



AYURVEDIC STANDARD TREATMENT GUIDELINES

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Government of India

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FOREWORD

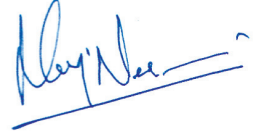
In last twenty years or so Ayurveda sector has witnessed an upsurge globally. The personalized medicine approach of Ayurveda and the huge diversity in Ayurvedic formulations have always been glorified by supporters of Ayurveda including practitioners and scientists. At the same time the same strengths have been used by others as impediments for its wider implementation at public health. The National Health Policy 2017 of India has strongly recommended for integrating Ayurveda in main health care delivery. The health policy has focussed on attaining Sustainable Development Goals 3 (SDG 3) identified by United Nations (UN). The Ministry of AYUSH, Government of India in an effort to streamline the implementation of Ayurveda services, has developed Ayurvedic Essential Drug List (EDL). The issue of quality of Ayurvedic drugs is also being addressed by developing Ayurvedic Pharmacopoeia of India. Development of Ayurvedic Standard Treatment Guidelines is the next step in standardising the Ayurveda services and their mainstreaming in Public Health.

The work of developing this document has been going on for over two years. It has gone through wider consultation involving experts of different Ayurvedic subjects across the country. Ayurveda practices in different parts of country have lot of diversity owing to availability of local natural resources as well as local *Vaidya* traditions. The major challenge faced was to arrive at consensus on Ayurvedic formulations to be prescribed for different disease conditions with respect to available Clinical Infrastructure i.e. PHC/CHC/ DH. There were also issues in identifying nearest correlation between Ayurvedic understandings of various disease conditions with their allopathy counterpart. The scientists and experts having understanding of both systems would understand easily the difficulties underlying.

The guidelines are neither prescriptive nor restrictive but are more facilitative in nature. The guidelines doesn't restrict Ayurveda practitioners for using various formulations as per their wisdom, knowledge of Ayurveda and experience. This is a maiden effort to extract the wider scope of Ayurveda practices and accommodate them in to a relatively restrictive format. For this purpose 38 most common disease conditions commonly found in general practice have been shortlisted. The format has been developed considering the available infrastructure and resources at Primary Health Center (PHC) where only OPD facility is available, Community Health Center (CHC) having 20 beds and District Hospital (DH) which has 50 beds and good diagnostic labs. While developing this document, efforts have been made to explain the case and treatment on Ayurvedic principles and thereby to retain the soul of Ayurveda.

At the same time conventional terminology has been used so that the document should be easy to understand for every stakeholder. The introduction and case definition explained at the beginning of every disease condition narrates the clinical condition making it easy to understand to all stake holders. The references in support of treatment recommended have been listed in scientific manner at the end of every chapter. Thus, an effort has been made to make these guidelines more scientific and practical for implementation. The document will be useful not only to young Ayurveda graduates but also could be useful to supporting staff and non-Ayurveda practitioners so as to reach to the last person in the society to realize the dream and intention of “Health for All” of the Government. The document, first of its kind would also be useful to policy makers in future policy making, to regulators for promoting good Ayurveda services as well as to Insurance sector to provide wider coverage to Ayurveda treatment and services. The document would also be useful in Government’s drive for promoting Ayurveda based Medical and Wellness Tourism.

The document has undergone nearly six reviews to eliminate any kind of discrepancy. However, Ministry would welcome suggestions or further improvements, which in consultation with experts and after authentication could be accommodated in next edition.



Date : 17th October, 2017, Dhanwantari Jayanti

Place : New Delhi

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Adviser (Ay), Ministry of AYUSH
Govt. of India



सत्यमेव जयते

श्रीपाद नाईक
SHRIPAD NAIK

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आयुर्वेद, योग व प्राकृतिक चिकित्सा, यूनानी, सिद्ध एवं
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MINISTER OF STATE (INDEPENDENT CHARGE) FOR
AYURVEDA, YOGA & NATUROPATHY
UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)
GOVERNMENT OF INDIA



11th October, 2017

MESSAGE

Ayurveda, endowed with principles of healing through Nature, offer a vast repertoire of guidelines for healthy lifestyle through well documented codes of conduct. These regulations are relevant even today. Although lot of campaigning is done for prevention of diseases, creating awareness, yet screening and monitoring and standard treatment through Ayurveda need more attention to stem the tide of disease burden in the country.

I am happy to share with you that Ayurveda Standard Treatment Guidelines developed by Ministry of AYUSH covering 38 commonly accruing disease condition on this occasion. It is envisaged that the publication would be instrumental in integrating Ayurveda practices in public health and would also be useful for purpose of providing insurance coverage to Ayurveda treatment. The document would be also useful to standardise Ayurveda practices at International level bringing out the sufficient information on the subject.

This is a commendable achievement to address health problems of our country through Ayurveda.

I wish this endeavour a great success.


(Shripad Naik)





PREFACE TO THE FIRST EDITION

Ayurveda is the most ancient system of medicine of Indian origin and is equally relevant in modern times. It is the knowledge base of life which, in addition to description of clinical profile of diseases, various etiological factors – primary or secondary, the etio-pathogenesis, different stages of disease progression, stage wise medical intervention, the prognosis and all such other clinical details; has also described in detail the dietary substances, various physical and mental activities, role of various epigenetic factors, methods for promotion of health, Community and social medicine etc. Ayurveda has also emphasised on social and spiritual wellbeing. The beauty of Ayurveda lies in the flexibility it has provided to clinicians in application part i.e. choice of medicinal plants, drug formulations, dosage forms etc. which may vary depending upon the availability of raw material according to geo-climatic conditions without compromising with the fundamental principles.

India is bestowed with rich bio-diversity. The Himalayan ranges, North east India, Western Ghats from Gujarat and extending up to southern tip of India in Kerala are bio-diversity hotspots. Around 6000 plant varieties are found in India, out of which 600 are commonly used. But that doesn't mean that other are not used at all. Certain varieties are used in certain pockets depending upon the traditions. Some medicinal plants entered in to main stream Ayurvedic practice through folklore practices are also within the ambit of Ayurvedic principles. According to Ayurveda principles every substance available on earth has some or the other medicinal property. At the same time, Ayurveda has also described the mechanism of adopting various natural resources in to main stream practice. Many *Vaidya* traditions have some unique specialties of practices those have traversed through generations in their family. Most of them have come from their long standing observations, understanding and experience. Often, a medicinal plant or part thereof has many medicinal uses; out of those some could be popular where as some may not. Apparently, one may find strange the unpopular use, but may find their mention in ancient classical text. For e.g. plant parts like leaf, bark, stem, roots are commonly used in Ayurvedic medicines. However, flowers are not frequently used. This is because, they are season specific and perishable and also difficult to store.

In India, Ayurveda education and clinical practices are regulated under Indian Medicine Central Council Act, 1970 whereas; Ayurveda drugs are regulated under Drugs & Cosmetics Act, 1940 and Rules 1945. Enrolment of Ayurveda Clinical practitioners in State Register is

regulated under State (Provincial) Ayurveda Practitioners Acts of relevant States. Uniformity of curricula and syllabi of graduation level degree course and Post Graduate degree courses in various specialties has been maintained throughout the country. However, there is also wide diversity observed in the prescriptions of *Vaidyas* in different parts of the country, which is within the broad frame work of Ayurveda practices recognized under different legislative provisions in force.

