneeya vegas on psycho-neuro-immunology
9.	Dr.Keshav R	9739746134	Ptsd and psychosomatic sequel a case report
10.	Dr.Priyanka Sharma	9148308360	Role of yoga in depression â€" a lifestyle disorder in children
11.	Dr.Saranya K	9448054805	Understanding agantuja unmada in the light of neuropsychology
12.	Dr.Aqeeb Javeed	7411834942	An experimental study to evaluate the role of kharjooradi mantha in the enhancement of ojo guna in madatayi?
13.	Dr.Punith P	7847047324	Effect of sarasvata churna on psychological status in subjects with pakshaghata / ischemic hemispheric stroke
14.	Dr.Abhishek Anand	9654677309	Assessment of sleep quality in obese and overweight children
15.	Dr.Aswini Ramachandran	8296131186	Effect of kamadugha rasa on manovikara in amlapitta







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 1	Date: 23.12.17	Day: Saturday	Time :4	15pm-6.15pm
Evening se	ssion			
PARALLI	EL SESSION – 13		Venue: Demonstration. Room No. 16	(Second
			Floor)	

Sl.	Name of	Phone No.	Topic
1	Presenter		
1.	Dr.Ritu Yadav	7411160567	Role of achara rasayana in life style modification
2.	Dr.Neeraja B		Role of pada abhyanga and pada ksheera dhara with mahishi ksheera in
44.0		9985624305	anidra visa vis primary insomnia
3.	Dr.Praveen K P	9739746109	Alcohol dependency a cause for jauncdice: a case report
4.	Dr.Sumitkumar Y Sannakki	7795457365	Apasmara - a bird view on its neuropsychological management
5.	Dr.Bibi Rasheeda		The role of manasika bhavas in the pathogenesis of madhumeha
1111	The second second		[diabetes mellitus] and its management by mansyadi shirodharaâ€□–
		9036802136	conceptual study
6.	Dr.Rakesh Ajay	0006705776	Role of shirodhra treatment modalities in manasroga (psychosomatic
	Shende	9096705576	disorders).
7.	Dr.Sukanya K	9400287652	Role of yoga in cardiac ailments
8.	Dr.Vibhuti Mishra	8788048624	Prevention and management of vericose veins a literature review
9.	Dr.Konic Singh Chauhan	9960760349	Clinical evaluation of life style induced essential hypertension
10.	Dr.Abhay Kumar Prajapati	9654682324	Management of hemiplegia (pakshaghata) through ayurveda
11.	Dr.Shalini Gupta	9129995484	Case report and review of management of pada daha
12.	Dr.Mohit	7206602956	A clinical study report on improving iq in school going children
13.	Dr. Vikas Kumar	9034383458	Shaiyyamutra- a clinical study on its ayurvedic management in children
14.	Dr.Sachchidanand	7406628747	A case series on management of adhd in children
15.	Dr.Sumalata V K	9591836327	Efficacy of agnikarma in the management of carpel tunnel syndrome







(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)

## SHRI BMK AYURVEDA MAHAVIDYALAYA, BELAGAVI PRAGATI – 2017



## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 2	Date: 24.12.17	Day: Sunday	Time:9.00am-10.30 am	Morning session
PARALLE	L SESSION – 14	Keres Was Line	Venue: Anatomy Hall (Gro	ound Floor)

Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.Mahesh Savaligimath	9845430626	Visha & krimighna rasayana – unique concepts of immune modulation
2.	Dr.Shrutika S Karoshi	8951432641	Beauty is skin deep- an ugly face of cosmetics
3.	Dr.Santosh F Patil	9886633099	Leukemia and ayurveda: a critical review
4.	Dr.Usharani S Sanu	9481930824	The patterns of naadi in agnimandhya-comparative study
5.	Dr.Pradnya Chittawadgi	9035035377	Probiotics: their role in enhancing vyadhikshamatva and manasik bhavas w.s.r to brain gut axis in leaky gut symdrome
6.	Dr Arun Biradar	9964064955	Ayurveda managment of postoperative complicagtions of Intracranial glioma
7.	Dr.Savita S Angadi	7411213286	Role of chakshushya basti in diabetic retinopathy
8.	Dr.Umesh S Holennavar	9972838630	Management of sidma kusta (psoriasis) autoimmune disorder in 11 year old boy – a case study
9.	Dr.Ashwini Patil	7795303509	Eevaluation of the efficacy of virechana karma with dantyadi churna yoga on immunoglobulins in psoriatic patients-an open clinical trial―
10.	Dr.Achintya Kumar	9436451986	A study on the effect of kala in sadyo vamana with special reference to tamaka shvasa (bronchial asthma).
11.	Dr.Rajkala Ramteke	9824043686	Spinal Injury Induced Paraplegia Improved After Basti- A Case Study







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 2	Date: 24.12.17	Day: Sunday	Time:9.00am-10.30 am	Morning session
PARALLEI	L SESSION – 15	A CONTRACT OF	Venue: Pathology Big Hall	(I Floor)

Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.Vishalakshi V	State of the state of	
	Shahapurkar	8147367497	Endocrine disorders a novel etiological approach
2.	Dr.Vinuta		
	Doddamani	9164311455	Hypothyroidism -an ayurvedic approach
3.	Dr. Yadav		Effect of many in the many content of home otherwisiding
	Praveen K	9611715350	Effect of yoga in the management of hyperthyroidism
4.	Dr.Rangarajan B	9535058152	A ray of hope to hypothyroidism: a clinical case study
5.			role of vamana karma in the management of artava kshaya (pcod)
	Dr.Deepika Singh	9008483628	due to hypothyroidism - a case report
6.	Dr. Venkatesh	9164587661	A bird view on galaganda- a conceptual study
7.	Dr.K Surekha	9966455627	An ayurvedic perspective of hypothyroidism and its management
8.	Dr.Amulya Dahal	A SMAR W	Ethno botanical study of medicinal plants used by traditional
			healers in the management of hypothyroidism in sankhuwasabha,
		9841175078	nepal







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 2	Date: 24.12.17	Day: Sunday	Time:9.00am-10.30 am	Morning session
PARALLE	CL SESSION – 16	A STATE OF	Venue: Pediatric Seminar l	Hall (Ground Floor)

Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.Ramya R	9739798669	Avagaha sweda in management of pain w.s.r to ano rectal disorders
2.	Dr.Renu		Holistic approach for the prevention of amlapitta
	Khayamali	9008273837	Houstic approach for the prevention of annapitta
3.	Dr.Vidya		Role of rasyana in management of grahani w.s.r to irritable bowel
500	Ramaning Veer	9901960210	syndrome
4.	Dr.Swathi B	Cap as a	Dala of immuna and dulatany dunas in anahani
	Hurakadlili	9036498790	Role of immuno-modulatory drugs in grahani
5.	Dr.Savita		Avuryadia managament of gilberts syndroma. A case study
	upanal	9845124972	Ayurvedic management of gilberts syndrome. A case study
6.	Dr.Namitha R		Dogo via reg in lifestyle induced disenders we an to abuse is liver disease.
	Chandra		Rasa yogas in lifestyle induced disorders w.s.r to chronic liver disease
7.	Dr.Tarun	18 18 E	Ayumyada managamant af wilang disagga ta alimigal agas manant
	Kumar	9990167451	Ayurveda management of wilsons disease : a clinical case report
8.	Dr.Bhanupriya	Mark Control	A mignitter its review in reference with everyodic management
	Dambal	9483021511	Amlapitta: its review in reference with ayurvedic management







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day - 2Date: 24.12.17 **Day: Sunday** Time:9.00am-10.30am **Morning session** 

PARALLEL SESSION – 17	Venue: Demonstration. Room No. 6. (Ground
	Floor)

Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.Nandini R	9916661234	A conceptual study of immunomodulation through ayurveda
2.	Dr.Akshay A Gurav	9448241191	Bala rasayana- a ray of hope as immune enhancer in children
3.	Dr.Kalpana Rao		A clinical study to evaluate the efficacy of erandamooladiksharabasti in
		9538733919	the management of amavata vis-ã€-vis rheumatoid arthritis
4.	Dr.Pooja	TOTAL STATE	The conceptual review of amavata (rheumatoid arthritis) w.r.t. Its
	Mahajan	9980740912	preventive modalities according to ayurveda
5.	Dr.R Pavani		A conceptual study of clinical understanding and panchakarma
		8500344882	management modalities in rheumatoid arthritis (amavata)
6.	Dr.Kavi Arabhi		Commonly used panchakarma treatments in aamavata- a stastical
		8105693285	analysis
7.	Dr.Shruti B		To evaluate the role of churna basti in management of acute pain in
	Joshi	8277610531	autoimmune disorder wsrt amavata
8.	Dr.Madhu	nese operate	Concept of basti in the management of amavata w.s.r to rheumatoid
	Ranjan	9538285953	arthritis







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 2	Date: 24.12.17	Day: Sunday	Time: 9.00am-10.30 am Morning session
PARALLE	EL SESSION – 18		Venue: Demonstration. Room No. 7. (Ground Floor)

Sl.	Name of	Phone No.	Topic	
	Presenter			
1.	Dr.Harshikha	100	Effect of manjisthadi kshara basti in vatarakta wsr to serum uric acid	
	Dani	9945326363	and esr an evidence based conceptual study	
2.	Dr.Gaurishankar		Management of katigraha with madhutailik basti administered with atura	
	Yadav	9919801055	hasta pramana	
3.	Dr.Shalini G H		Therapeutic effect of navakarshika basti in the management of vatarakta	
		9742842405	w.r.s to gouty arthritis (case study)	
4.	Dr.Nivedita		A comparative clinical study of greeva basti with and without	
No.	Rampure		siravyadha in the management of vishwachi wsr to cervical	
		9036804005	spondyolosis	
5.	Dr.Shilpa S	Self-Con-	Role of raktamokshana in the management of vatarakta w.s.r uric acid a	
	Biradar	9738327990	evidence based conceptual study	
6.	Dr.Unnikrishnan		Management of manyaethambha through recording a concentral study	
	VS	7012444497	Management of manyasthambha through nasapana: a conceptual study	
7.	Dr.Saiprashanth	A STATE OF THE STA	Clinical application of different form of panchakarma modalities in	
	N	8553398956	acute pain managemennt of pain manegement of spinal disorders	
8.	Dr.Nisha	9416126900	Management of spasticity in spastic children-a clinical report	







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 2	Date: 24.12.17	Day: Sunday	Time:9.00am-10.30 am	Morning session
Charles American	AND AND ADDRESS OF THE PARTY OF	BUTTER STATE OF THE BALL	THE RESERVE OF THE PARTY OF THE	THE PROPERTY OF THE PARTY OF TH
PARALLE	L SESSION – 19		Venue: Demonstration. Roo	om No. 9. (First Floor)

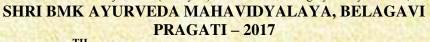
Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.Shivaprasad		A case report and review of gullian barre syndrome w.s.r to sarvanga
	Sharma	9492192851	vata
2.	Dr.Shivay	SAME SE	A clinical cose review on scientics (anidbresi)
	Gupta	8219902640	A clinical case review on sciatica (gridhrasi)
3.	Dr.Ashwini	### N.W.	An individulized multimodal treatment protocol development in the
	Sori	8867510778	management of stroke-a life style induced complication
4.	Dr.Geethika G		Intellectual disability of children ( neuro developmental disorder ) a
		9108776556	conceptual approach w.s.r to mudatha
5.	Dr.Ompraskash	No Production	Efficacy of saddvritta palana and yashtimadhu medhya rasayana in
	Dwivedi	7259536988	bringing behavioral changes in school going children
6.	Dr.Rashmi S		A single case study on hallervorden- spatz disease with special reference
		8050988904	to kampavata
7.	Dr.Shailesh	7795840836	An approach to parkinson's disease – a case study
8.	Dr.Pallavi K S	8951453734	Case study-parkinsonism







(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (GoI)





## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day – 2	Date: 24.12.17	Day: Sunday	Time	:9.00am-10.30am	Mor	ning	sessi	on
PARALLE	L SESSION – 20		Venue:	Demonstration.	Room	No.	10.	(Second
MAC WEST		AND THE RESIDENCE	Floor)			45	MY.	

Sl.	Name of Presenter	Phone No.	Topic
1.	Dr.Navin N D	September 1	Understanding of the disease kampavata w.s.r to parkinson
		7676337779	disease
2.	Dr.Sruthy Nair	9148816297	Effectiveness of vatari guggulu in the management of gridrasi
3.	Dr.Rajeev Sharma	8572007032	Role of nasya in the management of vataj shirashoola
4.	Dr.Neha Rawat		Ayurvedic approach on computer vision syndrome (shushka
		8053757870	akshi paka)
5.	Dr.Shashank Reddy	9980815478	An ayurvedic approach to neuromyelitis optica - a case study
6.	Dr.Sujitsinh Mohite		Understanding the stages of immuno compromised disorders
(3)		9403259795	w.s.r to rajayakshma
7.	Dr.Alreeza Chaves		A manufaction in dishering main anathy
	Fernandes	7219708145	An ayurvedic perspective in diabetic retinopathy
8.	Dr.Ruwan Priyantha	SA TANGETON	Clinical efficacy of thriphala ghritha snehapana in the
	Liyanage	94719222011	management of ananthavata



Manual Control of the India's Only Institution With NAAC & NABH Accreditation in AYUSH Sector ( )





#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 2	Date: 24.12.17	Day: Sunday	Time: 9.00am-10.30 am Morning session
PARALLI	EL SESSION – 21		Venue: Demonstration. Room No. 11. (Second Floor)

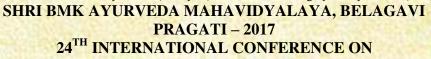
Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.Shweta		A conceptual study on efficency of narikela puspa churna in the
	Shukla	7795245534	management of mutra sarkara w.s.r gravels of urinary tract
2.	Dr.Mahejabeen		Dathyra anothyra in CVD
	A K	9611723126	Pathya-apathya in CKD
3.	Dr.Srishti		Effect of lajawati mul swaras on urinary tract infections in female adults:
	Shrestha	9587456197	a pilot clinical study
4.	Dr.Zainuddeen		Managament of abrania kidney disease through Ayarrada
	Muhammad U	8660207025	Management of chronic kidney disease through Ayurveda
5.	Dr.T Vidyavati	9916157523	Chronic kidney diseases with special reference to viper bite cases
6.	Dr.Jyoti S		Avuryadia managament of alid war. To mutraghate a gasa raport
	Rathod	9673525009	Ayurvedic management of ckd w.s.r. To mutraghata- a case report
7.	Dr.Sharanamma	7259826475	Renal calculi- a case study
8.	Dr.Roopa B	150	A literature review of ckd (chronic kidney disease) - prevalence, causes,
	Janagouda	9742210082	pathophysiology and ayurvedic approach of treatment







(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





## ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

KAYACHIKITSA & PANCHAKARMA

<b>Day</b> – 2	Date: 24.12.17	Day: Sunday	Time: 9.00am-10.30 am Morning session
PARALLE	L SESSION – 22		Venue: Demonstration. Room No. 12. (Secon-Floor)

Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.Pusuluri Y V S		An ayurvedic management on chronic kidney disorder a case
	Murali Krishna	8867332327	series
2.	Dr.Mohan Kumar V R	9886737432	Asmari a common kidney disorder : a case report
3.			A clinical case presentation on management of neurogenic
78	Dr.Sunny Roy	8884888117	bladder- an ayurvedic approach
4.	Dr.Santosh L Y	8971028891	Udara lepa and avapeedaka sneha in urinary incontinence
5.	Dr.Shalini H E	9.19902E+11	Chronic kidney disease through the lens of ayurveda
6.	Dr.Ghansham Jadhav	9503741616	Nephritic syndrome in pediatrics - an ayurvedic approach
7.	Dr.Soujanya		Ayurvedic Interpretation of relevant Laboratory findings w.s.r
1, 3	Chandake	9743940091	Prameha
8.	Dr.Pavithra	9741455171	Conceptual review of gokshuradi guggulu in diabetic nephropathy

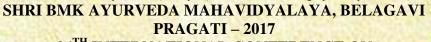


Manual Control of the India's Only Institution With NAAC & NABH Accreditation in AYUSH Sector





(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 2	Date: 24.12.17	Day: Sunday	Time:9.00am-10.30 am Morning session
PARALLE	EL SESSION – 23		Venue: Demonstration. Room No. 13. (Second
The State of the S			Floor)

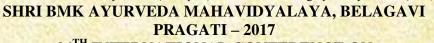
Sl.	Name of	Phone No.	Topic
	Presenter		
1.	Dr.Shobha L	A 100	Placebo preclinical study of nimbapatra and haridra choorna in yauvana
		8296102972	pidaka
2.	Dr.Ravikant		A clinical study on effect of vamana followed by agnimanthadi
	Sharma		(cleredendron phlomidis) shamana yoga (oral medication)in the
		7795523936	management of udarda w.s.r to chronic urticaria
3.	Dr.G M		Effectiveness of snigdhä•lä"pa on vipä•dikä•; a case series
	Rukmalee	94716542305	Effectiveness of singula-la pa on vipa-dika-, a case series
4.	Dr.Pritali K		Efficiency of vasadi kashaya in the management of tempka shwasa
	Shetye	8050342412	Efficacy of vasadi kashaya in the management of tamaka shwasa
5.	Dr.Amit	SEE SEE SEE	Conservative management of alergic bronchitis in the light of ayurveda
	Sarhyal	9805979055	w.s.r to vataja kasa
6.	Dr.Swathi B R	STATE OF STATE	Management of tamaka shwasa through pathya ahara and vihara - a
		9483578709	holistic approach
7.	Dr.M		Clinical study to access the role of ksheera basti in parinamashoolam
	Saravanabhava	8248141082	(deodenal ulcer)
8.	Dr.Sowmya H		Evaluation of anti-hyperglyceamic activity of madhu w.s.r saá¹ fyoga
	Y	HE SHE	and saá¹fskara in obesity/stz induced diabetes on wistar albino rats - an
		9164997883	experimental study
9.	Dr.Chaitrali		Research update of medhya rasayana in psychosomatic disorders
	Golatker	9673250912	Research update of meditya fasayana ni psychosomatic disorders







(Accredited 'A' Grade by NAAC (2nd Cycle) II & Placed in Category 'A' by MHRD (GoI)





## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

<b>Day</b> – 2	Date: 24.12.17	Day: Sunday	Time: 9.00am-10.30 am Morning session
PARALLE	CL SESSION – 24		Venue: Demonstration. Room No. 14. (Second Floor)

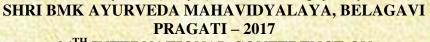
Sl.	Name of	Phone No.	Topic	
	Presenter			
1.	Dr.Basavaraj N		Role of dinacharya and rutucharya in management of type 2 diabetes	
	Saravagol	9448236569	mellitus	
2.	Dr.Jyosna A		A role of virechana with kalyanaka guda in madhumeha(diabetes	
	Jagtap	9538646907	mellitus)- a review study	
3.	Dr.Rekharani V		Comparative clinical study to assess the efficacy of shirodhara with takra	
	Herakal		and jala on manobhavas in the management of essential	
3		9449805747	hypertension―	
4.	Dr.Tasneem		Prevent childhood obesity: shape the future	
	Donur	9035902093	1 revent childhood obesity, shape the future	
5.	Dr.Santrupti	E-12 (E-10)	Heility of always among a possession day to day another	
	Katti	9886713537	Utility of chyawanprash rasayana in day- to- day practice	
6.	Dr.Parul	8147923920	Lifestyle causes of arsha w.s.r to hemorrhoid - an ayurvedic review	
7.	Dr.Goutami		The role of ruksha kara ahara in the management of sthoulya	
	Patil	9036944325	The fole of faksha kara anara in the management of strioutya	
8.	Dr.Shruti R	need only is	Effect of chikitsa in kamala w.s.r lft – case study.	
	Tarapure	9482126538	Lifect of chikitsa ili kalilala w.s.i ili ac case study.	







(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





## 24<sup>TH</sup> INTERNATIONAL CONFERENCE ON KAYACHIKITSA & PANCHAKARMA

#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

	Day – 2 Date: 24.12.17 Day: Sunday Time: 9.00am-10.30 am Morning session			
PAl	PARALLEL SESSION – 25 Venue: Demonstration. Room No. 15. (Second Floor)			
Sl.	Name of	Phone No.	Topic	
	Presenter			
1.	Dr.Vinayak B		Role of Ayurveda In The Management of Hypothyroidism: A Case	
	Angadi	8762544999	Series.	
2.	Dr. Veena	and his life	Managament Madality In Calaganda (Thyweid Disardar)	
3	Nandennavar	8147977121	Management Modality In Galaganda (Thyroid Disorder).	
3.	Dr.Shubham		Constipation- A Life Style Induced Disorder Its Pathogensis And	
	Gupta	7906717524	Ayurvedic Management.	
4.	Dr.Shabhaz		CR C 1	
Alex Terr	Gutti	8147710163	GB Syndrome- A Case Study.	
5.	Dr.Singh		Effect Of Errhinetherapy(Nasya) With Māṣāditaila In Avabahuka	
	Shweta	7387648938	(Frozen Shoulder).	
6.	Dr.Arun Ambu	9744304050	Role Marma Chikitsa In Management of Avabahuka "A Case Report".	
7.	Dr.Madhu		A Case Study On Gullian-Barre Syndrome With Special Reference To	
	Shalini P	8762380592	Sarvanga Roga.	
8.	Dr.Shruthi B		Dala of Valora Darrati In The Management of Master In The	
6	Naik	9481850038	Role of Kshara Parpati In The Management of Mootrashmari.	
9.	Dr.Misant	AND LESS OF		
	Dhakal	9108598985	Ayurvedic Perspective On Chronic Kidney Disease.	







#### (Deemed to be University)

(Accredited 'A' Grade by NAAC (2<sup>nd</sup> Cycle) II & Placed in Category 'A' by MHRD (Gol)





#### ORAL & POSTER PRESENTATIONDAY-WISE SCHEDULE

Day	- 2 Date: 24.	12.17 Day	: Sunday Time: 9.00am-10.30 am Morning session	
PAR	ALLEL SESSION	-26	Venue: Demonstration. Room No. 16 (Second Floor)	
Sl.	Name of Presenter	Phone No.	Topic	
1.	Dr.Tejaswini A Parekh	8275379492	A Case Report On Kaphaja Shotha W.S.R Abnormal Renal Values	
2.	Dr.Sameera D	8762240686	Computer Vision Syndrome	
3.	Miss.Sugnyani Mathpati	7411792428	Adravyabhoota Chikitsa In Prameham	
4.	Mr.Sujit Kashid	9538314320	The Prevention of Lifestyle Disorders of Prameha (Diabetes Mellitus) With Diet And Lifestyle Intervention	
5.	Dr.Shawn Kumar	8904668367	Concept of Endocrinology In Ayurveda	
6.	Mrs.Nikhita S Katti	9480751089	Role of Ayurveda In The Management of Depression And Anxiety A Case Series	
7.	Dr.Pooja S Vhanji	9740981700	An Ayurvedic Management On Chronic Kidney Disorder: A Case Series	
8.	Mr.Vidyasagar badisa	7022996455	Hypothyroidism Induced Kaphaja Kaasa A New Approach	
9.	Mrs.Anuja Kitturkar	9480037174	Role of Panchakarma And Shamana Aushadi In The Management of Metabolic Disorder W.S.R To Hypothyroidism	
10.	Dr. Adarsha N Havale	9886732904	Adaptation of Vatarakta Chikitsa In CKD Yield And Results Obtained: A Case Report	
11.	Dr.Dharitri S Purohit	7829444507	Role of Shamana Aushadhi In Acute Case of Prameha: A Case Report	



Manual Property of the India's Only Institution With NAAC & NABH Accreditation in AYUSH Sector (



#### ABOUT THE INSTITUTE

Shri B M K Ayurveda Mahavidyalaya, PG studies and Medical Research Centre, A constituent unit of KLE Academic of Higher Education and Research, Belagavi, Karnataka is recognized by Department of AYUSH, Government of Karnataka. Accredited 'A' Grade by NAAC and Placed Under 'A' Category by MHRD GoI. Courses offered in the Institute are all recognized by Central Council of Indian Medicine, New Delhi.

#### **Genesis of Institute**

Late Shri B M Kankanawadi during his service in Police Department had to go through an unfortunate episode of ill health of his wife. She had been consulted to a lot of physicians for her survival and all gigantic efforts were futile. While amidst that, an Ayurveda vaidya was consulted as a hope of ray, but the vaidya predicted the pulse and said that he would treat her after 15 days. After 15 days Mrs Kankanawadi died, with agony Mr Kankanawadi confronted the Vaidya. The vaidya said that if she had survived these days then she could have lived and substantiated that her pulse predicted all that on the consulted day. Though the B M Kankanawadi was devastated by her death, he could see this Ayurveda as science of life an exquisite store house of knowledge.

The untimely death of Mrs Kankanawadi was inconceivable and turned to be a beacon for the then Karnataka Ayurveda Vidyapeeth Society's Ayurveda College, Hospital and Pharmacy which is now known as KLEU's Shri B M Kankanawadi Ayurveda Mahavidyalaya, PG studies and Research centre.

#### **Metamorphosis of Institute**

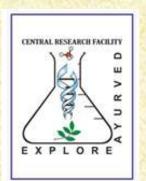
- o 1933: Philanthropic act and donation of life's saving rupees 50,000 paved way to Karnataka Ayurveda Vidhyapeet Society's Shri B M Kankanawadi Ayurveda Mahavidyalaya at KLE Societys Lingraj College.
- o 1938: Considering the Futuristic Clinical importance college was shifted to town building at Khasbhag, Shahpur with attached hospital.
- o 1964: Work radiance and ground requirement lead to shifting of College to existing primordial building which was inaugurated by the then Chief Minister of Karnataka Late Shri S Nijalingappa.
- o 1990: KLE Society took over the Institute leading to the multifaceted developments.
- o 2005: Khasbhag Hospital which served from 1938, neighbored the college with multispecialty OPD's, highly equipped OT's, Diagnostic wing and IPD of 280 beds.
- o 2008: New Ambient Hospital was Inaugrated by, then Chief Minister of AndhraPradesh Dr Rajshekhar Reddy. New Post graduational courses were granted and New PG Block was sanctioned.

- o 2010: Research was strengthen by addition of Animal House. Inaugurated by Shri Hon. Governor of Tripura Dr D Y Patil.
- o 2012: Manthan PGBlock was Inaugurated by then Honorable Union Helath Minister Shri Ghulam Nabi Azad.
- o 2015: Existing Hospital was extended to first floor to meet demanding needs with HARIDRA (deluxe suits and VVIP rooms) was Inaugurated by AYUSH Minister Shri Shripad Naik. NAAC "A" grade 2nd Cycle was Accredited to University & College.
- o 2016: Institute became INDIA's only Institution with NAAC & NABH Accreditation in AYUSH Sector

The growth of Mahavidyalaya was contributed and evidenced chronologically by Principals Dr S C Nandimath, Dr B S Jirge, Dr A V Gadag, Dr B C Yadur, Dr K J Hiremath, Dr S V Pavate, Dr S S Hosmani, Dr C C Angadi, Dr V M Hiremath and presently Dr B S Prasad.

Institution has come up with following Innovative phases of starting many new platforms to excel Ayurveda aspirants.

## **CENTRAL RESEARCH FACILITY (CRF)**



Central Research Laboratory was started as a Laboratory in 2006 by pooling the instruments in various departments with the aim of enhancing interdepartmental utilization of facilities by faculty and students. It is a brain child of vision of Principal, Dr B S Prasad.

Through its diversified research activities CRL has transformed as Central Research Facility (CRF) an agglomeration of Analytical laboratory, Pharmacognosy, Microbiology, Medical Research Centre, Publication Facilitation Unit, Ayurtech & Incubation Center, which has been inaugurated

by then CCRAS Director Dr. G. S. Lavekar on 8th February 2009. Animal experimental laboratory, a part of CRF, which is registered with CPCSEA for testing on small animals, has been inaugurated by Hon'ble Governor of Tripura Dr. D. Y. Patil in 2010. Four Institutional Research Committees are monitoring, guiding and reviewing the research quality.

Dept. of AYUSH, Govt. of Karnataka has recognized our center as approved Drug Testing Laboratory for ASU drugs in 2011. Since its inception, CRF has contributed in analyzing 2261 raw drugs, 1133 finished products, authentication of 1471 drugs, conducted 99 animal experimentations for pharmacies, PG & PhD Scholars.

Institute offers the services to outside researchers and pharmacies also. Till now 112 PG & PhD scholars of 25 educational institutions and 15 pharmacies have availed our facilities for their research and quality control studies including 15 animal studies.

Institute has been working in 21 research domains like Ayurgenomics, development of animal models as per Ayurveda basics, drug development, cancer cell line, environmental studies,

ethnobotanical surveys, pharmacokinetics, safety, efficacy & toxicity studies, RCTs, observational studies and design & development of therapeutic equipment.

CRF has engaged in disseminating the knowledge by conducting 23 workshops/hands-on training having 807 beneficiaries. CRF has organized National workshops on - Experimental & Analytical techniques, Pharmacognosy, Scientific writing, GCP, GLP and Intellectual Property Rights.

#### DEPARTMENT OF AYURVEDA MEDICAL EDUCATION (DAME)



In the year 2009, the Mahavidyalaya took an innovative and distinct step of starting Department of Ayurveda Medical Education (DAME). DAME has been working for teaching and curriculum development in Ayurveda. DAME has been recognized as Regional Centre for Training to Teachers (TTT) by Central Council of Indian Medicine. (CCIM) in March – 2015. DAME since inception has conducted nearly 450 activities including curriculum designing and development (299

activities), teaching training and technology (91

activities) and feedback and evaluation (60).

Mahavidyalaya started OSCE (Objective structured Clinical examination) & OSPE (Objective structured Practical examination) pattern of examination in the year 2013. Under the KLE University the Mahavidyalaya could start certificate courses in 8 streams since 2010 namely Panchakarma, Kshaarsutra, Vajikarna, Ayurveda dietics, Ayurveda cardiology, Ayurtech and Ayurgenomics. In year 2017 started Fellowship course in Ayurveda oncology.

Department is lead under Chairmanship: Dr. B. S. Prasad, M.D. Ph.D. and Chief Coordinatorship of Dr. P.G.Jadar, Professor.

## SPECIALITY CONSULTATIONS

**Dr B S Prasad** redefined the Ayurveda consultation by initiating speciality outpatient departments for meeting requirements of society namely



**Swarna Bindu Prashana-** A unique Ayurvedic Method to boost immunity and intelligence. This procedure has been brought back to practice by our institute and hold pride in spreading it throughout India. Nearly 2000 kids make use of this service every month. Each child spends not more than 10 minutes in a new case and not more than 5 min in follow up cases although the number is so high. Every time the child is

screened and hence the health problems are evaluated every month.

#### GARBHA SAMSKARA – AYUR ANTI NATAL CARE



Ayurveda approach to healthy progeny is an innovative program of the prasoothi and streeroga department wherein every pregnant woman is offered following programs mainly to face the process of delivery without fear. Education about normal pregnancy and changes occurring during pregnancy, Monthly Dietary Regimen to be followed during pregnancy



#### HRIDYA CLINIC - AYUR CARDIAC CARE.

Section of Preventive Cardiology offers services to patients with cardiovascular disease and those who have a high risk of developing it. Individualized programs are designed to reduce risk factors and prevent disease from getting worse. Our team includes specialists to offer Panchakarma treatments, Rasayana treatments, nutritional services, exercise programs, stress management and cardiovascular

disease risk-reduction programs. Rehabilitation plan is designed to meet your needs. You may need six weeks, six months or longer to learn how to manage your condition and develop healthier habits.

### NIRVISHA CLINIC – Toxicology and detoxification centre

Food and water are the main sources of our life. In our day-today life, we are consuming pesticides, insecticides and various other toxins incidentally along with foods which are responsible for various skin manifestations like Urticaria, Eczema and Psoriasis etc. These skin disorders manifest as a result of incompatible food intake and also due to side effects of certain medicines. Nirvisha works for combat such disorders with branch of Agadtantra.

# SAMVARDHANA CLINIC- A treatment and rehabilitation centre for all special children

Comprehensive team of Ayurvedic Pediatrician, Manasaroga Specialist, Yoga & Naturopathy Specialist, Speech Therapist, Physiotherapist Ayurvedic Dietician, Psychotherapy takes care of Physically and mentally challenged children who visited our hospital were registered and screened for their disabilities like, Cerebral palsy, Mental retardation, ADHD, Learning disabilities, Enuresis, Speech problems and other developmental disorders. This multidisciplinary approach of treatment helps in promotion of intelligence, memory, reduce hyperactivity, increase concentration, reduce spasticity etc.

### **DIABETIC CLINIC – Ayur Madumeha Care:**

Diabetes in Ayurveda is dealt under Prameha. All types of Prameha terminate into Diabetes Mellitus (Madhumeha) in the absence of proper treatment. Clinic aims to ensure the highest quality of care for diabetic patients both in hospitals and in primary care, promote awareness of and interest in diabetes mellitus and diabetes care both locally and nationally, provide a resource of information about diabetes care for patients and others.

### THYROID CLINIC - Ayur Thyroid Care

From the vision of Ayurveda, rather than replacing hormone, it gives much added position to modifying Agni (Basal Metabolic Rate) and augmenting Vyadhikshamatwa (immunity). This helps body to correct BMR which seems to be the best for Thyroid patients for attaining quality life. This is accomplished by adding medicaments having actions like deepana, paachana, rasayana, medodoshara & balya etc along with adapting suitable diet, life style modification & practicing yogic methods regularly to avoid lifetime consumption of synthetic hormones. Clinic cadres to all form of thyroid dysfunctions with successful outcome which testified by great follow up of patients.

#### CANCER CLINIC - AYUR CANCER CARE



Importance of integrated approach to cancer patients was conceived much earlier by Institute, which has become need of hour by keeping patient centric therapies, Institute has taken a step in this regards and started various activities from organising regular free cancer camps thrice every month. A Fellowship course in Ayurveda Oncology (Duration 2 years) in collaboration with Rasayu Cancer Clinic, PUNE which is dedicated Ayurveda cancer centre

since two decade has been initiated with an objectives of exploring Ayurveda in cancer and creating human resources to aid & extend alternate therapies for Cancer. Clinic provides comprehensive care by providing Ayurveda Cancer consultation, Personalised cancer therapy, Counselling ,Diet consultation, Yoga, Panchakarma cancer specific.

#### UTSAHA (Rejuvenation clinic) Life style Management and Rejuvenation Centre.

This unit focuses on making the healthy individuals more healthier along with the treatment of Occupational Hazards and Obesity which is the current global concern by detoxification of the body followed by rejuvenation. Integrated approach of Panchkarma, Physiotherapy, Yoga, Meditation and Diet is practiced to deal these aliments. Clinic provides • Expert consultation along with Prakritiassessment, Anthropometric measurements, Rejuvenation therapy, relaxation therapy and Seasonal cleansing.

#### HOLISTIC PAIN MANAGEMENT CLINIC

Ayurveda explains the origin of pain is due to vitiated Vata dosha, once vata dosha is treated efficiently the pain subsides automatically. Pain clinic is an innovative approach where cause for pain is evaluated and managed by integrating many departments like Panchakarma, Kayachikitsa, Shalyatantra, Yoga, and Physiotherapy. Ayurveda explained very effective treatment modalities like Agnikarma, Jaloukcharana, Siravyadhana and other Panchakarma procedures for pain management without any adverse effects. These are combined according to the need and disease condition of the patients.

#### SRISHTI FERTILITY CENTRE



Srishti Fertility Centre is a KLE innovation and was inaugurated in the year 2008. Srishti Fertility Centre of KLE Ayurveda Hospital is a well-equipped unit and serving the society since years for a healthy progeny. Works with aim to give best possible outcome for every couple that seeks our help through ancient science varied skills and experiences in order to have healthy progeny

#### MANASA ULLASA – DE ADDICTION CENTRE.

Center is successful in managing various psychiatric disorders like Anxiety disorders, mood disorders, Substance abuse, Insomnia, schizophrenia, psychosis etc. Mental health promotion is actively perceived through various radio talks, guest lectures and camps. Psychological approaches is working on satwa, raja, tama (Psychological properties), prajna (consciousness), indriya (sensory & motor functions), buddhi (Intelligence), sheela(habits) etc. Re working on mental health and reinforcing positive psychology is through approaches of rasayana, dinacharya, rutucharya, sadwrutta (ethical code of conduct).

#### KANKAYANA a treatment centre for ENT and EYE disorders.

A special ocular therapy unit established for the treatment of various ocular ailments. In this unit special ocular therapies like Seka, Aschyotana, Anjana, Tarpana, Putapaka, Nayanabhyanga, Annalepa, and a set of eye exercises and ENT carrying Nasya / Shirovirechana, Gandoosha, Kavala, Pratisarana, Pracchanana, Lepa, Hanubasti, Karnapoorana, Karnadhoopana, Karnaparimarjana, etc are carried out.

#### SKILL LABORATORY





Hospital has established YOGYA clinical skill lab for providing the proper basic knowledge, motivation and hands-on trainings, through which the fundamentals of a system can be made inherent and the self-confidence of the scholars to perform a procedure in a manner analogous to workshops on surgical techniques, students were expected to refine their skills on the various materials which simulates with the actual conditions. eg-art of bandaging or ligaturing. It trains nursing staff, students and PG scholars.

Our Teaching Ayurveda Hospital has been accredited by NABH in 2016 (National Accreditation Board for Hospitals and Healthcare Providers). It is the only Teaching Ayurveda Hospital first in Karnataka and second in India having NABH accreditations. With this KLE AYURWORLD became the 1st and the only Ayurveda Institution to have Skill laboratory with wide range of simulators.



#### **PHARMACY**

Presently the pharmacy is in production of 286 classical preparations, 9 propriety and 2 food products making it to total 297. Pharmacy has come up with monograms of Grahya Lakshana for 35 drugs and Standard operating procedure for 25 products. It has sponsored 8 research projects of post graduate scholars. Since 2010 till 2016 it has conduct more than 140 activities form stall exhibitions in international conference's (23) to training programme (15) and drug preparation research (55) and many more.

#### AYURTECH



Ayurtech Department was established in 2014, which was Innovative step taken by Principal Dr B S Prasad. The department works for Instrumentation in Ayurveda by adopting recent technology and could realise two yantra namely Basti and

Nasya Yantra. Couple of other yantra are being in framework and Institute has applied for 5 patents.

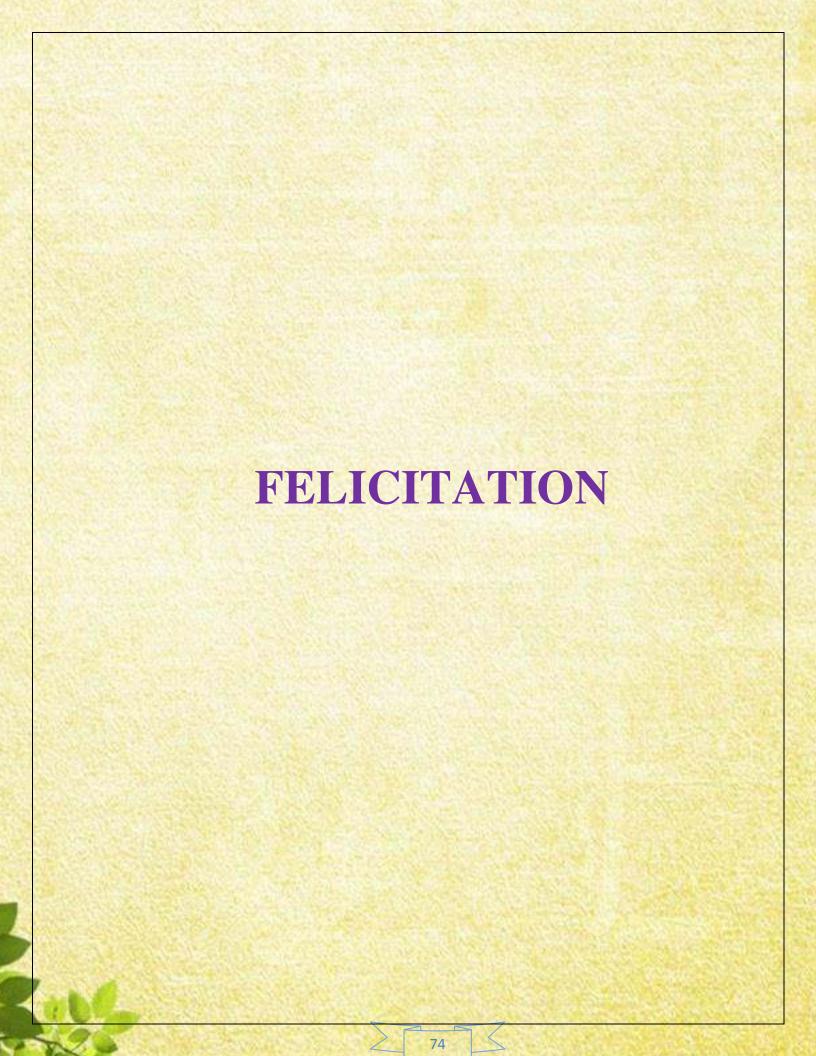


#### **VRUKSHAYURVEDA**

Existing herbal garden was named as department of Vrukshayurveda for exploring new horizons. The Department was started in the Year of 2011. Since then the department has conducted various workshops viz, Vermicomposting, sampling techniques, seedling techniques, cultivation techniques etc. Department serves for preserving and treating of seeds, preparing pits for planting, sapling, selection of soil, method of watering; nourishment and fertilizers, plant disease and protection

from internal and external diseases, layout of a garden; agricultural and horticultural wonders, ground water sources etc. PUNARNAVA Nursery vermicomposting manure facility is an added advantage to the department.

The Department has a mission of Developing a Species and planting technique models for Karnataka, Road side Plantation, School and Institutional planting, and Town and City plantations, Farm forestry. Till 2015 more than 7500 plants have been planted under flagship of Vanamahothsava and in 2016 on occasion of Centenary of KLE society 10,000 saplings were planted. It is able nurture 14 endangered, 67 rare plants and is source for more than 400 species & 325 genera of plants.





the year 1985 and Dector of Medicine (6:D) in Kayachikina in the year 1991 from Gujarat Ayur veda University, Januarigan He began his journey as Hear of Post Gracuate institute of Ayur veda, Mahaima Garichi Chihakoot Gramodaya University, Chihakoot, At.P. Inst. Dec 91 to May 95 and Issuanni a founder of Chakraponi Ayur veda Clinic & Research Center Jaipur, India in the year 1998.

Research in Ayurvista's always in his anniby being is effection to children Company for "Open Imposition Project in Herbal Rewards for South East Asia" and as Pf for "Experiments on Total Health achievement of 100 villages" initiated by Deemley all Research Institute, Chitrakood during 1915 to 1995. To his credit he has several published research papers and presentations across globe. He has cliented many National and International Services Avoidances. He served as a Chief-Patron, peer research and Philipped research Insural "AYL". He has pen determed two texts entitled "Concept of Atathyabhinivesha in Ayurveda" and "A flegioners Guide to Ayurveda", later one being a guiding force for undergraduates.

Lie has distinction of being Organizing secretary and International Coordinator for International Delegates Assembly of 3rd and 3thWorld Averyeda Congress (1000 & 2012).

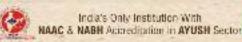
Through his journey be han held many prestigious positions from Atember of the Peer Team for Accreditation by NAAC at Benatas I lindu University & Bharati Vidyapeeth Deemed University, Member of Governing Body, Central Council for Research in Ayuryada Sciences, Member of Tasi. Force by Minitary of AYUSH for tero ms, member of 12th Five Year Plan AYUSH Steeling Group to Vice Chancellor, Gujarat Ayuryad University at Januagar which is a state University established by Government of Gujarat, India trom August 2013 till 2016. He serves as Life member to many International Authorial Science Sparid.

His articulate thoughts became the reason for well resublished centers with the estructures of global standards namely GAU, J R D Tata foundation for Research in Averagia at Chipakov, MP.

His diligent and personsize passion could prepagate Astronome to exemple like Limited States of America, LiK, Italy, France, Notherlands.
Columbia and Carada through Ayurvesta consultation, too phays and presentations. His is Humared with Padmashein, 4th Highest Civilian Award the laced by the President of India on the exercit 2004 persons 2015 for results services genelesed. Also recipient of "Cikibal Ayurvesta Physician Award" for the year 2007 conferred by Hakun Azmat should receive. New Delha, "Ayurvesta Katna" ascant from International Academy of Ayurvesta Physicians for the year 2008.

The institution thus boxes in respect and look forward to draw more inspiration from him. May Lond Thankartan bessess his bressings on him to infuse more strength and serve to the attracte services.







Ör, Vishwanath Dundappa Patil, Born on 10. December 1947 graduated with MBRS in 1969 and DCH in 1973 at Kamutaka Institute of Medical Sciences, Hubit, Kamutaka University Obanyad, His academic distinction was

later dompleted as Dioctrine of Medicine in Pediatrics in 1975 at Bangalore Medical University. His appetite for learning was not setted; he accomplished fellowship in MICH which was awarded by WHO in 1992.

He began his journey as Lecturer in Department of Paediatrics at jawaharial Nehru Medical College, Belagavi from 1976, since then you have rendered a selfies searching career of nearly 4 decades and truly a gradle of knowledge to scholars and students.

His clinical and research acumen reacte him a country co-ordinator for Neonatal Research Project for Global Site \*8\* NIH.

USA and trained for it at Miami, Florida L.SA. He was Principal investigator in the Indian CLEN Project Assessment of Injection practices in India supported by Ministry of Health westers, Government of India and World Bank.

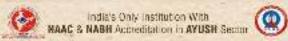
His clinical precision was reciprocated by requating him to, University of Illinois Chinago by KLE University for emancing intensive care account. He could then an iculate the thoughts and became the recommonwell-establishedPaediatric intensive care unit of KLES Dr. Problema Kure Plospital and MIR C a first of its kind to serve North Kamataka. He has been a healing hand to many children's as Chief Pediatrician a KILE'S Hospital and Vedical Research Centre. He was also responsible for establishment of Neonatal intensive care unit at District Hospital Belagavi which is still serving the needly.

I lis has rendered an excellent Administration reign of more than a decade at different levels and capabilities it may be Principal, I N Medical College, Dean Faculty of Medicine. KLE University Belagavi to Registrar KLE University since 2012 to till date. He was instrumental and played a significant role in establishing KLES Dr. Prabhakar Kare Charitable Hospital of 1200 bedded. He has served as President of Indian Academy of Pediatrics of Karnataka chapter and Pediatrics critical care chapter.

He is an Advisory member for collaboration of March of Dimes U.S.A and KLES Dr. Prabhakar Kore Hospital and MR Cland JN Medical College Belgaum. He has actively participated in National pulse policiprogramme. He was bonomed as one of the nine distinguished teachers in Kornataka State, by State Indian Medical Association in 2012 and recipient of Teacher Swand by KLE University in 2010.

The institution thus brows in respect and look to exact to draw more inspiration from him. 6day food Dhanvantar bestow his blessings on him to before sucrey transfer and serve for its situace services.





## **AAPNA AWARDEES**

SL. AWARD NAME AWARDEE'S

1. Aryabhatta Dr. Giridhar Vedantam

2. Atreya Dr.Pradeep Grampurohit

3. Chanakaya Dr.Rajesh Kotecha

4. Charaka Dr. Murli krishana Parasara

5. Dhanwantari Dr.Kartara Singh Dhiman

6. Jeevak Dr. Murli krishana Pusuluri

7 Kashyapa Dr.Kavitha.N

8. Nagarjuna Dr. Rajeshwari Kamat

9. Nalanda Shri. BMKAM

10. Nimi Dr.Savita Angadi

11. Sushruta Dr. Pradeep shinde

12. Vagbhata Dr. Kirankumar Mutnali

13. Yogi Dr. Sandeep Sagare



# (Charak)

Health forever ... Naturally



Dr. Palep's"

#### **INVITED ARTICLES FROM RENOWNED PERSONS:**

#### **Outhouse Articles**

#### 1. CONCEPT OF ENDOCRINOLOGY IN AYURVEDA

By: Dr.Santosh N. Belavadi. Professor

Department of P.G studies in Kayachikitsa, D.G.M Ayurveda Medical College, GADAG-582103 KARNATAKACell-09886916367, Email:ayursnb@yahoo.co.in

**Dr. Prassannakumar S Patil** Professor and Head, Department of Panchakarma, Sri Sindagi Shantaveera Ayurvedic Medical College, Hospital, Haveri.

#### **ABSTRACT**

Ayurveda science explained about healthy regimens which keeps the doshas and dhatus in equilibrium state. In the present time due to change in lifestyle, sedentary, stress lack of excises which leads to different disease. Now days the disease related to different Endocrine glands increases day by day and lot of patients coming in search of an Ayurvedic physician for the solution to the ailment. Here an effort is made to search the information related to Endocrines form various samhita granthas. This article helps Researcher to plan the research protocol in Endocrinology in Ayurveda.

Keywords: Endocrine, Granti, Galaganda, Gland, Hormone Ashthonindhita etc.

#### **INTRODUCTION:**

The body has two major control system, they are

1) The Endocrine system and 2) The Nervous system

Endocrinology concerns the synthesis, secretion and action of hormone.

WHO Statistics indicates that they are relatively rare cause of death. Some Endocrine disorders are common, particularly those of the Thyroid gland, Reproductive system.

But according to Ayurveda, What is Endocrinology?, Whether our Acharyas have the concept of this or not?

What are the probable diseases explained in Ayurveda Simulates with Endocrine disorders? and What would be the treatment? All these questions arise in the mind of every Ayurvedic person.

In our classics there is no separate chapter or any detail reference pertaining to concept of Endocrine and its disorders.

Here an attempt is made to a highlight some probable concept of Endocrine and its disorders based on some scattered references from various Ayurvedic texts.

#### **CONCEPT OF ENDOCRINE IN AYURVEDA:**

There is a question in mind that whether our Acharyas have the concept of Antasravigranthi that is Endocrine gland if yes then Why they are not mentioned in separate chapter or treatment for these disorders.

For this, concept of srotas may give answer. Because Ayurveda believes that for the disease manifestation there must be vaigunya that is impairment and vitiation of srotas is must.

#### "Sravanaatsrotansi"

Srotas is that which allow to transudate<sup>1</sup>
Nutrient material are supplied to the tissue through the process of transudation (Chakrapani)

While mentioning the paryayas of srotassamvrut, asamvruta (Cha.Vi.5) that is covered, uncovered passages are mentioned and Acharyas have said in the classics

- SrotasamevaSamudayapurusha
- \* Srotomayeepurusha
- \* YavantahaPurushaMurthimanthoBhavavishesha<sup>2</sup>

These all makes us to arrive at the opinion that the srotas or any smallest part of the body including cell can be taken as srotas.

Acharyacharaka mentioned srotas are Lakshopalakshani that is Aparisankya, which is the supportive point in considering every single cell as srotas which peformssravanakarma.

But seeing all these references and explanations it is true that our Acharyas have the concept of srotas in wider meaning including sukshma (Asamvruta) uncovered to sthoolasrotas (samvruta) covered.

They are not mentioned Antasravigranthi separately, which can be included under srotas only. They many not concentrated in naming duct less gland because they have considered them in srotas.

Endocrine disorders are mainly due to hypo and hyper function of that glands. Once again these process shows the importance of srotas as.

Acharya Charaka sadi in Vimanasthana that there is no structure in the body can grow and develop or waste independent of srotas.

Acharya Vagbhata in sutrasthana highlighted that the Kayagniamshas mentioned by Vagbhata only. The amshas are distributed in all dhatus since these are the amshas of kayagni, their functions also similar to Kayagni. The kayagniamshas located in dhatus, affect the catabolic process, resulting in destruction of the dhatus.

The increased function of these pachakamshas caused the decreases of the dhatus. And the decreased function of these increases of the dhatus said by acharya Avagbhata in sutrashana.

The recent authors explained their concept interms of Endocrine in Ayurveda. While explaining Atyagni/Bhasmakaroga explained by charaka and other Acharyas is because of Hyper metabolism associated with hyper activity of thyroid gland that is Hyperthyroidism.

In Introduction to Kayachikitsa and Digestion and Metabolism in Ayurveda by C. Dwaraknath explained that Hyper and Hypometabolism associated with Hyper and Hypofunctioning of thyroid gland and abnormality of this gland leads to metabolic disturbances. Some important Endocrine gland and its probable Ayurvedic correlation

Modern gland	Probable Ayurvedic correlation
1. Thyroid gland	"Trayakante gala nalakastini" 3
2. Parathyroidgland	
3. Adrenal gland	"VrukkagraMamsam" (Amarakosha)
4. Pancreas	"Udakavahadwetrayormulamtaluklomancha" Su.Sha. 8/12
5.Ovarises	
	Phalakosha
6.Placenta	"Aparagarbhavaranajarayusanjayamlokaavlamithyachakshate" 4
7.Testis	
	Vrushanou Su.Sha.

Galaganda and Gandamala are the diseases of Gala where the Vitiation of Kaphadosha and Medhadhatu. In classics almost all acharyas have been vividly described these disorders and explained various treatment modalities. Which includes different Shamanayogas, Lepakalpas, Tailakalpas, Panchakaramas like Vamana, Virechana, Nasya, Raktamokshana specifically Siravyadhana and along with this some upakarmas like Udgharshana, Bhandhana, Abhyanga, Kavalagraha and Dhoomapana.

Gandamala: Stree gandaam greevajata spotha visheshanaam malaa samuhoasyam | galaroga vishesha.<sup>5</sup>

- Malatulyam gandayogat gandamala
- Gale gandakarupa vruna eva gandamaladayaha
- Gandamalika kantadeshe malakara grantirupa | <sup>6</sup>
   Manifestation of Shotha that is Mushkasamana (Andakosha, Scrotam) in Galapradesha is said to be Galaganda.

#### CLASSIFICATION OF ENDOCRINE DISORDERS

Endocrine disorders are classified generally as

- 1) Disease of under production or over production of Hormone.
- 2) Diseases associated with development of Mass lesion.
- II. Another classification as
  - 1. Hormone excess
  - 2. Hormone deficiency
  - 3. Harmaonal hypersensitivity
  - 4. Harmonal resistance
  - 5. Non-functioning endocrine function ( Davidson's & Praveen Kumar Medicine)
    After going through modern explanation it is necessary to think in terms of Ayurveda.
    According to Ayurveda probably these disorders are classified as different srotovaigunyavikaras these are
    - 1.Galganda in Mamsavahasrotovikara
    - 2.Sthoulya in Medavahasrotovikara
    - 3. Klaibhya in Shukravahasrotovikara
    - 4. Yonigataroga in Artavavahasrotovikara
    - 5. Bhasmaka/Atyagni in Annavahasrotovikara
    - 6. Prameha / Madhumeha in Udakavahasrotovikara like wise
  - II. Another classification can be made on the basis of Trividarogas explained by Sushrutai in Sutrasthana in 24 th chapter.
    - ❖ Adhyatmika: Adibala- vitiation of shukra and shonita of Mata & Pita ex.

      Dwarfism due to inherited autosomal recessive disorders
    - ❖ Janmabala: ex. Congenital defects of hypothalamus causes short stature
    - \* Doshabala:
    - ❖ Adibhoutika: Sanghatabala- ex. inappropriate release of ADH caused due to lesions of hypothalamus such as trauma.
    - Adidaivika: Kala bala –

Doshabala – Idiopathic Hypo parathyroidism Swabhavabala - Menopause It is true that any disease in the body will occur due to Vaishyamya of shareerabhava that is "Veekarodathuvaishamyam" 8

Chakrapani commented on this said that Vaishamya may in terms of Vruddi or Kshaya

In the same passion by taking modern knowledge Endocrine disease may be classified according to Ayurveda as

- Vruddyatmakajanya (Hyper functioning)

- Kshayatmakajanya (Hypo functioning)

#### SAMANYA SAMPRAPTI OF ENDOCRINE DISORDERS

Endocrine disorders manifest mainly due to hyper and hypo hormone secretion or hormonal resistance. These phenomenon may considered according to Ayurveda as kshaya and vruddi while mentioning srotodushtiprakaraAtipravritti and sanga are considered.

#### Vruddi is defined as

Acharya Vagbhata in Sutrasthana said excessive secretion or accumulation. It is mainly due to Atipravritti (hyper) type of Srotodushti <sup>9</sup>

Coming to sanga it denotes obstruction it is defined as

In Endocrine disorder sanga type of srotodushti may be understood in this way.

- **Sanga-** interms of hypo secretion of hormones
  - ex- Dwarfism due to decreased growth Hormone (GH)
- ❖ Sanga Interms of hormonal resistance, where particular tissues are not able to receive Hormone. ex-Nephrogenic diabetes insipidus where nephrons are resistance to ADH.

These srotodushti may be because of tridosha alone or combined.

Acharya Charaka in Chikitsasthana 15<sup>th</sup> chapter mentioned the samanya samprapti for the disease as

The Rasadhatu will be circulatiang all over the body with the help of Vyanavayu with this there is continuous Gati of dravadhatu in Hrudaya, Rasavahini and Raktavahini. In this way it is circulating continuously, if there is any srotovigunata or khavaiagunya it lodged there and manifests different diseases.

ex- like the Vayu takes the Megha from one place to another when this Megha stops there the rain takes place.

khavaigunya is in the Endocrine gland, which may be Congenital, Hereditary or acquired. ex- congenital defects of Hypothalamus -> short stature

Genetic defects in posterior pituitary Diabetes, insipidus.

Vagbhata explained samanyasamprapti for all diseases that,

According to Vagbhata due to prakupita of Vatadidosha, the Rasavahadhamani which is present in Roghadhistana (sthana) through Rasavahadhamani it circulates all parts of the body and produces different types of vyadhis.

Another reference by Vagbhata

By different nidanasevana, prakupitadoshas are get lodged in different places and causes disease. This samprapti holds good for Endocrine disorders because sthanantarani means Arunadutta said "Swasthanamhitwaparanisthanani".

In the same way in some Endocrine disorder, Hypo and Hyper hormone secreted in one gland will affect on another Endocrine gland and causes disease.

ex- In diabetes insipidus, ADH deficiency is due to hypo functioning of posterior pituitary, but where as it affects on kidney which causes polyurea. This phenomenon can be taken according to Ayurveda as "Stanantarani cha prapya".

Common manifestation due to sanga and Atipravritti are

That is excessive vruddidosha may shows pravriddata in Guna, karma lakshana and kshayadosha may shows.

Acharya Vagbhata said Ksheenata in its guna, karma lakshana.

So in the same way hyper secretion and Hypo secretion of that hormone exhibits the signs and symptoms.

#### ENDOCRINE DISEASES OF AYURVEDA

After going through the classics probably the following conditions are considered.

- 1. AsthaNindita
  - Atihrushwa
  - Atideergha
  - Ati Krishna
  - Atigoura
  - 2. Prameha /Madhumeha
  - 3. Udakameha
  - 4. Galaganda
  - 5. VatajaShotha
  - 6. Pindikodweshtana
  - 7. Klaibhya
  - 8. Yoni vyapath
  - 9. Athyagni/ Bhasmaka

- Atiroma
- Aloma
- Atisthoola
- Atikrusha

The above-mentioned disorders may give clues about explanation of Endocrine disorders in Ayurveda. It is very difficult correlate 100%. But in some aspects these may be considered with a probable correlation with Endocrine disorder.

Here correlated these Ayurvedic disorders with that of Endocrine disorders because some of the features are present in that disease so probably considering.

- 1) **Atideergha**:- According to modern science this can be considered as Giagantism which is due to hypo functioning of Growth Hormone secreted by anterior pituitary.
- 2) Atihruswa :- Acharya Charaka has not explained for this. But while Sushrutamentiongjanmabalapravruttavyadhi mentioned as "Vamana" that is "Janmabalapravrutta ye maturapacharatu.... vaamanaprabhutavojavante" 10

Dalhana commented on vaamana as atyantahruswashareera. This indicates atihruswa and vaamana are same conditions probably occurs due to congenital defects.

Charaka has mentioned vaamanatwa in the context of vatajananatmajavikara. Along with this he has used the word kubjatva in the same context (Cha. Su. 20/11). This may lead to a question that what is the difference between vaamanatwa and kubjatva. This may be classified as vaamanatva means only the short stature, kubjatva means along with short stature he is more ugly.

These two conditions may be correlated as follows –

Atihruswa or Vaamanatwa – Is pituitary dwarfism caused due to inherited autosomal recessive disorder and congenital defects of the hypothalamus.

Kubjatwa – Congenital hypothyroidism or cretinism

Atiloma—Atiloma may be found, as one clinical feature in some endocrine disorders. This may be correlated with Hirsuitism found in cushing's syndrome (Glucocorticoid excess) Adrenal androgen excess, Gonadal hormone excess (Polycystic ovary disease)

**Aloma** – In modern science there is no explination about complete loss of hairs in any endocrinal disorder. But in Hypopitutarism (deficiency of LH) axillary and public hair eventually become sparse or even absent this can be taken as aloma.

Atikrushna – In modern science this condition may be correlated with hyper melanin pigmentation caused due to lack of adequate glucocorticoid secretion.

Atigoura – Here the varna of the shareera becomes very much whitish.

In addisons disease vitiligo may develop. This condition may be taken as atigoura.

Atisthoola— Charaka has given detailed explanation about this disease. While mentioning the nidana for this he says "beejasvabhavaschavopajayate" <sup>11</sup> Chakrapani commenting on this says that "Beejasvabhavadatisthulamatapitrujanayatwat" this suggest that the familial and genetic predisposition.

Charaka has mentioned javoparodha, krucchavyavayata, dourbalya, dourgandya, svedabhada, Atikshudha, Atitrushna, Ayurhras as Sthuladosha.

And he has mentioned "Sadakshuyatyagni" which is suggestive of impaired metabolic function.

This condition may be correlated with Cushing's syndrome (Glucocorticoid excess) in which all most all lakshanas of Atisthulata are present another condition like hypothalanic tumours hypothyroidism may cause obesity.

Atirusha – Acharya Charaka has explained in Sutrasthana this condition as – "ShushkaSpikudaragreevadhamani.....".

According to modern Hyper activity of thyroid causes wasting of muscles and develops atikarshya.

**Prameha/ Madumeha** – This disease is considered as Kulajavikara by <sup>12</sup> and janmabalapravruttavyadhi by <sup>13</sup> while mentioning KlomagataAntahaVidradi, pipasa and mukhashosha are explained by Acharya Sushruta <sup>14</sup> and Charaka which is suggestive of pancreatic pathology.

Prameharogi are classified as sthoolakrusha<sup>15</sup>. This condition suggestive of pancreatic pathoalogy as well as insulin resistance.

Clinical features of this disease is correlated with diabetes mellitus, which is characterised by hyperglacemia due to dificinece or defective response of Insulin.

Udakameha— It is one among 10 Kaphajameha.

This is mentioned in the context of Meha, which is also considered as Kulajavikara this will make us to correlate with Diabetes insipidus which is caused due to ADH deficiency for this Genetic defect is also one of the cause.

Galaganda – Madhukosha explained this, as hanging growth present in gala pradesha is known as Galaganda.

For this samprapti as vitiated vayu, kapha and medas will get lodged in Galapradesha and cuases Vataja, Pittaja, Kaphaja and Medaja Galaganda 16. 20th century authors have correlated to that of Goiter.

**VatajaShotha** - is the one of the sign of vatajashotha. This condition can be considered as myxoedema in which non-pitting oedema is present.

**Pindikodvestana** – It is mentioned in Vatajananatmajavikara. It can be correlated with tetany, which is one of the symptoms found in Hypoparathyroidism.

Klaibhyaroga – Charaka has mentioned 4 types of klaibhyaroga in <sup>17</sup>.

- a) Beejadoshaja
- b) Dwajopagataja
- c) Jaraja
- d) Shukrakshayaja
  - Hyperprolactinaemia
  - Hypopitutarism (LH)
  - Hypogonadism

Narashanda – This may be correlated to Adrenal androgen excess in adult male, which may cause feminisation.

Klineflter's syndrome

Turner syndrome are considered in this

**Yonivyapat** – Several disease explained under yonivyapat will suggest endocrinal abnormality. Charaka explained beejadosha and daiva as nidana for yonivyapath that is

The diseases are

**Shandi** – this condition considered as adenohyposis

**Vandya** – means "*vandyanashtartavam*". conditions are hypopitutarisum, Cushing's syndrome **Shuska** - These conditions can be taken as hypoestrogenic

Arajaska or anartava – These 2 conditions can be considered under Hyperprolactinaemia

- Decreased LH
- Cushing's syndrome
- Polycystic ovary disease

In this manner the above-mentioned conditions may be taken as Endocrinal disorders.

But syndromes explained in modern science are very difficult to correlate with any one of the Ayurvedic disease. These conditions may be taken as Vyadisankara

Atyagni/Bhasmaka - Explained by Charaka, Sushruta, Madhavakara and Bhavapraksha.

In modern it is correlated to hyperthyroidism in which there is increased appetite, perspiration, heat tolerance.

Mandagni – Hypothyroidism

Discussion:

Now days the patients are increased day by day and coming to an Ayurvedic Physician for better treatment.

#### **Conclusion:**

- In first stage in case of early diagnosis and if selected proper Shodhana chiktsa followed Shamanayoga along with Pathyapalana may give encouraging results.
- Researches should be carried on with above mentioned various classical references.
- Though endocrinology is not explained systematically in Ayurvedic classics, but considering different context and reference we can say that they had some concept in Ayurveda.
- The concept of srotas explained by our acharyas may be holds good for the concept of Endocrine gland.
- Some of the classification done under endocrinology interms of Ayurveda can be done under srotogatavikara, Trividaroga explained by Sushruta.
- Many Ayurvedic disorders mimic some of Endocrine disease but some are grouped under syndromes, which is named as Vyadhisankara in our classics.
- If a knowledge physician unable to diagnose or fail in naming the disease doesn't feel shame. The physician should treat the patient by the proper understanding of the factors like Rogaprakriti, Rogadhisthana and samuthanavishesha.

#### BIBLIOGRAPY:

- KashinathShastry, Vaidya Yadavatrikamaji Achar, AgniveshaCharakasamhitaChakrapanidattavirachitaAyurvedadipikavyakhyanahindiSut rasthana30<sup>th</sup> chapter, 12<sup>th</sup> verse 4<sup>th</sup> edition 1994. Chowkambha Sanskrit samsthana, Varanasi.
- 2. KashinathShastry,VaidyaYadavatrikamajiAchar, AgniveshaCharakasamhitaChakrapanidattavirachitaAyurvedadipikavyakhyanahindiVi manasthana5<sup>th</sup> chapter, 4<sup>th</sup> edition 1994.Chowkambha Sanskrit samsthana, Varanasi.
- 3. Sushruta, Sushrutasamhita, Ayurveda tatvasandipikavyakhyana Edited by KavirajAmbikadattaShastry,Shareerasthana 5<sup>th</sup> chapter 26<sup>th</sup> verse 10<sup>th</sup> edition 1996, Varanasi Chowkambha Sanskrit SansthanVol 1
- 4. Sushruta, Sushrutasamhita, Ayurveda tatvasandipikavyakhyana Edited by KavirajAmbikadattaShastry, Chikitsasthana 5<sup>th</sup> chapter edition 1996, Varanasi Chowkambha Sanskrit SansthanVol 1
- **5.** Shabdakalpadruma by Raja Radha Kantadeva Chowkambha Samskrita Series varanasi 3<sup>rd</sup> edition 1967, Vol 2.
- 6. Sharangadhara,SharangadharaSamhita,withAdamallasDeepika&Kashirams
  Gudarthadipikaeditedby PanditParashuramShastryvidyasagar No65,5th Edition,
  Varanasi, ChaukhambhaOrientalia, 2002.
- 7. Sushruta, Sushrutasamhita, Ayurveda tatvasandipikavyakyana Edited by KavirajAmbikadatta Shastry,10<sup>th</sup> edition 1997, Varanasi : Choukambha Sanskrit Sansthan Varanasi, Vol 1.
- 8. KashinathShastry,VaidyaYadavatrikamajiAchar, AgniveshaCharakasamhitaChakrapanidattavirachitaAyurvedadipikavyakhyanahindiSut rasthana9<sup>th</sup> chapter, 4<sup>th</sup> verse 4<sup>th</sup> edition 1994.Chowkambha Sanskrit samsthana, Varanasi.
- 9. Vagbhata, Asthangahridaya edited by Brahmanand Tripathi, Sutrasthana13<sup>th</sup> chapter, 18<sup>th</sup> verse, Dehli: Chaukambha Sanskrit Sansthan Reprint 2003.
- 10. Kashinath Shastry, Vaidya YadavatrikamajiAchar AgniveshaCharakasamhitaChakrapanidattavirachitaAyurvedadipikavyakhyanahindiChi

- kitsasthana 15<sup>st</sup> chapter 35-36<sup>th</sup> verse 4<sup>th</sup> edition Chowkambha Sanskrit samsthana, Varanasi. 1994. Cha.Sha.1/24, p.n. 694
- 11. Vagbhata, Asthangahridaya edited by BrahmanandTripathi, Nidanasthana 15<sup>th</sup> chapter, 23<sup>rd</sup> verse,Dehli: Chaukambha Sanskrit Sansthan Reprint 2003.
- 12. Vagbhata, Asthangahridaya edited by BrahmanandTripathi, Sutrasthana 1<sup>st</sup> chapter, 24<sup>th</sup> verse,Dehli: Chaukambha Sanskrit Sansthan Reprint 2003.
- 13. Sushruta, Sushrutasamhita, Ayurveda tatvasandipikavyakhyana Edited by KavirajAmbikadattaShastry,Sutrasthana 24<sup>th</sup> chapter, 5<sup>th</sup> verse, edition 1996, Varanasi Chowkambha Sanskrit SansthanVol 1
- 14. KashinathShastry,VaidyaYadavatrikamajiAchar,
  AgniveshaCharakasamhitaChakrapanidattavirachitaAyurvedadipikavyakhyanahindiSut
  rasthana21<sup>st</sup> chapter 4<sup>th</sup> verse 4<sup>th</sup> edition Chowkambha Sanskrit samsthana, Varanasi.
  1994.
- 15. KashinathShastry,VaidyaYadavatrikamajiAchar,
  AgniveshaCharakasamhitaChakrapanidattavirachitaAyurvedadipikavyakhyanahindiChi
  kitsasthana6<sup>th</sup> chapter 57 <sup>th</sup> verse 4<sup>th</sup> edition Chowkambha Sanskrit samsthana,
  Varanasi. 1994.
- 16. Sushruta, Sushrutasamhita, Ayurveda tatvasandipikavyakhyana Edited by KavirajAmbikadattaShastry, Shareerasthana24<sup>th</sup> chapter,5<sup>th</sup> verseedition 1996, Varanasi Chowkambha Sanskrit SansthanVol 1
- 17. Kashinath Shastry, Vaidya Yadavatrikamaji Achar, Agnivesha Charakasamhita Chakrapanidattavirachita Ayurveda dipikavyakhyanahindi Chikitsasthana 30<sup>th</sup> chapter 154<sup>th</sup> verse 4<sup>th</sup> edition Chowkambha Sanskrit samsthana, Varanasi. 1994.

## 2. Title: "EFFECT OF DWI-PANCHAMULA NIRUHA BASTI IN PAKSHAGHATA"

Author: - Dr. Prakash Paltye, Guided By:- Dr. Niranjan Rao,

Co- Guided By:- Dr. Shrikanth U

**Key Words:** Pakshaghata, Dwi-panchamula Niruha Basti, Stroke.

#### ABSTRACT:

Pakshaghata is one among the Vatavyadhi considered as Asta mahagada which is mentioned by our Acharyas. Pakshaghata may be correlated with the stroke phenomena, where in either left or right side of the body loses its functions in different degrees. Paralysis is the total loss of voluntary motor function result from severe cortical or pyramidal tract damage, degenerative neuromuscular diseases.

Basti is considered as prime line of management in case of tridosha, sapta dhatu & avarana like conditions. Brihatraye`s suggestive of twelve prasruta is total & maximum quantity of Niruha basti.

Need for study: Niruha basti considered as one of the major treatment for pakshaghata. in which it is capable of eliminating doshas from the body and it sustains life, dosha, dhatu and mala. Basti has got multidimensional therapeutic effect as bruhamana, shodhana, samana.

**Reference:** Dwipanchamula Niruha basti is mentioned in charakasamhita siddhisthanam 3/35 & Astangahridaya kalpasthanam 4/4.

#### INTRODUCTION:

Panchakarma is the most effectual and confirmatory therapy which that ensures the disease does not persist. Out of Panchakarmas Basti is most important as it drastically extirpates the morbid

Vata, the solitary Dosha, responsible for the movements of all Dosha, Dhatu and Mala within the body. Basti is the only Karma, which covers Rasayana and Vajikarana in its domain and removes Doshas out of all three Rog-Margas. Charaka aptlyhighlighted the overestimated designation of Basti- *Basti VataharanamShreshtha* (Ch.Su.25). Conclusively Basti, indeed, is the half of the entire management of diseases.

Pakshaghata is one among the Vatavyadhi consider as mahagada mentioned by Acharyas and is tricky to restore to health. Pakshaghata may be correlated with the stroke phenomena, where in either left or right side of the body loses its functions in different degrees.

Paralysis is the total loss of voluntary motor function result from severe cortical or pyramidal tract damage, it can occur with a cerebrovascular disorders degenerative neuromuscular diseases or CNS infection. The common brain disorder is cerebrovascular accidents (CVA) also called a stroke or brain attack. Stroke is a leading cause of serous long term disability in the United states. Basti is one of the superlative treatment modality in morbid vata dosha. Niruha basti considered as one of the foremost treatment for pakshaghata. in which it is capable of eliminating doshas from the body and it sustains life, dosha, dhatu and mala. Niruhabasti serves purpose of ellimination of vitiated vata dosha. Among various types of Niruha basti dravyas, Dwi-panchamula Niruha basti dravya are also mentioned. so it is considered effective in Vatavyadhi and also provides additional benefits of shodhana, bruhmana, Rasayana .Here a sincere attempt is made to evaluate the efficacy of the same.

#### **METHODOLOGY**

Pakshaghata is one of the vata vyadhi in which vitiated vata dosa results in disturbance, in the functions of human body, which in turn leads to Chestanivruthi.

Niruha basti is considered as the foremost treatment for Pakshaghata and amongst various Niruha bastis, Dwi-Panchamula Niruha Basti is well thought-out especially for persons of temperate health. It not only serves the purpose of alleviation of vitiated vata, but additionally promotes strength to the body.

Keeping the above said facts in background, the present study aims at assessing the efficacy of Niruha basti to manage the Pakshaghata.

#### **OBJECTIVES OF THE STUDY:**

To evaluate the efficacy of Dwi-panchamula Niruha basti clinically.

#### **MATERIALS AND METHODS:**

#### **SOURCE OF DATA:**

It is a single blind clinical study with a pre-test and post-test design where in a minimum of 20 cases but here attempt to made for present clinical study 60 patients suffering from Pakshaghata were selected from SDMCA&H Udupi.

#### **METHOD OF DATA COLLECTION:**

- ❖ It is a clinical study to evaluate the efficacy of Dwi-panchamula Niruha Basti as Yoga Basti procedure in Pakshagahta where in, patients of either sex will be selected randomly.
- ❖ A detailed proforma will be prepared considering all points pertaining to history, signs and symptoms and examinations as mentioned in our classics and allied sciences to confirm the diagnosis.

#### **INCLUSION CRITERIA:**

- Patients suffering from pakshaghata.
- Patients who were fit for Niruha basti.
- ❖ Age group between 30-70 yrs.

#### **EXCLUSION CRITERIA:**

- ❖ Signs and symptoms of Pakshaghata with evidence of cerebral infection, convulsive disorder, space occupying lesions and trauma.
- Patients with T.I.A and IHD.
- Patients with signs and symptoms of Pakshaghata, H/o onset below 10 days & above 6-months.

#### **INTERVENTIONS:**

#### **POORVAKARMA:**

Antarpaana, Sthanika Abhyanga with Moorchita tila taila & sthanika swedana.

#### PRADHANA KARMA:

In this study Dwi-Panchamula Niruha basti was administered in Yoga basti course. Therefore, on 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, day Matra basti with Moorchita taila was given. And on 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, day Dwi-Panchamula Niruha basti was given.

- ❖ Assessment will be done before administration of Basti Chikitsa (BT)
- ❖ At the end of Yoga Basti course assessment will be done after 8 days (AT)
- ❖ After 16 days followup will be done [pariharakala of basti] (FU)

Total duration of study will be maximum of 24 days.

#### PASCHATAKARMA:

Parihara kala of Niruha basti i.e 16 days.

#### ASSESMENT CRITERIA:

#### Subjective parameters

- Symptoms of Pakshaghata.
- Symptoms of Samyak nirudha and anuvashita Lakshanas.

#### **Objective parameters**

- ❖ It was assessed by Neurological mapping. Objective parameters
- It was assessed by Neurological mapping

#### **Interventions:**

- Duration of treatment -8 days.
- ❖ Dosage of Dwi-panchmula Niruha basti dravya:
- Shat-prasrutika matra i.e.576ml (Approxi:600ml)
- ❖ Dosage of Matra basti: 1 pala i.e.48 ml of Moorchita taila.

#### Ingredients and dosage of Dwi-panchmula Niruha basti Drayyas

Madhu → 2 pala
Saindhava → 1/2 karsha
Indukantha Ghritha → 1 pala
Moorchita Taila → 1 pala
Varaha vasa→ 1 pala
Varaha vasa→ 1 pala
Ashwagandha kalka→ 1 pala
Dasamula kwatha→ 2 &1/2 pala

Chagalamamsarasa → 2 &1/2 pala Aamlakanji → 1 pala

As per Acharya Chakrapani's commentary saindhava (6gms) was taken additionally in the above said recipe. The total quantity hence obtained was "6" prasruta and 1 prasruta(96ml) was taken as 100ml for easy calculation, So, 6 prasruta i.e 576 ml(approximately 600ml) of basti dravya was obtained.

#### **OBSERVATIONS AND RESULTS:**

- ❖ Total No. of patients registered for the study 80
- $\bullet$  No. of patients completed the present clinical study -60
- No. of patients registered for the pilot study-20

Descriptive statistical analysis

The details of the descriptive statistical analysis in regards to age, sex, religion, marital status, dietary habit etc of 60 patients suffering from pakshaghata is elaborated in the following paragraphs.

Total: 60 patients diagnosed as pakshaghata were randomly selected and studied

#### STUDY DURING TREATMENT -BASTI RETENTION TIME

- ❖ Maximum retention time for NIRUHA Basti was 48 min.
- ❖ Minimum retention time for NIRUHA Basti was 5 min.
- ❖ Maximum retention time for MATRA BASTI was 9hrs(540 min)
- ❖ Minimum retention time for MATRA BASTI was 10min

#### **DISCUSSION**

Pakshaghata is one among the Vatavyadhi characterized by cheshtanivruti. But this Mahagada is having much more drastic expression on human life. The tragedy of the Cerebrovascular Accidents lies in the fact that it does not always kill rapidly in fact it is the chief and most crippling diseases destroying body and mind alike.

Chikitsa in Ayurvedic terms not only aims at the radical removal of the disease but also guides for the restoration and maintenance of normal health. Niruha Basti is one among the treatment modality for Pakshaghata.

Dwi-Panchamula Niruha basti has been selected for the study. While screening the literatures it can be found that this particular Basti pacifies the vitiated Vata dosha i.e.sarva anila vyadhihara and provides Bruhmana also.

#### PLAN OF STUDY:

The patients for the study were selected from the IPD section of SDMAH, Udupi. 80 patients fulfilling the inclusion criteria and presented with Prayatma Lakshana of Pakshaghatha were registered.

- ❖ Total number of patients registered 80
- ❖ Completed Present clinical study 60
- ❖ Pilot study 20

Reason for pilot – we tried basti with different kalkas, as satapushpa kalka, ashwagandha kalka, and administerd basti in different dose with respect to beyond 70 yr age also. for further evaluation of retention time and benefits etc.. Hence the statistical data could not be done and put under the category of pilots study.

#### **CLINICAL STUDY:**

A single blind clinical study was conducted on Patients suffering from Pakshaghata. Patients were randomly selected. In this study Dwi-Panchamula Niruha basti was administered in Yoga

basti course. Therefore, on 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, day Matra basti with Moorchita taila was given. And on 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, day Niruha basti was given. The following observations are made.

#### **OBSERVATIONS AND RESULTS:**

- ❖ Age: This study describe maximum number of patients belonged to the age group of 61-70 yrs 40% followed by 51-60years 28.33%, and then 21.66 % of patients belonged to the age group of 41 to 50 years and a minimum number of patients shown in the table 10% of the patients belonged to the age group of 30 to 40 years, After 40yrs up to 70yrs it is considered as Parihani state, which is characterized by Vataprakopa, Bhrishyamana Dhatu, Kshiyamana Dhatu awastha and because of the etiological factors when they indulging in vataprakopaka Ahara-Vihara led to morbid status of Vata, hence led to pakshaghata.
- ❖ Sex: In this study most of patients in the study were Males 66.66% and Female patients were 33.33%. However outstanding to exceptionally small sample it cannot be concluded that Male are more prone to Pakshaghata.
- Religion: Most of the patients included in the study were Hindus 75% followed by Muslims 16.66% and Christians 8.33% This may be due to Hindu dominant population in this area.
- ❖ Desha: In the present study that 86.66 % patients hailed from Anupa desha and 13.33 % from sadharana desha, as most of patients are from areas near by udupi which is anupa desha.
- ❖ Duration: 18.33% of patients gave the history of more than one and half months, (i:e upto 6 months) and 15% gave the history of 31-40days, followed by 30% the history of 21-30 days and 36.66% Of the patient gave the history of 10-20 days were the maxim no: of cases observed in study. The patients in whom acute phase was over were more in the study.

#### **EFFECT OF TREATMENT: ON CLINICAL PARAMETERS**

- ❖ The analysis was done statistically using version spss statistics 17.0 software.
- Paired t- test was used for comparing the results.
- ❖ BT- before the initiation of dwi-panchamula niruha basti therapy.
- ❖ AT-immediately after the completion of dwi-panchamula niruha basti therapy.
- ❖ AF- after the completion of follow up of 16 days.