As per the market trends, currently Ayurveda practices are gradually shifting on pharma based products readily available in market. Nevertheless, few *Vaidyas* continue to prepare classical medicines on their own and also have their own formulations. This is very much legal as per the provisions under Drugs and Cosmetics Act, 1940.

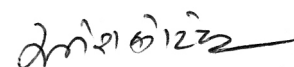
Ayurveda practices are not only the prescriptions of medicines but also include various procedures. They include *Panchakarma* procedures, *Marma Therapy*, *Vidha Karma*, *Agni Karma*, *Upakalpana*, dietary preparations etc.

With the onset of National Health Mission (NHM) in the year 2005, Ayurveda received major boost towards mainstreaming in public health through which, Ayurveda services are being made available at Primary Health Centres as well as at District Hospitals. In the year 2014, the then Department of AYUSH under Ministry of Health and family Welfare was elevated to a separate Ministry making clear that Ayurveda is one of the thrust area identified by Government towards major reforms in the developing New India. This started a new era for major upsurge for Ayurveda nationwide. These efforts are further augmented by the Ministry of AYUSH with the implementation of National AYUSH Mission (NAM). Presently, Ayurveda services are available in nearly 40% of PHCs throughout the country. At the same time, there is also rise of Ayurveda infrastructure in private sector. The Ministry of AYUSH has also encouraged for development of tertiary care through Ayurveda. Development All India Institute of Ayurveda at New Delhi is a major milestone in this regard. Ministry of AYUSH, Government of India has also encouraged private sector to develop tertiary care services through Ayurveda. As a result, few Ayurveda specialty hospitals have come up in private sector in recent past. There is increasing trend in well reputed allopathy corporate hospitals to start Ayurveda wing.

With this background, it was felt necessary to develop an authentic document which could provide some basic guidelines about Ayurvedic practices. The present document would be useful not only to Ayurveda practitioners but also to regulators, policy makers as well as to International community in supporting Ayurveda practices.



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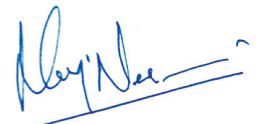
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Developing the Ayurvedic Standard Treatment Guidelines was a stiff task considering the diversity in the choice of medicines and the regional variation and also considering that all of them are scientific and are based on Ayurvedic principles. Therefore, the task was primarily assigned to “Institute of Post Graduate Teaching and Research in Ayurveda”, (IPGT&RA) Jamnagar and “National Institute of Ayurveda”, (NIA) Jaipur. Both these are top-notch premier institutes of Ayurveda having international repute. I am highly indebted to Directors and faculty of these institutes for whole heartedly supporting in this endeavour. This being the maiden document, took long time for completion. The initial phase was more crucial wherein the template and skeletal content were to be framed. It involved lot of energy. This could be achieved because of dynamic leadership of Prof. M.S. Baghel, the then Director of IPGT&RA, Jamnagar and strongly supported by Vaidya Rajesh Kotecha, the then Vice Chancellor of Gujarat Ayurveda University and presently Secretary to Government of India, Ministry of AYUSH. I am also thankful to Prof. Sanjeev Sharma, the present Director of NIA Jaipur, for his support in the last and final phase of completing this document. The coordination of the project was skilfully handled by Dr. Mandip Goyal, Associate Prof. of Kayachikitsa, IPGT & RA Jamnagar. Dr. Prakash Mangalasseri, Associate Prof. Kayachikitsa, Ayurveda College Kottakal had always been resourceful and supportive for getting the job completed.

Senior faculty from nearly 32 Ayurveda Institutes including All India Institute of Ayurveda, New Delhi; Faculty of Ayurveda, Banaras Hindu University; Ayurveda College, Kottakal; Ch. Brahm Prakash Ayurved Charak Sansthan New Delhi; Rajiv Gandhi Government Post-Graduate Ayurvedic College, Paprola; SDM Ayurveda College, Hassan & Udupi; Central Council for Research in Ayurvedic Sciences etc. were involved in developing this document. Their names and specialty has been listed under list of contributors. The responsibility of designing, proof checking etc. and getting the printed this document was assigned to Rashtriya Ayurveda Vidyapeeth, New Delhi. Mr. N. Ramakrishnan, A.O. RAV and Dr. Varun Gupta efficiently handled this responsibility to complete the task in time bound manner.

Most importantly I am grateful to Sh. Shripad Naik, Hon’ble Minister of State, Independent Charge for Ministry of AYUSH, Government of India for his vision, guidance and continuous support.



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ABBREVIATIONS

2D Echo	2 dimensional Echo
ABC	Airway, breathing, circulation
AFB	Acid-Fast Bacilli
ALT	Alanine transaminase
ANA	Anti-Nuclear Antibody
ASO	Antistreptolysis 'O' titer
AST	Aspartate Aminotransferase
Ay/Ayu	Ayurveda
AYUSH	Collective name for Ayurveda, Yoga, Unani, Siddha & Homeopathy
BMD	Bone Mineral Density
BMI	Body mass index
BP	Blood Pressure
BPH	Benign Prostrate Hyper-trophy
BSL	Blood sugar level
BT	Bleeding time
Ca	Calcium
CBC	Complete blood count
CHC	Community Health Center
COPD	Chronic Obstructive Pulmonary Disease
CRP	C-reactive protein
CT Scan	computed tomography scan
CVA	Cerebro - Vascular Accident
DLC	Differential leucocyte counts
DM	Diabetes Mellitus
DMARD	Disease modifying anti rheumatic drugs
Ed. or ed.	Edition

ECG	Electro cardio gram
EEG	Electro Encphalogram
ESR	Erythrocyte sedimentation rate
FT3	Free Triiodothyronine
FT4	Free Thyroxine
GFR	Glomerular Filtration Rate
GI or GIT	Gastro Intestinal Tract
gm%	Gram percent
Govt.	Government
GTT	Glucose Tolerance Test
H1N1	Swine flu - subtype of the Influenza A virus
H5N1	Bird Flu - subtype of the Influenza A virus
Hb	Haemoglobin
HbA1c	Glycated Haemoglobin
HBsAg	Australia antigen - surface antigen of the Hepatitis B virus
HDL	High-density lipoprotein
HIV	Human immune-deficiency virus
IC	Intra cranial
ICA	Islet cell Autoantibody
IgG	Immunoglobulin G antibody
IgM	Immunoglobulin M antibody
IHD	Ischemic heart disease
ILD	Interstitial Lung Disease
IOP	Intraocular pressure
ISM&H	Indian systems of Medicine and Homoeopathy
IVP	Intravenous Pyelogram
IVU	Intravenous Urogram
K	Potassium
KSS	Kshar Sutra Suturing

ABBREVIATIONS

KUB	Collective name for Kidney, Ureter and Bladder
LDL	Low-density lipoprotein
LFT	Liver Function Test
LPD	Lymphoproliferative Disease
MRI scan	Magnetic resonance imaging
Na	Sodium
NS1	Antigen-Based ELISA Test for Dengue
OCT	Optical coherence tomography
OPD	Out Patient Department
PA view	Postero-Anterior view
PACG	Primary Angle-Closure Glaucoma
PCOD	polycystic Ovarian Disease
PCOS	Polycystic Ovary Syndrome
PCR	Polymerase chain reaction
PHC	Primary Health Centre
PNS	Paranasal sinuses
POAG	Primary open angle glaucoma
P/R	Per rectal
PPBS	Post prandial blood sugar
PSA	Prostate-specific antigen
PUI	Platelet Uptake Index
Q.S.	Quantity sufficient
RA	Rheumatoid arthritis
RFT	Renal Function test
RIND	Reversible ischemic neurological deficit
S. or Sr.	Serum
SLR test	Straight leg raised test
T3	Triiodothyronine
T4	Thyroxine

Tab	Tablet
TB	Tuberculosis
TIA	Transient Ischaemic Attack
TLC	Total Leucocyte Counts
TRUS	Trans Rectal Ultra Sonography
TSH	Thyroid-Stimulating Hormone
tsp	teaspoon
U/Lit	Unit per Litre
USG	Ultra Sonography
UTI	Urinary Tract Infection
VDRL test	Venereal Disease Research Laboratory test
Vol.	Volume

GLOSSARY

1. *Abhyanga* An Ayurvedic oil massage practice. This helps loosen and facilitate the removal of accumulated *Ama* (toxins) and the *Doshas* (*Vata*, *Pitta* and *Kapha*) from the body.
2. *Aadharniya vega* Non-suppression of natural urges It means the natural urges which should not be suppressed by force as a habit.
3. *Aschyotana* Type of eye treatment in which drops of herbal liquids are put into the eyes.
4. *Agantuka* External factor
5. *Ajirna/ Ajeerna* Indigestion, weak digestion
6. *Amla* Sour taste
7. *Anna-vaha srotas* The channels transporting grains or food, the digestive system, alimentary canal.
8. *Anupana* Vehicle for medicine
9. *Anuvasana (Basti)* Enema given with an oily substance
10. *Apana* One of the five types of *Vata*, which goes downward and is responsible for expulsion of faces, flatus, urine, menstrual blood etc.
11. *Asatmya* Unwholesome, bad, improper.
12. *Agni* Agni is the form of fire and heat that is the basis of the digestive system and the process of release of energy. The term includes the body heat, body temperature, sight, the digestive fire; its function is transformation, absorption, elimination and discrimination is *Agni*.
13. *Ahara* Food articles used by human
14. *Ahara Rasa* It is the nutrient substance developed after digestion process taken in the digestive tract where enzymes or the bile juice acted upon food articles
15. *Ama* Toxins or *Ama* is produced in the body by the raw, undigested food products that become fetid.
16. *Artava* Menstrual blood

17. *Artavaavaha Srotas* The channel that carries menstrual fluid and ovum; consists of female reproductive system i.e. fallopian tubes, ovaries, uterus and vaginal canal
18. *Bala* Strength
19. *Balya* An energizer that gives strength to the body
20. *Bhasma* Substance obtained by calcination
21. *Basti* It refers to the enema therapy under *Panchakarma*. *Basti* is the most effective treatment of *Vata* disorder. In *Ayurveda* *Basti* involves the introduction of herbal solution and oil preparations in the rectum.
22. *Chakhyushya* Substances that are good for eyes
23. *Churna* Powder
24. *Chikitsa* Treatment, a therapy to retain balance of *Doshas*, practice or science of medicine.
25. *Dhatu* Basic structural and nutritional body factor that supports or nourishes the seven body tissues. These seven tissues of our body includes the *rasa*, *Rakta*, *Mamsa*, *Meda*, *Asthi*, *Majja* and *Shukra*.
26. *Deepaniya* Natural substances that kindle the gastric fire and augment the appetite
27. *Dinacharya* Daily routine to be followed in day to day practice
28. *Dushti* Unhappiness, imbalanced, improper functioning
29. *Ghrita (Ghee)* Clarified butter made by heating unsalted butter from cow especially
30. *Hina yoga* Insufficient, deficient
31. *Jala* Water
32. *Jalauka* Leech
33. *Jathara* Stomach, belly or abdomen
34. *Jatharagni* Fire located in stomach, digestive fire, gastric juices, digestive enzymes
35. *Kala* Time, period, season
36. *Kalka* Paste of herbs to be used for medicinal purposes

37. *Kapha* It is one of the three *Doshas* i.e. the water humour, the intracellular fluid and the extra cellular fluid that plays significant role in the nutrition and existence of body cells and tissues
38. *Kashaya* Astringent taste or flavour; sometimes use for decoction of herbs
39. *Katu* Pungent taste or flavour
40. *Kaumarabhrtya* The branch of *Ayurveda* that deals with child health (Paediatrics)
41. *Kayachikitsa* Internal Medicine, treatment of body diseases,
42. *Kshara* Alkali preparations of herbs
43. *Kriyakalpa* Medical procedures used in eye treatment
44. *Laghu* Light, small, minute
45. *Langhana* Depletion therapy, slimming therapy makes body thin and light
46. *Lavana* Salty taste of flavour
47. *Lekhaniya* Substances that have scraping actions on body tissues
48. *Madhu* Honey
49. *Majja* Bone marrow
50. *Mala* Waste products that are to be excreted out of the body. It primarily includes urine, faeces and sweat
51. *Mana* Mind
52. *Manovaha Srotas* The channel that carries thought, feelings and emotions; refers to the entire mind
53. *Meda* It is the fat tissue supported by *Mamsa Dhatu*
54. *Madhura* Sweet taste of flavour, pleasant, charming, delightful
55. *Mamsa* Muscles and related systems in body
56. *Mamsavaha Srotas* Channels transporting to the muscles and related tissues
57. *Medhya* That which enhances wisdom, mental power and intelligence
58. *Medovaha Srotas* Channels transporting to fat and related tissues
59. *Mithyaayoga* Wrong use, wrong employment

- | | | |
|-----|----------------------------|--|
| 60. | <i>Mootra /Mutra</i> | Urine |
| 61. | <i>Mutravaha Srotas</i> | Channels transporting to the urinary system |
| 62. | <i>Nadi</i> | Pulse, any tubular organ such as vein or artery |
| 63. | <i>Nadi Vrana</i> | Wounds with sinuses |
| 64. | <i>Nasya</i> | Herbal medication through nasal |
| 65. | <i>Netra</i> | Eye |
| 66. | <i>Netragata</i> | Related to eye |
| 67. | <i>Nidaana</i> | Causes, refers to the etiology or cause of the disease |
| 68. | <i>Nidaana Parivarjana</i> | Removal or avoiding of causative factors related to the disease |
| 69. | <i>Nidra</i> | Sleep |
| 70. | <i>Nija</i> | Innate, one's own, internal |
| 71. | <i>Niruha (Basti)</i> | An enema of herbal decoctions |
| 72. | <i>Ojas</i> | Vigour, strength and vitality that is the essence of all tissues (<i>Dhatus</i>) |
| 73. | <i>Pachaniya</i> | Substances that help in proper digestion |
| 74. | <i>Panchakarma</i> | According to <i>Ayurveda</i> this refers to the five cleansing therapies i.e. <i>Vaman</i> , <i>Virechana</i> , <i>Basti</i> , <i>Nasya</i> and <i>Raktamokshana</i> . |
| 75. | <i>Pitta</i> | It is one of the three <i>Doshas</i> i.e. the bile humour, entire hormones, enzymes, coenzymes and agencies responsible for the physiochemical processes of the body |

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FOREWORD

In last twenty years or so Ayurveda sector has witnessed gradual upsurge globally. The personalized medicine approach of Ayurveda and the huge diversity in Ayurvedic formulations have always been glorified by supporters of Ayurveda including practitioners and scientists. At the same time the same strengths have been used by others as impediments for its wider implementation at public health. The National Health Policy 2017 of India has strongly recommended for integrating Ayurveda in main health care delivery. The health policy has focussed on attaining sustainable development goals 3 (SDG 3) identified by United Nations (UN). The Ministry of AYUSH, Government of India in an effort to streamline the implementation of Ayurveda services, has developed Ayurvedic Essential Drug List (EDL). The issue of quality of Ayurvedic drugs is also being addressed by developing Ayurvedic Pharmacopoeia of India. Development of Ayurvedic Standard Treatment Guidelines is the next step in standardising the Ayurveda services and their mainstreaming in Public Health.