## OVER ALL EFFECT OF TREATMENT ANALYSIS OF SUBJECTIVE CRITERIA: EFFECT OF TREATMENT ON KARMA KSHYA

N	BT	Follwu	p	Diff	%	Paired	Paired t test			
ALCOHOL:	mean	mean		d						
			0.73			SD	SE	t	P	
15	2.86	AT	1.93	0.93	32.51	0.258	±0.066	14.00	P<0.005	
		AF	1.46	1.40	48.95	0.507	±0.013	10.697	P<0.001	

#### EFFECT OF TREATMENT ON KARMA HANI

N	BT mean	Follw mean		Diff	%	Paired t test			
				d		SD	SE	t	P
45	2.82	AT	2.24	0.58	20.56	0.449	±0.744	7.760	P<0.001
Service of the servic	188	AF	1.84	0.98	34.75	0.583	±0.869	11.248	P<0.001

EFFECT OF TREATMENT ON VAAKSTHAMBHA

N	BT mean	Follw mean	A 0 1 1 1 1	Diff	%	Paired t test				
				d		SD	SE	t	P	
27	2.98	AT	2.39	0.59	19.79	0.242	±0.421	6.325	P<0.001	
		AF	1.96	1.02	34.22	0.358	±0.798	11.796	P<0.001	

EFFECT ON SANDHIBHANDHA VIMOKSHA

	N	BT mean	Follw mean		Diff	%	Paired	t test		
					d		SD	SE	t	P
Ī	26	2.96	AT	2.64	0.32	10.81	10.81	±0.486	6.325	P<0.001
H			AF	1.96	1.00	33.78	0.593	±0.77	13.579	P<0.001

**EFFECT OF TREATMENT ON RUJA** 

N	BT mean	Follw mear		Diff	%	Paired	l t test		
01/8				d		SD	SE	t	P
33	2.00	AT	1.26	0.74	37.00	0.383	±0.903	22.279	P<0.001
778	KIN SHEET HE	AF	1.12	0.88	44.00	0.331	±0.577	15.232	P<0.001

EFFECT OF TREATMENT ON SHOTHA

N	BT mean	Follw mean		Diff	%	Paired t test			
				d		SD	SE	t	P
33	2.00	AT	1.26	0.74	37.00	0.383	±0.903	22.279	P<0.001
	A STATE	AF	1.12	0.88	44.00	0.331	±0.577	15.232	P<0.001

EFFECT OF TREATMENT ON FINGER NOSE TEST

N	BT mean	Follw mean		Diff	%	Paired	l t test		
				d		SD	SE	t	P
60	1.82	AT	1.60	0.22	12.08	0.415	±0.54	4.040	P<0.001
		AF	0.82	1.00	54.94	0.487	±0.63	15.901	P<0.001

EFFECT OF TREATMENT ON KNEE REFIEX

N	BT mean	Follw mean	GET WITH	Diff	%	Paired t test			
				d		SD	SE	t	P
60	3.77	AT	3.08	0.69	18.30	0.469	±0.61	11.733	P<0.001
		AF	2.45	1.32	35.01	0567	±0.73	17.980	P<0.001

Dwi-panchamula niruha basti is beneficial in pakshaghata because of the following reasons:

• It pacifies Vitiated Vata Dosha.

• It acts as Yapana as all its contents holds the qualities of Rasayana & Shodhana bruhmana.

#### CONCLUSION

- Dwi-Panchamula Niruha Basti can be considered as Mridu Basti, Bruhmana Basti, Siddha Basti, Vataghana Basti, Shodhana Basti, Shamana Basti, Rasayana Basti, and On the basiss of Prasruta yogiki Basti we can taken as shat prasrutika matra i.e. 576ml.
- Ingredients of this Basti varies from usual Niruha Basti, were as in Dwi-panchamula Niruha basti, Makshikam, Lavanam, Trya-snehas i.e. Indukanta ghrita, Moorchita taila, ,Varaha vasa,and Ashwagandha kalka is added and Dasamulakwatha, Mamsarasa, and Aamlakaanji is taken into consideration.

#### 1. OBSERVATION:

- 28.33. % of patients in this study belonged to Parihani awastha and 40% belonged to vrudha awastha, which is characterized by Vataprakopa, Bhrishyamana Dhatu, Kshiyamana Dhatu awastha.
- Risk factors like Hypertension and Diabetes mellitus, Smoking, Tobacco Chewing and alcohol were present in most of patients.

#### 2. RESULTS:

- ✓ Motor parameters in Neurological maping showed 2 to 4 folds of improvement. However, this improvement is recording after the completion of therapy & specifically after pariharakala.
- ✓ Finer movements restored very slowly and percentage of improvement is comparatively less to that of gross.
- ✓ Speech and sensory aspects improved ,but it is not up to the mark of gross motor movements.
- ✓ Reduced strength improved is in faster pace when compared to complete loss of strength.
- ✓ It has certain limitation in the treatment of chronic patients above age 70-90 yrs which is observed during pilot study.
- ✓ The author is putting forward a combination of Shodhana, Rasayana, relevant shamana will yield, maximum benefit in the patients.

#### **Inhouse Articles**

#### 1. An Overview of Diabetes Mellitus in Ayurveda

Dr Rajeshwari V. Kamat Reader Dept of Rasashastra & Bhaishajya Kalpana

KLE Shri BMK Ayurveda Mahavidhyalaya, Belagavi

The approach of Ayurveda towards diabetes mellitus is that, diabetes mellitus is a disease caused due to doshic imbalances. The



doshas are the three humors that govern the human body. These are the vata dosha, pitta dosha and kapha dosha. These three humors must be present in a proper balance within the body in order to keep the body in the normal state of its functioning. If even one of the doshas is vitiated, then it can lead to diseases, and diabetes mellitus is one of them.

Ayurveda includes diabetes mellitus in the prameha category. Pramehas are a list of urinary disorders, especially characterized by profuse urination with several abnormal qualities. There are twenty kinds of pramehas in Ayurveda. According to the doshic causes, these pramehas are classified as follows:-

- Vataja pramehas There are totally four vataja pramehas.
- Pittaja pramehas There are totally six pittaja pramehas.
- Kaphaja pramehas There are totally ten kaphaja pramehas.

Out of these, diabetes mellitus is termed as *madhumeha*. It is one of the four vataja pramehas. Most of the other treatment methods for diabetes mellitus regard it as a largely dietary disease. But Ayurveda here differs widely in its outlook. Ayurveda does not regard diabetes mellitus as a disease that can be treated by mere medicine or by a dietary regimen. The Ayurvedic treatment for diabetes mellitus is based on an entire change in the lifestyle of the person. Along with medication and diet, the patient is also advised to lead a healthy lifestyle and live an active life. Even mental aspects of the disease are stressed. Most vataja disorders originate in the brain, and since madhumeha is classified as vataja, it is highly important to keep the brain in its right manner of functioning.

Another basic difference is in the treatment of the complications that diabetes mellitus causes. Diabetes mellitus can cause several complications in the long run such as kidney failure, paralysis and gangrene. Each of these can be fatal conditions individually. Conventional medical science tries to reduce the blood sugar level, but does not put more weight on the treatment of the complications. However, in Ayurveda, madhumeha is a broad concept which does not include just the hyperglycemia; it also takes into account all the possible complications. The body is taken as a whole and the treatment is done accordingly.

Ayurveda is very closely knit with yoga for the treatment and control of diabetes mellitus. For example, the *paschimottasana*, is highly recommended for patients of madhumeha. In this manner, Ayurveda is not restricted in its treatment of diabetes, but takes a much broader perspective.

#### Diabetes: Ayurvedic Treatment, Remedies, Prevention

Almost all Ayurvedic text books have explained about the disease Madhumeha; some of the Acharyas (ancient authors) termed it as Kshudrameha as Kshoudra is the synonym of Madhu (honey). Diabetes mellitus is correlated with this disease. People are anxious to know regarding this disease elaborately. The response we got for our earlier articles have hinted us that many are anxious to know regarding this disease in detail. Because, now in the whole world, nearly about 24% of the population are suffering from this disease. Its percentage may go as high as 40-45%

in 2020- WHO says. So, there is intense need to know the graveness of the disease and to understand the possible ways of preventive aspects of this disorder.

First of all it is very important to know that the diseases which are diagnosed now as Diabetes mellitus (madhumeh) are not originated suddenly. Its patho-physiology takes long term of as high as 3-5 years. Very rarely it may manifest in 1-6 months duration in exception cases like pregnancy, injury, operation, psychological conditions, infection disorders etc.

#### Wordderivation:

Madhumeha is a compound word made up of Madhu and Meha. Madhu: – The word 'Madhu' is derived from the root 'Mana' and meaning 'manae Bhodane: whichgives Psychiccontentment

Meha: – The word 'Meha' is derived from the root 'Miha' which is employed in the sense of sinchana to moisten, ksharana to flow, prasrava: – excessive excretion (vachaspathyam)

Ancient Ayurvedic scholars have grouped Madhumeh (Diabetes mellitus) under one among the 20 Prameha (Urinery Disorders) Prameha; particularly one of the kind of vatic disorder. Also, any of the prameha (urinary disorder) if neglected ultimately it ends up in madhumeh due to nature of the illness.

#### Characteristic feature of diabetes as per Ayurveda:

Madhumeha is a disease in which urine of the patient is sweet like honey and quantitatively increased as well as astringent, pale and rough in quality and the whole body of madhumehi becomes sweet. Other Acharyas also opines the same (As Sa ni 10/14 As. Hr ni 10/18, 21; ch. Ni 4/44, Su Ni 6/14, Ma Ni 33/26.

#### Causes of diabetes as per Ayurveda:

#### Physical and mental causes:

Asyasukham – Comfortable seating (luxury, sedentary lifestyle, lack of physical activities and exercise)

Svapnasukham – comforts of sleeping, excess sleeping

Kapha krut cha sarvam – All foods and lifestyle activities which increase Kapha

Sahaja (inherited factor)

Chinta (stress)

Shoka (grief)

Bhaya (fear)

Deergha roga (long standing illness)

Alasya (sedentary life)

#### Food and drinks that cause diabetes:

Dadheeni – Excessive consumption of Curds and its preparations

Gramya-oudaka-anupa mamsa – flesh or meat soup of animals living in water and marshy regions

Payamsi – Excessive consumption of milk, its derivatives and preparations

Navaanna panam – Food, drinks and dishes prepared from new grains etc

Guda vaikruti – Jaggery, its derivatives and dishes made out of it

Guda (jaggery)

Ikshurasa (sugar cane)

Madhura Ahara (sweet substances)

Pishta Ahara (carbohydrate rich food)

Advashana (repeated food intake)

Adhikashana (excess food intake)

Ahitashana (unwholesome diet)

Guru ahara (heavy food)

Samashana (improper diet)

#### Origin of diabetes

Acharya Vagbhata explained the Patho-physiology of Madhumeha as below-

Ojus – The essence of all dhatus (tissues) and the main entity of immunity is spread all over the body. It is frothy, clear, unctuous, sweet, thick, heavy, cold and slimy in nature. Due to the relative causes of the disease Madhumeha, imbalanced Doshas (especially Kapha and Pitta in association with Vata) block the channels related to Meda (adipose tissue / fat tissue) and Mamsa (muscle). Due to obstruction of Vata, it transforms sweet ojas into astringent mixed sweet taste like honey. Thus, it discharges in the urine. Thus, the condition Madhumeha is resulted. Any of the prameha if neglected or treated improperly, it leads to Madhumeha which is the terminal stage of urinary disorders.

#### Pathogenesis of diabetes:

'When the Meda (fat), Mamsa (flesh), Shareera kleda (Fluids of the body) and Kapha on entering the Basti (Urinary apparatus) causes Prameha'

#### Stages of the illness: a special reference

The text Vaidya sara sangraha quotes 10 stages for Diabetes in succeeding order:

- 1. Vasti bheda (pricking pain in bladder)
- 2. Murtra peedana (pain during micturition)
- 3. Vata prakopa (features of aggravated vata in urine)
- 4. Sannipata dosha prakopa (multiple dosha involvement/tissue damage)
- 5. Dhatu nasha (tissue necrosis/systemic effect)
- 6. Daha-moha (burning and hallucination)
- 7. Mootratisara (severe urination)
- 8. Mootra granthi/mootra sada (dysuria or controlled urine)
- 9. Ati trishna (severe thirst) and
- 10. Mrityu (death)

#### Prodromal symptoms of diabetes - Madhumeha Purvaroopa:

Sveda – excess sweating

Angagandha – excess body odor

Anga Shaitilya – lack of stability in body

Anga Sada - malaise

Sayya sukherati – feeling comfort in bed

Svapna Sukherati – feeling comfort in sleep

Asana Sukherati – feeling comfort in inactivity

Hrudayopadeha – feeling as if heart is heavy

Netropadeha – vision problems

Jihwopadeha – coated tongue

Shravanopadeha – hearing problems

Taluni Malotpathi – coated palate

Danteshu Malotpathi – coated teeth, caries

Ghana gatra – heaviness in the body

Kesha Ativruddhi – excess hair growth

Nakha Ativruddhi – excess nail growth

Kesha Jathilee Bhava – brittle hair

Sheeta Priyatvam – person likes cold foods and season

Gala Talushosha- dryness of throat and palate

Asya Madhurya – sweetness in mouth

Kara Pada Daha – burning sensation in feet and palm

Mutra Pipeeliha Abhisarana – urine attracts ants

Madhura Mutrata – sweetness of urine

Shukla Mutrata – white discoloration of urine

Snigdha Gatra – excess oiliness of body

Picchila Gatrata – stickiness of body

Pipasa – excess thirst

Shvasa Docugandhya – bad breath

Tandra – fatigue

Karapada Suptata – numbness of hand and feet

Anga Suptata – numbness

Alasya – lethargy

Mukha Shosha – dryness of mouth

Kaya Chitropadeham – heaviness of body

Sarvakala nidra – person wishes to sleep all the time

Shatpada Abhisarana on shareera – feeling as if ants are crawling on body

Pipeelika shareera Abhisarana – ants crawl on body

#### **Clinical Features of diabetes(Madhumeha):**

- 1. Atimutrata (excess urination)
- 2. Avila mutrata (turbid urine)
- 3. Madhu tulya (urine similar to honey- sweetish astringent)
- 4. Panduta (pallor of the body)
- 5. Rukhsata (dryness of the body)
- 6. Dourbalya (debility)
- 7. Ratisu anasakti (loss of sexual urge)
- 8. Dourgandhya (bad body odor)
- 9. Dhatu kshaya (emaciation) etc

#### Complications of diabetes(Madhumeha):

- 1. Hridroga (cardiac disorder)
- 2. Loulya (urge to have food)
- 3. Anidra (loss of sleep)
- 4. Stambha (stiffness of the body)
- 5. Kampa (shivering)
- 6. Shoola (body ache)
- 7. Baddha purishata (constipation)
- 8. Udavarta (regurgitation)
- 9. Shosha (emaciation)
- 10. Kasa (cough)
- 11. Shwasa (dyspnea) etc.

#### **Curability of Madhumeha:**

Madhumeha is a palliative disease. It cannot be completely cured; but, can be controlled by food and medicine. In rare cases, if it is originated due to any secondary cause or stress or medicine etc, on cure of the main illness or on withdrawal of the medicine, it will be subsided by its own.

## 2. MANAGEMENT OF PRIMARY INFERTILITY WITH PCOD THROUGH INTEGRATED APPROACH

#### A CASE REPORT

Corresponding Author: Dr.Girija Sanikop Professor, Dept of Prasooti & Streeroga K L E Ayurveda Hospital Belagavi, Karnataka, India

Abstract: A 27 years old female with a history of Primary Infertility associated with polycystic ovarian disease was trying to conceive since one year reported who was managed through integrated approach. Ultrasound investigations revealed right and left ovaries with multiple immature follicles suggestive of polycystic ovary disease. She had a history of ovulation stimulation and fertility drug treatment and was advised laparoscopic ovarian drilling. After the drug treatment failure the patient opted for Ayurveda. The plan of treatment was, initially correction of Uterus and Ovary, generation of Follicles, along with metabolic corrections with diet and lifestyle modification. There was an improvement in menstrual flow and colour and the weight of the patient reduced. The ultrasound study showed improvement in endometrial thickness and both ovaries were normal in size, shape and echotexture. Fourth visit showed amenorrhea with positive pregnancy test.

**Key words**: Primary infertility, Polycystic Ovarian Disease, Apana vayu -Artavavaha srotas, Asanadi kashaya, lifestyle, ultrasound.

#### **Introduction:**

Infertility has multiple causes and at times idiopathic. Infertility associated with certain disease condition is on the rise. One of the leading cause for primary infertility is Poly Cystic Ovarian Disease(PCOD). However with the onset of recent treatment modalities PCOD is treated by medical and surgical line of treatment. Some cases still can be refractory to conventional treatment and would require an integrated approach. Moreover some patient would like to go for conservative/ natural, non invasive mode of treatment. This case report highlights the successful treatment of PCOD through natural/conservative integrated approach.

#### Case report:

A 27 year old female, patient with a history of primary infertility and poly cystic ovary disease, came to hospital out-patient department on 23 February 2017. She was married since last 2 years and wanted to conceive a child at the earliest and was very anxious for the same complaint. She was a house wife and a resident of Belgaum and her spouse was a goldsmith by occupation. Further enquiry revealed that the patient was trying to conceive since last one year and she had no history of any major illness in past. However she gave a positive history for irregular menstrual cycle. She had consulted a gynecologist and was diagnosed to be having Polycystic Ovarian Disease in April -2016.

Clomifen citrate was used to stimulate ovulation in this patient by the gynecologist. Ovulation induction is the stimulation of ovulation by medication. It was used for stimulation of the development of ovarian follicles to reverse anovulation and help in triggering oocyte release from relatively mature ovarian follicles. Since the patient had PCOD and was trying to get pregnant, the fertility drug treatments also included Metformin (Glyciphage) which reduces high insulin levels and stabilize the hormones. It was done keeping in mind that the medication makes the ovulation cycles to become more regular

The patient did not find the required result and hence was advised laparoscopic ovarian drilling, which is a surgical treatment that can trigger ovulation in women who have polycystic ovarian syndrome (PCOS). Electrocautery or a Laser is used to destroy some parts of the ovaries. Ovarian drilling is usually done through a small incision (laparoscopy), with the patient in general anesthesia. Invitro fertilization was also advised to the patient. After the drug treatment failure

the patient opted for Ayurvedic line of treatment in the month of February 2017.On examining previous ultrasound scan reports which showed the following findings; patient's uterus measured 6.8x 3.8 cm, uterus appeared normal, endometrial thickness measured 6.0 mm and endometrial cavity was normal. Right ovary measured 3.9X2.7 cms. Right ovary showed multiple immature follicles suggestive of polycystic ovary. Left ovary measured 3.2X2.4 cms. Left ovary showed multiple immature follicles suggestive of Polycystic Ovary. Right and left adnexa appeared normal. Another scan finding had shown endometrial hyperplasia and confirmed polycystic ovary disease.

Patient does not give any past history of hospitalization or any surgeries undergone. There was no history of any hereditary diseases, tuberculosis or other personal health problems. Menstrual history revealed that the patient had attained menarche at the age of 13 years, cycles were irregular with 8-9 /40-50 days with scanty bleed. The LMP was on 15-2-2017 and PLMP was on 3-1-2017. Sexual history was normal and she did not have problems like dyspareunia, coital difficulties etc. By taking the personal history (Vaiyaktika Vrittanta) we found that her appetite was normal, bowels were regular, micturition was normal. There was no history of substance abuse. However her sleep was disturbed.

General Examination (Asthasthana Pareeksha) revealed the patient was well built and well nourished. On examination pallor, icterus and cyanosis were absent. Lymph nodes were not palpable. The pulse rate was 76 beats per minute, Blood pressure was 120/70 mm Hg, Respiratory rate was 20/min. Her weight was 56 kg. She did not have acne, hirsutism or galactorrhoea. Systemic examination:Cardiovascular system; S1 and S2 were heard normally and there were no added sounds. Respiratory system; on inspection chest was symmetrical, no abnormal palpable mass was found, there was normal chest expansion as a result of breathing. On Percussion there was no dullness and Auscultation revealed bilaterally equal air entry and no adventitious sounds. Central Nervous system; Patient was conscious, well oriented with space and time and cooperative. Gastrointestinal system; Inspection showed no scar mark over abdomen, Palpation revealed no palpable mass and abdomen was non tender. On auscultation normal bowel sounds were heard.

Gynaecological Examination; on Inspection the external genitalia was normal. The speculum examination revealed healthy Vagina and cervix. The per vaginal examination showed uterus to be ante verted, antiflexed, freely movable, non-tender and normal. Cervix was healthy. Investigations: All investigations were within normal limits. The Pregnancy test was done on 23-02-2017 and was found out to be negative. Ultrasound examination showed Bilateral Polycystic Ovarian Disease. Male partner evaluation and investigations were normal.

**Diagnosis** (**Vyadhi vinischaya**): Based on the case history, clinical examination and investigatory report the diagnosis was made as a case of Primary Infertility with Bilateral Polycystic Ovarian Disease secondary to Anovulation and oligomenorrhoea.

Plan of care and treatment: Initially correction of Apana vayu -Artavavaha srotas ( Uterus & Ovary) was planned which can lead to normalizing the cycle, generation of Follicles, and making the Endometrium responsive along with metabolic corrections and diet and lifestyle modification. On first visit on 23-02-2017, the following medications were advised with their therapeutic dosages as Chandraprabha vati twice daily before food. Tab M-2 tone three times in a day to be taken after food. Lastly Asanadi kashaya -15 ml three times in a day to be taken after food. Second visit was scheduled on 6<sup>th</sup> March 2017 and all previous medications were continued in addition to Capsule of Gomutra Haritaki to be taken twice a day. The patient was advised to follow up after menstrual periods. Third visit was scheduled on 22<sup>nd</sup> May 2017 and the following important observations were noted i.e PLMP was 18-4-17 and LMP was 18-5-17. There was an improvement in flow and colour. The weight of the patient reduced to 53 Kgs. The patient was advised to undergo follicular study on 29th May onwards and was advised Phala ghrita – 10 ml to be taken on empty stomach and Tab Leptaden, to be taken three times in a day.

The ultrasound study done on 29<sup>th</sup> May showed a very interesting finding which revealed that endometrial thickness was within normal limits and both ovaries were normal in size, shape and echotexture. Fourth visit on 23<sup>rd</sup> June 2017 showed that the patient had her LMP on 18-5-17 and had not got menses in June. Hence a pregnancy test was done and it was positive. Further scan done on 28<sup>th</sup> july showed single live foetus within the intrauterine gestational sac with estimated date of delivery on 05-03-2018.

Discussion: The primary cause of PCOS is unknown hence it's the symptomatic treatment modality has to be opted. A case of infertility treatment includes correction of anovulation, inhibiting action of androgens and reducing insulin resistance. Weight reduction for PCOS is beneficial in many ways. Weight reduction helps in decreasing androgen, luteinizing hormone and insulin hormone. It regulates the ovulation hence increasing the chance of conceiving.1 PCOS is not only the reproductive disease but also has many systemic outcomes. The mode of treatment has changed over the decades, therapeutic treatment includes hormonal contraceptives, antiandrogen drugs, metformin and inositol. Ayurveda, the nature's way of healing is preferred choice in the patients now a days, which has wide range of medicines to treat the illness in a positive way. The clinical indication of PCOS are anovulatory cycles, ultrasound evidence, hirsutism, overweight and obesity.2Long term effects of PCOS are cardiovascular disease, hypertension, impaired glucose tolerance(IGT), Hyperlipidemia, diabetes and abdominal obesity.3,4 Women with PCOS are exposed to much greater complications during pregnancy like gestational diabetes, preeclampsia, pre mature births and caesarean section.5

Conclusion: Therapeutic integrated approach with life style modification with diet correction was the key to conception in this case. Similar evaluation methods and plan of treatment if opted can bring fruitful results in many infertility cases and can be a boon to the society.

Diet and Lifestyle modification was advised as per the table below:

Time	Diet
7- 8 am Exercise	Walking; Juice -Bittergourd / spinach
9 am Breakfast	Upama / Vermicelli / Soups
11am	Sprouts / Salads -one bowl
1 pm Lunch	2 Pulka / Vegetable other than tubers / Fish / 1 cup rice -optional
3 pm	Fruits / Nuts
4-5 pm Snacks	50-100 gms very light - Juice / coffee
5-7 pm Exercise	Walking
7-9 pm Dinner	1 chapati / salads / 1 cup of rice
General	Weekly twice - Non - veg meals

#### References:

- 1. Ndefo UA, Eaton A, and Robinson M. Polycystic Ovary Syndrome A Review of Treatment Options With a Focus on Pharmacological Approaches. P&T research journal: June 2013 Vol. 38 (6):336-355.
- 2. Leo VD, Musacchio MD, Cappelli V, Massaro MG, Morgante G, and Petraglia F. Genetic, hormonal and metabolic aspects of PCOS: an update. Reprod Biol Endocrinol 2016; 14: 38.

- 3. Leo DV, Marca LA, Petraglia F. Insulin-lowering agents in the management of polycystic ovary syndrome. Endocr Rev. 2003;24:633–667.
- 4. Carmina E, Lobo RA. Polycystic ovary syndrome (PCOS): arguably the most common endocrinopathy is associated with significant morbidity in women. J Clin Endocrinol Metab. 1999;84:1897–1899.
- 5. Boosma CM, Eijkemans MJ, Hughes EG et al. A meta-analysis of pregnancy outcomes in women with polycystic ovary syndrome. Hum Reprod Update. 2006;12:673–83.

#### BEFORE TREATMENT





#### AFTER TREATMENT



## 2. Ayurvedic approach in the management of Apabahuka (adhesive capsulitis stage 2) in a Diabetic patient with Panchatiktaka prasratika basthi – A case report

Dr. Suketha Kumari <sup>1</sup>, Dr. Laxmikant <sup>2</sup>

#### Abstract:

Adhesive capsulitis often referred to as frozen shoulder, is one of the long term complication of Diabetes mellitus which causes gradual loss of motion in shoulder. Frozen shoulder explained in classics as Apabahuka, a disease that usually affects amsa sandhi (shoulder joint) produced by vitiated vata dosha. 52 years female patient, with diabetic history of 10 years came with the complaints of pain, stiffness and limited range of motion in right shoulder joint which was diagnosed as frozen shoulder. To manage this, an attempt has been made with Panchatikta prasratika basthi which is indicated in madhumeha and vatavyadhi was administered. There was marked percentage of improvement seen in clinical features i.e pain (80% relief), stiffness (60% relief) and Range of motion (90%). Hence, Panchatiktaka prasratika basthi is found to be effective in the management of adhesive capsulitis (Frozen shoulder) in Diabetic patient.

**Key words:** Apabahuka, Adhesive capsulitis, Frozen sho<mark>ulder</mark>, Panchatiktaka prasratika basthi, Amsa sandhi,

#### Introduction

Long term complications of Diabetes mellitus may include changes in connective tissue that occur as a result of high glucose levels. Adhesive capsulitis, often referred to as frozen shoulder refers to a pathological condition of the shoulder joint which causes a gradual loss of motion usually in just one shoulder. Adhesive capsulitis has a prevalence of 2% in the general population, but is reported to occur in 10 to 29% of those with Diabetes. Studies have shown that it is caused by glycosylation of the collagen within the shoulder joint triggered by the presence of high blood sugars. There are 4 stages of adhesive capsulitis, Stage 1 called as initial stage has a duration of 3 months with pain and reduced range of motion(ROM) and person can no longer do things like comb their hair or reach a shelf above their shoulder etc. Stage 2 called the Freezing Stage, which lasts from 3 to 9 months, presents itself with chronic pain and further reduced ROM. This stage moves from the inflammatory stage to the fibrotic process. X-rays reveal decreased joint space. Stage 3 (Frozen Stage) has a duration from 9 to 14 months with minimal pain, but a significantly limited range of motion in the shoulder. Stage 4 (Thawing Stage) is from 15 to 24 months and shows minimal pain and progressive improvement in ROM. At this stage the pain and active fibroplasia in the shoulder have completely subsided. Apabahuka is considered to be a disease that usually affects the shoulder joint (amsa sandhi) and is produced by the Vata dosha<sup>1</sup>. Madhumeha patient due to more indulging in katu,tikta,kashaya rasa predominenet aharas and viharaja nidanas like inactivities (Asyasukha), day sleep(Swapna sukha), avyayama(not indulging in any exercises)etc leads to vitiation of Vata. There are two types of samprapti manifest in madhumeha i. e Avarana and dhatu kshaya. In Avaranaja samprapti, there is avarana to vata by Pitta and Kapha leading to laxanas like shoola (pain), chesta sanga (restricted movement) and sthirata (stiffness) etc. Due to avarana, medodatvagnimandyata takes place. Avarana hampers the nutrition to later dhatus leads to dhatu kshaya causing Vataprakopa, hence there will be development of angashosha (Wasting), dourbalya (weakness) etc symptoms of Dhatukshaya

Treatment goals in contemporary science are to lessen pain and inflammation by use of nonsteroidal anti-inflammatory drugs (NSAID) like aspirin. These NSAIDs have some common side effects like Stomach pain, heart burn liver and kidney problems etc. Early detection, proper

staging, and appropriate treatment can allow the patient with diabetes to avoid the painful and disabling consequences of Adhesive Capsulitis. Ayurveda recommends various treatment modalities which act at root cause of the disease and prevent from further recurrence. The general line of treatment mentioned for vatavyadhi in Ayurvedic classics include Snehana (both internal and external), Swedana, Mrudusamshodhana, Basti, sirobasti, Nasya, and so on.

A Female patient with diabetic history of 10 years visited to madhumeha OPD of KLEs BM Kankanawadi Ayurveda hospital, Belagvi, Karnataka had complaints of pain, stiffness and restricted movement in right shoulder joint for a duration of 6 months, which was diagnosed as Apabahuka. Basthi treatment which was said to be best in vataja disorders i.e Panchatiktaka prasratika Basti, which had indication in madhumeha been planned. Hence, an attempt has been made in this article to enlighten the management of apabahuka in ayurveda.

#### **DISCUSSION**

#### **History and Examination**

A female patient name XYZ, aged about 52 years from Upper middle class with occupation as homemaker from Belagavi, Karanataka admitted in KLEs BMK ayurveda hospital Belagavi on 8/2/17 with OPD no and IPD no as 345 /17,22 respectively, had chief complaints of pain in the right shoulder joint since 5 months, painful and difficult to raise the hand above shoulder since 4 months, stiffness of shoulder joint since 5 months. Associated complaints as muscle weakness since 2 months, burning feet on and off since 4 years. Patient had history of diabetes mellitus since 10 years on medication (Metformin 500 mg once daily). Patient was not a known case of hypertension or no any history of chronic illness.

## Details of the cardinal features Pain

Onset: Sudden

Site: Right shoulder joint

Type of pain: Shooting, sometimes pricking type

Radiation: no radiation

Restricted movement
Onset: Gradual

Site: Right shoulder joint

Type of pain: Shooting, sometimes pricking type

Range of movement: Flexion- not possible

Extension-not possible

Raising the hand above shoulder —not possible Aggravating and relieving factors: Nothing specific

#### **Burning extremities**

Site –lower extremities

**Distribution** – bilateral symmetrical

Onset – gradual

**Progression** - progressive in nature, **Diurnal variation**- worsens in nig

Aggravating and relieving factors: Nothing specific

Table No. 1: Assessment parameters of cardinal manifestation of apabahuka

Pain	Points	Stiffness	Points	Burning feet	Points
No pain	0	No stiffness	0	No	0
Mild pain	1	Mild stiffness, during	1	Mild/occasional	1
,particularly on		movement, able to do	G Kan		
moving the	1	work	TO STATE		Company of

shoulder,	Tribal St.		7,55,000		
Moderate pain – on movement and rest interfere routine work	2	Moderate, stiffness at movement and rest, interfere with routine work	2	Moderate/continuous at rest	2
Sever pain - pain felt on movement, also at rest, disturbing sleep, unable to carry out most of the routine work	3	Severe- stiffness at rest, no movement	3	Severe/disturbs sleep	3

Table No. 2: Assessment parameters of cardinal manifestation of apabahuka

ROM		Points		
Flexion	No- 0-180			
	Mild- 0-135	1		
	Moderate-0-90	2		
	Severe- 0-45	3		
Extension	No- 60	0		
	Mild-45	1		
	Moderate-30	2		
	Severe-0 to 10	3		
Abduction	Possible	0		
Adduction	Not possible	1 1		

**Total points (SUM): 31** 

Investigations

**FBS** 

**PPBS** 

#### **Discussion on Treatment**

From 8/2/17 to 24/2/17

A course of basthi (in Kala basthi patten i.e for 15 days)

### Panchatikta prasratika basthi <sup>2</sup>

Anuvasana basthi with Moorchita ghrita 90 ml

Niruha basthi

Makshika 30 ml

Saindava 5 grams

Moorchita ghrita 90 ml

Sarshapa kalpa 30 grams

Patola ,Nimba,Bhunimba,Rasna ,Kiratatikta churna 100grams (Kwatha 350 ml)

After treatment, there was significant improvement observed in clinical parameters. Overall treatment showed marked percentage of improvement i.e 90% of

improvement observed in pain and stiffness and 100% improvement observed in Restricted movement.

Table no: 3, Assessment of clinical parameters after treatment (Sum points)

Total points(Before treatment)	Total points(After treatment)		
28	8		
FBS(BT)	FBS(AT)		
230 mg/dl	152 mg/dl		
PPBS(BT)	PPBS(AT)		
405mg/dl	278mg/dl		

#### Discussion on Results

Madhumeha patient due to indulgence in various etiological factors such as intake of ruksha(dry), laghu(light), kashaya(Astringent), Tikta(bitter) ahara(food articles), indulging in viharas like excessive fasting, day sleep, excessive walking, injury etc, manasika nidanas like Bhaya(worries) Krodha(anger), Mada(intoxication) chinta(worries) etc. leads to the accumulation of the vata dosha in the amsapradesha and cause the shoshana of the amsabandhan or siraakunchana, which in turn leads to manifestation of kevala vataja apabahuka <sup>3</sup>Further kshaya of the dhatu causes the prakopa of the vata and then leads to the amsa shosha. <sup>4</sup> This unique pathology is described as dhatukshayaja apabahuka. Sula and sosha at the shoulder joint in patients suffering from apabahuka indicates the morbidity of vyana vayu. This is true in case of dhatukshayaja and swanidanaja apabahuka. Impairement of Bahupraspanda is one of the cardinal features in apabahuka and this affects Utkshepana, Apakshepana, Prasarana and Akunchana etc activities of the shoulder joint. These are the activities that are attributed to Vyana Vayu. <sup>5</sup> Hence it is evident that out of five types of Vata, morbid Vyana Vayu is the primary cause of the disease in kevala and swanidanajanya apabahuka..In kevala vataja and Dhatukshayaja apabahuka, the samanya Vataja chikitsa like snehana, Swedana, Abhyanga, Basti, etc. are the choice of treatment. As mulasthana of Vata is pakwashaya <sup>6</sup>. It is said that Basti is very helpful in pacifying Vata. Among Niruha Basti, Erandamuladi Niruha and Dashamuladi Niruha are the best choices. Anuvasana Basti using Vatahara Taila like Bala Taila, Kshirabala Taila etc., is beneficial in dhatukshayajanya and swanidanajanya apabahuka. 8In this case, Avahahuka in a madhumeha patient was treated with panchatiktaka prasratika basthi which had indication in both madhumeha and vatavyadhi had given beneficial affect without causing side effects.

#### CONCLUSION

Avabhahuka(Frozen shoulder) is one of the commonly encountered problem with madhumeha(diabetic) patients, where morbid Vata dosha is the prime reason. This morbidity happen due to dhatuksaya .Morbid vata dosa invariably involves the sira, snayu, kandara, mamsa and asthi dhatu at the shoulder joint.Restricted movements, Pain and stiffness of the shoulder joint are the cardinal features of apabahuka.Amsa Shosha may manifest during the later course of the illness.A course of Kala basthi with panchatiktaka prasratika basthi is found to be effective in the remission of the illness in patients suffering from diabetes mellitus

#### REFERENCES

- 1. Susruta, Susruta Samhita, Acharya Jadavji Trikamji, Choukambha Orientalia 2003 Varanasi. Pp824, Page no.269
- 2. Charaka, Charaka samhita. Acharya vidyadara shukla, Prof. Ravidatta Tripati, Chaukambha surabharati prakshana, new delhi, First edition 1998, Page no: 938
- 3. Susruta, Susruta Samhita, Acharya Jadavji Trikamji, Choukambha Orientalia 2003 Varanasi. Pp824, Page no. 269)
- 4. Maadhavakara, Maadhava Nidaanam, Prof. K.R. Srikanta Moorthy, Chaukambha Orientalia, 1993, Varanasi, Pp-329, Page no. 443)

- 5. Agnivesa, Charaka Samhita, Acharya Jadavji Trikamji, Choukambha publication, 2001 Varanasi. Pp 738, Page no. 616)
- 6. Agnivesa, Charaka Samhita, Acharya Jadavji Trikamji, Choukambha publication ,2001 Varanasi. Pp 738, Page no. 252)
- 7. Susruta, Susruta Samhita, Acharya Jadavji Trikamji, Choukambha Orientalia 2003 Varanasi. Pp824, Page no. 528
- 8. Agnivesa, Charaka Samhita, Acharya Jadavji Trikamji, Choukambha publication ,2001 Varanasi. Pp 738, Page no. 252

#### 3. Nasya Karma With Shatavari Taila: A Boon In PCOD- A Case Report

Corresponding Author: Dr Kavitha C Noorandevarmath
Assisstant Professor, Dept of Prasooti & Streeroga, K L E Ayurveda Hospital and M R C, KLE
Academy of Higher Education & Research Belagavi, Karnataka, India

#### ABSTRACT

Polycystic ovarian disease (PCOD) is a disease characterized by multiple cysts in the ovaries. Where in, disturbance in the hormonal mechanism makes the ovaries produce excessive amount of androgens and at the same time there is failure of egg formation. This excess of androgens with the absence of ovulation may cause infertility. PCOD is one of the most common endocrine disorder among the reproductive age group with the prevalence rate of 15-20%. Though it is a challenging disorder, Ayurveda has a wide range to strengthen ovarian functions. One among them is *Nasya Karma* (*Inhalation therapy*), giving encouraging results on PCOD.

A female patient of 33 years, a known case of PCOD approached the OPD of *Stree Roga* & *Prasuti Tantra*, KLES Shri BM Kankanawadi Ayurveda Hospital, Belagavi, Karnataka, India, for Secondary Infertility. The treatment planned was to administer *Nasya karma* with *Shatavari taila* (*Asparagus racemosus*) for 3 consecutive cycles, and the post treatment follicular study showed normal Ovulatory cycles.

Key words: PCOD, Anovulation, Nasya karma, Shatavari taila

#### **INTRODUCTION:**

Polycystic ovarian disease<sup>7</sup> (PCOD) is a condition characterized by anovulatory cycles resulting in multiple cysts in the ovaries. It is associated with the hampering of endocrine and metabolic functions, mainly affecting the fertility in many women. A recent study revealed that about 18% of women in India suffer from PCOD. The increasing trend is predominantly seen in the child bearing age group of 15-30years. The disorder accounts for 30% of all infertility cases with 70% experiencing infertility due to anovulation.

Few of the factors responsible for PCOD are rasa dhatu dushti (impairment of nourishing tissue), arthava dusti (menstrual disorders), kapha vriddhi (increase in watery element), medo vriddhi (increase in fatty tissue); one of the important cause being improper life style. Though Ayurveda classifies PCOD as a kaphaja (watery element) disorder, there is tridosha (vata, pitta, kapha- three fundamental bio elements) imbalance. Kaphavarana (concealment of watery element) leads to hormonal imbalance and urdhva jatru (above the clavicle) is the kapha sthana (seat of watery element). As the morbid dosha (fundamental bio elements) are to be removed from the nearest root i.e. the nose, a clinical trial was undertaken on one of the treatment modalities explained in Ayurvedic texts i.e. Nasya karma (Inhalation therapy)<sup>8</sup>.

#### PRESENTING CONCERNS:

A female patient of 33 years, with a known case of PCOD approached the OPD of *Stree Roga & Prasuti Tantra (Obstetrics & Gynaecology)*, KLES Shri BM Kankanawadi Ayurveda Hospital, Belagavi, Karnataka, India, with the complaint of no issues, associated with irregular menstrual cycles.

The patient was apparently healthy with a married life of 9 years. With a satisfactory sexual life, she successfully conceived naturally and delivered a liable female child, now of 7 years of age. With a desire to re conceive the couple had been trying since last 2 years. The patient has a h/o abortion twice. There was a history of contraceptive use of Cu-T from Feb, 2014, which was removed in Dec, 2014. Partner's profile was normal. The patient initially consulted allopathic physician and took treatment for the same in the year in the year 2014 and 2015. As no positive outcome was achieved, patient visited KLE Ayurveda Hospital for the first time on 27 Jan, 2016, for further evaluation and treatment.

#### **CLINICAL FINDINGS:**

#### Past history:

H/O abortion twice

- G<sub>1</sub>: March, 2008-2<sup>nd</sup> month

G<sub>3</sub>: Dec, 2013- 2<sup>nd</sup> month

#### Family history:

No H/O consanguineous marriage and all family members are said to be healthy.

#### **Menstrual history:**

LMP: 14/07/2016Menstrual history:

3-5 days/ 15- 22 days; irregular, no h/o clots, dysmenorrhoea, foul smell

Married life: 9 yearsSexual life: SatisfactoryTrying period: 2 years

#### **Obstetrical history:**

 $G_3P_1A_2D_0L_1$ 

• G<sub>2</sub>: Female child of 7 years of age- L.S.C.S.

#### General examination:

The patient was afebrile with pulse rate 74/min and blood pressure 110/70mmHg. She was moderately built and moderate weight of 50kg.

#### **Systemic examination:**

Findings of central nervous system, cardiovascular system, respiratory system and per abdomen were within normal limits. On per speculum examination, vagina was normal and cervix healthy. On bimanual examination, uterus was anteverted, anteflexed, normal size and fornices free.

#### **DIAGNOSTIC ASSESSMENTS:**

#### **Investigations:**

✓ Hysterosalpingogram: Revealed Patent Fallopain Tubes.

✓ Pelvic USG- Follicular study: Revealed Unruptured follicle.

✓ TORCH: Negative

✓ Thyroid Function Test: Normal

✓ Partner profile (Semen analysis): Normal

Diagnosis: Secondary Infertility due to PCOD(Anovulatory cycles).

#### THERAPEUTIC INTERVENTIONS:

✓ Nasya karma with Shatavari taila:

Nasya karma (inhalation therapy) with Shatavari taila(oil of Asparagus racemosus) was administered for 7 days during the follicular phase i.e. from the 5th day of the cycle upto 11th day, for 3 consecutive cycles.

1<sup>st</sup> cycle : 18/07/16 to 24/07/16 (LMP: 14/07/16) 2<sup>nd</sup> cycle : 17/08/16 to 23/08/16 (LMP: 13/08/16) 3<sup>rd</sup> cycle : 18/09/16 to 24/09/16 (LMP: 14/09/16)

#### **FOLLOW UP & OUTCOME:**

#### ✓ Before treatment:

Date	Day	Drug	Rt. Ovary	Lt. Ovary	Endo.	Injection
4/9/15	D 12	Siptene 50mg		2.09*2	4.1mm	Inj. HCG 5000 IU
2/10/15	D 11	Forpill kit	1.5*1.3	Action	5mm	Inj. HCG 5000 IU
17/12/15	D 11	Inj.Clomiphene Citrate 50mg	1.3*1.5		0.6cm	Inj. HCG 5000 IU
26/1/16	D 13	Inj.Clomiphene Citrate 50mg	NDF	2.4*2.4	5.1mm	Inj. HCG 5000 IU
				2.1*2		
				1.6*1.4		

Date	Day of	ET	Rt ovarian	Lt ovarian	Fluid in POD
	cycle		dominant follicle	dominant follicle	CONTRACTOR OF THE PARTY OF THE
1/03/16	12 <sup>th</sup>	6.5mm	16*14mm	8mm	No
3/03/16	14 <sup>th</sup>	7.7mm	22*19mm	10mm	No
5/03/16	16 <sup>th</sup>	8.1mm	27*22mm	11*10mm	No

#### ✓ After treatment:

After every cycle Follicular study was done which revealed ruptured right ovarian follicle and ruptured left ovarian follicle respectively.

Date	Day of	ET	Rt ovarian	Lt ovarian	Fluid in POD
------	--------	----	------------	------------	--------------

	cycle		dominant follicle	dominant follicle	是是XX
25/10/16	13 <sup>th</sup>	10mm	27*21mm	22*21mm	No
26/10/16	14 <sup>th</sup>	11.4mm	27*30mm	23*25mm	No
28/10/16	16 <sup>th</sup>	13mm	Ruptured		Yes

Date	Day of	ET	Rt ovarian	Lt ovarian	Fluid in POD
	cycle		dominant follicle	dominant follicle	
26/11/16	13 <sup>th</sup>	8.1mm	16.7mm	14mm	Yes
28/11/16	15 <sup>th</sup>	10.3mm	17.4mm	15mm	Yes
30/11/16	17 <sup>th</sup>	11.2mm	17.4mm	Ruptured	Yes

After the completion of *Nasya karma* (*inhalation therapy*), on no further medication, follicular study was repeated twice which showed ruptured ovarian follicle.

#### **DISCUSSION:**

Discussion on Drug<sup>1</sup>:

Shatavari (Asparagus racemosus) has been reknowned for centuries in India for its therapeutic value in treating arthava dushti (menstrual disorders) in the form of Nasya (nasal inhalation), pana (oral), snehana (oleation), abhyanga (oil massage) and basti (enema). Latin name: Asparagus recemosus, Shatavari (Asparagus racemosus) is attributed with madhura (sweet), tikta (bitter) rasa; guru (heavy), snigdha (oily), mridu (soft) guna; sheeta virya (cold potency) and madhura vipaka (end product of digestion). Shatavari (Asparagus racemosus) contains phyto constituents known as phyto-estrogens. The phyto-estrogens help to maintain endogenous harmony, supports and regulates hormonal secretions. It helps to regulate hypothalamus- pituitary- ovarian (HPO) axis hence regularizes ovarian functions<sup>3</sup>.

#### Discussion on Mode of action of Nasya<sup>9</sup>:

Nose is gateway for head. Drugs administered through nose spreads over *shrungatak* marma (cavernous sinus) as well as channels within head, nose, eye, throat and removes the morbid dosha (fundamental bio elements). Anatomical & physiological study of nose shows that nasal mucosa is the only site which directly connects brain & external environment. Drug administered through nose gets absorbed through three ways – 1) nasal mucosa, 2) vascular path and 3) neural pathway. By these routes drug have direct entry into Central Nervous System (CNS) and hence bypass the Blood Brain Barrier (BBB), which is the major drawback in treating nervous diseases.

#### Probable mode of action<sup>4</sup>:

The nasal cavity is covered by a thin mucosa which is well vascularized. A drug molecule can therefore quickly be transferred across the single epithelial cell layer directly to the systemic blood circulation by-passing hepatic & intestinal metabolism.

Vascular path transportation is possible through the pooling of nasal venous blood into the facial vein. The facial vein has no valves. It communicates through pterygoid plexus with the cavernous venous sinus. Such pooling of blood from nasal veins to venous sinuses of the brain is more likely to occur in head lowering position due to gravity.

The olfactory nerves differ from other cranial nerves in its close relation with the brain. The olfactory nerves are connected with the higher centers of brain i.e. limbic system, consisting mainly of amygdaloidal complex, hypothalamus, epithalamus, anterior thalamic nuclei parts of basal ganglia etc. So the drugs administrated here stimulate the higher centers of brain which shows action on regulation of endocrine and nervous system functions.

The drugs administered through the nose i.e. *nasya*, acts on the hypothalamus to regulate these hormonal changes.

#### Discussion on HPO axis<sup>5</sup>:

The Hypothalamus secretes gonadotropin releasing hormone (GnRH) which in turn stimulates the pituitary gland to secrete Follicle Stimulating Hormone (FSH) and Luteinizing hormone (LH). The Hypothalamus in turn is controlled by the ovarian steroid hormones, oestrogen and progesterone in the blood by the means of feedback mechanism. Follicle Stimulating Hormone (FSH) is responsible for the development of immature follicles which secrete oestrogen which causes proliferation of the endometrium and secretion of cervical mucus. The rising oestrogen from the developing follicles suppresses Follicle Stimulating Hormone (FSH) secretion in order to inhibit development of any new follicles. Only one follicle becomes dominant and the high oestrogen from the dominant follicle stimulates the secretion of Luteinizing hormone (LH) from the pituitary which triggers ovulation. In *Nasya karma*, the administration of the medication stimulates the Hypothalamus to release the gonadotropin releasing hormone (GnRH) which in turn stimulates the anterior pituitary and ovary, and causes ovulation.

#### Conclusion:

Polycystic ovarian disease (PCOD) is recognized as the most common cause of anovulatory infertility. The case report demonstrates clinical and radiological improvement in anovulatory cycle using *nasya karma* (*Inhalation therapy*) with *Shatavari taila* (*Asparagus racemosus*). Hence, one of Ayurveda's *shodhan vidhi* (*purifactory procedure*) i.e. *Nasya Karma* can be considered as an effective treatment modality in Polycystic ovarian disease (PCOD).

#### References:

- 1. Dr A P Deshpande and Dr S Ranade, Dravyaguna Vijnyan, 1st edition- 2004, Anmol Prakashan Pune, page no. 629.
- 2. Prof.(Km). P V Tewari, Kashyapa samhita, reprint 2013, Chaukambha publication, ISBN- 978-93-81301-03-6, Chapter 4. 7th shloka, page no. 291.
- 3. D C Dutta's textbook of Gynaecology, edited by Hiralal Konar, 6th edition- 2013, New Central Book Agency Kolkata, page no. 76.
- 4. Medical physiology by Guyton and Hall, 10th edition, Harcourt publishers, page no. 616.
- 5. https://en.wikipedia.org/wiki/Gonadotropin-releasing\_hormone.
- 6. https://menstrupedia.com/articles/physiology/cycle-phases.
- 7. https://health-total.com.
- 8. https://www.ncbi.nlm.gov.
- 9. Dr Sushma Magdum, Dr Sangeeta Jahagirdar, Dr Asha Hosur, The Role of Nasya Karma with Shatavari Ghrita in the management of Menopausal syndrome- An open clinical trial. July 2014.
- 10. Madhushree ragi, Sukumar Nandigoudar, Pradeep L G, Rohini Purohit, Effect of Nasya in Endocrinal disorders w.s.r to Female Infertility. IAMJ ISSN: 2320 5091, April 2017 5 (4)
- 11. Krupa R Donga, Shilpa B Donga and Laxmi Priya Dei, Role of Nasya and Matra Basti with Narayana Taila on anovulatory factor. Ayu.2013, Jan- Mar; 34(1): 81-85.doi: 10.4103/0974-8520.115453.
- 12. Vriddha Vagbhat, Ashtanga Sangraha with Shashilekha Sanskrit commentary by Indu, Chapter



# GREEN REMEDIES - natural products —



Central Excise Colony, Front of Ganapati Temple Park, Gokul Road, Hubli-30. Email: herboidshealthcare@gmail.com

### **CLINICAL SUCCESS STORIES**

Dr. B S Prasad			
Principal & HOD of Panchakarma			
Vandhya			
A female aged about 28 years with marital life of two and hal			
years c/o irregular periods and inability to conceive			
Clinical examination: Body weight 74 kgs and BMI: 26,			
Irregular periods 3-6 months, Mild hirsutisim, PCOD			
sonologically, Elevated LH and PRL, Kapha& Pitta Prakriti			
Udvarthana followed by Vamana			
Weight reduction of 1.5 kg at the end of udvarthana and a			
total of 6 kgs at the end of vamana was noticed			
Patient attained periods with in one week			
Sonologically no cysts			
However the patient could not get the menstrual			
periods successively			

NAME OF THE CONSULTANT	Dr.Pradeep L. Grampurohit
NAME OF THE CONSULTANT	Assistant professor
	DepartmentofPanchakarma
DIAGNOSIS:	Vicharchika
	1.70 3.40 0.000
CASE DETAILS	A 45 year old male presented with the complaints of rashes
	and discoloration of the skin in both the feet since 6 years,
	associated with severe itching sensation, watery discharge
	followed by crusting and easy fatigability.
	Clinical Examination:
	On examination a wound was present on the lateral aspect of
会社会は、当内を主じている。	the right leg, around 5cms superior to the ankle joint
THE RESERVE OF THE PERSON OF T	(approximately 15cmsX 5cms), and another on medial aspect
	of left leg, on the ankle joint and extending 10cms superiorly
	(approximately 10cmsX 5cms). There was thick serous
	discharge, edema and areas with crusting over the wound.
	There was tenderness over the wound with surrounding
The second secon	indurations. There were dry and scaly lesions all around the
	wounds associated with severe itching.
	Before treatment: The patient revisited after 15 days for first
	follow – up. The wound was healthy and healing, the edema
	and discharge were absent. Mild itching persisted.
TREATMENT	1. Tab. KaishoraGuggulu 1 tid
	2. Tab. Arogyavardhini 1 tid
	Rasnaerandadikashaya + Manjishtadikashaya 3tsf TID
OUTCOME	Wounds on both the lower extremities healed. Eczematous
	changed improved, leaving few scaly lesions with
	hyperpigmentation.
	in perpresentation.

NAME OF	Dr.Prade	ep L. Grampurohit		Mark Street				
THECONSULTANT	Associate professor							
	Department of Panchakarma							
DIAGNOSIS:	Anyadhatusamsrushtaretodushti							
CASE DETAILS	Male Patients Of Age Group Between 18 – 40 Yrs Having Diagnosed With Semen							
	Samples Having Anya-Dhatusamshrashtaretodushti As Follows Were Selected For The							
	Study.							
	<ol> <li>Amorphous Matter – Grade 3 And 4</li> <li>Epithelial Cells – More Than 5 Cells</li> <li>Immature Cells – More Than 5 Cells</li> </ol>							
United States		4. Leucocytes – N		A CANADA	A A COMMITTEE OF			
TREATMENT	1. 1	Agni Deepana – 2 Day						
					sa With 2 Tablets			
	WALL OF			e A Dayuntil	The Attainment Of			
	0 (	Niraamalaksh		1 11 1				
	2.	Snehapana – (Until The						
			thMoorchitaghrita Iaximum For The		aiaksiialiawere			
	3 1	Vishramakaala – 3 Da		Days.				
	5.		ngawithmoorchitat	tilatailafollowedB:	vRasnaswedaFor			
		Three Days.	nga witimiloofemtat	inatanaronowedb	y Daspas wedar or			
	4.	Virechana –						
			Of Virechana, 20	– 40 Gms Of Tri	vritchurnawas Given			
	a. On The Day Of Virechana, 20 – 40 Gms Of Trivritchurnawas Based On Assessment Of Koshta.							
	5. Samsarjana Karma – 3-5 Days  a. Samsarjanakrama (Peyadikrama) Was Advised For 3-5 Days Based Or Theantika And Vegikashuddhi.							
OLUTICO VIE				DONE THE S				
OUTCOME	S. No	Parameter	BT	AT				
	1	Liquefaction time		10.05 (054	FU 17.02 4.04th			
			21.50 + 6.60	19.07 + 6.05*	17.83 + 4.84*			
	2	Semen volume	2.74 + 0.52	2.95 + 0.63*	17.83 + 4.84* 2.99 + 0.63*			
	3	Semen volume pH	2.74 + 0.52 7.72 + 0.46	2.95 + 0.63* 7.52 + 0.42*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48*			
	3 4	Semen volume pH Viscosity	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58			
	3 4 5	Semen volume pH Viscosity Sperm count	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65			
	3 4 5 6	Semen volume pH Viscosity Sperm count RLP	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13			
	3 4 5 6 7	Semen volume pH Viscosity Sperm count RLP SLP	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42*			
	3 4 5 6 7 8	Semen volume pH Viscosity Sperm count RLP SLP NP	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05			
	3 4 5 6 7 8 9	Semen volume pH Viscosity Sperm count RLP SLP NP IMM	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11*			
	3 4 5 6 7 8 9	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96*			
	3 4 5 6 7 8 9 10	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15			
	3 4 5 6 7 8 9 10 11 12	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12 7.13 + 1.06	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12* 7.00 + 1.06*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15 6.93 + 1.03*			
	3 4 5 6 7 8 9 10	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages Epithelial cell	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15			
	3 4 5 6 7 8 9 10 11 12	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12 7.13 + 1.06	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12* 7.00 + 1.06*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15 6.93 + 1.03* 6.97 + 1.02* 6.60 + 0.80*			
	3 4 5 6 7 8 9 10 11 12 13	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages Epithelial cell	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12 7.13 + 1.06 7.33 + 1.14	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12* 7.00 + 1.06* 7.10 + 1.01*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15 6.93 + 1.03* 6.97 + 1.02*			
	3 4 5 6 7 8 9 10 11 12 13 14	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages Epithelial cell Immature cell	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12 7.13 + 1.06 7.33 + 1.14 6.97 + 0.84	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12* 7.00 + 1.06* 7.10 + 1.01* 6.93 + 0.89	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15 6.93 + 1.03* 6.97 + 1.02* 6.60 + 0.80*			
	3 4 5 6 7 8 9 10 11 12 13 14	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages Epithelial cell Immature cell Amorphous	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12 7.13 + 1.06 7.33 + 1.14 6.97 + 0.84 3.60 + 0.61	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12* 7.00 + 1.06* 7.10 + 1.01* 6.93 + 0.89 3.17 + 0.52*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15 6.93 + 1.03* 6.97 + 1.02* 6.60 + 0.80* 3.17 + 0.69*			
	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages Epithelial cell Immature cell Amorphous Total abnormality Head abnormality	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12 7.13 + 1.06 7.33 + 1.14 6.97 + 0.84 3.60 + 0.61 27.03 + 11.59 10.37 + 5.04	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12* 7.00 + 1.06* 7.10 + 1.01* 6.93 + 0.89 3.17 + 0.52* 26.80 + 11.43 10.07 + 5.16*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15 6.93 + 1.03* 6.97 + 1.02* 6.60 + 0.80* 3.17 + 0.69* 26.57 + 11.55* 9.93 + 5.20			
	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages Epithelial cell Immature cell Amorphous Total abnormality Head abnormality Mid-pieceabnor	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12 7.13 + 1.06 7.33 + 1.14 6.97 + 0.84 3.60 + 0.61 27.03 + 11.59 10.37 + 5.04 7.60 + 3.49	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12* 7.00 + 1.06* 7.10 + 1.01* 6.93 + 0.89 3.17 + 0.52* 26.80 + 11.43 10.07 + 5.16* 7.60 + 3.33	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15 6.93 + 1.03* 6.97 + 1.02* 6.60 + 0.80* 3.17 + 0.69* 26.57 + 11.55* 9.93 + 5.20 7.03 + 3.18			
	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Semen volume pH Viscosity Sperm count RLP SLP NP IMM Agglutination Pus cell Macrophages Epithelial cell Immature cell Amorphous Total abnormality Head abnormality	2.74 + 0.52 7.72 + 0.46 2.17 + 0.58 64.33 + 7.61 47.00 + 9.97 27.83 + 5.43 15.83 + 7.54 10.17 + 4.56 26.47 + 2.55 7.43 + 1.12 7.13 + 1.06 7.33 + 1.14 6.97 + 0.84 3.60 + 0.61 27.03 + 11.59 10.37 + 5.04	2.95 + 0.63* 7.52 + 0.42* 2.05 + 0.64 63.53 + 8.50 48.40 + 9.84 24.87 + 4.54* 14.60 + 6.55 8.60 + 4.43 26.13 + 2.77* 7.23 + 1.12* 7.00 + 1.06* 7.10 + 1.01* 6.93 + 0.89 3.17 + 0.52* 26.80 + 11.43 10.07 + 5.16*	17.83 + 4.84* 2.99 + 0.63* 7.42 + 0.48* 2.00 + 0.58 64.43 + 7.65 47.97 + 10.13 24.63 + 4.42* 14.07 + 4.05 8.30 + 4.11* 25.87 + 2.96* 7.23 + 1.15 6.93 + 1.03* 6.97 + 1.02* 6.60 + 0.80* 3.17 + 0.69* 26.57 + 11.55* 9.93 + 5.20			

NAME OF THE CONSULTANT	Dr.Pradeep L. Grampurohit		
	Associate professor		
	Department of Panchakarma		
DIAGNOSIS:	G.B.Syndrome		
CASE DETAILS	A 45 year old female patient, resident of chennammanagar came to OPD of KLE'S BMK hospital on 4/3/16 with the following complaints -Weakness in bilateral upper limbs and trunk – since 1 month and Difficulty in performing daily activities CNS Examination Sensory examination: superficial and deep sensations both are normal. Motor Examination: Tone – normal MMT: bilateral ULs – grade 2/5 bilateral LLs – grade 1/5 trunk – grade 1/5 Reflexes: Biceps: diminished Triceps: diminished Supinator: diminished Knee jerk: diminished Ankle jerk: diminished Balance: affected Co-ordination: affected		
TREATMENT	Bowel: normal  1. Sarvanglepa: nirgundi, lashun, marich, haridra  2. SarvangaDashmulaparisheka  3. Shiroabhyanga with himasagar oil  4. Mustadiyapanbasti  5. Anuvasanbasti with aswagandhaghrita 60 ml  6. Pathya: erandbeejapayasa 100 ml bd  7. Shunti,pippali,bala, jiraksidhajala for drinking over whole day  8. Physiotherapy  9. Nasya with anutaila 10 drops each nostril  10. Utsadan with manjista, yastimadhu, raktachandan		
OUTCOME	<ul><li>a) Patient can walk on her own without support.</li><li>b) Improvement in strength.</li><li>c) Daily activities can be taken up without difficulties.</li></ul>		

NAME OF THE CONCIL TANT	Dr. Dradoon I. Grampurchit				
NAME OF THE CONSULTANT	Dr.Pradeep L. Grampurohit Associate professor				
	Department of Panchakarma				
DIAGNOSIS:	GRIDHRASI				
CASE DETAILS	Female pt aged 66 yrsand k/c/o HTN and Hypothyroidism since 5 yrs on				
	medication. Since 21/2 months pt had tingling sensation in her rt hand				
	more in little finger and ringfinger and she used to feel vibrations in her				
	head, specially in the morning. She skipped her anti hypertensives				
	medicines for 5 days Then on 4/8/17 in afternoon while having lunch her				
	leg started shivering and she found her rt u/l limbs became weak she				
	was unable to lift her rt lower and upper limb, speech became slurred.				
	For this reason she was taken to lakeview hospital and was admitted				
	there where she was given treatment with thrombolysed with rectiplase,				
	Anti emetics, Antibiotics, Antiacid Anticoagulant, anti-HTN and then				
	she got discharged within 2 days on request. Then she visited hospital in				
	Karwar.There she was given anticoagulant ,vitamin B 12 , Tab vitamin D				
	Tab Anti hypertensives, Antaacids By that time her speech was				
	improved a lot. Later she came to our hospital with the complaint of loss				
	of strength in rt u/l limb since 2 month ,along with tingling sensations				
	in rt side of body.she had giddiness occasionally.				
	Before treatment				
	CNS Examination				
	Cranial nerves examination - Facial nerve affected				
	Motor system - Hypertonicity in rt u/l limb				
	bulk-no muscle wasting				
	nourishment-moderate				
	power –RT LT				
	U/L 0 5				
	L/L 0 5				
TREATMENT					
	1. Deepanapachana with ajamoda +shunthi+maricha+ jeeraka				
	siddha jala for drinking for first day.				
	2. Koshtashodhan with GHT 60ml + milk 50ml on 31/08/17				
	Sr. Abh with BAT f/b tilapindasweda (11days)				
	3. Nasya with Gudanagara 4 drops each nostrils (4 days)				
	4. EMNB – makshika-80ml				

Part & Charles of the or through the state of the last	The Property of the Control of the C
	saindhav-5gm
	shatavarighrita(30 ml) +sahacharaditaila (30ml)
	kalka-shatapushpa -20gm
	kashya-300ml
	5. Shamana
	BVC with gold 1 BD
	Cap.palsineuron 1 TID
	Agastyaharitaki 1tsf TID with milk
OUTCOME	After treatment – Muscle power examination
	a) Power- RT LT
	b) UL 4 5
	c) LL 4 5
	GAIT – she started walking

	A CAMPAGE AND A SECOND OF THE PARTY OF THE P			
NAME OF THE CONSULTANT	Dr.Pradeep L. Grampurohit			
	Associate professor			
CALL DESCRIPTION OF THE PROPERTY OF THE PROPER	Department of Panchakarma			
DIAGNOSIS:	Ardita( Bells Palsy)			
CASE DETAILS	: XYZ, Age : 12 Years, Male, Religion : Hinduism, Occupation :			
	Student C/O			
	Deviation of mouth torwards left side since 12 days.Not able to			
	close right eye completely since 20 days with H/o chicken pox 20			
	days before			
	Clinical examination:PR: 82 beats/minRR: 18/minWt: 25 kg			
	17/03/2017- Hb%- 10.9gm%, WBC-10,500c/cmm, N-46%, L-45%,			
	E-07%, M-02% ,ESR – 28			
TREATMENT	Mukhabhyanga with ksheerbalataila			
	2) Nasya with karpasthyaditaila 8 drops each nostrils			
	3) DashmoolaKsheeraDhumpana			
	4) Shamana			
	1. Cap. Nuro 1 bd			
	2. Tab .Neurocil 1 tid			
	3. Dhandhanyakashaya 3 tsftid			
	The treatment was followed for 7 days.			
OUTCOME	1. Patient was admitted for 7 days.			
	2. There is significant changes in the symptoms			

NAME OF THE CONSULTANT	Dr. Pradeep L. Grampurohit			
<b>第一个是一个工作的。</b>	Associate professor			
	Department of Panchakarma			
DIAGNOSIS:	Pakshaghata ( Right side complete hemiplegia )			
CASE DETAILS	Clinical examination: PR: 78 bpm, B.P: 180/120 mmHg, Resp.			
	Rate: 24 / min, Temperature: Afebrile, Wt: 72 kg			
	Higher mental functions:			
	Consciousness: semi conscious,			
	drowsiness			
	Orientation : verbal response			
	Motor systemexamination			
	Nutrition: wasting			
	Tone : hypotonic			
	Power:			
	RtSide UL : Grade : 0			
	Rt. Side LL : Grade : 0			
TREATMENT	Treatment adopted: Himadhara with dhanyaka and			
	amalakichurna			
	2. Nasya with pippali, vacha, yashtimadhu, hingu,			
	saindhava, marichaksheerapaaka			
	3. Shirolepa with Shatdhoutaghrita mixed with			
	manjisthachurna			
	Three times a day			
	<b>→</b> Shamana			
	1. Muktavati 1 BD			
	2. Ekangaveera rasa 1 BD			
	3. Dhanadhadyakashaya 3tsf TID			
	4. Gorechanadivati 1 BD			
OUTCOME	Post treatment after multiple visit: Late subacute infarct in left			
	temporo – parietal region, basal ganglia and corona radiata.			
	Chronic lacunar infarct in right basal ganglia.			
	2. No evidence of haemorrhage.			
	3. No evidence of mass effect or midline shift.			

			200	200	1744			Color	
NAME OF THE	Dr Sukumai								
CONSULTANT	Associate professor								
	Department				No. 333	MAN TOWN			
DIAGNOSIS:	JALODARA due to Yakruddayodara								
CASE DETAILS	A 34 years male normotensive non diabetic known alcoholic patient since 4 yrs presented								
		to OPD with the complaints of distended abdomen along with pain and bilateral pedal							
	edema of pitting type since 3 to 5 days associated with loss of appetite and blurred vision								
Control of Actions	at night sinc	at night since 15 days							
							nd there	was udara	uthseda, with
	shotha there								
									.1 mg%, and
									al, and USG
	abdomen re						_		
									lodara due to
	Yakruddayo				dmitted	in male ger	neral war	d for treati	nent.
TREATMENT	1 NityaVire		reetakich	oorna					
	Initial Dose	_							
	Followed by	increme	nt dose o	f 5gm eac	ch day 1	Odays (dA)	Y 1 TO D	AY 10)	
	2 shamana		313		1320				
	1.Tb arogy				<sup>'</sup> )				
	1 TAB TID								
	2.Punarnava								
A CONTRACTOR OF THE PARTY OF TH		3.Albu care 1tsf with milk bd 10 DAYS							
	4.Tb nirocil( soludex) 1 bd 10 DAYS								
STATE OF THE STATE	5.Patolakaturohinyadi( kerala) 3tsf BD 10 DAYS								
	6.Dugdha prayoga 250 ml/day 10 DAYS								
OLUTICOME	3 pathyaGuduchi + punarnavaswarasa 50 ml-bd 10 DAYS								
OUTCOME									
					I =			3.5	
		1ST	5/5/17	2ND	7/6/1	3RD	4TH	N. Harris	
	) THE TOTAL	ADM		ADM	7	ADM	ADM		1 ( ) ( ) ( ) ( ) ( )
	Mark St.	BEFO	AFTE	BEFO	AFT	BEFOR	AFTE	BEFO	AFTER
	and temp	RE	R	RE	ER	Е	R	RE	
	AT	85CM	79CM	86	78C	85 CM	80CM	86CM	82CM
	UMBLIC	The work	1 24 1 25 1	CM	M	The state of the s	The same	Sec. 1	
	US	07.7	00	05000	026	07.07.1	0500	0500.5	0000
	1 INCH	87CM	82	85CM	82C	87CM	85CM	87CM	82CM
	BELOW		CM	2142	M		2	100	
	UMBLIC		10/11-75						
Contract of the contract of th	US	70 C) 1	0.0	FOCO (	70	50C) (	00001	70C) (	0000
	1 INCH	79CM	80	79CM	79	79CM	80CM	79CM	80CM
	ABOVE	4	CM		CM				A CHANGE
	UMBLIC			200					
	US	0563.4	22	05004	226	0500.5	2267	05004	22014
September 1	ANIZIE	25CM	23	25CM	23C	25CM	22CM	25CM	23CM
	ANKLE	07	CM	27	M	07.634	06634	27.63.6	26614
	AT MID	27	26	27	25C	27 CM	26CM	27 CM	26CM
STATE OF THE PARTY	CALF	CM	CM	CM	M	05001	2267	25004	22.501.5
	AT FOOT	25CM	22	25CM	22C	25CM	22CM	25CM	22.5CM
and the second second		A COLOR	CM		M	A CONTRACTOR		Section 1	A STATE OF THE PARTY OF THE PAR

NAME OF THE CONSULTANT	DrSukumar N	
	Associate professor	
	Department of Kaya chikitsa	
DIAGNOSIS:	GRADHRASI	
CASE DETAILS	<ul> <li>A 43 YRS Male presenting with Pain in the Kati pradesha radiating to left leg since 8 days along with numbness in left leg till big toe since 8 days, he is driver by occupation works for about 8-9 hours/day since 20 yrs. He was advised surgery by contempary medicine.</li> <li>On clinical examination:Palpation: Tenderness + at L3 to S1 spine ,SLR test: Positive at 30 degree(left leg)negative at 70 degree(right leg) Schoberstest:Positive both side. , femoral nerve test: positive left leg .Other systemic examinations were within normal limits</li> <li>Lab investigations revealed: diffuse central &amp;b/l posterior disc buldge comprising b/l neural foramenaindenring the thecal sac with nerve compression over b/ltreaversing&amp;thecal sac.</li> <li>Based on examination &amp; complaints &amp; parameters as mentioned in by our acharyas such as Ruja,::Spurna and sthabdata in janu ,kati and urusandhi she was diagnosed to be a case ghridhrasi</li> </ul>	
TREATMENT	1 F/B ParishekaDashamoola 8 days 2 Kati bastiMahavishagarbhataila OD Yoga basti	
	Anuvasanbasti 60 ML 5 DAYS Niruhabasti	
	EDB 450ml 3 days	
	shamana	
	Prasarinyadikashya 10ML-BD 8 DAYS	
	Trayodashangaguggulu(KLE) 1 TID 8 DAYS	
	Cap Neuroxt 1 BD 8 DAYS Tab VM vati 1 BD	
OUTCOME	75% relief from numbness and radiating pain.	

NAME OF THE	Dr Sukumar N		
CONSULTANT	Associate professor		
	Department of Kaya chik	ritsa	
DIAGNOSIS:	PAKSHAGHATA		SEE TO SEE SEE SEE
CASE DETAILS	strength in left p was brought on situ.  On clinical exar reduced speech.' limb.knee jerk power was 1/5 3 <sup>rd</sup> asmission: 3/ were within norm Lab investigation thalamic haemate	art of body since 1 mont stretcher & with RT tuber mination: Pt was conscient the muscle power was was absent (1st admission left upper limb & 5 in left upper & lower mal limits as revealed:CT Brain: (120ma(27x21mm)	r hospital with reduced thOn First admission pt be & Foleys catheter in ous & oriented but with 0/5 inleft upper &lower ion)2 <sup>nd</sup> Admission:muscle 2/5 in left lower limb. limb.other examinations 26/8/16):Resolving right was diagnosed as a case
TREATMENT	KBT(101) 7 days Shamana: MRQ 15 ML t	BAT OD bd 8 DAYS 5ml tid 8 days  + Anutaila F/B mruduna GT 3 days  AT  + Anutaila 8 days F/E id 8 days	disweda 3 mrudunadiswedaNasya
OVER COLUMN	Cap kb 1 bd 8 days Talis		
OUTCOME	Admission	Before	After
	1st	Was brought on stretcher	Improved was able to sit on wheel chair
	2nd	Came on wheel chair	Able to walk with support
	3rd	Walks with support	Walks with support & speech has become clear
	Muscle power	0/5	3/5 in both upper & lower limb

NAME OF THE CONSULTANT	Dr.Rajshekhar.V.Sanpetti
	Assistant professor
	Department of Panchakarma
DIAGNOSIS:	A case of Mitral valve
CASE DETAILS	A 7 year old girl child approached to Panchakarma OPD of KLE BMK Ayurveda hospital, looking for relief from troublesome non radiating pain in her chest, which is severe and stabs through her heart several times a day, lasting from minutes to hours associated with mild excertional dyspnoea since 3 years. Episodes of chest pain triggered by household chores on occasion and at other other times by emotional upset. Clinical Examination:
	The general condition of the patient at the arrival to the
	hospital- child thin built, conscious well oriented, ill looking
	with mild excertional dyspnoea. Respiratory system, CNS were
	normal.
	Physical Findings:
	On auscultation there is mid systolic click which is followed by
	a high pitched late systolic murmur.
TREATMENT	Rx adopted-
	1.Cap GuggulTiktaka Ghrita1 OD
	2. YashtimadhuChurna 30 gms + ArjunaChurna 20 gms - (1
	tsfbd with warm water)
	3. HridayaBasti With KsheerBalaTaila + SahacharadiTaila
	4.MatraBasti With AshwagandhaBalaLakshadiTaila with
	different doses on daily basis ie. 15ml, 15 ml, 15 ml, 25ml,
	25ml , 30ml and 30 ml
OUTCOME	Before treatment 2D-ECHO reports -
	23/12/2011- AML prolapsed, mild MR.
	18/6/2013- Prolapse of anterior mitral leaflet with grade II mitral
	regurgitation.
	After treatment 2D-ECHO reports –
	12/9/2013- Morphology of mitral valve shows normal.

NAME OF THE	Dr KiranMu	tnali		100	Commence of the Commence of th	
CONSULTANT	Associate professor					
CONSCETATO		of Kayachikitsa				CENTR
DIAGNOSIS:		due to Yakrudd	lavodar	2		CONTRACTOR OF
					known alcoholi	c natient
CASE DETAILS	presented to pain and bil with loss of a On clinical efluid thrill ar laboratory in of 1st hr, sg biluribin, hb abdomen reascites.  Based on the Jalodara due	OPD with the cateral pedal ederal pedal ederal pedal ederappetite and reduxamination physical pitting pedale exercises as a second seco	complaina of princed uring ical examinated in realed: I rest in real , see the realed; in the realed	nts of distentiting type single output.  amination for the amination for the any signs of the 10.8gm% westigations of the amination for the amination for the amination of the a	known alcoholiced abdomen all ance 3 to 5 days a sund abdominal dof encephalopath, ESR 51 mm a like RBS, sgpt, e was 66.1 U/L echo texture a patient was diagond was admitted	ong with ssociated istention, y. t the end albumin, and USG and gross gnosed as
TREATMENT	1NityaVirecl	nana	33030	CONTRACTOR OF THE PARTY OF THE	TO SHARE	Telegra VI
		oorna Initial Dos	e - 5gm	Li Company		
		increment dose				20722
		Y 1 TO DAY 15	)			197-5
	2 shamana				OF THE REAL PROPERTY.	
		YN (cHARAKA	ApHAR	MA PVT ITI		
		AFTER FOOD				
	15 DAYS	dhining 1 toh T	ID DE	EODE EOOI		S S X P
		dhiniras 1 tab T.	I.D BE	FORE FOOI	,	
	15 days	a Strong Iswad	lechi ni	harmaceutica	ls] 15ml B.D l	REFORE
	FOOD15day		icsiii pi	narmaccutica		DEFORE
		up[pharm produc	etl 10m	l B D Before	food	New York
	15days	op (primirin product	0, 1011		NEGATION OF THE PROPERTY OF TH	
		stimadhu+talisa	dichurn	a 1tsfT.I.D A	FTER FOOD	
	4 days					
		<mark>Ash</mark> wagandha+d	aruhari	dra+vasa+ras	na	- EUV
	B.D8days				The state of the s	
					and oral medicar	
					kalamegha stroi	
	,udaralepa		_	nı+yastımadı dar <mark>uharidra+</mark>	u+talisadichurna	D and
					ba+guduci 50 ml	
	patifuswids	or om angaraja	· onding	, william i lilli	Sar gadaer 50 III	122,000
OUTCOME		measurments	5/2	10000	measurments	
		At umbilicus	29	120.00	At umbilicus	25
		1" Above	29		1" Above	25.5
1000		1" below	28		1" below	25.5
	Before	Xiphisternum	10	After	Xiphisternum	7
	treatment	to umbilicus	200	treatment	to umbilicus	
		Umbilicus to	11		Umbilicus to	8
	1	symphysis		GILL ST	symphysis	
	A STATE OF THE PARTY OF THE PAR	pubis	13 Thinks	The second second	pubis	PERSONAL PROPERTY.

NAME OF THE CONSULTANT	Dr Kiran Mutnali
	Associate professor
	Department of Kayachikitsa
DIAGNOSIS:	TAMAKASHWASA
CASE DETAILS	A 76 years male normotensive non diabetic known smoker
CASE DETAILS	patient presented to OPD with the complaints of cough with sputum, exertional dyspnea and dust allergy, associated with shirogowravata, udgara and adhmana On clinical examination physical examination found grade II dyspnea, Severe cough and bilatera expiratory wheeze.
	laboratory investigations revealed: Nasal inspiratory flow meter(PRE); 50L/min,ESINOPHIL -09,ESR-18
	Based on the clinical, laboratory investigations patient was diagnosed as kaphavatapradhanaTamakashwasa and was admitted in special room for treatment.
TREATMENT	1Sthanikaabhyanga to chest and back f/b Nadiswedabrihatsaindhavaditaila 7days 2 DhumapanaHaridradivarti 7days shamana Dashamulakatutraikashaya 2 TSF TID AFTER FOOD 7days 3 Karpooradichoorna + tankanabhasma1/2 TSF T.I.D AFTER FOOD with honey 7days 4 Agastyaharitaki 2 TSF O.D empty stomach with warm water 7days 5 Dhanwantaragulika 2 B.D Before food 7days 6 Guduci+yastimadhu+talisadichurna 1 tsf T.I.D AFTER FOOD 7days
OUTCOME	condition improved 80% After treatment . patient significantly improved clinically no dyspnea,noshirogowravata ,cough reduced in intensity and frequency ,wheeze reduced, patient discharged with 1) Balajeerakadikasaya 3tsf T.I.D after food ,HAridrakhada 1TSF B.D After food with warm water,AgastyaRasayana 1TSF BD after food ,TAB DhanwantariGulika 1 T.I.D After food medication contineud for 15 days

NAME OF STREET	D 177 14 14
NAME OF THE	Dr Kiran Mutnali
CONSULTANT	Associate professor
	Department of Kayachikitsa
DIAGNOSIS:	ADHARANGA VATA
CASE DETAILS	A 42 years male normotensive non diabetic known alcoholic and tobacco
	chewer patient presented to OPD with the complaints of loss of strength in
	both lower limb along with pain in cervical region and tingling sensation in
	both palms since 15 days followed by high grade fever On clinical
	examination physical examination found higher mental functions and
	sensory functions, bladder & bowel intact deeptendon reflexes are diminished
	upper and lower limb proximal power is normal distal power affected
	,tendem walk altered,rombergs positive .laboratory investigations revealed:
	blood sugars fasting slightly raised ,serum electrolytes showed normal
	range and USG abdomen revealed hepatomegaly with coarse echo texture
THE RESERVE OF THE PARTY OF THE	and gross ascites.
	Based on the clinical, laboratory investigations patient was diagnosed as
	ADHARANGA VATA in terms of and was admitted in male general ward
	for treatment.
TREATMENT	1 SaravangaabhyanagaKottamchukkaditaiala 19days
	2 Dhaara Kanji 6days
	3 Patrapindasweda 13days
	4 AnuvasanabastiSatahwaditaila 60ml 7days
	5 Erandamoolaksharbasti
	Makshika:80ml
	Lavana: 10gm
	Sneha: moorchitatilataila 60ml
	Kalka:haridra+vidanga+musta+ katuki+shilajatu+manjista each 5gm
A Property of the Control of the Con	Kasaya: 250ml(EM)
	Goarka:30ml 420ml 5days
	6 nasya with Shadindutaila 7days 23/11/17 to 29/11/17
	2 Shamana
	Tab gorochanadiyati
THE RESERVE OF THE PARTY OF THE	2 TAB B.D AFTER FOOD 15 DAYS
	3 Cap.palsinuron 2 tab B.D BEFORE FOOD 15 days
	A CHI AND A SECOND CONTRACTOR OF THE SECOND CO
	4 TAPYADI LOHA 2 B.D AFTER FOOD 15days
	5 Candraprabhavati 1 T.I.D AFTER food 15days
	6 Gokshurachurana+varunatwakchurna 1 tsf T.I.D AFTER FOOD WITH
	WATER 4 days
	7 24/11/2017 Ashwagandha arista 15ml T.I.D AFTER FOOD WITH
	WATER 8days
	Bruhatvatachintamani 2 B.D AFTER FOOD
	PathyaMoolakayusha with rice 19 days Lashunaksheerapaka 10days
OUTCOME	Post treatment
	after the treatment patient significantly improved clinically.neck pain
	reduced range of movement improved, patient able to sit and standwith
	support and able to walk without support, physical findings tendem walk
	improved towards, reflexes brisk, distal power improved in upperlimb and
	lower limb ,rombergsnegative.patient was discharged with
	cap.dhanwantarataila 1B.D,tab.bruhatvatacintamani 1B.D,cap.palsinuron
	2B.D,Tab tapyadiloha 2B.D,mashabaladi kwatha 20ml B.D with 7 days of
	followup.
	TOTIO 11 up.