The work of developing this document has been going on for over two years. It has gone through wider consultation involving experts of different Ayurvedic subjects across the country. Ayurveda practices in different part of country have lot of diversity owing to availability of local natural resources as well as local *Vaidya* traditions. The major challenge faced was to arrive at consensus on Ayurvedic formulations to be prescribed for different disease conditions with respect to available Clinical Infrastructure i.e. PHC/CHC/ DH. There were also issues in identifying nearest correlation between Ayurvedic understandings of various disease conditions with their allopathy counterpart. The scientists and experts having understanding of both systems would understand easily the difficulties underlying.

The guidelines are neither prescriptive nor restrictive but are more facilitative in nature. The guidelines doesn't restrict Ayurveda practitioners for using various formulations as per their wisdom, knowledge of Ayurveda and experience. This is a maiden effort to extract the wider scope of Ayurveda practices and accommodate them in to a relatively restrictive format. For this purpose 40 most common disease conditions commonly found in general practice have been shortlisted. The format have been developed considering the available infrastructure and resources at primary health center (PHC) where only OPD facility is available, Community health Center (CHC) having 20 beds and District Hospital (DH) which has 50 beds and good diagnostic labs. While developing this document efforts have been made to explain the case and treatment on Ayurvedic principles and thereby to retain the soul of Ayurveda. At the same

time conventional terminology has been used so that the document should be easy understand for every stakeholder. The introduction and case definition explained at the beginning of every disease condition narrates the clinical condition making it easy to understand to all stakeholders. The references in support of treatment recommended have been listed in scientific manner at the end of every chapter. Thus, an effort has been made to make these guidelines more scientific and practical for implementation. The document will be useful not only to young Ayurveda graduates but also could be useful to supporting staff and non-Ayurveda practitioners so as to reach to the last person in the society to realize the dream and intention of 'Health for All" of the Government. The document, first of its kind would also be useful to policy makers in future policy making, to regulators for promoting good Ayurveda services as well as to Insurance sector to provide wider coverage to Ayurveda treatment and services. The document would also be useful in Government's drive for promoting Ayurveda based Medical and Wellness Tourism.

The document has undergone nearly six reviews to eliminate any kind of discrepancy. However, Ministry would welcome suggestions or further improvements, which in consultation with experts and after authentication could be accommodated in next edition.



Vaidya Manoj Nesari
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Executive Editor.



सत्यमेव जयते

श्रीपाद नाईक
SHRIPAD NAIK

राज्य मंत्री (स्वतंत्र प्रभार)
आयुर्वेद, योग व प्राकृतिक चिकित्सा, यूनानी, सिद्ध एवं
होम्योपैथी (आयुष) मंत्रालय
भारत सरकार

MINISTER OF STATE (INDEPENDENT CHARGE) FOR
AYURVEDA, YOGA & NATUROPATHY
UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)
GOVERNMENT OF INDIA



11th October, 2017

MESSAGE

Ayurveda, endowed with principles of healing through Nature, offer a vast repertoire of guidelines for healthy lifestyle through well documented codes of conduct. These regulations are relevant even today. Although lot of campaigning is done for prevention of diseases, creating awareness, yet screening and monitoring and standard treatment through Ayurveda need more attention to stem the tide of disease burden in the country.

I am happy to share with you that Ayurveda Standard Treatment Guidelines developed by Ministry of AYUSH covering 38 commonly accruing disease condition on this occasion. It is envisaged that the publication would be instrumental in integrating Ayurveda practices in public health and would also be useful for purpose of providing insurance coverage to Ayurveda treatment. The document would be also useful to standardise Ayurveda practices at International level bringing out the sufficient information on the subject.

This is a commendable achievement to address health problems of our country through Ayurveda.

I wish this endeavour a great success.


(Shripad Naik)



PREFACE TO THE FIRST EDITION

Ayurveda is the most ancient system of medicine of Indian origin and is equally relevant in modern times. It is the knowledge base of life which, in addition to description of clinical profile of diseases, various etiological factors – primary or secondary, the etio-pathogenesis, different stages of disease progression, stage wise medical intervention, the prognosis and all such other clinical details; has also described in detail the dietary substances, various physical and mental activities, role of various epigenetic factors, methods for promotion of health, Community and social medicine etc. Ayurveda has also emphasised on social and spiritual wellbeing. The beauty of Ayurveda lies in the flexibility it has provided to clinicians in application part i.e. choice of medicinal plants, drug formulations, dosage forms etc. which may vary depending upon the availability of raw material according to geo-climatic conditions without compromising with the fundamental principles.

India is bestowed with rich bio-diversity. The Himalayan ranges, North east India, Western Ghats from Gujarat and extending up to southern tip of India in Kerala are bio-diversity hotspots. Around 6000 plant varieties are found in India, out of which 600 are commonly used. But that doesn't mean that other are not used at all. Certain varieties are used in certain pockets depending upon the traditions. Some medicinal plants entered in to main stream Ayurvedic practice through folklore practices are also within the ambit of Ayurvedic principles. According to Ayurveda principles every substance available on earth has some or the other medicinal property. At the same time, Ayurveda has also described the mechanism of adopting various natural resources in to main stream practice. Many *Vaidya* traditions have some unique specialties of practices those have traversed through generations in their family. Most of them have come from their long standing observations, understanding and experience. Often, a medicinal plant or part thereof has many medicinal uses; out of those some could be popular where as some may not. Apparently, one may find strange the unpopular use, but may find their mention in ancient classical text. For e.g. plant parts like leaf, bark, stem, roots are commonly used in Ayurvedic medicines. However, flowers are not frequently used. This is because, they are season specific and perishable and also difficult to store.

In India, Ayurveda education and clinical practices are regulated under Indian Medicine Central Council Act, 1970 whereas; Ayurveda drugs are regulated under Drugs & Cosmetics

Act, 1940 and Rules 1945. Enrolment of Ayurveda Clinical practitioners in State Register is regulated under State (Provincial) Ayurveda Practitioners Acts of relevant States. Uniformity of curricula and syllabi of graduation level degree course and Post Graduate degree courses in various specialties has been maintained throughout the country. However, there is also wide diversity observed in the prescriptions of *Vaidyas* in different parts of the country, which is within the broad frame work of Ayurveda practices recognized under different legislative provisions in force.

As per the market trends, currently Ayurveda practices are gradually shifting on pharma based products readily available in market. Nevertheless, few *Vaidyas* continue to prepare classical medicines on their own and also have their own formulations. This is very much legal as per the provisions under Drugs and Cosmetics Act, 1940.

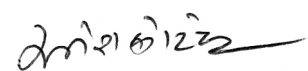
Ayurveda practices are not only the prescriptions of medicines but also include various procedures. They include *Panchakarma* procedures, *Marma Therapy*, *Viddha Karma*, *Agni Karma*, *Upakalpana*, dietary preparations etc.

With the onset of National Health Mission (NHM) in the year 2005, Ayurveda received major boost towards mainstreaming in public health through which, Ayurveda services are being made available at Primary Health Centres as well as at District Hospitals. In the year 2014, the then Department of AYUSH under Ministry of Health and family Welfare was elevated to a separate Ministry making clear that Ayurveda is one of the thrust area identified by Government towards major reforms in the developing New India. This started a new era for major upsurge for Ayurveda nationwide. These efforts are further augmented by the Ministry of AYUSH with the implementation of National AYUSH Mission (NAM). Presently, Ayurveda services are available in nearly 40% of PHCs throughout the country. At the same time, there is also rise of Ayurveda infrastructure in private sector. The Ministry of AYUSH has also encouraged for development of tertiary care through Ayurveda. Development All India Institute of Ayurveda at New Delhi is a major milestone in this regard. Ministry of AYUSH, Government of India has also encouraged private sector to develop tertiary care services through Ayurveda. As a result, few Ayurveda specialty hospitals have come up in private sector in recent past. There is increasing trend in well reputed allopathy corporate hospitals to start Ayurveda wing.

With this background, it was felt necessary to develop an authentic document which could provide some basic guidelines about Ayurvedic practices. The present document would be useful not only to Ayurveda practitioners but also to regulators, policy makers as well as to International community in supporting Ayurveda practices.



Vaidya Manoj Nesari




Vaidya Rajesh Kotecha

ACKNOWLEDGEMENT

Developing the Ayurvedic Standard Treatment Guidelines was a stiff task considering the diversity in the choice of medicines and the regional variation and also considering that all of them are scientific and are based on Ayurvedic principles. Therefore, the task was primarily assigned to “Institute of Post Graduate Teaching and Research in Ayurveda”, (IPGT&RA) Jamnagar and “National Institute of Ayurveda”, (NIA) Jaipur. Both these are top-notch premier institutes of Ayurveda having international repute. I am highly indebted to Directors and faculty of these institutes for whole heartedly supporting in this endeavour. This being the maiden document, took long time for completion. The initial phase was more crucial wherein the template and skeletal content were to be framed. It involved lot of energy. This could have been possible because of dynamic leadership of Prof. M.S. Baghel, the then Director of IPGT&RA, Jamnagar and strongly supported by Vaidya Rajesh Kotecha, the then Vice Chancellor of Gujarat Ayurveda University and presently Secretary to Government of India, Ministry of AYUSH. I am also thankful to Prof. Sanjeev Sharma, the current Director of NIA Jaipur, for his support in the last and final phase of completing this document. The coordination of the project was skilfully handled by Dr. Mandip Goyal, Associate Prof. of Kayachikitsa, IPGT & RA Jamnagar. Dr. Prakash Mangalasseri, Associate Prof. Kayachikitsa, Ayurveda College Kottakal had always been resourceful and supportive for getting the job completed.

Senior faculty from nearly 32 Ayurveda Institutes including Faculty of Ayurveda, Banaras Hindu University; Ayurveda College, Kottakal; Ch. Brahm Prakash Ayurved Charak Sansthan New Delhi; Tilak Ayurveda College; Pune; R. R. A.Podar, Central Ayurveda Research Institute for Cancer, Mumbai; SDM Ayurveda College, Hassan; SDM Ayurveda College Udupi; Ayurveda College Belgaum etc. were involved in developing this document. Their names and specialty has been listed under list of contributors. The responsibility of designing, proof checking etc. and getting the printed this document was assigned to Rashtriya Ayurveda Vidyapeeth, New Delhi. Mr. N. Ramakrishnan, A.O. RAV and Dr. Varun Gupta efficiently handled this responsibility to complete the task in time bound manner.

Most importantly I am grateful to Sh. Shripad Naik, Hon’ble Minister of State, Independent Charge for Ministry of AYUSH, Government of India for his vision, guidance and continuous support.



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ABBREVIATIONS

2D Echo	2 dimensional Echo
ABC	Airway, breathing, circulation
AFB	Acid-Fast Bacilli
ALT	Alanine transaminase
ANA	Anti-Nuclear Antibody
ASO	Antistreptolysis 'O' titer
AST	Aspartate Aminotransferase
Ay/Ayu	Ayurveda
AYUSH	Collective name for Ayurveda, Yoga, Unani, Siddha & Homeopathy
BMD	Bone Mineral Density
BMI	<i>Body mass index</i>
BP	Blood Pressure
BPH	Benign Prostrate Hyper-trophy
BSL	Blood sugar level
BT	Bleeding time
Ca	Calcium
CBC	<i>Complete blood count</i>
CHC	Community Health Center
COPD	<i>Chronic Obstructive Pulmonary Disease</i>
CRP	C-reactive protein
CT Scan	computed tomography <i>scan</i>
CVA	Cerebro - Vascular Accident
DLC	Differential leucocyte counts
DM	Diabetes Mellitus
DMARD	Disease modifying anti rheumatic drugs
Ed. or ed.	Edition

ECG	Electro cardio gram
EEG	Electro Encphalogram
ESR	Erythrocyte sedimentation rate
FT3	Free Triiodothyronine
FT4	Free Thyroxine
GFR	Glomerular Filtration Rate
GI or GIT	Gastro Intestinal Tract
gm%	Gram percent
Govt.	Government
GTT	Glucose Tolerance Test
H1N1	Swine flu - subtype of the Influenza A virus
H5N1	Bird Flu - subtype of the Influenza A virus
Hb	Haemoglobin
HbA1c	Glycated Haemoglobin
HBsAg	Australia antigen - surface antigen of the Hepatitis B virus
HDL	High-density lipoprotein
HIV	Human immune-deficiency virus
IC	Intra cranial
ICA	Islet cell Autoantibody
IgG	Immunoglobulin G antibody
IgM	Immunoglobulin M antibody
IHD	Ischemic heart disease
ILD	Interstitial Lung Disease
IOP	Intraocular pressure
ISM&H	Indian systems of Medicine and Homoeopathy
IVP	<i>Intravenous Pyelogram</i>
IVU	<i>Intravenous Urogram</i>
K	Potassium
KSS	Kshar Sutra Suturing

ABBREVIATIONS

KUB	Collective name for Kidney, Ureter and Bladder
LDL	Low-density lipoprotein
LFT	Liver Function Test
LPD	Lymphoproliferative Disease
MRI scan	Magnetic resonance imaging
Na	Sodium
NS1	Antigen-Based ELISA Test for Dengue
OCT	<i>Optical coherence tomography</i>
OPD	Out Patient Department
PA view	Postero-Anterior view
PACG	<i>Primary Angle-Closure Glaucoma</i>
PCOD	polycystic Ovarian Disease
PCOS	Polycystic Ovary Syndrome
PCR	Polymerase chain reaction
PHC	Primary Health Centre
PNS	Paranasal sinuses
POAG	Primary open angle glaucoma
P/R	Per rectal
PPBS	Post prandial blood sugar
PSA	Prostate-specific antigen
PUI	Platelet Uptake Index
Q.S.	Quantity sufficient
RA	Rheumatoid arthritis
RFT	Renal Function test
RIND	Reversible ischemic neurological deficit
S. or Sr.	Serum
SLR test	Straight leg raised test
T3	Triiodothyronine
T4	Thyroxine

Tab	Tablet
TB	Tuberculosis
TIA	Transient Ischaemic Attack
TLC	Total Leucocyte Counts
TRUS	Trans Rectal Ultra Sonography
TSH	<i>Thyroid-Stimulating Hormone</i>
tsp	teaspoon
U/Lit	Unit per Litre
USG	Ultra Sonography
UTI	Urinary Tract Infection
VDRL test	<i>Venereal Disease Research Laboratory test</i>
Vol.	Volume