NAME OF THE CONSULTANT	Dr Kiran Mutnal	i	The state of	
	Associate profess	sor		
	Department of K	ayachikitsa 💮		
DIAGNOSIS:	Amavata (sero-ne	egative Rheumato	oid arthritis)	
CASE DETAILS	A 19 years male	patient with no	known comorbi	idities presented to
	OPD with the co	omplaints of left a	inkle joint and k	nee joint pain along
	with swelling and	d jo <mark>int</mark> stiffness f	or 5 to 10 min in	the morning since
	2months associat	ed with loss of ap	petite and distur	bed sleep.
				und swelling in left
	3			ulty extension due to
		n patellar tap and	swipe test are no	egative no any signs
	of knee effusion.			
				, ESR 24 mm at the
				tigations like RA
		WNL, x-ray no		
				tient was diagnosed
		rheumatoid art		VATA and was
		-private ward for	treatment.	
TREATMENT	Treatment was p		hosthoditoila La	huntikwatha + milk
IREATMENT		oml+100m 1 day		nuntikwatna + miik
		right knee and le		RD 8daye
		right knee and left		
	4. Vaitaran		alikic Kolakulat	nauichoorna
	gudapaka 30ml	avasti		
	chinchajala 200n	1		
	saindhava lavan1			
	gomutra 50ml	ogiii		
	snehabst 60ml			
	the State of the Control of the Cont	achoorna 15gm 3	davs	
		<mark>iBruh</mark> atsaindhava		ys 6. shamana
		mg 2 TAB B.D A		
	Tab chitrakadiva	ti 1 tab T.I.D BE	FORE FOOD 8d	lays
	Rasanasaptakaka			
	+Kokolakshakas	aya +punarnavasa	va 15ml B.D Aft	ter FOOD 8days
	A CALL THAT			
OUTCOME	joint	At admission	28/01/2017	
	right knee	42 cm	38.1cm	
	light knee	72 CIII	30. Telli	Marie Control
	left ankle	23 cm	19.5cm	
	Lah investi	gations revealed	CRP: positive	RA TEST ·
		27/01/17by the time		
				arasar <mark>anaakunch</mark> ana
				e he got significant
	improvement clin			5-7 S-B-IIII Cult
	The control of the		AND RESIDENCE OF PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSME	AND RESIDENCE OF THE PARTY OF T

NAME OF THE CONSULTANT	Dr Kiran Mutnali
	Associate professor
	Department of Kayachikitsa
DIAGNOSIS:	EKAKUSTA(psoriatic-arthritis)
CASE DETAILS	A 60 years male known hypertensive under regular medication, non diabetic patient presented to OPD with the complaints of scaly lesions all over the body since 6 months associated with both lower limb pain, umbar pain and bilateral shoulder joint pain On clinical examination physical examination found scaly skin lesions, candle grease sign positive, spine no deformities, tenderness over lumbosacral region, SLR B/L negative, Neck -ROM painfull not restricted and laboratory investigations revealed: Hb 9.7gm%, ESR 75 mm at the end of 1st hour and rest investigations like RBS, AEC, WBC showed normal.  Based on the clinical, laboratory investigations patient was diagnosed as EKAKUSTA i.e Psoriatic Arthritis and was admitted in male general ward for treatment.
TREATMENT	1 SnehapanTiktakagrutha 3om 7hours 5days 60m 7hours 75ml 7hours 100ml 6h45min 130ml+ saindhavalavana 5gm 6h45min 2 MrudhuAbhyanga f/b ushnajalasnana Asanaeladitaila5days 3 virechanaTrivrutavalehya 40gm No.of vegas-13 1 day 4 ShamanaPanchatiktagruthaguggulu 1 TAB B.D AFTER FOOD 8 days 5 Tab amavatari rasa 2 B.D AFTER FOOD 8days 6 Hingwastakachurna 1 tsf B.D BEFORE FOOD 4 days 7 ArogyavardhiniRas 2B.D before food 6days
OUTCOME	After 10 days of treatment patient got the significant improvement clinically.itching sensation reduced, burning sensation subsided, appetite improved, joint pains are reduced markedly.

NAME OF THE	Dr.Deepti Bagewadi
CONSULTANT	Assistant proffesor
	Department of Physiotherapy
DIAGNOSIS:	BRACHIAL PLEXUS INJURY
CASE DETAILS	Patient complains weakness of right upper limb since 2
	months Associated with Tingling sensation and Numbness in right
	upper limb.
TREATMENT	Musculo skeletal examination:
	Built – moderately built
	Reflexes – right side supinators, biceps, triceps – diminished.
	Muscle power: right upper limb – grade 2/5
	Superficial sensation: Mildly affected
	Co-ordination – Right upper limb affected.
OUTCOME	1. Facilitatory techniques

2.	Faradic stimulation Rt upper limb
3.	TENS –Rt forearm- PWN mode, 2 frequency
4.	Facilitatory treatments include stimulating the nerve pathways
	with different textured materials from smooth to hard, from
	distal to proximal.
5.	This will help in bringng back the sensations and also it
	improves the tone of the muscles.
6.	Home program
a)	Facilitatory techniques
b)	Static neck exercises
c)	Passive shoulder RoMExs
d)	Supinators and elbow flexors stretching

	A STATE OF THE PARTY OF THE PAR	
NAME OF THE	Dr Suketha S	
CONSULTANT	Associate professor	
	Department of Kaya chikitsa	
DIAGNOSIS:	Vatajagridrasi	
CASE DETAILS	<ul> <li>A 37 YRS Female presenting with Pain in the gluteal region radiating to low back, both thighs, calf up to feet - since 4 months, Harsha (Tingling sensation in lower extremities) - since 3 and half months.</li> <li>On clinical examination:Palpation: Tenderness + at L5 &amp; S1 spine ,SLR test: Positive at 30 degree(right leg)Positive at 45 degree(Left leg) Bregardstest:Positive both side. Other systemic examinations were within normal limits</li> <li>Lab investigations revealed:X ray of Lumbar spine (11/6/16) Showed Narrowed disc space in between L5 and S1 vertebra .MRI on 28/7/16:L5-S1 IVDP with Disc herniation</li> <li>Based on examination &amp; complaints &amp; parameters as mentioned in by our acharyas such as Ruja,Dehasyapravakruta,Toda,Spandana::Spurna and sthabdata in janu ,kati and urusandhi she was diagnosed to be a case of vatajaghridhrasi</li> <li>Treatment was planned</li> </ul>	
TREATMENT	1.LepaKolakulathadichoorna 2. SadyoVirechanaGandharvahastaditaila50 ml + shuntijalaanupana8 days 3. Kati bastiMahanarayantailaOD Yoga basti AnuvasanbastiBST70 ML5 DAYS Vaitaranbasti450ml3 days shamana AstavargaKashaya10ML-BD8 DAYS Trayodashangaguggulu(KLE)1 TID8 DAYS Shallaki XT( Gufic)1 BD8 DAYS	
OUTCOME	<ul> <li>75% relief from tingling sensation and radiating pain</li> <li>Slight improvement was observed with difficulty in walking</li> <li>Muscle power in lower limb: 4/5</li> </ul>	

NAME OF THE CONSULTANT	Dr. Vishwanath S. Wasedar
	Assistant Professor
	Department of Panchakarma
DIAGNOSIS:	Infertility with Unknown Etiological Factors
CASE DETAILS	Case Details: 25 yrs, Female C/o- Anxious to conceive
	No issue since 2 years
	Investigations: Follicular Study Dated: 05 / 03 / 2016
	At 11 th and 13 <sup>th</sup> day, there is no evidence of follicles
	Endometrial thickness: 10 mms and no any free fluid seen.
	USG Abdomen dated: 05 / 03 / 2016
	Uterus: no evidence of fibroids
<b>是在这个人的一个人的一个人</b>	Ovaries: both the ovaries are normal in size and shows normal
	echo anatomy.
TREATMENT	
	1. Arogyawardhinivati 1 TID A/F
	2. Kanchanarguggul 2 BD B/F
	3. Pushpadhanva rasa 1 BD with milk given in empty
	stomach
	4. Kulatthadikashaya 3tsf TID A/F
The second second second	
OUTCOME	*Given for 3 months
	Post treatment :Success Story: A single intrauterine gestation
	corresponding to a gestational age of 12 weeks.

NAME OF THE CONSULTANT  Dr. Ashwini. Patil Assistant professor Department of Panchakarma  DIAGNOSIS:  CASE DETAILS  A 40 yrs,Female C/O- Pain in multiple joints since 3 yrs, Swelling in multiple joints.  Ass complains: Reduced appetite often since 3yrs, Generalized Weakness & lethargic since 1 month
DIAGNOSIS:  CASE DETAILS  A 40 yrs,Female C/O- Pain in multiple joints since 3 yrs,  Swelling in multiple joints.  Ass complains: Reduced appetite often since 3yrs, Generalized  Weakness & lethargic since 1 month
DIAGNOSIS:  CASE DETAILS  A 40 yrs,Female C/O- Pain in multiple joints since 3 yrs,  Swelling in multiple joints.  Ass complains: Reduced appetite often since 3yrs, Generalized  Weakness & lethargic since 1 month
Swelling in multiple joints.  Ass complains: Reduced appetite often since 3yrs, Generalized  Weakness & lethargic since 1 month
Ass complains: Reduced appetite often since 3yrs, Generalized Weakness & lethargic since 1 month
Weakness & lethargic since 1 month
Clinical and wind in a VAC CRADE 9 Rooms of
Clinical examination: VAS :GRADE 8, Range of
motion—Complete but painful knee, elbow, wrist.
Stiffness in IPJ
TREATMENT Shamana:
1)Tab Amavatari 1tid
2)KokilakshaKashaya -3tsf TID (with equal qty water)
3)Shunthi+Vacha -1/4tsf BD with erandataila
4) Pathyaapathya advised
Panchakarma:
1.Valuka sweda
2.Niruha basti :
3.Anuvasana basti :Brihatsaindhavaditaila 60ml
4. Madhu: 80ml
Lavana: 10gm
Sneha: Brihatsaindhavaditaila 50ml
Kalka : Shatpushpakalka 20 gm
Kashaya :Erandamoolakashaya 300ml
Gomutra :50ml
OUTCOME Improvement : Improvement : 80 %
VAS :Grade 3
ROM: Complete and mild painful at involved joint
Odema : Persists on ankle joint
Appetite:Improved
Jihwa : Nirama
Alasya and dourbalyata reduced completely
Thas ya and dour baryata reduced Completely







# VAIDYARATNAM OUSHADHASALA PVT. LTD.

Reg. Office: Ollur, Thaikkattussery, Thrissur, Kerala- 680 306

# NEWS **Publications**

# ಡೆಂಘೀಗೆ ಆಯುಷ್ ಮದ್ದು 'ಆಯುಷ್ ಪಿಜೆ 7'

#### - ದೇವೇಶ್ ಸೂರಗುಪ್ರ

ಬೆಂಗಳೂರು ಮಾರಕ ವಂಘೀ ಜ್ವರಕ್ಕೆ ಆಯುತ್ ದವನ್ನು , ಅಯಾತ್ರು ಕನ್ನು ಇಂಗು ಕ್ಷಿಸನ್ನ ಕಂಡುಹಿಡಿದರು

printing that bookstop two worth, disent rispects and sections starting on Build Applicated extender ಇಲಿದೇಶ ಈ ಡಿಷಭ ಪ್ರಯೋಗಮಾಡಲಾಗಿದ್ದು, ರ್ಷ.90ರಷ್ಟು ಯಶಸ್ತಿಯಾಗಿದೆ. ಇದೀಗೆ ಅದನ್ನು ಮಾನವರ ಮೇಲೆ ಪ್ರಯೋಗ ಮಾಡಲು ಅಯುಷ್ ಇಲಾವೆ ಮುಂದಾಗಿದೆ.

ಕಳದ ಎರಡು ವರ್ಷಗಳಿಂದ ಸುಮಾರು 100 ವಿಜ್ಞಾನಿಗಳ ತಂಡ ಈ ಔಷಧ ತಯಾರಿಕೆ ಪ್ರಯೋ ಹಾಕಿರುವ ಈ ಸಮಸ್ಯೆಗೆ ಔಷಧ ಕಂಡುಹಿಡಿ ಪಡೆದು ಸಾಕಷ್ಟು ಸಂಶೋಧನೆ ನಡೆಸಿ ದಿನಧ ಸಿದ್ದಪ್ರಕ್ಷಣೆಯನ್ನು ನಂತರ ಪರೀಕ್ರಾರ್ಥವಾಗಿ ಇಲಿಯೊಂದರೆ ಮೇಲೆ ಈ ಚಿಕಿಕ್ಷೆಯ ಪ್ರಯೋಗ

ಮಾಡಿದಾಗ ಶೇ.೪೦ ಯಶಸ್ತು ಒಕ್ಕದ ಎನ್ನುತ್ತಾರೆ ಕಂಡದಲ್ಲಿದ್ದ ವೈದ್ಯರು. ಏಕೇಷವೆಂದರ ಸಸ್ಯಕ್ಕುತ್ತ ರಣಯನಕ್ಕಾಗೆ, ಪ್ರಾಣಿಕಾಸ್ತ್ರ ಮತ್ತು ಆಯು dera agranimated es social ಕರ್ಮಾಟಕದ ಡು.ಸುಲಿಂಗಣೆಯ ಕೊಡ ಇದರು.

ಸಾವೃತೆ ಕಡಿಮೆ ಎನ್ನುವ ಆಹಾಗ ಹೆಚ್ಚಾಗಿರುವ - ಔಷಧ್ಯಪ್ರಯೋಗ್ ವಳಗಾವಿಯಲ್ಲಿ ಡಿ.11ರಂದು ಕನೆಗುವ ಅಯುಷ್ ಅನೇಷಕರ ಕರಬೇಕಿ ಆಯುರ್ವೇದ ವಿಶ್ವಾನಗಳ ಸಂಶೋಧದ ಪರಿ ಸಮಾರಂಭದಲ್ಲಿ ಅಯುಷ್ ಪಿಟ್ ಔಷಧ ರ್ಷ ವಿಜ್ಞಾನಿಗಳ ಕಂಡ ಡೆಂಪೀಗ ರಾಮುಗಾ ಪೂರ್ಣಗ ಗಡೆಯಲಿದೆ. ಅಯುವ್ ಎಡ್ ಡಿವ ಧೀಯ ಘಟಕಾಂಶಗಳನ್ನು ಶಾಸ್ತ್ರೀಯ ಆಯಾ ರ್ಜಿದ ಸಾಹಿತ್ಯ ಮತ್ತು ವೈಜ್ಞಾನಿಕ ಸಾಕ್ಷ್ಯಾಧಾರ ಗಳಿಂದ ತರ್ಕಬದ್ಧವಾಗಿ ಅಯ್ಯಮಾಡಲಾಗಿದೆ ಎನುತ್ತಾರೆ ಶಂಡದ ಸಂಶೋಧನಾಧಿಕಾರಿ ಡಾ. ಕಿತೋರ್. ಡೆಂಘೀ ಬ್ರರ ದೇಶುದ್ಯಂತ ದೊಡ ಸಮಸ್ಯೆಯಾಗಿ ಕಾಡುತ್ತಿದೆ. ಜನರಲ್ಲಿ ಭಯಹುಟು ಗದಲ್ಲಿ ನಿರಕರಾಗಿತ್ತು ಗಾಟ ವೈದ್ಯರ ಸಹಾಯ ಯುಪ ಸಂಕೋಧನೆಗೆ ಅಯುಷ್ ಇಲಾಖೆ ಮುಂದಾಗಿತ್ತು. ಆದರೆ, ಈ ಡಿಪ್ಕರ ಮಾನವನ ದೇಶದ ಮೇಲೆ ಅಡ್ಡಪರಿಗಾಮ ಉಂಟಾಗದಂತೆ ನೋಡಿಕೊಳಬೇಕಾದ ಕಾರಣ ಸಾಕಪ್ಪು ಪ್ರಯೋ

800

ದೆಂಪೀ ಕುರಿತಂತೆ ಕೇಂದ್ರೀಯ ಆಯುವರ್ಷದ ವಿಜ್ಞಾನಗಳ ಸಂಶೋಧನಾ ಪರಿ ಷತ್ ವಿಜ್ಞಾನಿಗಳ ತಂಡ ಕಂಡು ಹಿಡಿದಿರುವ ಆಯುಷ್ ಪಿಚೆ7" ಔಷಧವನ್ನು ಇಲೆಗಳ ಮೇಲೆ ಪ್ರಯೋಗ ಮಾಡಿ ಯಹಸಿಯಾಗಿ ಥೇವೆ. ಮುಂದಿನ ದಿನಗಳಲ್ಲಿ ಔಷಧ ಜನತೆಗೆ ಉಪಯೋಗವಾಗಲಿದೆ.

> - ಡಾ.ಸುಲೋಚಣಾ ಭಟ್-. **ಆಯಂಪ್ ಪರ್ಚೆ ಡಿಪ್**ರ ಸಂಶೋಧನಾ ಶಂಡದ ಸದಸ್ತೆ

> > 0000

rinkto straterna).

general sour door method ವ್ಯಕ್ತಿಯಲ್ಲಿ ರಕ್ಷದ ಫ್ಲೇಡ್ ಲೆಟ್ ಗಳ ಸಂಖ್ಯೆ ಏರ್ಥೀಡ್ ಕುಸಿಯುತ್ತದೆ ಪ್ರೇಟ್ ಲೆಟ್ ಉ ಸಂಖ್ಯೆಯಲ್ಲಿ

ಗುಸಿಕ ಹೆಚ್ಚಾದಂತೆ ಆಂತರಿಕ ದಕ್ಷಸ್ಥಾದ ಆರಂಭ ನಾಗಿ ರೋಗಿ ಸಾವಸ್ಥವುದ ಸಾಧ್ಯಕೆಯದೆ. ಈ ಸದುವ ಬಗೆಹರಿಸಲೇಕಾದರೆ ಮೊದಲು ಫೇಟ್ ಲೆಟ್ ಗಳ ಸಂಖ್ಯ ಇತಮುಖವಾಗಿ ರಕ್ಷಣ್ಯವದಾಗ ದಂತೆ ನೋಡಿಕೊಳಬೇಕಾಗುತ್ತದೆ. ಈ ಆಧಾರದ ಮೇಲೆ ಸಂಶೋಧನೆ ನಡೆಸಿದಾಗ ಕೆಲವು ಫಲವುದ ಆಂಡಗಳು ಕಂಡುಬಂದವು. ಇದನು ಅಥರಿಸಿ अवकार असी विद्यंत अवस्थानिकार्यकार ಅದನು ಇಲಿಯ ಮೇಲೆ ಪ್ರಯೋಗ ಮಾಡಿದಾಗ ರಕ್ಷ ಹಪ್ಪಗಟ್ಟುಎಕೆ ಕಂಡುಬಂದು ರಕ್ಷಣ್ಯದ ಪತ್ರೋಟಗೆ ಬಂದಿತ್ತು ಅವರಂತೆ ಆಯುತ್ತಗ ಎಚೆ? ಡಿಷಧವನ್ನು ಇನ್ನಷ್ಟು ಉನ್ನತೀಕರಿಸಿ ಮನು ಪ್ರಕ ಮೇಲೆ ಪ್ರಯೋಗಕ್ಕೆ ಇಲಾಟೆ ಮುಂದಾಗಿದ ಎಂದು ಹೇಳುತ್ತಾರೆ.

ಮಧುಮೇಹಕ್ಕೆ ಔಷಧ್ಯ ಇದೇ ಸಂಶೋಧಕರ ತಂಡ ಟೈರ್ಸ್-3 ಮಧುಮೇಶ ವಿಯಂಕ್ರಿಸುವ 'ಅಯುಷ್ ಡಿ' ಎಂಬ ಡಿವರ ಅಭಿವೃದ್ಧಿಪಡಿಸಿದೆ. ಈ ಔಷಧವನ್ನೂ ಬೆಳಗಾವಿಯಲ್ಲಿ ಡಿ.11ರಂದು ನಡೆಯುವ ಸಮಾರಂಭದಲ್ಲಿ ಪ್ರಯೋಗಕ್ಕೆ ಒಳ ಪಡಿಸಲು ಅಯುಷ್ ಇಲಾಖೆ ನಿರ್ವರಿಸಿದೆ.

# <mark>'ಡೆಂಗ್ಯೂಜ್ವರ</mark> ನಿಯಂತ್ರಣಕ್ಕೆ ಆಯುಷ್ ಡಿ

ಬೆಂಗಳೂರು, ಡಿ. 21 -ಕೇಂದ್ರಿಯ ಆಯುರ್ವೇದವಿಜ್ಞಾನಗಳಸಂಶೋಧನಾ ಪರಿಷತ್ ಆಯುಷ್ ಸಚಿವಾಲಯದ ಹಾಗೂ ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಸಂಶೋಧನಾ ಮಂಡಳಿ ಡೆಂಗ್ಕೂ-ಜ್ರರ ಪೂರ್ವ ಮಧುಮೇಹ ಮತ್ತು ಟೈಪ್-2 ಮಧುಮೇಹ ರೋಗ ನಿಯಂತಣ ಕುರಿತು ವೈದ್ಯಕೀಯ ಸಂಶೋಧನೆ ಮತ್ತು ಅನ್ಯೇಷಕರ ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮವನ್ನು ಡಿ. 23 ರಿಂದ ಆರಂಭಿಸಲಿದೆ.

ಅಂದು ಬೆಳಗಾವಿಯ ಕೆಎಲ್ಇ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕ್ಯಾಂಪಸ್ ನಲ್ಲಿರುವ ಸೆಂಚುನರಿ ಕನ್ರೇನ್ಷನ್ ಸೆಂಟರ್ನಲ್ಲಿ ಸಚಿವಾಲಯದ ಕಾರ್ಯದರ್ಶಿ ವೈದ್ಯ ರಾಜೇಶ್ ಕೊ-ಟೇಚ ಉದ್ಘಾಟಿಸಲಿದ್ದಾರೆ ಎಂದು ವಿಭಾಗೀಯ ಸಂಶೋಧನಾ ಕೇಂದದ ಅಧಿಕಾರಿ ಡಾ. ಸುಲೋಚನಾ ಭಟ್ ಸುದ್ದಿಗೋಷ್ಠಿಯಲ್ಲಿ ತಿಳಿಸಿದರು.

ಡೆಂಗ್ಕೂ ಪ್ರಮುಖ ಆರೋಗ್ಯ ಸಮಸ್ಯೆಯಾಗಿ ಜನರನ್ನು ಕಾಡುತ್ತಿದೆ. ಬೆಳಗಾವಿಪ್ರದೇಶದಲ್ಲೂ ಡೆಂಗ್ಯೂನಿಂದ ಸಮಸ್ತೆಗಳು ಅಧಿಕವಾಗಿವೆ. ಆಯುರ್ವೇದ ಔಷಧಿಯಿಂದ ಡೆ-ಂಗ್ಯೂನಿಯಂತಿಸಬಹುದಾಗಿದೆಎಂದ ಅವರು, 2025ರ ವೇಳೆಗೆ ವಿಶ್ವದಾದ್ಯಂತ ಮಧುಮೇಹಹೆಚ್ಚಳಗೊಳ್ಳಲಿದೆ. ಕಾರಣ ಇದನ್ನು ನಿಯಂತ್ರಿಸುವ ಅಗತ್ಯವಿದೆ ಎಂದು ತಿಳಿಸಿದರು.

ಆಯುರ್ವೇದಪದ್ವತಿಯನ್ನಾಧರಿಸಿ ಮಧುಮೇಹ ಮತ್ತು ಡೆಂಗ್ಯೂಜ್ವರ ನಿಯಂತಣಕ್ಕೆ ಆಯುಷ್ ಡಿ ಮತ್ತು ಆಯುಷ್ ಬಿಜೆ –7ಎನ್ನುವಔಷಧಿಗಳನ್ನು ಅಭಿವೃದ್ಧಿಪಡಿಸಲಾಗಿದೆ ಎಂದರು. ಈ ಔಷಧಿಗಳ ಗುಣಮಟ್ಟಮಾನಕಗಳನ್ನು ವ್ಯವಸ್ಥಿತವಾಗಿ ರೂಪಿಸಲಾಗಿದೆ ಹಾಗೂ ಇದರ ಉಪಯೋಗ ಸುರಕ್ಷಿತವಾಗಿದ ಎಂದು ತಿಳಿಸಿದರು.

# ಡೆಂಘೀ–ಮಧುಮೇಹ ನಿಯಂತ್ರಣ ಅನ್ನೇಷಕರ ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮ

ಕೇಂದ್ರೀಯ ಆಯುರ್ವೇದ ವಿಜ್ಜಾನಗಳ ಸಂಶೋಧನಾ ಮಧುಮೇಹದಿಂದ ಬಳಲಿದಾರೆ ಪರಿಷತ್ ವತಿಯಿಂದ ಡೆಂಫೀ ಎಂದು ತಿಳಿಸಿದರು. ಜ್ವರ, ಪೂರ್ವ ಮಧುಮೇಹ ಮತ್ತು ಸಂಶೋಧನೆ ಯೋಜನೆಗಳ ಕೆಎಲ್ಇ ವಿಶೃವಿದ್ಯಾನಿಲಯದ ಅವಸ್ತೆಯಲ್ಲಿರುವ ರೋಗಿಗಳನ್ನು ತಯಾರಿಸಲಾಗಿದೆ ಎಂದರು. ಸೆಂಚಿನರಿ ಕನ್ನೆಂಪನ್ ಸೆಂಟರ್ ನಲ್ಲಿ ಕಂಡು ಹಿಡಿದು ಸೂಕ್ತ ಚಿಕಿತೆ ಕಲಿಸುವ ಆಯೋಜಿಸಲಾಗಿದೆ.

ಪ'ತ್ರಿಕಾಗಿ' ೩ ಜಿ. ಯುಲ್ಲಿ ಡಾ.ಕಿಶೋರ್ ಮಾತನಾಡಿ, ಡೆಂಫೀ ಜ್ವರ ದೇಶದಾದ್ಯಂತ ಪ್ರಮುಖ ಆರೋಗ್ಯ ಸಮಸ್ಥೆಯಾಗಿ ಹೊರ ಹೊಮ್ಮಿದೆ ಹಾಗೂ ಮಧುಮೇಹದಿಂದ ಬಳಲುಕ್ತಿರುವ ರೋಗಿಗಳು ವಿಶ್ವಾದ್ಯಂತ 150 ದಶಲಕ್ಷ ಮಂದಿ ಇದ್ದು, 2025ರ ವೇಳೆಗೆ ಈ ಸಂಖ್ಯೆ ಕನಿಷ್ಠ 300 ತಲುಪುತ್ತದೆ ಎಂಬುದಾಗಿ ಅಂದಾಜಿಸಲಾಗಿದೆ ಎಂದು ಆತಂಕ ವೃಕ್ತಪಡಿಸಿದರು.

ರಾಷ್ಟ್ರಗಳಲ್ಲಿ ಶೇ.75ರಷ್ಟು ಮಂದಿ ಎಂದು ತಿಳಿಸಿದರು.

62 ದಶಲಕ್ಷ ಮಧುಮೇಹಿಗಳನ್ನು, ಆಗತ್ವವಿದೆ ಎಂದರು.

ಆಯುಷ್ -ಡಿ ಮತ್ತು ಆಯುಷ್ ಅಭಿವೃದ್ಧಿಪಡಿಸಲಾಗಿದೆ ಎಂದು

ಮಾನಕಗಳನ್ನು ವ್ಯವಸ್ಥಿಕವಾಗಿ ಮೂಡಿಸಲಿದೆ ಎಂದು ತಿಳಿಸಿದರು. ರೂಪಿಸಲಾಗಿದೆ ಇದರಉಪಯೋಗ ಕೂಡಾಸುರಕಿತವಾಗಿದೆ ಎಂಬುದಾಗಿ ಅಮಿತ್ ದೀಕಿತ್ ಮತ್ತಿತರರು ಚಿಕಿತ್ತಾ ಪೂರ್ವ (ಪ್ರಿಕ್ಟಿನಿಕಲ್) ಉಪ್ಪತರಿದ್ದರು.

2025ರ ವೇಳೆಗೆ ಅಭಿವೃದ್ಧಿಶೀಲ ಅಧ್ಯಯನದಿಂದ ತಿಳಿದು ಬಂದಿದೆ

ಡೆಂಫೀ ಜ್ವರ ಮತ್ತು ಅದರ ಉಪದ್ರವಗಳನ್ನು ನಿಯಂತ್ರಣ ಟೈಪ್-? ದುಧುಮೇಹವು ಮಾಡಲುಭಾರತೀಯವೈದ್ಯಕೀಯ ಟೈಪ್-೨ ಮಧುಮೇಹ ರೋಗಗಳ ಕಿರಿಯ ವಯಸ್ಸಿನವರ ಮೇಲೆ ಸಂಶೋಧನಾ ಮಂಡಳಿಯ ನಿಯಂತ್ರಣದಲ್ಲಿ ವೈದ್ಯಕೀಯ ಪರಿಣಾಮ ಬೀರುಕ್ತಿದೆ. ಭಾರತದಲ್ಲಿ ಸಹಯೋಗದೊಂದಿಗೆ ಪ್ರಾಪೆಬೊ (PLAPEBO) ನಿಯಂತ್ರಿತ ಆರಂಭ ಹಾಗೂ ಅನ್ನೇಷಕರ ಈ ರೋಗವು ಸಾಂಕ್ರಾಮಿಕ ಡಬಲ್ ಬ್ಲೈಂಡ್ ಯಾದ್ರೀಚಿಕ ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮವನ್ನು ಸ್ಥಿತಿ ಪಡೆಯುತ್ತಿದೆ. ಇದನ್ನು ವೈದ್ಯಕೀಯ ಪ್ರಯೋಗವನ್ನು ಹಮ್ಮಿ ಡಿ.23ರಂದು ಬೆಳಗಾವಿಯ ತಡೆಗಟ್ಟಲು ಪೂರ್ವ ಮಧುಮೇಹ ಕೊಂಡು ಅದರ ರೂಪುರೇಷೆಯನ್ನು

ಈ ಸಂಶೋಧನೆ ಅಖಿಲ ಭಾರ ತೀಯ ಆಯುರ್ ವಿಜ್ಞಾನ ಸಂಸ್ಥೆ ಸಿಸಿಆರ್ಎಎಸ್ ಅಯು ರ್ವೇದ ನವದೆಹಲಿ, ಆರ್.ಎ. ಪೊದರ್ ಪರಿಷತ್ ನ ಸಂಶೋಧನಾ ಅಧಿಕಾರಿ ಪದ್ಧತಿಯನ್ನು ಆಧಾರವಾಗಿಟ್ಟು ಆಯುರ್ವೇದ ವಿದ್ಯಾಲಯ ಕೊಂಡು ಮಧುಮೇಹ ಹಾಗೂ ಮುಂಬೈ, ಕೆಎಲ್ಇ ವಿವಿಯ ಡೆಂಫೀ ಜ್ವರವನ್ನು ನಿಯಂತ್ರಿಸಲು ಬಿಎಂಕೆ ಆಯುರ್ವೇದ ಮಹಾ ವಿದ್ಯಾಲಯ ಬೆಳಗಾವಿ, ಆರ್ ಜೆಪಿಟಿ -ಪಿಜೆ-7 ಎಂಬ ಔಷಧಿಗಳು ಆಯುರ್ವೇದವೈದ್ಯಕೀಯ ಮಹಾ ವಿದ್ಯಾಲಯ ಹಿಮಾಚಲ ಪ್ರದೇಶ ಮತ್ತು ಸಿಸಿಆರ್ಎಎಸ್ ಬೆಂಗ ಈ ಔಷಧಿಗಳ ಗುಣಮಟದ ಳೂರು ಈ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಸಂಚಲನ

ಪ'ತ್ರಿಕಾಗ' ೧೯೩೩ ಯುಲ್ಲಿ

## 23ರಂದು ಆಯುರ್ವೇದ ಸಮಾವೇಶ

ಬೆಳಗಾವಿ: ಶಹಾಪುರದ ಕೆಎಲ್ಇ ಬಿ.ಎಂ. ಕಂಕಣವಾಡಿ ಆಯುರ್ವೇದ ಮಹಾವಿದ್ಯಾಲಯದಲ್ಲಿ ಡಿ.23, 24 ರಂದು ಅಂತಾರಾಷ್ಟ್ರೀಯ ಆಯುರ್ವೇದ ಸಮಾವೇಶ ನಡೆಯಲಿದೆ. ಡಿ.23 ರ ಬೆಳಗ್ಗೆ 11ಕ್ಕೆ ಕೇಂದ್ರದ ಆಯುಷ್ ಇಲಾಖೆ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿ ಡಾ. ರಾಜೇಶ ಕೊಟೇಚಾ ಸಮಾವೇಶ ಉದ್ಘಾಟಿಸಲಿದ್ದು, ದೇಶ ಹಾಗೂ ವಿದೇಶಗಳ ಹಲವಾರು ಆಯುರ್ವೇದ, ಪಂಚಕರ್ಮ ತಜ್ಞರು ಭಾಗವಹಿಸಲಿದ್ದಾರೆ ಎಂದು ಆಸ್ಪತ್ರೆಯ ಡಾ.ಬಿ.ಎಸ್. ಪ್ರಸಾದ ತಿಳಿಸಿದ್ದಾರೆ.

#### PARALLEL SESSION 01.

#### 1. Wheat Belly - Consequences in Diabetes

Dr. Suketha Kumari, KLEU BMK Belagavi, Mail: sukethashetty411@gmail.com

'Wheat' which is considered long back as good grain has become one of the major health threat now-a-days causing problems like overweight, high cholesterol and Diabetes and so on. Regular wheat eater with history of DM visited to Diabetic OPD of KLE BMK Ayurveda hospital, Belagavi had suggested for wheat-free experiment and list of food with low glycaemic index for 3 months. It was reported that there was significant improvement with reduced blood sugar level, deeper sleep, better bowel activity and reduction in weight. Hence, in this presentation wheat and its consequences were explained so that there should be change in the eating habit for the betterment of the health.

**Key words:** Diabetes, Glycaemic index, Wheat

#### 2. Importance of Avasthika apatarpana chikitsa in Prameha w.s.r. to Diabetes mellitus

Dr. Neelakanta J Sajjanar, Asst.Professor, Dept. Of PG studies in Kayachikitsa, Sri Sri College of Ayurvedic Science and Research, Kanakpura road, Bengaluru <a href="mailto:neelkant.ayu@gmail.com">neelkant.ayu@gmail.com</a>

Prameha is a santarpanottha vikara and hence the first line of treatment is Apatarpana in form of Langahana, Samshodhana. But apatarpana for prolonged duration will lead to adverse effects. Materials and methods: Review of classical literature and works published in indexed journals to highlight effects of atiyoga of Apatarpana. Discussion: Prameha is a spectrum of diseases which includes conditions of polyuria, glycosuria which points towards diagnosis of Diabetes mellitus. Apatarpana in form of Samshodhana, Langhana is indicated in Prameha chikitsa, but only in avastha of Doshabalaadhikya, till samyak lakshanas are achieved. Later on treatment should be by adopting Santarpana and Dhatu balya chikitsa. Any deterred or atiyoga of the Apatarpana chikitsa would end up in other diseases. And also, Prameha rogi who are durbala, krisha and hence being ayogya for should never be administered with langhana and to be given Santarpana but Amedokara chikitsa very carefully maintaining agnibala. The present paper intends to highlight importance of Avasthika chikitsa and effects of atiyoga of Apatarpana, in form of fasting, use of bitter drugs and their active principles w.s.r. to Diabetes mellitus.

Keywords: Prameha, Diabetes mellitus, Apatarpana, Atiyoga

#### 3.A Case Study On Diabetes Mellitus

Dr Keertan M S, Reader and HOD Department of Roga Nidan. KLEU BMK Belagavi,

Email id- keertanms@gmail.com Mob- 9886238888

Abstract: Diabetes Mellitus is a group of metabolic disorders in which there are high blood sugar levels over a prolonged period. The prevalence of this disease is higher in men than women. The total number of people with this disease is projected to rise from 141 million in 2000 to 366 million in 2030. Diabetes mellitus is compared to madhumeha in ayurvedic texts. Madhumeha is a mootravahasrotovikara and most commonly seen in obese persons.

The goal of this case study is to emphasis on ayurvedic line of treatment in case of diabetes mellitus. Ayurvedic line of treatment aims to restore the equilibrium through various techniques, procedures, regimes and medicines. Based on the basic nidana and samprapti certain drugs have meant to give satisfactory and positive results. Drugs used in this study are Arogyavardini rasa, chandraprabhavati and Asanadikashaya.

Keywords: Diabetes Mellitus, Madhumeha, Arogyavardini rasa, chandraprabhavati, Asanadikashaya.

#### 4. Management of Diabetes Mellitus in Ayurveda W.S.R. to Naga bhasma: A Review

Dr. Dhanpat Mishra, drdhanpatmishra@gmail.com

Introduction: India has the largest Diabetes population in the world with an estimated 41 million people, amounting to 6% of the adult population. Diabetes mellitus is a clinical syndrome characterized mainly by hyperglycemia due to absolute or relative deficiency of insulin. Hence there is needed to look out toward Ayurveda for Diabetes mellitus Management. Material And Method Material and method related to Diabetes Mellitus, Naga bhasma collected from Ayurvedic text, text book of modern medicine and from internet respectively. Result Now a day's many Ayurvedic herbal or herbo-mineral formulations have been used in the treatment of Diabetes mellitus throughout the world. Naga Bhasma (lead calx) has significantly anti-diabetic potential and can be viewed as rejuvenating tonic diabetic weakness and diabetic coma as well. It shows Rasayana effect chiefly by enhancement of immunity i.e. Oja.By virtue of its kaphashamaka, Masa-medokarshka and lekhana property it can be used a novel anti-diabetic drug. Discussion Madhumeha, or diabetes mellitus, is a burning problem of present era.Naga is Tikta, Madhura in Rasa; Atyushna in Virya; Snigdha, Dipana,Rasayanain Guna and Lekhana, Medohara, Pramehaghna, Diabetes Mellitus (Madhumeha) should be managed by using Naga Bhasma successfully.

#### 5. Contemporary role of Ashta ahara vidhi visesha ayatana in Prediabetes

Dr.Kiran.K.Prasad, Asst. Professor, Department of Swasthavritta, KLE- Shri. BMK Ayurveda Mahavidyalaya) ,Mail- <a href="mailto:drkirankprasad@gmail.com">drkirankprasad@gmail.com</a>

Prediabetes is a precursor stage to diabetes mellitus in which blood glucose level higher than normal but below diabetic threshold. It is a risk state that defines a high chance of developing diabetes. Statistical data's suggest ,62 million Indians are diabetic and 80 million Indians are prediabetic. By 2030, 101.2 million are estimated to be diabetic in India. Faulty life style and dietary habits are undoubtedly proven risk factors in diabetes. Emphasing on the principles of primordial and primary prevention, focusing early dietary intervention in high risk groups can reduce the incidence or progression of disease process. Ashatahara vidhi visesha ayatana deals with the unique ayurvedic concept of dietetic rules to lead a healthy life. Judicious use of diet based on inherent attributes, different food processing techniques, incorporating balanced diet through Ayurveda, focusing on agni, individual body constitutions effective diet planning principles can be formulated in prediabetes condition. The presentation is an attempt to understand and implement the principles of ayurvedic dietetics in prediabetes with a modern outlook considering the contemporary social scenario.

# 6. Effect of processed green tea leaf powder in sthoola madhumehi with special reference to obese type 2 diabetes mellitus - a randomized double blind controlled clinical trial

Dr Bhavya S, Dr. Bhagavat Kumar(Lecturer), KLE BMK Belagavi, <u>bubblyp.nesara@gmail.com</u> 9964787144

Key words: Diabetes mellitus, Rasayana, hyperglycemia

Madhumeha, known to world as Diabetes, is a global health problem. Diabetes is the most difficult type to treat when it is associated with Obesity. Green tea has been extensively studied suggesting that it may be useful in Obese Type 2 Diabetes Mellitus. The present study is undertaken to assess the effect of processed Green Tea over Obese Type 2 Diabetes Mellitus. Methods The cases of Madhumeha were collected from OPD and IPD of Kayachikitsa, Department of KLE. Study conducted by screening, follow up visits every 15 days till 90 days where in subjective, objective lab parameters were noted. The medication either processed green tea capsules or nishaamalaki was given in the case or control arm using randomization and not disturbing the patients ongoing treatment protocol without up titration. The results obtained were statistical analysed using T test. Results In total, Green tea showed a better reduction in parameters like FBS, PPBS, HbA1C and in lipid parameters when compared to Nishaamalaki, Whereas Nishaamalaki showed a better reduction in Obesity and Overweight parameters like Weight, BMI, WHC and on Lipid parameter. Discussion Green tea with the Guna Karmas like Grahi, Mridu, Swedala ,Mutrala and Nidra Nashaka and active principles like polyphenols on hyperglycemia, specifically the catechins & caffeine, epi-gallo-catechin-gallate, AR25 have acted on obesity, leading to significant improvement in subjective parameters, weight, BMI, WC, HC, HbA1C, total cholesterol & triglycerides.

Keywords: Green Tea, Nishaamalaki, Sthula Madhumehi, obese T2 Diabetes Mellitus

# 7.Cross sectional study on evaluation of faulty lifestyle habit as aetiology of Type-II Diabetes and its Prevention by Ayurvedic principals.

Dhananjay V. Patel, H.O.D. Dept. of Kayachikitsa, Shri Gulabkunverba Ayurved College, Gujarat Ayurved University, Jamnagar. dhanvantarihcare@yahoo.com

The unwholesome diet, stressful life with sedentary habits of today's urbanised lifestyle affects homeostasis of body by several psychosomatic mechanisms and causes many lifestyle disorders.

Key words: Ayurvedic principals, Lifestyle habits, Prevention, Type-II Diabetes.

#### 8.Role of shodhana w.s.r to basti in the management of diabetes mellitus

Dr. Nitin. V, medical officer - dept. of panchakarma, sdm institute of ayurveda, bangalore

Dr. Niranjan rao, professor and head - panchakarma - sdmca udupi, dr. nitin. v. 89@gmail.com

**Keywords:** bahu doshavastha, samshodhana, basti, modern understanding

#### 9. Healing fat in constipation and over weight

#### Dr. Laxmikant S. D, shalyalsd@gmail.com

'Fat' is one of the main macronutrient in general word called it as lipid. It is one of the important food stuff for serve both structural and metabolic functions. Because of wrong food habits, unhealthy life style people are developing cardiovascular disease, high cholesterol level, overweight and diseases of fatty degeneration. In this regard people started cutting down fat in such a way that they are devoid of fat which is required for the body. By this they started Ideveloping complications like constipation, skin diseases etc. Also the over-weight and obese people, who are not taking the fat, which are absolutely required to the body causing severe health problems. Hence, by this presentation highlights have been given to the fat, which are healing in constipation and overweight.

Key words: Fat, Overweight, obesity, Constipation

#### 9. Sexual health and altered life style

Dr Sukumar Nandigoudar, Reader, Dept of Kayachikitsa KLE BMK, Belagavi vaidyasukumar@gmail.com

Healthy sexual life plays an pivotal role in the married life. The altered life style have a direct impact on the positive health leading to various sexual dysfunctions, like erectile dysfunction, premature ejaculation and lack of sexual desire. This in turn, disturbs the personal life of the couple leading to frustration and marital disputes. Recent surveys conducted reveal the bitter truth of high incidence and drastic decline in healthy sexual practices. As per the survey by India Today, 1 in every 10 is impotent in India. Hence, it is the need of the hour to concentrate on the life style issues concerned to the healthy sexual life. The Classical texts, published articles and surveys conducted globally by Master and Johnson's. Drastic change in food habits and life style leads to changes in body chemistry manifesting various sexual disorders. Stress and habits like smoking and alcohol have a negative impact on the same. Hence, life style related increase in the metabolic syndrome, disturbed hormonal condition, stress and habits are the direct causes of sexual dysfunction which needs to be corrected.

# 12. Significant Role of Desha and Prakriti in the prevention and Management of life style disorder

Dr Gurav Vinod, Reader. KLE BMK Belagavi

With rapid economic development and increasing westernization of lifestyle in the past few decades, prevalence of these diseases has reached alarming proportions in the recent years. So, the incidences of lifestyle diseases have been emerged as major health concern and continue to be the major cause of mortality worldwide. The healthy status of an individual is the result of normality in Dosha (vata-Pitta-Kapha). Prakruti depends upon the predominant Dosha and Desha (Bhumi) present at the time of conception. Hence, the healthy status of an individual can be maintained by maintaining normality of Prakruti and Desha. One should know about the strength of a person by knowing the Prakruti to combat with the lifestyle diseases. The person having equilibrium in Prakruti is said to be having the best immunity and strength. Disequilibrium in Prakruti is said to be greatly increases the risk of lifestyle diseases. Hence, the Lifestyle disorders and Prakruti and Desha are closely correlated with each other. The Prakruti and Desha will have significant role in prevention and management of lifestyle related disorders. Hence, they can be managed as per type of Prakruti and Desha. Ayurveda has provided detail guideline to maintain normal functioning of Dosha related with specific Prakruti thereby we can prevent and manage the Lifestyle disorders. Therefore, the present work will be an attempt to elaborate the significant role of Desha and Prakruti in prevention and management of Lifestyle disorders.

Key words: Desha, Prakruti, Lifestyle disorders

#### 13. Role of pathya in life style disorders

Dr Poornima, Dept of Dravyaguna, poornimarj@gmail.com

At this era of high tech life, increased westernization of lifestyle, we are introduced to new popping health issues. The prevalence of these health issue have reached alarming proportions. Ayurveda the science of life has reached out to encounter these disorder with pathya (wholesome diet n lifestyle). Pathya apart from being a part of regiem of healthy living, it has also extended as a part of treatment.

Key words: Pathya, lifestyle disorders

#### 15. Vasti - a therapeutic panchakarma in clinical practice

Dr.Harshavardhan Appaji K MD Panchakarma PhD Associate Professor, S.V. ayurvedic medical college, near svims campus, tirupati andhrapradesh India kha99@rediffmail.com Contact: 8099959900, 9985409700 Reference No: coS2rdkL

Vasti - a therapeutic panchakarma in clinical practice In Äyurvedic classics it is told that Vasti Karma for the vyadhi as supreme treatment

# 16.A Randomized Comparative Clinical Study To Evaluate The Efficacy Of Ardhabilwa Kashaya And Brihatyadi Kashaya In The Management Of Mootrakrichra

Dr.Uma Shetti\*, Dr.SukumarNandigoudar\*\*, Department of Kayachikitsa, Shri, B. M.K. Ayurveda Mahavidyalaya, Shahapur, Belagavidr. umashetti@gmail.com

The disease Mootrakrichra is well acknowledged in classical texts of Ayurveda, with different treatment modalities, which can be concurrent to urinary tract infection on theoretical and clinical symptomatology of diseases. It is regarded asdukkhena or kricchrenamootrapravrutti i.e. painful micturation or emission of urine with difficulty or dysuria. Urinary tract infections are second most widespread type of infectivity in the body secretarial for about 8.1 million visits to health concern provider every year. UTI commonly encounters with *Escherichia coli* accounts for about 85% of community acquired.

#### Aim:

To evaluate the effect of Ardhabilwakashaya in Mootrakrichra.

And to compare the efficacy of Ardhabilwakashaya and Brahatyadikashaya in Mootrakrichra.

#### Materials and methods:

Total 34 patients with age group between 20 to 60 years were selected randomly from out-patient and in-patient department as per randomization chart and were divided in two groups, Group A(trial drug) and group B (control drug). In group A Ardhabilwakashaya 15 ml thrice daily with equal quantity of water was administered before food while in group B, patients were subjected to brihatyadikashaya in the same pattern for 15 days with 7 days follow up and assessment was done based on the subjective and objective parameters at base line, at 7<sup>th</sup> day and at 15<sup>th</sup> day.

#### **Result:**

The results obtained after the clinical trial was analyzed statistically and allthe observations were subjected to discussion. Both trial and control drug proved better at a significant level.

#### PARALLEL SESSION 02

#### 2: Chemotherapy adversity reduction through Ayurveda drug- A Case Study

Dr Meena Shamrao Deogade, Professor, Mahatma Gandhi Ayurved College Hospital and Research Centre, Wardha, , Email Id :drmmeena@rediffmail.com

Abstract:65-year-old female (K/C of double vessel block), suffered from severe abdominal pain for that she consulted to private practitioners, consultant and in government hospital also. But everyone diagnosed as the case of flatulence. Haematological reports (except ESR-70), stool for occult blood negative, USG, endoscopy was also normal. Due to pain intake decreased and weight loss started. Approximately after one year diagnosed moderately differentiated adenocarcenoma of caecum in biopsy was taken through endoscopy. Exploratory laparotomy (with right hemicolectomy with ileal transverse colon end to end anastomosis) done. Histopathology report was Modified astler coller stage: C2. Six cycles of Folfox (chemotherapy) advised by oncologist. Before starting the chemotherapy started the Ayurveda treatment. Dhanyaka fanta, Suvarnamalini Vasanta, and Ksheerapaka. Patient gains the weight. During and even after the completion of chemotherapy Liver, Kidney toxicity was not observed, Hb % was not alleviated, cardiac function stable, no hair loss, no mouth sores, no loss of appetite, and no nausea and vomiting, no diarrhoea, RBC, WBC and platelets were in normal range. So that any secondary infection, Easy bruising or bleeding or Fatigue was not observed.

Keywords: adenocarcenoma, caecum, Ayurveda treatment, fanta, Ksheerapaka.

#### 3 Title: SAPTAVIDA JALA SHEETIKARANA AND CANCER PREVENTION

Presenter: Dr. Madhuri.R.Kurlgeri Email: arun.zapagol@gmail.com M: 9742845955

Abstract: As per Sushrutha Samhita there are seven methods of cooling of water that is SAPTAVIDA JALA SHEETIKARANA that can be practiced even today also. This paper explains the method of water cooling which is very useful in preventing the cancer and very economical also. Now a days cancer is considered as one of the life style induced disorder and colon cancer is considered to be the most common cancer in 2016. The most common cause for colon cancer is regular usage of refrigerated water, because Refrigerated water Solidifies fats you have just consumed, quickly causing toxins to create cancer in our body especially after eating. It is better and good to use water which is cooled by our classical procedure as it does not have any bad effects and very economical also. Prevention is better than cure, hence one should follow the dietic rules to maintain the healthy life.

**Keywords:** Cancer, Cancer prevention, SAPTAVIDA JALA SHEETIKARANA, Seven methods of Cooling of water.

#### 4. Rasayana: A Potential tool for Reversal of Cancer Biologics?

Dr Pramod Shet<sup>1</sup>, Assistant Professor, Department of Kayachikitsa, KLEUs Shri B M Kankanwadi Ayurved Mahavidyalaya, Shahpur, Belagavi-03, Mail- pramodshetb@gmail.com ABSTRACT

Cancer is a leading killer these days, ayurveda physicians discussing and handing oncological topics often raises many eyebrows. Questions are raised from the point of technical competency and on ethical grounds. The rapid progress achieved by contemporary medicine in early diagnosis and evidence based medicine is relatively huge. Even with paramount achievement, the approach fails to mitigate the suffering of humanity. Henceforth there is a need to go back to traditional medicine and to relieve the suffering. Rasayana is a potential area, which assures of quality of life, relief from suffering at various spectrums. Hence there is a need for the review on applicability of rasayana in reversal of cancer biologics.

**Keywords**: Cancer, rasayana, biologics, oncology

## 5. Title: Principle based perspective of Ayurveda on molecular mechanisms of natural host resistance against HIV infection in humans & its implications

Presenter: Vd. Mukund A. Sonavane. M. D. (Sharir Kriya) Associate Professor, Dept of Kriya Sharir, Yashwant Ayurved College, Kodoli. Email Id: mukund.sonavane@gmail.comContact: 09850909568

**Abstract**: Introduction: Excellent principles & practices of prevention is one of the strengths of Ayurveda, In absence of cure & vaccine for HIV infection, it has been discovered that there are certain molecular mechanisms which are responsible for natural host resistance for HIV infection. Those mechanisms either prevent the entry of virus despite of exposure or delay the progress of infection towards AIDS. This demands the principal based explanation of this phenomenon from viewpoint of Ayurveda. Materials & Method: The understanding of the phenomenon is presented in conceptual layers. The basic process of immunity is viewed from modern molecular aspects as well as from perspective of Ayurveda. The concepts of Vyadhikshamatva & Khavaigunya are discussed in this regard. The exact molecular mechanisms of host resistance against HIV like chemokine receptors & certain proteins are reviewed further in terms of both the sciences. Genetics & concept of Prakriti in Ayurveda are explored to highlight the explanations of this phenomenon. Results & Discussion: The molecular mechanisms in discussion are outcome of multifactorial genetic process. The review from Ayurvedic perspective re-establishes the importance of concept of Vyadhikshamatva &Khavaigunya. It further establishes the scientific validity of concept of Prakriti and its types like Jatyadi Prakriti. It opens the avenues for prevention & treatment of HIV based on elements proposed in Ayurveda to increase the Bala.

**Keywords:** Natural host Resistance, HIV Infection, AIDS, Ayurveda, Vyadhikshamatva, Khavaigunya, Chemokine Receptors, Genetics, Prakriti, Bala.

## 6.Title: A comparative clinical study in the effect of Eranda taila virechana and Valuka sweda in the treatment of Amayata.

Presenter: Dr. waheeda banu Email Id: drwaheedabanu@gmail.com M: 9008137091

Abstract: Introduction. Ayurveda gives a lot of importance to ahara, vihara, dinacharya and Rtucharya the components of swasthavritta. These play a vital role in maintainance of healthy life. In contrast the present day lifestyle, makes a person to land against these rules and make him diseased. Amavata is one such disease which is mainly caused due to dearrangement of agni and results in production of ama. The disease is characterized by pain and swelling of hasta,pada,Shiro,gulpha,trika,Janu and urusandhi with other systematic features like Angamardha, aruchi, trishna, alasya, gaurava and jwara. Amavata is better correlated to Rheumatoid arthritis in modern parallance. It is a chronic inflammatory disease of the joint with swelling, tenderness, and destruction of synovial joints. In the Prevelance of rheumatoid arthritis, women are affected three times more than men. The aim of this study is to evaluate the role of eranda taila virechana and valuka sweda in the management of Amavata. The effect of the treatment was assessed in relation to cardinal signs and symptoms, on the basis of changes recorded in the scorings after the treatment. To prove the practical approach of these drugs in Amavata, a randomized open clinical trial on 50 uncomplicated subjects of Amavata was conducted virechana has been conducted with 20ml of Eranda taila in empty stomachwith Shunti kashaya for 30 days and valuka sweda been done for 30 minutes in morning hours .25 subjects were randomly distributed in each group. It was observed that the majority of patients belong to middle ahed group and were females.statistical analysis showed better results in relieving the signs and symptoms of Amavata. The response was encouraging and showed scope for further research. Subjects of virechana group showed comparatively better result. No untoward consequences is noticed throughout the clinical trial.

Keywords: Amayata, Rheumatoid Arthritis, virechana, valuka sweda, Eranda taila

#### 7. Title: Role Of Swarnaprashana In Enhancing The Immunity In Children w.s.r.t. Ig A

.Presenter: Dr .Sahana Shankari, Assistant professor, Department of P.G. Studies in Kaumarabhritya, Alvas Ayurveda college, Moodabidiri, Email Id: sahanashankari29@gmail.com Contact: 8277118209

Abstract: Introduction -The current study was undertaken to give a scientific basis to the practice of Swarna Prashana by clinically assessing its role enhancing the immunity in children w.s.r. to IgA. Methods: GROUP I: 20 healthy children were administered with Swarnaprshana, early morning on empty stomach for a duration of 1month. GROUP II: 20 healthy children were subjected for assessment without the administration of Swarna Prashana through proforma and lab investigation, before and after 1 month. Assessment was done based on subjective criteria on episodes of cough, rhinitis, fever, diarrhea, throat pain, abdominal colic, loss of appetite, vomiting, wheezing and objective criteria on IgA levels. Result & Discussion: From the current study it can be concluded that the drug was effective in reducing the episodes of cough, rhinitis, fever, diarrhea, which was statistically significant with Keywords: SwarnaPrashana, Lehana, Vyadhikshamatwa, Humoral immunity, IgA

## 8. Title: MANAGEMENT OF PRIMARY INFERTILITY WITH PCOD THROUGH INTEGRATED APPROACH - A CASE REPORT

Presenter: DR.GIRIJA SANIKOP Email Id: gram.belgaum@gmail.comContact: 9844362838

Abstract : Management of Primary Infertility with PCOD through Integrated approach A CASE REPORT Introduction Infertility has multiple causes and at times idiopathic. Infertility associated with certain life style induced disease condition is on rise. One of the leading cause for Primary Infertility is Polycystic Ovarian Disease (PCOD). However with the onset of recent treatment modalities PCOD is treated with medical and surgical line of treatment. Some cases still can be refractory to conventional treatment and would require an integrated approach. This case report highlights the successful treatment of PCOD through Conservative treatment, Pathya / Dietary and Lifestyle modification, Materials & Method ï, § A 27 years old female patient presented with H/O Primary Infertility associated with PCOD and oligomenorrhoea, was trying to conceive since 1 year. T, & Ultrasound revealed Right and Left Ovaries with multiple immature Follicles s/o PCOD. She had a H/O Ovulation stimulation and Fertilily drug treatment. The patient didn't find the required result hence was adviced Laparoscopic Ovarian Drilling and further was also adviced Invitro Fertilization (I V F), for which the patient was reluctant. After the treatment failure she opted for Ayurvedic line of management, ï, § Modalities for correction of Apanavayu and Artavavaha srotas were planned. T, § Shamana therapy along with Pathya and Life style modifications were adviced for 4 months. ï,§ Periodically she was assessed after her menstruation and parameters like Weight , Menstrual Flow , Quantity and Colour were noted. Result With above said methods following observations were made. i, § Improvement in Menstrual flow which increased in amount and flow. i, § Reduction in weight i, § She showed Amenorrhoea with POSITIVE pregnancy test. Discussion The Primary cause of PCOS is unknown hence its symptomatic treatment modality has to be obtained. A case of infertility treatment includes correction of Anovulation, Inhibiting action of Androgens and reducing insulin resisitance. Weight reduction for PCOS is beneficial in many ways. Weightreduction helps in decreasing androgen , leutenising hormone (LH) and Insulin. It regulates Ovulation, hence increases the chances of conception. PCOS is not only the reproductive disease but also has many systemic outcomes. Ayurveda the nature's way of healing it's the preferred choice in the patient nowadays, which has wide range of medicines to treat the illness in the positive way. The clinical indication of PCOS are Anovulatory cycle, Ultra sound evidence, Hirsutism, Over weight and Obesity. Long term effects of PCOS are Cardio vascular disease, Hypertension, Impaired glucose tolerance Hyper lipidaemia, Diabetes and abdominal obesity. Women with PCOS are exposed to much greater complications during pregnancy like Gestational diabetes, Preeclampsia, Premature births and caesarean section. Therapeutic Integrated approach with Life style modification and Diet correction was the key to conception in this case. Similar evaluation methods and plan of treatment if opted can bring fruitful results in many infertility cases and can be a boon to the society.

#### 9 Nasya Karma with Shatavari Taila: A Boon in PCOD- A Case Report

Dr Kavitha C Noorandevarmath, Assistant Professor, Department of PT&SR, KLEBMK, Belagavi, kavithadr 2010@gmail.com

Polycystic ovarian disease (PCOD) is a disease characterized by multiple cysts in the ovaries. Where in, disturbance in the hormonal mechanism makes the ovaries produce excessive amount of androgens and at the same time there is failure of egg formation. This excess of androgens with the absence of ovulation may cause infertility. PCOD is one of the most common endocrine disorder among the reproductive age group with the prevalence rate of 15-20%. Though it is a challenging disorder, Ayurveda has a wide range to strengthen ovarian functions. One among them is *Nasya Karma* (*Inhalation therapy*), giving encouraging results on PCOD.

A female patient of 33 years, a known case of PCOD approached the OPD of *Stree Roga* & *Prasuti Tantra*, KLES Shri BM Kankanawadi Ayurveda Hospital, Belagavi, Karnataka, India, for Secondary Infertility. The treatment planned was to administer *Nasya karma* with *Shatavari taila* (*Asparagus racemosus*) for 3 consecutive cycles, and the post treatment follicular study showed normal Ovulatory cycles.

Key words: PCOD, Anovulation, Nasya karma, Shatavari taila

# 11"Role of Panchakarma in the management of Ekakushta w.s.r to Psoriasis an Auto immune disorder"

**Dr.Shilpa Raga**<sub>M.D(AYU)</sub>, Assistant Professor, Dept of Panchakarma, Shri Hingulambika Ayurvedic Medical College and Research Center, Kalaburagi.

Email: drshilpa.raga1@gmail.com contact number: 9538509930

A 14yr old girl known case of Psoriasis approached with scaly, hyperemic lesions all over the body associated with sever itching since one and half years. She was under treatment by dermatologist, but still the lesions were spreading gradually throughout the body. Observation and examination concluded the diagnosis as Ekakushta. Ekakushta is a Vata Kaphaja (Charaka), Pittaja (Sushruta) Vyadhi characterized by a lakshana "Yanmatsya Shakalopama" (lesions resembles the skin of a fish) and Kandu (Itching). The treatment planned was Virechana, Amapachana done 15 days with Panchakola siddha jala and Nimbamrutadi taila 1tsf with ½ cup of go dugdha at bed time. Then Snehapana was given with Panchatikta grita guggulu for 4days (30, 45, 55 and 65 ml) followed by 3 days vishrama kala, during this Sarvanga Abhyanga with Nalpamaradi taila and Ushna jala snana was done. Later Virechana with Manibhadra guda (60gms) was given and observed Avara shudhi (11vegas). Samsarjana Krama was done for 3 days and then Abhyanga with Nalpamaradi taila and Manjishtadi taila was done followed by Sarvanga dhara with Panchatikta kashaya for 10days. Advised khadirarishta 2tsf Bd, Cap. Purin 1tid and Cap.GP 500 1 Bd. Results were Observed before and after the treatment.

Key words: Virechana, Parisheka and Ekakushta (Psoriasis

## 12 Concept of Sroto Shodhana prior to administration of routine Panchakarma in Childhood Disabilities - Clinical Case Report

Dr. Azizahmed Arbar, Professor and HOD, Department of PG studies in Kaumarabhritya, KLE BMK, Belagavi

Children with Developmental Disabilities are most commonly the cases in Ayurvedic OPDs. Most of them are known to have tremendous improvement initially when we commence the treatment. It is also a common observation that sooner there is a plateau in improvement. Eventually patients and doctors start losing confidence in treatment and face lot of drop outs. Keeping this point in view we in Department of PG studies in Kaumarabhritya reconsidered the treatment protocol and have put forth our experience of srotoshodhana in this paper. It gives a good boost up in the improvement than doing without srotoshodhana. Developmental disabilities are a group of disorders resulting from injury to the developing brain (prenatal, perinatal or postnatal). A suitable definition has been given by the Federal Government of the United States, of America (Federal Developmental Disability Act USA Title V of the Rehabilitation Act 1978) as follows:

The clinical case report of the same will be given in the full paper presentation.

**Key words:** Sroto shodhana, Developmental disability, panchakarma

## 13 Management of Compressive Myelopathy with Paraplegia with the Ayurvedic Treatment Principles- A Case study

Dr. Padmavati Venkatesh, padmavativenkatesh@yahoo.com

Management of Compressive Myelopathy with Paraplegia with the Ayurvedic Treatment Principles- A Case study Abstract 84 years male patient known case of DM, Hypertension since last 25 years and IHD 15 years back, Parkinson's syndrome Gall stones Alzheimerâc<sup>TM</sup>s. Now met with fall, resulting into Lumbar Fracture of L3-L4, Wedge Compression of L2-L3, L3-L4, L5-S1. Disc bulging with Paraplegia. Patient presented with Irrelevant talks, Bed Sores and Zero movements of lower limbs. As per Ayurveda case was diagnosed as Abhighataj Vatavyadhi in Sankar avastha. Patient was not fit for surgery as well as Panchakarma. Analysing Dosha dushya avastha Treatment was planned to attain Amapachan, Avarana nashan, Dhatu brimhan and Rasayana. Treated with Ruksha Pinda sweda 21days followed by Brimhan Nasya for 7 Days. Snigha Sankar Sweda and Matrabasti 21 Days. Shaman with Herbo mineral Combintions of Brihat Vata Chintamani Abhrak bhasma Rajat bhasma Prawal pishti Ashwagandhadi churna. Result âc<sup>cc</sup>More than 60% of symptoms reduced significantly. Patient is alive and able to walk with the help of walker. Discussion- Critical evaluation of Samprampti ghataka can be corrected when basic fundamentals of Panchakarma are practiced carefully. Rasayana has its own role in the management of degenerative changes in old age.

Keywords: Paraplegia, Fundamentals of Panchakarma, Avarana chikitsa, Rasayana

15 Title: Epigenetics and Ayurveda

Author: Vijay Jain MD, Integrative and Ayurvedic Physician. Professor, International University of Ayurveda and Yoga Presenter: Vijay Jain MD Email Id: vijay@vijayjainmd.com Contact: 12705661073

**Abstract :** "Epigenetics : We are born with a DNA which has 25000 genes. These genes can be turned off or on and when turned on can lead to expression of the genes and potential for disease formation"

Keywords: Epigenetics, Ayurveda

#### PARALLEL SESSION 03

1. Role of kaphamedohara yoga along with rasayana in the management off neural tumors.

Author: Mahadev sogi Email Id: sogimahadev@gmail.com Contact: 7411769545 Keywords: ONCHOLOGY, KAPHAMEDOHARA YOGA, LIFE TIME EXTENSION

2. CORRELATION OF SIDE EFFECTS OF CHEMOTHERAPY AS DOOSHIVISHA Author: Dr. Sagar K Kora Email Id: sagark.kora@gmail.com Contact: 9844432510 Reference No: wxSpq10G Abstract: INTRODUCTION: Cancer is one of the leading causes of death, which also affects the quality of life. One of the most commonly used treatment modality in cancer is chemotherapy. Though chemotherapy helps in overcoming the disease on the other hand it reduces the quality of life by producing side effects like nausea, vomiting, diarrhoea, anorexia, hair loss, reduced immunity etc. Contemporarily symptoms of dooshivisha are quite similar to the side effects of chemotherapy. This presentation is to correlate the side effect of chemotherapy to the lakshanas of dooshivisha. METHODS: The presentation will be on the basis of literary review collected from authentic ayurvedic texts, modern books and journals. RESULTS: From the available source the side effects of chemotherapy will be correlated to dooshivisha and treatment modalities will be focused upon. DICUSSION: Chemotherapy being the treatment modality for cancer has side effects similar to that of dooshivisha. The quality of life can be improved by integrated approach. Keywords: KEY WORDS: Dooshivisha, chemotherapy, side effects

#### 3. Role of Immuno-modulatory drugs in Grahani

Name of Authors: Dr.Swathi.B.Hurakadli<sup>1</sup>, Dr.Chaithra S. Hebbar<sup>1</sup>Post graduate Scholar, Dept. of Dravyaguna, SDMAC & H, Udupi<sup>2</sup>Associate Professor, Dept. of Dravyaguna, SDMAC & H, Udupi

Email: <a href="mailto:swaguun@gmail.com">swaguun@gmail.com</a> Contact: 9036498790 Shri Dharmastala Manjunatha Ayurveda College and Hospital, Udupi

**Structured abstract:** *Grahani*is the most trending problem in the present era. Various reasons can be elucidated in this regard like lifestyle, food habits, race and ethnicity, social variables like marital status, socio economic factors, residence and other factors like seasonal factors, social stressors etc. *Grahani*is the seat of *agni*and is so called because of holding up of food.

Rasayana therapy is specialized useofcertaindrugsand measureswhich does many functions one of which beingto Atthelevelof'Agni'(digestionand metabolism)byimprovingthedigestivecapacityandbyvitalizingthemetabolic activities in the body by imparting immunityagainst diseases.

The brain has a direct effect on the stomach. A troubled intestine can send signals to the brain, just as a troubled brain can send signals to the gut. Therefore, a person's stomach or intestinal distress can be the cause or the product of anxiety, stress, or depression. That's because the brain and the gastrointestinal (GI) system are intimately connected.

Thus, a attempts to explicit the role of *rasayana* therapy in *grahani* by elucidating brain gut relation with application of few of the herbaldrugs which are used for correction the *agnidosha* and as immunity bosters.

Key words: Agni, Grahani, Rasayana therapy, Brain-gut relation

# 4. A case study on Breast Cancer with Ayurvedic management

Author: Dr. Satyanarayana B Principal, Professor & HOD Dept.of PG studies in Bhaishaja Kalpana MIAMS, ManipalPresenter: Dr Aitilin kharkylliangEmail Id: pshympa@gmail.com

Contact: 7975999704 Reference No: fbDPrMkn

Abstract: Abstract- Breast cancer is the most frequently diagnosed life threatening cancer in women and leading cause of cancer death among women worldwide. The science of Ayurveda is supposed to add a step on curative aspects of cancer that resemblance with clinical entities of Arbuda and Granthi mentioned in Sushruta samhita. The main therapy at present that are used for treatment of breast cancer are surgery, chemotherapy and Radiotherapy. Chemoprevention and Radiotherapy are main stay of management. But these can produce toxic side effects, which have limited their extensive use. Ayurveda also have provided many drugs which have been extensively studied for their anti-cancer activity and can be proved to be a good anti-cancer substitute to conventional treatment or also provide benefit as an adjuvant therapy. It include heterogeneous collection of the disease with various histology defined subsets, clinical presentation, Response to treatment and outcomes. One such case of a Female patients with breast carcinoma will be presented. The Anticancer potentiality of Ayurveda in management of breast cancer patient will be discuss. **Keywords:** Breast carcinoma, Breast cancer, Breast neoplasms, Medical oncology, Ayurveda Management.

### 5. Concept of shatkriyakala in cancer

Abstract: INTRODUCTION: Cancer, in rank is the 3rd commonest cause of death in India with half of the cases being detected in later stages. It is to be remembered that most of the patients with early diagnosis of cancer live for many years with proper treatment. The staging in carcinogenesis is an important aspect in diagnosis. That generally accounts to the size of a tumor, how deeply it has penetrated within the walls of a hallow organ, whether it has invaded adjacent organs and whether it has spread to distant organs. METHODS: Literary work collected from brhtrayee, laghutrayee, articles and journals. DISCUSSION: This presentation shows how Ayurveda explains staging and treatment principles adhered within Kriyaakala in Arbuda. CONCLUSION: The disease manifestation starts with the Doshas getting deranged, followed by the successive sequential staging of imbalance it creates in the body. The importance of Kriyakaala lies in the fact that each of the stage provides an opportunity to halt and possibly reverse the spread of the disease. But when appropriate treatment is not given it makes the disease chronic in pathology. Key words: Cancer, Arbuda, Kriyakala

Keywords: Cancer, Around, Kriyakala

# 6. Critical review on Ayurvedic management of chemotherapy induced side effects in cancer

Presenter Dr.Sujata Sopanrao Kale (PG Scholar) Email Id:drsujataphalke16@gmail.comContact: 9881522582 Abstract: Introduction: Ayurveda, the oldest Indian indigenous medicine system of plant drugs is known from very early times to prevent or cure various tumors using these natural drugs. Cancer is a name given to a large group of diseases, all of which have one thing common, cells that are growing out of control. The treatment of cancer has increased in complexity, patient receives adjuvant chemotherapy and radiotherapy which increases the duration and toxicity of treatment. Materials and methods: Review Ayurvedic and modern literature for pathogenesis and treatments of cancer. Result: Multimodal therapy, combining two or more treatment approach is now standard for many curable cancers. In Ayurveda Panchkarma is a group of unique therapeutic procedures having preventive, promotive, prophylactic, rejuvenating and curative properties. Discussion: The modern cancer therapy which is known to burdened by drug-induced toxic side effects hoping perfect cure of disease form the complementary and alternative medicine system. Chemotherapy as Visha (highly toxic) creates the tremendous Rukshata (dryness) in the body. The basic pathology behind the side effect of systemic chemotherapy is the vitiation of Tridosha mainly Vata. Ayurvedic herb contains multiple active principles that benefits and lowering the risks of adverse effects and avoids the need for supplemental therapy to manage cancer cachexia. **Keywords**: Cancer, Chemotherapy, Panchakarma.

#### 7. UNDERSTANDING OF ETIOPATHOGENESIS OF CANCER IN AYURVEDA

Author: Dr.D P Joshi M.D.(Ayu) Professor, HOD, Dept of Kayachikitsa, BVVS Ayurveda Medical College, BagalkotPresenter: Dr.Namita Minajagi First year PG scholar, Dept of Kavachikitsa. BVVS Medical Bagalkot Ayurveda College, :minajiginamita@gmail.comContact: 9739085906 Abstract: Introduction: Cancer is one of the leading causes of death in the world while long term prognosis is still unfavorable despite the enormous efforts in the search for effective anti-cancer drugs. Method: The purpose of this hypothesis is to understand etiopathogenesis and metastasis of Cancer in Ayurveda. The hypothesis is based on understanding of Hetu and Sthana Vikruti, applied to different Dosha and Dushya as mentioned in Shotha, Arbuda and Granthi. Advantage of considering Gramya Ahara Sevan and Vishesha Nidana mentioned in above three diseases (Shotha, Arbuda, Granthi) helps in conceptual knowledge of etiopathogenesis of Cancer. Discussion: Even though an earlier researches in Ayurveda relates the Cancer with Arbuda but understanding of Vikalpa Samprapti needs the comprehensive approach of Shotha, Arbuda and Granthi. The pathological consequences of Cancer are well explained in above three diseases. Vikara Vighata Bhaya (Immunity System) gives the knowledge of immunity power against the pathogenesis. Genetic factor is also considered as major cause of Cancer. It is explained in Ayurved as Beeja Dushti and Beeja Bhaga Avayava Dushti of concerned Rogi viz Cancer patient. Conclusion: Understanding of etiopathogenesis of Cancer under broad view of Shotha, Arbuda, Granthi. Gramyahara Sevana, Vikara Vighata Bhava, Beeja Dushti and Beeja Bhaga Avayava Dushti. These Nidana's helps to understand this Samprapti. Keywords: Cancer, Arbuda, Granthi, Gramya Ahara, Vikar Vighata Bhava, Beeja Dushti & Beeja Bhaga Avayava Dushti.

#### 8 .NUTRITIONAL DESCIPLINE OF AYURVEDA A RAY OF HOPE IN CANCER

Author: Dr. Mandeep singh PG Scholar Shalya dept. Presenter: Dr. Mandeep SinghEmail Id: drmandeepsingh029@gmail.comContact: 7307374073Abstract: Cancer Being leading cause of death in economically developed countries and second leading cause of death in developing countries cancer become giant problem and it is on the rise in India. The incidence of new cancer cases every year in the country is about 11 lakh and about 5 lakh people die every year from the ailment. Present day treatment protocols have controlled the condition and prolong the life of the patient but there is a great deal of risk of severe complications which impair the quality of life and result in Painful death. Thus ray of hope turns toward palliative care to treat the cancer. With an aim to increase the life quality of the cancer patient, here an attempt is made to enlighten on the role of Pathya Apathya (Aahar & vihar) in the treatment protocol of cancer. The Ayurvedic approach to food and dietetics is very different from the conventional Western approach. This integrated approach of modern and holistic method of treatment will definitely prove boon for cancer patient and will help them to enjoy meaningful life. Keywords: Key Words:- Cancer, Aahar Vihar, Pathya Apathya.

# 9. Cervical cancer: Clinical understanding and Ayurvedic management

Author: Dr Komal Itkari, PG Scholar, Dept of KC (Rasayana & vajikarana) Presenter: Dr Komal ItkariEmail Id: komalitkari18@gmail.com Contact: 9902064236 Abstract: Globally Cervical Cancer is third leading cause of cancer that affects reproductive organs; in India it contributes approximately 6-29% of all cancers in women. Various risk factors for cervical cancer are smoking, viral infections like HPV, HIV, Herpes, etc & long term use of OCP's. Lack of nutrition is also a leading cause for disease manifestation. Cervical cancers have clinical manifestation faceted abnormal bleeding such as bleeding between menses, after coitus, after pelvic examination etc. As per classics cancer is an inflammatory or non-inflammatory swelling mentioned as Arbuda. Conventional medicine has not been able to provide satisfactory answer with regards to outcome & cost benefit ratio making it inaccessible to public belonging to wide socioeconomic groups. Hence Ayurveda as time tested herbs or polyherbal formulation may be the answer for this dreaded illness having proven anti-carcinogenic property. These herbs helps to overcome the side effects of conventional cytotoxic therapies, improves Immunity, social and psychological well being. Drugs like Haritaki, Ashwagandha, Bhallataka, Guduchi etc are proven in this regard by helping restoring physiology and reversing pathology with their anticarcinogenic property. Henceforth, Ayurveda may be the alternate modality in better management of cervical cancer Keywords: Cervical cancer, Arbuda, Anti-carcinogenic herbal drugs.

### 10. Diet and Lifestyle modification in prevention of Cancer

\*Dr. Kadambari. S. Solankure, \*\*Dr. Amit Pethkar, \*\*\*Dr Sandeep S Sagare Mail-solankure@gmail.com

Cancer is a group of diseases involving abnormal growth with the potential of invading/spreading to the other parts of the body. It is one among the leading causes of morbidity and mortality worldwide and the number of new cases is expected to rise significantly over the next decades. The estimated number of new cancers in India per year is about 7 lakhs & over 3.5 lakhs people die of cancer each year. Present day Cancer is throned as one of challenging diseases to the mankind. The raising graph is because of the unhealthy lifestyle practised by the recent generations. Foods, such as red & processed meats & salts leads to cancer tendancy. The need of the present day is to prevent the cancer than curing it. Balanced diet maintains a healthy body weight, which reduces the risk of many cancers. Organic fruits and high fibre foods such as vegetables act by mopping up harmful chemicals from the body and help to prevent the disease as they are rich in micronutrients. They act by protecting against DNA damage, repairing DNA, blocking the formation of cancer-causing chemicals. Regular exercise in the form of aerobics and yoga help body to gain homeostasis by anchoring oxidative stress. Yoga therapy also helps by increasing the blood flow to the cells, balance the glands and enhance the lymphatic flow (Internal purification). So food and lifestyle modification play a prime role in preventing cancer.

#### 11. INDIGENOUS DRUGS IN CANCER MANAGEMENT

Author: Dr Radhika Bhat1st PG Scholar Email Id: radhikabhat8993@gmail.com Contact: 9686525248 Reference No: FRUNynGs Abstract: INDIGENOUS DRUGS IN CANCER MANAGEMENT \*Dr Radhika Bhat \*\* Dr Prabhakar U. Renjal \*\*\* Dr Seema MB \*\*\*\*Dr Ashok \* 1st year PG, Department of Rasasathra and Baishajaya Kalpana, SDMCA Udupi \*\* HOD, Department of Rasasathra and Baishajaya Kalpana, SDMCA Udupi. \*\*\* Professor, Department of Rasasathra and Baishajaya Kalpana, SDMCA Udupi \*\*\*\* Associate Professor, Department of Rasasathra and Baishajaya Kalpana, SDMCA Udupi Introduction Cancer is most dreaded disease of the 21st century and is spreading further with continuous and increasing incidence. It is a disease in which abnormal cells divide uncontrollably and destroy body tissue. In Ayurveda this disease can be correlated to arbudha or granthi. Method Literature search for critical studies with specific terms using search engines. Many research articles are reviewed and omplied to know the advances in the treatment of cancer by herbal drugs. Ashwagandha and Pippali are explained in this paper. Discussion A number of herbs after through study of pharmacological action, are commonly used after careful assessment of patient and cancer pathology. The benefit of these is that it helps in treating the damaged tissues and doesn't affect the healthy tissues. Result Ayurvedic practitioners and researches can contribute for development of effective anti-cancerous drugs. The challenge is to move forward carefully using reasoning and wisdom. This can hence help in the identification of anti-cancerous herbs to treat the disease

**Keywords:** Cancer, pippali, ashvagandha.

### 12. Adjuvant effect of Ayurveda in management of head and neck cancers

Author: 1 Poonam Dhruy 2 Narayan Bayalatti 3 Manjusha Rajagopala 1. P.G. Scholar 2nd year, Shalakya Tantra Department AIIA, New Delhi. 2 . Assistant Professor, Shalakaya Tantra Department AIIA, New Delhi. 3. Professor and HOD, Shalakaya Tantra Department AIIA, New Delhi.Presenter: DR. POONAM DHRUVEmail Id: virgo2714@gmail.comContact: 9540904293 Abstract :Introduction: Head and neck cancers includes primary malignancies of oral cavity, oropharynx, larynx, sinuses and skull base accounting for approximately one third of all the cancer cases. Many studies have proven that Ayurvedic drug along with radiation and chemotherapy have potential in management of head and neck cancers. Material and methods: Present study is aimed to highlight the effective role of Ayurvedic medicine i.e. Emblica officinalis, Curcumin, Glycyrrhiza glabra, Ocimum sanctum. Related published articles were searched through online search engine pubmed, google scholar, ayush research portal and DHARA online. The data articles were reviewed, analyzed and reported as add on to radiation and chemotherapy. Result Ayurveda helps in attaining holistic health by improving quality of life. Many published articles were reviewed among them one was conducted on Curcumin both in vitro and in vivo which showed Curcumin as an adjuvant or chemopreventive agent in head and neck cancer. Another study on the effects of Emblica officinalis and Tinospora cordifolia herbal treatment on the prognosis of squamous cell carcinoma of the buccal mucosa and tongue showed statistically significant improvements with greatly reduced local (p = 0.02) and overall recurrences (p = 0.05). Details will be presented at the time of paper presentation. **Keywords**: Curcumin, Emblica officinalis, Glycyrrhiza glabra, head and neck cancer, Ocimum sanctum.

#### 13. BHALLATAKA- A ARBUDAGHNA: A REVIEW

Author: Dr. Gazala Hussain Presenter: Dr Mahadevappa Kotnalli Email Id: mahadev.kotnalli@gmail.comContact: 9611847142 Abstract: INTRODUCTION Cancer, is a large group of diseases characterized by the growth of abnormal cells beyond their usual boundaries. According to WHO, 3 out of 10 may get cancer due to various etiologies. It is said to be the second leading cause of death. Abnormal growth of cells in Ayurveda can be compared with arbuda. Different treatmentmodalities mentioned by acharyas can be utilized for effective management of cancer. One drug that is mentioned having properties like Shodhayati, Vrananavasadayati, Mamsa vilikhati, etc is Bhallataka, Bhallataka, an upavisha has anticarcinogenic properties as well as anti-inflammatory, anti oxidant, antimicrobial, CNS stimulant, cytotoxic disorders. Use of Bhallataka in condition of arbuda is also said in Rasa Tarangini. Panchatikta Guggulu Ghrita, Madhukasava, etcare formulations containing Bhallataka mentioned for arbuda. An experimental study of anti- cancer activity of Bhallataka has been carried out in hepato cellular carcinoma where the drug has shown positive result. The nut extract of Semecarpus anacardium effectively modulate the catabolism of xenobiotics in rats in condition of mammary carcinoma. Based on the properties of the drug, further researches may prove its efficacy on different types of cancer. METHOD A literary review will be done from ancient ayurvedic texts and different journals and modern medical literature. RESULTS The collected information will be critically analyzed and presented. Keywords: KEY WORDS- Arbuda, Bhallataka, Cancer.

# 14. VIRECHANA KARMA AND RASAYANA ON MOLECULAR GENE PROFILE IN FAMILIAL BREAST CANCER

Author: Dr. Gayathri M Prakash, Dr. Akshay Shetty, Dr. B S Prasad Presenter: Dr. Gayathri M PrakashEmail Id: gayathriprakash1990.m@gmail.com Contact: 8095821236 Abstract :Introduction: - Hereditary breast cancer accounts 5-10% of cancers, usually follows autosomal dominant inheritance pattern. Inheritance of a mutation in the BRCA1 gene confers a 50â€"85% lifetime risk for women of developing breast cancer. In conventional medicine for prevention of mutations they adopt risk reducing modalities such as Oral Tamoxifen, prophylactic mastectomy, salpingo-oopherectomy, the risk reductions are lower and are associated with side effects of hormone withdrawal and infertility. Shodhana karma removes the disease from its root; hence there will be less chances of reoccurrence of the disease, further Rasayana is mentioned as apunarbhaya chikitsa. Hence, it is postulated that Shodhana followed by Rasayana may modify the gene expression of tumor suppressor gene with this background the present study is carried out. Materials and Methods Single group study with a pre-test and post test design. Sources of data: Familial breast cancer predisposition subjects were selected from screening done by KIDNAR, Karnataka University Dharwad. Results: Gene expression was analyzed using the delta-delta Ct method, which showed diversified results viz in one subject (T4) reversal of gene expression i.e. downregulation shown upregulation continuously throughout the therapy and in T1 the upregulation shown further increase by Virechana and then decreased to below the base line level by Rasayana administration In three subjects (T2, T3 & T5) the upregulated genes shown down trend continuously till Rasayana but not to down regulation. Keywords: Keywords - Breast cancer, BRCA1 gene, Shodhana karma, Rasayana.

# 15. Understanding The Concept Of Rasayana In Terms Of Genoprotective Action

Authors:Dr Teja D Naik, Second year PG Scholar, Dept of Kayachikitsa, Email: teja.d.naik13@gmail.com Dr Basavraj R Tubaki, Professor, Dept of Kayachikitsa KLE University's Shri.B.M.Kankanawadi Ayurveda Mahavidyalaya, PG Studies and Research Center, Shahpur, Belagavi, Karnataka, India. Abstract: A gene is the basic physical and functional unit of heredity. Genes, which are made up of DNA, act as instructions to make molecules called proteins. Most genes are the same in all people, but a small number of genes (less than 1 percent of the total) are slightly different between people. Genetics is the study of genes, genetic variation, and heredity in living organisms. A genetic disorder is a genetic problem caused by one or more abnormalities in the genome, especially a condition that is present from birth. Genetic disorders may be hereditary, passed down from the parents' genes. In other genetic disorders, defects may be caused by new mutations or changes to the DNA. In such cases, the defect will only be passed down if it occurs in the germ line. In genetics, genotoxicity describes the property of chemical agents that damages the genetic information within a cell causing mutations, which may lead to a disease. Ayurveda is an ancient art of healing that deals with all aspects of a person's life as an entity. The span of life is the resultant of two factors, i.e. Karma (Destiny) and Dharma (Effort). "Rasayana" is among eight branches of Ayurveda with high importance in Ayurvedic prevention and therapeutics with objectives like rejuvenation, regeneration, antiageing, better cognitive functioning, immunomodulation and genoprotective action. Thus this presentation is an effort made to understand the relationship and action of Rasayana dravya as genoprotective. Keywords: Gene, genetics, genotoxicity, genoprotectivity, rasayana.

# PARALLEL SESSION 4

# 1. Conceptual Study of Juvenile DMâ€" An Ayurvedic Approach

Author: Dr. Rohit R. Natekar

Abstract :Juvenile DM is refers to diabetes in young ,The mortality rate is varies from 2 % in experienced contains to as 24% and has not significantly decreases with advance management. JDM is a form of DM in which not enough insuline produced ,thus results in high Blood Sugar Level, Frequent urination ,Increased thurst and Increases Hunger (i.e.3P) According to Ayurveda , the metabolic waste product of the body (i.e. kleda) are eliminated through mutra , swed . In case of disturbed metabolism various dhatu (Aparipakva) get accumulated in the body give rise to pathological condition and become either excreted in mutra or get deposited some where in the body, for example such as Prameha. Majority of Prameha are said to arise from Kapha doshas. In jaat prameha acharya Charak has mentioned , it as asadhya Vyadhi ,Prameha can be classified as Ksheeradavashta and Annadavstha . The treatment of Prameha in ayurveda aspect is nidanparivarjana, shodhan and shaman chikitsa.

**Keywords :** JDM ,Prameha ,Aparipakwa, Kapha , Sthoulya, Karshya Nidanparivarjana , Shodhan, Shaman

2.Title: IMPORTANCE OF ADRAVYABHUTHA CHIKITSA IN MADHUMEHA: REVIEW OF EVIDENCE BASED LITERATURE

Author: 1 Silpa AS PG Scholar, 2 Girish KJ Professor Presenter: Silpa ASEmail Id: silpa.sadasivan@yahoo.comContact: 9446753444

Abstract: Introduction: Adravyabhutha Chikitsa (non-pharmacological modality) have importance in management of Madhumeha. There is need to understand mode of action, which adds to modifications of lifestyle with Ayurvedic principles in 21st century. Method: Ayurvedic literature and recommendations for management of Madhumeha diabetes mellitus type 2 was rationally reviewed in light of published information from research articles. Pubmed and allied databases covering fields of therapeutics, pharmacology and health were searched and included into analysis. Result: Ayurvedic lifestyle methods of adopting healthy physical activities are a valuable tool in the management of Madhumeha vis-Ã-vis diabetes mellitus type 2 Discussion: Due to the increased prevalence of the disease, it is understood from the review of research works that current methods of treating diabetes mellitus type 2 by medication alone is inadequate. It needs to be supported by lifestyle modifications which include physical activities e.g. brisk walking. **Keywords:** Madhumeha, diabetes mellitus type 2, Adravyabhuta Chikitsa, non-pharmacological modalities, lifestyle modification, review article

#### 3.Title: MANAGEMENT MODULE OF MEHA

**Author :**Dr Sumesh s pai, PG SCHOLAR KAYACHIKITSA,,\*\*\*\*Dr.G Shrinivas Acharya, \*\*Dr Veerakumara,\*\*\* Dr Shrilatha Kamath T**Presenter :** Dr Sumesh s pai, 2nd yr pg scholar**Email Id :**lifeofsumeshpai@gmail.com**Contact :** 9020111444

Abstract :ABSTRACT MANAGEMENT MODULE OF MEHA \*Dr Sumesh s pai\*\* ,\*\*\*\*Dr.G Shrinivas Acharya, \*\*Dr Veerakumara, \*\*\* Dr Shrilatha Kamath T Life style diseases are a group of diseases that share risk factors such as unhealthy dietery choices, smoking, lack of exercise, sedentary behaviour and life stress. These result in various disease process culminating in high morbidity and mortality. One of these disease is prameha. Prameha with its devastating consequences is a global health problem of this era. Presently india is having the largest diabetic population of 50.8 million. As per the classics prameha is the result of mainly kapha dosha, prameha hetu kapha krit cha sarvam and it is well known santarpanoth vyadhi, so for the effective management of this pathology apatarpana chikitsa should be adopted and this has to be terms of purificatory, palliative and disease modified modules, purification in terms of Virechana.palliative through oral medication medicines like Nishakathakadi kashaya and disease modifying known as rasayana in terms of silajatu loha rasayana and comparing these treatments results in 30 patients in opd and Ipd of sdmca udupi. Keywords:-treatment modules of prameha as sodhana, samana, rasayana \*2nd yrPG Scholar \*\*Guide, Assistant professor, Department of PG studies in kayachikitsa and manasa rog, SDMCA Udupi. \*\*\*Co-Guide professor, Department of PG studies in kayachikitsa and manasa rog, SDMCA Udupi. \*\*\*\*professor and HOD professor, Department of PG studies in kayachikitsa and manasa rog, SDMCA Udupi Keywords: treatment modules of premeha as Sodhana, Samana, Rasayana

**4.Title**: A case report on Type 2 Diabetes mellitus in terms of Dhatukshyajanya Madhumeha

Author: Dr Siddhi Gangadhar Khot, PG Scholar, Guide: Dr Suketha, Assistant Professor, Dept of Kayachikitsa Presenter: Dr Siddhi Gangadhar Khot Email Id: siddhikhot 81@gmail.com Contact: 8884857546

Abstract: Diabetes mellitus (DM) is one of the lifestyle disorders. Type 1 DM is caused by autoimmune response where body has destructs the insulin producing cells, hence there will be absolute insulin deficient, thus glucose is not absorbed by cells for energy production further it leads to lack of energy. In this condition body starts to breakdown fat and patient lose weight. In case of Type 2 DM, because of fat there will be insulin resistance, glucose in the blood will not be utilised by the cells for energy. As a consequence to this, cells will be sending a signal to liver for gluconeogenesis. Due to increased gluconeogenesis. Patients of type 2 DM will gradually lose their weight. A female patient aged about 46 years with a known case of Type 2DM since 7 years visited to KLE Ayurveda hospital with chief complaints as progressive weight loss. In Ayurveda this condition can be considered as dhatukshayaja madhumeha. Madhusnuhi Rasayana which is indicated in Dhatukshayaja Madhumeha has been administered for duration of three months. In this case, gradual increase in weight was observed along with improvement in general health. Hence, by this it can be concluded that Madhusnuhi Rasayana will be affective in the management of Madhumeha**Keywords:** diabetes mellitus, dhatukshyajanya madhumeha, gluconeogenesis, Madhusnuhi Rasayana

**5.Title:** Ayaskriti a Ray of Hope in the management of Diabetes Mellitus

Author: Dr. Aparna Shanbhag; PG Scholar Dept of Samhitha Siddhanta

Abstract: Introduction Diabetes mellitus is one among preventive disease as it is a life style metabolic disorder which is characterized by high blood glucose levels, insulin resistance and relative lack of insulin. High population is under risk of diabetes mellitus especially Type 2(NIDDM) variety, due to poor maintenance of diet and regimen and also due to increased stress level. Since diabetes is a manageable disease with medications and planned diet, regimens. Ayurveda has precise solution regarding this. Ayaskriti mentioned in Astanga Hrudaya Prameha chikitsa is one among such formulations which lowers the blood glucose level and helps in maintenance of normal blood glucose concentration. METHOD Assessment of effect of Ayaskriti on blood glucose levels were studied in the diagnosed case of DM as follows. Case 1):- Patient with DM (type 2) treated with Ayaskriti only. Case 2):- patient with DM (type2) who was under allopathic medication, along with it Ayaskriti is prescribed Case 2:- patient with dm(type2) treated with allopathic and Ayaskriti as well Dosage of Ayaskriti (Sitaram pharmacy)-10ml bd RESULT: Considerable amount of blood glucose levels are reduced with Ayaskriti in all cases. DISCUSSION: Description of Ayaskrit Importance of Ayaskriti in lowering and maintenance blood glucose level. Keywords: diabetes mellitus, ayaskriti, blood glucose levels

**6.Title :** A Critical Analysis Of Chikitsa Sutra With The Use Of Pathya On Prameha Peedakas W.S.R To Diabetic Carbuncle- A Case Series

Author: Dr. Sneha. P\*, Dr. Santosh. Y. M\*\* PG scholar, Dept. of Shalyatantra

**Abstract**: Background: The global prevalence of diabetes among adults over 18 years of age has risen from 4.7% in 1980 to 8.5% in 2014 which can be attributed to faulty life style. Among the various complications of Diabetes the skin lesions ranging from Acanthos nigrans to conditions leading to amputation are common presentations. Understanding of Diabetes in Ayurveda is seen under Prameha wherein it is explained as a Kapha pradhana Tridoshaja Vyadhi with the involvement of Dasha Dushyas. The Anushangi and Chirakaaleena nature of this Vyadhi, gives rise to upadrava. Vivid description of these have been explained as prameha pidika. With this understanding various diabetic foot conditions were treated using the chiktsasutra mentioned by Shushruta along with the use of pathyas for prameha peedakas. Pathya ahar in disease is worth a hundred drugs can do the best to a patient who does not follow proper regimen of pathya. Materials and Methods: A retrospective analysis of the clinical data collected in KLEU Ayurveda Hospital and Medical Research Center was performed. There was significant improvement seen in the subjective and objective parameters and limb was saved by avoiding amputation with a treatment span of 2 months on an average. Discussion: The detailed analysis of the nidana of prameha pidaka in this case series study revealed the life style factors such as an improper diet inspite of being Diabetic, Smoking, Alcohol consumption, Irrational drug usage, Sedentary life style. Hence pathya played an important role to prevent further damage. The chikitsa sutra helped in curing acute inflammation along with debridement and forming healthy granulation tissue. The chikitsa sutra was found beneficial when adopted as per the avastha of the vyadhi. Conclusion: Thus chikitsa sutra and use of pathya could be beneficial in curing the diabetic carbuncle. **Keywords**: Prameha pidikas, Diabetic mellitus, Chikitsasutra, pathya

#### 7.SURYANAMASKAR: A LIFESTYLE MODIFICATION IN PREDIABETES

Author: Rashmi Moogi PG Scholar, Department of swasthvritta, S.G.V Ayurvedic college, Bailhongal Dist, belgaum 591102

Email Id: rashmi.moogi@gmail.comContact: 9164431716 Reference No: D5rR5Jju

Abstract: ABSTRACT: With rapid economic development and increasing westernization of lifestyle in the past few decades, prevalence of the life style disorders has reached alarming proportions among Indians in the recent year's. In 2011, in India there were 62.4 million people with diabetes and 77.2 million people with prediabetes. Prediabetes should be viewed in the natural history of disordered glucose metabolism rather than as a distinctive clinical entity. Prediabetes is the precursor stage to DM. It is metabolic disease associated with insulin resistance. As it is metabolic disorder it needs to be corrected with lifestyle modification. Suryanamaskar is such lifestyle modification therapy. Suryanamaskar exerts positive and long-term effect on prediabetes it delays and prevents the disease progress. However, this effects of Suryanamaskar therapy in prediabetes management remain unclear and a matter of debate and research. This article offers a scientific review on positive effect of Suryanamaskar in prediabetes. Keywords: KEY WORDS: suryanamaskar, prediabetes, lifestyle disorders.

**8.Title:** Clinical Understanding of Madhumeha in Ayurveda

**Author :**Dr.D P Joshi M.D.(Ayu) Professor, HOD, Dept of Kayachikitsa, BVVS Ayurveda Medical College, Bagalkot

**Presenter :** Dr.Madhuri. Y. Sullad 1st year PG Scholar, Dept of Kayachikitsa, BVVS Ayurveda Medical College, Bagalkot

Email Id: madhuri.y.sullad@gmail.comContact: 8618198626

Abstract: Introduction: As Diabetes Mellitus is a burning problem of society affecting of 5-6% of global adult population. Every 10 seconds a person dies from Diabetes related disorders. In India it is a potential epidemic. In India more than 62 million population is affected and expected to reach 79.4 million by 2030. The etiology of Diabetes in India is multifactorial including genetic factors, environmental influences, rising living standard and urban migration. Content: Although the earlier clinical researches in Ayurveda have substantiated Diabetes Mellitus with Madhumeha still there is a need of clear understanding of Vikalpa Samprapti. Vikara Vighata Bhava Abhava helps in understanding the pathophysiology of Diabetes Mellitus. The target organs of Diabetes like pancreas, duodenum, liver, kidney muscles etc enlightens the knowledge of Dasha Dushya's. Discussion: There is a need of exploring different modalities of treatment by applying different Upakrama at the level of Dosha and Sthana Vikruti. Prameha, Kusta, Shotha, Arsha all are Kleda Udbhavajanya Vyadhi's. Conclusion: This impairement of Agni at different level causes the Vikruta Kleda that will be dragged to Mutravaha Srotas. Hence pathophysiology of above disease explores still more clear understanding of Diabetes Mellitus in Ayurveda.

**Keywords :** Madhumeha, Vikalpa, Samprapti, Vikara VIghata Bhava Abhava, Dosha and Sthana Vikruti, Kleda Udbhava.

**9.Title**: Role of Shadupakrama in madhumeha

Author: Dr Rakesh H R, PG scholar, Dr Vasantha B, Assistant professor

Presenter: Dr Rakesh H REmail Id: <a href="mailto:rakeshrudrappa@gmail.com">rakeshrudrappa@gmail.com</a> Contact: 8722502237

**Abstract**: introduction: Madhumeha is a Santarpana Janya Vyadhi characterized by Agnimandyam at Koshta and dhatu levels with the involvement of 10 dushya. There is an inevitable role for ama, Bahu Abaddha medas, Ati drava sleshma, in the pathogensesis of madhumeha methods: samhitasAyurvedic literature and recommendations for management of Madhumeha diabetes mellitus discussion: The Critical analysis of symptomatology of madhumeha reveals that it is a kapha pradhana tridoshaja vyadhi in early and vata pradhana in later stages. The clinical signs and symptoms depends on the extent of involvement of srotases. result: Hence the basic line of treatment of madhumeha is Apatarpanam in sthula and santarpana in krisha. Both the treatment outcome is obtained by using appropriate upakrama which are six in number ie shad upakrama by correcting Bahu abadda medas and atidrava sleshma, agni at koshta and dhatu levels followed by vatanulomanam. The shodhana chikitsa is judiciously selected after proper assessment of the sroto dushti lakshanas and the level of dhatwagni mandyam. The shamana oushadhis with vatakaphahara and agni deepana properties are used. Finally rasayanas having action on specific dhatus are administered after proper shodhana karma. Here an attempt is made to understand madhumeha management with the fundamental principles of Ayurveda ie shad upakrama .Keywords: madhumeha, shad upakrama, santarpana, apatarpana

10.Title: HYPOGLYCEMIC ACTIVITY OF YAVA MANTHA: AN IN-VITRO STUDY

Author: Dr Harshitha K J (PG Scholar), Dr Gurubasavaraj Yalagachin( Assistant Professor) dr M B Kavita (Associate Professor)

**Presenter:** Dr Harshitha K J, 3rd Year Pg Scholar, dept of swasthavritta, SDMCAH, HassanEmail Id: harshithakjr22@gmail.comContact: 7795102794

Abstract: introduction/Purpose: The prime aim of anti diabetic therapy is to administer the drug which has hypoglycemic action in the body. Yava (Barley) used as therapeutic diet (pathya) in diabetes mellitus and a few human studies have established that consuming Yava Mantha in empty stomach causes hypoglycemia in human subjects. Objectives: To evaluate the Alpha amylase and Alpha glucosidase (intestinal enzymes) inhibiting potential of Yava Mantha (invitro) Materials and methods: Study was carried out in CFTRI, Mysore. The mixture of roasted barley powder with ghee and water in the ratio 1:1:4 was churned for 20 minutes and 30 minutes separately and their inhibition activity on enzymes were studied in- vitro and compared with the mere mixture of Yava, ghee and water. Results: The sample of Yava Mantha churned for 20 minutes showed higher inhibition activity on enzymes compared to the sample churned for 30 minutes and mere mixture of Yava, ghee and water. Conclusion: Yava Mantha prepared by churning for 20 minutes can be a routine staple diet of diabetes mellitus patients to bring about hypoglycemic effect. Keywords: Key words: Alpha amylase, Alpha glucosidase, Diabetes Mellitus, In-vitro study, Pathya, Yava Mantha

#### 13.Title: UNRAVELING DIABETIC NEPHROPATHY AND ITS MANAGEMENT

Author: Dr. Neha Thakur 1st year PG scholar dept. of kaya chikitsa

Abstract :UNRAVELING DIABETIC NEPHROPATHY AND ITS MANAGEMENT IN AYURVEDA Dr. Neha Thakur, P.G. Scholar first year, Guide: Dr Kirankumar Mutnali, Reader Dept. of Kaya Chikitsa, Shri B.M.Kankanwadi KLE Ayurveda Mahavidyalaya, Belgavi. Diabetes mellitus (Madhumeha) is a public health concern worldwide and an important cause of morbidity and mortality.. The total number of people with Diabetes is projected to increase substantially by 2050. In Ayurveda direct nomenclature of DN is not mentioned but the understanding of the development of DN can be perceived by understanding the root cause i.e. Madhumeha (Diabetes mellitus). Madhumeha manifests due to vitiation of Kapha and meda, kledadhatu by Kapha which get transformed to urine over a period of time and lead to prameha. Proteinuria on a long run manifests with pitting oedema which can be equated with kaphaja shotha but there are no references suggesting manifestation of shotha as an upadrava of madhumeha. It can be considered as resultant of Bastimarmabhighata or Vrukka Roga mentioned in Bhaishajya Ratnavali. Here kapha dosha is responsible in blocking microvessels and vata dosha for degeneration of renal tissue. Shamana, Shodhana and Rasayana therapies can be applied in the management of different stages of Diabetic Nephropathy. Tissue damage can be prevented and repaired by administration of Rasayana herbs or formulations with the capability of improving qualities of tissues and increasing resistanc

#### **14.Title:** AYURVEDIC MANAGEMENT OF MADHUMEHA – A CASE STUDY

Author: Dr.Keerthana J, PG Scholar, Department of Dravyaguna, Sri DharmasthalaManjunateshwara College of Ayurveda and Hospital, BM Road, Thanniruhall, Hassan – 573201, Karnataka, India. Dr.Prakash L Hegde, Professor, Department of Dravyaguna, Sri DharmasthalaManjunateshwara College of Ayurveda and Hospital, BM Road, Thanniruhall, Hassan – 573201, Karnataka, India.

Presenter: Dr Keerthana JEmail Id: <a href="mailto:keerthanajayaramaiah@gmail.com">keerthanajayaramaiah@gmail.com</a> Contact: 7204094874

**Abstract**: Introduction: Madhumeha is the disease afflicting mankind since long time. 30 million have now diagnosed with Diabetes in India and it is one among the cause for morbidity, which makes the life of individual miserable. Due to continuous indulgence in Nidana, it results in aparipakwa Kapha and Meda; which vitiates kleda and meda further resulting Doshadushyasamoorchana. Kleda remaining after dhatvagnipaka through the Mootravahasrotas and get localised at Bastimukha and manifesting symptoms like Prabhootamutra, Aavilamutra etc. Madhumeha being a lifetime disorder hampers daily routine activities and its management would be a challenging task. Shamana Aushadhi would be an apt management in such case. Methodology: A female aged 49 years reported to Kayachikitsa specialOPD of our hospital with complaints of Pain in small joints along with increased frequency of micturition. The subject was diagnosed as Madhumeha (DM Type 2). The treatment advised were Ushna, Tikshna, kledoshoshaka and kaphamedhohara chikitsa like Nishamalaki tablet, Asanadi Kashaya with advise of diet and lifestyle restrictions. Result: The detailed history revealed faulty food habits such as Atimadhura and Akalabhojana .A specialised treatment pattern was adopted which revealed reduction in symptoms such as pain in small joints and increase frequency of micturition and objective wellbeing was observed.

15.Title: A ROLE OF BASTI W.S.R.TO PREVENTION OF IMMUNOLOGICAL DISEASES

Author: DR. SURAJ KUMBAR, PG SCHOLAR

Presenter: DR. SURAJ KUMBAR

Email Id: surajkumbar@gmail.com

**Contact**: 8147170441

**Abstract**: Introduction: Immunity is the ability of one's body to react to a foreign antigen and eliminate it, in the interest of the safety of the human being. In recent days immunity is getting more significance because there is wide range of Immunological diseases. The Diseases occur when toxins get accumulated in body and clog these channels. Unhealthy diet, lifestyle, stress, changes in environment etc lead to accumulation of toxins in body. These accumulated toxins have to be expelled out in order to keep our body healthy. Considering people to be sukumaras, Basti karma is a best suited modality to enhance the immunity and to prevent diseases. Methodology: Literature review of Ayurveda texts with current research updates Results: Administration of Basti during Varsha Rutu and Yapana Basti in other season helps in prevention of immunological diseases. Discussion: Basti is the major therapy to prevent diseases as it will be prepared by combining different drugs with the properties samshodhana, samshamana, sangrahana of Doshas also it increases the kshina shukra and it does the vayah sthapana. Some recent research updates proves that the Basti treatment modulates immune responses by regulating pro-inflammatory cytokines, immunoglobulins and functional properties of T-cells. Hence this presentation will be discussed about the mode of action of Basti in prevention of Immunological diseases.

Keywords: Basti, Panchakarma, Immunological disorders

# PARALLEL SESSION 5

#### 1. A COMPARATIVE STUDY OF EFFICACY OF DARVYADI KWATHA AND

MADHUMEHARI CHURNA IN THE MANAGEMENT OF MADHUMEHA W.S.R. TO DIABETES MELLITUS TYPE-2 (NIDDM)

\*Hemlata soni \*\*

Abstract:Diabetes, commonly known as Madhumeha in Ayurveda, and those patients who pass urine, which is sweet and resembles honey and the body also becomes sweet are said to be suffering from Madhumeha. According to report of W.H.O. diabetes mellitus incidence will be increased by 350 million up to the year 2030. DM type II is rising more rapidly and India will be referred as diabetic capital of world. In current study, EVALUATION OF STUDY OF EFFICACY OF & DARVYADI KWATHA AND 'MADHUMEHARI CHURNA was conducted in 30 clinically diagnosed patients of either sex in the age between 30-60 were randomly divided into 3 Groups as Group A 10 registered patients of DM Type 2 (NIDDM) were administrated Darvyadi Kwatha for 30 days. Group B 10 registered patients were administrated Madhumehari Churna for 30 days. Group C 10 registered patients were administrated both drugs Darvyadi Kwatha and Madhumehari Churna for 30 days. Darvyadi Kwatha and Madhumehari Churna when used alone or in combination show improvement in symptomatic relief in the patients of Madhumeha.

# 2. CLINICAL EFFICACY OF SHODHANOTTARA SHAMANA CHIKITSA IN TYPE II DIABETES MELLITUS " AN EXPLORATORY STUDY

Author: 1.Vd. GAURANGI PANDHARKAR (PG Scholar)

Abstract: Diabetes Mellitus (DM) is a group of metabolic diseases characterised by hyperglycaemia resulting from defects in insulin secretion, insulin action or both. There is no permanent correction of DM in modern science. Oral Hypoglycaemic Agents are not adequate because the dosage keeps on increasing and sometimes patients get shifted to insulin. DM comes under the umbrella of †Prameha' which is included under Ashtau Mahagada. It is cited as Santarpanottha vyadhi which requires shodhanottara shaman chikitsa. Objectives: to evaluate clinical efficacy of shodhanottara shamana chikitsa in type II Diabetes Mellitus Methodology: An exploratory interventional clinical study in which 5 patients suffering from type II diabetes mellitus (chronicity not more than one year) having Blood Sugar Levels â€" Fasting>150 and PP>250, HBA1C> 8 were selected for the study. After baseline investigations and clinical examination, the study subjects were given Mahatiktaka Ghrita in escalating dose of 20, 30 and 40 ml for three days for snehana followed by Aragvadha Kapila Vati or Abhayadi Modaka depending on koshtha on fourth day. This shodhana was repeated every fortnight for three months. After first cycle of shodhana, shamana chikitsa, i. e. Vasantakusumakara Rasa 125mg and Dhatrinisha Choorna (500+250mg) were given. Appropriate diet and exercise were prescribed to each patient. During this period Blood Sugar Levels were monitored and accordingly dosage of OHAs was adjusted. Results: Shodhanottara shamana chikitsa was found to be effective in lowering Blood Sugar Levels as well as HBA1C levels. Significant improvement was observed in specific symptoms such as polyphagia, polydypsia, Shodhanottara shamana chikitsa has significant role in management of DM as well as in reduction of Oral Hypoglycaemic Agent dependency of type II diabetic patients. Keywords: Shodhanottara shamana chikitsa, type II Diabetes Mellitus

3. Title: Role of Ayurvedic interventions in the management of type II Diabetes mellitus: A pilot study

Author: Dr. Shikha chaudhary1 Dr. Raja Ram Mahto2 Dr. Shivakumar Harti3 Dr. V. G. Huddar4 Dr. Rama Kant Yadava5 1. PG scholar, Dept. Of Kayachikitsa, All India Institute of Ayurveda, New Delhi 2. Assistant professor, Dept. Of Kayachikitsa, All India Institute of Ayurveda, New Delhi 3. Assistant professor, Dept. Of Swasthavritta and Yoga, All India Institute of Ayurveda, New Delhi 4. Associate professor, Dept. Of Kayachikitsa, All India Institute of Ayurveda, New Delhi 5. Associate professor and H.O.D, Dept. Of Kayachikitsa, All India Institute of Ayurveda, New Delhi

Presenter: Dr. Shikha chaudhary Email Id: drshikhabeing@gmail.comContact: 7053553834

Abstract: Introduction: Diabetes mellitus, commonly referred to as Diabetes, is a group of metabolic disorders in which there are high blood sugar level over a prolonged period. It's global prevalence was about 8% in 2011 and is predicted to rise to 10% by 2030. Ayurveda describes it under the concept of Prameha and Madhumeha (Diabetes mellitus). There are many medicines mentioned for the condition. In the present paper, we tried to validate a diabetic protocol based on clinical experience. Method: A protocol was prepared based on the severity of the Blood sugar levels and content validated from the group of clinical experts in the field. A group of 10 patients were included in the study with sugar level as Fasting blood sugar >180 mg/dl and Post prandial blood sugar >230 mg/dl. Patients were advised to administered medicines as per the protocol with a follow up period of 10 – 30 days. Result: There was significant improvement in the blood sugar levels in the study. Keywords: ayurvedic intervention, diabetes mellitus, madhumeha,

**4. Title :** EVIDENCE BASED LIFESTYLE AND DIET GUIDE LINES FOR DIABETES â€"AN AYURVEDIC REVIEW

Presenter: Dr. Prathibha MEmail Id: prathibhagbhat.7482@gmail.comContact: 9663331535

Abstract :Introduction: Ayurveda believes and emphasize on holistic well being including preventive curative and promotive aspect of life. Ayurveda laid the basic concepts of Dinacharya( Daily routines) Ritucharya( Seasonal regimens) Sadvritta( Moral conduct), Achara Rasayana(Social conduct) for healthy life style and physical as well as mental well being. But in present era hardly anyone or few follow it due lack of apt knowledge. As a result there is tremendous increase in life style disorders as pandemics, diabetes being the most menacing among them. Diabetes mellitus is the most common disease which is prevalent in every part of the world and a major public challenge of 21st century. The IDF shows that 387 million adults (20-79 years) are affected in 2014. The aim of this review is to bring into limelight of Ayurvedic dietary and life style guidelines for prevention of type 2 diabetes and available factual research evidence validating it. Materials and Methods: Ayurvedic recommdations for prevention of diabetes were rationally reviewed in light of published information from several articles. Publication in Pubmed, Scopemed, Dhara online and other allied databases covering fields of therapeutics, pharmacology, biomedicine and health were also screened and taken into study for report. Conclusion: Life style guidelines in ayurveda for adopting a healthy dietary pattern together with physical activity are valuable tools in prevention of type 2 diabetes.

**5. Title :** Approach to Diabetic Neuropathy and its management in Ayurveda: A conceptual study

Author: Dr Rashim Kanwar, PG Scholar, Guide: Dr Kirankumar Mutnali, Reader, Dept of Kayachikitsa

Abstract: Diabetes mellitus is chronic, non-communicable and degenerative disease which is well known for its wide variety of complications like neuropathy, nephropathy, retinopathy etc. Now a days diabetes mellitus is a biggest silent killer in the world. Diabetes is also associated very often with micro and macro vascular complications. Diabetic neuropathies are nerve damaging disorders. Approximate 50% of individuals with long standing diabetes mellitus are affected with diabetic neuropathy, 15% of them develop foot ulcer. Diabetic neuropathy affects all peripheral nerves including motor neurons, autonomic nervous system and pain fibres. The nerve damage is due to high blood glucose concentration which causes chemical changes in nerve. High blood glucose level also damages the blood vessels that carry oxygen and other nutrient to the nerves. According to Ayurveda, the balance of the three energies i.e. vata, pitta, kapha in the body is a disease free state, while their imbalance result disease. Imbalance in vata and pitta is the root cause of diabetic neuropathy. Ayurveda not only explains about the prevention and management of diabetic mellitus but also provides an alternate in management of other associated risk factors that can lead to diabetic vasculopathy. The aim of this study to understand the pathophysiology of diabetic neuropathy and its management in Ayurveda. **Keywords**: Diabetes, Diabetic neuropathy, Ayurveda

**6. Title :** Role of Panchakarma in Prevention and Management Of Life style Disorder Madhumeha (Diabetes Mellitus)

Author: 1.Dr.H.V.Happy 2nd year P.G.Scholar

**Abstract**: Introduction In the present era, Diabetes Mellitus is increasing rapidly. It affects nearly 422 million adults Worldwide. It is a lifestyle disorder characterized by frequent urination, high blood sugar, increased thirst and hunger. In Ayurveda the features of Diabetes Mellitus is homologous to madumeha which is characterized by Prabhuta Avila mutrata ie excessive and turbid urination. Panchakarma has immense potential in tackling the life style disorder especially madumeha. Shodhana acts in the different aspects of the disease entity like in etiology, symptomatology, pathogenesis and complications hence provides an overall effective management of Diabetes Mellitus. Materials and Methods There is discriptions of Madhumeha and utility of Panchakarma in the classics like Charaka Samhitha, Susrutha Samhitha, Astanga Hridaya. The concepts described in classics are compared with Modern medicine and Ayurvedic approach regarding the disease condition and treatment modalities are hypothesized. Research studies supporting the hypothesis were reviewed. Results \*Rutu Shodhana ie Vamana In Vasantha, Virechana in Sarad and Basti in Varsha acts as preventive. \*Madhumeha patients presents in two broad forms Sthula Pramehis and Krusha Pramehi. Sthula Pramehis require Shodhana treatment and Krusha Pramehis require Santarpana. In Sthula Pramehi Vamana with Madanaphaladi yoga, Virechana with Trivrut Avaleha and Snehapana with Mahatiktaka ghrithaMadhu Tailaka basti with Samana Aushada has showed successful reduction in F.B.S and P.P.B.S which is a curative aspect. Abhyanga, Snehapana, Rasayana Chikitsa beyond shodhana proper diet and regimen acts as promotive aspect. Discussion Shodana acts a significant role in Samprati Vighatana of Madhumeha. Rutu Shodana possess preventive effect due to its detoxifying action on free radicals. Abhyantara Sodhana expels the dosas from the body at the cellular level and maintain the haemostasis of body. This paper aims at understanding the action of Panchakarma in the conditions of Madumeha. Thus, there is a need to understand the significance of treatment modality.

7. Title: ETIOPATHOGENESIS OF GESTATIONAL DIABETES MELLITUS

Title: ETIOPATHOGENESIS OF GESTATIONAL DIABETES BACKGROUND

Author: DR. SACHIN ABHANGA. M.S IN PRASOOTI AND STREE ROGA

Presenter: DR. BHARATI HUNASHYAAL

Email Id: bharatidanagouda@gmail.com

Contact: 8217892099

Abstract: †Diabetes mellitus is top most Endocrinal disorder in world wide. Its day by day its becoming King of all other disease. Gestational diabetes is the is glucose Of variable severity with onset of first diagnosis during pregnancy. The GDM has implication on both mother and baby. Undiagnosed GDM has perinatal mortality. GDM is strong risk factor for development of permanent diabetes in later life. PURPOSE-a data from western countries suggest that prevalence of GDM increasing almost 10% of pregnancies .the cause for GDM is Chronic insulin resistance present before the pregnancy and which in turn do the beta cell dysfunction. If GDM is undiagnosed there is high risk of developing macrosomia or other foetal complications. METHOD- causative factors for GDM and its Pathology will be explaining in oral presentation .Glucose intolerance test is diagnostic tool to screen GDM. Diet and lifestyle modification for controlling GDM. Conclusion - GDM is causes are genetic predisposition, environmental factor, immune dysregulation and beta islet cell destruction and insulin deficiency .diagnosis is done on OGTT .early diagnosis and treatment reduces risk of congenital anomalies, IUD and neonatal hyperbilirubinaemia. Keywords: Gestational diabetes mellitus, perinatal complication, glucose tolerence test, etiopathogenesis

**8. Title :** ROLE OF PATHYA IN LIFE STYLE INDUCED DISORDER- PRAMEHA (DIABETES MELLITUS)

Author: DR. SUREKHA S. MEDIKERI (PROFESSOR)

Presenter: DR. SUNITA .T. BHASKAREmail Id: dr.sunita.b.bams@gmail.comContact:

7411179612

Abstract : DIABETES MELLITUS.

Keywords: DIABETES, RENAL DISEASE, IHD, PRAMEHA

**9. Title:** Diet and lifestyle guidelines for Diabetes

Author: Dr. Menaka

Abstract :DIET AND LIFESTYLE GUIDELINES FOR DIABETES Dr.Menaka, Dr.N.G.Mulimani, Dr.Aswini Kumar W, Dr. Bhosgikar Anup. N.K.J.A.M.C. Bidar INTRODUCTION: Ayurveda strongly emphasise on preventive and promotive aspects of health rather than curative. There are some concepts concepts like Dinacharya, Rutucharya, Sadvritta, Achara Rasayan, Pathya, which explains about healthy diet and lifestyle, but in day todays life only one or two following it which directly impacts on lifestyle disorder among them Diabetes one of the commonest disease. This presentation is to throw the light on Ayurvedic dietary and lifestyle guidelines for prevention of diabetes and available factual research evidence validating it. METHODS: Litrary work controlled from Brihatrayee, Laghutrayee, Articles and Journals DISCUSSION: This presentation includes Ayurvedic recommendation for prevention of Madhumeha were rationally reviewed CONCLUSION: Ayurvedic lifestyle guidelines of adopting a healthy dietary pattern together with physical activity are valuable tools in the prevention of diabetes. Keywords: Ayurveda, Diabetes, Diet, Lifestyle, Madhumeha.

Keywords: Ayurveda, Diabetes, Diet, Lifestyle, Madhumeha

10. Title: Effect of Shilajitu on the Management of Madhumeha w.s.r. to Type 2 Diabetes Mellitus

**Author**: Dr. Mohammad Yaseen Hullur(PG Scholar), Dr. Prashanth. A.S (Professor), Dr. Divya. Kulkarni (PG Scholar), Dr. M. A. Hullur (Professor)

Presenter: Dr Mohammad Yaseen. Hullur

Email Id: yaseenhullur21@gmail.com, Contact: 8095744095

Abstract: Diabetes is the most common endocrinological disorder of this decade seen all over the world. Though it is a major lifestyle disorder; hereditary factor also plays a very important role. India is undergoing a significant social, economical and demographical changes, most of the non-communicable diseases are prevalent, amongst these Diabetes (Madhumeha) is one. Among the Ayurvedic texts, Acharya Charaka, Vagbhatta and Madhavakara have brought the word Madhumeha into use while naming 20 subtypes of Prameha, whereas Sushruta has used the word Ksaudrameha. But at a different place, 'Madhumeha' too has been used and Sushruta has devoted one complete chapter to the treatment of Madhumeha. He has accepted Madhumeha to be the stage of complication of Prameha. Vasculopathy, neuropathy, retinopathy and nephropathy are some of the most common complications in diabetes. Diet management, physical exercise and proper medications help in maintaining sugar control. Formulations which are srotoshodhaka, lekhaneeya, kapha-medohara and have rasayana property are very helpful. Shilajeet acts at the level of plasma-cortisol and helps in proper insulin metabolism. It has katu rasa, kaphamedo hara property and lekhaneeya guna is one of the best drugs in the management of diabetes. This study is to assess the efficacy of shilajitu on Madhumeha.

Keywords: Diabetes Mellitus, Madhumeha, Shilajitu

# 11. Title: EVIDENCE BASED LIFESTYLE AND DIET GUIDE LINES FOR DIABETES â€"AN AYURVEDIC REVIEW

Author: Dr. Prathibha M PG Scholar SVMAMC Ilkal, Guide- Dr. V G Hiremath Reader, Department of Panchakrma SVMAMC Ilkal

Presenter: Dr. Prathibha M

Email Id: prathibhagbhat.7482@gmail.com Contact: 9663331535

Abstract :Introduction: Ayurveda believes and emphasize on holistic well being including preventive curative and promotive aspect of life. Ayurveda laid the basic concepts of Dinacharya (Daily routines) Ritucharya (Seasonal regimens) Sadvritta (Moral conduct), Achara Rasayana(Social conduct) for healthy life style and physical as well as mental well being. But in present era hardly anyone or few follow it due lack of apt knowledge. As a result there is tremendous increase in life style disorders as pandemics, diabetes being the most menacing among them. Diabetes mellitus is the most common disease which is prevalent in every part of the world and a major public challenge of 21st century. The IDF shows that 387 million adults (20-79 years) are affected in 2014. The aim of this review is to bring into limelight of Ayurvedic dietary and life style guidelines for prevention of type 2 diabetes and available factual research evidence validating it. Materials and Methods: Ayurvedic recommutations for prevention of diabetes were rationally reviewed in light of published information from several articles. Publication in Pubmed, Scopemed, Dhara online and other allied databases covering fields of therapeutics, pharmacology, biomedicine and health were also screened and taken into study for report. Conclusion: Life style guidelines in ayurveda for adopting a healthy dietary pattern together with physical activity are valuable tools in prevention of type 2 diabetes.

Keywords: Key words: Ayurveda, Diabetes Mellitus, Diet, Life style, Madhumeha.

# 12. Title: The Literature Review Of Prameha (Diabetes Mellitus) Upadrava W.S.R. To Diabetic Neuropathy And Its Preventive, Treatment Modalities

Author: Dr. Niranjan Kedar, PG Scholar, Guide: Dr Kirankumar Mutnali, Reader Dept. of Kayachikitsa

#### Abstract:

Madhumeha is a variety of Prameha detailed in Ayurveda is known to world as Diabetes mellitus. Diabetic neuropathy is most common complication of DM. Prevalence of Diabetes mellitus is rapidly rising throughout the globe at an alarming rate of 422 million adults in 2016, Approximately 50 percent of patient with diabetes will eventfully develop Neuropathy. where India leads with largest number of diabetics. The patient of prameha are prone to variety of disease as complication. Currently available conventional options for the Diabetic Neuropathy have certain limitations. Considering limitations resources are needed to be searched. Ayurveda is the traditional system of Indian subcontinent holding huge number of remedies that can be useful in treatment. In this paper, I will be explaining about the ayurvedic perspective and impact of various ayurvedic preventive, treatment modalities viz., pathya, pranayama, yoga, vyayama, rasa-aushadhi, naturopathy, rasayanas, Bahirparimarjana and samshamana respectively which will be beneficial in overall management of DM,PDN and improve the quality of individual suffering with diabetes.

#### 13. HEALING FATS IN DIABETES

Authors: 1) Dr Swarda Uppin\*

Abstract: From conception onward, throughout a person's entire life, the body relies on fats for energy, insulation, lubrication, hormone formation, and immune function. When it comes to dietary fat, what matters most is the type of fat consumed. Dietary fats have been demonized for years, despite years of scientific research proving they're really not that bad. The fact is that some fats are absolutely required for health, while others are detrimental. Some fats heal, and others kill. The right kinds of fat in the right amounts, build our health. The wrong kinds of fats, the wrong amounts, or even the right kinds of fats wrongly prepared cause degenerative diseases also known as Diseases of Fatty Degeneration. Degeneration can have only two causes: malnutrition and internal pollution, resulting into cardiovascular disease, cancer, diabetes, multiple sclerosis and many more. We can reverse diseases of fatty degeneration by making appropriate changes in fat choices and their consumption. A Report on Nutrition and Health concluded that 15 out of every 21 deaths in the US involve nutrition, of which diabetes contributes about 1.8%. Deficiencies, excesses, or imbalances in fats are involved in 70% or more of US deaths. Diabetes is one of the easiest of 'incurable' diseases to cure, and even easier to prevent. When most people with diabetes think about the effects that different foods have, recent researches make clear that fats have a significant effect on blood glucose levels: both positive and negative; as well as the effect of substituting fat for carbohydrate, resulting in disturbance in insulin levels. Simplistic and inaccurate half-truths that serve advertising and sales efforts have created confusion about the right choice of healing fats, oils and cholesterol. Therefore, it is absolutely essential that we understand the broader context of the fats that heal and fats that kill, and treat diabetes. Keywords: Healing fats, dietary fats, diseases of fatty degeneration, diabetes.

14. Title- Role of Matra Basti In Diabetic Neuropathy- A Case Study

Author: DR. SUMAIYA M HAKKI (PG Scholar)

Abstract :Introduction: Diabetic Neuropathies are the endocrinological nerve damaging disorders associated with Diabetes Mellitus. It comes under the chronic complications of Diabetes Mellitus. Diabetic Neuropathy affects all peripheral nerves including sensory & motor neurons but rarely affects the autonomic nervous system. Signs and symptoms vary depending on the nerve(s) affected which may include numbness & tingling of extremities. Burning sensation and pain in extremities. Dysesthesia etc. Modern line of treatment for Diabetic Neuropathy includes use of antiepileptic drugs, antidepressants, topical agents, opiods, photoenergy treatment, physiotherapy etc along with antidiabetic drug. With the use of above mentioned treatment, we get only short term results. In our Ayurveda, it is said that Basti is the best line of treatment in all the conditions. Though it is administered in the "Pakwashaya―. it has its action all over the body upto the skin level. Depending on this concept, the Matra Basti has been given to Diabetic Neuropathy patient. Materials & Methods: Here a case of 55 years female patient with type II Diabetes Mellitus since 8 years along with complaints of Burning sensation of foot & sole, tingling sensation of limbs, Burning & tingling sensation on the scalp was successfully managed by Ashwagandha ghrita Matra Basti along with antidiabetic drug. Results: The above symptoms were reduced by 4th day of Basti & she got 90% relief after completion of Basti. Discussion: Here Ashwagandha Ghrita is used which is nervine tonic & with that burning sensation was reduced. And due to vatashamaka action of Basti, tingling sensation was reduced. Thus the patient got relief from above symptoms.

# PARALLEL SESSION 6

1. Title Ayurvedic Understanding Of Thyroid Function And Its Management Principles

Author: Dr. SUSHMA SHENOY

#### Abstract

Ayurvedic understanding of thyroid function and its managment principles \*Dr. Sushma Shenoy \*\*Dr. Prabhakar Upadyaya Renjal \*\*\*Dr.Seema M B \*\*\*\*Dr.Ravindra Angadi. \* Ist PG Scholar, Rasashastra and Bhaishajya kalpana, SDMCA Udupi \*\*HOD, Rasashastra and Bhaishajya kalpana, SDMCA Udupi \*\*\* Professor, Dept.of Rasashastra and Bhaishajya kalpana, SDMCA Udupi \*\*\*\* Associate professor, Rasashastra and Bhaishajya kalpana, SDMCA Udupi Introduction: Most of our body functions are regulated by harmones which is secreated by Endocrine glands, one among them is thyroid gland and its hormones, which mainly regulates our body metabolism. Abnormal functioning of thyroid gland in production of T3 and T4 harmone results in hypothyroidism and hyperthyroidism. These conditions are commonly seen in present era, and many ayurvedic vaidyas became successfull in managing these conditions. Methods: Thyroid harmone can be co-related to dhatvagni of our body, as both involved in pachana karma and dhatupaka that is metabolism etc. Discussion: Normal as well as abnormal functions of thyroid gland can be co-related to healthy and altered state of agni. In relation to doshas which are involved in improper thyroid function is mostly kapha and vata pradhana. Results: The managment principles are concerned with correction of agni and doshas is done by nidana parivarjana, pathyapatya, and by prescribing perticular yogas based on condition of roga rogi and stages of diseases are mainly discussed here.

#### 2. HYPERTHYROIDISM: AN AYURVEDIC VIEW

\*Greeshma Mahesh \*\*Shrinath M Vaidya

**Introduction:** Endocrine system in coordination with the nervous system maintain the homeostasis by regulating the activities of the body. According to literature around 50% of people have microscopic nodules, 5% of women have overt hypothyroidism or hyperthyroidism, 15% have palpable goitre, 3.5% have occult papillary carcinoma and 10% demonstrate an abnormal thyroid-stimulating hormone. The prevalence of hyperthyroidism in women is between 0.5 and 2%, and is times more common in women than in men. The genesis, maintenance and timely destruction of cells in the body are under the influence of tridosha and agni. The endocrine disorder can be understood by the knowledge of tridosha and agni.

**Discussion:** In endocrine disorders there will be an impairment of agni and imbalance of tridosha involving all the rogamargasand manysrotas. Hyperthyroidism manifests from the involvement of kupita pitta with samsarga of vata and ksheenakapha, presenting with atyagnileading towards increased dhatupaka and decline of dhatusara. Such increase in dhatwagni leads towardsdhatukshaya at different levels as there is influence of thyroid hormone on all cellular metabolism. **Conclusion:** Understanding the thyroid disorder from Ayurvedic perspective not only helps to know the disease but also paves a way for its management through sampraptivighatana based on Ayurvedic principles.

# 3. Title: Hypothyroidism in an Ayurvedic Perspective

Author: Dr Vivek, PG Scholar, Guide: Dr Kirankumar Mutnali, Reader Dept of Kayachikitsa

Abstract: In Modern Era Thyroid disorders are growing worldwide. Thyroid hormone regulates the basal metabolic rate of the body& disturbance in metabolic rate mainly produces either hypothyroidism or hyperthyroidism. The prevalence of primary hypothyroidism was1:100 which has increased to 5:100 currently. The female male ratio is 6:1. There is no direct reference of Thyroidism in Ayurveda. The core issue of Ayurvedic system which doesn' emphasize on naming the disease, rather it insists on understanding the dosha' involvement and adopting appropriate treatment principle. The main action of thyroid hormones is to regulate the metabolism of body. In Ayurveda it can be understood with the concept of Agni. Pathological aspects of Thyroidism can be correlated with the concepts of Agnidusti & Aavaran. Replacement therapy of thyroxin is only solution in contemporary science which patient has to take life-long tolerating the side effects & reduced qualitative life. From the point of Ayurveda, vikruti of Jathraagni, Dhatwaagni and Kaphaaavrita UdanaVayu, Kaphaaavrita Saman Vayu and Udanaaavrita Saman Vayu pathological events are observed. Accordingly, treatment principles are adopted for the management of Hypothyroidism that rectify and regulate the Agni and remove the occluded vayu to perform its uninterrupted functions.

### 4. Title: ETIOPATHOGENESIS OF HASHIMOTOS THYROIDITIS

**Author:** Dr. Shakti Hiremath (PG Scholar)

Abstract: Hashimotos Thyroiditis is an autoimmune disorder in which thyroid gland is gradually destroyed by various cells and antibody mediated immune process. Hashimoto a Japanese surgeon described first in 1912. Hashimotos thyroiditis is caused due to hereditary factor of thyroid disease imbalanced hormonal secretions high iodine intake and excessive radiation exposure and other autoimmune disorder. Thyroid cells undergo diffused fibrosis and forms a goiters enlargement of the gland which leads to lymphocytic infiltration then thyroid auto antibodies will occur causing impairment in thyroid gland secretions. Its symptoms includes puffiness of face weight gain painless swelling irregular menstrual cycle depression fatigue inability to get warm bradycardia and constipation. The annual incidence of Hashimotos thyroiditis world wide is 0.3 to 1.5 Percentage per 1000 population. According to Ayurveda Galaganda can be compared with Hashimotos Thyroiditis. Acharya Madhavakara defined it in the chapter Shwayathu Chikitsadhyaya as a swelling in the neck region big or small hanging like scrotum. When prakupita vata and kapha affects on meda dhatu producing swelling in the gala Pradesh.

#### 5. Title: ROLE OF YOGA IN HYPOTHYRODISM

**Author**: Dr. Ashwini I Honagannavar

Abstract : ROLE OF YOGA IN HYPOTHYRODISM Ashwini I Honagannayar 1, Pratibha kulkarni2 1P G Scholar, Department of Sharira Kriya, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, BM Road, Thanniruhalla, Hassan-573201, Karnataka, India. 2Professor, HOD of Department of Sharira Kriya, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, BM Road, Thanniruhalla, Hassan-573201, Karnataka, India. Email Address: ashwinihngnyr@gmail.com Introduction/Background: Thyroid hormone regulates metabolic rate of the body. Failure of thyroid hormone to maintain metabolic rate mainly produces hyperthyroidism or hypothyroidism. Hypothyroidism is clinical condition in which there is symptoms like increased body weight, fatigue, loss of appetite, Muscle cramps and frequent muscle aches etc. Hypothyroidism is more common in women. yoga is a physical, spiritual and mental discipline which aims to achieve a state of perfect tranquility and spiritual insight with the use of meditation. Yoga poses will help for stimulation of the thyroid gland. Yoga helps to improve circulation and enegry flow around the thyroid and stretch, strengthen the neck. Methodology: yoga related to hypothyrodism is explained in yoga books, related articals. Discussion: Aasana useful in hypothyroidism are Sarvangasana, Matsyasana, Bhujangasana, Marjarasana, Halasana. The twisting, stretching and compressing caused by the yoga poses for hypothyroidism help in providing the endocrine organs improve their functioning. Results: Yoga for hypothyroidism is considered to be effective as it has a positive effect on the organs of the endocrine system, especially by stimulating the parathyroid and thyroid glands.

### 6. Ayurvedic management of Hypothyroidism: A single case report.

Author: Dr. Chintan J. Bhatt

**Abstract**: Hypothyroidism is a common disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormone. The cardinal symptoms of hypothyroidism are weight gain, fatigue, cold intolerance, hoarseness of voice, swelling of limbs and puffiness of face etc. Levothyroxine (synthetic S.T4) is the most effective hormone replacement for the treatment of hypothyroidism. According to Ayurvedic consideration this disease condition involves mainly mandagni as well as vitiation of kapha and medas. Ayurvedic management including promotion of Agni, measures which reduce kapha and medas including lekhana and rukshana is effective in reducing signs and symptoms of the disease. A 60 years old female patient having diagnosis of hypothyroidism came in O.P.D. of P.D.Patel Ayurveda Hospital on 26 September 2017. Patient had complaints of body ache, swelling all over the body joints, puffiness on face and weight gain since 1 year. She diagnosed to have hypothyroidism and given oral levothyroxin 100mg daily by conventional medicine doctor. Even after taking thyroxin continuously for 1 year she did not have satisfactory relief in the symptoms hence she came to P.D.Patel Ayurved hospital, Nadiad, Gujarat. She was treated for 1 month in I.P.D. with vardhaman pippali followed virechan karma and basti karma. She also was given oral medicaments including varunadi kvatha 40ml twice a day, triphala guggulu 1gm thrice day, arogyayardhini rasa 500mg twice a day and navayasa lauha 2grams twice a day. Reduction in signs and symptoms was found with this treatment.

#### 7. A case study on Hyperthyroidism with special reference to Bhasmaka roga

**Author:** 1. Dr. Vatsala H S, Pg scholar, Department of panchakarma, JSSAMC, Mysore. 2. Dr. Veena G Rao, Professor and HOD, Department of panchakarma, JSSAMC, Mysore.

Email Id: vatsalasajjan@gmail.com Contact: 8892535465 Reference No: cpayhphE

Abstract: A case study on Hyperthyroidism with special reference to Bhasmaka roga: Introduction: Hyperthyroidism is a disorder of excess free thyroid hormone circulation in the human body. I.e. Increased or normal T3, T4 levels and decreased TSH levels. Hyperthyroidism is not so common with an incidence of 0.4 per 1000 women and 0.1 per 1000 men with ratio 10:1 respectively. The Main function of thyroid gland is to maintain proper metabolism, growth, basal temperature and sinus rhythm which can be attributed to the functions of prakruta vata and pitta. The excessively increased pitta and decreased kapha in association with increased vata leads to excessive increase in jataragni inturn increases dhatvagni causing bhasmaka roga. Vagbhata's explanation on this correlates with increased BMR causing weight loss which is prime factor in bhasmaka roga and hyperthyroidism. In this condition, the treatment should be of kapha vruddhi, vata and pitta shamana, which helps in bringing back the increased jataragni and dhatvagni to normalcy. Method: This is a single case study on hyperthyroidism, administered with ghrita and kashaya as shamana oushadi for a period of 2 year. Result: The result was encouraging and will be discussed with evidenced reports in the main presentation. Discussion: Hyperthyrodism is a state of increased BMR in the body and can be treated effectively in lines of bhasmaka roga.

Keywords: Hyperthyroidism, Bhasmaka roga, ghrita, jataragni, dhatwagni, BMR

# 8. Title: EFFECT OF KATUTUMBI TAILA NASYA IN THE MANAGEMENT OF HYPOTHYROIDISM

Presenter: Dr.Rabiya Basri Email Id: dr.rabiyabasri@gmail.com M: 8147027075

Abstract: Panchakarma therapy is designed to eliminate the vitiated doshas through the nearest route and to maintain a state of its equilibrium. Nasya karma is an important therapeutic module among the panchakarma. The signs and symptoms of hypothyroidism nearly relate to a condition called as Kaphajagalaganda and some of the kaphajananatmajavyadhis. Nasya is the best shodhana method used in Kaphanubandha diseases of urdhwa jatru pradesha. Group A was Marsha Nasya and Group B was Pratimarsha nasya both groups were administered with Katutumbi Taila. RESULT: The present study concludes that- Both Marsha and Pratimarsha showed significant changes in Hypothyroidism. Clinically Group B showed superior efficacy when compared to Group A.

Keywords: Hypothyroidism, Nasya, Pratimarsha, Katutumbi Taila.

#### 9. DIAGNOSTIC APPROACH TO THYROID DISORDERS

Author: Dr. ANEES MADNI ASSISTANT PROFFESSOR. RKM AYURVEDA COLLEGE VIJAYAPUR

Abstract: Thyroid is an Endocrinal gland which is situated at root of the neck. Thyroid hormone (T3 and T4) have two major effects on body 1) To increase the overall metabolic rate in the body 2) Stimulate growth in the children. The disorders of thyroid are Functional disorders (Hyperthyroidism and Hypothyroidism) Thyroiditis Grave's disease Goiter Thyroid Tumour PURPOSE-Thyroid disease is most common Endocrinal disorder in India after DM2.according to survey 1 in 10 adults in India suffers from Thyroid disease. This diseases signs and symptoms are same as that of other disease, if it left untreated it can cause elevated cholesterol, HTN, CVA complications, decreased fertility and depression so proper and accurate diagnosis is must. Method- Clinical examination, whole Thyroid Function test along with its interpretation, USG, FNAC, TC scan is explained to reach accurate diagnosis of the disease. Ayurvedic diagnostic approach to Galagand will be explained in presentation. Conclusion-Thyroid disorders to be evaluated based on clinical examination along with Thyroid profile Test, imaging, Biopsy, FNAC and Thyroid scintography, Thyroid disease needs aggressive diagnosis for better Health Key words-Thyroid Disease, Thyroid function test, thyroid imaging with TC scintigraphy and Galaganda roga.

**Keywords:** Thyroid disorders, thyroid function test, thyroid imaging with scintigraphy and galaganda Roga

10. Title: Review on Ayurvedic Management of Hypothyroidism

Author: Dr.D P Joshi M.D.(Ayu) Professor, HOD, Dept of Kayachikitsa, BVVS Ayurveda Medical College, Bagalkot

Abstract: INTRODUCTION Thyroid disorders are most common disorders in India, estimating about 42 million people. The signs and symptoms of hypothyroidism are often vague and missed for diagnosis and treated for their complication without knowing the primary cause. METHODOLOGY This paper is an attempt to treat hypothyroidism with herbal medicines after compiling all available classical references. Some of evidence based cases are selected for testing hypothesis. DISCUSSION It is not possible to name all the diseases. Hence knowledge of Hetu and Sthana Vikruti in given clinical condition helps in understanding the Vikalpa Samprapti of disease like hypothyroidism. Presenting complaints of hypothyroidism can be understood and assessed based on Agni, Dosha, Dushya, Sthana and Srotas. In the pathogenesis of hypothyroidism due to dominance of Kapha Dosha, Vamana Karma is choice of treatment. Deepana-Pachana medicines and Vyadhi Pratyanika Rasayana can be well planned by considering Dosha, Sthana Vikruti. CONCLUSION Hypothyroidism is a clinical condition having Kapha Vata Dosha Pradhanyata and Agnimandhya at different Dhatu level. Langhana and Rookshana treatment modalities can be modulated as per the different condition of Dosha, Srotas, and Agni in different patients. Above mentioned hypothesis and clinical evidence substantiates effective Ayurvedic management of Hypothyroidism.

**Keywords :** Hypothyroidism, Vikalpa Samprapti, Langhana, Rukshana, Vyadipratyanika Rasayana.

11. Title: Understanding of Pathophysiology of Hypothyroidism in Ayurveda

Author: Dr.D P Joshi M.D.(Ayu) Professor, HOD, Dept of Kayachikitsa, BVVS Ayurveda Medical College, Bagalkot

Abstract: Introduction: Hypothyroidism means underactivity of thyroid gland that leads to inadequate production of thyroid harmones and slowing of vital body functions. 42 millions of Indians are suffering from thyroid disorders as per 2011 survey. Method: The term Galaganda or Gandamala are referred for thyroid disorders but still there is a need of understanding of pathophysiology of hypothyroidism in Ayurveda by considering Samprapti Ghataka's independently. The T3 and T4 secreations of thyroid gland are under control of secreations of pituitary gland and harmones released by stomach and duodenum. The pathophysiological events and clinical features will be assessed on the bases of Dosha, Dushya, Agni and Srotas. Involvement of Vata is seen in all thyroid disorders Discussion: Hypothyroidism can be understood easily on the bases of Agni, Dosha, Dushya, Sthana and Srotas. In present era many clinical conditions cannot be named as per the textual references. Hence Hetu and Sthana Vikruti are clinical tools of understanding the pathophysiology like hypothyroidism. Hypothyroidism is a clinical condition having Kapha Vata Dosha Pradhanyata and impairment of Agni. Conclusion: Hence there is need of drawing hypothesis of Samprapti independently for hypothyroidism on basis of Vikalpa Samprapti.

Keywords: Hypothyroidism, Galaganda, Agni, Hetu, Sthana Vikruti, Vikalpa Samprapti.

# PARALLEL SESSION 07

1. Title: RESEARCH UPDATES IN IMMUNOLOGY

Presenter: Dr. Manjula turamari Email Id: drmanjula@hotmail.com M: 9611829646

Abstract: INTRODUCTION: Immunology is the study of immune system and important branch of biomedical science and its one of the fastest growing discipline in medicine and biology. Its significance has grown more because of the growing significance of immune strength and resistance against different diseases. METHODS: Internet sources, textbooks, journals. RESULTS: Immunology now becoming clear that immune responses contribute to development of many common disorders likes metabolic, cardiovascular and neurodegenerative conditions. Immunological research continues to extent horizons in our understanding of how to treat significant health issues with on going research efforts in immune therapy auto immune diseases and vaccine for remerging pathogens and facilitated the discovery of new diagnostics and treatments to manage a wide array of diseases. DISCUSSION: The researches of current and future will lead to the next generation of immune based therapies of human diseases. The present research is and articles about immunology are compelled in this presentation to promote further research.

**Keywords:** Immunology, Immune system, Vaccine.

2. Title: Classical approach towards immunotoxicity with special reference to environmental factors

Presenter: Dr Ashwini Naik Shri B M K Ayurveda Mahavidyalaya Belagavi PG Scholar

Email Id: ashwininaik575@gmail.com Contact: 9606833599

**Abstract**: Classical approach towards immunotoxicity with special reference to environmental factors Immune system is modulated by multiple factors form food to air. Nexus of immunity with internal and external factors is well established. Growing standards for food and environment have given an opaque image because disorders of immunity are on ascent. Insult to immunity is being posed form food, air, materials we use and lifestyle we follow. Recent studies and researches reveal that immunity could be permanently altered or †programmed' by the early exposure to environmental agents. Toxins act on a particular cell or circuit and may not necessarily lead to detectable clinical manifestations or may act many years before clinical disease becomes apparent and clinical diseases may be apparent after the altered immune system is challenged by other risk factors. This phenomenon was believed much earlier in Ayurveda an ancient system of medicine and understood as Oja. Oja was believed to anchor the body against many aliments and toxins. At the same instance it was said that toxin could gradually lead to oja depletion and present as diseases under exposure to environmental factors like food, air etc. effective management for such disorders with anti-toxin preparations and lifestyle is mentioned in classics. Understanding such trends in light of Ayurveda will pave a way to global challenge of immunotoxicity conditions.

**Keywords:** Immunity, Oja, Toxins

# 3. Title: Understanding the stages of immuno compromised disorders w.s.r to rajayakshma

Presenter: Dr sujitsinh mohite Email Id: <a href="mailto:drsujitmohite1590@gmail.com">drsujitmohite1590@gmail.com</a> M: 9403259795

#### Abstract:

The Immunocompromised is a condition in which immunodeficiency disorders like HIV and Venereal Diseases are more commonly encountered. The incubation period of such disease is more than 10 years and till now there is no proper management. According to WHO 70 million people have been infected with HIV virus and about 35 million people have died of HIV worldwide in 2016. In India first case of HIV was reported in Tamil Nadu.

Rajayakshma is one of the syndromes explained in our text with vilom gati samprapti. The role of Vyadhikshamatva and ojas are a major component of samprapti, where the understanding of vyadhyavastha and bala of the patient is important to plan proper line of management with the updated and latest available investigation. In the stages of rajayakshma all the symptoms of immunocompromised disorders are seen.

In this conceptual paper an attempt has been made to understand the stages of rajayakshma w.r.t latest and updated laboratory findings.

**Keywords**: AIDS, immunity, vyadhikshamatva

#### 4. Title: AN OUTLOOK INTO AYURVEDA AS SCIENCE OF IMMUNOLOGY

**Author**: Dr. Geetha Nayak s, PG Scholar, Department of roganidana, Sri Dharmasthala Manjunateshwara College of Ayurveda and Hospital, BM Road, Thanniruhall, Hassan – 573201, Karnataka, India. Dr. Ajantha, Proffesor, Department of roganidana, Sri Dharmasthala Manjunateshwara College of Ayurveda and Hospital, BM Road, Thanniruhall, Hassan – 573201, Karnataka, India.

Email Id: geetznayak@gmail.com Contact: 9481345345

**Abstract**: Introduction: Aim of Ayurveda is to maintain health in healthy and cure aliments in diseased. Astonishingly same is definition of vyadhikshamatva i.e vyadhi-utpadakapratibadndakatva (maintain health in healthy) vyadhibala-virodhitva (cure of aliment in diseased). Hence, basic life cycle of human and health status from birth to death is maintained by concept of immunology in Ayurveda termed as vyadhikshamatva. Maintenance of various physiological parameters in normalcy including dosha, dhatu, agni, srotas etc by adopting Ayurveda lifestyle will maintain immunity bestowing health. Methods: Scientific analysis on concept of vyadhikshamatwa in Ayurveda as science of immunology in light of Samhitas. Discussion: Ayurveda emphasizes on pivotal role of doshic imbalance and dosha dushya sammurchana in pathogenesis of any disease. Sarva dhatu sara Ojas, predominant in immaculate condition of body tissue health, plays a key role in upholding natural resistance against disease. Hence bala is synonymous to ojas. It is strengthened by adopting dinacharya, rutucharya, indulgence in proper ahara by following principles of asta-ahara-vishesha-ayatana, ahara-sevanavidhi-vidana etc, Proper vihara, Rasayana with dhatu poshaka, jarahara properties etc, in tune with principles and rules of Ayurveda will strengthen immunity. Result: Accomplishment of primary aim and objective of Ayurveda is only possible by maintaining vyadhiksamatwa, contemporarily identified as immunology.

**Keywords:** vyadhikshamatva, bala, ojas, rasayana

#### 5. AHARA RASAYANA – AN ESSENTIAL IMMUNO BOOSTER IN CHILDREN"

Presenter: Dr. ManasaG Email:drmanasa.gh@gmail.com Contact : 9481069898

### **Abstract**

Ahara has been given prime importance since the Vedic period. It is considered as 'Brahma' in Upanishad. It is also known as sustainer of life as it is one among the the Trayopastambha. The life begins right after the conception. But ahara has its role from pre conceptional period. Ahara is also one among the **Balavruddhikara**bhava so it has a huge influence on the growth and development of the child. A child is said to be healthy only when its immunity is at optimum level. Acharya Kashyapa defines ahara as 'Mahabhaishajya' because when diet is wrong medicine is of no use andwhen diet is correct medicine is of no need. And further he says that it is responsible for the development of Ojas. Thus, ahara and vyadhikshamatva has samavayisambandha. So, this presentation highlights the role of AharaRasayana in maintainance of immunity.

Keywords: Ahararasayana, immunity, Vyadhikshamatva.

6. **Title**: AYURVEDIC APPROACH TO IMPROVE RESPIRATORY IMMUNITY IN CHILDREN

Author: Presenter - Dr. Ashwinkumar A. Soni, Final year P.G. Scholar, Dept. of Kaumarbhritya, KLEU's BMK Ayurveda Mahavidyalaya & Hospital & Research Centre. Guided by - Dr. Azizahmed I. Arbar, Professor & HOD, Dept. of Kaumarbhritya, KLEU's BMK Ayurveda Mahavidyalaya & Hospital & Research Centre.

Email Id: dr.ashwinsoni25@gmail.com Contact: 9420776161

Abstract: Respiratory system is most common to be affected hence majority of cases are with respiratory problems. Children are more prone and severity is too high because they cant self protect from etiology, children less than 5 years have comparatively lesser immunity hence become an easier prey, immaturity of lungs causes improper self clearance, lack of sense of expectoration and hence delays lung clearance and hence requires intense treatment. The routinely encountered problems such as Pain (sinusitis, tonsillitis, pharyngitis etc.), Cough (LRTI, aspiration, allergic etc.), Cold (infective, allergic etc.), Breathing difficulty (pneumonias, asthama, extra growths etc.). The above said problems may be with or without fever, Acute or chronic. General considerations about the treatment are immunity of the child should be of the prime aim, drugs should be appropriate to the infection, medicines must palatable, non palatable medicines should be initiated with a lesser dose, give the rasayana coverage till the satisfactory period. A general protocol in respiratory infections are Nidana parivarjana, increasing immunity, treating the infection, treating the disease. Hence, Ayurveda can play important role in treating & improving respiratory immunity in children.

**Keywords:** Respiratory system, immunity, children.

7. **Title:** Suvarna Prasha, An age old immune armour to children

Presenter: Dr Archana Byahatti Shri B M K Ayurveda Mahavidyalaya Belagavi PG Scholar

Email Id: archu.byahatti@gmail.com Contact: 7899589389

Abstract: Title: Suvarna Prasha, An age old immune armour to children. Ayurveda advocates Suvarnaprashna as an orthodox practice of administration of suvarna in children for enhancing the immune system and intellect. Acharya's have believed that it acts on medha (memory), Agni (metabolic functions), bala (physical strength). Depending on the time duration of administration the effects of Suvarna has been attributed with tangible qualities which reflect to produce higher mental facilities (Dhee, Budhi, dhrti,medha and Smruti) and above all to induce immunity to all disorders(Akhilavyadhiharam). Immunity at infants is naÃ⁻ ve and calibrating it has long term implications. Present day lifestyle and environmental insult gives a chance to compromised immunity in growing infants and children. SuvarnaPrashana an ancient method practised widely across India has good potential to improve immunity and overall development of child. Gold salts and Suvarnabhasma (incinerated gold ash) have been studied in recent times for understanding relation of gold with immunity and its related disorders. Studies suggest Suvarnabhasma is retained in body and is able to act on immune system especially on MHC proteins and apoptosis of cell. Detailed understanding will be covered in presentation.

**Keywords:** Immunity, Gold, suvranaprasana, Ayurveda

8. Title: FACTORS ENHANCING IMMUNITY AS EXPLAINED IN THE AYURVEDIC LITERATURE AND ITS RELEVANCE IN PRESENT ERA

Presenter: Dr. Dhanyashree K, Email Id: <a href="mailto:drdhanyashreek@gmail.com">drdhanyashreek@gmail.com</a> M: 9483705726

Abstract: Introduction: Advancement in science and technology has made our lives much more easier but in turn we are causing the destruction of the nature due to which the environmental balance is hampered, the immune system is weakened and health of the individual is compromised. Hence, enhancing immunity has become a major concern in present era. Methodology: In Ayurvedic literature there are many references regarding the ways to increase the bala, oja and have good health. Proper understanding of this can help to lead better life and in strengthening immunity. Discussion: Acharya Charaka has explained about vyadikshamatva, ojas, types of bala, factors helping to increase the bala, ways to enhance immunity by following food habits, daily and seasonal regimens. Result: By keeping these factors in mind, its relevance in present age and adopting those in our lifestyle can help in strengthening the immunity. This has been discussed in detail in this paper.

Keywords: Immunity, Bala, ojas, regimen.

9. Title: VASANTIC VAMANA - AN APPROACH AS AN IMMUNITY MODULATOR

Presenter: Dr. Kirti Tomar, PG Scholar, Department of Panchakarma Email Id: <a href="mailto:katty21madhvanand@gmail.com">katty21madhvanand@gmail.com</a> Contact: 9711505420

Abstract :INTRODUCTION: Panchakarma is the mind and body healing experience for detoxifying the body, strengthening the immune system, restoring balance and well being. It is one of the most effective healing modality. It promotes detoxification and rejuvenation. Mainly Vamana treatment is useful for removal of aggravated kapha dosha, pitta dosha from the kostha where utkleshista dosha's get emitted. Ayurveda has considered changes in seasons as well its effect on body. As preventive aspect of life panchakarma described elaboratively about ritu shodhanas. Ritu shodhana as a preventive and curative approach in vasanta ritu has been told for the shodhana of aggravated kapha and pitta doshas. Hence, in vasanta (spring) season is best for vamana therapy as a preventive therapy for kaphaja disorders.

**Keywords:** Vasanta ritu, Panchakarma, Purification, Vamana Karma

10. Title: Role of rasayana in autoimmune disease w.s.r to amavata

Presenter: Dr. Deepa Puranikamath Email Id: deepapuranikamath29@gmail.com

Contact: 7899392234

Abstract :ROLE OF RASAYANA IN AUTO-IMMUNE DISEASES W.S.R TO AMAVATA Deepa puranikamath1, DrLakshmiprasad Jadhav2 1P G Scholar, Department of kayachikitsa, Sri DharmasthalaManjunatheshwara College of Ayurveda and Hospital, BM Road, Thanniruhalla, Hassan-573201, Karnataka, India. 2 Professor, HOD of Department of kayachikitsa, Sri DharmasthalaManjunatheshwara College of Ayurveda and Hospital, BM Road, Thanniruhalla, Hassan-573201, Karnataka, India. Email Address:deepapuranikamath29@gmail.com Introduction/Background: Rheumatoid arthritis is a common autoimmune systemic inflammatory disease affecting worldwide population. Free radical plays an important role in pathogenesis of rheumatoid arthritis. The prevalence of rheumatoid arthritis has been reported to be 0.75 % in Indian population. The disease is more common in women than in men and occurs between the ages of 40 and 60 yr. A similar type of condition mentioned in Ayurveda is Amayata. Ama and Vata have an essential role in this disease. Rasayanchikitsa can be a very effective way to manage such a condition. Rasayana act as immunomodulators, normalize the immune system. Methodology: Rasayana formulations explained in ayurvedic classics And published articles related to rasayana are reviewed. Discussion: Rasayana formulations like Vardamana pippali Rasayana, Lashuna rasayana are effective in reducing symptoms of Amavata due to its Deepana-Paachana, Vata-KaphaShamaka, antioxidant properties, it is very suitable for interrupting the pathogenesis of the disease. Results: Review articles showed, Vardamana pippali rasayana and Lashuna rasayana are used more in Amavata as a rasayana because of palatability, availability of the drugs.

**Keywords:** Keywords: Rheumatoid arthritis, Amavata, Rasayana.

11. Title: Systemic review of Amavat and its management

Presenter: Dr. Neelam kaalia, All India Institute of Ayurveda, New Delhi.

Email Id: neelamkaalia@gmail.com Contact: 7838495779

Abstract: Introduction: Amavata is a disease caused due to vitiation or aggravation of the vata associated with Ama. It is the commonest disorder found in todays time. It is more prevalent in middle aged group people. The clinical presentation of amavat closely mimics with special variety of rheumatological disorders called rheumatoid arthritis in accordance with its similarities on clinical features like pain, swelling, stiffness, fever, redness, general debility, fatigue, are almost identical to amavat. Material & Methodology: The available ayurvedic and modern texts were thoroughly reviewed for the potential benefits in the management of amvata. The treatment procedures described are langhan, svedan, tikta, katu, deepan, virechan, basti etc. Result:. In modern medicine is managed by use of steroids analgesics and anti inflammatory drugs which have an adverse effect on human body and more complications arrive comparative to that. Ayurveda offers an effective management with shodhan and various shaman chikitsa and the complication can be prevented.

Keywords: ama, amavat, basti, langhan, rheumatoid arthritis, svedan,

12. Title: Role of rasayana in immune deficiency diseases

Presenter: dr manjula heggai Email Id: manjulabhashini.heggai@gmail.com

**Contact**: 8722729458

**Abstract**: Introduction Immune deficiency diseases are one of the serious global health problems leading to increased mortality, morbidity & economic burden.immunodeficiency is a condition under which the body"s immune system loses the ability to effectively fight infectious diseases. Modification & balancing immune response offers a huge potential for promotion of health by immunomodulators. materials - Internet sources, text books, journals Results Ayurveda conceives a unique concept of ojas, which is the quintessence of the seven dhatus & is responsible for vital strength of the body & resistance against the diseases i.e. immunity. rasayana increases the essence of each dhatu starting from rasa & enrich ojas, thus there is regeneration of cells & body tissuses leading to increased vyadhikshamatva. Discussion Rasayana also act as immunomodulators, normalize the immune system. immunomodulators bind to the IgE antibody there by preventing from binding to receptor sites on mast cells. Our daily food items & various drugs like shilajatu (mineral pitch), mandukaparni (centella asiatica), guduchi (tinospora cordifolia), amalaki (emblica officinale) etc interact with the functioning of immune system. Such interactions may help to balance & stabilize our immune response & to mitigate immune related physical disorders. Thus rasayana help to increase ojas & vitality supports immune system, optimizes general health & helpful for the promotion of health of immune deficient individuals.

**Keywords:** immune deficiency diseases, immunomodulator, ojas, rasayana, vyadhikshamatva

### 13. Title: DIAGNOSTIC APPROACH TO ASTHMA -A RECENT UPDATE

**Presenter**: Dr. Sharada Sphoorthi. Y, PG Scholar, Department of roganidana, Sri DharmasthalaManjunateshwara College of Ayurveda and Hospital, BM Road, Thanniruhalla, Hassan – 573201, Karnataka, India. **Email Id**: sphoorthiy@gmail.com M: 9964287679

**Abstract**: Introduction: Respiration act is the vital sign of any living creature. The mortality of any disease is extended until respiration goes on...Respiratory diseases are a major public health problem, due to the high number of people affected, and to the great degree of disability and high mortality, they are the third leading cause of death. Above respiratory diseases are diagnosed through Physical examinations, diagnostic procedures through various instruments, laboratory experiments etc. Investigations performed helps in narrowing down the diagnostic possibilities to a greater extent which helps in early diagnosis. It also helps to know the severity and particular stage of the system. Asthma is one such life style induced respiratory disease. Methodology: Various Diagnostic techniques have been utilized for the diagnosis of Asthma. Approach to these advancement of Asthma would help in prevention and better management. Results: Along with physical examination investigational and diagnostic procedures which are performed helps in identifying the anatomical, physiological as well as pathological aspects of disease in macro or micro form. But with the increasing availability of different techniques there is tendency to perform many investigations which may prove unproductive and also the cost to the patient will be prohibitive. There are number of invasive and non invasive techniques which help in diagnosis and prognosis of the Respiratory diseases. These can also be used in Asthma. Conclusion: Apart from lung function tests like Spirometry, exhaled nitric oxide and challenge testes there are various other recent techniques which can be used for diagnosis of Asthma.

**Keywords**: Asthma, Invasive techniques, Non invasive techniques

# 14. Title: Vatarakta w.s.r to Scleroderma - A Case study

Presenter: Dr.C.H.Rajani, PG Scholar dept of kayachikitsa, E-mail: rajanich00007@gmail.com, ph.no: 8105788208

Abstract: Scleroderma is an autoimmune condition and rare disease in which the body's defence wrongly turn on its own skin and tissue. It involves the hardening and tightening of the skin and connective tissues - the fibers that provide the framework and support for our body. The main feature of scleroderma is excessive production of collagen. When too much collagen accumulates, it causes various tissues to become thick and lose flexibility. Scleroderma affects women more often than men and most commonly occurs between the ages of 30 and 50. The symptoms of Vatarakta such as Stabdata (stiffness), Katinata (tightness), Daha (burning sensation), Kandu (itching), Ruk (pain) will simulate with Scleroderma . While there is no cure for Scleroderma, a variety of treatments can ease symptoms and improve quality of life through Ayurvedic treatment modalities. Key words: Vatarakta, Scleroderma, Karma basti etc. Intoduction: The primary treatment in Panchakarma that is geared towards Vata is basti. In the stages of samprapti (Ayurvedic pathogenesis), vata first accumulates in the colon, and then as it begins to "overflow", it will spread and create imbalanced vata in other susceptible parts of the body. This systemic imbalanced vata can affect almost any system in the body, as vata is a necessary presence throughout the body; it is likely to affect the systems which have some weakness ( Khavaigunya). Basti karma concentrates on the elimination of the loosened vata dosha out through the rectum. Materials and Methods : Amapachana - Amapachaka vati 1 Tid B/F. Sadyovirechana with nimba amrutaadi castor oil . Sarvanga abyanga with pinda taila and mrudu sweda. Karma basti - Anuvasana basti with Yashtimadhu taila - 60 ml Bala guduchyaadi niruha basti . Shamana oushadis : Cap Punarjatu 1tid, Syr Ojus 10 ml tid , Jatyaadi ghruta E/A.