GLOSSARY

1. *Abhyanga* An Ayurvedic oil massage practice. This helps loosen and facilitate the removal of accumulated *Ama* (toxins) and the *Doshas* (*Vata*, *Pitta* and *Kapha*) from the body.
2. *Aadharniya vega* Non-suppression of natural urges It means the natural urges which should not be suppressed by force as a habit.
3. *Aschyotana* Type of eye treatment in which drops of herbal liquids are put into the eyes.
4. *Agantuka* External factor
5. *Ajirna/ Ajeerna* Indigestion, weak digestion
6. *Amla* Sour taste
7. *Anna-vaha srotas* The channels transporting grains or food, the digestive system, alimentary canal.
8. *Anupana* Vehicle for medicine
9. *Anuvasana (Basti)* Enema given with an oily substance
10. *Apana* One of the five types of *Vata*, which goes downward and is responsible for expulsion of faces, flatus, urine, menstrual blood etc.
11. *Asatmya* Unwholesome, bad, improper.
12. *Agni* Agni is the form of fire and heat that is the basis of the digestive system and the process of release of energy. The term includes the body heat, body temperature, sight, the digestive fire; its function is transformation, absorption, elimination and discrimination is *Agni*.
13. *Ahara* Food articles used by human
14. *Ahara Rasa* It is the nutrient substance developed after digestion process taken in the digestive tract where enzymes or the bile juice acted upon food articles
15. *Ama* Toxins or *Ama* is produced in the body by the raw, undigested food products that become fetid.
16. *Artava* Menstrual blood

17. *Artavaavaha Srotas* The channel that carries menstrual fluid and ovum; consists of female reproductive system i.e. fallopian tubes, ovaries, uterus and vaginal canal
18. *Bala* Strength
19. *Balya* An energizer that gives strength to the body
20. *Bhasma* Substance obtained by calcination
21. *Basti* It refers to the enema therapy under *Panchakarma*. *Basti* is the most effective treatment of *Vata* disorder. In *Ayurveda* *Basti* involves the introduction of herbal solution and oil preparations in the rectum.
22. *Chakhyushya* Substances that are good for eyes
23. *Churna* Powder
24. *Chikitsa* Treatment, a therapy to retain balance of *Doshas*, practice or science of medicine.
25. *Dhatu* Basic structural and nutritional body factor that supports or nourishes the seven body tissues. These seven tissues of our body includes the *rasa*, *Rakta*, *Mamsa*, *Meda*, *Asthi*, *Majja* and *Shukra*.
26. *Deepaniya* Natural substances that kindle the gastric fire and augment the appetite
27. *Dinacharya* Daily routine to be followed in day to day practice
28. *Dushti* Unhappiness, imbalanced, improper functioning
29. *Ghrita (Ghee)* Clarified butter made by heating unsalted butter from cow especially
30. *Hina yoga* Insufficient, deficient
31. *Jala* Water
32. *Jalauka* Leech
33. *Jathara* Stomach, belly or abdomen
34. *Jatharagni* Fire located in stomach, digestive fire, gastric juices, digestive enzymes
35. *Kala* Time, period, season
36. *Kalka* Paste of herbs to be used for medicinal purposes

37. *Kapha* It is one of the three *Doshas* i.e. the water humour, the intracellular fluid and the extra cellular fluid that plays significant role in the nutrition and existence of body cells and tissues
38. *Kashaya* Astringent taste or flavour; sometimes use for decoction of herbs
39. *Katu* Pungent taste or flavour
40. *Kaumarabhrtya* The branch of *Ayurveda* that deals with child health (Paediatrics)
41. *Kayachikitsa* Internal Medicine, treatment of body diseases,
42. *Kshara* Alkali preparations of herbs
43. *Kriyakalpa* Medical procedures used in eye treatment
44. *Laghu* Light, small, minute
45. *Langhana* Depletion therapy, slimming therapy makes body thin and light
46. *Lavana* Salty taste of flavour
47. *Lekhaniya* Substances that have scraping actions on body tissues
48. *Madhu* Honey
49. *Majja* Bone marrow
50. *Mala* Waste products that are to be excreted out of the body. It primarily includes urine, faeces and sweat
51. *Mana* Mind
52. *Manovaha Srotas* The channel that carries thought, feelings and emotions; refers to the entire mind
53. *Meda* It is the fat tissue supported by *Mamsa Dhatu*
54. *Madhura* Sweet taste of flavour, pleasant, charming, delightful
55. *Mamsa* Muscles and related systems in body
56. *Mamsavaha Srotas* Channels transporting to the muscles and related tissues
57. *Medhya* That which enhances wisdom, mental power and intelligence
58. *Medovaha Srotas* Channels transporting to fat and related tissues
59. *Mithyaayoga* Wrong use, wrong employment

60.	<i>Mootra /Mutra</i>	Urine
61.	<i>Mutravaha Srotas</i>	Channels transporting to the urinary system
62.	<i>Nadi</i>	Pulse, any tubular organ such as vein or artery
63.	<i>Nadi Vrana</i>	Wounds with sinuses
64.	<i>Nasya</i>	Herbal medication through nasal
65.	<i>Netra</i>	Eye
66.	<i>Netragata</i>	Related to eye
67.	<i>Nidaana</i>	Causes, refers to the etiology or cause of the disease
68.	<i>Nidaana Parivarjana</i>	Removal or avoiding of causative factors related to the disease
69.	<i>Nidra</i>	Sleep
70.	<i>Nija</i>	Innate, one's own, internal
71.	<i>Niruha (Basti)</i>	An enema of herbal decoctions
72.	<i>Ojas</i>	Vigour, strength and vitality that is the essence of all tissues (<i>Dhatus</i>)
73.	<i>Pachaniya</i>	Substances that help in proper digestion
74.	<i>Panchakarma</i>	According to <i>Ayurveda</i> this refers to the five cleansing therapies i.e. <i>Vaman</i> , <i>Virechana</i> , <i>Basti</i> , <i>Nasya</i> and <i>Raktamokshana</i> .
75.	<i>Pitta</i>	It is one of the three <i>Doshas</i> i.e. the bile humour, entire hormones, enzymes, coenzymes and agencies responsible for the physiochemical processes of the body

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INTRODUCTION

The classical texts of Ayurveda i.e. '*Samhita*' were structured thousands of year ago. The *Samhita* have a set pattern in which first part is narrative of entire text followed by principles, Ayurvedic biology, Diagnosis, treatment, therapies etc. This is probably the most relevant pattern to learn Ayurveda in depth. However, in recent times, practitioners need ready reckoners. This trend might have started since last 3-4 centuries. The texts like *Bhaishajya Ratnavali* have described disease wise formulation. In the present era, medicines are mostly prepared by Ayurveda Pharma-companies. The diagnosis is largely laboratory based. Often allopathic method of diagnosis is used in clinical practice followed by Ayurvedic formulations as treatment.

The Insurance coverage is getting more and more importance because of rising trend of lab investigations, which has also become a part of evidence to support the claim submitted by the beneficiary. As a matter of fact, typical Ayurvedic terminology is also being replaced by contemporary words. Though it might have facilitated non Ayurveda people to understand the prescription, it has also led to loss of specific knowledge behind the terminology.