Discussion: Patient detailed history, clinical examination, treatment protocol, prognosis, will be discussed in detail during full paper presentation with photographs to achieve documented presentation

15. Title: Immunomodulation as Rasayana to Ayurveda

Presenter: Dr. Ashish Kumar Singh Email Id: akdraksingh9@gmail.com M: 7411350009

Abstract: The goal of Ayurveda is maintenance of health and treatment of diseased state. Health is clearly defined in Ayurveda as balanced metabolism, proportionate muscular compactness of the body, motor-sensory organs and they can tolerate hunger, thirst, heat of the sun, cold, physical exercise etc. The name of Vyadhikshamatwa as Vyadhi Bala Virodhitwa and Vyadhi Utpadapratibandhakatwa. The modulation of immune system is maintained by following several rules, regulations, intake of herbal, mineral products. These works as immunomodulators. Most of the Rasayana drugs nourishes the Dhatu and two specific therapies described in Rasayana for the balance of the macro(Dosa, Dhatu, Agni, Malas) and micro (Pancha mahabhuta and Atma) elements of the body. Certain Rasayanas may be used in patients suffering from a specific disease in order to promote the vitality in the particular disease called as Naimittika Rasayana. Shilajitu and Tuvaraka are the specific examples of Naimittika Rasayana for Prameha and Kustha respectively. So here an attempt is made to explain immunomodulator as Rasayana for maintaining Vyadhi kshamatwa of Swastha purusha and Rogi purusha.

Keywords: Immunomodulator, Vyadhikshamatwa, Naimittika Rasayana

# PARALLEL SESSION 08

#### 1. Title: INFERTILITY BY LIFE STYLE

Chiragkumar C Bhesdadiya<sup>1</sup>, Dr. Niranjan Y.<sup>2</sup>, Dr. Haresh Soni.<sup>3</sup> Mail Id-ccp1830@yahoo.com, M-+91 8866407892

#### **Abstract:**

The Modern Life style has a number of advantages which includes easing people's life, saving hundreds of people's life by the development of medicine and vaccines. On the other hand different modern life style patterns have negative effects on health physically, psychologically and socially. One of these modern ways of living is the high intake of fast foods. Lack of physical activity combination with fast foods leads to bad effects on the heart's health. The coziness of present lifestyle comes at a cost. Previously the biggest killers were microbes and now we kill ourselves by deviation from normal life by adopting so called urban lifestyle. Charaka few thousand years ago identified this impending doom and says every disease is caused by faulty lifestyle. Hundred years ago people used to include a lot of fruits and vegetables in their diet; it gives a lot of nutritional value to their meals. Now a day's people have very bad nutritional habits, unhealthy diets-especially fast food culture and excessive energy intake; physical inactivity and tobacco use are major risk factors for various non-communicable diseases like Infertility and so many other diseases and in regard to this, prevalence of infertility has been increase drastically in last decade.

This paper tries to highlight the role of modern life style inducing infertility in current generation and its possible ayurvedic management.

Key words: Life-style, Infertility.

#### 2. Title: INFERTILITY AND DAY TO DAY MISTAKES

Presenter: DR.NAMRATA BHAGAJE, Email Id: bnamratabhagaje@gmail.com

Contact: 7204727997

Abstract: Infertility is a common condition effecting 1 of 6 couples during their reproductive life time. Among According to Ayurveda nidan parivarjana is essential factor. Once the cause is corrected chances of women regaining fertility state increases. Ovulatory problems can be identified in 18 to 30% of cases. Treatment option for infertility are available, their large cost and frequency of adverse events have motivated the risk factors. Exercise performed in different amounts and frequencies has varying effect on female infertility. There is a strong evidence that age, weight, physical activity, dietary factors, such as intake of fatty acids, protein, carbohydrate, dairy food, are related to infertility and smoking impact on general health and on reproductive performance. Factors such as caffeine, alcohol consumption and exposure to environmental pollutants cause infertility. It is concluded that lifestyle modification can assist couples to conceive spontaneously.

**Keywords:** infertility, lifestyle disorder, diet, adverse events

# 3. Title: THE ROLE OF NASYA KARMA WITH SHATAVARI GHRITA IN THE MANAGEMENT OF MENOPAUSAL SYNDROME (RAJONIVRITTI LAKSHANA)-AN OPEN CLINICAL TRIAL

Presenter: Dr Sukanya H. Patil Final Year PG scholar

Email Id: sukanyapatil250@gmail.com, Contact: 7406934574

Abstract: Introduction: The menopause, is time in a woman's life when periods stop, usually happens in between age of 40-55 years. During this period women suffers with various physiological and psychological problems. Nasya karma is considered as gate way of shiras, showing the psychological and endocrinal effect. Shatavari with its different guna and Phytoestrogenic property used widely in the treatment of Menopausal symptoms. Taking this into account, the present study was undertaken to evaluate the role of Shatavari Ghrita Nasya in the management of Menopausal syndrome (Rajonivritti Lakshana) Materials and method: Study Design: An open clinical trial. Source of date: Subjects fulfilling inclusion criteria, were selected from OPD and IPD of KLEU'S BMK Ayurveda Hospital. Intervention: First day Kostha shodana was given with Gandharva hastadi eranda taila. Followed by Nasya karma with Shatavari ghrita for next 7 days. Follow up was done on 15th day of treatment Results: Significant results were observed on 7th day of Nasya karma and also on 15th day (follow up) in all assessment parameters such as hot flush ,sleep disturbance etc. Increase in the level of Estradiol (P< 0.05). Discussion: Nasya with its action on neurological pathway, regularizes the GnRH pulsatile secretion, intern regulates the estrogen level. Also Gunas of Ghrita and Shatavari with its guna karma and phytoestrogenic property contributed in the reduction in symptoms.

Keywords: Keywords: Menopause, Nasya, Shatvari ghrita, Estrogen.

4. Title: Management of PCOD â€"through Ayurvedic approach: A case study

**Presenter:** DR ANITA G DALAWAI, Final year PG scholar **Email Id:** sweetanu898@gmail.com, **Contact:** 8884136090

Abstract :Introduction: Ayurveda is known as science of living beings. In order to keep Tridoshas in state of healthy equilibrium and digestion and metabolism in proper order, Ayurveda recommends a specific daily routine called Dincharya. An uneventful, the ever changing trends in lifestyle have exposed man to a variety of lifestyle disorders. Polycystic Ovarian Disease/syndrome (PCOD) is one such lifestyle disorder affecting 30-40% of young girls in their reproductive age in India. It can be correlated with granthiarthava dusti, kapha vata awarana janya vaydhi. It is a syndrome manifested by amenorrhea, hirsutism and obesity associated with enlarged polycystic ovaries. However, it has certainly been linked to hormonal imbalance, insulin resistance resulting in hyperinsulinaemia as well as genetic factors. The sedentary lifestyle, lack of exercise, poor diet and stress etc. have also been contributory factors. Materials & methods: A 22yrs old girl visited KLE's BM Kankanwadi Ayurveda hospital opd with a complain of Weight gain along with irregular mensturation with clots & dysmenorrhea since 1 year. She has a history of sedentary life style. Results & Discussion: The patient was treated with oral medication & yoga was advised for the span of 50 days & positive outcome was seen Conclusion: So adopting vata kaphahara & Lifestyle modifications, we can manage this disease through Ayurveda rather than going to hormonal therapy.

**Keywords:** Keywords: Granthiarthava dusti, pcod, life style disorder.

5. Title: HYPOTHETICAL EVALUATION OF ACTION OF UDVARTANA AND NASYA ON OVULATORY FUNCTIONS W.S.R TO FEMALE INFERTILITY IN OBESE INDIVIDUALS

Presenter: DR.SAYEDA NIKHAT INAMDAR (PG SCHOLAR)

Email Id: sayedanik.doc@gmail.com, Contact: 8553167625

Abstract: ABSTRACT In the present era, Obesity (Sthaulya) has a great impact on Infertility. Sthaulya is the abnormal & excess accumulation of Medodhatu, occurring due to irregular dietic habits, sedentary lifestyle wherein only medo dhatu is nourished & other dhatus are deprived of nourishment. Sushruta has mentioned, Sthaulya as a Rasanimittaja vikara & Aartava being an Upadhatu of Rasa dhatu also gets affected. It is usually noticed that women with an increasing BMI value, there is increased risk of anovulation. Its major effects include hormonal imbalance, reduction in ovulation rate, menstrual irregularities thereby effecting conception in couples. In Ayurvedic classics, †Nasya' is given prime importance, as drug administered through nasa goes to the brain & stimulates its functions by the verse,†Nasahi Shiraso Dwaram†. As it is believed that the cells producing GnRH originates from the olfactory area & GnRH is a regulator of Gonadotrophin hormones secreted by pituitary which controls all the mechanism of Menstrual cycle and Udvartana (Dry massage) having Apatarpana & Kapha Vata hara properties may help in disintegrating the Samprapti of Sthaulya. Hence, this paper evaluates the probable mode of action of Udvartana & Nasya in Obesity induced Female infertility that may help overcome Menstrual problems & thus regulating Hormonal imbalance.

Keywords: Keywords: Sthaulya, Infertility, Nasya, Udvartana, Obesity.

6. Title: IMPACT OF SMOKING AND ALCOHOLISM IN MALE INFERTILITY

Presenter: Dr Arbaz Mudnal, Email Id: drarbazmudnal@gmail.com, M: 8792929504

Abstract : ABSTRACT PRAGATI 2017 IMPACT OF SMOKING AND ALCOHOLISM IN MALE INFERTILITY Male infertility is burning issue in the society, among Indians 8-12% of couples suffer from infertility in which 40-50% are due to male factor infertility and as many as 2% of all men will exhibit suboptimal sperm parameters. It may be one or a combination of low sperm concentration, poor sperm motility or abnormal morphology Lifestyle factors, like alcohol intake and cigarette smoking, have been reported to affect male fertility the effect of smoking and alcohol on male reproduction there are a number of studies about the effect of cigarette and alcohol on semen parameters in the literature. The number of studies in which cigarette and alcohol use are evaluated together is limited. This study is aimed to analyse the effect of cigarette and alcohol use on semen parameters. Retrospective study of articles from Pubmed, Dhaara, Ayush portal, MSH Studies where semen quality was investigated in different cross-sectional studies including infertile patients with conflicting results. A review of published articles was carried out, using PubMed, medical subject heading (MSH) databases and Scopus engine excluding the effects of smoking and alcohol in male infertility. Most of the reports showed that smoking and intake of alcohol reduced sperm production, sperm motility, sperm normal forms and sperm fertilising capacity through increased seminal oxidative stress and DNA damage.

**Keywords:** Keywords: smoking, male infertility, alcoholism.

7. Title: A pilot study to evaluate the causative factors of pcos (lifestyle induced disorder) and its Ayurvedic interpretation.

Presenter: Dr vindhya M Hegde, Email Id: hegdevindhya13@gmail.com

Contact: 9482361201

Abstract: Introduction-Present day lifestyle measures such as junk food intake, sedentary habits, lack of physical activities and stress are the causes for occurrence of polycystic ovarian syndrome(PCOS)in women of reproductive age group. A recent study reveals that 18% of Indian women aged 15-30 years suffer from PCOS. Infertility is the outcome of PCOS in 80% of cases. Healthier lifestyle such as better diet and regular exercise can effectively help manage the disorder. Methods-Special case proforma was prepared to analyze the etiological factors in 25 diagnosed cases of PCOS, based on the factors enlisted and published in research articles. Resultsignificant number of subjects were found to be having specific dietary and lifestyle changes. Discussion-understanding of lifestyle measures can bring change in managing the changes of PCOS. Thus a healthy society can be built and even it helps in reducing long term ckmplications associated with it.conclusion-It can be concluded that lifestyle changes play a role in PCOS.

**Keywords:** Lifestyle disorder, PCOS(polycystic ovarian syndrome) Diet, Infertility

8. Title: PCOS:A new lifestyle disorder, Role of Ayurveda in Management and lifestyle Modification

Presenter: Dr. Manasa S, Email Id: dr.manasa1014@gmail.com, Contact: 9731372545

Abstract : Poly cystic ovarian syndrome is complex endocrine disorder with symptoms like hyperandrogenism,

**Keywords:** PCOS, lifestyle disorder, Ayurveda

#### 9. Title: Role of lifestyle and diet in PCOS

Presenter: Dr. Bushra Khanam, Email Id: bushrakhanam14@gmail.com M: 8130220704

Abstract :Introduction: Hirsutism (excessive body hair), menstrual disturbances, acne vulgaris and obesity denotes Polycystic Ovarian syndrome (PCOS) the most common endocrine disorder among women of reproductive age. The incidence appears to be rising in India day by day which is approximately 4 to 12 percent as per a study .Increased incidence may be due to unhealthy or improper diet and lifestyle. To observe the impact of diet and life style upon this disorder the observational study was undertaken. Material & Methodology: Female volunteers of the age group of 17 to 35 were selected to assess the effect of their life style upon their health in two groups. In one group healthy females and in another group diagnosed cases of PCOS were included. Questionnaire was formed for the said purpose. Result: Obtained results revealed significant relationship between PCOS and unhealthy or improper diet and lifestyle. People who follow unhealthy and sedentary lifestyle are more prone to PCOS Details will be presented at the time of paper presentation.

Keywords: diet, lifestyle, menstrual disturbances, polycystic ovarian syndrome.

10. Title: UBHAYA SHODHANA IN PCOD - CONCEPTUAL STUDY

Presenter: Dr. Basavarajeshwari Umachagi, Email Id: rshuddar@gmail.com

**Contact**: 9449805747

Abstract : ABSTRACT: PCOD is "Stein Levental" syndrome. It is heterogenous disorders characterized by menstrual irregularities, hyperandrogenim, hyperinsualemia which ultimately leads to infertility. Other health consequences and Heisutism, anovulation, Acne, Alopecia, Ovarian Cancer, Cardio vascular disease. As such no direct reference, PCOD is available in Ayurveda. But symptoms of PCOD is found in many conditions. Menstrual irregularities are found as Anarthava, Arthavakshya, Rajakshaya, Rajaksheevata. Hyper androgenism, Herisastism, acne and male pattern bolding are not explained separately in Ayurveda but are mentioned as lakshanas of other disease. Alilomate especially in female is a symptom of Revati as said by KASHYAPA. Pushpagni is another condition explained by Kashyapa wherein menstruation is regular bur fruiltens, excessive growth of hair seen. By analyzing symptoms PCOD occurs due to the viliation of Kapha leading to srotorodha and subsequently Vata Vaigunya, Karmakshaya of Pitta dosha and respective Dhatavaha Srotas in the manifestation of PCOD. Ayurvedic treatment in PCOD will purify the vitiated Kapha, does vatanulomana of correction of pittadushti at dhatu level. The main protocol of shodhana indicated is vaman as kapha is the dominating dosha. Virechana corrects the pitta dushti and regulates Vatanulomana. It is also helpful in Kaphaja disorders. By this we can conclude that Ubhaya shodhana in the management of PCOD gives better result than the other systems of medicine.

**Keywords:** PCOD, Vatanulomana, Pittadushti, Kaphaja.

## 11. Title: REVIEW ON AYURVEDIC APPROACH TO CERVICAL EROSION (KARNINI YONIVYAPAD)

Presenter: Dr. Soniya, Email Id: sonunagar90@gmail.com, Contact: 9911647644

Abstract :Domain- Cancer INTRODUCTION Cervical erosion is the benign condition if left untreated may lead to malignancy. In Ayurvedic literatures it can be compared with Karnini Yonivyapad –one of the twenty Yonivyapadas. Cancer of uterine cervix is leading cancer in India .Every year in India, 122,844 women are diagnosed with cervical cancer and 67477 die from the disease .. MATERIALS AND METHOD Ayurvedic texts like Brihatrayi and other online sites. Some valuable articles were collected from www.iamj.in, PUBMED, http://wjcpmt.com, www.ijppr.humanjournal.com. RESULT Many research study has been done for finding effective management of cervical erosion. A study was observed where 24 patients were divided into two equal groups. In Group A (n-12) Agni karma by vrana ropak shalaka( prepared by haridra ,yasthimadhu ,nimba and amlaki) and then local application of udumbra taila as pichudharan for 15 days were performed. In group B (n-12) ksharakarma by snuhikshara and then local application of udumbra taila as pichudharan for 15 days were applied and results were assessed. CONCLUSION Agnikarma is found as the most effective treatment modality in cervical erosion due to its cost effectivity without undue side effects.

Keywords: Agnikarma, Cervical Erosion, Kshar, vrana ropak, yasthimadhu

12. Title: EFFECT OF VAMANA KARMA IN PCOS

**Presenter:** DR. VINITHA V. **Email Id:** vinithavijayakumar89@gmail.com

Contact: 7907312441

Abstract: Introduction: Polycystic Ovarian Syndrome (PCOS), is a new lifestyle disorder and most prevalent endocrinopathy, in women of reproductive age. Incidence of this disease is increasing now a days. PCOS having bahu doshavastha including arthava kshaya, sthaulya, youvanapidaka where involvement of kapha dosha is present along with vata dosha. The vitiated kapha present in entire body is expelled out through Vamana and intensity of the disease process is controlled to the maximum level. Here we are trying to do a conceptual study to analyse the effect of vamana karma in PCOS. Methodology: Literature review was done with current research updates. Result: The appropriate planning of Vamana karma helps in tackling the lifestyle disorders like polycystic ovarian syndrome by correcting the reduction of cyst, and regulating the periods. Discussion: As the symptoms of PCOS can be related to Rasa Pradoshaja Vikara, the treatment modalities were aimed at correcting the Jatharagni and Dhatwagni. Also the procedure Vamana helps to achieve Sroto avarodha and regularizes the Apana Vata. By following the panchakarma treatment, the condition can be managed along with maintaining physical and mental health of the patient. All these aspects will be analysed by discussing a case of PCOS.

**Keywords**: PCOS, Vamana

### 13. Title: EFFECT OF MASHAPARNI CHOORNA IN THE MANAGEMENT OF

SHUKRAKSHAYA: A Case Study

Presenter: Dr. Praveen Bhirdi, Email Id: praveenbhirdi1991@gmail.com

Contact: 8123887375

**Abstract**: Abstract Introduction Infertility is inability to cause pregnancy in a fertile female. Infertility is a problem of global proportions, affecting on an average 8-12% of couples worldwide. Low sperm count (Oligospermia) is one of the major cause of male infertility and it is correlated with Shukra kshaya. This condition has been elaborately described in our Ayurvedic classics. The incidence of oligospermia is increasing day by day due to deranged life style like by taking ushna, theekhna ahara vihara and strenuous work, stress etc which leads to imbalance dosha and dhatu. Aims and Objectives: To evaluate the efficacy of mashaparni choorna on Oligospermia due to above said causes. Materials and Methods: Place of study â€" Government Ayurveda Medical College and hospital, Mysuru. Data was collected based on diagnostic criteria of oligospermia. Data was collected before the treatment, during the treatment and after the treatment. Patients were treated for 90days. Assessment criteria: a) Subjective parameter – Based on shukrakshaya lakshana's like Daurbalya, panduta, bhrama, sadana, shosha, shrama, mukashosha, klaibya, shukra avisarga etc. b) Objective parameter â€" Based on semen analysis report to find out volume (semen), count, motility, morphology (normal and abnormal forms) of sperms. Results: Semen volume, sperm count, motility and morphology of sperm are increased after treatment. Discussion This result shows that if plan of treatment is selected according to principles of Ayurveda, along with selection of proper drug, doses, duration, with anupana, pathya and apathya there will be an assurance of success in treatment as seen in this case of shukrakshaya

**Keywords:** Shukrakshaya, oligospermia, mashaparni choorna.

14. Title: Ayurvedic approach for the management of Chronic Kidney Disease: A case report

Presenter: Dr. Shalinee, Email Id: shalinee.k1990@gmail.com, Contact: 9610553393

Abstract :Introduction: Chronic kidney disease encompasses a spectrum of different pathophysiologic processes associated with abnormal kidney functions and progressive decline in GFR. Risk factors include hypertension, Diabetes, previous episodes of acute kidney injury etc. Ayurveda has potential to treat kidney disease if presented earlier. Here we present a case of 66 years old male patient with a known case of hypertension and impaired renal function presented with complain of swelling in both legs since 2 months. Methods: The patient was treated with Punarnavastaka kwath 40 ml twice daily, Gokhuradi Guggulu 1gram twice daily, Bakayana Patra swarasa 15 ml twice daily and decoction of Punaranava, Gokhura and Makoya QID for 1 month along with guidance of diet management. Result: After 1 month patient got symptomatic relief that was decrease in swelling of both legs, blood pressure was little controlled and improvement in objective parameters; decrease in serum urea and serum creatinine level and improvement in elecrolye levels. Discussion: Punarnavastaka kwath has diuretic and immunomodulator property help in reducing swelling and water retention. Gokhuradi guggulu having antihypertensive property. Bakayan patra swarasa has also rejeuvenant property which improves the renal function. Punarnava is rejeuvenative and has shothhar property. Makoya's leaves and stem have a good diuretic property. So with all these medications tried to treat the renal impairement and further improve the quality of life.

Keywords: Key words: CKD, Punarnava, Gokharu, Makoya

#### 15. Role of tambulasevana in the prevention of oral disorders

**Author**: Dr. Sowmya Bhat, 3rdyear PG Scholar, Department of Swasthavritta, S.D.M.C.A. Udupi. **Email Id:** sapre.soumya@gmail.com, **Contact:** 9900846287

Abstract: Chewing the mixture of areca nut, lime paste and betel leaf (paan) is a tradition, custom or ritual which dates back thousands of years from the Eastern hemisphere to the Western hemisphere. Ayurvedicclassics mentioned tambulasevana in the context of Dinacharya for the maintenance of perfect oral hygiene, for good taste perception and as a preventive modality to avoid diseases of the oral cavity. In the present situation, many people are habituated to paan chewing along with harmful substances like tobacco, which has given rise to several problems like bleeding gums, bad odour of mouth and breath, mouth ulcers, adverse dental conditions and dreadful disorders like cancer of the oral cavity. Tambula has positive effects on health if taken in an appropriate way as explained in our classics. Different concepts related to tambulasevana are relevant even for the current lifestyle, where primaryprevention comes into action. The present paper highlights the facts and myths related to tambulasevanaand it's role in the prevention of oral disorders.

Keywords: Tambuladravya, sevanakrama, oral hygiene, mukharoga.

#### PARALLEL SESSION 09.

1. Title: AN INSIGHT INTO VIKARA VIGHATA BHAVA AND ITS APPLICATION IN VYADHI

Presenter: Dr. Shriram Murtugudde, Email Id: shriram1107@gmail.com

Contact: 919591295972

Abstract: Introduction: Healthy immune status is essential for treatment of any illness. Treatment on an ailment in an immune compromised patient is an challenging task. Description of concept of vikara vighata bhava abhava of Charakasamhitha nidana sthana 4th chapt. mimics the description of immunity and its functions. Understanding of vikara vighata bhava abhava will help to explore the treatment of immunological disorders from ayurveda purview. Methodology: Relation of immune status with course and responsiveness to treatment and prognosis of pulmonary tuberculosis is established, simultaneously the concept of vikara vighata bhava abhava is reviewed Knowing the role of vikara vighata bhava abhava importance of rasayana chikitsa in the treatment of immunological disorders can be known. Result: Through the above review study vikara vighata bhava abhava can be considered as immune status of the individual and rasayana chikitsa can be adopted for the treatment of immunological disorders. Discussion: In order to treat immunological disorders, AIDS due to HIV infection, chemotherapy or steroidal treatment rasaya chikitsa can be adopted with specific medicaments of contemporary system of medicine for better prognosis.

**Keywords:** vikara vighata bhava abhava, immunity, pulmonary tuberculosis, rasayana chikitsa, AIDS

2. Title: FOOD PRESERVATIVES IN THE LIGHT OF GARA VISHA

Presenter: Dr. Grashma C S, Email Id: greshanu28@gmail.com

Contact: 8095366748

Abstract: FOOD PRESERVATIES IN THE LIGHT OF GARA VISHA DR. GRASHMA C S\* DR.CHAITRA.H\*\*. \* Second year PG Scholar Dept. of Agada Tantra, Sri Dharmasthala Manjunatheswara College Of Ayurveda And Hospital, Hassan . 8095366748, Emailgreshanu28@gmail.com \*\* Associate Professor, Dept. of Agada Tantra Sri Dharmasthala Manjunatheswara College Of Ayurveda And Hospital, Hassan. INTRODUCTION: Gara visha is a composition of non poisonous material which interferes with the process of digestion and produces the toxic effect when taken with food. Ahara is the prime need for sustaining of life and is responsible for both arogya and vaydhi. Due to change in life style and food is processed and additives are added so that it can be preserved for long duration. Food preservatives have been used since quite a long time in the history of processed food as well as homemade foods. The difference remained that the natural preservatives never proved to be harmful to health where as the chemical food preservatives had many side effects which are similar to that of Gara visha. Methods: The presentation will be on the basis of literary review collected from classical ayurvedic texts, modern books and journals to correlate the effect of food preservatives to gara visha Result: From the available sources the effect of food preservatives will be considered as gara visha and the treatment modalities will be focused upon. Discussion: Ahara being the important dravya is being added with preservatives by seeing the effect of it on health it is considered as gara visha and its chikitsa siddanta is followed. Prevention of such food will avoid the ill effects and maintains the health.

**Keywords:** Key Words Gara visha, food preservatives, adverse effects, arogya, vyadhi

#### 3. Title: SELF RECORDED SWASTHYA ASSESSMENT SCALE

Presenter: Dr. Prajna Paramita Panda, MD Scholar, Dept. of Swasthavritta, AIIA

Email Id: dr.prajna.jajpur@gmail.com, Contact: 9439444559

Abstract: Introduction The Self Recorded Swasthya Assessment Scale (SRSAS) is intended to develop a comprehensive questionnaire to assess the health status of apparently healthy individual. The questionnaire does not apply for the patients who are diagnosed for a disease/under medication. The questionnaire has been prepared based on Physical, Mental and Social health parameters. In section 1, the questions of the physical fitness component are based on IFIS (International Fitness Scale) and the questions of physical ill health component are based on the basis of Swastha criteria described in Ayurveda classics. In section 2, the mental toughness questions are based on MTQ-48 and Mental ill health questions are based on American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental disorders (5th ed.). The health status will be assessed based on the self-recorded response of the subjects. Materials and Methods: A qualitative research was conducted with 61 volunteers of either sex in the age group 20-40yrs. The SRSAS questionnaire was framed with total of 47 questions. In the present questionnaire, a total 31 questions are from physical domain, 11 questions from mental domain and five questions from social domain. The questionnaire was in optional format with 5 item Likert's scale pattern and the validation was done by Cronbach's Alpha for internal consistency. Result: The internal consistency of the questionnaire using Cronbach's Alpha was 0.83 for positive health assessment questions and 0.77 for impaired health assessment questions. Discussion: While validating the scales, value of alpha greater than 0.7 will be considered to be acceptable. Hence our study is acceptable as per Cronbach alpha reliability test.

**Keywords:** SWASTHYA, SCALE, SRSAS

#### 4. Title: ROLE OF SEDENTARY LIFESTYLE AND IMPROPER DIET IN ARSHA (PILES)

Presenter: Dr. Sombir Sheoran, Email Id: somveer11sheoran@gmail.com

**Contact**: 9812264123

Abstract: Introduction: In Ayurvedic texts, A disease which tortures patient's vital force (prana) as enemy is known as Arsha (Piles). Unhealthy or improper diet and lifestyle have been a primary cause of the growing burden of metabolic and lifestyle diseases in the country. Arsha is progressively increasing in the society due to sedentary lifestyle, prolonged sitting or standing, irregular and improper diet, low fiber diet, diarrhoea, constipation, psychological disturbances etc. To observe the impact of diet and life style upon this disorder the observational study was undertaken. Material & Methodology: An observational study was carried out to evaluate the relationship of lifestyle and dietary habbits in individuals diagnosed with Arsha. Both female and male, 30 patients of Arsha were selected. The method of survey was by a questionnaire about the points regarding the lifestyle causative factors. Result: The survey found that it was because of poor lifestyle habits caused by unhealthy food specially spicy or junk foods in excessive and frequently, Vega Vidharan, no physical activity, prolonged sitting or standing ,obesity and stress, lead to an increases the disease. Obtained results revealed significant relationship between Arsha (Piles) and unhealthy or improper diet and sedentary lifestyle .Details will be presented at the time of paper presentation.

**Keywords:** Arsha, diet, lifestyle, piles, vega vidharan,

5. Title A REVIEW ON LIFE STYLE DISORDERS AND ITS MANAGEMENT

Author: Dr.S.Samatha prakash P.G Scholar, S.V.A.C, Tirupati

Email Id: samathaprakash93@gmail.comContact: 9908669174

Abstract: Diet and lifestyle are major factors thought to influence susceptibility to many

diseases of mankind. Lifestyle disorders are defined as diseases associated with the way people

live their life. In present day society due to changes in diet, lifestyle and lack of physical activity

the incidence of lifestyle disorders are increasing day by day. Some of the major lifestyle

disorders that are showing higher influence on society are obesity, Coronary heart disease, type 2

diabetes, stress. Ayurveda the Science of Life, mentioned various pathya, apathya and effective

management of lifestyle disorders. In this paper a review on lifestyle disorders and its

management through Ayurveda by modifying the life style and diet will be discussed

**Keywords:** pathya and apathya, modifications in diet (ahara) vihara (activities) mentioned in

Ayurveda for management of lifestyle disorders

**6. Title:** Lifestyle induced disorders

Presenter: Dr. AshwiniDiliprao Ghuge, Email Id: ash.ashwini30031989@gmail.com

**Contact**: 9503053565

**Abstract**: Lifestyle diseases characterize those diseases whose occurance is primarily based on

the daily habits of people & are a result. Of an in appropriate relationship of people with their

environment

Keywords: Lifestyle, Hypertension, Obesity, Mortality, Balanced diet

188

7. Title: Role of Pathya-Apathya a uniqueness of Ayurveda

Presenter: Dr.Kruthika B, Email Id: kruthika509@gmail.com, Contact: 9591208019

Abstract: Ayurveda is not merely a medical science. It is a complete life science. The first Aim of Ayurveda is to maintain health of a healthy person so that no disease should manifest. Treatment of the disease is the second aim of Ayurveda. To maintain the health of a healthy person Acharyas had described various do's and don'ts such as Ritucharya (seasonal regime), Dinacharya (diurnal regime) etc. The concept Pathya (wholesome) and Apathya (unwholesome) is one such concept. Apart from part of a regime of healthy living. Acharyas had also extended the concept of Pathya (wholesome) and Apathya (unwholesome) as a part of treatment of the diseases. This indicates the importance Pathya (wholesome) and Apathya (Unwholesome) in Ayurveda. The concept of Pathya (wholesome) and Apathya (unwholesome) is the uniqueness of Ayurveda. Key words- Ayurveda , Apathya , Pathya , Healthy living

Keywords: Ayurveda, Pathya, Apathya, Healthy Living

**8. Title :** Role of Eranda (Ricinus communis Linn.) in Prevention and Management of Lifestyle Disorders – A Holistic Approach

Presenter: Dr. Kavitha, Email Id: kavinayak0706@gmail.com, Contact: 9538071420

Abstract: Over the last two decade the pace of advancement in science and technology has been breathtaking, resulting in quick development in all aspects of life. But over dependency and excessive use of technology forced people to adopt unhealthy lifestyle practices which also includes unhealthy dietary habits. Lifestyle disorders are the results of our misdeeds and overambitious attitude. There has been a drastic changes in our daily routine, night sleep and dietary habits without practicing healthy daily and seasonal regimen. Hence the number of disorders is increasing continuously. Ayurveda being the oldest and a holistic system of medicine always stresses upon prevention and cure of diseases. The prashastha bheshaja is one which is available in abundant, potent, able to make as many as preparations and having maximum therapeutic property. Eranda is one such medicinal herb from the treasure of Ayurveda which has preventive as well as curative property especially in Lifestyle disorders by virtue of its purgative action. Eranda is used classically in Sthoulya, Amavata, Gulma etc. disorders and the present study has been undertaken to highlight the Traditional uses of Eranda, Eranda taila and other dietary preparations of Eranda and its advocacy in combating Lifestyle disorders.

**Keywords:** prashastha bheshaja, purgative action, sthoulya, amavata, eranda taila

9. Title: Life style diseases

Presenter: Dr. Anuruddh gupta, Email Id: anurudhgupta.2009@gmail.com

Contact: 9806723255

Abstract: ABSTARCT Dr. Anuruddh Gupta, 2nd year PG Scholar, Dept. Of Shalyatantra Life style diseases are also called as the diseases of longevity or diseases of civilization According to WHO world deaths from life style diseases will double by 2015 unless all out efforts are taken to combat them. The incidences of lifestyle diseases are high on the rise. Cardio vascular disorders continue to be the major cause of mortality representing about 30% of all deaths worldwide. Amongst such disorders piles is one burning issue in the society currently. In Ayurveda there detail explanation regarding the piles as Arshas. So it is mandatory to develop and adopt a health oriented life style than to give deep concern about our works. Where the scope is almost fully lies on Ayurvedic concepts, because of its references of preventive measures. Key Words: Arshas, ayurveda, piles

**Keywords:** Key Words: Arshas, ayurveda, piles

10. Title: Life style induced disorder

Presenter: Dr. Shwetha R, Email Id: shwethshrudeep@gmail.com, Contact: 8147271801

Abstract : INTRODUCTION: Lifestyle induces disorders is linked with the way people live their life. This is commonly caused by alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating. Causes are not just from smoking and alcohol abuse. Adults can develop lifestyle diseases through behavioural factors that impact on them. These can be unemployment, unsafe life, poor social environment, working conditions, stress and home life can change a person's lifestyle to increase their risk of developing diseases. Diseases that impact on our lifestyle are heart disease, stroke, obesity, depression and type 2Diabetes Mellitus. METHODS:Rapid economic development and increasing westernization of lifestyle in the past few decades, prevalence of these diseases has reached alarming proportions among Indians in the recent years. In the management of lifestyle diseases, Ayurveda offers various regimens including Dinacharya, Ritucharya, Panchakarma and rasayana therapies. The sadvritta and acharya rasayana are utmost important to maintain a healthy and happy psychological perspective. DISCUSSION: Ayurveda has an upper edge in treating the disease with emphasis on its root cause. The inclusive utilization of all these treatment modalities has a great effect on lifestyle disorders. CONCLUSION: Moreover, the application of organ specific rasayana herbs also provides enough scope not only for prevention of disease but also for the promotion of health and cure of disease too.

**Keywords:** Key words: Physical activity, Unhealthy food habits, Dinacharya

### 11. Title: PREVENTION AND PROMOTION OF LIFESTYLE MANAGEMENT THROUGH AYURVEDA.

Presenter: Vasantha Lakshmi, Email Id: lvasu2017@gmail.com, Contact: 7899730828

Abstract : Followed "IMRAD" structure

**Keywords:** Life style diseases, Understanding through Ayurveda, Preventive measures

12. Title: Case Report and Review of Management of Pada daha

Presenter: Dr Shalini Gupta, Email Id: shalinigupta932@gmail.com,

Contact: 9129995484

Abstract: Sensory neuropathy is a condition in which sensory nerve become damaged & it affects a number of different nerve centers. Sensory neuropathy usually manifests in the extremities (Peripheral Neuropathy). The population prevalence is about 2400 per 100 000 (2.4%), rising with age to 8000 per 100 000 (8%). Common causes of peripheral neuropathy include a range of metabolic disorders, infectious agents, toxins & drugs. Neuropathy mainly causes burning feet. This condition is a kind to Padadaha in Ayurveda, which is explained in the context of the Vatavyadhi by Chakradatta, MATERIAL & METHOD- A 29 year old female patient of sensory neuropathy with chief complaints of severe burning sensation in feet & severe pain since 5 months. Patient was treated with nagkeshar, raktachandan & navneet lepa for 2 hrs followed by dahmoola parishek for 20 min. Sadyo virechana with Nimbaamrutayadi eranda tail with milk. Snehpana with satavari ghirta for 5 days then 2 course of virechna given. Tab ksheerbala, satavari ghrita also given orally. RESULT- It is a single case study, after the course of 4 months it was observed that 95% reduction in pain & burning sensation & patient feel comfortable during walk. DISCUSSION- Considering the pitta vataja pradhan vatavyadhi virechana, lepa, & shaman ayusdhi is principle line of treatment given in Chakradatta. Sadyo virechana followed by oral medicine were planned in this case. Snehpana with satavari ghirta for 5 days then 2 course of virechna given for pitta anuloman & oral medicine, raktamoshan & lepa selected are having pitta vataja shamana property.

Keywords: Sensory neuropathy, pada daha (vata vyadhi), Raktamoshan & Sadyovirechana

#### 13. Title: CONCEPT OF VIRUDDHAHARA IN MODERN ERA

Presenter: DR.POOJA, Email Id: njapoonbiradar.pb@gmail.com, Contact: 8147402572

Abstract: Ayurveda is not merely a medical science. It is a complete life science. Ahara is included under one of the Trayopasthamba. So Ayurveda plays a special emphasis on Ahara as a means to good life, health and wellness. Healthy and wholesome food nourishes the mind, body & soul. Every food that is eaten has different characteristics as well as effects on our body. Because of the work load and other psychological stress, the people cannot concentrate on the food habits in this modern life style. The substances which are incompatible to dhatus of the body behave contrary to them, they are in the form of Guna, Kala and Samskara etc. As all the diseases originate from the impairement of Agni, the role of balanced diet is important. The substances which causes the increase of Doshas in the body but do not expel them out of the body, but they remain antagonist to the Dhatus are called as Viruddha ahara. Acharya Charaka has mentioned that Viruddha ahara leads to many diseases like Kusta, Jwara, Pandu etc. For this the awareness of Pathya and Apathya plays an important role to prevent the diseases of Viruddhahara. This paper reveals about the importance of Ahara, Ahara vidhi vidhana and its prevention with awareness.

Keywords: Viruddhahara, Trayopastambha, Pathya - Apathya, Ahara Vidhi Vidhana

**14. Title :** Lifestyle Disorder: A literature review of Akalaj Jara(early ageing) and its prevention by ayurveda

Presenter: Dr Deepika Vyawahare, Email Id: deepikavyawahare07@gmail.com

**Contact**: 9404507468

**Abstract :** Today's life style is full of "Hurry, worry and curry" and it causes various diseases like metabolic syndrome etc very importantly an early ageing in our youth society. As the incidence of early ageing is increasing globally, it has become a burning issue to take major step for its prevention. In Ayurveda 'JARA' (Geariatrics) is considered as a separate branch among eight branches of Ayurveda. So the main object of this article is to define the necessity of Rasayana and other ayurvedic measures in early ageing.

Kāyabālagrahordhwānga shalyadamshtrajāravrishān I

Ashtāvangāni tasyāhu chikitsā yeshu samshritā II

-Ashtang Hruday Sutrasthan

Ageing is an inevitable part of living being. It is 'swabhav' but as a part of it many imbalances also emerges in time. Changes in the lifestyle like viruddhaahar, pista anna i.e junk food, spicy food, samashana, adhayashana and annashana excessive travelling, alcohol, tobacco, pollution and also factors like stress, anger, greed etc. Consumption of stale food bakery products. Improper and incomplete treatment of vyadhi also leads to Akalaj Jara. This life style causes khalitya, palitya, wrinkels, dementia, fatigue, presbyopia, Anaemia and many skin disorder. There is sequential loss of all components seen in Akalaj Jara.

Rasāyanam tu tadneyam yad jaravyādhināshanamI

-Sharangdhar Samhita

Thus the Akalaj Jara can be prevented by measures like Dinacharya, Rutucharya, Sadvrutta, Swasthavritta and curative measures like sodhan chikitsa (panchakarma) and shaman chikitsa like Rasayana and Achara Rasayana. There is considerable scope to develop safe and cost effective protocol for early ageing on the basis of ayurvedic life style management and Rasayana therapy.

KEYWORDS: -Akalaj Jara, premature ageing, early ageing, Rasayana, Sadvrutta.

#### 14. Title: RITUCHARYA-ANSWER TO THE LIFE STYLE DISORDER

Presenter: Dr. Sudhanshu Sharma PG Scholar, Email Id: sudhash222@gmail.com

Contact: 9467833630

Abstract: In current scenario there is high rise in the lifestyle disorder. There is a need for the management without any interventional (conservative as well as surgical treatment) protocols. Ayurveda offers various regimens including Dincharya, Ritucharya, Panchkarma and Rasayana therapies are the utmost important to maintain Healthy & Happy psychological perspective. A firm scientific analysis is the base, which holds true even on date. In this article, regimens in diet and lifestyle modifications mentioned in the Ritucharya. Ritu the season classified by different features expresses different effects on body as well as the environment. Ayurveda has depicted various rules in Ritucharya regarding diet and behaviour to acclimatize seasonal enforcement easily without altering body homeostasis. The prime principle of Ayurveda is preventive aspect, can be achieved by the change in diet and practices in response to change in climatic condition. This is a very important aspect of preventive medicines as mentioned in Ayurveda. Ritucharya is making an impact on lifestyle modification. Ignorance of Ritucharya may lead to many lifestyle disorders. As Kala is the causative factor. If we associate kala and Ritucharya that should be followed in classical way. Diseases can be prevented by succeeding the principles of Ritucharya.

Keywords: Ritucharya, Life Style Disorder, Kala

15.Title: ROLE OF TRAYOUPASTAMBHA IN PREVENTION OF LIFESTYLE INDUCED DISORDERS –A CONCEPTUAL APPROACH

Presenter: Kiran H Gundagi, Email Id: drkiran9143@gmail.com, Contact: 9611999143

Abstract: Introduction/Background: Lifestyle diseases characterize those diseases whose occurrence is primarily based on the daily habits of people. The onset of these lifestyle diseases is insidious, they take years to develop, and once encountered do not lend themselves easily to cure. Ayurveda is holistic which tells about how to achieve a healthy life by following lifestyle and lead a life in scientific ways. Acharyas has explained about trayoupastamha i.e. Ahara, Nidra, Brahmacharya and following this with a proper skilful and optimum use of this triad one can get a healthy life as well as manage and prevent the life style disorder. Methodology: Literary review collected from Bhrahattrayes, Laghutrayes and commenteries, modern books and journals. Results: Healthy lifestyle is adopted to combat these diseases with a proper balanced diet, physical activity and by giving due respect to biological clock. Conclusion: Ayurveda encompasses the fundamentals of nature. This system is unique by saying prevention is better than cure, Trayoupastambha plays important role in prevention aspects, ignoring it results in the manifestation of various diseases, it is very essential to follow guidelines given by Acharyas to lead a healthy life.

Keywords: Lifestyle, Ahahara, Nidra, Brahmacharya, Health

#### PARALLEL SESSION 10

#### 1. Role of dinacharya modalities in the management of lifestyle disorders

Lifestyle refers to someone's way of living or the dietary and behavioural choices of an individual that usually practices in daily routine of life.Dincharya if followed regularly terminates all the changes which occurs due to mithya Aharavihara, therefore keeping the person healthy and disease free very essential. Methodology: Information about Dinacharya in Preventing Lifestyle diseases are reviewed from Authentic Texts of Ayurveda and recent research article. Results: Among Dinacaryas wake up during Bhrahmi Muhurta, intake of hot water before sunrise (Ushna Jalapana), Nasya, Vyayama helps to prevent life style disorder. Discussion: Rapidly the management of lifestyle disorders needs modification in faulty dietary and behavioral habits of a person that can be achieved through dinacharya. Benefits of wake up during bhrahmimuhurta is Nascent oxygen in the atmosphere in the early morning easily and readily mixes up with hemoglobin to form oxy-hemoglobin which nourishes the remote tissues. Similarly ushna jalapana,shauchvidhi and dantadhavan etc modalities of dinacharya helps in management of lifestyle disorders. Keywords: dinacharya,lifestyle, disorder ,management,health, behavioural

**Keywords:** dinacharya, lifestyle, disorder, health, behavioural

# 2. Importance of ashtavidhaaharavisheshayatana in preventing the sthoulya

\*Dr.Akshata.B.K\* \*PG scholar,department of rachanashareer\* SDM college of Ayurveda and hospital,Hassan akshu14393@gmail.com

In 1997 the WHO formally recognized obesity as a global epidemic. As of 2008 the WHO estimates that at least 500 million adults (greater than 10%) are obese(sthoulya), with higher rates among women than men and AharaVidhiVisheshaAyatanameans,the causative factors responsible for the wholesome and unwholesome effect of the methods for diet intake. They are Prakriti, Karana, Samyoga, Rashi, Desha, Kala &upayogasamstha METHODS:Scope of present paper is to review the role of ashtavidhaaharavisheshayatana in preventing obesity in light of samhitasand research updates. Yava has to be taken in sthoulya after bharjana because it is ruksha and it fulfils the treatment criteria of sthoulyai.e guru cha apatarpana. This can be included under karana.Yava is guru so matra can be adviced as ardhasouhitya.Intake of yava along with patola and amalaka as food, this can be taken as samyoga. In this way by following proper dietary rules according to Ayurveda (AshtavidhaAharaVisheshayatana) should be done as early as possible because "Prevention is always better thancureâ€.

**Keywords:** Sthoulya, ashtavidhaaharavisheshayatana, obesity

#### 3. Importance of Koshtha Pareeksha in Panchakarma: An Overview

Dr. Cyrus Neupane 3rd Year PG Scholar, Department of PG Studies in Panchakarma SDM College of Ayurveda, Udupi 2- Prof. Dr. Niranjan Rao (Guide) Professor and HOD, Department of PG Studies in Panchakarma SDM College of Ayurveda, Udupi 3- Dr. Pooja B A (Co-guide) Assistant Professor Department of PG Studies in Panchakarma SDM College of Ayurveda, Udupi Email Id cyrusnep12@gmail.com

Koshtha (of a person) may be considered as both the anatomical as well as physiological entity. Koshtha Pareeksha of a person/patient is of prime importance in Panchakarma. Because for successful administration and completion of the Panchkarma procedures, knowledge of Koshtha is a basic requirement. Because without knowing Koshtha, if Panchkarma treatment is administered, it may land up in Vyapada. For eg. In Kramataha Vamana and Virechana, Samyak Snigdhata attainment is a must, and for Samyak Sngidhata (through Abhyantara Snehapana), Koshtha Pareeksha is very much essential. Also for Pradhana Karma themselves, knowledge of Koshtha of patient is valuable so as to decide the Veerya as well as dose of the drug. So, here we try to explore the various aspects of Koshtha Pareeksha like introduction, method, importance and utility. **Keywords** Koshtha, Pareeksha, Snehapana, Vamana, Virechana

#### 4. Role of panchakarma in lifestyle disorders

Author: Dr. Shridhara. B.S. Principal GAMC Bengaluru. Dr. Santosh. L.Y. Associate Professor Department of Panchakarma. GAMC Bengaluru, Email Id: <a href="mailto:nandinirb@gmail.com">nandinirb@gmail.com</a>, Presenter: Dr. Nandidni. R. Bhajantri. Second year PG Scholar Department of Panchakarma. G.A. M.C. Bengaluru

Role of panchakarma in Lifestyle disorders is fast raising in India. Ayurveda as science of life was a part of culture of Indian lifestyle. Wakeup early, exercise, bath head massage all these were included in Indian lifestyle. But westernization of our culture is giving rise to lifestyle disorders like diabetes, cardiovascular elements, high cholesterol, hypertension, stroke, depression.25% of Indians may die of these lifestyle diseases before they are of age 70. western lifestyle includes less activity, less manual laboratory work, unhealthy food ,late night work, if the factors involved the pathogenesis of these lifestyle disorders are reviewed on the basis of the Ayurvedic science. symptoms shown agnidusti kaphadusti ,manovahasrotodusti,medovahasrotodusti the lifestyle disorders are prevented as it involves panchakarma like vaman, virechana, basti, nasya, raktamokshana , these procedures are very important and significant as they prevent these kaphadusti medovaha raktavaha srotodusti, agnidushti, stress and strain of body and mind. Panchakarma is gift of wellness offered by age-old Ayurveda to modern world. Seasonal Panchakarma can be considered as a preventive measure and Virechana is one of the important Panchakarma procedure for Metabolic disorder. Here attemptis done to understand the effect of Virechana in Metabolic disorders.

**Keywords:** panchakarma, Lifestyle disorders, Ayurveda, Virechana, Metabolic disorders

#### 5. Understanding and application of samsarjana krama in today's lifestyle

**Author:** Dr.Kirankumari Rathod Second year PG Scholar Department of Panchakarma GAMC Bengaluru. Dr.Shridara B.SPrincipal GAMC BengaluruDr.Santosh L.Y. Associate professor Department of Panchakarma GAMC Bengaluru

Email Id: kirankumarirathod 1992@gmail.com

Ayurveda is a science which has given importance to diet and regimen as part of chikitsa. Panchakrma is not merely the only five pradhana karma, along with these purva krama and paschat karma plays a important role in the management of the disease. Now a days people will have three meals a day and they are accustomed to it. Samsarjana krama is a strict sequential graduated dietary regimen which is followed after vamana and virechna karma. The resulting mandagni after vamana and virechana karma hamper the metabolism and assimilation of normal food which resulting in ill health. Method: after vamana and virechna karma peyadi samsarjana krama is followed i:e peya, vilepi, akrita yush, krita yush, arkita mamsa rasa, and krita mamsa rasa as per the shuddhi of dosha for 7, 5, and 3 days for prayara, madyama and ayara shuddhi respectively. In classics peyadi samsarjana krama is given for 2 annakala, but in today's life style as we have 3 meals a day, peyadi samsarjana krama is given for 3 annakala as per the shuddhi for 5, 3 and 2 days for pravara, madyama and avara shuddhi respectively. For this study 20 patients are selected, in 10 patients peyadisamsarjana krama given for 2 annakala and in 10 patients 3 annakala peyadisamsarjana krama is given. Result: after shodhana there is quantitatively decreased in the agni but quality of agni remain the same. Hence there is observance of ati langhana lakshanas in patient of 2 annakala given samsarjana krama. Discussion: peya a simple carbohydrate diet to inclusion of multi nutrient dietary formulation and finally normal diet. Which mainly promote the absorptive power and maintain the vitality of dhatu. Hence in present study peyadi samsarjana krama is given for 3 annakala as per the need of

Keywords: pascht karma, samsarjana krama, mandagni, ati langhana lakshana.

### 6. Preventive promotive and curative aspect of panchakarma with respect to life style disorders

Author: DR.SATISH S. VASAN,PG SCHOLAR,DR ASHVINIKUMAR M,PROFESSOR Email Id: drsatish.vasan@gmail.com

The modern life style, hybridization and globalization are markedly affecting the humans. This brings a lot of change in diet pattern and living style. Life style disorders are disease associated with the way a person or group of people lives. With rapid economic development and increasing westernization in the past few decades, prevalence of life style disorder has reached alarming proportions among Indians. Present generation cannot avoid it because of increased hybridization in all levels of life and more attachment with it. The Ayurveda given more importance for Ritu shodhana (seasonal purification) like vamana in vasantha ritu, virechana in sharath ritu and basti in varsha ritu helps in removal of accumulated dhushitha dosha (ama -toxins). Methodology: Literature review of authentic texts of Ayurveda with current research updates. Result: Administration of seasonal and disease specific panchakarma are unique measures to prevent, control and treat life style disorders. Discussion: In presentation seasonal Shodhana to prevent diseases, followed by Rasayana Prayoga to promote health and to correct life style disease specific Panchakarma will be discussed, like in hypothyroidism vamana is commonly practised. This presentation discuss about the benefits of Dwipanchamooladi Niruha basti in hypothyroidism case.

**Keywords:** Life style disorder, Ayurveda, Shodhana, Panchakarma

#### 7. Abstract on Sthoulya

Dr.Radhika Krishnan<sup>1</sup>, Dr. Niranjan Rao<sup>2</sup>, Dr. Padmakiran.C<sup>3</sup>, Dr. Rajalaxmi M.G<sup>4</sup> radhikakrishnan<sup>3</sup>61@gmail.com Reference number: IRF2902772 3rd P.G Scholar Dept. of Panchakarma S.D.M.C.A Udupi.

- 2. H.O.D Dept. of Panchakarma S.D.M.C.A Udupi
- 3. Assistant professor Dept. of Panchakarma S.D.M.C.A Udupi.
- 4. Associate professor Dept. of panchakarma S.D.M.C.A Udupi

Stholya is an up coming burning problem in the world scenario and acquired the status of an EPIDEMIC. Indiscriminate dietary habits, sedentary life styles, stress etc, which are the gifts of the modern world, are predisposing sthoulya. The prevalence of obesity in both adults and children is increasing rapidly. Obesity in children is independently associated with arterial endothelial dysfunction and wall thickening, key early events in arthrogenesis that precede plaque formation. Obesity related vascular dysfunction in otherwise young children is partially reversible with diet alone or particularly diet combined with exercise.

Key words: Sthuolya, Epidemic

#### 8. An Overview on pathology of sthoulya; a life style disease

**Author**: Dr. Ashwini u<sup>1</sup>, Final year P.g Scholar Dept of Samhitha & Siddhantha, G.A.M.C, Mysuru .Dr. Shrivathsa2, Poffessor & HOD, Dept of Samhitha & Siddhantha, G.A.M.C, Mysuru**Presenter**: Dr. Ashwini U, **Email Id**: ashumanasa04@gmail.com

People are predisposed to various diseases based on their way of living and occupational habits. They are preventable, and can be lowered with changes in diet, lifestyle, and environment. Lifestyle diseases characterize as diseases whose occurrence is primarily based on daily habits and are a result of an inappropriate relationship of people with their environment. The onset of these lifestyle diseases is long, they take years to develop, and difficult to cure. There are various diseases one among them is sthoulya(obesity). It become an epidemic which is difficult to conquer. Sthoulya is defined as a person with excessive and abnormal increase of Meda & Mamsa dhatu which results into pendulous appearance of buttocks, belly and breasts. Sthoulya (obesity) is become secondary cause of many diseases. Understanding the pathology of Sthoulya will helps in planning proper treatment. Materials & methods; All the Brihatrayi & Laghutrayi for the conceptual study along with related works Results Concept of pathology of Sthoulya better understood with the help of our literatures. Discussion; Importantance of understanding the pathology is helps in planning the treatment of the disease & also preventing prognosis of disease.

**Keywords:** Sthoulya, life style disease, Obesity

#### 9. Critical analysis of asthadosha of atisthaulya in childhood

Author: Dr. Sindhu N,1st year PG scholar Email Id: reddysindhu993@gmail.com

Obesity has reached epidemic proportions in 21st century. Globally 1 billion adults are overweight and at least 300 are clinically obese. India ranks among top 10 obese nations, Eighty percent of overweight 10-14 year old adolescents are at risk of becoming overweight adults compared to 25% of overweight preschool children (< 5 years old) and 50% of 6-9 year old overweight children. Obesity in childhood and adolescence has been related to an increase in mortality inadulthood on follow up. Overweight and obese children are likely to stay obese into adulthood and more likely to develop many co-morbid conditions like metabolic, cardiovascular, orthopaedic, neurological, hepatic, pulmonary, and renal disorders are also seen in association with childhood obesity. In Ayurveda Since ancient times Sthaulya is referred to as Medoroga which is primarily caused by malfunctioning of medadhatwagni and is included in Ashta-nindit-purusha in which the Astadosha of ati-sthoulya explained by Acharya Charaka.

Keywords: Childhood OBesity, Lifestyle Disorder, Sthaulya, Asthdosh, Asth - nindit-purusha

## 10. "A Comparative study on efficacy of Gomutra Haritiki and Vrikshamla(extract) in the management of Sthaulya. w.s.r. to Overweight"

<sup>1</sup>Dr. Kartar Singh Bansal \*<sup>2</sup>Dr.Chandra Bhanu Sharma\*<sup>3</sup>Dr. Pankaj Kumar \*<sup>4</sup>Dr. Ajay Kumar Sahu

<sup>1</sup>P.G.Scholar, P.G. Department of *Kayachikitsa*, National Institute of Ayurveda, Jaipur.,\*<sup>2</sup> Asso. Professor, Department of Kayachikitsa NIA, Jaipur, Rajasthan

\* P.G. Scholar, P.G. Department of *Kayachikitsa*, National Institute of Ayurveda, Jaipur, \* Assistant Professor, Department of Kayachikitsa NIA, Jaipur, Rajasthan

Emerging and innovative approaches of clinical management in various specialities in ayurveda. Sthaulya is abnormal and excess accumulation of Meda Dhatu. In contemporary medical science it is compared with obesity and it is defined as excess body and visceral fat that poses health risk. As we see the Samprapti of Sthaulya, due to Meda-Dhatwagni Mandya there is excessive accumulation of Meda that leads to obstruction of Medovaha Strotasa. Due to this, there is Vimargagamana of Vata Dosha. The Vimargaga Vayu in Koshta ultimately increases the Jatharagni leading to an increase in appetite. This cycle goes on and on. This study was taken by looking at the present statistics of the incidence and prevalence of Obesity. In present study30 patients were randomly selected and divided into two groups of 15 patients each .Gomutra Haritiki and Vrikshamla(extract) were given to Group I and Group II respectively for 60 days. After the completion of trial comparative efficacy and safety profile of both the formulations were assessed on different subjective and objective parameters. Result and Discussion revealed that both Gomutra Haritiki and Vrikshamla(extract) were quite effective in relieving both subjective and objective parameters after the course of 60 days.

Keywords: Sthaulya, Meda Dhatu, Obesity, Gomutra Haritiki, Vrikshamla

# 11. Role of Ayurvedic formulationTF-1 in the management of Newly Diagnosed stage-1 Essential Hypertension.

Dr.Niharika Shakya, P.G. Scholar, Department of Kayachikitsa. Dr. Ajay Kumar Sahu, Assistant Professor, P.G.Department of Kayachikitsa, National Institute of Ayurveda, Jaipur. 3. Dr.Dipti Kalangutkar P.G. Scholar of Department of Kayachikitsa, National Institute of Ayurveda, Jaipur**Email Id:** nshakya012@gmail.com

Hypertension also known as high blood pressure or arterial hypertension, is a chronic medical condition in which the blood pressure in the arteries is persistently elevated. Hypertension is common disorder rising in incidence once established treatment is obligatory. It is growing in incidence globally particularly in developing countries. Hypertension usually does not cause symptoms initially, but sustained hypertension over time is a major risk factor for hypertensive heart disease, coronary artery disease. Modern lifestyle might be the prime cause for such prevalence. Aims and Objectives- To study the efficacy of trial drug TF-1 in the management of newly diagnosed stage 1 essential hypertension. Material and Method: 10 newly diagnosed patients of EHT were administered with concentrated aqueous extract of trial drug TF-1 2 tabs (1tab- 500 mg) twice a day with lukewarm water for 4wks. Result: The trial drugs have shown statistically highly significant result in the Blood Pressure levels (SBP and DBP) and improvements have been seen in Bhrama, Shirshool, Klama, Hridspandan as duration of treatment increases whereas in case of Anidra and Krodha shown statistically signifiant result. Conclusion: Therefore, it can be concluded that, therapy in the form of administration of trial drug TF-1 is a safe and effective in the management of Essential Hypertension.

**Keywords**: Ayurvedic formulation TF-1, Essential Hypertention

#### 12. CASE STUDY-PARKINSONISM

Dr.Pallavi K.S\*, Dr. Vijayendra Bhat\*\*\* 3<sup>nd</sup> yr P G Scholar, Dept. of Mano Vijnan evum Manasa roga, SDM Ayurveda College, Udupi\*\* Associate professor, Dept. of Mano vijnan evum Manasa roga, S D M Ayurveda College, Udupi,Mail-pallavinaik1712991@gmail.com

Parkinsonism is a term related to neurodegenerative disease which leads to progressive deterioration of motor function due to loss of dopamine-producing brain cell. Usually occur in the elderly people. Having complaints of tremors, bradykinesia, sleep disturbance, small stepping gait, and depressed mood, impairment of memory and anxiety. In ayurveda it can be corelated with kapha vruta vyana vata with associated manasa vyadi like nidranasha, vishada,bhaya or smruthibramsha.

Case-a female patient of age 62 year was not a know case of diabetes mellitus or hypertension, visited sdm ayurvedic hospital udupi. Complaints of tremors, stiffness of both upper and lower limb, small stepping gait, postural imbalance, sleep disturbance and depressed mood along with altered memory level & anxiety. Her all investigation are said to be in normal level. Treatment was performed keeping with outlook of kaphavruta vyana with other associated manasa vyadhi.i.e-abhyanga followed by bashpa sweda, kapikachchu ksheera basthi,karchuradi taladhara is given with oral medication like Ashwagandha+ kapikachcu churna,mahisha dravaka 5ml tid,cap nuro 1tid advised for ten day

Result- improvement showed in reduction in stiffness level of upper and lower limb, slight improvement in sleep disturbance and depressed mood.

Details of case report will be dealt in this presentation.

KEY WORDS: PARKINSONISM, KAPHAVRUTA VYANA VATA

# 13. OBESITY (STHAULYA/MEDO ROGA) AN IMPORTANT LIFESTYLE AND METABOLIC DISORDER - A CONCEPTUAL BACKGROUND & AN APPROACH OF MANAGEMENT THROUGH AYURVEDA

\* Ekbote Anusha G,First year PG scholar,\*\* Vaidya S M ,Professor .Department of Samhita and Siddhanta, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India. Email: <a href="mailto:anushige@gmail.com">anushige@gmail.com</a> Mob: +91-9900845888

In the era of urbanization, obesity is recognized as a lifestyle and metabolic disorders. The incidence of obesity is evident in urban areas and gradually acquiring place in semi-urban and rural population too. Obesity is the main reason for diabetes, cardiovascular diseases, breast cancer etc. The integrative treatment for obesity deals with dietary restriction, moderate exercise, practice of Yogasanas, Pranayama and effective medications. Materials and method The researches published on obesity (sthaulya / medoroga) from 2004-2011, obtained from PubMed are critically studied and a strong conceptual back ground is framed and discussion done to draw results, to fulfill the needs of its prevention and management. Results Ayurveda emphasis on personalized approach while treating obesity. Ayurvedic modalities bear close resemblance with non-drug approaches of modern medicine. These modalities combined judiciously for prevention and cure of obesity. Discussion Studies reveal that obesity is higher in urban areas than in rural populations of India. Limited number of cases is primarily due to genetics, medical reasons or psychiatric illness, on the contrary, increasing rates of obesity is due to adoption of present day lifestyle measure. Influence of Leptin, ghrelin, an area of hypothalamus, the arcuate nucleus forms the pathway for its manifestation. Present understanding of adipose tissue as an endocrine organ from Ayurveda form a scientific basis for its management in getting success. **Key-words**: Obesity, Medoroga, Ayurveda, Agni etc

#### 14. OBESITY A CHALLENGE TO TODAY'S WORLD A LITERATURE REVIEW

DR. SHIVA NARAYAN GUPTA, 1ST YEAR PG SCHOLAR DEPARTMENT OF SHALYA TANTRA, Email Id: <a href="mailto:yourguptashiva@yahoo.com">yourguptashiva@yahoo.com</a>

According to WHO the obesity is defined as abnormal or excessive fat accumulation that presents a risk to health. Obesity has become a global epidemic and a public health problem. Estimated that more than 300 million adults are obese and many are overweight. Person of every age and sex is suffering from obesity. The main cause of obesity in today's world is the dietetic and relaxing life style which made it a major chronic disease in developing as well as developed country. In Ayurveda, obese person mimics the conditions of sthaulya which is one among the asthonindita purusha mention by Acharya Charaka. The Ayurveda explains in detail the description of sthaulya with its management. So in the presentation an attempt is made to explain the causes for obesity in today's world with its management by Ayurveda and different new research works supporting it.

Keywords: obesity, Ayurveda, management, new research

#### PARALLEL SESSION 11

### 1. AN INSIGHT INTO THE MANAGEMENT OF STHOULYA - MEDOROGA (OBESITY) IN THE LIGHT OF LOKA SAMYA SIDDHANTA

Dr. Poornachandra, Final year MD, Dept of Ayurveda Samhita and Siddhanta, GAMC, Mysuru. Dr. Shreevathsa, Professor and HOD, Dept of Ayurveda Samhita and Siddhanta, **Email Id**: poornalifecare@gmail.com

Man is a tiny replica of the vast universe. In the ocean of the universe, he is a drop of water or a particle of sand. Acharya Charaka has mentioned in Sharira Sthana -"Purushoayam loka sammitah― . Here Acharya considers human to be an epitome of this universe. Whatever bhava are present in loka (Universe) has samyata (similarity) with existing bhava of purusha (human). The universe and the individual share such similarities that every part of the universe is represented in the individual in minute dimensions. Lok Purusha Samya Siddhanta is a fundamental principle of Ayurveda on which all other basic principles of Ayurveda are based. This siddhanta is also applicable in the principles for the management of diseases. So one among the diseases is a Sthoulya (Medhoroga). Acharya Charaka has considered Sthoulya under the eight varieties of impediments which are designated as Ninditha Purusha. Sthoulya is an abnormal and excess accumulation of medodhatu. Frequent and excess intake of foods which increase Kapha and Medodhatu, Sedentary lifestyle, lack of mental and physical exercise are the most common etiological factors. In Western medical science Sthoulya can be compared to Obesity. The WHO now considers Obesity to be a global epidemic and a public health problem. As obesity not only reduces the life span of an individual but also leads to life threatening complications like stroke, ischaemic heart disease (IHD), so prevention and treating this condition is the need of the hour. So here an attempt is made to know how loka purusha samya siddhanta helps in the managemnt of Sthoulya (Medhoroga) â€" Obesity with the incorporation of concepts from Brihatraye. Keywords: KEYWORDS: Loka Purusha Samya Siddhanta, Sthoulya, Obesity.

#### 2. TRIPHALA MADHUPAKA: A REMEDY FOR STHOULYA

**Author**: Presenter: Dr. Pooja Hassan G, 3rd year PG scholor, Guide: M.B Kavita, Associate professor, Department of Swasthavritta, Shri Dharmashtala Manjunatheshwara College of Ayurveda and Hospital, Hassan poojasoundarya13@gmail.com

Madhu (honey) has wide range of uses in diseases due to its Yogavahi guna with. Ayurveda emphasises on usage Purana Madhu over Naveena Madhu in Sthoulya. It is Ruksha, Anabhishyandi, Tridoshaghna, Atilekhana, Stoulyaghna, Medhoghna. Triphala is one among those used to treat sthoulya. Though heating honey is contraindicated, Triphala Madhupaka is a special remedy mentioned for Sthoulya. OBJECTIVES: To evaluate the proximate composition, anti oxidant activity and Pancreatic lipase inhibition capacity (invitro) of Purana Madhu vs Triphala Madhupaka. MATERIALS AND METHODS: The research work was carried out at CFTRI, Mysore. A FSSAI certified market sample of honey was procured and kept in dark for one year from the date of bottling to convert it to Purana madhu. Triphala was collected from Sri Dharmasthala Manjunatheshwara pharmacy, Udupi. Analysis of proximate principles (nutrient composition) of Purana Madhu was done by following standard methods (AOAC, 2010). The other analysis done includes antioxidant activity and Pancreatic lipase inhibition capacity (invitro) in both Purana Madhu and Triphala Madhupaka RESULTS: Marked reduction in total carbohydrate content, high antioxidant activity and Pancreatic lipase inhibition (in-vitro) was found in Triphala Madhupaka when compared to Purana Madhu alone. CONCLUSION: Based

on in-vitro study, Triphala Madhupaka is a better option in Sthoulya over Madhu alone. **Keywords:** Madhu, Madhupaka, triphala, sthoulya, antioxidant, pancreatic lipase

#### 3. MANAGEMENT OF OBESITY (STHAULYA) IN PANCHKARMA

Author: 1.Dr. Upasna Thakur, 1 st yr. PG Scholar Department of Panchkarma KLEU's ShriB.M.Kankanwadi Ayurveda Mahavidyalaya, Belagavi. 2. Dr. B S Prasad, Professor and H.O.D. Dept. of Panchkarma, KLEU's ShriB.M.Kankanwadi Ayurved Mahavidyalaya, Belagavi. Presenter: Dr. Upasna Thakur Email Id: upasna 19july 4019@gmail.com

Obesity is not because it runs in family; it is because no one runs in family. Sthaulya is common health problem. It is a disease which is the result of unorganized way of living, taking food, stress, lack of physical workamong the people of middle, higher and socio economic status. Sthaulya is an abnormal and excess accumulation of medodha tu. Sthaulya is now so common that it is replacing more traditional public health concerns including undernutrition. It is one of the most significant contribution to ill health. This presentation aims to give general idea of factor or causes responsible f or sthaulya. It focus on management of sthaulya through panchkarma procedures, diet, lifestyle changes and yoga. Since a yurveda takes multidimensional and holistic approach in the management and cure of any disease and so obesity. T here is evidence that obesity is preventable and treatable dieting, yoga, lifestyle changes can produce weight loss and can be maintained. **Keywords:** Key words: Sthaulya, obesity, prevention

### 4. A PANCHAKARMA APPROACH IN THE MANAGEMENT OF STHOULYA: A CASE STUDY

**Author:** Mayur Nagar\*, Ashvini Kumar M\*\* \*Post-Graduate Scholar\*\*Professor and HOD Department of Panchakarma, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India

Email Id: drmayur23vaidya@gmail.com

**Abstract**: Introduction: Sthoulya is one among the santharpana janya vyadhi mentioned in Ayurveda. It is described as kapha predominant disease involving kapha and medas as main dosha and dushya respectively. Obesity is one among the lifestyle disorder prevailing day by day and sedentary life style is contributing the biggest role in prevalence of obesity. Though much advancements has been taken place in the modern medicine for the management obesity, still they are unable to find the utmost satisfaction for the ailment. Methodology: A 22 years old male patient diagnosed case of sthoulya having weight of 154 kg and BMI 58.62 kg/m2 was managed with ayurvedic treatment modalities like Nidana Parivarjana, Bahir parimarjana chikitsa, Abhyantar Samshodhana. Results: The treatment modalities thus adopted helped to improve the quality of life along with reduction in weight and BMI. Significant changes were noted in all anthropometry measurements. Discussion: Considering sthoulya a santarpana janya vyadhi the line of treatment mainly includes Nidana Parivarjana chikitasa, Bahiparimarjana chikitsa which heelps in Medas and Kapha pravilayana, Shodhana chikitsa which helps in attaining laghuta and correcting Dhatwagni. Alleviation of Vata and Kapha along with depleted Medodhatu by increasing medodhatwagni is the main aim of treatment of Sthoulya. Based on the Avastha & Dosha Bahulyata suitable Shodhana was adopted. The detailed description will be discussed in paper presentation. **Keywords**: Sthoulya, Udwartana, Virechana

# 5: The effect of vrikshamla swarasa on overweight and obese women Dr Manasvini HR, RGUHS, PG scholar, Email Id: manasihr@gmail.com

Lifestyle disorders are caused by one's way of leading life and obesity is of them. Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. According to the latest reports India ranks third after the US and China in having the highest number of overweight people in the world and also 22 per cent of adult women are overweight. In ayurveda, stoulya / medo roga (a disorder of the medo dhatu) is a santarpana janya vikara. Vrikshamla (kokum) contains hydroxy citric acid (HCA), a chemical which is a potential anti-obesity agent. Hence our objective is to study the effect of vrikshamla swarasa on overweight and obese women. Methodology- Study was conducted on women aged 20-60 years (30 experimental, 30 control) in Bangalore city with BMI kg/m². 100ml swarasa made out of 5 kokum rinds and administered once a day to the experimental group for 60 days. Results - Considerable reduction was observed in the anthropometric measurements especially in the waist and hip circumference.

Keywords: Obesity, BMI, vrikshamla, swarasa Author: Dr Manasvini HR, RGUHS, PG scholar

#### 6. Hyperlipidaemia "A Dietary analysis and Preventive measures"

**Author**: Dr Shawan Barik, PG Scholar, Department of Panchakarma, KLEs Shri BMK Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka

The hasty lifestyle has morphed the food supply chain to include excesses processed foods and dietary choices that lead to hyperlipidemia and have become a focus of dietary analysis. Hyperlipidaemia has become a common condition accounting more than 10 million cases per year in India and global variations in the prevalence are associated with country-level economic development and health system indices. Food which is the prime source of life has morphed into a poison in all age group alike breaking the prototype of food chain pyramid disrupting the balanced diet idealistic. An Ayurvedic approach has been taken to analyze the situation keeping in similarity with medovriddhi and suggestion with corrective measures were suggested accordingly. Methods- Collection of the matter was done from various relevant articles, texts and journals, which were sorted and suggestions were taken accordingly. Result- It was observed that excessive indulgence in madhura, shita, guru, etc aahara leads to medovikara, which also leads to hyperlipidaemic changes in the blood. Discussion and Conclusion- Changes in food habits can prevent the pathway to some major lifestyle disorders like hyperlipidemia, obesity in children and adults, chronic heart disease, etc. **Keywords**: Hyperlipidaemia, Diet, Lifestyle, Obesity, Medovikara

### 7: To evaluate the efficacy of lekhaneeya gana mahakashaya yoga basti in the management of Sthoulya -a controlled clinical study

Dr Anupama S, panupamasp27@gmail.com

Sthoulya is a condition where in there will be Ayatopachaya of shareera associated with abnormal increase in Medodhatu. Obesity is defined as an abnormal or excessive accumulation of fat in the body that which pose a risk to health. Obesity has increased at an alarming rate in recent years & has become one of the major health hazards globally. The prevalence of obesity has increased threefold within the last 20 years & it continues to rise. It is considered as a lifestyle disorder in which a complex interplay of Genetic, Environmental & Psychological factors play a major role, especially primary obesity wherein no obvious cause exists other than an imbalance in energy intake & expenditure. As per the latest statistics of WHO Obesity has more than doubled In 2014, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 600 million were obese. Obesity is preventable. Considering all these the present study was undertaken to evaluate the efficacy of Lekhaneeyagana Mahakashaya yoga Basti in Sthoulya. Methods: Study design â€" Acontrolled clinical study with pre and post test design havingLekhaneeyaganaKashaya in Group A and in Group BLekhaneeyaganaMahakashaya yoga Basti along with LekhaneeyaganaKashaya for 30 days. Study was conducted on 50 subjects, each group 25 were selected fulfilling the diagnostic criteria Body weight, Waist circumference, Waist â€" Hip ratio,BMI,Dourbalya,Dourgandhya, Atikshudha, Atipipasa, Atisweda, Nirutsaha, Shwasakricchrata.Result:Data was collected on Oday, 9th day, 31st day and 45th day. Both the groups showed statistically significant results with 'P' value 0.000. Discussion: The role of Ruksha, Ushna and TikshnaBasti in the management of Sthoulya is mentioned in CharakaSamhita. Lekhana or KarshanaBasti helps to remove obstruction of Meda, Kapha and Kleda from Srotas by its Veerya and helps to alleviate vitiated Vata and normalize the function of Agni and Vayu. Hence in this research an attempt has been made to evaluate the role of Lekhaneeyagana Mahakashaya yoga Basti in Sthoulya.

**Keywords**: Sthoulya, lekhaneeya mahakashaya basti

### 8. A clinical study on effect of vamana and udvartana karma in the management of sthoulya.

Dr. Patil Akshata Vijaykumar<sup>1</sup>, Dr. Channabasavanna B.M. <sup>2</sup>,Dr. Mallikarjun M. <sup>3</sup>, 2<sup>nd</sup> year PG scholar, P.G. Dept. of Panchakarma NKJ Ayurvedic Medical College, Bidar. Asst. Prof. P.G. Dept. of Panchakarma,NKJ Ayurvedic Medical College, Bidar. Lecturer P.G. Dept. of Panchakarma,NKJ Ayurvedic Medical College, Bidar. Mail- akshatavg2011@gmail.com

The incidence of obesity is increasing day by day in more percentage due to sedentary life style and food habits and is resulting into many serious systemic complications. WHO now considers obesity to be a global epidemic and a public health probleme. It is estimated that 300 million adults are now obese and among are overweight globally.

In Ayurveda obesity can be co-related with sthoulya. Acharya Charaka quoted sthoulya under the eight varieties of personalities which are designated as nindita purusha, ati sthoulya comprise one of them. Since sthoulya is kaphapradhana vyadhi, the vamana karma is prime therapy and act as kaphahara, where as udvartana is indicated for kapha meda vilayana.

Hence, in present study 30 patients are distributed in 2 equal groups (15 patients in each) such as Group "A" Vamana karma with madanaphala pippali yoga and Group "B" Udvartana with churna of yava, mudga and haritaki for 10 days and results are assessed. Both the groups showed highly significant results.

KEY WORDS: Sthoulya, Vamana, Udvartana, Obesity.

#### 9. Computer vision syndrome: A survey study

Chinmayee Choudhury Dr.Shivakumar S.Harti, Asst. Professor Dept of swathvritta Dr. Narayan Bavalatti Asst. professor Dept. of Shalakya Tantra. Prof(Dr) Manjusha rajagopala H.O.D., Dept of shlakya tantra All India Institute of Ayurveda

Email Id: choudhury.chinmayee.dr05@gmail.com

Abstract :Introduction Computer vision syndrome (CVS) is a condition in which a person experiences one or more of eye symptoms as a result of prolonged working on a computer. In this paper, we tried to evaluate the association of various risk factors and to find out the most commonly occurring symptoms in CVS. Material and methods The patients of diagnosed CVS attending the OPD of All India Institute of Ayurveda were interviewed with a specially framed questionnaire and the data were collected regarding the demography, duration of daily continuous use of computer, symptoms of CVS. Data were analysed using proper statistical method. Result & Discussion- Out of 30 patients, 64 % were male & 36 %were female, 43% were below 35 years & 57% were above 35 years, 46 % were using computer from less than 10 year & 54% were using from more than 10 years, 16 % were using for less than 4 hour & 84% for above 4 hours. Among them, symptoms like pain in eyes & neck pain were more prevalent as compared to the other symptoms such as dry eye, headache, itching/burning and watering of eyes.

Keywords: Keywords: Computer vision syndrome, Dry eyes, Headache, eye strain

#### 10. Case Report and Review of Management of Palmer Erythema

Author: Dr. Soniya Gupta (P.G.Scholar 1st year) Dr. V.G.Huddar(Associate professor) Dr. R.K.Yadava(Associate professor) Email Id: <a href="mailto:drsoniyarac@gmail.com">drsoniyarac@gmail.com</a>

Palmer erythema is a rare skin condition where the palm of both hands becomes reddish. This change in colour usually affects the base of the palm and the area around the bottom of thumb and little finger. in some case finger may also turn red. Primary palmer erythema is found rare than secondary. In allopath no treatment of primary palmer erythema is indicated. This condition is considered as Pitta Kapha pradhana Kushta in Ayurveda. Based on this the line of treatment has been planned and treated successfully. It is a single case study, after the course of three months treatment, it was observed that almost all the symptoms are significantly reduced. DISCUSSION – Considering the Dosha involvement the Koshtashodhana followed by oral medicine were planned in this case. Trivrit avaleha was given for Koshtashodhana for Piitta Anulomana and the oral medicines selected are having Pitta Kapha shamana property.

### 11. Management of Chronic Bacterial Prostatitis (Tooni) through Panchakarma- A case study

Dr. Ramanuj soni, PG Scholar, Dept. of Panchakarma, All India Institute of Ayurveda, New Delhi. Dr. Prasanth D, Assistent Professor, Dept. of Panchakarma, All India Institute of Ayurveda, New Delhi Email: <a href="mailto:rauj.soni@gmail.com">rauj.soni@gmail.com</a>

INTRODUCTION- Prostatitis is swelling and inflammation of the prostate gland. One of the most important symptoms of chronic bacterial prostatitis is rectal pain and increased urge of urination. These symptoms can be correlated with the Ayurvedic classical reference of the condition "Tooni― mentioned under the classification of vatvyadhi. In the present paper, we are presenting a Chronic Bacterial prostatitis. METHODS- A male patient aged 31 years complained of severe rectal pain and frequent urination since more than 10 years. The patient had history of Chronic bacterial prostatitis for which he was taking painkillers regularly in his routine life. As per the Ayurveda line of treatment the patient was treated with Virechana and Yog Basti, RESULT- After a course of treatment with Virechana and Yog Basti, the frequency of episodes of pain and severity reduced and the complaints of frequent urination was resolved markedly.

KEYWORDS- Tooni, Prostatitis, Virechana, Yog Basti Keywords: Tooni, Prostatitis, Virechana, Yog Basti

#### 12: CHILDHOOD OBESITY: AN AYURVEDIC APROACH TO ITS MANAGEMENT

DR. Lokesh D Badiger (Final year pg) dept. of kaumarabhritya, sgv ayurvedic medical college, bailhongal.**Email Id**: lokeshdbadiger@gmail.com

Childhood obesity is a condition where excess body fat negatively affects a child's health or wellbeing. In Ayurveda, obesity has been elaborately described by the term 'Sthaulya'. Childhood obesity is a serious issue that has become the source of many illnesses for young children and adolescents in the nation. If not managed will lead to Pulmonary, Neurological, Gastrointestinal, Endocrinal, Renal, Muscoloskeletal complications. The percentage of obese children in the india has increased from 7% to nearly 18% within the past thirty years. A few of the major influences that contribute to childhood obesity are environment, lack of resources, lack of education and decreased financial income. METHODS: From books, Journals, Internet. RESULT: Childhood obesity can be treated effectively by balanced nutrient intake and rational use of Ayurvedic medicine and Yoga. DISCUSSION: Numbers of researches brought sufficiently efficacious drugs, because of various treatments, prescribed in modern medicine have not proved their definite efficacy in spite at high price & side effects. But Ayurvedic has many medicines and yoga to treat childhood obesity.

**Keywords:** sthoulya, Childhood obesity

#### **PARALLEL SESSION 12**

1. Etiopathogenesis of Kaphaja unmada w.s.r Depression

Author: Dr shashikala a.patil, Dr.shubhangi Presenter: Dr vishal kumar

Email Id: vishalkumar1563@gmail.com Contact: 9880320288

**INTRODUCTION** A Mental illness is an abnormality of mental and behavioral functions of a person that causes a significant burden of morbidity and disability in day to day activities and which is not developmentally or socially normative. Depression is estimated to affect more than 350 million of global population. According to the World health organization, this is the fourth most disabling medical condition worldwide and is expected to be ranked second by 2020. Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior feelings, and sense of well being. Depression is mentioned in aurvedic classics in various scattered references. It is both a state of emotion (manasika bhava ) As well as disease(manasika vyadhi) In Ayurveda kaphaja unmada has mentioned a psychopathological alpashashchankramanam, condition characterized by tushnibhava, anannabhilasha, svapnanityata, alphakathanam, rahaskamata, bhibhatsatva, sadana, etc. whatever the explanation given by our acharyas regarding kaphaja unmada is having similar correlation with the depression .so here is an effort is made to understand the co-relation between the kaphaja unmada and depression key words: Kaphaja unmada, Depression.

### 2. Role of himasagara taila shiro pichu in the management of chittodwega with special reference to GAD(general anxiety disorder)

Author: Dr lekhanapandith Presenter : Dr lekhanapandith Email Id : drlekhanab@gmail.comContact : 9482988524

Psychological disorders are commonest presentation in present era because of mechanical and stressful life style. Among these Psychological disorders GAD (Generalized Anxiety Disorder) is major problem which is having prevalence rate of 2-4% globally in 1 year. GAD (Generalised Anxiety Disorder) is one of the life style disorder characterized by mental worries, stressful behaviour and difficulty in controlling his/her feelings, being alarming problem, it needs effective and safe treatment. In Ayurveda it can be closely compared to Chittodvega, disease of mind caused due to manasikadoshas rajas and tamas along with Sharirika Vata Pradhanadosha and described by Acharya Charaka in Vimanasthana. When we scrutinize the treatment protocol Moordhni Tailas comes as prime treatment for this disease. Among the Moordhni tailas Shiro Pichu is Graded second best procedure by Acharyas. Though it is simple, cost effective, patient friendly procedure but presently less popular. With the intention of assessing effect of Shiro Pichu present clinical trial has been carried out on 5 patients of Chittodvega. Shiro pichu was done with Himasagara Taila, and trial was carried for 8 days. Shiroshoonyata, Udvega, Dhyana, Hridgraha, Avipaka was taken as subjective parameters and Hamilton Anxiety rating scale was taken as objective parameter. Significant difference noted in all the parameters after the treatment and present study has shown that Acharyas Claim about Shiro Pichu as a second highly effective treatment modality among Moordhni Tailas is a valid one. Key words; Shiro Pichu, Chittodyega, G A D (Generalized Anxiety Disorder), Himasagara taila, Hamilton Anxiety rating scale.

#### 3. ROLE OF VAMANA IN THE MANAGEMENT OF MADATYAYA(ALCOHOLISM)

Author: Dr. Srinidhi S\* Dr. Ashvini Kumar M\*\* \*PG Scholar \*\*Professor, Department of Panchakarma Presenter: Dr. Srinidhi S Email Id: nidhi1956@gmail.com Contact: 9164562814 **Abstract**: Introduction: Alcoholism is a chronic relapsing disease characterized by denial and inability to discontinue its use despite knowing its adverse consequences. The National Council on alcohol and drug dependency and The American Society of Addiction Medicine define alcoholism as "a primary, chronic disease characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking." The disease †Madatyaya' described in Ayurveda includes various disorders resulting due to excessive consumption of alcohol. Madatyaya is a Tridoshaja Vyadhi. Methodology: Vamana is a procedure of expelling the morbid Doshas through mouth. Vamana is beneficial in Kaphaja disorders and Kapha disorders associated with Vata and Pitta. Results: Vamana helps in sarva sharira shudhi. Kapha Hara, Sharira, Kosta, Indriya and Mana Shuddhi, Agni Deepti are the benefits of vamana in madatyaya. Discussion: Madatyaya is a disorder resulting due to faulty intake of alcohol where all the margas are blocked by the vitiated Tridoshas, vamana helps in marga shudhi of Hridaya and murdha indriyas Hence Vamana has the significant role in the management of madatyaya. Keywords: Keywords: Madatyaya, alcoholism, Vamana.

### 4. Sleep and Waking up timings in different cohorts (based on age)- Cross-sectional study

**Author :**Dr. Mukta ( PG Scholar,2nd year, Department of Swasthavritta), Dr. Shivakumar S Harti(Assisstant Professor, Department of Swasthavritta)**Presenter :** Dr. Mukta

Email Id: mukta\_verma91@rediffmail.com Contact: 9711768133

Abstract: Introduction Sleep is one of the Vital Requirements of the human system and that is why it is included as the Three Pillars―. This study aims to see the relation of ideal sleep timings in the healthy and unhealthy cohorts. Materials and Methods People in different age groups (3 cohorts with both healthy and unhealthy individuals. cohort 1 (20-40 yrs age), cohort 2 (40-60 yrs. age), Cohort 3 (60-80 yrs. age) were interviewed about their daily routine. The timings of sleeping and waking up were observed in different age groups in apparently healthy and unhealthy cohorts. Results When the Pattern of Sleep and waking Up timings was studied it was noticed that Average waking up timings in the Age Cohort (20-40) in the healthy was 5-6 AM (38%) and in unhealthy was 6-7 AM (66%), in the Age cohort (40-60) healthy- 5-6 AM (75%) Unhealthy 6-7 AM (66.66%) and in Age cohort (60-80) healthy – 5-6 AM (75%) Unhealthy -5-6 AM (50%). Sleeping timings noticed were Age Cohort (20-40) in the healthy was 11-12 PM (27.7%) and in unhealthy was 10-11 PM (66.66%), in the Age cohort (40-60) healthy- 10-11 PM (70%) Unhealthy 10-11 PM (66.66%) and in Age cohort (60-80) healthy – 10-11 PM (62.5%) Unhealthy – 10-11 PM (100%). **Keywords:** Nidra, Wake up time, Apparently Healthy individuals.

### 5. NEED FOR THE DEVELOPMENT OF AN ASSESSMENT SCALE FOR PRAJNA TO DIAGNOSE NEURO PSYCHOLOGICAL DISEASES.

**Author**: Dr. Tejashwini S Hiremath,PG Scholar, Dept of Samhita,Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India**Email Id**: tejashwini818@gmail.com Contact: 7899268892

Abstract Introduction: Significance of mental health is gaining momentum in recent times. One in four people were affected with mental disorders, as per 2001 report of WHO, world is looking towards alternative system to get evidence based solution for these issues. Many research works have been carried out on the effectiveness of various herbs on mind and mental diseases. These herbs are said to promote the intellect, enhance biological nourishment of the brain, improve concentration and cognitivity of mind thus helping in promoting mental health. Prajna is considered as outcome of analysis of mind. Composed of three components -Dhee, Dhruti and Smruti. †Dhee' is responsible for cognition of knowledge. †Dhruti'factor responsible for controlling. †Smruti'-entity responsible for the memory. The equilibrium of these three states is essential for health and any disturbance at any of these components leads to one of the major cause of disease. So diagnosis of Neuropsycological disorder is done with concept of Prajnaparadha. To assess these parameters there is need to develop scale. Methods: The Ayurveda articles related to Neuropsycology will be collected, limitations in the assessment criteria will be studied and scope for developing Ayurveda parameter would be analysed. Result: Ayurveda needs its own scale for correct understanding of neurpsycological disorders in its terms. Discussion: In all these articles the assessment criteria is done on basis of Biochemical analysis of herbs on mind. As Ayurveda assessment criteria is entirely on the basis of symptoms, requires its own scale for assessment Keywords: KEYWORDS: Prajna, Dhee, Dhruti, Smruti.

#### 6. SLEEP BOON OR BANE FOR HOMEOSTASIS

**Author:** Dr. Rinku Kuwar PG Scholar, Dept of Samitha Siddhanta, Govt Ayurveda Medical College, Mysore. Dr. Shreevatsa; Prof & HOD of PG studies in Samhitha Siddhantha, Govt Ayurveda Medical College, Mysore. **Email Id:** <a href="mailto:diyakunwar92@gmail.com">diyakunwar92@gmail.com</a>

Abstract: INTRODUCTION Homeostasis is a prime component to have healthy life, which can be maintained through ahara, nidra and bramhacharya. Short sleep disorders are at significantly greater risk for CVD and cerebrovascular diseases such as: CHD, heart failure, HTN, arrhythmias, atherosclerosis and metabolic disorders like obesity, type-2 diabetes mellitus and dyslipidemia. METHODOLOGY: With the help of different research articles published, efforts are made to understand and apply nidra concept in brief: 1). Importance of nidra for sharira pusti w.s.r. growth hormone. 2). Importance of nidra in bala w.s.r. immunology. 3). Importance of nidra in related to vrushya and klibyatha w.s.r to sexual hormone. 4). Importance of nidra in gyana and agyana w.s.r. memory . 5). Relation between sleep and BMI. 6) Nidra vega dharaniya and its consequences w.s.r sleep deprive condition. 7). Understanding of bhutadhatri nidra. RESULTS AND DISCUSSION: 1). 75% Growth hormones are secreted during deep wave sleep. 2) sleep help in production of pro-inflammatory cytokines and increases no. undifferentiated naà ve T-cells. 3). Sleep helps in memory consolidation . 4). Sleep increase testosterone secretions. 5). Short sleep duration is directly proportional to obesity, study showed every increased hour of sleep, decrease BMI 0.35 points. 6). Short sleep duration shows poor diet profile. 7). nce ratri swabhava nidra is considered has bhutadhatri nidra. CONCULSION: The national heart, lung and blood institute of the national institute of health showed ~50-70 million us adult suffer from short sleep disorders and associated with its risk. So, sleep is increasingly recognized as an important life style contributor to health. Keywords: Nidra, Sharira bala and pusti, vrushya, gyana and agyana, growth hormone, immunology, BMI, bhutadhatri nidra

#### 7. SHAREERAMAPI SATWAMANUVIDEEYADE SATWAM CHA SAREERAMA INFLUENCE OF DHARANEEYA VEGAS ON PSYCHO-NEURO-IMMUNOLOGY

Author: Dr Savitha H P - Associate professor, Dept. of Manovijnana evum manasa roga, Presenter: Dr Ajith Kumar G Email Id: drakg1991@gmail.com

Introduction/Background: Dharaneeya Vegas are the internal factors which should be maintained in proper equilibrium by an individual who is desirous of sukhayu and hithayu to achieve swastya. They can be compared with emotions, which are psycho-physiological expressions arising due to feelings which can be pleasant or unpleasant associated with an idea. Emotions are part of normal well being and can also become the cause for various disorders when uncontrolled and inappropriate to the situation. Methodology: Hypothalamus-Pituitary-Adrenal axis and Sympathetic-Adrenal-Medullary axis are the two major hormonal axis which influence our immune system when impaired emotions act as a chronic stressor. Conversely, cells of the immune system may influence nervous system function by secretion of various chemical messengers among which cytokines are best recognized. Results: Dharaneeya Vegas has an influence on psycho-Neuro-Immunology. When these are not maintained in proper homeostasis, it leads to the causation of various disorders. Conclusion: The current paper deals with the role of Dharaneeya Vegas on psycho-neuro- immunology and the effect of various hormones produced during emotional outburst. Keywords: Keywords: Dharaneeya Vegas, Emotions, Psycho-Neuro-Immunology

#### 8.PTSD AND PSYCHOSOMATIC SEQUEL A CASE REPORT

**Author:** 1Dr Keshav R, PG Scholar, 2Dr Savitha H P, Associate Professor, Department of Mano Vijana Evum Manasa Roga, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, BM Road, Thanniruhalla, Hassan-573201, Karnataka, India.

Abstract: Introduction Post traumatic stress disorder (PTSD) is a mental disorder that develops after a person is exposed to a traumatic event such as sexual assault, warfare, traffic collisions or other threats on a person's life. Symptoms include disturbing thoughts, feelings or dreams related to the events, mental or physical distress to trauma-related cues, attempts to avoid trauma-related cues, alterations in how a person thinks and feels and an increase in the fight-or-flight response. Methodology A female aged 46 yrs reported Manasaroga OPD of our hospital with complaints of lack of interest in daily activities, excessive talk, repeated washing of hands and feet with thoughts of bowel and bladder incontinence associated with irregular menstrual cycle since 8yrs. Detailed history revealed post marriage atrocities on her by husband in foreign land. Subject was diagnosed as PTSD with moderate features of OCD. The treatment plans adopted were medokaphahara and satwavajaya chikitsa. Results The main cause for the PTSD in present subject is familial / interpersonal issues from husband regarding atrocities and associated complaints were more of obsessions about unwanted, repetitive, negative thoughts including more concern about her sanitation. A specialized treatment pattern was adopted on which subjective well being was observed while objective observation was with no effect. Keywords: Post traumatic stress disorder, OCD, Satvavajaya.

#### 9. Role of yoga in depression "a lifestyle Disorder in children"

Author: Presenter - Dr.Priyanka Sharma,2nd year P.G. Scholar, Dept. of Kaumarbhritya, KLEU's BMK Ayurveda Mahavidyalaya & Hospital & Research Centre. Guided by - Dr.Veena K. H, Reader, Dept. of Kaumarbhritya, KAHERs BMK Ayurveda Mahavidyalaya & Hospital & Research Centre. Presenter: Dr.Priyanka Sharma Email Id: priyanka.sharma210390@gmail.com Contact: 9148308360

Abstract: Mental health in children has many dimensions, such as having having healthy interactions with peers and teachers and being able to focus attention on specific activities (e.g. studying, playing) while remaining calm. Many people believe only adults can have depression, but children and teenagers can also be affected by depression. About 11% of teens experience depression before age 18. Symptoms of depression can be hard to spot in children. Children may show different symptoms at different ages and throughout adolescence. In this modern era yoga plays an important role to reduce depression. Yoga is an ancient Indian way of life which includes the practice of certain posture (asanas), regulated breathing (pranayama), meditation (tratak) and yama and niyama. Yoga practice has shown to be beneficial for the physical and mental health of children. Hence yoga practice has diverse and useful application in improving the mental health in children mainly caused due to modern lifestyle. **Keywords:** Key Words – Yoga, depression, lifestyle disorder, children.

### 10. UNDERSTANDING AGANTUJA UNMADA IN THE LIGHT OF NEUROPSYCHOLOGY

Presenter: DR.SARANYA.K Email Id: <a href="mailto:saranyabams@gmail.com">saranyabams@gmail.com</a> Contact: 9448054805

Dr Ajantha PG Scholar, Professor, Department of Roganidana, Sri Dharmasthala Manjunateshwara College of Ayurveda and Hospital, BM Road, Thanniruhall, Hassan – 573201, Karnataka, India. Email id:saranyabams@gmail.com

**Introduction**: Word neuro includes shirohrudaya and psychology includes manas with its vikaras. Altogether concept established in mano-vikaras like unmada, apasmara etc in Ayurveda is reflected in contemporary neuropsychology. Method: Appraisal on concept of neuropsychology in light of samhitas. Discussion: Neuropsychology is study of function of brain related to psychological processes, behavior influenced by environmental factors and learned activities. In an alpa-satwa individual due to vatadi-doshas, dooshana of hrudaya occurs, taking ashraya in manovaha srotas leading to derangement of mana, buddhi, chetana, inana, smruti, bhakti, sheela, shareerika-cheshta and achara resulting in Unmada. This pathophysiology portrays principles of neuropsychology in Ayurveda. Unmada initially appears due to bhayatrasa- shoka. The fear, depression established unconsciously through amygdale produces a strong impression in subconscious mind leading to behavioral changes surpassing the conscious mind. Unmada is classified as nija and agantuja. Lakshanas of agantuja unmada can be regrouped under the following domains, Paranormal speech: Pratihata-vaak in pitrunmada and badhabadhapralapa in pishachonmada. Paranormal physical activities: shastra-shonita-mamsa-rakta mala abhilashi in yakshonmada. Paranormal behavior: kaashtadibhi Aatma peedana in brahmarakshasonmada and so on and the rationale behind such phenomena is discussed in this paper in relation to neuropsychology. Conclusion: concept established in mano-vikaras in Ayurveda is re-established through contemporary neuropsychology. **Keywords**: Key words: neuropsychology, agantuja unmada, paranormal phenomenon

### 11. An experimental study to Evaluate the role of kharjooradi mantha in the enhancement of ojo guna in madatayi?

**Author:** Dr. Aqeeb Javeed\*, Dr. Chate vasudev\*\*, Dr. Shreevathsa\*\*\* \*PG Scholar, \*\*Reader, \*\*\* Professor and H.O.D. -Department of PG Studies in Ayurveda samhitha and Siddhanta, GAMC, MYSORE **Presenter:** Dr. Aqeeb Javeed.

Email Id: javeedbidar07@gmail.com Contact: 7411834942

Abstract: Introduction Ayurveda allocates ojas as the responsible substance for strength and vitality of human body. As ojas can be correlated to the immunity of modern science which gets effected due to one of the cause of excessive consumption of alcohol which is similar to 10 gunas of ojas being opposite to 10 gunas of madya. The treatment of Madatyaya is being Santarpana. Kharjuradi mantha has been described in charaka samhitha in the rogis of madatayi. As ojo vikara is included under apatatarpanajanya vyadhi for which santarpana chikitsa is advised. Hence k.m is experimented On an alcohol induced immune suppression model. Materials and methods In vivo immune suppression of Wister albino rats done through the alcohol induced immune suppression model was assessed by treating with with k.m against the standard vitamin C. A total of six group were formed each consisting of 6 rats as Normal, Control, Standard, Treatment A, B, C being treated with 0.6ml,1.2ml,2.4ml of k.m over 20 mg/kg vit C for 28 days. All the six group were compared with parametric data such as SGOT, SGPT, histopathology of liver, spleen etc. Results; The efficacy of the K.m was dose dependent with immunobooster effect. Discussion The results indicate isolation of functional molecules from the extract. Keywords: Kharjooradi mantha, Madataya, Immunobooster, Alcohol.

### 12. EFFECT OF SARASVATA CHURNA ON PSYCHOLOGICAL STATUS IN SUBJECTS WITH PAKSHAGHATA / ISCHEMIC HEMISPHERIC STROKE

Author: Dr Punith PPresenter: Dr Punith PEmail Id: punith.p36@gmail.comContact: 7847047324 Abstract :Dr Punith P \* Dr Shrilatha Kamath T \*\* Dr G Shrinivasa Acharya \*\*\* \*Post Graduate scholar \*\*Guide & Professor \*\*\*HOD Dept of Kayachikitsa and Manasa Roga SDM college of Ayurveda Udupi Introduction: Vata Vyadhi which relates its onset with Dhatu kshaya or Avarana. Pakshaghata is one such vataja nanatmaja vyadhi with symptoms of cheshtanivrutti in vama or dakshinaparshwa along with ruja and Vaksthambha. Margavaranajanya Pakshaghata with unmada can be correlated to vascular dementia. General Vata vyadhi chikitsa best attained through Snigdha sweda. When avarana pathology takes place in shiras, it results in slurred speech, aphasia, problems with vision and decreased brain function. Orally Sarasvata churna is ideal with drugs of srotoshuddhi property. In this study, patients with margavaranajanya Pakshaghata / ischemic stroke were selected for the study. Materials and methods: It is an open label, nonrandomized single group with pre test and post test study design. The selected 20 patients with diagnostic criteria were subjected for treatment with Shalipindasweda and Sarasvatachurna in 3gm bd with honey for a period of 14 days. Results: Statistically significant results were found in ashta vibhrama as well as muscle strength.Keywords: AVARANAJA UNMADA, VASCULAR DEMENTIA, SHALIPINDA SWEDA, SARASVATACHURNA.

#### 13. EFFECT OF KAMADUGHA RASA ON MANOVIKARA IN AMLAPITTA

Author: Dr Ashwini Ramachandran Email Id: aswini.ramachandran76@gmail.com

Dr Aswini Ramachandran\* Dr Shrilatha Kamath T \*\* Dr G Shrinivasa Acharya \*\*\* \*Post Graduate scholar \*\*Guide & Professor \*\*\*HOD Dept of Kayachikitsa and Manasa Roga SDM college of Ayurveda Udupi

**Abstract**: Introduction: Physical diseases are thought to be made worse by mental factors such as stress and anxiety. Variation in the manasa dosha due to the stressful life and interrelation between shareerikayyadhi and manoyikara are known factors. Raja one of the manasa dosha, affects pitta, resulting in ajeerna which may end up in Amlapitta (Functional Dyspepsia). On physiological side stress is known to modify gastric blood flow, which plays important role in the gastric mucosal barrier and to effect the possible hormone mediators. Kamadugha rasa is a unique formulation with blended combination of herbo-mineral drugs which acts both on Amlapitta as well as its psychological and emotional factors. Kamadugha rasa not only cures pittaroga, amlapitta, ajeerna but also effectively acts on daha, murcha, bhrama, shirasula and unmada. Materials and Methods: An open label clinical trial with pre test and post test design, 21 patients of either sex fulfilling diagnostic and inclusion criteria were selected for the study. Oral administration of Kamadugha rasa with mukta in a dose of one tablet of 250mg b.d with Jeeraka kashaya for 14days. Result: Statistically significant results were observed in palliating manasavikara which were associated with amlapitta either as aetiology or as symptoms too. **Keywords:** Amlapitta, functional dyspepsia, psychological disturbances, krodha, shoka, bhaya, chintha.

#### PARALLEL SESSION 13

#### 1. Role of ACHARA RASAYANA in life style modification

Dr.Ritu Yaday, Dr Kiran mutnali, KLE BMK Belagavi, my862536@gmail.com

Todays century is lifestyle disorder century because of sedentary lifestyle which is commonly found in both developed and developing country. Sedentary lifestyle activities include sitting, reading, watching television, playing games and computer use for much of day with little or no vigorous physical exercise. A sedentary lifestyle and lack of physical activity can contribute to hypertension, cardiovascular disease, diabetes, anxiety, depression, obesity and many more. Considering the consequences of improper lifestyle there is a need to change our lifestyle. Ayurveda, the science of life explains the daily regimens in term of ahara (food), vihara(life style) and achara(mental attitude) which will help in preventing and promoting health.Rasayana is one among the eight major specialties of holistic health science †Ayurveda' and Achara rasayana is one among the components of rasayana. Following proper achara and vichara is nothing but achara rasayana. The practical importance of this achara rasayana was well recognized by the stalwartsof Ayurveda as it not only increase the life style but also increase the quality of life of an individual. Before administering any rasayana, body must be purified with certain purificatory procedure to get its desired effect. The complete effect of rasayana cannot be achieved just by purified thebody, there must be purity of mind also which can be achieved by following Achara rasyana All the therapies in Ayurveda aim to provide complete health – physical, mental and spiritual. Rasayana therapy ensures the same, by promotingHealth, immunity and in turn longevity health and. Though there are so many rejuvenation therapies, Achara Rasayana is mainly advocated for psychosomatic disorders. This type does not required internal administration of rejuvenating formulas. Following the rules related to eating, sleeping and celibacy create rejuvenation in a person. In addition, following a Sattvika diet and life style, speaking the truth, practicing non-violence, living in harmonywith the nature, following social ethics and conducts are all included under this category of Rasayana. Proper implementation of these principles results in qualitative promotion of the Dhatus and increases the quantity and quality of Ojas, the vital factor concerned with immunity.

Keywords: Achara rasayana, rasayana, lifestyle disorder, dhatu.

#### 2 . ROLE OF PADA ABHYANGA AND PADA KSHEERA DHARA WITH MAHISHI KSHEERA IN ANIDRA VISA VIS PRIMARY INSOMNIA

Author: Dr. Neeraja .B\*/ Dr. Divya Kini\*\*/Dr. H.M. Harisha\*\*\*Presenter: Dr. Neeraja . mail Id: drneerajabellam@gmail.com

Todays 24x7 life style leaves little space for social life, exercise, regular eating and sleeping pattern. This unhealthy life style may push an individual to risk zone of life style disorders. According to W.H.O. India is one of the Nations which are going to have most life style disorders in near future and it is alarming thing. One of such life style induced disorder is Primary Insomnia. Insomnia is a highly prevalent sleep disorder that regularly affects millions of people worldwide. Insomnia commonly leads to daytime sleepiness, lethargy, and general feeling of being unwell both mentally and physically. There are ample of references in Ayurveda regarding disturbance in normal sleep pattern which are denoted by the words Aswapna, Nidralpata, Nidrakshaya, Nidrahani, Nidraghata and Anidra. Ancient Ayurvedic tradition. When we can Chikitsa Sootra for Anidra as Abhyanga is considered as one of the line of treatment. Present clinical study 10 patients suffering from primary insomnia were treated with Pada Abhyanga with Ksheera Bala Taila and Pada Ksheera dhara with Mahishi Ksheera for 8 days. Patients were assessed using Angamarda, Shirogaurava, Jrumbha, Jadya, Glani as Subjective parameters and Anthens Insomnia Scale as objective parameter.

#### 3. ALCOHOL DEPENDENCY A CAUSE FOR JAUNCDICE: A CASE REPORT

**Author :**Dr Praveen K P (2nd year) PG Scholar Shalya Tantra Ashwini Ayurveda College Tumkuru and Dr Dhramapal (Professsor)Shalya Tantra Ashwini Ayurveda College Tumkuru Dr Praveen K P, praveen.ayur03@gmail.com

Lifestyle diseases are defined as diseases linked with the way people live their life. This is commonly caused by alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating. They can include Alzheimer's disease, arthritis, atherosclerosis, asthma, cancer, chronic liver disease or cirrhosis, type 2 diabetes, heart disease, metabolic syndrome etc. Methodology: A male aged 56yrs reported Shalya tantra OPD of our hospital with complaints of distended abdomen, loss of appetite, generalised weakness and with chronic history of alcohol since 3months. Subject was diagnosed to be having collection free fluid in abdomen and jaundice. Blood report showed increased LFT levels. Subject was diagnosed as madatyaya with kamala treated accordingly with shodana and shamana medicines. Results: After the course of treatment for a month subject should significant improvement with reduced LFT changes and symptoms reduced. Conclusion: Excessive consumption of alcohol for a long period can alter the functions of the liver and may cause chronic liver disorders. An effective treatment is necessary to treat and further research studies can take place in the field.

Keywords: Kamala, Chronic liver disorder, Lifestyle induced disorder, Liver function test

# 4 . THE ROLE OF MANASIKA BHAVAS IN THE PATHOGENESIS OF MADHUMEHA [DIABETES MELLITUS] AND ITS MANAGEMENT BY MANSYADI SHIRODHARA A CONCEPTUAL STUDY

Dr.BiBi Rasheeda, dr.bibirasheeda@gmail.com

Ayurveda is a Science of life with sole aim of providing health to the mankind and more importance has been given to mental health while treating bodily diseases. Both mind and body are interrelated i.e., psychological factors will effect bodily factors and the bodily factors effect psychological factors. Our Acharya's have explained this concept of interrelation of mind and body, and their role in the pathogenesis of disease as Shaareeranaam Shaareerena, Maanasanaam Maanasena, Shaareeranaam Maanasena, Maanasanaam Shaareerena. Diabetes or Madhumeha is one of the metabolic and life style disorder where in affliction of Shaareeranaam Maanasena factors are observed in practice.Madhumeha is one among the vataja prameha and has been considered as Mahagada. Diabetic management is a lifelong process, this can add stress from long term problem with blood glucose variation which makes person to feel down mentally and physically. This makes managing the Diabetes very difficult.Ayurvedic management of Madhumeha include Shodhana, Shamana theraphy along with proper Bheshaja. To reduce the Manasika Bhavas-Abhyanga, Shirodhara, Nasya have been explained. Among all the procedures Shirodhara karma in total, is akin to meditation as it allows the body to experience a state of rest hence it is more effective in treating Manasika Bhavas in the management of Diabetes.

Keywords: Madhumeha, Manasika Bhavas, Shirodhara, Mansyadi kashaya

#### 5. Role of Shirodhra treatment modalities in Manasroga (Psychosomatic disorders).

Dr.rakesh ajay shende pg scholar panchakarma, rakesh shende 80@yahoo.com

Role of Shirodhra treatment modalities in Manasroga (Psychosomatic disorders). P.G. Scholar Vd.Rakesh Ajay Shende M.D. Sch. (Panchakarma) SMBT Ayurved Mahavidyalaya, Igatpuri, Nasik. Abstract: â&c\$EcShirodhara is a form of Ayurveda therapy that involves gently pouring liquids over the forehead and can be one of the steps involved in Panchakarma. The name comes from the Sanskrit words shiro (head) and dhara (flow). Psychosomatic disorders may affect almost any part of the body, though they are usually found in systems not under voluntarycontrol. Emotional stress is assumed to aggravate existing illnesses, and there is some evidence that it may precipitate illnesses not usually considered to be psychosomatic (e.g., HTN, diabetes. Psoriasis, IBS). Shirodhara facilitates to counterbalance the Manasika and Shareerika doshas which occurs simultaneously and this is potentiated by Psychoneuroimmunology (PNI) mechanism, hence the effect may be seen instantly. That why Shridhara has role in various Manasika disrocred like Unmad, Apsmar etc.

Keywords: Shirodhara, Panchakarma, Psychosomatic disorders, Manasroga,

#### 6. ROLE OF YOGA IN CARDIAC AILMENTS

Dr.sukanya Krishnakumar sukanya.kkvp@gmail.com, PG Scholar, swasthavritham at SDM Ayurveda college udupy.

Yoga is the traditional art and science. Every art has its own tone andrhythm. The History of yoga stretches bulk as far as ancient India, when people practiced it into increase their tranquillity and spiritual insight. Today, whole world is enjoyhelping them to relax and increase their flexibility. Yoga could boost heart health which is one of the marvellous discovery of present scenario calming effects of yoga helps in cardiac arrest cases, post-surgerystates, heart attacks. Yoga could be a tremendous benefit to manage the stress, depression, anxiety, hypertension. by practicing yoga, we are including generous slice of nature in our daily lives.

Performing a variety of yoga postures gently stretches and exercises muscles, this helps them become more sensitive to insulin, which is important for controlling blood sugar. Deep breathing can help lower blood pressure, mind calming meditation, another key part of yoga quiets the nervous system and eases stress. These improvements may help prevent heart disease and can help people with cardiovascular diseases.

Many aspects of yoga and a variety of yogic properties are used for the management of cardiac issues. Scientific evidences and parameters alone can define the effects of yoga from a therapeutic aspect. Yoga values more in the awareness and in the concentration thus differentiates it from the normal exercises. "Ardhakati Chakrasana", "Bhujangasana" and "Pranayama" has to dealt in detail in the special posture "Sethubandhasana" for indicated cardiac patient after angioplasty. Thus, Yoga is a heritage of yesterday, need of today and it can be a culture of tomorrow. It's worth to say "No Yoga, No Peace. Know Yoga, Know Peace. Now Yoga, Now Peace".

### 7 . PREVENTION AND MANAGEMENT OF VERICOSE VEINS A LITERATURE REVIEW

Author :Dr. Vibhuti Mishra ,Dr Laxmikant,KLE BMK Belagavi,vibhutimishra9669@gmail.com
The varicose veins are abnormal condition of veins when they became enlarged, dilated and overfilled with blood caused by weakening in the vessel wall appears swollen and raised. In Ayurveda this clinical presentation mimics with sirajgranthi. Varicose veins are becoming very common conditions in today's community due to the change in life style. Around 15-20% of population in India suffer from varicose vein and were women suffer four times more than men. So the prevention and management of varicose vein has become very essential in the present era. Although variety of treatment option are available for varicose vein but no system of medicine is successful in providing the complete cure to it. In Ayurveda, herbs like guggulu, kanchnar, vridhadaru etc., and various panchkarma procedures like abhyang, swedan, raktmokshan etc. are available which can help in curing varicose vein. This presentation is an attempt to provide meta-analysis of new research works and the fundamental understanding of sirajgranthi through Ayurveda and its management.

Keywords: varicose vein, Ayurveda, new research, prevention, management.

#### 8 . Management of hemiplegia (pakshaghata) through ayurveda

Author: Abhay kumar prajapati, Dr. Huddar V.G.\*\* Dr. Yadava R.K.\*\*\*, AIIA Delhi

Email Id: abhayprajapati28@gmail.com

INTRODUCTION -Globally the incidence of non-communicable diseases is on the rise, drawing attention for its prevention and treatment. Hemiplegia is one amongst them, causing physical and mental instabilities. its prevalence is about 9 cases per 1000 in global population. Hemiplegia is a condition of total or partial paralysis of one side of body with numbness in limbs, slurred speech etc. Cerebrovascular accidents like thromboembolism and haemorrhage of cerebral arteries considered to be the major cause for this condition. This presentation is akin to a condition called Pakshaghata in Ayurveda (ch.Chi.28/53) METHODS â€" This is a single case study wherein a male patient aged 38 years attending kayachikitsa OPD of All India institute of Ayurveda, New delhi, presented with difficulty in walking, numbness in right upper and lower limbs and slurred speech since 2 month and was diagnosed as Rt. Hemiplegia. He was treated with bahya snehan with balaashwagandha tail, nadi swedana with dashmoola kwaath, yog basti and nasya, a sitting of 8 days panchkarma procedures done along with shaman chikitsa .shaman chikitsa was done according to Anubandh doshas .An Anticoagulant drug was kept unaltered. RESULTS - After a course of treatment for 8 days of panchakarma procedure 40 percent improvement observed in strength of the affected limbs and then 1st follow up at one month the patient's symptoms subsided 70 percent and at 2nd follow up at 2nd month the patient's symptoms was almost reduced and patient is able to do daily routine activities. DISCUSSION â€"Management was planned considering the treatment principles of Vatavyadhi and Pakshaghata. Snehana, Swedana and Basti karma as shodhana, shamana chikitsa followed by Bahirparimarjana chikitsa was given to the patient.

#### 9. Case Report and Review of Management of Pada daha

Author: Dr Shalini Gupta Dr V.G.Huddar AIIA, shalini gupta 932@gmail.com

Sensory neuropathy is a condition in which sensory nerve become damaged & it affects a number of different nerve centers. Sensory neuropathy usually manifests in the extremities (Peripheral Neuropathy). The population prevalence is about 2400 per 100 000 (2.4%), rising with age to 8000 per 100 000 (8%). Common causes of peripheral neuropathy include a range of metabolic disorders, infectious agents, toxins & drugs. Neuropathy mainly causes burning feet. This condition is a kind to Padadaha in Ayurveda, which is explained in the context of the Vatavyadhi by Chakradatta. MATERIAL & METHOD- A 29 year old female patient of sensory neuropathy with chief complaints of severe burning sensation in feet & severe pain since 5 months. Patient was treated with nagkeshar, raktachandan & navneet lepa for 2 hrs followed by dahmoola parishek for 20 min. Sadyo virechana with Nimbaamrutayadi eranda tail with milk. Snehpana with satavari ghirta for 5 days then 2 course of virechna given. Tab ksheerbala, satavari ghrita also given orally. RESULT- It is a single case study, after the course of 4 months it was observed that 95% reduction in pain & burning sensation & patient feel comfortable during walk, DISCUSSION- Considering the pitta vataja pradhan vatayyadhi virechana, lepa, & shaman ayusdhi is principle line of treatment given in Chakradatta. Sadyo virechana followed by oral medicine were planned in this case. Snehpana with satavari ghirta for 5 days then 2 course of virechna given for pitta anuloman & oral medicine, raktamoshan & lepa selected are having pitta vataja shamana property. KEYWORDS- Sensory neuropathy, Pada daha (vatvyadhi), Raktamoshan & Sadyo Virechana. \*1st year P.G.Scholar department of Roga Nidan. \*\*Associate Professor & Head of department of Roga Nidan. All INDIA INSTITUTE OF AYURVEDA Sarita vihar, New Delhi-110076

Keywords: Sensory neuropathy, pada daha (vata vyadhi), Raktamoshan & Sadyovirechana

#### 10. A clinical study report on improving IQ in school going children

Author: Dr. Mohit 1st year PG scholar, Email Id: mmohitnarwal@gmail.com

A clinical study report on improving IQ in school going children Introduction- Mind and intellect are among the phenomena on which man always failed to derive in to a definite conclusion. Intelligence is the discriminative capacity which makes him different from animals. Thus intellectual capability of children has naturally become matter of concern for the present society. About 10% of children in early school age performs poorly and have difficulty in learning academic skills. So dropout rate from school are commonly seen in children adulthood on follow up. Overweight and obese children are likely to stay obese into adulthood and more likely to develop many co-morbid conditions like metabolic, cardiovascular, orthopaedic, neurological, hepatic, pulmonary, and renal disorders are also seen in association with childhood obesity. In Ayurveda Since ancient times Sthaulya is referred to as â€ceMedoroga― which is primarily caused by malfunctioning of medadhatwagni and is included in â€ceAshta-nindit-purusha― in which the Astadosha of ati-sthoulya explained by Acharya Charaka. Keywords: Childhood obesity, lifestyle the Department of KB with Kasyapokta Medhya compound. The same report will be presented during full paper presentation. Keywords- IQ, Kashypokta Medhya compound

#### 11. Shaiyyamutra- A clinical study on its Ayurvedic Management in Children

Author: Dr. Vikas Kumar 1st year PG scholar, vikas.k, mechu@gmail.com

A clinical study on its ayurvedic management in children Introduction- Enuresis is the most bothersome and frustrating disorder of the childhood and has turned out to be a rampant problem in the society it leads to great deal of psychological and emotional distress to the child and the family. Numerous studies report that enuresis gives a significant impairment to self-esteem which is extremely important for an optimal development of child's personality. It also has a negative impact on school performance, Quality of life, Interpersonal relationship, etc. Mandukparni showed highly significant result and better percentage of relief. Thus it proves its efficacy in the management of Shayyamutra. A study was conducted in the year 2012- 14 in the Department of KB with Mandukparni churna. The same report will be presented during full paper presentation. Keywords- Shayyamutra, Selfesteem, Mandukparni chorna, Bimbimoola swarasa, Children **Keywords**: Shaiyyamutra, Selfesteem, Mandukparni churna, Bimbimoola Swarasa, Children

#### 12. A case series on management of ADHD in children

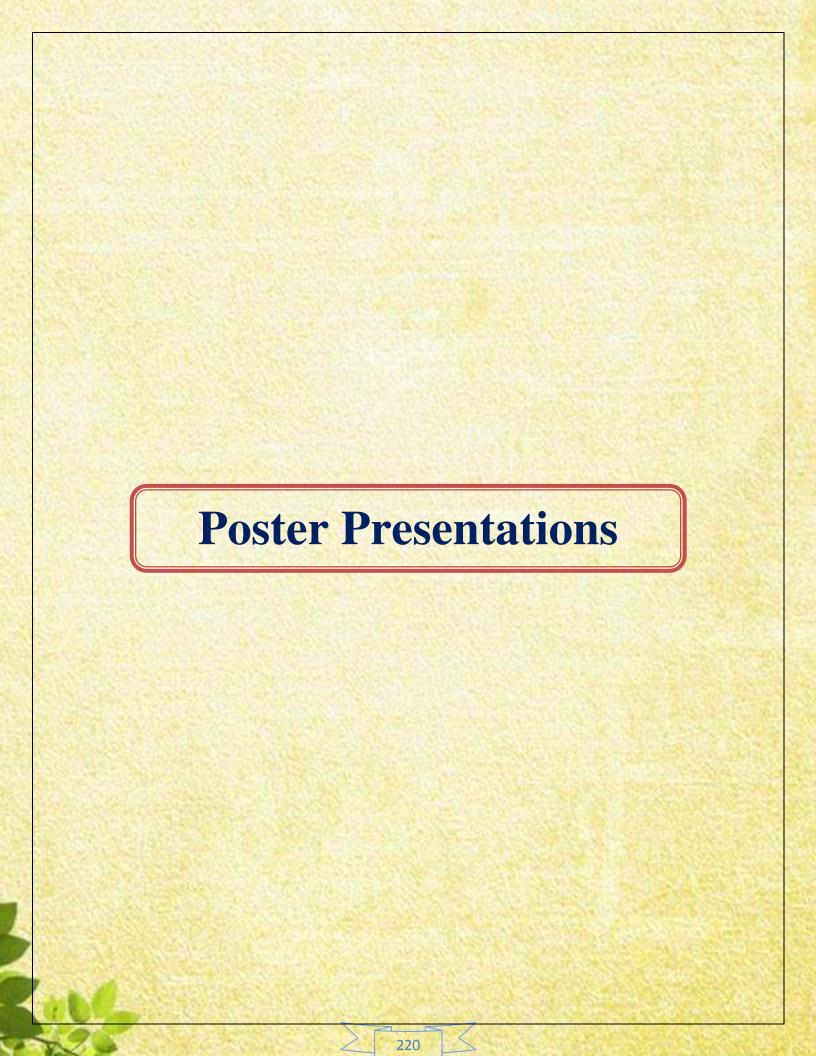
Author: Dr. Sachchidanand PG scholar, Dr. Veena .K.H Reader, Dept. of Kaumarbhritya, KLE Shri BMK Ayurveda Mahavidyalaya, Shahapur, Belagaum-590003., Email Id: sachchi77.raj@gmail.com

ADHD is a common neurobehavioral disorder of childhood punctuated with unacceptable behavior, it is a frustrating disorder and has turned out to be a rampant problem in the society as it leads to great deal of psychological & behavioral distress to the children. ADHD has the highest incidence among the developmental disorder in india:7.5-10%. ADHD has no direct reference in Ayurveda, but looking at the pattern it can be considered under manas vikaraas (unmade, anavasthita chittatva). Material & method: Randomized controlled clinical study has been conducted in school going children who were diagnosed using standard diagnostic criteria i.e. DSM-IV scale one group treated with jatamanshi churna & other group treated with mandukparni churna. Result: 1. Mandukparni in inattention. Keywords: ADHD, Mandukparni, Jatamansi, combination of both drugs.

### 13.EFFICACY OF AGNIKARMA IN THE MANAGEMENT OF CARPEL TUNNEL SYNDROME

**Author:** Dr. Sumalata V. K Dr. S.K. Bannigol Dr. Sumalata V. K Department Of Shalya Tantra, Ayurveda Mahavidyalaya And Hospital Hubballi, Karnataka Email:drcharantayya@gmail.com

This procedure is indicated in the conditions where pain is one amongst the chief complaints. Carpal tunnel syndrome or Median neuropathy is a painful medical condition manifests by the Median nerve compression at wrist. It is managed by usage of analgesics. Seldom steroids may be required. These drugs have their own proven side effects. Surgical management is also opted with not so satisfactory result. As the medical and surgical managements have their own limitations, there is scope for alternative therapy. Hence in the present study agnikarma procedure is performed in the patients suffering from carpel tunnel syndrome. In this condition agnikarma is performed in bindu pramana on the tenderest part to assess the analgesic effect. The details of the clinical study will be discussed in full text of the paper. Keywords: carpal tunnel syndrome, shalaka, Agnikarma.





# FOR PARKINSON'S DISEASE

Dr. Bankimchandra S J BVVS Ayurveda Medical College & Hospital, Bagalkot,

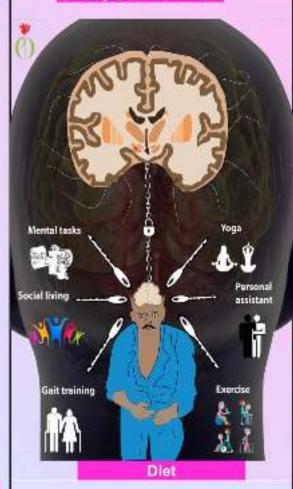
#### Need for the Study

Parkinson's disease (PD) is a progressive neurodegenerative disorder mainly affects the motor system. Parkinson's disease can be correlated to kampayata, Parkinson's disease (PD) affects 1-2 per 1000 of the population at any time. PD prevalence is increasing with age and PD affects 1% of the population above 60 year Till today because of high error in diagnosis due to lack of definitive laboratory or imaging tests, this disease has still remained a great problem, while on other hand there is no as such definitive cure for PD. By mere management of PD on medicines could be difficult but by means of following the lifestyle modification and diet we could manage PD successfully.

#### Lifestyle Modification

For daily living activities a Personal Assistant is required for speech therapy bathing, dressing, eating & financial legal management etc. Yoga Exercise with full range of active and passive movements special gate training exercise to increase the muscle strength ,balance, reduce depression and anxiety. Mental tasks like chess brain games mathematics equations etc to increase cognitive skills and participation in social and intellectual activities could be useful to lead a happy life.

#### Lifestyle Modification





#### Diet

Diet includes Fiber rich foods and adequate fluid intake, Fruits, vegetables, less salt intake, Omega3 fatty acid rich food and Vit D supplementation, magnesium rich food.

Ayurvedic Formulations like kounch choorna, vatarakshasa rasa Bhrahmi Gritha etc are helpful.

 Avoid cured fermented or air dried meats or fish aged cheese fermented cabbage soybean protein rich product.

#### Discussion

- \*If freezing episode felt then stop at a place and step towards a specific target on the ground \*high blood levels of protein can interfere with transport of Levadopa from blood into brain.
- Fiber rich food helps in prevention of constipation.

- •Madaya Nidana
- Davidson's Principle of Internal Medicine.
- Harrison's Principle of Internal Medicine.
- Comprehensive Nursing care for PD
- \*Scholarly Research Articles
- \*Internet.



#### AN AYURVEDIC UNDERSTANDING OF THE NEUROPSYCHOLOGY AND IT'S CLINICAL APPROACH

Pragati | Presented by Dr.Bhavana Bhat (1st Year PG scholar Dept Of Shalakya Tantra Ashwini ayurvedic medical college, Hospital and Research center, Maralur, Tumkur.



#### Introduction&Content

Human beings are superior creature in this world because of their special activities like thinking learning speaking, emotional behaviours and their higher mental functions all these activities are carried by super organ of the body called BRAIM-breeby I want to say Brog una man: the as told in our cleasics and puranas. Importance of living as

mentioned in Bhagvatgeets the holy script mentioned below

artigit Carltonan aron Casponna i वान्य सम्बद्धाः जिल्लामध्येति स वेद सारमधित् स

on officers in

Se no should have heartfulge of manapychology. And It's importance in insided a bushby Life

#### Neuropsychology

- > DEFINITION: Neuropsychology is an applied actence concerned with the behavioral expression of brain functions
- one who deals this science is neuropsychologist.



> Classification - based on age









#### enderment streetles

#### brobeness of ear

Admin Street

Introducement of Sixty

#### Analysis



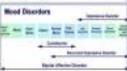




Neuropsychological Testing

#### Neuropsychological Assessment

N REFERENCE



#### Results



# Discussion





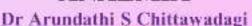




# **b** E'

### COMPREHENSIVE STUDY ON ETIOPATHOGENESIS OF PERNICIOUS

#### ANAEMIA





#### DEFINATION

PERNICIOUS ANEMIA is one of the autoimmune disorders characterized due to Vitamin B 12 Deficiency. It is a macrocytic anemia caused due to failure of gastric parietal cells to produce sufficient intrinsic factor to permit adequate absorption of Vitamin B12 in ileam part of gastro intestinal tract, which is responsible for growth and production of RBC cells.

#### PREVELENCE RATE

Males: 45.5%, Females: 54.5%. In total 0.1% in general population and 1.9% in the population over age of 60 years.



SYMPTOMS: Pallor, fatigue, decreased tolerance capacity, tachycardia, hacmic murmurs, weight loss. If untreated pernicious anemia may cause to death from heart failure





NAMES OF PERNICIOUS ANEMIA Vitamin B 12 deficiency anemia; Addisonian anemia; Blermer anemia; Hunter—Addison anemia; Lederer anemia; Addisons Blermer disease.

Analysis

CBC



PERIPHERAL STUDY

GASTRIC BIOPSY

SCHILLING TEST

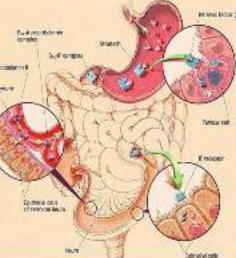
### CAUSES

AUTO ANTI BODIES

MIDDLE AGED AND ELDERIN

MIDDLE AGED AND ELDERIN

MIDDLE AGED AND ATROPA



#### ETIOPATHOLOGY

GASTRIC ATROPHY & FAILURE OF GASTRIC PARIETAL CELLS

LACK OF INTRINSIC PARTOR

INTINSX: FACTOR ESSENTABLE FOR ABSORPTION OF VIT B 12

DEFICIENCY OF VIT 12 AFFECTS GROWTH & MATURITY OF RED INCODE CELLS

#### Pandu

Pandu is correlated to Pernicious anemia, it is caused due to kshara amla lavana dravyas vitiate pitta pradhana, vatadi doshas, rasa, rakta, meda dhatu lends to kshinata of Bala, Varna, Oja, Hrudaya spandana.

Pandu is of five types

- ➢ Poshanabhavajanya pandu : Anti anemic principle.
- ➤ Raktanirmapaka dravya abavajanya panda: Anemia due to deficiency of blood forming cells
- Asthimajjavikrutijanya pandu : Disorders of bone marrow.
- Raktasravajanya pandu Anemia due to bleeding disorders.
- ➤ Shonamshanajanya pandu : Anemia due to haemolysis.

#### Discussion

- Pernicious anemia is a chronic illness caused due to impaired and lack of absorption of Vitamin B 12.
- Pernicious Anemia is treated by Punarnava mandura, mandura vataka, loba bhasma, Navayasa loha, Vitamin B 12 supplements.
- Regular diet of green leafy vegetables, fruits, eggs and dairy products.
- Regular physical exercise and yoga such as Sarvangasana, Paschimotasana, Shavasana.

- Charak samhita chikitsastana pandu roga adhyaya 16th chapter.
- Commentary of Sri Sudarshan Shastri on Madhava nidana pandu raga adhyaya.
- Text book of Pathology by Harshmohan page no 280.

#### LIFE STYLE & DIETARY MODIFICATION IN MANAGEMENT OF PRAMENA W.S.R. TO DIABETES MELLITUS

Dr. Jeevan Kumar Giri

Dr. Swathi S. Bedikar

\* Corresponding Author: PG Scholar

\*\* Professor, Department of Rachana Sharir

Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan -573201, Karnataka

#### NEED FOR STUDY:

Diabetes Mellitus is the one of the most common lifestyle disorder in the today's world. According to WHO 347 million of the world populations are suffering from the DM. The most common type is type II DM. According the International Diabetes Foundation more than 62 million belian are diabetic and nearly 1 million belian people die due to DM every year. American Diabetes Association reports that the high incidence of DM is attributed to a combination of genetic susceptibility plus adoption of a high calories, low activity life style of Indian population. This study is intended to assess the causative factors that are responsible for Type II DM and also belps to give a life style modification and diet regimen which can help to preven the risk fact for DM in the population of community.

#### ANALYSIS OF CAUSES OF DIABETES MELLITUS

#### THURS ( SHIPTED

# Sedentary (People

It will slow down the hody metabolism and reduce the utilization of the energy source of the body like glacose, fats etc. resulting to accumulation of fats in the body organs.

#### क्षीत वधी केला



Milk and milk products are rich in the fats and carbohydrate source result in the increase in the glucose level in the blood.

#### श्रवकिपामानुष मान



They are rich in the face and result in the increasing the obesity and fatty change of the body viscera like pancress.

#### गुहर्गेक्ट



They are rich in carbohydrate. Sagar, sweets, different heverage are rich in sagar component that ultimately increase the blood sagar level.

#### विकास क



New grains -rice, wheat, maize etc. are rich in the carbohydrate. The use of these can increase the blood glucose level.





The consumption of the alcohol can lead to the damage of liver and pancreas leading to impairment of beta cells, That result DM.

#### ANALYSIS OF LIFE STYLE MODIFICATION AS PER AYURVEDA<sup>2</sup>

#### NIDANA PARIVARJANA



#### DINCHARYA PALANA



#### NISA CHARYA



#### RUTUCHARYA PALANA



#### RASAYANA

cri attini

a l'atrepayoritis

biggressionesi

eeggressionesi

you're

freegressionesi

#### ANTI DIABETIC POOD\*



Canada: Burly, old rice, Because of it produce more mais than presents bitsess.

Pulsus: Mugala, Charaka (gram), Kulatha & Adhaki (cajama cajan)

Vegetubles: karela. meshit(congreek), garlic, Turmeria. Panda me

Freits: Amalaki, Jamba, orange, guava etc

Flesh: Dear flesh, rubbit flesh, Titim.





#### ANALYSIS OF YOGA AND ASANAS\*

- Yoga increases the tissue perfusion & improve metabolism in the tissue.
- Stimulates gastric secretions, liver, paneteas and spleen disorders.
- The common assets that can be effective in diabetes are padmasana, paschimottan mana, maayarasan, gomukharana, Matryasana, dhanarasan. Pranayama Surra manaskar me

#### DISCUSSION:

- Stelena Perhanciones, Petitya and Aporty Palents and even the yope and Acrons application the desire effect can be obtain by inducing the blood placese level.
- Figgs and dease can enhance the creatation that helps in the good tissue perfusion leading to trailing tissue and organ.
- Elfaul modifications of Aham A Pitons can prevent and also control type II DM to the commendative raters.

Ayurvala have given the concept of the alineharya, sincharya reservate yaya & secure to merities the health of individual. Appropriate lifestyle and diet management called asslane triang along with medication have good effect in controlling various metabolic disorders including DM.

#### Alette Sets:

- L. Course Station
- "Recordingly allows the continues of the con



#### Exploring the preventive potentials of Ayurveda in Dementia: Need of the hour

Sowmya Pillai<sup>1</sup>, Dipshi Shetty<sup>2</sup>, Pallavi Hegde<sup>3</sup>, Suja Priya S. Prabhu<sup>4</sup> and Shwetha Padiyar5 (4th Year BAMS) A.L.N. RAO MEMORIAL AYURVEDIC MEDICAL COLLEGE, KOPPA

#### Need for study

- \* Dementia in general term is used for declining mental ability to think and processing to affect the daily life
- \* Alzheimer's, Vascular, Lewy Bodies, Mixed and Others
- \* 46.8 million people worldwide are living with dementia in 2015 and expected to 747 million in 20301. As no such reliable and strong cure is
- there, so prevention can be used to prevent dementia.

#### Lacuna

- 1. Only rehabilitation.
- 2. Cognitive enhancer.
- 3. Arresting the progress. 4. Many Unidentified incidence

#### Primary prevention



- tollowing 1 | Primary prevention
- Life style modification
- - Ghrita as it play Anti-oxidant role
- · Nidra
- \* Dinacharya
- Abhanga , Prathimarcha nasyla, Murdhi Tile. and Vyayama
  - Achara rasayana
- 2) Secondary prevention
- Routine management.
- \* Rassyman therapy should be staded
  - Bhallataka rasayana Pippali rasayana
  - Triphala rasayana
  - Naladadi ghrita
  - Dhawanthra ghrita
- 3) Tertiary prevention

#### Analysis

#### Genetic linkage



- to DEMENTIA
- 2) Elsperiumion
- Ti Obesite
- 4) Ekolipalaumia 1) Ekohotos mellisas

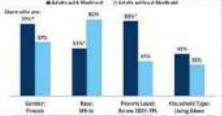
#### recyclinapes Polise

Gramma sharp outstood and darn and edition

- Vedeninia moda. Na mediocione minuto mega Kubayamagatyaja

#### Graphs or Images Title

Socio Damagraphic Characteristics of Adults with Dementia in the Community, by Medicaid Coverage Status



to CHEAT

habps avoid it er Joe better with it

FEATURS OF DEMETIA





#### Results

Primary provention Intake of Proper food, following Dinacharya, and Sadhwurthis increase the vitality of the person and helps in preventing in the occurrence of the disease

- Secondary prevention

  Early and repetitive screening of petients,
- MMSE\* (Mini-Mental State Examination) has to be done.
- Enhancer's for bodies digestive power by Bhalataka Pasayana, Agosthiya Rasayana, Naladadi Gritha.
- Tertary prevention Medhya Rasayana.



Rasayaris such se

Mandookaparri Brahm Yashihi

Madhu, Sharkpushpileto...

- They have Rassyana Guna
- 1. Anti-asidare activity
- 2. Cognitive enhancement #
- 3. Nootropic

#### Discussion

1) Avoid direct prescription 2) Focus on early

diagnosis by early

symptoms.

3) Treatment by cognitive enhancers.



### Etiopathogenesis of allergy and Ayurvedic perspective

#### DR. SADANANDA BHAT SDM AYURVEDA COLLEGE, KUTHPADY UDUPI

#### INTRODUCTION

Hypersensitivity is defined as an eneggeneral or inappropriate state of normal immune response. with oriset of adverse effect on the body The leasure of hypercensitivity (animanologic beaue

injury) are form of antigen and antibody reaction:

Allengy = sason - coom sign-ighbbs Allergy = litro-side was -notice

design settingsit south designition movid marinett.

the general and the grant and other

#### IMMUNITY





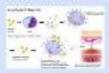


Depending on the recidity duration and lace of the Immune response Hypersens livity:

1 (immediate lype

2(Delayed type - Type M

#### Type I (Amphylania)





HARALING ROLLINGS BY

#### Type F (cytotoxic reaction);





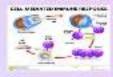
Type II (mercine complex reaction)







#### Type IV /oal mediated reaction





#### AYURVEDIG PERSPECTIVE

ALLERGY - AYURVEDA PERSPECTIVE

Allergy = waver smeasin gillin

कारण्यां वर्षात्र पुरस्कारण्यां स्थापन स स्थापन स्यापन स्थापन स्यापन स्थापन स्

Allergy - Resemble alternation

mcPhBlogregumena Negatirocomi assumenatifications; DESCRIPTION .

संगित्रकारणमानिविष्युत्त्वानि स्वतितः 18,82420

прифильности и подражения под се топкондражения установа mates ex

Distant

PATHOPHYSIOLOGY ACCORDING TO AYURVEDA

Samparaskasynki poniti žamyšrižžmenomit panyžeseti

Broggia David grace and at.

#### Discussion

OKASATMYA 201 ALLERGY

staniació aplifázyavita vaniació GRADIO 22 re-mortile

Military meaning of a ground the Promarycockychoobbysychoopi webbion i mageres nouth (neddlingsizenbroter besoning пинавателя изпликента выполняем выполняем. (maximum gang)

creating converse and microsoftical अवस्थाति । विकास के विकास के अपने के विकास के व (alltitale)

#### CONCLUSION

बल्दद्विकारक्षिको साम स्ववित । तस्त्र energy that are -Dint in place having strong persons अन्यवस्थाने काले दा- That in a time conducism for strength gare orreits -Favounde time distribution Excellence of successionitis, and that blashova appropriate - Executives of the sullication. Excellence of body живаника - Excellence of samya areas und Excellence of his sawa. remoralité u Natural mechanism share your man Physical excercise 対対な計 | Charfulness anne ka

#### References

-CHARAKA SAMHTHA

**GUSHRUTHA SAMHERIA** 

ASTANGA HRADAYA

·NYAYACHANDRIKA



#### COMPARATIVE STUDY B/W NISHAAMALAKI CHOORNA AND NISHAAMALAKI YOGA W.S.R TO CLINICAL METHOD OF PRECRIPTION IN PRAMEHA

Miss.SHIVAGANGA M. TAMAGOND, IV Prof. BAMS SHRI. B. M. K AYURVEDA MAHAVIDYALAYA, SHAHAPUR. BELAGAVI.

#### INTRODUCTION

- Diabetes melitus (DM) is a chronic, life long. metabolic condition that affects around 422 million adults globally in 2016 as per WHO.
- Ayurveda documented and demonstrated DM extensively with its causative factors that range from mythological, genetic to dietary factors.
- Generally Prameha is considered as: "Santarpanottha" disease that develop primarily due to sedentary lifestyle.
- · Prameha is diagnosed on the basis of clinical features and wide biochemical investigations in day to today clinical practice.
- . The diseases is said to be lifelong in contemporary medicine which is reflected in Ayurveda by acharya charka as "Prameho anushanginam" which means Prameta is adhered or is associated for long.
- · The Prameha and Pramehi are managed by utilization of multiple methods viz., avoiding causative factors. biopurfication. pharmacological agents, exercise, pathya

#### NEED FOR THE STUDY

When it comes to use of pharmacological agents, lot of modifications are made to achieve the objectivity of paletability or simplification which affects the effectiveness of formulation as a whole.

One such practice is use of NISHA AMALAKI which is said to be the best formulation in the management of Prameha by all authors. "धार्वीरसञ्जूता प्रारूपी हरिद्वा पायर्थत्"

Haridra and Amalaki choorna are combined and administered instead of classical methodology. "इरिहा पिबेहसेनामसकीकसानम्"

An attempt is made to identify the physico-chemical variations between equal quantity of Nisha Amalaki chooms and Haridra choome sosked in Amelaki Swarasa (Nisha Amalaki Yoga).

#### METHODS

- 1. Organoleptic study
- 2. Physico chemical study
  - Loss on drawing
  - Acid insoluble ash
  - water soluble extractive
  - Alcohol soluble extractive
  - + PH
- 3. Qualitative test phytochemical
- 4. Qualitative test inorganic
- 5. TLC Study
- 6. Microbial testing

#### MATERIALS

- 1. Nisha Amalaki chooma : Nisha chooma - 12.5gms Amalaki choorna - 12.5gms
- 2. Nisha Amalaki Yoga : Nisha Chooma: 25gms Fresh Amalaki Swarasa : QS

#### ANALYSIS

#### ORGANOLEPTIC CHANGES

Color: Nisha Amalaki Chooma - Light Yellow Nisha Amalaki Yoga - Bright Yellow

Odor: Haridra Gandha Taste: Amia Rasa Pradhana

### NISHA AMALAKI NISHA AMALAKI YOGA CHURNA

#### MLT (Microbial Limit Test)

No microbial growth was found.

pН

Both samples were Acidic (4.8) in nature

#### PHYSICO CHEMICAL STUDY

Tests	Note treates	Nicho Americki Voga
Last on drying.	13195	15,6179-
Tetal ads	8,299%	11.778%
Ackil brookshir arb	LHIS	1,947%
Water soluble cotract	36,289%	32,996%
Alcohol soluble extract	D.1995	13,6214

#### PHYTOCHEMICAL TESTS

Nisha Amulaki	Chooma		Yoga	
TESTS	WSE	ASE	WSE	ASI
Carbohydrates	: eve:	HVK:	WE:	490
Reducing sugar	110	tve	ne.	745
Monoseccends	***	9400	448	190
Pentose sugar	we	ive	W	we
Hoose sugar	-/47	-98	-100	-ve
Non reducing sugar	W.	-140	YE	-96
Proteins (amino acids)	-ve	ve	-96	·VE
Sterotef	-we	1961	-96	146
Saponin glycosides	+100	-	160	-
Alkofoldes	198	398	-50	-00
Tarres	THE	1VE	tve	740
twoocids	-40	446	168	***



#### RESULT

- We found there is change in Color
- Physico chemical study In Nisha Amalski Chooma we are getting whole drug but in Nisha Amalaki Yoga 10% of water content was present and 90% of drug we are getting.
- TLC Shows that Bands of Amalaki are completely represent in Nisha Amalki choorna but some are ABSENT in Nisha Amalaki Yoga.
- And contents of Haridra are coming in both samples, this may be due to change in the form of Amalaki i.e SWARASA not having all the constituents as present in the choorna.
- The same can be seen in the above Extractive Values also.
- Phytochemical and Inorganic studies of both Nisha Amalaki choorna and Nisha Amalaki Yoga showed no difference between the
- So it can be concluded based on the above study that combination of Haridra and Amalaki chooms can be equally effective as that of Nisha Amalaki Yoga clinically.

#### DISCUSSION

- As Amalaki truit is seasonal and is not available perennially it is easy to use Amalaki chooma even though swarase has been mentioned in Classics as there is no change in phytochemical and inorganic study of both samples.
- With regard to clinical practice, chooms can be stored for 3 months.
- The time of preparation can be minimized as there is no difference between the samples.
- Study confirmed that Amalaki chooma can use instead of swarasa

#### SCOPE FOR FURTHER STUDIES

Further studies can be conduct on this like HPTLC test and clinical trails on patients.

#### REFERENCES

- Cha.su. 23/5
- Cha.su. 25/40
- Cha. Chi. 6:26
- AH, CNL 12/5 Sa. Chi. 11/8
- Above Studies Conducted As Per
- 1. 1.2.6 by Avurvedic Pharmacocia of India(API).
- 2. 3,4 by Khandelwal Practical Pharmacognosy
- 3. 5 by Inquise Developed Method

#### GUIDES

- 1. Dr Kirankumar Mutnali up own Reader, Dept. of Kayachikitsa
- 2. Dr Giridhar Vedantam wo www.
  - Asst Prof. Dept of Dravya Guna
- 3. Dr.M B Gundakalle MO (ATU) Reader, Dept of Agada Tantra

#### IMPORTANCE OF DIET AND YOGA IN LIFESTYLE DISORDERS



Dr.G .Vishnuvardhan Reddy 1st year PG Scholar ,Dept of Panchakarma N K Jabshetty AMC Bidar. Guided by

> Dr.Channabasavanna B M Asst Prof Dept of Panchakarma N K Jabshetty AMC Bidar.

#### Need for the Study

Monthly disorders are new the leading cause of death around the world with developing commiss him feet. This, disorders are consect. Blateaus mellium by person's conduct, behaviours and practice or how we lead our life. WHO Save the the rise in likely is then keep to the or the case use of intracco, smoking, entiry unlessfully and little foods, lawing, solutions likely to dress of modern living and excessive use of herorages, dae title many people are prote to historyle disorders which are as follows Heart discuss Dichetes melline, Stroke Expertension, Obesity, dependedly, Homerus discribes Corneal and Lundon-Speciations etc.

for Present busy, fast and mechanical life, and following the roles of Directorys, Ritualizes and radializing Proportionalisms with in Anterwick

I Have made my singure office to explain start discised approach to provent and man the blody-in showlers by educating law the same.

#### Lifestyle Disorders



#### **Etiology and Pathogenesis**

is a minor party in an incomplete property. of a Debug Challer I have belieffed Hard Charles to Section (A. Walley Street, Street,

Ayurveca Considers the main eligibolisat lactors for all diseases. as heana yoga, mithya yoga, ati yoga of kala, artha and karma.

Charte demand of the bear of the second

#### Today's lifestyle













#### Measures to Prevent



























#### Discussion

The major chorallogametic indeprimeds of the manufaction of lifestyle disorders are Hill NA MITH VA AT, YOGA OF KALA ARITIA AND KARMA AMINODELIGING PRATNAPARADUA Diabetes inelikus

#### Conclusion

Bener by Pollowing Directorys, Hitscharys, Palsystons ustars, volum, yegs and Acciding Persuperadise will contribute to no downthe major mercanic manyle morning

#### References

Britannageo Lagraniew

Chescal Agriculta Priscription for Commondages (CCXAS) Standard Treatment Gridelines in Agravedo (OCIM).



#### A REVIEW STUDY OF AMAVATA

Dr. Swetha Mantale 1x Year PG Scholar Dept of Panchakarma Guided by Dr. Channabasavanna B M.

Asst Prof Dept of Panchakarma N K Jabshetty Ayurvedic Medical College, Bidar.

#### Need for the Study

With in a match of time, may has tecome more mediamined due to body schedule and lorgets emple propples of heathy leaving unhealthy food precises, thespic and environment makes him a victim of many dreadful diseases faced by the marking today America is one such but of confilm mention in agricultation speed die in the constant use in incompatible combination of food articles and regimen. The purpose of selecting this topic is that America is one of the most burning and angular disease in present era. The figure of prevalence in RA is approximately ILIFA of population (range 0.3 to 2.1%). Women are affected approximately 3 times more than mon.

#### Nidana and Samprapti

distribute about distribute behavior, y CASAS, projection was a barrow, actual removal ( BOOK SHOWING HAS SATION BATTLEY managed and about the land of the days TO PROPERTY OF THE POST OF A PARTY OF THE PA CONTROL OF THE BUILDING OFF of the the latest way received at attack that is CHEST PRODUCTION AND DOUGHASSING and the second second nacionario en alcinia territoriali del territorio continui.







#### Rupa

PORTOGRAPH RATE SHOUTH HAT BERGES monett, ar sakudatta enrigionile telebati al mente y



Heater

#### Samanya Lakshana

· a brattlere water open position to water y A MONTH STOREGO, STOREGO, MONTH SERVICE, STOREGO, STOREGO

distance produced from the resemble. constitution and the reserved

the column to the delivery of the contract of of Alvandrotte Automated Artificial Advanta









#### Pravrudda Lakshana

OF MITTERSON PRODUCTIONS OF THE PROPERTY OF TH

Washington to the Control of the Con

MACRINE WEREST MODIFUL HISE SOWER effectation :











#### Chikitsa

does in ama stage without footband any largrena. trestante.

pachara

Diane

пимескати predectors Velulos syneta Tida deepa katu Deepana Fachana

is done with whater

19000 eidfemantsitt. THOUGH IT emercatan rese

Dass arrepactors and removes srotoavarodna

Tribatu, removes locatile white-arra

Banks soured hervech tachuna ta tacto

Attheantary eranda talla. Vallarana basti

besti

aparaha.

sonahor

streethana.



error about stones arma villavana Estarimsradi

lopa shatapushpa brown.



#### Upadrava

Emiliary date of the designable for innestrations are attached to the court of

BEENVERFEEL ELECTRICATION OF REPORTS SERVICE OF SERVICE STREET Sex lights and which the will be advertised a programment of the Million of the contribution of the Contri AMENABO ASAMBA ABBIRO MIRABARO ABBIRDAR AB A

MN CETA SECURITIES ATTAIN, 16.66 (1980) eterrificiopie ) administrational attained attained attained to you ti CONTRACTOR STREET STREET STREET

at2ntourammes wagenerisasam, , a Sadhayasadhyata



exists trebut attack lexistic afect cottle). INTERNATION STREET ALKANIA STORAGE PRINCE YORKS IN

#### Discussion

By looking at indensipanchesias according to different authors if can be said that the amerate or acapita precion rout disease which starts in stomach and manifest in small junts, if uninverse, in early stages can be outed soon which when left untreated goes and gets lodged in large joints and also affects heart,

#### Conclusion

Hence due to development in technology more homber of there is repid growth of manifestation of disease in multiple individualism, frealment modelities should be planned according to stages of disease. One should adopt the principles of conscherye and non charge to decrease the prevalence of disease

#### References

Michelysians Vocabrina care Variousens





Vitishonika damehawat poods

#### 1. The Patterns of Naadi In Agnimandhya-Comparative Study

Author: Dr. USHARANI S. SANU ASSISTANT PROFESSOR, DEPARTMENT OF SHAREERA KRIYA, KLE B.M. KANKANWADI AYURVEDA MAHAVIDHYALAYA Presenter: Dr. USHARANI S. SANU Email Id: ushasanu@gmail.com

**Abstract**: INTRODUCTION: Naadi is the fundamental sign of life. This is one among the vital examination component in basic life saving skills. Naadi pariksha is the primary examination done in acute and chronic diseased condition. Ayurvedic literature mentions it as one among the astha sthana pariksha. This aids in analysis of humoral imbalances, condition of prana, agni and ojas in the body. According to Ayurveda, human body is a yantra (a machine) which is under the control of vayu. As the normal status of musical instrument is judged by string sounds, likewise the healthy status of human body is judged by nadi. This study is proposed to understand the concept of naadi in agnimandhya. Methods: The radial pulse was be examined as per the concrete methods of Naadi vijnana. This was a comparative study where in 100 cases among which 50 were with prakrita agni and 50 cases of agnimandhya. Three fingers from right hand namely index finger, middle finger and ring finger was felt to analyse vata, pitta, kapha dosha respectively along with the rate, rhythm, character, volume, tension, condition of vessel wall, dosha analysis. Results: The characteristics features of the typical pulse were diagnosed by Naadi Vijnana. The typical cases of agnimandhya were analysed as per the dosha predominance and cross verified with the physical signs and symptoms. Discussion and conclusion: The study reported various kinds of analysis in pulse. The characteristic features of kapha and pitta dosha were predominantly seen in the naadi along with, significant change in rate, volume, tension of pulse in cases of agnimandhya. Keywords: agnimandhya, naadi, prakrit agni, pulse analysis.

### 2.PROBIOTICS: THEIR ROLE IN ENHANCING VYADHIKSHAMATVA AND MANASIKA BHAVAS W.S.R TO BRAIN GUT AXIS IN LEAKY GUT SYNDROME

Author: Dr Pradnya Chittawadgi Presenter: Dr Pradnya Chittawadgi Email Id: prajna123charms@gmail.comContact: 9035035377 Abstract: Grahani in Ayurveda(LEAKY GUT SYNDROME OF THE LATEST DAY RESEARCH) is one major unique understanding contributed by our Acharyas. It is a cluster of disease rather than a simple disease proper involving the agni at its core, that calls for varied actiologies involving different pathways of pathophysiology towards the vyadhivyaktaavastha. Among the varied aetio-pathologies contributing to grahani the bacterial colonial atmosphere in the gut along with manasikabhavas are at upper hand. The agni being a major factor which when is diminished gives way for the negative side of the above factors to edge it into the grahaniroga. The role of probiotics (which was emphasised by takrabasti, direct recolonisation) was emphasised by our ancient literature in regulating not only the vyadhikshamatva but also towards the manobhavas that strongly contribute for the painful disease manifestation. Researchers prove that the gut is the second brain. Thus the role of probiotics in creating a healthy bacterial barrier and contributing to the emotional well-being with special reference to the brain-gut axis is brought forward in this discussion. Keywords: Probiotics, IBS, Brain gut axis, Vyaadhikshamatva, Mano bhavas, Grahani.

#### 3. Role of chakshushya basti in diabetic retinopathy

Dr Savita.S.Angadi Prof & Head Dept of Shalakya tantra, KLEU`s Shri BMK Ayurved Mahavidyalaya, Belagavi, Karnataka, savita.angadi@yahoo.com

Abstract: Now a days as a result of changing life style there has been a continuous rise in various metabolic diseases like obesity and diabetes. Globally, an estimated 422 million adults are living with diabetes, according to the latest 2016 data from WHO and the mission of WHO diabetes programme is to prevent diabetes and to minimize complications and maximize quality of life for all people with diabetes. If an effort is not made to get a handle on it, it could set up for a host of complications. Diabetes can take a toll on nearly every organ in the body, like heart and blood vessels, kidneys, nerves as well as eyes by resulting in retinopathy. Diabetic retinopathy is considered as one of the major cause for preventable blindness. As no satisfactory treatment is available for diabetic retinopathy, new approaches are needed to slow the progression and limit the damage which are caused by this disease. In this regard Ayurveda provides a better management for diabetes as well as its complications like retinopathy. The science of Ayurveda explains several treatment modalities and formulations for eye diseases. As per the condition of disease chakshushya basti can be adopted which helps to maintain the vision and prevent further deterioration of vessels according to the stages of diabetic retinopathy. **Keywords:** Diabetic retinopathy, chakshushya basti.

### 4. Management of Sidma kusta (psoriasis) autoimmune disorder in 11 year old boy – A Case Study

Author: Dr Umesh S Holennavar - Assistant Professor Department of Panchakarma Shri J G C H Ayurvedic Medical College, GhataprabhaPresenter: Dr Umesh S HolennavarEmail Id: umesh.holennavar@gmail.comContact: 09972838630 Abstract Background: Immune system disorders cause abnormally low activity or over activity of the immune system. In cases of immune system over activity, the body attacks and damages its own tissues (autoimmune diseases). Immune deficiency diseases decrease the body's ability to fight invaders, causing vulnerability to infections. In psoriasis, overactive immune system blood cells called T-cells collect in the skin. The immune system activity stimulates skin cells to reproduce rapidly, producing silvery, scaly plaques on the skin. In Ayurveda it can be correlated to Sidma kusta. The management can be done keeping on the Heading of Kusta Chikitsa. Case report: A seven year old Male child, diagnosed with plaque psoriasis with scaly lesions on the back, abdomen, neck and head region along with severe itching and dryness since from 7 years, with positive family history, is reported to J G C H S Ayurveda Hospital- Panchakarma OPD, Ghatapabha. Treatment: The treatment was performed keeping on outlook of Kusta Chikitsa through virechana karma with appropriate modifications while conducting this Panchakarma procedure in a milder manner for the child who was followed by shamana aushadhi Result: After the treatment there was complete improvement in the signs and symptoms with no recurrence. Conclusion: Hence this approach proves the effective treatment and controls over activity of immune system based on the principles of Kusta Chikitsa. Keywords: Autoimmune disorder, Sidma kusta, virechana karma, shamana aushadhi.

# 5.EVALUATION OF THE EFFICACY OF VIRECHANA KARMA WITH DANTYADI CHURNA YOGA ON IMMUNOGLOBULINS IN PSORIATIC PATIENTS-AN OPEN CLINICAL TRIAL.

Author: DR ASHWINI PATIL, DR SHAMSHADBEGUM Presenter: DR ASHWINI PATILEmail Id: ashwini.ayu123@gmail.com

Abstract: Psoriasis is a chronic autoimmune skin disorder with the prevalence of 0.84%-6% in India. Studies suggest the presence of increased levels of IgG, IgE, IgM, IgA in Psoriasis. Ekkushta can be compared to Psoriasis due to its resemblance with it. Virechana karma is one of the main line of treatment indicated in Kushta. The present study aimed at the evaluation of Virechana on impaired immune system in Psoriasis. An open clinical trial with 30 voluntary subjects of Psoriasis were enrolled from the OPD and IPD of KLEU's BMK Ayurveda hospital. They were administered Snehapana withPancha tikta guggulu ghrita in Arohana krama after deepana and pachana. It was followed by Abhyanga with Eladi taila and Karanja patra parisheka in vishrama kala. Virechana was administered with 15gms of Dantyadi yoga which preceded the samsarjana krama according to shuddhi prakara. There were statistically significant (289±399.2) Keywords: KEY WORDS: Virechana Eka Kustha, Immunoglobulins.

### 6. A study on the effect of Kala in Sadyo Vamana with special reference to Tamaka Shvasa (Bronchial Asthma).

Author: Dr Achintya Kumar Deb, MD Panchakarma, SDM college of Ayurveda, Hassan, MOI/C PRTCT Government of Tripura Presenter: Dr Achintya Kumar Deb MD in anchakarma MOI/C Panchakarma Research & Training Centre, Tripura, Forest Department Govt. of Tripura **Abstract**: Tamaka Shvasa is a variety of Shvasa Roga associated with difficulty in breathing as a result of which the patient sits in bed to get relief from his discomfort. Tamaka Shyasa generally comes in paroxysmal attack and one has to manage the attack immediately. Vamana provides relief to such patients. Charaka has mentioned the Chikitsa Sutra of Shvasa, in detail, where Vamana can be performed with external Snehana and Svedana. The procedure mentioned in the context of Shvasa, seems to be Sadyo Vamana. In emergency (Atyayeka Avastha) when Doshas are in Utklishtha stage, instead of classical Vamana Karma, Sadyo Vamana can be adopted irrespective to Kala. This is less time consuming, cost effective, and beneficial in acute condition On the basis of Analysis it may be stated that, Sadyo Vamana performed other than Kaphakala provided better relief to the patients of Bronchial Asthma in comparison to Kaphakala group, as it has shown better relief in more number of sign and symptoms of assessment criteria adopted for this study. The results of this study clearly indicate that Sadyo Vamana has definite role in the management of acute attack of Bronchial Asthma and it can be performed at any time whenever the patient comes, irrespective of Kaphakala. Keywords: Vamana, Sadyo Vamana, Dosha, Utklistha Avastha, Tamaka Shvasa, Bronchial Asthma, Kaphakala.

#### 1. Endocrine disorders A novel etiological approach

**Author**: DrVishalakshi V Shahapurkar Shri B M K Ayurveda MahavidyalayaBelagavi PG Scholar**Email Id**: avishu309@gmail.comContact: 8147367497 **Reference No**: k30UYho5

**Abstract**: Endocrine disorders A novel etiological approach Symptomatic primary hyperparathyroidism, higher insulin resistance, reproductive disorders and iodine deficiency disorders are some of the unique features of our country with increasing trends and global picture also paints the same version. Studies suggests that the morbidity pertaining to the endocrine and metabolic disorders is on the rise due to multiple factors, including sedentary lifestyle, urbanization, and endocrine disruptors. The profile of endocrine disorders differs in developing countries like India when compared with the developed world. Endocrine disruptors are majorly believed and some have been credited to cause above disorders. Exposure to endocrine disrupting chemicals may occur within womb to food we eat, air we breathe, water we drink. Endocrine disruptors are the chemicals that can interfere with hormone or enzymes at different levels. As they enter in low levels in the name of permissible levels and present clinically after apparent time when their dose has become a cumulative one with confounding risk factors, this disguises the etiologies. Ayurveda had entitled this phenonomea as garavisha leading to pathophysiological condition called Dooshivisha. Dooshivisha aliments are in close proximity for present scenario of endocrine disruptors. A platform of management for such condition is elaborately described in vishachikitsa which has anti-toxin preparations and protocols. **Keywords** : Endocrine Disruptors, Garavisha, Dooshivisha.

#### 2. HYPOTHYROIDISM -AN AYURVEDIC APPROACH

Author: DR.KIRAM V.MUTNALI READER, Dept of Kayachikitsa, KLE'S Shri B M K Ayurveda Mahavidyalaya DR.VINUTA DODDAMANI PG SCHOLARPresenter: DR. VINUTA DODDAMANIEmail Id: vinutad06@gmail.comContact: 9164311455 Reference No: 90ofchSBAbstract: HYPOTHYROIDISM - AN AYURVEDIC APROACH Hypothyroidism is a disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormone. Women are affected approximately 6 times more frequently than men. India has a high prevalence of hypothyroidism which affects one in 10 people. However many opt for hormone therapy but still ayurvedic approach for this condition have better outcomes. A patient aged 42 years with H/O Hypothyroid visited our Hospital opd where she was managed with combination of herbal compounds, regular follow up on monthly basis was done along with TSH reports. There was significant improvement seen in TSH levels as well as clinical symptoms, now patient is on regular treatment & follow up. Instead of hormone therapy, one can choose natural way to get rid of hypothyroidism. This study can be applied on larger samples for better analysis of the result. Keywords: Thyroid, Ayurveda, Hypothyroidism

#### 3. Effect of Yoga in the management of Hyperthyroidism

Yadav Praveen K.PG scholar, Shri BMKAM, Belagaviypraveen4u@gmail.com PG Scholar, Dept. of shalyatantra KLEU's Shri BMKAM, BelagaviAbstract:According to a projection from various studies on thyroid disease, it has been estimated that about 42 million people in India suffer from thyroid diseases. In this tied up life, most of the people are not taking care about their lifestyle. As a result, the human being is suffering from various diseases, out of which endocrinal disorders are very common worldwide and it is very common in India as well. Change in the level of endocrinal secretion leads to many diseases. Thyroid gland is one of the important endocrine gland situated in the throat and it has number of significant role in the human body. The Hyperthyroidism is common worldwide and the overall prevalence is approximately 1.3 percent. Hyperthyroidism is more common in women than men (5:1 ratio). Yoga is a timeless tradition from *Rig Veda* with a history of over 5000 years. Yoga makes changes in lifestyle of the person. Yoga is a holistic discipline that integrates body and mind, creates perfect balance and so is good for either healthy or diseased populations. Here, an attempt is made to explore the certain yoga techniques which are specific to hyperthyroidism. Keywords: Thyroid disease, Hyperthyroidism, Yoga

### 4. Role of Vamana karma in the management of Artavakshaya (PCOD)due to Hypothyroidism - A case report

Author: Singh Deepika (PG Scholar), V Asokan2, H L Kavyashree3 1, 2Associate Professor & HOD, Assistant Professor, Department of PrasootiTantra and StreeRoga, Sri DharmasthalaManjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, RGUHS.