In the above mentioned circumstances, disease conditions most frequently observed in general practice have been chosen for preparing this document. The diseases have been categorized on the basis of Ayurvedic method of classification i.e. according the main *Srotas* involved. It was decided to stick to Ayurvedic nomenclature and put nearest allopathy term in bracket for easy understanding of end user. Often, both the terms cannot be equated. Therefore, to clarify the meaning, case definition is given in each chapter. This is followed by presentation of disease, cardinal symptoms etc. to give weightage to clinical diagnosis. At the same time essential lab investigations have been mentioned wherever felt necessary. Types subtypes based on *Dosha* have been described. Efforts are made to describe the treatment according to *Doshik* type of disease. It is not merely a compilation of references from classical text, but lot of brain storming have undergone while preparing the document. The treatment described is evidence based as well as experience based. Various formulations mentioned are indicative and not exclusive. Number of drugs has been listed for each of the disease condition. The treating physician shall have liberty to use any one or more medicines and formulations of his/her choice.

It is expected that an Ayurveda Vaidya working at Primary Health Center may have limited resources. Therefore referral criteria have been mentioned. It must be kept in mind, especially by fresher that successful doctors are those who know when to refer the patient.

Diet has major role to play in management of diseases. Therefore, emphasis has been given on specific medicinal properties of dietary substances mentioned in classical texts or have been scientifically established, while elaborating specific diet. Dietary substances known to aggravate disease condition have been specifically contraindicated. Entire part related to diet is purely based on Ayurvedic concept and non Ayurvedic reader might feel it contradictory at times to conventional understanding of diet.

Every aspect of this document have been thoroughly discussed by experts of that particular subject, e.g. Diet was discussed by experts of *Swasthavritta*, single plants were discussed by experts of *Dravyaguna* and so on.

At the end of the document, classical Ayurvedic case record form based on *Dashavidha Pariksha* pattern of Ayurveda integrated with some relevant conventional method of case recording has been given for convenience for those working in hospital set-up.

Efforts have been made to develop the document as per the international standards and could be useful not only in India but also to international community. It is expected that this effort would introduce uniform pattern of clinical record keeping that would facilitate data exchange and collate the data from different centers for academic purpose.

Pranavaha Srotas Roga



KASA (COUGH)

Brief Introduction of the disease: *Kasa* has been described as an independent disorder as well as a symptom of many diseases like *Tamaka Swasa* (Bronchial Asthma), *Rajayakshma* etc. *Kasa* (Cough) is the disease or symptom of respiratory tract occurring due to obstruction of *Vata Dosha* and its reverse movement. When occurring as an independent disease, it has mainly 5 different presentations as described in classical texts. The characteristic sound and pain of cough produced will be different according to causes of *Dosha* vitiation & nature of obstruction to the forceful movement of the *Vata Dosha*.

Case definition:- *Prana Vayu* obstructed in the respiratory tract due to various reasons, attains upward direction and comes out with force making specific sound is called as *Kasa*.

Various Presentation of *Kasa*

- **Common clinical features:** *Kasa Pravriti* - *Shushka* or *Sakapha*. (coughing - either dry or productive)

Kasa depending upon its presentation is of five types-

Table 1.1: Types of *Kasa* with their characteristics

Features	<i>Vataja</i>	<i>Pittaja</i>	<i>Kaphaja</i>	<i>Kshathaja</i>	<i>Kshayaja</i>
Nature of cough	Dry cough with resonant or hollow sound	Continuous cough	Oral cavity coated with thick saliva/ phlegm	Dry cough in initial stage.	—
Character of Sputum	Scanty, dry and difficult expectoration	Yellow	Excess, slimy and thick expectoration	Dry expectoration stained with blood.	Foul smelling, greenish haemoptysis with pus.
Pain	Pain in <i>Hrut-parshva-urah-shira</i>	Burning sensation in chest.	Painless coughing.	Excessive pain in throat, pricking pain in chest	—
Voice	Hoarseness of voice	Change in voice	—	Change in voice with rhonchi	—
Associated features	Dryness of chest, throat, mouth	Bitterness of mouth, Burning sensation in throat, chest etc	sweetness and stickiness in mouth, Sinusitis,	—	pain in flanks, Sinusitis, feeling

			Feeling of fullness of chest & heaviness of body		hollowness in chest,
Systemic features	Anorexia, Giddiness, Weakness, Unconsciousness	Fever, Thirst, Anorexia, <i>Pandu</i> Giddiness, Unconsciousness	Diminished appetite, Anorexia	Fever, Arthralgia, Dyspnoea, Thirst	Fever, sudden desire for hot & cold, glossy & clear skin, consumes excessive food; but weak and emaciated, unformed/hard stool.

Differential Diagnosis:

- *Tamaka Swasa*
- *Rajayakshma*
- *Kshataksheena*
- *Kapha Pittaja Jwara*
- *Vata Kaphaja Jwara*
- COPD
- Bronchitis
- Bronchiectasis.

Examination:

- Throat congestion - In almost all types and more specifically in *Pittaja* and *Vataja Kasa*.
- Muco-purulent (greenish) sputum with foul smell - *Kshayaja Kasa*.
- Raised body temperature, raised pulse or feverish feeling - *Pittaja*, *Kshataja*, *Kshayaja Kasa*.
- Emaciated and debilitated general condition along with fever, muco-purulent sputum, - *Kshayaja Kasa*.
- On auscultation of chest,
 - o Congestion, crepitation due to mucus/fluid trapped air - *Kaphaja Kasa*
 - o Wheezing in *Vataja* or *Pittaja Kasa*.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: *Kasa Pravriti* (coughing), *Aruchi* (anorexia), *Jwaranubhuti* (feverish), *Kaphasthivana* (expectoration) and other specific *Doshaja* symptoms as mentioned above.

Investigation: No specific investigation is required to be performed in this level.

Line of treatment:

In Vataja Kasa-

- *Snehapana* - Ghrita with diet of *Peya*, *Mudagyusha* or milk
- *Snigdha Swedana* - Apply *Sneha* on chest area (*Abhyanga*), and then hot fomentation with warm hot water bag or hot *Eranda Patra*¹ (for 20 minutes).

- *Parisheka* - *Snigdha Parisheka*, preferably *Ushna Jala Siddha* with *Eranda Patra*², *Tila Taila*³
- *Dhoomapana* - *Snaihika*

In Kaphaja Kasa-

- *Dhoomapaana* - with *Vairechanika Dhooma* using *Maricha*⁴, *Pippali*⁵, *Ela*⁶, *Surasamanjari*⁷ in conditions of *Shirahshoola*, *Nasavrava*, *Urogaurav*. (heaviness in chest due to congestion)

Table 1.2: Common medicines at level 1 for Kasa

Drugs	Dosage form	Dose	Time of administration	Anupana
<i>Vasa Svarasa</i> ⁸	<i>Svarasa</i>	20 ml	two to three times	Honey
<i>Bibhitaki Kwatha</i> ⁹	Decoction	20 - 40 ml	Twice a day	Luke warm water
<i>Bibhitaki Choorna</i> ¹⁰ + <i>Pippali Choorna</i> ¹¹	Powder	2 gm + 1 gm	Twice a day	Luke warm water
<i>Yastimadhu Churna</i> ¹² + <i>Sitopaladi Churna</i> ¹³	Powder	1 gm + 2 gm	Twice a day	Honey

Vataja Kasa- The treatment should be started with *Snehana* with ghee, *Peya/Yusha/Kshira*

prepared with *Vataghna* drugs, *Abhyanga*, *Parisheka*, *Snigdha Sveda*.