Email Id: deepika.sbri@gmail.comContact: 9008483628 Reference No: ZW2dCpZq

**Abstract**: Introduction: Thyroid gland plays major role in growth, development and metabolism of human body. Now-a-days, altered dietary habits and sedentary lifestyle results in metabolic disorders leading to resistance of body tissue to thyroid hormone and thus hypothyroidism. Prevalence of hypothyroidism in India is 10.95% which is more among females than males causing altered ovarian function and menstrual irregularities. Thus, there is an increasing demand to understand the disease and its management through Ayurvedic system of medicine. Methodology: Unmarried female aged 24 years visited our OPD with complaints of irregular menstruation associated with weight gain and puffiness on face since 3 years. When evaluated, TSH level was raised (>150 mIU/ml) and USG pelvis revealed bilateral PCOD. With this diagnostic features which corresponds to Kaphajagranthilakshana with bahudoshavastha, Vamana was done followed by Granthiharashamanachikitsa with KanchnaraGuggulu and VarunadiKashaya. Result: In the course of 6 months of treatment, menstrual cycle got regularized with normal TSH level with absence of PCOD features on sonography. Discussion: Appropriate Ayurvedic treatment, diet, exercise and lifestyle modifications can cure hypothyroidism and stimulate the normal functioning of gland (thyroid and reproductive) and thus hormonal therapy can be avoided. **Keywords**: Artavakshaya, Galaganda, Hypothyroidism, PCOD, Vamana.

### 5: Management of Compressive Myelopathy with Paraplegia with the Ayurvedic Treatment Principles- A Case study

Dr. Padmavati Venkatesh, padmavativenkatesh@yahoo.com

Management of Compressive Myelopathy with Paraplegia with the Ayurvedic Treatment Principles- A Case study Abstract 84 years male patient known case of DM, Hypertension since last 25 years and IHD 15 years back, Parkinson's syndrome Gall stones Alzheimer's. Now met with fall, resulting into Lumbar Fracture of L3-L4, Wedge Compression of L2-L3, L3-L4, L5-S1. Disc bulging with Paraplegia. Patient presented with Irrelevant talks, Bed Sores and Zero movements of lower limbs. As per Ayurveda case was diagnosed as AbhighatajVatavyadhi in Sankaravastha. Patient was not fit for surgery as well Panchakarma. AnalysingDoshadushyaavastha Treatment was planned to attain Amapachan, Avarananashan, Dhatubrimhan and Rasayana. Treated with RukshaPindasweda 21days followed by BrimhanNasya for 7 Days. SnighaSankarSweda and Matrabasti 21 Days. Shaman with Herbo mineral Combintions of BrihatVataChintamaniAbhrakbhasmaRajatbhasmaPrawalpishtiAshwagandhadichurna. â€"More than 60% of symptoms reduced significantly. Patient is alive and able to walk with the

a€"More than 60% of symptoms reduced significantly. Patient is alive and able to walk with the help of walker. Discussion- Critical evaluation of Sampramptighataka can be corrected when basic fundamentals of Panchakarma are practiced carefully. Rasayana has its own role in the management of degenerative changes in old age. **Keywords**: Paraplegia, Fundamentals of Panchakarma, Avaranachikitsa, Rasayana

### 6: Ethno botanical study of medicinal plants used by traditional healers in the management of hypothyroidism insankhuwasabha, nepal

Dr. AmulyaDahal, District Ayurveda Health Center, Khandbari, Sankhuwasabha, Nepal, Shrestha S, National Institute of Ayurveda, Jaipur, amulyadahal@gmail.comContact: 9841175078 Objective: To collect and document information of plants traditionally used in the treatment of Hypothyroidism in Sankhuwasabha district of Nepal as ethno medicines are important part of treatment in this area and such information are considered as valuable sources of information to find new potential drugs. Methods: Direct observation and interview method with 24 traditional healers along with gathering herbarium specimens mentioned plants in site. Results: There were 19 medicinal plants from documented 17 families for the treatment of Hypothyroidism. Herbal medicines are often used in the form of decoction and dried powder. It was found that ZINGIBER OFFICINALE (45.83%), ALLIUM SATIVUM (41.67%) and PIPER NIGRUM (33.33%) were three most frequently used plants among traditional healers for the treatment of Hypothyroidism. Conclusions: Based on the current findings many of the mentioned plants could have potential active ingredients to influence Hypothyroidism and could provide preliminary data for further phytochemical investigations which could possibly lead in the development of novel drugs with little or no side effects and transferring it to future generation. Furthermore, such practical ethno botanical knowledge which is generated based on their intimate experience accumulated over many generations could be helpful in rescuing disappearing knowledge and invention of new drugs of many diseases. Keywords: Ethno medicine, Hypothyroidism, Traditional healers, Sankhuwasabha

### 1.AVAGAHA SWEDA IN MANAGEMENT OF PAIN W.S.R TO ANO RECTAL DISORDERS

**author:** Dr.Ramya ,PGScholar ,Shalya Department,AAMC tumkur **Email Id** :ramyarajashekar@yahoo.com **Contact** : 9739798669

Abstract: Introduction Avagaha sweda is a type of swedana therapy which is included under dravya sweda. Avagaha type of therapy involves sweat glands of a skin secreting salty fluids. The pain is caused by asatmendriya samyoga, pragnaparadha, and parinama. In present days Avagaha sweda is being used extensively in management of pain in Ano-rectal disorders. Methods The warm liquid is prepared by boiling bits of leaves of shigru, eranda, karanja, vasa, arka and other drugs of vachadigana drugs of dashamoola or each. The medicated liquid should be filled into tub and patient should be made seated comfortably into it. When temperature of medicated drava dravya comes down, some amount should be replaced with warm water. Results Skin blood flow is controlled by two branches of sympathetic nervous system, a nor- adrenergic vasoconstrictor system and a cholinergic active vasodilator system. These dual sympathetic neural control mechanisms affect the major aspects of thermoregulatory responses over most of human body surface. Discussion The Avagaha process helps in fomentation of body leading to vasodilatation and gives relief from pain and inflammation. By this patient experiences immediate sense of relief from pain and body stiffness. Keywords: Avagaha, swedana, Ano rectal disorders.

#### 2.HOLISTIC APPROACH FOR THE PREVENTION OF AMLAPITTA

Author: Dr.Renu Khayamali, 3<sup>rd</sup>year PG Scholar, Department of Swasthavritta, S.D.M.C.A. Udupi. Email Id: khayamalirenu@gmail.comContact: 9008273837

Abstract: Amlapitta (Acid Peptic Disorder) is a very common emerging which is an abnormal pathological condition of pitta occurring due to indulgence in aahara and vihara which are of incompatible combination, faulty dietary habit, persistent intense stress, excess alcohol consumption, spicy and oily food and sedentary life style. The condition can be cured using medication but the condition may relapse as soon as nidana sevana ie aahara, vihara or manasika bhavas is done. So the holistic approach is a must to tackle this problem like intake of pathyahara, sodhana kriya ( vamana, virechana etc), yogic kriya( Jala Dhauti), yogasana ( vajrasana, shavasana, salabhasana, yoga nidra), pranayama ( Shitali, Shitkari ),life style modification ( avoidance of unwholesome diet, tobacco chewing, alcohol intake), etc. By the use of these approaches the condition can be treated to its root. Moreover, amlapitta can be prevented by the use of pathyahara and practice of good lifestyle habits (Vihara), following the charya traya ( dinacharya, rutucharya and ratricharya) and avoidance of nidana. The present paper focuses on the holistic approach for the prevention (primary as well as secondary) of amlapitta. Thus preventing disease from gaining a foothold in the system. **Keywords**: Key words: Amlapitta, holistic, pathya-apathya.

### 3.ROLE OF RASYANA IN MANAGEMENT OF GRAHANI W.S.R TO IRRITABLE BOWEL SYNDROME

Author: Dr Vidya Ramaning Veer, PG Scholar, Dept of K.C (Rasayana & Vajikarana)

Email Id: drvidyaveer@gmail.comContact: 9901960210 Abstract: The incidence of life style disease is high because of rapid economic development & increasing westernization of lifestyle in past few decades. In the era of fast food there is change or irregularity in diet, biological clock including sedentary lifestyle causing disturbance to digestive system, resulting in poor digestion and absorption leading to clinical manifestation like Grahani roga (IBS). Incidence of IBS is 4.2% of community subjects of India. Manasika bhava's like stress, anxiety, fear are responsible factors for manifestation of Grahani roga. Muhurbadhha & Muhurdrava mala prayrutti is one of cardinal symptom of Grahani which disturbs the routine activity. Irritable Bowel Syndrome is prime disease of GI tract in which Psychosocial factors are responsible for disease manifestation. Rasayana are the group of drugs having multifold benefits like Antiageing, Antioxidant and Anti-anxiolytic properties helps in management of Grahani roga. Medhya Rasayana has Neuroprotective; Antioxidant properties help to overcome from the psychosomatic disturbance. Naimittika Rasayana does Agnivardhana and uttarrotara dhatu poshana, acts as tissue nutrients. Despite of considerable research efforts IBS has proved considerable challenge to treat, so this condition needs multidimensional approach by means of Medhya Rasayana as well as Naimittika Rasayana for better management of Grahani roga. Keywords: Grahani, IBS, Rasayana.

#### 4. ROLE OF IMMUNO-MODULATORY DRUGS IN GRAHANI

Name of authors: Dr. Swathi, B. Hurakadli<sup>1</sup>, Dr. Chaithra S. Hebbar<sup>21</sup>Post graduate Scholar, Dept. of Dravyaguna, SDMAC & H, Udupi <sup>2</sup>Associate Professor, Dept. of Dravyaguna, SDMAC & H, Communication details: 1. Ph:9036498790, email: swaguun@gmail.com ShriDharmastalaManjunatha College Udupi Ayurveda and Hospital, Structured abstract: Grahaniis the most trending problem in the present era. Various reasons can be elucidated in this regard like lifestyle, food habits, race and ethnicity, social variables like marital status, socio economic factors, residence and other factors like seasonal factors, social stressors etc. Grahaniis the seat of agniand is so called because of holding up of food. Rasayana therapy is specialized useofcertaindrugsand measures which does many functions one of which beingto 'Agni' (digestionand metabolism)byimprovingthedigestivecapacityandbyvitalizingthemetabolic activities in the body by imparting immunityagainst diseases. The brain has a direct effect on the stomach. A troubled intestine can send signals to the brain, just as a troubled brain can send signals to the gut. Therefore, a person's stomach or intestinal distress can be the cause or the product of anxiety, stress, or depression. That's because the brain and the gastrointestinal (GI) system are intimately connected. Thus, a attempts to explicit the role of rasayana therapy in grahani by elucidating brain gut relation with application of few of the herbaldrugs which are used for correction the agnidosha and as immunity bosters. Key words: Agni, Grahani, Rasayana therapy, Brain-gut relation.

### 5. RASA YOGAS IN LIFESTYLE INDUCED DISORDERS W.S.R TO CHRONIC LIVER DISEASE

DrNamitha.R.Chandra,2<sup>nd</sup> year PG scholar, DrBasavaraj Y Ganti Associate professor Department of Rasashastra and BhaishajyaKalpana ShriDharmasthalaManjunatheshwara College of Ayurveda and Hospital, Hassan. Email id- namitharc1@gmail.com Abstract Introduction- Lifestyle induced disorders are the conditions attributed to dramatic changes in the way humans live their lives, often due to advancement in society and scientific progress. Chronic Liver disease is one among them which is burning issue in present era, which is having symptoms like Hepatomegaly, Cirrhosis, Jaundice etc.Rasa yogas (Mercurial compounds) which have quick action provide better efficacy in Lifestyle disorder managementw.s.r to Chronic Liver disease. Aim: Review of mode of action of Rasayogas in Chronic Liver disease. Material and Methods: Review of texts of Ayurveda withResearch updates. Discussion Conclusion: Rasashastra, one of the branches dealing with Ayurvedic Pharmaceutics incorporating the use of metallo-mineral combination. These Rasayogas are known as natural liver detoxifying and fatty liver remedy. Since ancient times Rasa yogas have been practiced, but the fear of toxicity of heavy metals is there in public. By proper shodhana and marana can get rid of toxicity. Arogyavardhinivati, Lokanath Rasa etc are presently practicein Nonalcoholic Fatty Liver Disease, Viral Hepatitis B and Hepato Cellular Carcinoma Survival. This paper will highlight on Rasayogas in Chronic Liver Disease& its probable mode of action. Keywords-Lifestyle induced disorder, Chronic liver disease, Rasayogas, Mercurial compounds.

### 6. AYURVEDA MANAGEMENT OF WILSONS DISEASE : A CLINICAL CASE REPORT

Author: Dr Tarun Kumar PhD Scholar, Prof Dr Anup B Thakar Professor Presenter: Dr Tarun Kumar, PhD Scholar, Department of Panchakarma, IPGT & RA Gujarat Ayurved University , Jamnagar Email Id : dr.tarunbams3887@gmail.comContact : 9990167451 Abstract: Wilsons disease, is an autosomal recessive hereditary disease of human copper metabolism, being characterized by excessive accumulation of copper in the body particularly the brain, liver, kidney and cornea. Approximately Wilsons disease affects 1 in 30,000 to 40000 individuals. A 12 years old boy admitted to Department of Panchakarma, IPGT and RA, Gujarat Ayurved University, with neurological symptoms like generalized rigidity along with signs of aphasia and difficulty in swallowing. Wilsons disease has been diagnosed on the basis of laboratory testings. Patient was treated with conservative management but did not get relief so opted ayurvedic management. Wilsons disease can not be correlate directly in ayurveda but after observing clinical symptoms it can be correlate with abhyantarayam and vata dushti can be suspected, On this basis snehana with bala taila, shashtika shali pinda sweda, matra basti with ksheera bala taila and shaman for copper toxicity has been started. After 15 days of treatment, The patient responded very well to therapy. There was 10 percent improvement in generalized rigidity, difficulty in swallowing relieved completely and urine copper level has been reduced markedly. **Keywords**: Wilsons disease, Abhyantarayama.

### 7. AMLAPITTA: IT'S REVIEW IN REFERENCE WITH AYURVEDIC MANAGEMENT

author: Dr. Bhanupriya Dambal (PG Scholar) Presenter: Dr. Bhanupriya Dambal Email Id: bhanupriyadambal@gmail.comContact: 9483021511Abstract: The lifestyle of today is absolutely altered or modified within the last two decades when compared with past, likewise food habits have been drastically changed. Craze for fast foods which is deficit of nutrients, irregular meals, work in shift duties, irregular sleep, long distance travelling etc.imposes health negligence. These faulty lifestyle and dietary habits upsets the digestion initially It is reversible to same extend. If we are repeating the same contributory factors in a regular as well as constant manner, it may lead to conditions like dyspepsia, peptic ulcer and other major disorder of the GI tract.In Ayurveda these conditions may compared with Amlapitta. It is a Pitta predominance disease of the Anna vaha srotas which affects a Purisha vaha srotas, occurs due to Mandagni and Ama. While describing the prognosis of Amlapitta, it has been stated that it can be cured easily if promptly treated at earliest with a proper treatment and proper Pathyapathya and Upashaya. Hence there is a need to understand the concept of Amlapitta and its management. This paper reviews the concept of Amlapitta and its management with a complete holistic approach in to restore the Jatharagni and Dosha samyata and help to alleviate symptoms of lapitta. Keywords: Amlapitta, Jatharagni, Mandagni, Ama, Pathyapathya, Anna vaha srotas, Purisha vaha srotas

1.Title: A CONCEPTUAL STUDY OF IMMUNOMODULATION THROUGH AYURVEDA Author: DR NANDINI R PG Scholar. KC

Email Id: <a href="mailto:hemantkumarpatil4@gmail.com">hemantkumarpatil4@gmail.com</a> Contact: 9916661234

Abstract :Back ground - According to Ayurveda immunity (vyadhikshamatva) means the power of the body which decreases the damaging power of the disease & stops the genesis of the disease. Ayurveda a holistic approach of medical science is strongly emphesize on preventive and promotive aspects of health rather than curative. The main purpose of preventive attributes prescribed in Ayurveda is to improve immunity, propose - If the power of the body to counter the disease is less, various disease occurs & if the same is great disease will not occur or they were be of mild in nature. In present era, due to modern dietary and life style factors there is rapid raise in immune disorders world wide the purpose of this review is to focus the light of Ayurvedic concepts in the modulation of immune system which is necessary to live a healthy life. MATERIALS AND METHODS - The brief literary review of the Ayurvedic concepts like Dinacharya, Rutucharya, Sadvrutta, Pathyaapathya, Rasayana, Dietic guidelines, panchakarmaetc which are essential in modulating immune system will be taken from ayurvedic texts for this study. CONCLUSION - The principles and guidelines described in Ayurveda to preserve the health, strength and longevity of the healthy person and to cure the disease in the ailing and the afflicted are the essential and valuable tools in modulating immunity in a very natural way. Keywords: Ayurveda, Immunomodulation, Dinacharva, Rutucharya, Sadyritta, Pathyaapathya ,panchakarma

2.Title: BALA RASAYANA- A RAY OF HOPE AS IMMUNE ENHANCER IN CHILDREN Author: Dr. Akshay A Gurav

Presenter: Dr. Akshay A Gurav Email Id: <a href="guruakshay001@gmail.com">guruakshay001@gmail.com</a> Contact: 9448241191
Abstract: Children are the future of our country. The strong nation is built on health status of its children. So in order to build a strong country its very much essential to maintain the health of children. Children are tender, sensitive & they are in the stage of growth & development, because of which their immunity is poor, which makes them vulnerable for many infections. Today's pollution, overcrowding, junk food consumption etc also play a great role in increasing infection in children. Repeated attack of infection will have its negative effect on their growth pattern. In children proper growth & development reflects the healthy status of the body. Any abnormality in growth will have its influence on their personality in future. Ayurveda aims at prevention of diseases & thereby protection of health. So the need of the hour is to enhance the immunity & prevent the repeated illness & enable their normal growth through the concept of BalaRasayana. Rasayana enriches the rasa dhatus and helps in attaining longevity, memory, intelligence, health, youthfulness, excellence of lustre, complexion and voice, optimum development of physique and sense organs. Hence this presentation aims to understand the importance of BalaRasayana and its uses in Pediatric practice to promote health of children.

Keywords: BalaRasayana, Immunity, Ayurveda

# 3.Title: A CLINICAL STUDY TO EVALUATE THE EFFICACY OF ERANDAMOOLADIKSHARABASTI IN THE MANAGEMENT OF AMAVATA VIS-À-VIS RHEUMATOID ARTHRITIS

Author: Dr Kalpana Rao, Dr Mythrey R.C., Dr Gajanana Hegde Contact: 9538733919

Abstract :Introduction:Amavata is a vata-kaphapradhanatridoshajavyadhi and rasavahastrotojanyavikara which is originating due to ama. It is mainly characterized byshoola, shothaandsthabhdata in sandhis due tovikrutavata associated with ama. The disease amavata has similarity with Rheumatoid arthritis (RA) in clinical presentation. RA is a chronic systemic inflammatory polyarthritis that primarily affects small diarthrodial joints of the hands and feet in asymmetrical pattern. Despite of administration of best available allopathic drugs, the disease has atendency to persist, progress and cripple the subjects. The line of treatment for Amayata described in Chakradatta are agnideepana, amapachana and doshashodhana. Basti is one among the panchashodhanas, it has therapeutic action on three doshas, mainly vatadosha.Ksharabasti is predominant which is also indicated in amayatapossessingushna, teekshnaguna, lekhana, pachana and kledashoshaka properties and thus it brings about amahara and kaphahara in action. By considering all these an attempt has been made to evaluate the combined efficacy of Erandamooladiksharabasti and kokilakshaadichoorna in the management of amayata. Methods :Erandamooladiksharabasti in the yogabasti pattern for first 8 consecutive days followed by Kokilaakshaadichoorna for 22 days in the dosage of 5gms thrice daily after food with lukewarm water. The study was conducted on 25 subjects fulfilling the diagnostic criteria of Amavata. Sandhishoola, sandhishotha, sandhistabdhata, and functional gradings for RA were taken as parameters for assessment.Result: The study consisted of three assessments i.e., on 0th day, 8th day and 30th day. Results has showed clinically and statistically highly significant results with reduction of sandhishoola with P value 0.000, highly significant result in reduction of sandhishotha with P value 0.000 and highly significant result in reduction of sandhisthabdhata with P value 0.000 and highly significant result in improvement of functional gradings with P value 0.000. In overall assessment 10(40%) subjects got marked improvement, 12(48%) subjects got moderate improvement, and 3(12%) subjects got mild Improvement. Discussion: As all the drugs of Erandamooladiksharabasti possess ushna, teekshna, lekhanagunas which brings about doshavilayana, srotoshodhana and decreases srtoabhishyanda which inturn leads to vatanulomana because of removal of obstruction and finally expels ama, kapha and vata Keywords: Keywords: Amayata, rheumatoid arthritis, Erandamooladiksharabasti, from shareera. kokilakshadichurna

### 4.THE CONCEPTUAL REVIEW OF AMAVATA (RHEUMATOID ARTHRITIS) W.R.T. ITS PREVENTIVE MODALITIES ACCORDING TO AYURVEDA

Author: Dr Pooja Mahajan. Email Id: 93m.poo@gmail.com Contact: 9980740912

Abstract: Human beings are suffers with various Autoimmune and lifestyle disorders, in which the defect inimmunity and lifestyle play a major role. One among such disorders is Amavata (Rheumatoidarthritis). It is the chronic multisystem disease with unknown etiology. Now a days inaccurate dietary habits, lifestyle and environment have led to various autoimmune disorders i.eAmavishajanyavikaras and â€Amayata' is one among them. The prevalence of Rheumatoid arthritis globally is seeing its flow affecting 1% of the world population. Its prevalence in India during 2016 was 0.20†0.75%. Amavata is the term derived from the words as ama and vata. Theama when combines with vitiated Vata dosha and occupies Sleshmasthana (Asthi, Sandhi)i.e., multiple Joints results painful disease Amayata. The disease is various sandhishoola, sandhishotha, Angamarda, agnimandya, Aruchi, Trishna, Gouraya, Jwaraetc, Current requirement isincreasing the vyadhikshamatva with preventive modalities, such as lifestyle interventioand pathyaahara,pathyavihara,vyayam,yoga,naturopathy,bahirparimarjanachikitsa. Ayurvedic texts described several types of food articles, lifestyles as per the shareera, dosha, rutuetc and are giving promising results in preventing the amayata this is an simple attempt to explore the ahara and vihara explained in Ayurveda to improve the Quality of life in amavata patients. Keywords:amavata, vyadhikshamatva, prevention, lifestyle intervention

#### 5:A CONCEPTUAL STUDY OF CLINICAL UNDERSTANDING AND PANCHAKARMA MANAGEMENT MODALITIES IN RHEUMATOID ARTHRITIS (AMAVATA)

Author: Dr Vidhyasri.M Email Id: vidhyasrianitha@gmail.comContact: 9738470103Abstract Abstract Introduction: Diabetes mellitus causes an array of long-term ocular complications and the most potentially blinding among them is Diabetic Retinopathy which is common in adults of age group 20-74, over time diabetes can damage blood vessels causing leakage, swelling and eventually vision loss which can stifle independence and negatively affect quality of life, with the advanced diagnostic techniques the severity of the disease can be recognized as clinical stages which requires appropriate approach to the disease; though the branch of ophthalmology is advanced to a greater extent treatment to restore vision is not so convincing in all the clinical stages and there is also potential risk associated with the proposed treatments; hence in this clinical study an attempt is made to critically analyze the stage and pathology involved to target the cause with the Ayurvedic protocol of treatment which enables to restore sharp vision and read fine print. Methods: Source of the data: cases that reported to OPD-GAMC Bengaluru; case1:DMO; Case 2: NPDR; Case 3: PDR; Assessment criteria â€" Subjective parametersdiminished vision, distorted vision, floaters, flashes; objective parameters: visual acuity 6/12 or less, amsler's grid aberration, fundus examination, OCT was analyzed before and after treatment; Study design- considering the stage of the disease different treatment protocols were adopted. Results: There was reduction in subjective symptoms by 80%, objective assessment" no future progression in the condition. Discussion: The fact that high percentage of visual loss can be prevented by early detection of the symptoms and adopting Ayurvedic protocols which not only helps to arrest the disease progression but also helps to restore sharp eyesight with no potential risks of side effects. Keywords: Diabetic Retinopathy, Non Proliferative Diabetic Retinoapthy, Proliferative Diabetic Retinopathy, Diabetic Macular Oedema, Visual Acuity, OCT, Ayurvedic Protocol.

6. Title: Commonly used panchakarma treatments in aamavata- a stastical analysis

Author: Dr KaviArabhi, PG scholar; Dr MuralidharPujar, Professor; Dr Ashwini Kumar M, Professor Email Id: arabhikavi@gmail.com Contact: 8105693285 Background- Amavata is a chronic disease caused by vitiation of samavata [vata associated with ama]. It is a common disease that affects about 0.5-1% of world population, of which women are three times more likely to be effected than men. Materials and methods- To survey the different protocols commonly adopted to treat amavata, prescription/case proforma. 100 patients diagnosed with amayata, were randomly selected from the in patient department of SDMCAH Hassan, who were admitted in the year 2017, and a statistical analysis was done to explore the commonly used treatment modalities. Results- To treat amavata, clinicians commonly prescribed shuntijala to reduce ama and increase agni. Also to reduce stiffness of the joints, valukasweda, patrapindasweda and upanaha were advised. Among basti, vaitharanabasti was commonly used. Discussion- Shunti has a deepana- pachana and amahara action, therefore it is prescribed before commencement of shodhana procedures. Valukasweda containing vataharachoornas act as both vatahara and amahara. Vaitaranabasti is vatahara due to presence of amlikakalka and amapachaka due to content of gomutra. Conclusion- By the above analysis of data, we have explored the commonly prescribed panchakarma and other therapies in Amavata patients. Keywords: Aamavata, panchakarma, shodhana.

7. Title: To evaluate the role of churnabasti in management of acute pain in autoimmune disorder wsrtamavata

Author: Dr.shridhara B.S, principal.GAMC, BENGALURU.Presenter: Dr.shruti.B. joshi Email Id: shatabhishakpriya13@gmail.com Contact: 8277610531

Abstract :Pain is sensation! Ayurveda states â€æpratikoolayedaneeyamdukham', any unpleasant sensation in the body can be called as pain. It is most significantly expressed subjective symptom.pain can be regarded as king of symptoms, because patients tolerate their illness as long as it is not painful, but the moment they start experiencing pain they rush to the doctor. Patients understand disease through pain and for them once pain is relived disease is also relived. This undoubtedly signifies that success of physician depends upon his skill to efficiently kill patients pain in its true and complete sense. Amavata being most common painful inflammatory disease which makes life of patient almost crippled. Amavata in the modern parlance can be correlated with rheumatoid arthritis is highly prevalent debilitating joint disorder of present life scenario .most common complaints of patients suffering from amavata are shoola, shotha, stabdata, Gourava. Before doing sampraprti -vighatana, it becomes very important for Vaidya to treat unbearable acute pain and is major challenge faced by any system of medicine. Keeping this in mind, study was planned to evaluate the efficacy of churnabasti in the management of acute pain in amavata in a pattern of chaturbhadraKalpaI.e 4 churnabastis and 1 anuvasanabasti With bhrihatsaindhavadhyataila.churnabasti yoga explained by Acharya chakrapani comprises of drugs possessing ushna, teekshnagunas, deepana-pachana, vatakaphahara and shoolaghna, shothahara properties which help in attaining shoolahara effect, laghutva,agnideepti, niramlakshanas. Present study was planned based on this concept on 10 Patients and statistically highly significant effects (p>0.001) were observed in various assessment parameters such as sandhishoola, shotha, sthabdata, sandhisparshaasahyata etc. There for , churnabasti comprising of drugs possessing shoolahara and amahara properties considered as good remedy in management of acute pain in amavata. Keywords: acute pain, churnabasti, Autoimmune disorder, amavata

### 8.Title: CONCEPT OF BASTI IN THE MANAGEMENT OF AMAVATA W.S.R TO RHEUMATOID ARTHRITIS

Author :Dr SONU SUVID, Presenter: Dr MADHU RANJAN, Email Id: madhuranjan94@yahoo.inContact 9538285953 Abstract :INTRODUCTION: ayurvedaAmavata has been named keeping in view 2 prominent pathological factors viz. Ama and Vata. On basis of clinical appearance, it can be taken parallel to Rheumatoid Arthritis. The treatment principle includes pain killers and steroid in allopathic medicine. In ayurvedaacc to our classics Langhana, Deepana and Pachan, Samshodhana are suggested. The aim of this study is evaluated the effect of VaitaranaBasti and DashamoolaKsharaBasti in Amavata. METHOD: 40 patients presenting with the signs and symptom of Amavata according to Ayurvedic text and fulfilling the inclusion and exclusion criteria are selected and randomly grouped into Trial and Standard groups, each group having 20 patients. In standard group VaitaranaBasti and trial group DashamoolaKsharaBasti is given. Bastidravya is prepared asper classical method explained in samhita. RESULT: It is noticed that relief in signs and symptoms of amavata was found in both groups. Comparatively VaitaranaBasti showed better result than Dashmoolaksharabasti. DISCUSSION: The Standard group Vaitaranabasti in the management of main symptoms of Amayata after 16 days of treatment has shown moderately significant result (p< 0.001). The trial group Dashamoolaksharabasti in the management of main symptoms of Amavata after 16 days of treatment has shown a significant relief (p<0.020).

### 1. EFFECT OF MANJISTHADI KSHARA BASTI IN VATARAKTA WSR TO SERUM URIC ACID AND ESR AN EVIDENCE BASED CONCEPTUAL STUDY

Author :Dr.Harshikha Dani1 Dr.B.S.Prasad 2 Dr. Pradeep L. Grampurohit3 1Final year PG Scholar Dept of Panchakarma, KLEUniversity Shri B.M.Kankanwadi Ayurveda Mahavidyalaya ,Shahapur , Belgavi 590003 Karnataka India. 2Principal and HOD MD PhD, Dept of Panchakarma, KLE University Shri B.M.Kankanwadi Ayurveda Mahavidyalaya , Shahapur , Belgavi 590003 Karnataka India. 3Associate Professor ,MD PhD, Dept of Panchakarma, KLE University Shri B.M.Kankanwadi Ayurveda Mahavidyalaya , Shahapur , Belgavi 590003 Karnataka India.

Email Id: harshidg522@gmail.comContact: 9945326363Reference No: ajO0owzB

Abstract :Introduction: vatarakta is an obstruction to the normal flow of vata by rakta manifesting many clinical symptoms starts mainly from paada and hasta. Vatarakta being raktapradoshavikara, produced by vitiation of both vatadosha and raktadhatu. Shodhana therapy is one of the means of management of avaranajanyavyadhis. As vatarakta is an avaranajanyavyadhi, basti is efficacious in the management. Uric acid is produced from the natural breakdown of your bodys cells and from the foods. High levels of uric acid in the blood can cause solid crystals to form within joints. This causes a painful condition called gout. Hence effect of basti in vataraktawsr to uric acid and ESR, the present study gives some evidence. Material and methods: 150 diagnosed cases of vatarakta who fulfilled American rheumatology criteria to assess gout were selected and the data was collected from the year 2016 to 2017 with investigation of serum uric acid and ESR done before and after treatment at KLEUS Shri BMK Ayurveda Hospital Belgaum. Results: Yoga basti pattern shows results in the reduction on the level of serum uric acid and ESR. Conclusion: Thus ManjishthadiksharaBasti has got antagonistic qualities towards kapha due to gomutra and to pitta as well as rakta as it contains manjishthadikwatha which is having tikta, katu rasa and ushnaguna which acts as raktaprasadaka&tridoshahara.

Keywords: Uric acid, ESR, Manjisthadiksharbasti, Vatarakta

### 2. MANAGEMENT OF KATIGRAHA WITH MADHUTAILIK BASTI ADMINISTERED WITH ATURA HASTA PRAMANA

Author: DR.GAURISHANAKAR YADAV, PG Scholar, dept. of panchakarma(final year)

Presenter: DR.GAURISHANKAR YADAV Email Id: dr.gaurishankar89@gmail.com

Contact : 9919801055 Reference No : 70QqS2W0

Abstract: TITLE, INTRODUCTION, METHODS, CONCLUSION.

Keywords: KATIGRAHA, MADHUTAILIK BASTI, AATUR HASTA PRAMANA.

### 3. THERAPEUTIC EFFECT OF NAVAKARSHIKA BASTI IN THE MANAGEMENT OF VATARAKTA W.R.S TO GOUTY ARTHRITIS (CASE STUDY)

Author: DR. SHALINI G.H. PG Scholar

Presenter: DR.SHALINI G.H.

Email Id: paonek1111@gmail.comContact: 9742842405Reference No: dj5ptF7v

Abstract : ABSTRACT: INTRODUCTION: VATARAKTA is a common lifestyle disorder in present era. Here, Vata and Rakta both are aggravated and vitiated by their own etiological factors such as sedentary lifestyle, mentalstress, highprotiene diet etc which cause exacerbation of Vatarakta. later on with the progression of disease dhatus are involved and it is involved with Khavaigunya of Raktavahasrotas. Vatarakta is similar to Gouty Arthritis in modern science. It is known as "King of disease‮, "Rich man disease‮ where in Ayurveda, it is called as **MATERIALS&METHODS:** "Adyavataâ€②. Navakarshikkashaya Niruhbasti&GuggulutiktakGrutha for Anuvasanabasti in Kala basti schedule. RESULTS: There was a remarkable reduction in the Serum uric acid level in blood of this patient after the treatment. Before treatment After treatment 12.3 mg/dL 7.4 mg/dL DISCUSSION: The high Uric acid level in the blood is the universal factor present in the Gout. Here in this case study, Chronic Gouty arthritis with high serum uric acid was treated as per Vataraktachikitsasiddhanta (Shodhan, Shamana, Rasayana prayoga) with Navakarshika basti in the Kala basti schedule. (Refference-Yogaratnakar).

Keywords: Vatarakta, Gouty arthritis, Navakarshikabasti, Adyavata.

# 4. A COMPARATIVE CLINICAL STUDY OF GREEVA BASTI WITH AND WITHOUT SIRAVYADHA IN THE MANAGEMENT OF VISHWACHI WSR TO CERVICAL SPONDYOLOSIS

Author: DrNiveditarampure. PG scholar dept of Panchakarma, NKJAMC Bidar.

Email Id: <a href="mailto:niveditha.sr44@gmail.com">niveditha.sr44@gmail.com</a> Contact: 9036804005Reference No: 0skWxvOZ

Abstract :Vishwachi is one of the most common type of vatavyadhi in which the prakopithavata affects kandara of bahu. In vishwachi it can be said that the pain starts from greeva and radiates to amsa, bahuprushta and hasta tala and terminates in anguli along with Stambha,Spandana and Toda. It is a disorder which is prevalent in the most active period of life. All the Acharya of Ayurveda considered Snehana and Swedana as Samanyachikitsa for Vatavyadhis. Greevabasti acts as both Snehana and Swedana. Acharya charaka described bahya and abyanataraSnehana as main line of treatment for asthigatavata. Hence Greevabasti has been selected for treatment of vishwachi. By administering Greevabastidoshas will get mitigated in the body. There may be chances of reoccurrence of disease due to favorable condition, so there is need of shodhana for the complete eradication of disease. Siravyadha is a type of Raktamokshana and one among shodhana karma. Hence 30 patients is taken for the study which is divided into two groups. Group A will be treated with Greevabasti with KsheeraBalaTaila for 7 days and Group B will be treated with Greevabasti with Ksheerabalataila for 7 days followed by Siravyadha on 7th day. Result of this study shows that both groups showed highly significant result but Group B provides better result in comparision with group A

Keywords: Vishwachi, Greevabasti, Siravyadh, Cervical spondyolosis.

### 5.ROLE OF RAKTAMOKSHANA IN THE MANAGEMENT OF VATARAKTA W.S.R URIC ACID A EVIDENCE BASED CONCEPTUAL STUDY

Author:Dr. Shilpa S. Biradar1 Dr. Pradeep L. Grampurohit2 Dr. Deepa P. Patil3 1Final year PG Scholar Dept of Panchakarma, KLE Universitys Shri B.M.Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belgavi 590003 Karnataka India. 2Reader MD PhD, Dept of Panchakarma, KLE University's Shri B.M.Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belgavi 590003 Karnataka India. 3MD AYU, Dept of Panchakarma, KLE University's Shri B.M.Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belgavi 590003 Karnataka India.

Email Id: <a href="mailto:karssb760@gmail.com">karssb760@gmail.com</a>Contact: 9738327990Reference No: 4JAsPcsj

Abstract :Introduction and Background: Raktamokshana is one the shodhanachikitsa. It is the choice of treatment in the management of Raktapradoshajavyadhi. Vatarakta being raktapradoshavikara, produced by vitiation of both vatadosha and raktadhatu. In contemporary science, it can be compared with Gout. Among various treatment advices for vatarakta, siravydhana is also one line of management which is less in practice. Uric acid is produced from the natural breakdown of your bodys cells and from the foods. High levels of uric acid in the blood can cause solid crystals to form within joints. This causes a painful condition called gout. Hence to see the effect of siravyadhana in vatarakta and in uric acid the present study gives some evidence. Material and methods: Various books were browsed and and a study done on 30 diagnosed cases of vatarakta who are fulfilled American rheumatology criteria to assess gout were selected and research study was done at KLEUS Shri BMK Ayurveda Hospital Belgaum. Results: In one setting of siravyadha by following classical text method shown significant results on sandhishoola, shotha, sparshasahatwa, daha, sthabdata etc. there was also mean differerence noted in uric acid. Conclusion: Thus the classical treatment of Vatarakta helped in relieving the complains along with metabolic disorder improvement in uric acid.

Keywords: Uric acid, Raktamokshana, Siravyadha, Vatarakta

#### 6.Management of Manyasthambha through Nasapana: A conceptual study

Author :DrUnnikrishnan V S (PG Scholar): Dr Prashanth A S (Proffessor and Head, Dept Of Kayachikitsa) Ayurveda Mahavidyalaya, Hubli, Karnataka

Email Id: drysunnikrishnan@gmail.comContact: 7012444497Reference No: 7waooKKH

Abstract :Nowadays due to fast developing technological era, sedentary lifestyle and lack of time, people cannot concentrate on their proper regimen. Due to this improper life style they develop disease like Manyasthambha (Cervical Spondylosis). Manyasthamba has been enumerated in the eighty Vatavyadhi and is explained as VatajaNanatmajaVikara and Acharya Sushruta have mentioned it as KaphaAvruta. There is Stiffness of neck (Sthambha) with Pain (Ruk) or without pain and the patient cannot move his or her neck. Rookshasweda and nasya is the treatment mentioned for Manyasthambha. Nasapana is mentioned in several contexts by different Acharyas. Nasapana which is a modified form of Nasya has similar mode of action that of Nasya. And Nasapana has more effect than Nasya because of its larger dose and wide area of absorption. It also acts as shodhana and shamana at a time. Mashabaladikwatha is explained by acharyachakradutta for nasapana and is indicated in Manyasthambha. Mashabaladikwatha is balya and vatahara. So here an effort is made to explain the effect of Nasapana with Mashabaladikwatha in Manyasthambha.

Keywords: Manyasthambha, Nasapana, Mashabaladikwatha

# 7.CLINICAL APPLICATION OF DIFFERENT FORM OF PANCHAKARMA MODALITIES IN ACUTE PAIN MANAGEMEMNT OF PAIN MANEGEMENT OF SPINAL DISORDERS

Author :Dr.Shridhara.B.S. Principal GAMC Bengaluru. Dr.Santosh.L.Y. Associate Professor Department of Panchakarma GAMC Bengaluru

Email Id: <a href="mailto:drsaiprashanthn@gmail.com">drsaiprashanthn@gmail.com</a>Contact: 8553398956Reference No: vfA7BBNj

Abstract :• Spinal disc disease often presenting with back pain is among the most common conditions for which patients seek medical care. A major public health problem, It is the leading cause of disability for people < 45 years, 2nd leading cause for physician visits, 3rd most common cause for surgical procedures and 4th most common reason for hospitalizations. Contemporary science offer conservative line of treatment and surgery as measures but chances of reoccurance are more even after the surgery. In Ayurveda we have studied these under many aspects like Gridhrasi ,Asthimajjagatavata, Sandhigatavata etc and Panchakarma therapy has been proven to be effective in this regard so It is high time for ayurvedabhishaks to explore new modalities of Panchakarma to address these conditions. • Pain is a symptom in all of these conditions and is the main criteria for patients to visit doctor therefore management of pain becomes primary concern, which is a major challenge faced by any system of medicine, once the pain is relived then SamprathivighatanaChikitsa can be adopted. • Hence this clinical study was adopted with different panchakarma modalities in different presenting complaints to manage Actue Symptoms. • Methods: Three different presenting symptoms of 5 cases each were taken for the study & different Panchakarma modalities have been adopted as intervention for study and there were convincing results observed in presenting symptoms.

Keywords: Spinal disc disease.Backpain.Asthimajjagatavata, Sandhigatavata,Panchakarma modalities

#### 8.MANAGEMENT OF SPASTICITY IN SPASTIC CHILDREN-A CLINICAL REPORT

Author: Dr. Nisha 1st year PG scholar

Email Id: dr.nisharohilla13391@gmail.comContact: 9416126900Ref No: 5vSHYuJx

Abstract :Management of spasticity in spastic children. A clinical report Introduction- Cerebral palsy is a diagnostic term used to describe a group of CNS disorders of movement and posture causing activity limitation, which are attributed to non progressive disturbances in the developing fetal or infant brain. In India it is 3 per 1000 live births. Spasticity is most common symptom in Cerebral palsy and occurs in 70-80% of all cases. Matrabasti is effective in treating the spasticity of cerebral palsy as compared to Abhyanga and sweda, whereas Abhyanga and sweda is effective intreating fine motor functions. SuddhaBalataila is effective ekangavata, pakshaghata and other related vatajavyadhis as attributed to its rogaghnata. A study was conducted in the year 2012-14 in the Department of KB with the use of matrabasti. The same report will be presented during full paper presentation. Keywords- Spasticity, Cerebral Palsy, MatraBasti, Abhyanga and Sweda

Keywords: Spasticity, Cerebral Palsy, MatraBasti, Abhyanga and Sweda

1. Title: A case report and review of Gullian Barre syndrome W.S.R to SARVANGA VATA

Author: Dr.shivaprasad sharma, Pgscholar, SDM Ayurveda College, Udupi

Email Id: <a href="mailto:spsharmadr22@gmail.com">spsharmadr22@gmail.com</a>, Contact: 9492192851

Abstract :: Introduction:- Gullian Barre syndrome(GBS) is an acute ,rapidly evolving are flexic motor paralysis with or without sensory disturbance. It occures year around at arate of between 1 and 4 cases per 100,000 annually. Age is an important factor determining outcome ,and prognosis. Here is a case of 42 years male normotensive non diabetic known alcoholic and tobacco chewer patient presented to OPD with the complaints of sudden onesent loss of strength in lower and upper limb unable to getup ,walk, stand with apast history of fever briugh to OPD of BMK ayurveda hospital belgaum. As per ayurveda this condition we have take as a sarvangavata(vata affecting whole body) which procedes jwara , hence the line of treatment we have adopted jwara hara and vatavyadhi chikitsa which included Amapachana along with shamanoushadhis. The outcome was very significant improvement clinicaly patient able to sit , stand and walk on his own.

Keywords: Amapachana Gullian-Barre Syndrome, Sarvanga vata, ,shamanoushadhi

2. Title: A clinical case review on Sciatica (Gridhrasi)

Author: Dr Shivay Gupta, PG Schloar, Dept of shalya tantra, Dr Suketha Kumari

Email Id: shivayg882@gmail.com, Contact: 8219902640

Abstract :Low back pain is one of the common condition of locomotor system disorder, affects people during productive phase of life. About 40% cases of low back pain are of radicular in origin and considered under the umbrella of sciatic syndrome. The condition resembles disease Gṛidhrasi mentioned in Ayurveda under the umbrella of Vatavyadhi. It is characterized by burning pain, tingling sensation or numbness that is felt in course of sciatic nerve root. A case was observed in KLE's Shri BMK Ayurveda hospital with the clinical features of Gá¹›idhrasi which involved both the legs since 4 months and was treated with Ayurvedic regimen. A course of Kati-basti with Mahanarayna taila for 7 days, Two courses of yogabasti (including vaitranabasti) was done as Panchakarma procedure. Walking distance and SLR test were taken for assessment parameter. Before treatment patient was not able to walk even 4 to 5 steps due to severe pain and his SLR were 45â• ° of left side &30° on right side. After one-month treatment, Patient can walk up to 500 meters without any difficulty,75% relief from tingling sensation and radiating pain was observed. Muscle power of lower limb 4/5.Hence it can be concluded that Basti which is said best in vatavyadhi's was found to be effective in management of gridhrasi.

Keywords: sciatica, Gridhrasi, panchakarma

3. Title: An Individulized multimodal treatment protocol development in the management of stroke-A life style induced complication

Author: Dr Ashwini Sori Final year PG scholar, Dr B.S.Prasad, KLE BMK AYUR VEDA COLLEGE Email Iashwinisori@gmail.com, Contact: 8867510778

Abstract :Introduction Stroke is one of the leading cause of death, it is mainly caused as complication High blood pressure, diabetes, high cholesterol, smoking, obesity, alcoholism and the treatment so far has no promising results. Aims and objective: To develop ayurvedic treatment protocol in the management of acute stroke Discussion where the drugs only assuage the symptoms temporarily and the underlying pathology goes on progressively to worsen the condition. Though ample research is being carried out for alleviating the disease and new avenues are being explored, Followed by physical rehabilitation, physiotherapy etc., yet the disease have not been dominated and remain incurable. To add it up, the adverse effects pose distant threat to the well-being. A rapid review of recent Ayurvedic research literature on subject of Pakshagata indicates that there are no previous studies which have documented individualized clinical management strategy based on dosha dusya vichar and its clinical outcomes. Conclusion Pakshaghata treatment schedule adopted according to the stage (avastha) i.e. in acute stage the immediate aim is to maintain the life style and to prevent the further complications like teekshna nasya, himadhaara talam, sadyavirechana,agnilepa and bastikarma ,so here protocol is developed which is already being followed giving promising results in acute conditions. Keywords: Life style diseases, Compliations, Stroke, Avastanusar chikitsa, Ayurvedic protocol

### 4.INTELLECTUAL DISABILITY OF CHILDREN (NEURO DEVELOPMENTAL DISORDER) A CONCEPTUAL APPROACH W.S.R TO MUDATHA

Author: Dr. Geethika. G., PG Scholar, SDM Ayurveda College, Udupi

ABSTRACTOver the past few decades increased attention has been paid to identifying and responding to the mental health need of children with intellectual disability. The neurodevelopmental disorders are group of conditions with onset in the developmental period intellectual disability is charecterized by deficits ingeneral mental ability such as reasoning, problem solving, planning, abstract thinking, judgement, accademic learning and learning from experience the deficits result in impairement of adaptive functioning, such that individual fails to meet standards of personal independence and social responsibility in one or more aspects of daily life. Mudatha, the term which mentioned in samhita which can be corelate with the signs and symptoms of leading disorder intellectual disability. Key words: intellectual disability, neurodevelopmental disorder, mudatha

## 5.Title: EFFICACY OF SADDVRITTA PALANA AND YASHTIMADHU MEDHYA RASAYANA IN BRINGING BEHAVIORAL CHANGES IN SCHOOL GOING CHILDREN Author: Dr Ompraskash Dwivedi Email Id: dromprakashdwivedi2013@gmail.com, KLE BMK

AYURVEDA COLLEGE ,Contact : 7259536988

Abstract :: According to WHO, 20% of children and adolescents suffer from a disabling mental illness and suicide as 3rd leading cause of death. Psychotherapy has emerged successfully in comparison to pharmacotherapy. The psychotherapy treatments in Ayurveda have been mentioned centuries before in the form of sattvavajaya chikitsa, daiyayyapashraya chikitsa. Sadvritta can be considered one among them which is both preventive and also to one extent curative when used with yuktivyapashraya chikitsa. Yastimadhu churna with milk has already been proved to, nootropic action but sadvrtta can be really helpful if practiced properly and an individual can prevent him/her from behavioural disorders. Objective: To compare the efficacy of child counseling with sadvritta palana and medhya compound in bringing behavioral changes in school going children. Methodology: Randomized controlled clinical study was planned to evaluate the efficacy of Sadvritta palana over Yastimadhu medhya rasayana in school going children who were assessed and diagnosed with behavioral disorder using a standard behavioral assessment scale Result: Saddyritta palana and yashtimadhu medhya rasayana with saddyritta palana has shown significant results within the group Conclusion: As per this study, saddyritta palana and combination of yashtimadhu and saddvritta palana has shown significant results. Keywords: Behavioral disorders, Yashtimadhu medhya rasayana, saddvritta palana, antipsychotics. Keywords: Behavioral disorders, Yashtimadhu medhya rasayana, saddyritta palana, antipsychotics.

6. Title: A single case study on Hallervorden-Spatz Disease with special reference to Kampavata

Author: DR.Rashmi.S. P.G.Scholar,

Email Id: rashmik190@gmail.comContact: 8050988904

Abstract: Introduction Hallervorden- Spatz Disease is a rare neurodegenerative disorder, usually begins in childhood and is characterized by progressive dystonia, rigidity, tremor and choreoathetosis. Extensor plantar reponses, dysarthria and intellectual deterioration become evident during adoloscense. Based on symptoms this disease can be correlated to Kampavata in ayurveda. Acharya Basavarajiyam has given a clear description by explaining the clinical pictures as karapadatala kampa (tremors), deha bhramana (postural instability ), matiksheena (dementia) and nidrabhanga (disturbed sleep). Increased chala guna of vata produces kampa and dystonia, whereas increased manda guna of kapha in turn decreased vata produces stambha (rigidity/spasticity). Increased vata at one site and decreased at other site explains the process of avarana. Here kaphavrutavata needs snigdha and ruksha line of treatments to prevent the further progression of the disease. Methods This is a single case study on Hallervorden- Spatz Disease administered with multiple Ayurveda treatments for a period of 2 months in 2 sittings. Result The result was encouraging and will be discussed with evidence in the main presentation. Discussion Hallervorden Spatz Disease is a rare progressive, neurodegenerative disease which treated of can Kampavata.Keywords:HallervordenSpatzDisease,,Kampavata,kampa(tremor),stambha(rigidity/s pasticit)dystonia, choreoathetosis

7. Title: AN APPROACH TO PARKINSON'S DISEASE "A CASE STUDY"

Author: Shailesh (Post-Graduate Scholar), Ashvini Kumar M (Professor and HOD), Murlidhar P Pujar (Professor) Department of Panchakarma, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India.

Email Id: shettyshailesh9@gmail.com,Contact: 7795840836

Abstract :Introduction: Among the array of neuro-degenerative diseases Parkinson's disease is the second most common disease after Alzheimerâs disease. 60 years is the mean age of onset. Clinical presentation of Parkinson's disease is characterized by motor symptoms like tremor, rigidity, and bradykinesia which are considered as the cardinal features of the ailment and nonmotor symptoms like intellectual impairment, depression and motivational disturbances which become significant common as the disease advances. The symptomatology of Parkinsonâ disease mimic kampavata and other conditions which come under the broader umbrella of vatavyadhi. Methodology: A case presented with the symptoms of Parkinson's disease, was managed with Ayurvedic treatment modalities like Rukshana and Bhruhmana. Results: The treatment modalities thus adopted helped to improve the quality of life along with the reduction of symptoms like tremors, rigidity, intellectual impairment and depression in the patient, results were assessed on the basis of Unified Parkinson's Grading Scale. Discussion: Parkinson's disease can be considered as Kampavata with the etiopathogenesis of Avarana. Ayurvedic treatment modalities like Vataharachikitsa and Panchakarma procedures proved to be very effective in reducing motor and non-motor symptoms. Initially, management was focussed on removing avarana by rukshana followed by arresting dhatukshaya through bruhana modalities. The treatment protocol for the management of Kampavata which includes Avarana in Pathogenesis will be discussed in the Presentation. Keywords: Parkinsonâs disease, Kampavata, Yapana Basti

#### **8.CASE STUDY-PARKINSONISM**

Author: Dr.Pallavi K.S, P G Scholar, SDM Ayurveda College, Udupi

E-mail id - pallavinaik1712991@gmail.com

Abstract :Parkinsonism is a term related to neurodegenerative disease which leads to progressive deterioration of motor function due to loss of dopamine-producing brain cell. Usually occur in the elderly people. Having complaints of tremors, bradykinesia, sleep disturbance, small stepping gait, and depressed mood, impairment of memory and anxiety. In ayurveda it can be corelated with kapha vruta vyana vata with associated manasa vyadi like nidranasha, vishada,bhaya or smruthibramsha.

Case-a female patient of age 62 year was not a know case of diabetes mellitus or hypertension, visited sdm ayurvedic hospital udupi. Complaints of tremors, stiffness of both upper and lower limb, small stepping gait, postural imbalance, sleep disturbance and depressed mood along with altered memory level & anxiety. Her all investigation are said to be in normal level. Treatment was performed keeping with outlook of kaphavruta vyana with other associated manasa vyadhi.i.e-abhyanga followed by bashpa sweda, kapikachchu ksheera basthi,karchuradi taladhara is given with oral medication like Ashwagandha+ kapikachcu churna,mahisha dravaka 5ml tid,cap nuro 1tid advised for ten day

Result- improvement showed in reduction in stiffness level of upper and lower limb, slight improvement in sleep disturbance and depressed mood.

details of case report will be dealt in this presentation. Key words: parkinsonism, kaphavruta vyana vata

1.Title: A CONCEPTUAL STUDY ON EFFICENCY OF NARIKELA PUSPA CHURNA IN THE MANAGEMENT OF MUTRA SARKARA W.S.R GRAVELS OF URINARY TRACT

**Author**: Dr. Shweta Shukla(PG schilar)**Presenter**: Dr. ShwetaShukla**Email Id**: drshweta717@gmail.com**Contact**: 7795245534

Abstract: Introduction In Ayurvedic classics this disease can be correlated with Ashmari (urinary stone), which occurs commonly in the urinary tract. Ashmari is a disease in which there is formation of stone, resulting into severe pain as given by enemy. Methods Route of Administration Oral drug Narikelapuspa(flower of CocosNucifera), Dose 12gm twice a day after proper digestion of food with curd, Duration 30 days, Sample Size 20, Follow up on 15th & 30th day, Results Awaited, Discussion Acharyas have considered it is condition which is difficult to cure and they are not having good prognosis. Narikela fruit is Madura rasa( Sweet in taste), &Snigdhaguna(Oily in quality). It also possesSeetavirya (cold in potency), This supports its Mutrala effects. But the properties of its flower can't be concluded based on this. Unfortunately there is no reference regarding the properties of Narikelapushpa. But in case of karma(action) In classes it is clearly mentioned that Narikelapushpa can cure gravels of Urinary stones. Keywords: Mutrasarkara, Urinary stone, Gravels of urinary tract.

#### 2. PATHYA-APATHYA IN CKD

Author :\*Dr MAHEJABEEN.A.K PG Scholar, \*\*Dr.AjanthaPresenter :MAHEJABEEN.A.KARIGAREmail Id mahejabeenk123@gmail.comContact 9611723126Abstract: Introduction: Risk factor and manifestation of CKD includes High blood pressure, Diabetes, High cholesterol, cardiovascular disease, etc and finally death. CKD is classified into 5 stages based on GFR and specific diet and regimen plays dominant role in management and progression. Outcome of CKD is renal edema and in Ayurveda understood as Kaphajashotha. Method: Pathya-apathya beneficial in CKD wsr to kaphajashotha is discussed in light of samhitas. Discussion: Following is diet recommended for renal edema and based on same principles Ayurveda pathyaapathya is prescribed from shotha chapter. In Stage-1 and stage-2(GFR>90 & 89-60/ml/1.73m2) diet recommendation includes Low saturated fatty food, varieties of grains, fresh fruits, vegetables, SaindhavaLavana, Guda-ardraka, Guda-nagara, Trayoshana, Dugdhahara. Decrease intake of sodium. In Stage-3(GFR 59-30/ml/1.73m2) supply adequate calories to prevent weight loss containing Ksheera, Yusha, Yavagu, Jangala-mamsa, Gomutra-haritaki, Gomutra-shunti, Gunjanaka, shobanjana, patola, kakamachi, mulaka, nimbipatra, aragvada etc. Reduce calcium consumption to avoid calcification in heart, blood vessels and in soft tissue. In Stage-4(GFR-29-15/ml/1.73m2) Avoid food containing protein, potassium and phosphorus. Mutraladravya like patola, apamarga, punarnava, guduchi, gokshura, nimbapatraetc is recommended. In Stage-5(GFR) Keywords: PATHYA-APATHYA, CKD, KaphajaShotha.

# 3.Effect of LajawatiMulSwaras on Urinary Tract Infections in female adults: A Pilot Clinical Study

Author: Shrestha S\* Dahal A \* \* \* MD Scholar, Department of Kayachikitsa, National Institute of Ayurveda, Jaipur, India \*\* Ayurveda Medical officer, District Ayurveda Health Center, Nepal**Presenter** :SrishtiShresthaEmail Khandbari. Sankhuwasabha, :iamdrsrishti@gmail.comContact: 9587456197Abstract: Objective of the study was to assess the effect of LajawatiMulSwaras in the management of Urinary Tract Infections in Adults of Sankhuwasabhha district. This study was a pilot study with single arm with pre and post test design at outpatient level in District Ayurveda health center located in Khandbari, Sankhuwasabha. 24 patients of Urinary Tract Infection with satisfying diagnostic criteria and age 18-60 years female wers selected from out patient Department of District Ayurveda health center, Khandbari, Sankhuwasabha. Patients were treated with LajawatimulSwaras in the dose of 40 ml thrice daily for 15 days. The percentage of relief in various assessment criteria were observed which are malodourus and cloudy urine (75%), vaginal Discharge (67%) Fatigue (75%), Flank Pain (62.5%), Fever (83%) and Chills (87.5%). LajawatiMulSwaras is effective in reducing signs and symptoms of Urinary tract infections. Keywords: LajawatiMulSwaras, Urinary Tract Infections, Female, Mimosa Pudica

#### 4.Management of Chronic Kidney Disease through Ayurveda

Author: 1. Zainuddeen Muhammad U, PG Scholar, Department of Panchakarma, Alva's Ayurveda Medical College, Moodbidri. 2.Praveen B.S, Associate Professor and HOD, Department of Panchakarm Id: zain.ullal@gmail.comContact: 8660207025

**Abstract**: Introduction Chronic kidney disease (CKD) is a progressive loss in renal function taking place over a period of months to years. The diagnosis of CKD population at early stages 1 & 2, when much more can be offered to slow down its progression, is difficult and most patients are diagnosed at stage 5 when modern science offers dialysis or renal replacement. Both these procedures are expensive and are associated with significant morbidity and mortality. Hence there is a need for seeking more comprehensive and economic management options in other systems of medicine. Methods Modern texts, Ayurveda literature and research journals were extensively studied regarding the appraisal of CKD. Result Ayurveda advocates management of CKD by purification therapy (samsodhana), pacification therapy (samsamana) and rasayana therapy. By these, the progress of the illness can be restricted, renal functions are improved and systemic effects of raised nitrogenous waste-products are blocked, enabling the person to live an enhanced and improved quality of life. Discussion In Ayurveda, the disease CKD can be considered as upadrava (complicated stage) of diseases of the urinary system (mutraghata, mutrakrcchra, mutrasmari) or other systemic illnesses such as prameha (diabetes mellitus), amadosa, dhamaipraticaya (atherosclerosis). The augmented dosa arrives at basti and vitiate it. Hence, function of basti, i.e. differentiation and separation of urine from essential parts gets hampered, leading to retention of harmful metabolic excretory end-products which circulate everywhere in the body and produce detrimental effects. Management is aimed at eliminating toxins by purification therapy (vamana, virecana and basti). In the early stages, the disease may be considered krcchrasadhaya while in the later stages it becomes yapya and incurable. **Keywords:** Chronic kidney disease, upadrava, samsodhana, Samsamana.

## 5.CHRONIC KIDNEY DISEASES WITH SPECIAL REFERENCE TO VIPER BITE CASES

Author: DR.T.VIDYAVATI PG SCHOLAREmail Id :tvidya80@gmail.comContact: 9916157523 Dr.T.Vidyavati 1\*, Dr.GazalaHussain Introduction: Snake bite poisoning is known to man since antiquity. References to snake bite are found in the oldest medical writings. Kidney is the highly vascularized organ, which is prone to venom toxicity. Besides the local and systemic symptoms, clinical renal manifestations vary from mild proteinuria, hematuria, and pigmenturia to acute renal failure. There is a broad clinical spectrum of renal involvement in snakebite. Bites by hemotoxic snakes and myotoxic snakes are the common causes of renal involvement especially acute renal failure. Methodology: In Ayurvedic literature, many herbs are mentioned for the treatment of urological disorders. In some cases of snake bites, one can observe urinary retention as the immediate complication which further leads to acute renal failure. In such conditions, the drugs like Pippali, Ela, Karanja, etc. can be employed. Results: Acute kidney diseases are more common in viper bites, which lead to chronic kidney diseases. Some of the Agadayogas are found in viper bite treatment may help in the treatment like, hematuria, urinary retention and urinary discoloration. Conclusion: Kidney disorders because of viper bites can be managed with the use of Agadaprayoga. Many formulations have been mentioned in authentic literature of Ayurveda. There remains ample scope of research to prove its efficacy in the management of chronic kidney disease.

#### 6. Ayurvedic management of CKD w.s.r. to Mutraghata- A case report

Author: Dr. Jyoti S. Rathod, Dr. S. I. Pathan, Presenter: Dr JyotiRathod (PG Scholar) GAC Nanded (Maharashtra) Email Id: drjyotirathod13@gmail.comContact: 967352500 Abstract Kidneys are the organs that have numerous biological roles in maintaining the homeostatic balance of body fluids by remaining wastes out of body. Chronic kidney disease (CKD) has always remained a major area of concern since a long time as it leads to irreversible deterioration in renal function which classically develops over a period of years. CKD and ESRD are emerging problem correlate in developing countries. One the reason is rapidly increasing world wide incidence of Diabetes and HTN been established. In Ayurveda suppression of urine formation can be withMutraghata. AcharyaChakrapani clarifies that Mutraghata is characterized by Shoshan and Haani of Mutra which indicate a state of suppression of urine. The current therapy in kidney pathology is having minimal scope for specific curative treatment. Dialysis and renal transplantation are applicable only in selected class of sufferer. Therefore exploration of safe and alternative therapy is needed, which proves to be helpful in reducing the requirement of dialysis and in postponing the renal transplant. According to Ayurveda urine formation starts in intestine itself, although filtration takes place in kidneys. Imbalance of Agni(free element) disturbs the process of formation and filtration of urine. Malformed urine leads to accumulation of wastes in the body. This can cause the blockage of minute body channels called as strotasa. The body channel involved in this case known as mutravahastrotasa, carry urine and are responsible for the flow of liquid into and out of the kidneys. If there are blockages in the incoming strotasa the kidneys are denied fluids and shrinkage occurs. However if the outgoing channels are then swelling occurs. There are very effective. Ayurvedic treatment aims at Strengthening the kidneys, restoring its filtration capacity and general functioning of the kidneys. This line of treatment can eliminate the need of reliance upon dialysis. Keywords- Chronic kidney disease, utraghata, Mutravahastrotasa

#### 7.RENAL CALCULI- A CASE STUDY

Author: Dr. Sharanamma PG Scholar, Dr. Prashanth A.S. HOD Department of Kayachikitsa.

Email Id: dr.sharanamma24@gmail.comContact: 7259826475 Reference No: aYc3stZ4

Abstract: Two main objectives of Ayurveda to prevent and elimination of disease. Charaka explained Ashmari in Trimarmiyachikitsa and Susruta described under Astamahagada and explained as a separate chapter as Darunakavyadhi. This shows how difficulty this disease to treat medically/surgically. Due to consumption of excessive Rukshaahara, Atitikshnadravya, bore well water etc. Suppression of natural urges leads to retention of toxins which results in sedimentation and precipitation in the urinary system. Management in contemporary modern science is toughest approach because it may solve problem temporarily and cannot render prevention. Among all Panchakarma, Basti is said to be Ardhachikitsa based on pathology with principle of Khalekapotanyaya, hence Basti was selected for treatment. Method: A 37 years male has presented with calculi in both kidneys. He was treated with VarunadiTailaMatrabasti for seven days. The observation noted and results were assessed on the basis of subjective and objective parameters. Result: It is found to be VarunadiTailaMatrabasti is effective regarding the symptoms and producing remarkable benefit to the patient. Discussion: Even though it is difficult to treat Ashmari the VarunadiTaila shown significant result. Keywords: Renal calculi, Darunaka, KhalekapotanyayaMatrabasti, ArdhachikitsaVarunaaditaila.\

# 8.A LITERATURE REVIEW OF CKD (CHRONIC KIDNEY DISEASE) - PREVALENCE, CAUSES, PATHOPHYSIOLOGY AND AYURVEDIC APPROACH OF TREATMENT.

Author: DrRoopa B Janagouda 1 st year PG scholar, Department of Kayachikista Email Id :roopagoutham@gmail.comContact: 9742210082 Abstract: CKD is a stage of gradual structural and function renal impairment for 3 months or more, which is progressive and irreversible. It fails to filter the wastes and excess of fluids from the blood, which are then excreted in the urine. With increasing life expectancy and prevalence of life style diseases, there is increase in prevalence of CKD in India, over the last decade. Over 17% of Indians have some form of Kidney disease. As per the survey, uncontrolled DM (diabetes mellitus) and hypertension contribute to 30-40% of the cause for CKD. The pathology of CKD mainly depends on the glomerular pathology or the tubulo interstitial pathology caused by different diseases and toxins. As per NKF(national kidney foundation), the CKD can be divided into 5 stages as per the GFR rates. As per contemporary medicine, the treatment of CKD is mainly depends on the underlining cause and the stages of CKD. Ayurvedic approach towards the treatment mainly depends on, underlying causes, avastha of disease and the bala of upadrava. Through this article, an attempt is made to explain different causes, pathophysiology, treatment of CKD as per contemporary and Ayurvedic approach. Keywords: Mootraghata, CKD, glomerular pathology, Ayurveda.

#### PARALLEL SESSION 21

1.Title: A CONCEPTUAL STUDY ON EFFICENCY OF NARIKELA PUSPA CHURNA IN THE MANAGEMENT OF MUTRA SARKARA W.S.R GRAVELS OF URINARY TRACT

**Author**: Dr. Shweta Shukla(PG schilar)**Presenter**: Dr. ShwetaShukla**Email Id**: drshweta717@gmail.com**Contact**: 7795245534

Abstract :Introduction In Ayurvedic classics this disease can be correlated with Ashmari (urinary stone), which occurs commonly in the urinary tract. Ashmari is a disease in which there is formation of stone, resulting into severe pain as given by enemy .Methods Route of Administration Oral drug Narikelapuspa(flower of CocosNucifera), Dose 12gm twice a day after proper digestion of food with curd, Duration 30 days, Sample Size 20, Follow up on 15th & 30th day, Results Awaited, Discussion Acharyas have considered it is condition which is difficult to cure and they are not having good prognosis. Narikela fruit is Madura rasa( Sweet in taste), &Snigdhaguna(Oily in quality). It also possesSeetavirya (cold in potency) ,This supports its Mutrala effects. But the properties of its flower can't be concluded based on this. Unfortunately there is no reference regarding the properties of Narikelapushpa. But in case of karma(action) In classes it is clearly mentioned that Narikelapushpa can cure gravels of Urinary stones. Keywords: Mutrasarkara, Urinary stone, Gravels of urinary tract.

#### 2. PATHYA-APATHYA IN CKD

Author :\*Dr. MAHEJABEEN.A.K PG Scholar, \*\*Dr.AjanthaPresenter :MAHEJABEEN.A.KARIGAREmail mahejabeenk123@gmail.comContact Id : 9611723126Abstract: Introduction: Risk factor and manifestation of CKD includes High blood pressure, Diabetes, High cholesterol, cardiovascular disease, etc and finally death. CKD is classified into 5 stages based on GFR and specific diet and regimen plays dominant role in management and progression. Outcome of CKD is renal edema and in Ayurveda understood as Kaphajashotha. Method: Pathya-apathya beneficial in CKD wsr to kaphajashotha is discussed in light of samhitas. Discussion: Following is diet recommended for renal edema and based on same principles Ayurveda pathyaapathya is prescribed from shotha chapter. In Stage-1 and stage-2(GFR>90 & 89-60/ml/1.73m2) diet recommendation includes Low saturated fatty food, varieties of grains, fresh fruits, vegetables, SaindhavaLavana, Guda-ardraka, Guda-nagara, Trayoshana, Dugdhahara. Decrease intake of sodium. In Stage-3(GFR 59-30/ml/1.73m2) supply adequate calories to prevent weight loss containing Ksheera, Yusha, Yavagu, Jangala-mamsa, Gomutra-haritaki, Gomutra-shunti, Gunjanaka, shobanjana, patola, kakamachi, mulaka, nimbipatra, aragvada etc. Reduce calcium consumption to avoid calcification in heart, blood vessels and in soft tissue. In Stage-4(GFR-29-15/ml/1.73m2) Avoid food containing protein, potassium and phosphorus. Mutraladravya like patola, apamarga, punarnava, guduchi, gokshura, nimbapatraetc is recommended. In Stage-5(GFR) Keywords: PATHYA-APATHYA, CKD, KaphajaShotha.

# 3.Effect of LajawatiMulSwaras on Urinary Tract Infections in female adults: A Pilot Clinical Study

Author: Shrestha S\* Dahal A \* \* \* MD Scholar, Department of Kayachikitsa, National Institute of Ayurveda, Jaipur, India \*\* Ayurveda Medical officer, District Ayurveda Health Center, Sankhuwasabha, Nepal**Presenter** :SrishtiShresthaEmail Khandbari. :iamdrsrishti@gmail.comContact: 9587456197Abstract: Objective of the study was to assess the effect of LajawatiMulSwaras in the management of Urinary Tract Infections in Adults of Sankhuwasabhha district. This study was a pilot study with single arm with pre and post test design at outpatient level in District Ayurveda health center located in Khandbari, Sankhuwasabha. 24 patients of Urinary Tract Infection with satisfying diagnostic criteria and age 18-60 years female wers selected from out patient Department of District Ayurveda health center, Khandbari, Sankhuwasabha. Patients were treated with LajawatimulSwaras in the dose of 40 ml thrice daily for 15 days. The percentage of relief in various assessment criteria were observed which are malodourus and cloudy urine (75%), vaginal Discharge (67%) Fatigue (75%), Flank Pain (62.5%), Fever (83%) and Chills (87.5%). LajawatiMulSwaras is effective in reducing signs and symptoms of Urinary tract infections. Keywords: LajawatiMulSwaras, Urinary Tract Infections, Female, Mimosa Pudica

#### 4. Management of Chronic Kidney Disease through Ayurveda

Author: 1. Zainuddeen Muhammad U, PG Scholar, Department of Panchakarma, Alva's Ayurveda Medical College, Moodbidri. 2.Praveen B.S, Associate Professor and HOD, Department of Panchakarm Id: zain.ullal@gmail.comContact: 8660207025

**Abstract**: Introduction Chronic kidney disease (CKD) is a progressive loss in renal function taking place over a period of months to years. The diagnosis of CKD population at early stages 1 & 2, when much more can be offered to slow down its progression, is difficult and most patients are diagnosed at stage 5 when modern science offers dialysis or renal replacement. Both these procedures are expensive and are associated with significant morbidity and mortality. Hence there is a need for seeking more comprehensive and economic management options in other systems of medicine. Methods Modern texts, Ayurveda literature and research journals were extensively studied regarding the appraisal of CKD. Result Ayurveda advocates management of CKD by purification therapy (samsodhana), pacification therapy (samsamana) and rasayana therapy. By these, the progress of the illness can be restricted, renal functions are improved and systemic effects of raised nitrogenous waste-products are blocked, enabling the person to live an enhanced and improved quality of life. Discussion In Ayurveda, the disease CKD can be considered as upadrava (complicated stage) of diseases of the urinary system (mutraghata, mutrakrcchra, mutrasmari) or other systemic illnesses such as prameha (diabetes mellitus), amadosa, dhamaipraticaya (atherosclerosis). The augmented dosa arrives at basti and vitiate it. Hence, function of basti, i.e. differentiation and separation of urine from essential parts gets hampered, leading to retention of harmful metabolic excretory end-products which circulate everywhere in the body and produce detrimental effects. Management is aimed at eliminating toxins by purification therapy (vamana, virecana and basti). In the early stages, the disease may be considered krcchrasadhaya while in the later stages it becomes yapya and incurable. **Keywords:** Chronic kidney disease, upadrava, samsodhana, Samsamana.

## 5.CHRONIC KIDNEY DISEASES WITH SPECIAL REFERENCE TO VIPER BITE CASES

Author: DR.T.VIDYAVATI PG SCHOLAREmail Id :tvidya80@gmail.comContact: 9916157523 Dr.T.Vidyavati 1\*, Dr.GazalaHussain Introduction: Snake bite poisoning is known to man since antiquity. References to snake bite are found in the oldest medical writings. Kidney is the highly vascularized organ, which is prone to venom toxicity. Besides the local and systemic symptoms, clinical renal manifestations vary from mild proteinuria, hematuria, and pigmenturia to acute renal failure. There is a broad clinical spectrum of renal involvement in snakebite. Bites by hemotoxic snakes and myotoxic snakes are the common causes of renal involvement especially acute renal failure. Methodology: In Ayurvedic literature, many herbs are mentioned for the treatment of urological disorders. In some cases of snake bites, one can observe urinary retention as the immediate complication which further leads to acute renal failure. In such conditions, the drugs like Pippali, Ela, Karanja, etc. can be employed. Results: Acute kidney diseases are more common in viper bites, which lead to chronic kidney diseases. Some of the Agadayogas are found in viper bite treatment may help in the treatment like, hematuria, urinary retention and urinary discoloration. Conclusion: Kidney disorders because of viper bites can be managed with the use of Agadaprayoga. Many formulations have been mentioned in authentic literature of Ayurveda. There remains ample scope of research to prove its efficacy in the management of chronic kidney disease.

#### 6. Ayurvedic management of CKD w.s.r. to Mutraghata- A case report

Author: Dr. Jyoti S. Rathod, Dr. S. I. Pathan, Presenter: Dr JyotiRathod (PG Scholar) GAC Nanded (Maharashtra) Email Id: drjyotirathod13@gmail.comContact: 967352500 Abstract Kidneys are the organs that have numerous biological roles in maintaining the homeostatic balance of body fluids by remaining wastes out of body. Chronic kidney disease (CKD) has always remained a major area of concern since a long time as it leads to irreversible deterioration in renal function which classically develops over a period of years. CKD and ESRD are emerging problem correlate in developing countries. One the reason is rapidly increasing world wide incidence of Diabetes and HTN been established. In Ayurveda suppression of urine formation can be withMutraghata. AcharyaChakrapani clarifies that Mutraghata is characterized by Shoshan and Haani of Mutra which indicate a state of suppression of urine. The current therapy in kidney pathology is having minimal scope for specific curative treatment. Dialysis and renal transplantation are applicable only in selected class of sufferer. Therefore exploration of safe and alternative therapy is needed, which proves to be helpful in reducing the requirement of dialysis and in postponing the renal transplant. According to Ayurveda urine formation starts in intestine itself, although filtration takes place in kidneys. Imbalance of Agni(free element) disturbs the process of formation and filtration of urine. Malformed urine leads to accumulation of wastes in the body. This can cause the blockage of minute body channels called as strotasa. The body channel involved in this case known as mutravahastrotasa, carry urine and are responsible for the flow of liquid into and out of the kidneys. If there are blockages in the incoming strotasa the kidneys are denied fluids and shrinkage occurs. However if the outgoing channels are then swelling occurs. There are very effective. Ayurvedic treatment aims at Strengthening the kidneys, restoring its filtration capacity and general functioning of the kidneys. This line of treatment can eliminate the need of reliance upon dialysis. Keywords- Chronic kidney disease, utraghata, Mutravahastrotasa

#### 7.RENAL CALCULI- A CASE STUDY

Author: Dr. Sharanamma PG Scholar, Dr. Prashanth A.S. HOD Department of Kayachikitsa.

Email Id: dr.sharanamma24@gmail.comContact: 7259826475 Reference No: aYc3stZ4

Abstract: Two main objectives of Ayurveda to prevent and elimination of disease. Charaka explained Ashmari in Trimarmiyachikitsa and Susruta described under Astamahagada and explained as a separate chapter as Darunakavyadhi. This shows how difficulty this disease to treat medically/surgically. Due to consumption of excessive Rukshaahara, Atitikshnadravya, bore well water etc. Suppression of natural urges leads to retention of toxins which results in sedimentation and precipitation in the urinary system. Management in contemporary modern science is toughest approach because it may solve problem temporarily and cannot render prevention. Among all Panchakarma, Basti is said to be Ardhachikitsa based on pathology with principle of Khalekapotanyaya, hence Basti was selected for treatment. Method: A 37 years male has presented with calculi in both kidneys. He was treated with VarunadiTailaMatrabasti for seven days. The observation noted and results were assessed on the basis of subjective and objective parameters. Result: It is found to be VarunadiTailaMatrabasti is effective regarding the symptoms and producing remarkable benefit to the patient. Discussion: Even though it is difficult to treat Ashmari the VarunadiTaila shown significant result. Keywords: Renal calculi, Darunaka, KhalekapotanyayaMatrabasti, ArdhachikitsaVarunaaditaila.\

# 8.A LITERATURE REVIEW OF CKD (CHRONIC KIDNEY DISEASE) - PREVALENCE, CAUSES, PATHOPHYSIOLOGY AND AYURVEDIC APPROACH OF TREATMENT.

Author: DrRoopa B Janagouda 1 st year PG scholar, Department of Kayachikista Email Id :roopagoutham@gmail.comContact: 9742210082 Abstract: CKD is a stage of gradual structural and function renal impairment for 3 months or more, which is progressive and irreversible. It fails to filter the wastes and excess of fluids from the blood, which are then excreted in the urine. With increasing life expectancy and prevalence of life style diseases, there is increase in prevalence of CKD in India, over the last decade. Over 17% of Indians have some form of Kidney disease. As per the survey, uncontrolled DM (diabetes mellitus) and hypertension contribute to 30-40% of the cause for CKD. The pathology of CKD mainly depends on the glomerular pathology or the tubulo interstitial pathology caused by different diseases and toxins. As per NKF(national kidney foundation), the CKD can be divided into 5 stages as per the GFR rates. As per contemporary medicine, the treatment of CKD is mainly depends on the underlining cause and the stages of CKD. Ayurvedic approach towards the treatment mainly depends on, underlying causes, avastha of disease and the bala of upadrava. Through this article, an attempt is made to explain different causes, pathophysiology, treatment of CKD as per contemporary and Ayurvedic approach. Keywords: Mootraghata, CKD, glomerular pathology, Ayurveda.

#### **PARALLEL SESSION 22**

#### 1. An Ayurvedic management on chronic kidney disorder a case series

Author :Dr.Pusuluri Y.V.S.Murali Krishna1 Dr. B.S.Prasad 2 Dr. Pradeep L. Grampurohit3 1Final year PG Scholar Dept of Panchakarma, KLEUniversity Shri B.M.Kankanwadi Ayurveda Mahavidyalaya ,Shahapur , Belgavi 590003 Karnataka India. 2Principal and HOD MD PhD, Dept of Panchakarma, KLE University Shri B.M.Kankanwadi Ayurveda Mahavidyalaya , Shahapur , Belgavi 590003 Karnataka India. 3Associate Professor ,MD PhD, Dept of Panchakarma, KLE University Shri B.M.Kankanwadi Ayurveda Mahavidyalaya , Shahapur , Belgavi 590003 Karnataka India.

Email Id: pusuluri87@gmail.com Contact: 8867332327 Reference No: W5km6pT8 Abstract :Introduction: Chronic kidney diseases (CKD) encompasses a spectrum of different pathophysiologic processes associated with abnormal kidney function and a progressive decline in glomerular filtration rate(GFR). This has been paralleled by a rapid spurt in the incidence and prevalence of non communicable or so called lifestyle diseases such as hypertension, diabetes, coronary artery disease, malignancies and chronic kidney disease (CKD). Material and methods: 6 diagnosed cases of CKD from OPD of KLEUS Shri BMK Ayurveda Hospital Belgaum were treated with various Panchakarma procedures and Ayurvedic oral medication in the year 2016. Results: Ayurvedic management shows reduction in the serum creatinine, blood urea and increase in haemoglobin percentage with symptomatic relief. Conclusion: According to Ayurveda, CRF is a disease of Mutravaha Srotas. Though all the three Doshas as well as all the Dushyas are involved in the disease, Kapha is responsible in blocking microvessels and developing microangiopathy. Vata is responsible for degeneration of the structure of the kidney. According to Ayurvedic principles of management of the disease, tissue damage can be prevented and repaired by Rasayana drugs because they have the capability to improve qualities of tissues and hence increase resistance of the tissues. On the other hand, blockage can be removed by Lekhana drugs having scraping effect on blocked channels. Effectively these Ayurvedic drugs have capacity to normalize associated clinical symptoms and laboratorial

#### 2. COMMON KIDNEY DISORDER: A CASE REPORT

**Author :**Dr. Mohan Kumar V R (2nd PG Scholar) Dept Of ShalyaTantra, JSS Ayurveda College, Mysore

Email Id: vrmohan007@gmail.comContact: 9886737432 Reference No: oEGR4w8G

parameters pertaining to CKD patients. Keywords: CKD, Serum Creatinine, Blood urea

Abstract: Introduction/Background: Kidney stone disease, also known as Urolithiasis, is when a solid piece of material (kidney stone) occurs in the urinary tract. Kidney stones typically form in the kidney and leave the body in the urine stream. A small stone may pass without causing symptoms. If a stone grows to more than 5millimeters (0.2 in) it can cause blockage of the urethra resulting in severe pain in the lower back or abdomen causing hydronephrosis. Methodology: A female aged 46yrs reported Shalya tantra OPD of our hospital with complaints of severe abdominal pain, vomiting and burning micturition. And subject was advised for an ultra sound scan which reported shows 5.5mm calculus with moderate hydronephrosis. She was diagnosed as patient of asmari and treated with combination of drugs for a period of a month, adviced to take 3-3.5litres of water. Results: After the course of treatment subjective and objective well being was observed with blood report within the normal limit with reduced symptoms. Conclusion: Now a day's renal calculi is being a common disorder among the adults due improper diet, increased serum calcium in body and less water intake. So an effective treatment to be developed for treating the disorder **Keywords**: Keywords: Asmari, hydronephrosis, urolithiasis

# 3.A clinical case presentation on management of Neurogenic Bladder- an ayurvedic approach.

Author: Dr. Sunny Roy, Dr. Vishwanath W, Dr. Santosh Y M

Presenter: Dr. Sunny Roy

Email Id: drsunnysroy@gmail.com Contact: 8884888117 Reference No: wRBPeD4U

Abstract: Neurogenic bladder is a condition caused by the impaired functioning of nerves, supplying to the urinary system. As the brain is master control of entire nervous system and coordinates function of Bladder and urethra innervated by 3 sets of peripheral nerves arising from Autonomous nervous system and somatic nervous system which control the muscles of the urinary tract including the sphincter muscles that normally form the a tight ring around the urethra to hold urine back until it is voluntarily released. Impaired functioning of these nerve cells results in neurogenic bladder. This can be viewed as bastikundalika, a type of mutraghata( obstructive uropathy) as per Ayurveda. There will be retention of urine due to apanavatadushti. Ayurveda propounds various approaches in the treatment of neurogenic bladder. A patient of neurogenic bladder presented to panchkarma OPD with burning micturation with retention of urine. As bastikundalika, is one among the thiteen mutraghata's, explained in classics of Ayurveda, hence its chikista sutra was adopted. The patient was treated with avagaha sweda, matra basti, vaitarana basti along with shamanoushadi's. The patient at the time of discharge was relieved from burning micturation and was able to pass urine.

Keywords: Key Words: Neurogenic bladder, Bastikundalika, Ayurveda, Matra basti.

#### 4. CHRONIC KIDNEY DISEASE THROUGH THE LENS OF AYURVEDA

**Author :** Dr. Shalini H E; PG Scholar, Dept of Samhitha and Siddhanta, Govt. Ayurveda Medical College, Mysore. Dr. Shreevatsa; Prof and HOD of PG studies in Samhitha and Siddhanta, Govt. Ayurveda Medical College, Mysore.

Presenter: Dr. Shalini H E

Email Id :drshalinigowda93@gmail.comContact : 919901958968 Reference No : AHGfF0fd Abstract :Introduction Chronic kidney disease is irreversible decrease in the number of functional nephrons. CKD is a global health burden with a high cost to health system. It's a silent epidemic and has a high global prevalence of between 11 to 13% as per the statistics of 2016. Management of renal disorders is a challenging task for contemporary medicine as dialysis and renal transplantation are the last option for management, Hence there is scope for Ayurveda. Methodology A conceptual study of . Understanding of CKD based on anatomical structure of kidney involved . Understanding of etiology of CKD . Assement of dosha dushya in CKD with management protocol . Result Based on anukta vyadhi concept, clinical approach to diagnosis of CKD in ayurveda and its treatment can be known. Discussion Initiation into treatment without the knowledge of appropriate diagnosis may cost the life to risk. Thus to treat CKD through ayurveda, analysis of the disease through lens of ayurveda is essential. Ayurveda diagnosis and treatment is based prominently on vyadhi lakshana, hence an attempt is made to analyse the clinical features of CKD in terms of dosha and dushya. Knowing the vikruta avastha of dosha and dushya in an individual, treatment can be planned using ayurveda principles.

Keywords: CKD, diagnosis, Ayurveda, anukta vyadhi

#### 5.NEPHRITIC SYNDROME IN PEDIATRICS - AN AYURVEDIC APPROACH

Author: Dr. Ghansham Jadhay, Dr. Azizahmed Arbar

Presenter: Dr.Ghansham Jadhav

Email Id: ghansham1616@gmail.com Contact: 9503741616 Reference No: jRPmRNYJ

Abstract : Kidney diseases may be related with nephropathy at different level and at different pathological stage some of it involve glomerulus sometimes tubules. Glomerular diseases are one of the most common causes of nephropathy. Primary glomerular diseases include a group of disorders characterized by pathological alteration in normal glomerular structure and function, independent of systemic disease process. It includes Nephritic Syndrome, Nephritic syndrome (Acute glomerulonephritis) is an inflammatory disease of the kidneys and may involve the glomeruli, tubules, or interstitial tissue surrounding the glomeruli and tubules. It is characterised by abrupt onset of haematuria, hypertension, oliguria, oedema & variable degree of proteinuria and decreased GFR. It is responsible for 2-4% of pediatric admissions in India. About 90% renal disease of childhood is accounted by it. Males are commonly affected. About 97% of AGN is due to APSGN (Acute Post Streptococcal Glomerulonephritis) occurs in developing countries. This study aims at the better understanding about Nephritic Syndrome and its management. Childhood being a very important stage for the development of a healthy adult, the identification and treatment of such crippling diseases is of prime importance. Glomerular diseases are diseases of grave concern and should be identified immediately. Treatment of these should be opted for as early as possible to avoid morbidity and mortality.

Keywords: Nephritic Syndrome, AGN, APSGN, Glomerular diseases

#### 6. Critical Analysis on Relation Between Obesity And Infertility .

Author: Dr Soujanya chandake PG scholar

Email Id: schandake36@gmail.com Contact: 9743940091 Reference No: VVABY4Wt

Abstract :Introduction : Women have body fat as an essential requirement for reproductive efficacy in pregnancy though fat in excess can lead to menstrual abnormalities ,infertility,misscarriages and difficulties in performing assisted reproduction .it is seen that 12% of primary infertility is due to overweight. Matter : Obesity is a condition in which excess body fat has accumulated to the extent that it has negative effect on health .people are considered as overweight if BMI is over 30kg/m2 .Observational and theoretical considerations indicate that body weight has an inverted U effect on reproduction where by low and high BMI contributes infertility ,menstrual disorders and poor reproductive outcome . In Ayurveda we get reference for relation between atisthoulya with maithuna asahishnuta and shukra dhatu kshaya in ashtaninditiyaadhyaya by charaka . In detail explanation on nidana , samprapti and chikitsa is discussed that is both medohara and vrushya .few of yogas which are both medohara and vrushya have been mentioned i.e lauharasayana, saugandhi taila and maheshwara rasa Conclusion : Due to improper lifestyle obesity is one of the most common condition ,which may have effect on conception in females. Where just by correction of weight can give a better reproductive outcome.

Keywords: obesity, infertility,

### 7. Conceptual review of Gokshuradi Guggulu in Diabetic Nephropathy

Author: DR. PAVITHRA;

PG Scholar, Dept of Rasashastra and Bhaishajya Kalpana,

SDMCA Udupi. DR. SEEMA M B; Professor Dept. of Rasashastra and Bhaishajya Kalpana, SDMCA Udupi.

DR. PURENJAL

;HOD of Rasashastra and Bhaishajya Kalpana, SDMCA Udupi

Email Id: pavithrajain1993@gmail.comContact: 9741455171 Reference No: PM12pUVF

Abstract:

Introduction: Diabetis mellitus, a chronic life style disorder, due to its impaired metabolic activities give rise to number of complications related to nervous system, cardiovascular system, renal system etc. Among these diabetic nephropathy is an important cause for mortality and morbidity especially in elderly patients. It has always been a challenge for contemporary medicine for the treatment of renal disorders and hence diabetic nephropathy. Methodology: Polyurea and proteinurea are the most prominent features of diabetic nephropathy, which shows that the disease can be correlated with prameha explained in ayurveda literature with the pratyatma lakshana of prabhoota and avila mootrata. This paper analyses diabetic nephropathy from ayurvedic purview and its treatment with Gokshuradi guggulu mentioned in Sharangadhara samhitha. Discussion: On review of literature the pharmacological action of gokshuradi guggulu and its ingredients have shown its action on improvement of renal functions in case of diabetic nephropathy. Result: As per the study of literature the pharmacological action of gokshuradi guggulu is found to be effective in case of prameha and its correlation with diabetic neohropathy. Keywords: diabetic nephropathy, prameha, gokshuradi guggulu.

#### **PARALLEL SESSION 23**

#### 1 . PLACEBO PRECLINICAL STUDY OF NIMBAPATRA AND HARIDRA CHOORNA IN YAUVANA PIDAKA

Author: DR.SHOBHA.L 2nd yr PG scholar, SVM Ayurvedic Medical College, Ilkal

Email Id: drshobha.1@gmail.comContact: 8296102972

Abstract: Yauvana Pidaka is a life style disorder occuring in young age and also in adults. A new combination of therapy has been attempted in the present studym involving lepa prepared from Nimbapathra and Haridra choorna evaluated for its efficacy in treatment of Pidaka. Out of 30 patients lepa was applied to 15 patients and remaining were given placebo. Among patients applied lepa there was reduced Kandu in 4, Shotha and Raga in 3, Vedana in 2, reduced all symptoms in 5 patients. Present study showed the efficacy of Nimbapatra and Haridra choorna in treating Yauvana Pidaka.

Keywords: Yauvana Pidaka, Nimbapatra, Haridra choorna, Placebo

#### 2. Efficacy of Vasadi Kashaya in the Management of Tamaka Shwasa

Author: Dr Pritali K Shetye PG scholar Dr Kiran V Mutnali Reader Dept of Kayachikitsa

Email Id: <a href="mailto:shetye.prit@gmail.com">shetye.prit@gmail.com</a> Contact: 8050342412

Abstract: Purpose: Over the past few decades, in developed and developing countries lifestyle of people has undergone sea change rapidly. The way people live, eat, sleep has drastically transformed their health leading to endless medical conditions. Among these illnesses, BA tops the list. It is estimated that India has over 15-20 million people affected currently with Bronchial Asthma (BA). Ayurveda demonstrates this disease under Shwasa and terming it as Tamaka Shwasa. There have been significant scientific advances leading to improved understanding of BA as a disease entity and its management providing immediate relief. However, prevention of recurrent attacks, exacerbations and disease cure remains a challenge even today. Materials and methods: The current study was carried on 10 OPD patients of our hospital. Parameters like cough, dyspnea, wheeze, chest tightness complete blood count, absolute eosinophil count, spirometry of the patient was assessed, before and after the intervention of vasadi kashaya 50 ml BD for the course of one month. Results/ Discussion: As vasadi kashaya contains shwasa hara, vata kapha hara properties. Significant result was seen in assessed parameters. Key words: Tamaka Shwasa, lifestyle disorder, Bronchial Asthma

Keywords: Tamaka Shwasa Bronchial Asthma Lifestyle Disorder

## 3.TITLE: CONSERVATIVE MANAGEMENT OF ALERGIC BRONCHITIS IN THE LIGHT OF AYURVEDA W.S.R TO VATAJA KASA

Dr.AMIT SARHYAL pg scholar Dr.B.R.TUBAKI M.D(PhD) HOD & PROF DEP.OF KAYACHIKITSA, KLEU'S BMK AYURVEDA MAHAVIDYALAYA

mobile num: 9805979055 mail: sarhyalamit@gmail.com

ABSTRACT: Cough is the most frequent reason for visits to primary care physicians, accounting for around 8% of all consultations. Ayurveda Classics explained 5 types of kasa ,vataja kasa one among them. vataja kasa and vyadhi kshamatwa may originate due to dry ,cold and astringent food items ,vegadharana and ecessive physical strain and some triggering factors like dust, smoke, and pollen grains causing Remarkable increase in prevalence of allergic Bronchitis in the past few decades has necessitated a holistic understanding of the condition and exploring its treatment through Ayurveda .In above condition of recurrent Kasa, the treatment should fulfill duel targets; one which subsides the disease Kasa and the other which promotes the immune system. keywords:vatja kasa, vyadhikshamtwa, immunology rasayanaa

## 4. CLINICAL STUDY TO ACCESS THE ROLE OF KSHEERA BASTI IN PARINAMASHOOLAM (DEODENAL ULCER)

Author: DR.M.SARAVANABHAVA (PG SCHOLAR) Contact: 8248141082

Abstract: Parinama shoola(duodenal ulcer) phenomenon is due to pathogenic mechanisms of either excessive acid secretion (or) decreased mucosal defence. Changes in life style & food habits have damage the general health condition of an Individual. One's perception of life is changing with time & so is the amount of consumption of viruddha ahara & vihara, assuming it to be healthy & safe which is actually not. Peptic & duodenal ulcers are one of the most common of clinical pathologies Occurring in gastro intestinal system. The reasons for this are alcohol consumption, smoking, irregular diets, habits, psychological stress & genetic predisposition. Ayurveda has emphasized on swastha rakshana & vikara prashamana & the concepts of Dinacharya & Rtucharya & pathya sevana are meant for that. There are some references of parinmashoola in madhava nidana. Acharya caraka has quoted some lakshanas in shola prakarana . shodhana procedure like ksheera basti is also indicated in acid peptic disorders. The goals of therapy are symptom relieving, enhancing ulcer healing in the affected mucosa of upper gastro intestinal tract & prevention of re-accurance. RESULT & CONCLUSION: Endoscopy has been taken before & after the treatment relieves that Out of 10 patients treated 06 patients (60%) were cured. 02 patients (20%) were markedly improved and 01 patient (10%) was moderately improved and 01 patient (10%) remained unchanged. Keywords: >Acid peptic disorder, parinamashoola, ksheera basti.

#### 5. Research update of Medhya Rasayana in Psychosomatic Disorders

Author: Dr. Chaitrali Golatker1st year PG scholar Dept. of Rasayana and Vajikarana

Email Id: chaitraligolatkar@gmail.com Contact: 9673250912

Abstract: Research Updates of Medhya Rasayana in Psychosomatic Disorders Introduction: A man being a Psychosomatic organism is naturally prone to Psychosomatic disorder. In spite of great advancement in the science of Psychiatry for decades the problem with the management of a certain mental problems like Anxiety, Stress, Mental Retardation etc. have remain unresolved. Though the Psychosomatic approch has attained the current thought, it is relatively a recent development in modern system of medicine, where as it has been the basis of Ayurveda. A Psychosomatic disease is one whose main cause is in the psyche and manifestations are visible in the body. Medhya Rasayana are not only limited to regulate the higher mental functions but has potency to manage many mental disorders such as Parkinsonism, Alzheimer, Depression, Anxiety, Epilepsy, Insomnia and so on. Medhya Rasayan are not limited only to the four Medhya Rasayan but it is a broader concept which also can be given in different forms like arishta, ghrita etc. Materials: Samhitas, Journals, Browsing. Discussion: Psychosomatic Disorders may be prevented by the use of Psychotropic drugs -Medhya Rasayana, which are been validitate by research update and can be used in clinical practice. Hence in the present article efforts are made to update the clinical research work conducted in field of psychiatry with Medhya Rasayana.

Keywords: Medhya Rasayana Psychosomatic Research

#### **PARALLEL SESSION 24**

#### 1. Role of Dinacharya and Rutucharya in Management of Type 2 Diabetes Mellitus

**Author**: Dr. Basavaraj. N. Saravagol PG scholar Email Id: <a href="mailto:drbasusaravagol@gmail.com">drbasusaravagol@gmail.com</a> Contact: 9448236569 Reference No: st81ttAU

Abstract: Role of dinacharya and rutucharya in management of Type 2 D.M Type 2 D.M is a complex and pleomorphic metabolic disorder, characterized by defects in Insulin secretion and Insulin action which leads hyperglycemia, is estimated to effect 285 million individuals worldwide. According to WHO the top 3countries effected in term of type 2 DM are INDIA CHINA & USA. This increase is a warning sign for Indian health care system to be vigilant for adequate DM management. All POLYLURIC diseases in Ayurveda are described under Prameha ,Madhumeha is one amongst them equated to Type 2 DM. Apathyaaahar&vihaar are the major risk factors for Madhumeha. Studies have proved that active participation of patients in the form of Lifestyle changes can result in the less expose for the Management of DM and ensure good Glycemic control also. DM can cause a lot of complication that can affect nearly every organ in our body. Ayurveda suggests to follow Dinacharya and Rutucharya properly to prevent the arising problems from DM. Avoiding the Ahaar&Vihaar leading to AAM (Improperly digested / metabolized substance) diwaswapna, Some Yogaasanas which are effective in controlling DM. An approach will be made in my further papers elaborating specific management of DM Type2 considering Dinacharya and Rutucharya in detail. Keywords: Type 2 Diabetes Mellitus, Dinacharya, Rutucharya, Prameha, Madhumeha

# 2. A role of virechana with kalyanakaguda in madhumeha (diabetes mellitus)- A review study

Author: Dr. Jyosna A. Jagtap (PG Scholar) Email Id: jyosnajagtap@gmail.comContact: 9538646907 Reference No: NhaMctV7

Abstract: According to data presented by WHO, the global prevalence of diabetes among adult (aged 20) and projected to be 7.7% of (439 million) adults by 2030. Lifestyle &diatery errors are the major etiological categories described for Prameha. Globally today there is great awareness about the integrated approach to health care. Present work is an attempt to highlight the utility of Shodhana therapy of Ayurveda, before starting the oral medication of any system of medicine in the field of management of Madhumeha an approximate Ayurvedic analogous to diabetes mellitus. Panchakarma of Ayurveda's primary purification & detoxification measure which cleanses the toxins from cellular level & also prevent the production as well as the deposition of toxin in the body. It also rejuvenates the body cells. It is useful to maintain blood sugar levels & also useful in complication of Diabetes Mellitus. In classics KalyanakaGuda used for Virechana in madhumeha. The data is collected from texts and articles. Critically reviewed the role of KalyanakaGuda for the accurate approach in the management of Madhumeha. Keywords: Madhumeha, Diabetes mellitus, Panchakarma, Shodhana, Virechana, Kalyanakaguda

# 3. SHIRODHARA WITH TAKRA AND JALA ON MANOBHAVAS IN THE MANAGEMENT OF ESSENTIAL HYPERTENSION

Author: Dr. Rekharani V Herakal Email Id: <a href="mailto:drrekhakgoudar@gmail.com">drrekhakgoudar@gmail.com</a>Contact: 9742144366 Abstract: Essential Hypertension is life style disorder which is psychosomatic, and it is high blood pressure with unknown cause. It is also known as primary hypertension. It may leads to complications like stroke, MI, Kidney diseases etc. In Ayurveda essential hypertension is shareerika-manasika (Body-mind) disease involving various psychological factors like Chinta, Kroda, Raga, Shoka, Bhayaetc affecting mind and body. Ayurveda has advocated murdhnitaila treatment shirodhara provide mental calm and relieves hypertension. METHODS: 40 Subjects of essential hypertension are taken and were randomly categorized into two equal groups. Both groups received amapachana prior to shirodhara with Haritkyadichurna. I.Group A (Takradhara) II.Group B (Jaladhara) RESULTS: The comparative efficiency of Group A with Group B was not significant, but both groups provide good relief. The percentage of relief was observed more in Group A. DISCUSSION: Hypotensive effect of dhara proved by this study, shirodhara which plays major role on Sthpanimarma. Being a shiramarma it might have some reflex action on the baroreceptors, which is disturbed in essential hypertension. The tranquilizer effect of shirodhara which relives the stress, strain and other manasikabhavas. Due to which it might reduce the high blood pressure and mental calm. Keywords: Essential Hypertension, Manasikabhayas, Shirodhara, Sthapanimarma, Murdnitaila, Haritkyadichurna.

#### 4. PREVENT CHILDHOOD OBESITY: SHAPE THE FUTURE

**Author**: dr. TasneemDonur (2nd year pg) dept. Of Kaumarabhritya, SGV ayurvedic medical college, Bailhongal. EmailId: <a href="mailto:tasneemd92@gmail.com">tasneemd92@gmail.com</a>Contact: 9035902093

Abstract: Lifestyle diseases are defined as, a diseases associated with the way a person or group of people lives. Because of leading a wrong life style causes psychological & physiological disorders. This had been common among adults for a long time now. But now children are suffering from life diseases as well. Childhood obesity falls first amongst top 5 lifestyle diseases among children in India. They are falling prey to lifestyle diseases in increasing numbers, we must wake up now up to this sad reality. 5.7% to 8.82% of school children in india are obese & reveals that condition might worse in future. METHODS: Various texts, Samhitas, Recent work done, research journals, articles on Yoga in mangement of obesity & internet will be referred, compelled & tried to present. RESULTS: After proper study in this paper, have got the evidence that, Yoga has better role in reducing childhood obesity. DISCUSSION: As in this paper the causes, consequences will be dealt statistical study made on childhood obesity. The sedentary lifestyle & lack of physical activity adopted by child make them obese. so Yoga has to be added as a healthy practice for prevention and management of childhood obesity. **Keywords:** Lifestyle disorders, Childhood obesity, Yoga.

#### 5. Utility of ChyawanprashRasayana in day- to- day practice

Author: Dr. SantruptiKatti 1st year PG scholar Dept. of Rasayana and Vajikarana Email Id: <a href="mailto:truptiayu07@gmail.com">truptiayu07@gmail.com</a>Contact: 9886713537Guided by: Dr. Sukumar. N

Abstract :Introduction: ChyawanprashRasyana is a very comprehensive discipline based on an intresting philosophy and sound scientific footings, which embraces the psychosomatic concepts of health and happiness and is thus more suited to the modern society of today, and medical needs of the time which is confronted with newer challenges of disease caused by the stress, strain, and premature ageing. It is a renowned formulation that has been associated with multiple benefits and the most disccused aspect is its immuno-modulatory effect. Chyawanprash promotes nutrition by increasing agni which produces optimum quality of rasa and promotes the integrity and competence of srotas. It also enhances ojo-vriddhi this in turn increases the activity of immune cells and prevents reccurent infections. It is especially effective in alleviating respiratory disorders, shosha, shukradosha, medhya, anti ageing, and sensorial functions. However main emphasis in this article is to evaluate the effect of chyawanprash as an immuno modulator. Materials :Samhitas, Journals, Browsing. Discussion: In the quest of achieving health the prevention of disease is the prerequsite. This condition of health par excellence becomes possible by ChyawanprashRasyana. Hence the attempt is made to highlight the role of ChyawanprashRasayan in day- to- day practice. **Keywords**: Rasayana, Chyawanprash, Immuno Modulator, Agni, Srotas, Ojo - Vriddhi.

#### 6.Lifestyle causes of Arshaw.s.r to Hemorrhoid - An Avurvedic review

Abstract :Lifestyle causes of Arshaw.s.r to Hemorrhoid : An Ayurvedic review Dr. Parul\* ABSTRACT Background: To maintain the health of the healthy person and cure of disease of diseased person is the only aim of Ayurveda system of medicine. Present time is the era of fast foods, irregularity in food timing, changing food style and sedentary life and mental stress all these factors do the impairment of digestive system resulting in many disease, among them one important group is that of anorectal disorders. According to Indian journal of surgery, among 2000 proctological examination, 72% incidence of hemorrhoids was found. Aim and objective: Describe causative factor of arsha correlate with present lifestyle, prevention and batter management according to Ayurveda. Material and method :Briahatrayee, PubMed, published article, internet sources Discussion: Arsha is an extremely common condition, difficult to pin point the evident etiological factors. But nowadays the increase incidence of arsha is mainly due to unhealthy life style habits which is prevalence in modern society. Even for the management of arsha modification of present lifestyle or avoiding etiological factor is very important. Conclusion: The treatment of hemorrhoid also difficult and recurrence is very common. So Lifestyle modification and dietary changes can effectively control these risk factors and lower the incidence Key words: Lifestyle, Arsha, Hemorrhoids, Diet. Keywords: Lifestyle, Hemorrhoid, Prevention, Arsha.

#### 7.THE ROLE OF RUKSHA KARA AHARA IN THE MANAGEMENT OF STHOULYA

Author: Dr.GOUTAMI PATIL (PG Scholar) Email Id: dr.goutamipatil@gmail.comContact: 9036944325 Reference No: 9aFEXcY2Abstract: Ayurveda, the most ancient medical science deals with preventive, curative and promotive aspects of health. Obesity has reached epidemic proportions in India. Where, unhealthy foodhabits and sedentary lifestyle being a major cause. In Ayurveda ,Sthoulya comes under santarpanajanya, medopradoshaja, kaphapradhanavyadhi. guru ,madhura, snigdha, shleshmalaaharasevana, having nidanas as kshiradadhivikaratisevana, ikshuvikara, guda, godhuma, navanna, mamsatisevana etc. .Increased consumption of energy dense, nutrient poor food dishes containing high level of sugar and saturated fats have increased the incidence of overweight. Ayurveda emphasises more on pattern of aharai.e any change in pattern of ahara will lead to vitiation of agni and metabolic activity, thereby manifestation of all diseases. The virtue attributed to food includes the physical growth and development, appearance, intellect, voice, mentalstrength, stamina, finally the very existence. To lose weight successfully, requires change in eating habits. The healthy bodies as well as the diseases are nothing but the outcome of ahara. According to Ayurveda food is medicine and medicine is food. Hence to evaluate this ancient science of dietetics, RUKSHA KARA AHARA can be given in the management of sthoulya, Keywords: Sthoulya, Obesity, Ruksha Kara Ahara

#### 8. EFFECT OF CHIKITSA IN KAMALA w.s.r LFT CASE STUDY.

Author: DR.SHRUTI R TARAPURE, FINAL YEAR PG SCHOLAR [KAYACHIKITSA] Email Id: Shrutitarapure24@gmail.com Contact: 9482126538 Reference No: 9PIcnZ7R Abstract: Kamala is pittajnantmaj as well as raktapradoshajavyadhi. Charakacharya has considered kamala as advanced stage of panduroga. Sushrutacharya has considered kamala as a separate disease and also may be due to further complication of panduroga, whereas Vagbhatacharya described kamala as a separate disease. In kamala vyadhiAcharyas has explained Virechana karma Modern science has limitations in treating kamala vyadhi (jaundice) but ayurvedic literature clearly explained pathology and treatment of kamala vyadhi which shows the specificity of ayurveda. Virechan karma shows significant reduction in total bilirubin level and also helps in removal of excessive stercobilingen from the body as per modern science. The virechana procedure with prior snehana helps to remove the excess stercobilingen and helps in reducing hyperbilirubinemia and ultimately jaundice. The excess removal of stercobilingen leads to increase the diffusion process of bilirubin to produce stercobilingen. Excessive bilirubin can be thus diffused into stercobilin and urobilingen and again removed by the process of virechana karma. In case of jaundice, the nityavirechana thus helps to remove the excess bile from the body. Keywords: Jaundice, Virechana, Hyperbilirubinemia, Snehana.

#### PARALLEL SESSION 25

#### 1 .Role of Ayurveda in the management of Hypothyroidism A case series

Dr Vinayak B Angadi, Dr Vishwanath vasedar , Shri B M K Ayurveda Mahavidyalaya angadivinayak 100@gmail.com

Hypothyroidism is an endocrine disorder, potentially serious which can be readily diagnosed clinically. Hypothyroidism is particularly prevalent in older women, in who autoimmunity is the main pathology. The prevalence of hypothyroidism in India is 11%, compared with only 2% in the UK. In India coastal cities have higher prevalence of 11.7% when compared to inland cities is 9.5% this prevalence was done based on geographical distribution i.e. based on area with iodine deficiency but present day the main cause is the lifestyle. Clinical manifestations of hypothyroidism range from life threatening to no signs or symptoms (Subclinical cases). The symptoms of hypothyroidism are fatigue, lethargy, cold intolerance, weight gain, constipation, change in voice, and dry skin, but clinical presentation can differ with age, sex and other factors. Severe hypothyroidism can lead to a rare but dangerous disease called myxedema coma. According to Ayurveda these patients can be treated on the basis of Astoninditiya adhya Ca.Su.21. Methodology: Retrospective study of clinically diagnosed hypothyroid cases was screened who visited Panchakarma OPD of Shri B. M. K. Ayurveda Hospital Shahapur Belagavi. Results: The retrospective study showed significant reduction in the symptoms of hypothyroidism and blood levels of Thyroid Stimulating Hormone (TSH) Discussion: Hormone replacement therapy is not the permanent solution it just blocks negative feedback mechanism where patients have to take medicines lifelong but when these hypothyroid patients are treated with Ayurveda a full point can be put for their intake of medicines.

Keywords: Key Words: Hypothyroidism, Ayurveda, Endocrine disorder, Myxedema coma

#### 2. Management modality in Galaganda (Thyroid Disorder)

**Presenter:** Dr Veena Nandennavar

Endocrinology is a branch of Biology and Medicine dealing with the endocrine system and its disease. Its specific secretions are known as Harmones. Endocrinology is related with behavioural activities of metabolism, growth and development, tissue function, mood, stress etc. Thyroid gland is one of the important glands of the Endocrine system. Principle function of the thyroid gland is to act as a catalyst for maintainance of oxidative metabolism. The disorders of the thyroid gland are Hypothyroidism, Hormonal disturbances are the dysfunction of Agni. Rasadhatvagni-mandhyata leads to Rasa Vridhi and over production of Mala of Rasadhatu i.e. Mala Kapha Vridhi. Dhatvagnimandya is also the major features of the disease and all these features contributes with the modern concept of metabolism i.e, decreased Basal Metabolic Rate. By keeping in consideration the Doshas & Dhatus, concept of Agni-Mandhyata, Srotovoradha, we can manage the symptoms of hypothyroidism with an effective Ayurvedic management

#### 3. Constipation- a life style induced disorder its pathogensis and Ayurvedic management

Dr Shubham Gupta, Dr Pradeep shinde, KLE BMK Belagavi, shubhamguptabams@gmail.com Constipation is a condition characterized by infrequent bowel movements resulting in the passage of small amounts of hard and dry stool. This is brought about by numerous causative factors amongst them three major causes which include dietary, mental and lifestyle factors. Aims and Objectives: 1. To analyse etiopathogensis and management of vibhandha. Materials and Methods: Across the classics and internet sources, a compilation and critical analysis was done for the study of vibandha Discussion: Constipation is characterized by unsatisfactory defecation that results from infrequent stools, difficult stool passage, or both. It significantly affects the quality of life, social functioning, and inability to perform activities of daily living individuals. A review that in spite of appropriate adjustment to these patterns and reassurance, patients often fail to relieve the problem of constipation. Hence there is a need for exploration a food-based, natural and drug-based convenient alternative for potential solutions to the problem of constipation, which includes lifestyle modification in early stage and by drug therapy assessing the dosha-dushya samurchana on which Ayurveda treatment depends. The present communication deals etiopathogenesis and management of vibandha (constipation) with its Ayurvedic perspectives. Conclusion: Changes in life style at early stages and its management by Ayurveda is the better treatment option. Keywords: Constipation, Ayurveda management, Diet modification, Healthy life

Keywords: Constipation, Ayurveda management, Diet modification, Healthy life

#### 4. GB syndrome- a case study

Dr.Shridhara.B.S.Dr.Santosh.L.Y.r.Shabhaz.Gutti,shahbazinayurveda@gmail.com

Guillian Barre syndrome a rare disorder which affects one or two cases per one lakh population. It is also defined as polyneuropathy, in which body's immune system attacks nerves peripherally. In this disorder patient initially complain of weakness and tingling sensation in the extremities which spreads quickly. Eventually your whole body may be paralyzed because of damage of peripheral nervous system where insulation around the nerves ( myelin ) is destroyed ,With a specific unknown cause as experts opines no cure for it, where our Ayurveda helps in some helpless condition which just ease the symptoms and reduce the duration of illness and preventing from the complication. With this above sense we treated initially Aavarana then with a gradual step towards the Brimhana line of treatment which gives a successful result in this study with 80% of improvement (from previous condition) within a period of 5 months. The successful treatment plan follows with the sequential implementation of Choorna pinda sweda, Sarvanga abhyanga, Udara lepa , Mustadi yapana basti, and katibasti with the support of shamanaoushadhis. So Ayurveda which will be much helpful for the helpless patients those who are in helpless condition even after having everything with them.

**Keywords**: Guillian Barre syndrome, polyneuropathy, vatavyadhi, sweda, yapana basti

#### 5. Effect of Errhinetherapy(Nasya) with Māṣāditaila in Avabahuka (Frozen Shoulder)

Vedpathak Surendra'P.G Scholar, Department of Panchakarma, piyalii.harsha@gmail.com

Avabāhuka is a disease that usually affects the AmsaSandhi(shoulder joint). It is produced while Vata located at the base of the shoulder and constrict the sirasand there by losing or restricting the movements of the shoulder joint. As per the symptomatology and pathogenesis of Avabāhuka can be correlated to the symptoms of Adhesive capsulitis or better known as frozen shoulder. Frozen shoulder arises from the lifestyle changes because of excessive two wheeler travel, digitalization etc. It has been found in 2-5% of general population of India and symptoms like Bahupraspanditahara (restricted movement of shoulder joint) Shūla (initial pain) and Stambha (Stiffness in the shoulder joint) found in many patients. Nasya Karma, being the treatment of choice in UrdhvajatrugataVātaVyādhis is adopted in the management of Avabāhuka with Māṣādi Siddha Taila. Thus this study is undertaken to evaluate the efficacy of Nasya with Māṣādi Siddha Taila in Avabāhuka. Materials and Methods: 15 patients coming under inclusive criteria were taken for study.Māṣādi Siddha TailaNasya8 bindus in each nostrilfor 7 days daily. Assessment was done on 0<sup>th</sup> and 7<sup>th</sup>day and follow-up on 15<sup>th</sup>& 30<sup>th</sup> day from 1<sup>st</sup> day of treatment. All Patients were subjected according to symptoms like Bahupraspanditahara, Shūla, AmsaŚosha and Stambhafor confirming diagnosis. The objective parameter (range of Movement) as Flexion, Extension, Abduction, Adduction, lateral and medial rotation assessed with the help of goniometer Scale, for Shūla- Numeric pain intensity Scale was taken Results: By using paired ttest the p value is <0.001 indicating highly significance MāsāditailaNasya in the symptom like Bahupraspanditahara, Shūla and Stambha however symptom like AmsaŚosa and Ātopa was found insignificant because of the chronicity of the disease and not as much of duration of the treatment. Here marked improvement was found in the symptoms of the disease in whole study. Conclusion: Nasya with Māṣādi Siddha Taila found effective in the management of Avabāhuka

Key words-Māṣādi Siddha Taila, Nasya, Goniometer scale, Avabāhuka

#### 6. Role Marma chikitsa in management of Avabahuka -A case report

Author: Dr. Arun Ambu/Dr DivyaKini/ Dr H M Harisha kav. 1960@yahoo.com

Modern stressful life making man prone to many life style related diseases. Some of these diseases among these may not be fatal but definitely it is hampering day to day activity of the individual. Avabahuka is one among the Shoola Pradhana Vata Vyadhi which affects the routine of an individual, we are here by reporting a case of Hindu Female patient aged about 42 years teacher, normotensive, non diabetic who presented with the complaints of pain and stiffness in Right Shoulder joint, difficulty in lifting right hand since 3 months. Examination revealed tenderness and restricted range of movements. Case was diagnosed as Avabahuka and one sitting of Marma Chikitsa along with Chiropractic management was planned. Marma Chikitsa involved Choodothari Varma, Theethavarma, Karmoottuvarma, Chavvuvarma, Kavulivarma. After single sitting substantial clinical improvement was noted, much reduction in signs and symptoms were reported. Full paper will shed a light on techniques of Marma Chikitsa and Chiropractice in the management of Avabahuka.

Keywords: Marma Chikitsa, Avabahuka, Chiropractice

7. **Title:** A case study on Gullian-barre syndrome with special reference to sarvanga roga

Author: Dr. madhu Shalini P(Pg scholar), Dr. Veena G Rao (Professor) Presenter: Dr. Madhu Shalini P, Email Id: dr. mspmys@gmail.com Contact: 8762380592

Gullian Barre Syndrome is an acute , inflammatory, demyelinating , polyneuropathy. frequently severe and fulminant , the most common cause is acute non-trauma â€"related paralysis, this disease usually triggered by an infection, It occurs year around at a rate of between 1 and 4 cases per 100,000 annualy. It manifest as a rapidly evolving areflexic motor paralysis , muscle weakness , tingling sensation in the toes, feet, and legs then spreads upward to the arms and fingers. Which can be attributed to the functions of vikrutha vata all over the body. In samprapti , sira snayu vishosha causes sankocha of ubhaya hasta and pada which leads to sarvanga roga, which is an dhatukshaya janya vata vyadhi. This is a single case study on Gullian â€" Barre Syndrome administered with santarpana line of treatment for a period of 4 months in 3 settings . Result:- The result was encouraging and will be discussed with evidenced reports in the main presentation..

#### 8. Role of Kshara parpati in the management of Mootrashmari

Author: Dr. Shruthi B Naik, Final year PG scholar and Dr. PG Jadar, MD(Ayu), PhD Professor

Email Id: shruthibnputtur@gmail.com

Mootrashmari identified as a mootravaha shrotogata vyadhi, is produced due to necessary involvement of kaphadosha, along with the others, after getting localizing in basti. The disease has been referred as daruna and mahavyadhi because of the severity of symptoms and difficulty in treatment. Parpati Kalpana is one such method described among the 25 other Parada Bandha methods, which means to control the movement and fragility of the Parada. Kshara parpati is mentioned as the treatment modality of mootrakrichra, mootraghata, and ashmari by Siddayoga samgraha. It contains Surya kshara, Spatika and Navasadara as ingredients. Kshara parpati increases blood flow in kidneys and urine output. As it is having Mutrala, Swedajanana property it is indicated in Ashmari, Mutrakriccha, Mutraghata. After screening literature and research updates it has been proved to be effective in the management of Mootrashmari. In this presentation attempt has been made to explain the mode of action of Kshara parpati in the management of Mootrashmari.

Keywords: Mootrashmari, Parpati Kalpana, Kshara parpati

#### 9. Ayurvedic Perspective on Chronic Kidney Disease

Dr. Misant Dhakal, misantdhakal@gmail.com

Chronic kidney disease (CKD) refers to the deterioration in renal function which manifests over a period of years. CKD can be a consequence of diabetes, interstitial diseases, hypertension, systemic inflammatory diseases, trauma, immune disorders etc. According to Global Burden of Disease Project of World Health Organization (WHO), disease of the kidney and urinary tract contribute to approximately 850,000 deaths every year of which Chronic Kidney Disease (CKD) is the 12th leading cause of death and 17th leading cause of disability in the world. In India the approximate total burden of CKD is 800 per million population. The ayurvedic perspective of diseases of kidneys and urinary tract has been presented as different conditions such as mutraghata, mutrakrichhra, ashmari, prameha and basti vikara. The various conditions described under these headings have close resemblance in symptoms with various diseases related to kidney and urinary tract. Among the 12 types of Mutraghata explained by acharya Sushruta; †Mutrasada' and †Mutrakshaya' have a close resemblance to Chronic kidney disease. The critical understanding on the ayurvedic knowledge of the related conditions provides valuable insight towards the understanding and management of chronic kidney disease. Hence, an ayurvedic perspective towards chronic kidney disease is a necessity of this current time and a holistic approach towards the management of this global health burden is justified.

Keywords: Chronic kidney disease, Basti vikara, Mutraghata,

#### **PARALLEL SESSION 26**

#### 1.A Case Report on Kaphaja shotha W.S.R. Abnormal renal values

Tejaswini A. Parekh .tejparekh1995@rediffmail.comDr. Arun chougale (Reader) ,Endocrinologist ,Speciality OPD, KLE BMK. Ayurved Hospital , Belgaum Patient attended OPD with complaints of Bilateral pedal oedema since from 2 months. A history of DM & HTN since 4 years on regular allopathic medications . Examination findings reveals i.e.,pitting type oedema .Blood investigations revealed renal function is having abnormal values .Diagnosed as Kaphaja shotha as Prameha & Shonitaj upadrava. Patient treated with the concept of Shothahara ,Mutrala & Aavaranahara using formulations like Dashmoola katutrayam , Punarnava aasav,Chandraprabha vati for the period of 1 month.Post renal profile &examination findings absolutely normal with significant improvement in quality of patients life .\* Keywords : Kaphaja shotha ,Bilateral pitting pedal oedema,Renal profile,Mutral ,Shothahara,Dashmoola katutrayam, punarnava aasav.

#### 2. Computer vision syndrome

Author: Dr. Raghavendra. YPresenter: Sameera. D Email Id: sameerammdinni@gmail.com Computers and mobile computing devices are being used by increasingly larger number of people today. Computer vision syndrome is one among ligestyle disorder in present era. About 88% of people who use computer everyday suffer from this. This has led to an increase in the number of patients complaining about ocular and nonocular symptoms reported by the visual display unit users was termed "Computer Vision Syndrome― (CVS). It is a repetitive strain disorder characterized by one or more of the following symptoms â€" eyestrain, eye fatigue, burning sensations, irritation, redness, blurred vision, and dry eyes when associated with operating a computer and looking at a computer monitor in a temporal association. Treatment needs to be tailored to the individual patient according to Netraroga chikitsa explained in Ayurveda. This presentation deals with approach of Computer vision syndrome is done by therapies like Shamana, Shodana Aschotana, Seka, Pindi. Bidalaka. Prakshalana, Tarpana Shirodhara after assessing predominance of Dosha

.Keywords: Ayurvedic therapies, computer vision syndrome, dosha.

#### 3. Adravyabhoota Chikitsa in Prameham

Author: Dr. Kiran Mutnalli,

Assistant professor in the Dept. Of Kayachikitsa, Shri BMK Ayurveda Mahavidyalaya, Belagaavi

Presenter: Sugnyani Mathpati

Email Id: sugnyani96@gmail.com Contact: 7411792428 Reference No: otJ1xJXb

bstract: Introduction - Prameha is one of Santarpanajanya vyadhi. Type 2 DM is correlated with Sthoola Prameha, where apatarpana is main line of treatment, what includes Adravyabhoota Chikitsa also. Materials- Library tools, internet sources Results-Various sources of articles have been published on various exercises in controlling DM(please refer pdf). Discussion-DM is one of the endocrinal & lifestyle disorder. So by moulding the lifestyle of the patient, glycemic value can be well maintenaned. Our Acharyas has also advised various activities along with Shodhana & Shamanoushadhis. Conclusion-Though many Shamanoushadhis are being practiced to control Prameha, here an attempt is made to know the importance of Adravyabhoota Chikitsa in Prameha.

Keywords: Prameha, Diabetes Mellitus, Shamanoushadhis, Adravyabhoota Chikitsa

# 4.The Prevention of Lifestyle disorders of Prameha (Diabetes mellitus) with Diet and lifestyle intervention

Author: MR. Sujit Kashid, final year UG student, sujitbkashid@gmail.com

The tremendus rise in lifestyle disorder as pandemic in nature, Diabetes is the most threatning among them .Madhumeha is one among 20 types of prameha (urological disorder) described in various ayurvedic classics equated to type 2 diabets mellitus. The prevalance is rapidaly arising throughout the globe at an alarming rate. India has been projected by WHO as the country with the faster growing population of Diabetic patient .changing the lifestyle of twenty one centuary gives a gift of huge number of non-communicable life style disorders like DM. It is said that prevention is better than cure so to prevent it we need to know the causes of DM. In present era â€|.divaswap,asyasukha ,atinidra , avyayam,achinta,navanna sevan,excess use of guru, snigdha,amla rasa,lavana rasa sevan, abstaning of samshodhana therapy are the causes of Diabetes mellitus.In Ayurveda the concept of Dinacharya, Ritucharya, Sadavrutta , Achar rasayana, yoga, pranayama, dhyan etc are present but currently hardly anyone aptly follow it. Ayurveda mostly conciders the preventive aspect rather than curative aspect. The aim of these review is to bring into the limelight of ayurvedic dietary and lifestyle interventions for prevention of diabetes. Here I will explain the ayurvedic concept of diet and lifestyle interventions are valuable tools for the prevention and management of type 2 diabetes. Keywords : Prameha, Diabetes mellitus, lifestyle intervention, Diet

#### 5. Concept of endocrinology in ayurveda

Dr Shawn Kumar, shawnskywalker250@gmail.com

Concept of endocrinology in ayurveda introduction: ayurveda is a science that does not only deal with body but also mind and consciousness.thus, one should not only focus on physical symptoms and imbalances of the body but also on the role of one's mind and consciousness that play's a major role especially in endocrinology, endocrinology is derived from a greek word hence where, endon means "within― and krino means to separate and logia is a branch of medicine and biology which deals with endocrine system, due to altered lifestyle and increased stress factor, problems of endocrine are increasing and especially in diabetes and thyroid. however, there is limited knowledge of about their causes and the initial imbalance. in ayurveda, archarya charaka in sootra sthana 21st chapter discusses about the concept of endocrinology in ayurveda in his language of "ashtouninditiya purusha― which can be used in various endocrine disorders, however, the understanding of endocrine applies natural and holistic approach that helps prevent and reduce changers in hormonal or even functional level materials: samhitas, journals, browsing discussion: endocrine disorders are classified into two: 1. diseases that results due to hormonal imbalance 2. diseases developed due to lesions (such as: tumors) hence, ayurveda can be very effective when it comes to treating patients with thyroid & diabetes related problems. keywords: ashtouninditiya purusha, ayurveda,

Keywords: Ashtouninditiya purusha, Ayurveda, Thyroid, Diabetes

#### 6. Role of Ayurveda in the Management of Depression and Anxiety: A Case Series

Author: Nikhita S Katti, UG Student, Shri B M K Ayurveda Mahavidyalaya Belagavi Email Id: nikhitask510@gmail.com Contact: 9480751089

Role of Ayurveda in the Management of Depression and Anxiety A Case Series Introduction: Depression and anxiety exist together more often than as separate syndromes. Prevalence in India is mood disorders 11.2%, anxiety 8.3%. Comorbid major depression substantially worsens the clinical outcome of patients with anxiety disorders such as panic disorder, social phobia, and generalized anxiety disorder. Although previous treatment guidelines have addressed depression and anxiety separately, we have developed guidelines that more closely approximate the types of patients seen in clinical practice. These recommendations focus on scales to measure all symptoms (anxiety and depression) and propose full remission and functional recovery as the goal of treatment. Objective guidelines for remission include maintaining the Hamilton Rating Scale for Depression total score at < or = 7 and the Hamilton Rating Scale for Anxiety total score at 7 to 10 or even lower--rigorous, challenging, but appropriate goals to restore patients to a normal functional state. Where as in ayurveda considering the Manasika dosha i.e. raja and tama guna and manisika rogas these can be manage. Methodology: A retrospective study of a patient attended the Panchakarma OPD of Shri B M K Ayurveda Mahavidyalaya Shahapur Belagavi Results: There was significant reduction in the complaints of the patient Discussion: In the contemporary science where the treatment are restricted just to reduce the signs and symptoms where as ayurveda can do better justice considering the Manasika dosha Keywords: Manasika dosha, Manasika roga, Anxiety, Depression

#### 7. An ayurvedic management on chronic kidney disorder a case series

Dr Pooja S. Vhanji. Intern KLES Ayurveda Hospital and

Research centre, KLE University Shri B.M.Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belgavi 590003 Karnataka India. <a href="mailto:poojavhanji76@gmail.com">poojavhanji76@gmail.com</a>

Chronic kidney disease is progressive forms of renal disorders associated with reduced renal function having no well known etiopathogenesis. The available treatment modalities in conventional system of medicine are still evolving but peritoneal and hemo dialysis along with nutritional supplements and renal transplant is the final step. In this regard Ayurveda provides leads through its holistic line of management by incorporating dietary & lifestyle invention and bio balancing effects of Ayurvedic drugs. Material and methods: 20 diagnosed cases of CKD from OPD of KLEUS Shri BMK Ayurveda Hospital Belgaum were treated with various Panchakarma procedures and Ayurvedic oral medication according to the grading of the renal failure and presentation of the patient. Results: Ayurvedic management shows reduction in the serum creatinine, blood urea, Serum Potassium and increase in haemoglobin percentage with symptomatic relief. Conclusion: According to Ayurveda, CRF is a disease of Mutravaha Srotas. Though all the three Doshas as well as all the Dushyas are involved in the disease, Kapha is responsible in blocking microvessels and developing microangiopathy. Vata is responsible for degeneration of the structure of the kidney. According to Ayurvedic principles of management of the disease, tissue damage can be prevented and repaired by Rasayana drugs because they have the capability to improve qualities of tissues and hence increase resistance of the tissues. On the other hand, blockage can be removed by Lekhana drugs having scraping effect on blocked channels. Effectively these Ayurvedic drugs have capacity to normalize associated clinical symptoms and laboratorial parameters pertaining to CKD patients.

Keywords: Key words: CKD, Serum Creatinine, Blood urea

#### 8. Hypothyroidism induced kaphaja kaasa: a new approach

S. Vidyasagar badisa, Final year Undergraduate, KLES Ayurveda Hospital and Research centre, KLE University Shri B.M. Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belgavi 590003 Karnataka India, badisa.vidyasagar4@gmail.com

According to American Association of Clinical Endocrinologists, over 27 millions have some form of thyroid disease with hypothyroidism being most prevalent and significant as it can go undetected for many years. Thyroid avatu granthi, as part of the rasavaha srota as it is mainly a hypervascular epithelial tissue under the peripheral or external system. As for the doshic involvement this condition most often begins as a vata pitta imbalance, but followed by vata pushing kapha out of balance. Methods: The present diagnosed case of Hypothyroidism approached to OPD of KLE BMK Ayurveda hospital with the chief complaints of difficulty in breathing, tightness of chest with cough with sputum since 3 years with Ayurvedic oral medication. Results: There is significant decrease in the symptoms within 3 months of the approached date. Discussion: Ayurvedic medication can do the samprapti vigatan of the anyonya avaran of saamana apana vata which leads to the kaphaja disorder.

**Keywords:** Ayurveda, Pathya, Apathya, Healthy Living

# 9. Role Of Panchakarma And Shamana Aushadi In The Management Of Metabolic Disorder w.s.r To Hypothyroidism.

Anuja Kitturkar, Final year Undergraduate, KLES BMK, Belagavi

There are more than 10 million cases of hypothyroidism per year in India. It is more prevalent in older women. Obesity and hypothyroidism are two common clinical conditions that have been linked closely i.e Body composition and thyroid hormones appear to be closely related. Thyroid hormones regulate basal metabolism, thermogenesis and play an important role in lipid and glucose metabolism, food intake and fat oxidation. According to Ayurveda these patients can be managed on the basis of Ashtoninditiya adhya of Charaka Samhita. As for the doshic involvement this condition most often begins as a vata pitta imbalance, followed by vata kapha involvement. Materials and methods: A 56 years old female patient who was a diagnosed case of Hypothyroidism approached to Panchakarma OPD of KLE BMK Ayurveda hospital with the chief complaints of Obesity and a Known case of Hypothyroidism for which she has was on medication for hypothroidism with persistent increase in weight. For this the patient was given panchakarma treatment and oral shaman aushadhi. Result: After treatment there was a significant decrease in the level of TSH, and other symptoms of hypothyroidism, Along with satisfactory improvement in lifestyle. Discussion: Panchakarma treatment in the form of Lekhana Basti could help in reducing the medavruta vata which might have helped in good absorption of oral shaman medication. Thus ther was significant reduction in the TSH levels, but there was no satisfactory improvement in weight reduction.

#### 10.Adaptation of Vatarakta chikitsa in CKD yield and Results obtained: A case Report

Author: Dr Adarsha N. Havalel 1Intern KLES Ayurveda Hospital and Research centre, KLE University Shri B.M.Kankanwadi Ayurveda Mahavidyalaya ,Shahapur, Belgavi 590003 Karnataka India, adarshahavale@gmail.com Contact: 9886732904

Chronic kidney disease (CKD) is a worldwide public health problem and its management, by either dialysis or transplantation, imposes a considerable economic burden to health systems. Studies have suggested that early diagnosis and treatment of modifiable CKD risk factors are important to prevent the progression to renal replacement therapy. Established predictors for development of CKD include high blood pressure and diabetes mellitus. Uric acid is the end product of purine metabolism in humans, and its high serum levels, hyperuricemia, are classically related to the precipitation of crystals in the joints, leading to arthritis. There is increasing evidence of the association of hyperuricemia with hypertension and cardiovascular disease. Material and methods: a 51 year male patient came with a complaint of multiple joint pain, constipation and lose of appetite with minor joint pain since before came to Panchakarma OPD of KLEUS Shri BMK Ayurveda Hospital . Yoga basti with asanadi kashaya niruha basti and pinda taila abhyanga followed by virechana and ayurvedic oral medication were planned after shodhana. Results: Ayurvedic management shows reduction in the serum creatinine, bl, Serum Potassium, Cystein c and increase in haemoglobin percentage with symptomatic relief. Conclusion: Following line of treatment helps in maintainence of Serum uric acid and Serum Creatinine, Keywords; CKD, Serum Creatinine, Blood urea, Cystein c, asnandi kashaya basti , virechana

#### 11.Role of Shamana Aushadhi in acute case of prameha a case report

Dr Dharitri S. Purohit1 Dr. Vishwanath S. Wasedar 2 1Intern KLES Ayurveda Hospital and Research centre, KLE University Shri B.M.Kankanwadi Ayurveda Mahavidyalaya ,Shahapur , Belgavi 590003 Karnataka India. 2Assisstant Professor ,MD, Dept of Panchakarma, KLE University Shri B.M.Kankanwadi Ayurveda Mahavidyalaya , Shahapur , Belgavi 590003 Karnataka India. teccna.27494@gmail.com

Prameha is characterized by copious flow of cloudly or turbid urine, although the turbidity of urine varies from type to type depending upon involvement of doshas and dhushyas in varying proportions of diabetes considered still as a mystery disease, is fast becoming a global problem. Managing pramahea through Ayurveda is a comprehensive therapeutic modality that yields best outcome when treatment is individualized. It involves extensive dietary modifications, lifestyle changes and use of regimen derived from herbs/ food supplements. Early diagnosis of Prameha will give fruitful results. Material and methods: A female patient aged 43 years was subjected to routine investigations as she was 40 plus. Her glucose levels and HbA1c reports showed higher limits. With this reports she came to Panchakarma OPD of KLEUS Shri BMK Ayurveda Hospital for the management. Results: Patient was subjected to Shamana Aushadhi for Prameha, whithin one month of medication there was significant reduction in glucose values. Conclusion: Prameha indicated aushadhi yield good results.

Keywords: Prameha, Diabetes mellitus, metabolic disorder

#### 12. HYPERTENSION - AN AYURVEDIC PERSPECTIVE

#### Dr. Prachi Mehta Asst.Prof dept of kayachikitsa ,BMK Ayurveda Mahavidyalaya.

A scientific and technological revolution has occurred over the last three decades. Due to the rapid modernization, people are leading more stressful lives. As a resultant, the hypertension is one of the widespread disorders which came across in practice. About 26.4% of the world adult population in 2000 had hypertension and 29.2% were projected to have this condition by 2025. India is labeled as global capital of hypertension. Nowadays, not only lifestyle disorders are becoming more common, but they are also affecting younger populations. Hence, the population at risk shifts from 40+ to may be 30+ or even younger. Hypertension results from a variety of reasons like stress, obesity, genetic factors, over use of the salts in the diet and ageing. As we all know, hypertension is called a silent killer because it rarely exhibits symptoms before it damages the heart, brain or kidney. Though a lot of potent antihypertensive drugs are available today in modern medicine, but none of them is free from untoward effects. The principal focus of Ayurveda is on maintaining good health and adopting a healthy way of life. In Ayurveda there is no description of such a single disease which can resemble with hypertension. As per Ayurvedic principles, in case of unknown disease, the physician should try to understand the nature of the disease through Dosha, Dushya and Samprapti; then should initiate the treatment. So it becomes our prime concern to understand hypertension thoroughly with Ayurvedic perspective. This research paper is a sincere effort to understand hypertension in terms of Ayurveda, which will be beneficial for treatment as well as preventive purpose.

**Key Words**- High Blood Pressure, Lifestyle disorders, *Raktachapa*, Silent killer.

## Prepared by Miss. Neha saunshimath, 2014 Batch UG student

## Hypertension

Z	Т	X	О	Q	R	S	S	C	D	G	I	M	P	0	J	A
В	Y	C	Е	G	U	G	Е	Н	Е	P	A	D	I	J	Т	X
A	L	M	N	Е	R	I	X	S	M	Т	Н	Y	В	V	A	N
D	J	0	K	J	С	В	Е	Z	Е	L	U	K	G	Т	C	М
N	R	Y	0	Е	L	C	R	Z	D	F	S	О	A	U	Н	О
Y	U	Е	G	D	P	Н	С	В	E	I	A	V	K	G	Y	F
0	L	N	W	A	P	В	I	Z	K	P	U	T	L	S	С	L
S	Е	С	G	S	P	R	S	P	0	С	N	R	С	K	A	С
M	0	Е	F	Н	A	О	Е	X	R	О	S	Н	Е	L	R	Е
Е	F	Ι	D	D	Р	L	W	S	T	M	Н	S	F	Т	D	S
С	Н	A	P	I	M	S	Н	P	S	Т	R	Е	S	S	I	0
Н	A	В	N	Е	X	Н	Т	A	M	U	I	N	Z	Е	A	С
G	L	I	0	T	Q	W	S	R	Е	D	R	V	Е	X	P	X
Т	V	R	S	A	L	Т	I	N	Т	A	K	Е	D	Q	0	М
Q	Е	U	K	R	Н	W	S	I	D	G	J	N	R	A	J	I
V	S	P	Н	Y	G	M	0	M	A	N	0	M	Е	Т	Е	R

#### Key answers:-

1. Blood pressure 6 .sphygmomanometer

2. Salt intake 7. Rule of halves

3. Stroke 8. Diuretic

4. Ecg 9. Exercise

5. Dash diet 10. Tachycardia

## Nephrotic syndrome

A	D	Е	L	F	D	Z	P	G	N	S	W	R	Т	U	Н
0	X	F	Q	T	P	I	Е	Y	R	U	V	K	O	R	G
P	R	0	T	Е	I	N	U	R	I	A	G	L	D	I	S
S	I	M	Е	T	В	A	Р	R	I	D	A	Н	Z	N	V
G	L	Е	О	D	N	K	O	Y	Е	M	L	K	В	A	E
Н	Е	M	W	A	Е	Ι	F	A	V	Т	Е	S	N	L	L
N	Н	A	S	I	Z	M	I	U	Е	S	I	K	S	Y	О
Е	W	О	R	T	S	D	A	M	J	Q	V	C	D	S	W
Н	Y	P	О	A	L	В	U	М	I	N	A	Е	М	I	A
I	С	Е	R	C	Е	A	M	Т	L	P	A	C	Z	S	U

## Key answers:

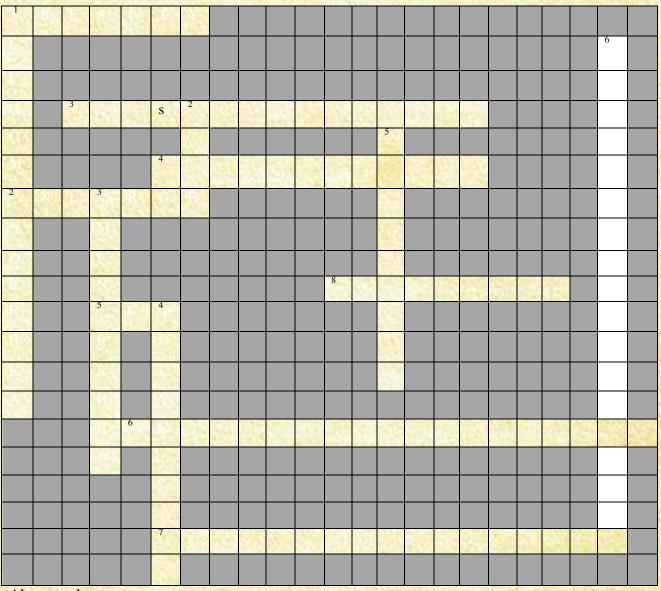
1. Oedema

4.hypoalbuminaemia

2. Proteinuria

5. Urinalysis

#### **PCOD**



Above to down:

- 1. Menstrual bleeding occurring more than 35 days and which remains constant at that frequency.
- 2. Skin condition characterized by pimples esp. On the face.
- 3. One among the menstrual abnormalities.
- 4. Nature of ovaries in pcod.
- 5. Abnormal growth of facial hairs in a woman.
- 6. Condition in which there milky discharge from the breasts when not pregnant or breast feeding.

#### Right to left:

- 1. A lifestyle induced disorder.
- 2. Change in the size of ovaries in pcod.

- 3. Common investigation tool for pcod.
- 4. Failure of couples to conceive.
- 5. Primary treatment choice in pcod.
- 6. Black necklace seen in pcod.
- 7. A pathological condition in which cells fail to respond normally to the hormone insulin.
- 8. Common drug of choice in pcod.

#### Key answers:

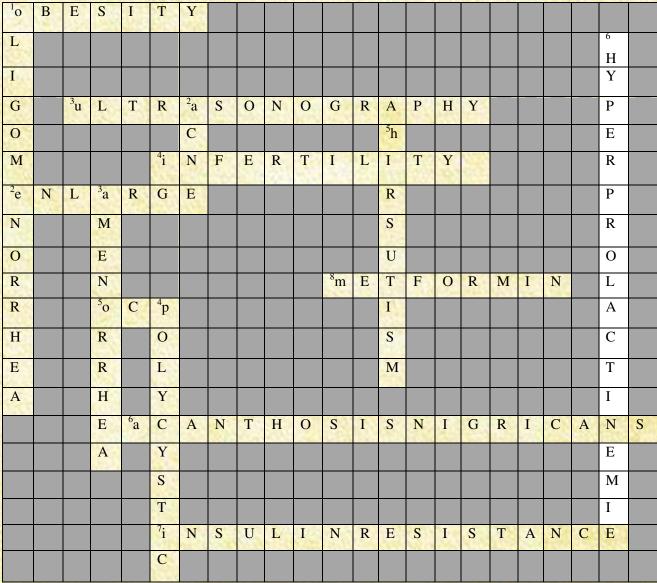
#### Above to down

- 1. Oligomenorrhea
- 2. Acne
- 3. Amenorrhea
- 4. Polycystic
- 5. Hirsutism
- 6. Hyperprolactinemia
- 7. Menstrual bleeding occurring more than 35 days and which remains constant at that frequency.
- 8. Skin condition characterized by pimples esp. On the face.
- 9. One among the menstrual abnormalities.
- 10. Nature of ovaries in pcod.
- 11. Abnormal growth of facial hairs in a woman.
- 12. Condition in which there milky discharge from the breasts when not pregnant or breast feeding.

#### Right to left

- 1. Obesity
- 2. Enlarge
- 3. Infertility
- 4. Ocp
- 5. Acanthosis nigricans
- 6. Insulin resistance
- 7. Metformin

### 3. Diuretic



Above to down:

#### Right to left:

- 9. A lifestyle induced disorder.
- 10. Change in the size of ovaries in pcod.
- 11. Common investigation tool for pcod.
- 12. Failure of couples to conceive.
- 13. Primary treatment choice in pcod.
- 14. Black necklace seen in pcod.
- 15. A pathological condition in which cells fail to respond normally to the hormone insulin.
- 16. Common drug of choice in pcod.

#### Key answers:

#### Above to down

- 13. Oligomenorrhea
- 14. Acne
- 15. Amenorrhea
- 16. Polycystic
- 17. Hirsutism
- 18. Hyperprolactinemia

#### Right to left

- 8. Obesity
- 9. Enlarge
- 10. Infertility
- 11. Ocp
- 12. Acanthosis nigricans
- 13. Insulin resistance
- 14. Metformin

## Prepared by: Dr. Khaniz, Intern (2012 Batch)

N	A	S	D	F	G	Н	J	K	L	M	N	В	H
Е	N	D	0	C	R	I	N	O	L	0	G	Y	Y
U	Y	T	R	A	Е	W	Q	В	C	C	V	В	P
R	U	Y	T	N	V	Q	M	E	Q	С	S	K	E
O	I	U	R	C	C	E	N	S	W	Z	В	L	R
P	0	I	E	E	X	R	В	Ι	E	X	N	P	T
S	P	K	W	R	Z	T	V	T	R	A	M	O	H
Y	L	M	Q	V	A	Y	C	Y	Y	S	L	I	Y
C	K	N	S	В	S	U	X	0	T	D	K	U	R
H	J	В	A	N	D	I	Z	U	U	F	J	Y	O
O	Н	V	F	M	F	O	Q	I	I	G	Н	T	I
L	G	C	D	L	G	P	A	Y	0	H	G	R	D
O	F	X	G	K	Н	L	W	R	P	J	F	E	I
G	D	Z	Н	J	J	K	Е	T	L	K	D	W	S
Y	S	A	U	R	O	L	O	G	Y	L	S	Q	M

Z	X	V	С	В	N	M	L	K	J	Н	G	F
D	S	A	Q	W	R	Е	Т	Y	U	I	О	P
Q	D	I	A	В	E	T	Е	S	W	Е	R	T
Y	U	I	0	P	K	L	K	L	J	Н	G	F
D	S	A	X	Z	D	I	В	E	T	E	S	X
C	В	V	В	N	M	L	K	J	Н	G	F	D
A	S	D	F	G	J	Н	L	K	P	0	I	U
Y	T	R	Н	T	N	W	Е	Q	A	Z	X	C
V	В	M	N	H	M	P	L	O	I	U	Y	U
T	R	W	E	Y	Q	A	S	D	F	Н	G	R
J	K	L	Z	R	X	C	V	N	В	M	P	O
0	I	U	Y	O	В	E	S	I	T	Y	T	L
Е	R	W	Q	I	S	A	D	F	G	Н	J	O
L	K	M	N	D	V	В	C	X	Z	A	S	G
E	N	D	O	C	R	I	N	0	L	0	G	Y

D	M	Q	W	Е	R	T	Y	U	I	0
P	A	S	D	F	Н	G	K	J	K	L
A	S	D	G	F	H	J	T	K	L	Z
X	C	V	N	В	M	Q	Н	W	E	R
Y	T	U	I	0	A	P	Y	S	D	F
G	J	Н	L	K	Z	X	R	C	V	N
В	N	M	Q	W	Е	R	0	T	Y	S
U	C	A	N	C	E	R	I	U	I	L

0	P	A	S	F	D	G	D	Н	J	E
Z	X	C	R	A	В	V	N	M	Q	W
Е	R	T	Y	U	I	0	P	A	S	D
F	O	В	E	S	Е	T	Y	F	G	Н
J	L	K	X	Z	V	С	В	N	M	Q
Е	W	R	Т	Y	I	0	U	P	L	K
Н	T	N	J	U	R	0	L	0	G	Y

									_					
E	Q	W	E	R	Y	T	0	U	I	P	O	L	V	P
N	A	S	D	F	G	Н	J	K	L	Z	X	C	K	V
D	S	A	S	A	A	В	G	D	M	V	Q	V	J	L
0	D	P	D	P	S	V	Н	G	K	T	A	В	G	V
C	Z	0	F	0	D	C	J	F	Ι	G	Z	N	Н	R
R	X	H	Y	P	E	R	T	E	N	S	I	O	N	R
Y	F	I	G	I	F	X	K	S	O	V	W	M	G	Y
N	C	U	Н	U	G	Z	L	A	L	Y	S	Q	T	R
0	G	Y	J	U	R	0	L	O	G	Y	X	W	R	C
L	V	T	K	Y	H	В	N	P	W	Н	E	Е	Е	A
0	H	R	L	T	J	E	M	0	Q	N	D	R	S	D
G	N	E	Z	R	K	S	В	I	E	U	C	T	D	W
Y	M	W	X	Е	L	I	V	U	R	J	R	Y	F	Е
K	N	Q	C	W	Q	T	Н	Y	R	O	I	D	G	T
C	A	N	C	E	R	Y	C	Y	T	N	F	U	D	M

# Prepared by : Dr Komal, 1st year PG Scholar, Dept of Rasayana Vajikarana Dr Vidya, 1st year PG Scholar, Dept of Rasayana Vajikarana

			Carlo Carlo	P							P	
				R							Н	
S	I	D	Н	A	R	T	A	K	A		A	600
				M							L	
				Е							A	
			A STATE	Н							T	A A
R	A	K	T	A	R	U	D	A		1	R	
1					27.72						I	
			No.								K	100
	P	A	N	С	Н	A	G	A	V	Y	A	Single
					Side !						D	
							186				I	

- 1. Bleeds on touch raktarbuda
- 2. Sarva prameha hara kwatha- phalatrikadi
- 3. Prabhuta avila mutrata cardinal symptom of prameha
- 4. Agada used in apasmara chikitsa- sidhartaka
- 5. Ghrita prepared with five elements of cow\( ghrita used in apasmara) panchagavya

## Cardiology

V	M	Е	D	I	S	T	R	E	S	S	M	X	В	E
0	I	D	Е	O	В	R	W	Y	J	S	P	R	W	G
M	C	Е	N	T	R	A	L	C	Y	N	0	S	I	S
I	Y	M	T	U	U	D	D	R	T	R	G	R	J	O
T	G	A	A	D	I	K	U	Е	0	J	M	J	A	A
I	Н	S	L	D	T	Е	L	L	C	S	W	X	Y	S
N	D	C	C	J	N	G	L	Y	F	I	P	В	M	U
G	C	I	A	A	V	A	S	C	U	L	I	T	I	S
D	V	T	R	J	P	R	D	T	N	J	M	K	D	T
F	U	I	I	R	F	G	Н	L	D	Н	R	U	V	V
S	Н	S	Е	P	Y	X	A	В	I	G	S	T	A	Е
О	В	Е	S	I	T	Y	D	Y	S	P	0	N	Е	A

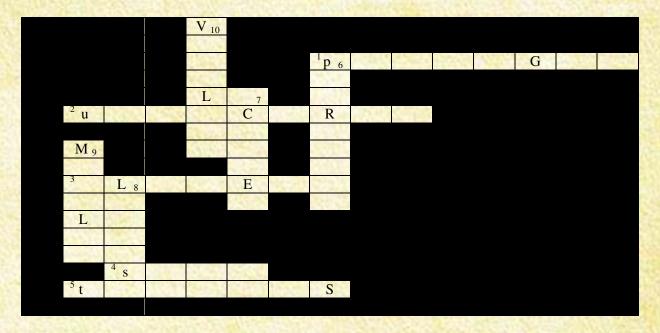
Prepared by: Miss. Alisha, 2014 Batch UG student

#### Answers:

- CENTRAL CYNOSIS
- BRUIT
- EDEMA
- DENTALCARIES
- VASCULITIS
- ANEURYSM
- ASCITES
- PALLOR
- FUNDI
- DYSPONEA
- VOMITING

# Prepared by: Miss Tejali, 2014 batch UG student Miss Ayesha, 2014 batch UG student

#### **Crossword on skin conditions**



#### Horizantal

- 1. Disease characterised by 3d dermatitis, diarrhoea & dementia.
- 2. Also known as hives or nettle rash
- 3. Major shampoos advertise this condition for their product.
- 4. A tender bump at the edge of the eyelid.
- 5. Hyperkeratosis of palms and soles

#### Vertical

- 6. Autoimmune disease characterised by silver white patches
- 7. Also known as "seven year itch"
- 8. Also known as "hansen's disease"
- 9. Koplik's spots found in this condition
- 10. Patches of skin losing the pigment.

#### key answer of crossword

			$V_{10}$										
			I										
			T			$^{1}p_{6}$	Е	L	L	A	G	R	A
			I			S							
			L	$S_7$		0							
$\frac{2}{u}$	R	T	I	C	A	R	I	A					
			G	A		I							
Mg			O	В		A							
E			Y4CC	I		S							
$^{3}a$	$L_8$	0	P	E	C	I							
S	E			S		S							
L	P												
E	R												
S	0												
	4 S	T	Y	Е									
<sup>5</sup> t	Y	L	0	S	I	S							

- Horizantal
- 1. Pellagra
- 2. Urticarial
- 3. Alopecia
- 4. Stye
- 5. Tylosis
- Vertical
- 1. Psoriasis
- 2. Scabies
- 3. Leprosy

# Word search on cardiology Prepared by: Mr.Bheemreddy

C	D	W	M	S	X	В	0	Е	N	A	A
C	D	W	M	S	X	В	0	Е	N	A	A
A	A	В	R	K	F	M	U	R	M	U	R
N	I	Ε	G	G	X	D	S	Q	Z	P	R
G	D	A	N	Е	P	0	R	P	Q	A	Н
I	R	Z	I	S	C	Н	Е	M	I	A	Y
N	A	Н	В	T	V	N	W	M	R	Y	T
A	C	R	В	S	T	R	0	K	Е	R	Н
R	Y	W	U	0	K	M	N	U	L	R	M
U	Н	0	L	X	Y	0	I	Н	Н	В	I_
Z	C	P	C	Y	A	N	0	S	I	S	A
V	A	N	Е	U	R	Y	S	M	W	S	X
J	T	R	R	A	M	I	S	N	O	S	E

- 1. Angina
- 2. Murmur
- 3. Arrhythmia
- 4. Clubbing
- 5. Ischemia
- 6. Stroke
- 7. Aneurysm
- 8. Cyanosis
- 9. Tachycardia

# Prepared by : Miss. Anusha, 2014 batch UG student Mr. Shivkumar , 2014 batch UG student

## Word search on Oncology

Α	W	В	M	E	T.	Α	S	T	Α	S	7 18	S
Υ		С	Y	D	Z	C	Υ	S	T.	Т	7	E
Е	L	В	Е	U	Α	Α	Α	Υ	X		>	K
G	M	Α	L		G	N	Α	N	T	W		K
M	S	Р	0	H	В	С	0	J	٧	L	N	R
K	T	0	M	N	Q	E	E	Р	H	В	В	J
F	U	Р	Α	Z	J	R	В	G	S	В	Ш	С
0	M	T	D	L	E	U	K	Ε	M	1	Α	S
EE.	0	0	Α	U	F	L	Α	T	Р	0	S	Q
R	U	S	Е	M	M	L	F	D	N	Р	T	R
X	R	ZI.	S	Р	0	N	X	G	T	S		Н
T	V	S	0	<b>-</b>	W	M	V	SW	<b>-</b>	Υ	N	W
Z	Υ	N	E	0	Р	L	Α	S	M	Р	Е	Q

- 1. Neoplasm
- 2. Metastasis
- 3. Malignant
- 4. Cancer
- 5. Biopsy
- 6. Vinblastine
- 7. Apoptosis
- 8. Cyst
- 9. Myeloma
- 10. Lump
- 11. Wilmstumour
- 12. leukemia

## Word search on endocrinology

A	Е	I	N	S	U	L	I	N	J	K	A	U
C	F	Н	C	P	D	M	J	G	K	I	X	G
F	В	T	Н	Y	R	O	I	D	M	D	Е	I
R	0	T	G	Н	L	I	N	R	S	W	Z	G
A	В	F	M	Y	U	Y	Е	F	J	Н	L	A
G	Z	В	A	D	C	P	Н	T	G	G	R	N
I	Y	M	Е	R	S	D	A	F	D	L	Н	T
L	I	Q	W	0	L	F	R	A	M	I	N	I
Ε	Z	P	0	C	В	C	Е	G	Q	В	I	S
X	K	Z	R	Е	R	Н	Z	U	X	I	I	M
K	A	Z	Q	L	Y	0	P	C	0	D	J	C
N	S	P	W	E	В	L	D	W	L	O	X	N
A	N	D	R	0	P	A	U	S	Е	A	V	0

- 1. Libido
- 2. Thyroid
- 3. Andropause
- 4. Insulin
- 5. Azoospermia
- 6. PCOD
- 7. Gigantism
- 8. Fragile x
- 9. Hydrocele
- 10. Wolframin

#### KEY ANSWER SHEET

C	D	W	M	S	X	В	0	Е	N	A	A
A	A	В	R	K	F	M	U	R	M	U	R
N	I	Е	G	G	X	D	S	Q	Z	P	R
G	D	A	N	Е	P	0	R	P	Q	A	H
I	R	Z	I	S	C	Н	E	M	× I	A	Y
N	A	Н	В	T	V	N	W	M	R	Y	T
A	C	R	В	S	T	R	0	K	E	R	H
R	Y	W	U	0	K	M	N	U	L	R	M
U	H	0	L	X	Y	0	I	Н	Н	В	Ι

Z	C	P	C	Y	A	N	0	S	I	S	A
V	A	N	E	U	R	Y	S	M	W	S	X
J	T	R	R	A	M	I	S	N	O	S	Е

A	W	В	M	E	T	A	S	T	A	S	I	S
Y	I	C	Y	D	Z	C	Y	S	T	T	J	Е
Е	L	В	E	C	A	A	A	Y	X	I	V	K
G	M	A	L	I	G	N	A	N	T	W	I	K
M	S	P	0	Н	В	C	0	U	V	L	N	R
K	T	0	M	N	Q	E	E	P	Н	В	B	J
F	U	P	A	Z	J	R	В	G	S	В	L	C
0	M	T	D	L	E	U	K	E	M	Ι	A	S
I	0	0	A	U	F	L	A	T	P	0	S	Q
R	U	S	Е	M	M	L	F	D	N	P	T	R
X	R	I	S	P	0	N	X	G	T	S	I	Н
T	V	S	0	U	W	M	V	Isc	U	Y	N	W
Z	Y	N	E	0	P	L	A	S	M	P	E	Q

								- 6-		The same		100
A	Е	I	N	S	U	L	I	N	J	K	A	U
C	F	Н	C	P	D	M	J	G	K	I	X	G
F	В	T	H	Y	R	0	I	D	M	D	Е	I
R	0	T	G	H	L	I	N	R	S	W	Z	G
A	В	F	M	Y	U	Y	E	F	J	Н	L	A
G	Z	В	A	D	C	P	Н	T	G	G	R	N
I	Y	M	Е	R	S	D	A	F	D	L	Н	T
L	I	Q	W	0	L	F	R	A	M	I	N	I
E	Z	P	0	C	В	C	Е	G	Q	В	I	S
X	K	Z	R	E	R	Н	Z	U	X	I	I	M
K	A	Z	Q	L	Y	0	P	C	0	D	J	C
N	S	P	W	E	В	L	D	W	L	0	X	N
A	N	D	R	0	P	A	U	S	E	A	V	0

#### CARCINOMA OF CERVIX

I	X	Q	W	Е	T	Y	I	Z	D	В	V
M	В	R	О	С	F	В	V	U	Y	L	A
M	U	L	T	I	P	A	R	A	S	Е	G
U	R	A	Е	M	Ι	A	L	N	U	Е	Ι
N	Т	G	J	F	A	I	Z	A	R	D	N
О	Y	U	P	W	V	Q	K	Е	I	S	A
S	M	О	K	I	N	G	Т	M	A	О	L
U	S	W	Е	Т	P	S	X	I	P	N	D
P	Z	С	A	G	Н	N	Y	A	D	Т	I
R	Y	Н	P	V	V	I	R	U	S	О	S
Е	V	0	U	Н	J	K	L	Z	L	U	С
S	W	В	N	M	D	S	T	K	X	С	Н
S	P	0	Т	Т	I	N	G	V	R	Н	Α
I	W	Е	I	G	Н	T	L	0	S	S	R
0	X	A	Z	С	D	R	T	U	I	0	G
N	С	0	L	P	0	S	С	0	P	Y	Е
	11	1000		1000	1 110	200					

Prepared by: Miss. Vinoda, 2014 batch UG student

#### **KEY ANSWERS:**

- 1. MULTIPARA
- 2. SMOKING
- 3. IMMUNOSUPRESSION
- 4. SPOTTING
- 5. DYSURIA
- 6. WEIGHT LOSS

- 7. ANAEMIA
- 8. HPV VIRUS
- 9. BLEEDS ON TOUCH
- 10. VAGINAL DISCHARGE
- 11. COLPOSCOPY
- 12. URAEMIA

#### **HYPOTHYROIDISM**

X	U	G	Е	В	V	R	В	W	Q	S	I
N	M	0	Н	F	D	Y	R	Т	K	J	L
W	Е	I	G	Н	Т	G	A	I	N	Z	O
S	N	T	F	J	Н	K	D	R	I	S	P
P	0	R	Е	K	Y	A	Y	Е	M	U	Т
Q	R	Е	W	T	R	Y	С	D	P	V	S
Z	R	S	A	U	0	R	A	N	P	A	Н
0	Н	J	I	Z	X	Е	R	Е	I	F	S
Y	A	Н	Т	A	I	Т	D	S	R	R	A
T	G	I	G	M	N	Y	I	S	Y	I	Н
S	I	N	U	X	Е	M	A	K	N	N	S
G	A	L	A	С	T	0	R	R	Н	Е	A

Prepared by: Mr. Shashidhar Naik, 2014 batch UG student

#### **KEY ANSWERS:**

1. GOITRE

2. WEIGHT GAIN

3. MENORRHAGIA

4. BRADYCARDIA

5. GALACTORRHEA

6. TIREDNESS

7. THYROXINE

8. TSH



### KLE AYURWORLD



NAAC & NABH ACCREDITED









## Central Research Facility

Poisely nested in the campus of KLE Ayurworld, the facility metamorphosed within couple of years to serve in arena of Research. Established in the year 2007 as Central Research Laboratory, it came to be known as Central Research Facility in the year 2009, gaining strength step by step. Centre got recognized as a ASU Drug Testing Laboratory by AYUSH in the year 2011. Centre has grown in wide Horizons from Drug Identification, Raw drug & Finished drug testing to Animal experimentations and heading towards Prakruti analysis (Ayurgenomics) along with Innovations in Technological Assistance becoming fountainhead for Research Aspirants.

More than 250 publications and 20 workshops have come up till 2016 and would continue to do so. Till now 1100 drug authentication, more than 2000 raw drug and more than 700 finished products analysis have been carried out. More than 90 animal experimentations have been conducted till now.

Applied for 5 patents and 2 thriving instruments in field of Ayurveda have been realized. Prakruti analysis by Ayurgenomics is being carried.

Centre has been out sourcing more then 84 PG, PhD scholars of 21 different Institutions & Industries by availing them experimental labs for 15 Animal studies, Raw drug authentication & analysis of finished products. By the above virtues the centre has become the research hub for scholars in their Research process.



#### Shri. B.M.KANKANAWADI AYURVEDA MAHAVIDYALAYA

POST GRADUATE STUDIES, HOSPITAL & MEDICAL RESEARCH CENTRE.

INDIA'S 1<sup>ST</sup> & ONLY INSTITUTION WITH NAAC & NABH ACCREDITATION
A constituent unit of

### KLE Academy of Higher Education and Research

Decreed-to-be University
This are A tale, 17 MATERIAL A THE FIRST A THE STATE AT TH

For Assistance, Mob.: 9986125625, 9342938479 Email: sampraharsha2016@gmail.com