Table 1.3: Medicines at level 1 for Vataja Kasa

Drugs	Dosage form	Dose	Time of administration	Anupana
<i>Kantakaari Ghrita</i> ¹⁴	Ghee	10 ml	Empty stomach in early morning and evening	Warm water
<i>Pippalyadi Ghrita</i> ¹⁵	Ghee	10 ml	Empty stomach in early morning and evening	Warm water
<i>Rasna Ghrita</i> ¹⁶	Ghee	10 ml	Empty stomach in early morning and evening	Warm water
<i>Talishadi Choorna</i> ¹⁷	Powder	3 gm	Twice a day	Ghee and honey
<i>Dashmoola Kwatha</i> ¹⁸	Decoction	10 ml	Twice a day	<i>Sharkara</i> and <i>Ghrita</i>
<i>Agastya Haritaki</i> ¹⁹	<i>Avaleha</i>	6-12 gm		Warm water/milk

Table 1.4: Medicines at level 1 for Pittaja Kasa

Drugs	Dosage form	Dose	Time of administration	Anupana
<i>Vasa Churna</i> ²⁰	Powder	3 gm	Twice a day	<i>Madhu</i> or <i>Sharkara</i>
<i>Trinapanchmula + Pippali</i> ²¹ + <i>Drakshakashaya</i> ²² <i>Siddha Kshira</i>	Medicated milk		Twice a day	<i>Madhu</i> or <i>Sharkara</i>
<i>Gojihvadi Kwatha</i> ²³	Decoction	10 ml	Twice a day	Water
<i>Drakshadi Leha</i> ²⁴	<i>Avaleha</i>	6-12 gm	Twice a day	Warm water/ milk
<i>Kantakaryadi Kwatha</i> ²⁵	Decoction	12 - 24 ml	Twice a day	Water

Table 1.5: Medicines at level 1 for Kaphaja Kasa

Drugs	Dosage form	Dose	Time of administration	Anupana
<i>Trikatu + Vasa</i>	Powder <i>Lehana</i>	3gm+ 2 gm	Twice a day	<i>Madhu</i>
<i>Sitopaladi</i> ²⁶ + <i>Bharangi</i> ²⁷	Powder <i>Lehana</i>	3gm + 1 gm	Twice a day	<i>Madhu</i>
<i>Pippali</i> ²⁸ roasted with <i>Tila Taila</i> ²⁹	Powder		Twice a day	<i>Sharkara</i>
<i>Devadaaru</i> ³⁰ + <i>Haritaki</i> ³¹ + <i>Musta</i> ³² + <i>Pippali</i> ³³ + <i>Shunthi Churna</i> ³⁴	Powder <i>Lehana</i>	1 gm each	Twice a day	<i>Madhu</i>

Referral criteria:

- If patient not responding to above therapy.
- In the cases where complications arise.
- If further investigations are needed.
- In case of *Kshataja* (blood stained sputum) and *Kshayaja Kaasa*

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

If patient is not responding to level-1 treatment, following investigations should be carried out.

- Hemogram with ESR
- Sputum
- X-Ray Chest PA View

Treatment: Treatment given in level -1 may be continued. Following medicines may be added.

Table 1.6: Common medicines at level 2 for all type of Kasa

Drugs	Dosage form	Dose	Time of administration	Anupana
<i>Chandramrut Rasa</i> ³⁵	Vati	1 Tab	Twice a day	<i>Ajadugdha</i> in Vata, <i>Gojihvadi Kwatha</i> ³⁶ in Kapha, <i>Draksharishta</i> ³⁷ in Pitta
<i>Bhagottara Gutika</i> ³⁸	Two tabs	2 Tab	Thrice a day	Luke warm water
<i>Lavangadi Vati</i> ³⁹	Vati as lozenges	6 pills/day	Six time a day	-
<i>Khadiradi Vati</i> ⁴⁰	Vati as lozenges	6 pills/day	Six time a day	-
<i>Samasharkara Churna</i> ⁴¹	Powder	2-4 gm	Twice a day	Honey

Table 1.7: Medicines at level 2 for different type of Kasa

Drug	Dosage	Dose	Time of Administration	Duration	Anupana
Vataja Kasa					
<i>Chandmrut Rasa</i> ⁴²	Powder	125 mg - 250 mg	Thrice daily	1-2 weeks	<i>Sitopaladi Churna</i> & honey
<i>Kantakari Avaleha</i> ⁴³	Granules	10gm	Twice daily	1-2 weeks	
<i>Sameerapannaga Rasa</i>	Powder	60 mg	Twice daily	1-2 weeks	<i>Sitopaladi Churna</i> & honey
Pittaja Kasa					
<i>Shati Churna</i>	Powder	2-3 gm	4-5 times a day	1 week	With Honey
<i>Draksharishta</i> ⁴⁴	<i>Arishta-Liquid</i>	10-20 ml	Twice daily	2 weeks	With equal quantity of water
<i>Vasavaleha</i> ⁴⁵	Granules	10 gm	Twice daily	2-3 weeks	
<i>Bharangyadi Avaleha</i> ⁴⁶	Granules	10 gm	Twice daily	2-3 weeks	
Kaphaj Kasa					
<i>Shrungyadi Churna</i>	Powder	2-3 gm	4-5 times a day	1 week	With Honey
<i>Vyaghriharitaki Avaleha</i> ⁴⁷	Granules	10 gm	Twice daily	2-3 weeks	
<i>Agastya Haritaki Avaleha</i> ⁴⁸	Granules	10 gm	Twice daily	2-3 weeks	

<i>Kantakari Avaleha</i> ⁴⁹	Granules	10 gm	Twice daily	2-3 weeks	
<i>Kaphaketu Rasa</i> ⁵⁰	Powder	125-250 mg	Twice daily	1-2 weeks	<i>Talisadi Churna</i> with honey
<i>Abhraka Bhasma</i> ⁵¹	Powder	125-250 mg	Twice daily	1-2 weeks	<i>Sitopaladi</i> with honey
<i>Mrigashringa Bhasma</i> ⁵²	Powder	125-250 mg	Twice daily	1-2 weeks	<i>Sitopaladi</i> with honey
<i>Kshataja Kasa</i>					
<i>Eladi Gutika</i> ⁵³	Tab	2 tab	Thrice daily	2-3 weeks	-
<i>Kushmand Avaleha</i> ⁵⁴	<i>Avaleha</i>	10g	Twice daily	2-3 weeks	Warm milk
<i>Kshayaj Kasa</i>					
<i>Draksharishta</i> ⁵⁵	<i>Arisht-Liquid</i>	10-20 ml	Twice daily	2-3 weeks	with same quantity of water
<i>Shwasakuthara Rasa</i>	Tablet	125-250 mg	3-4 times a day	2-3 weeks	with honey
<i>Malla Sindura</i>	Powder	30 mg	Twice daily	1 week	With <i>Vyaghri Haritaki</i> / honey
<i>Shringarabhra Rasa</i>	Powder	125-250 mg	Twice daily	2-3 weeks	<i>Sitopaladi</i> with honey
<i>Shwaskaschintamani Rasa</i> ⁵⁶	Powder	125-250 mg	Twice daily	2-3 weeks	<i>Sitopaladi</i> with honey

Referral criteria:

- If patients not responding to above therapy.
- Koch's lesion or pleural effusion found in chest x-ray.
- In the cases where complications arise.
- If further investigations are needed.

**LEVEL 3: AYURVEDA
HOSPITALS AT INSTITUTIONAL
LEVEL OR DISTRICT HOSPITAL/
INTEGRATED AYURVEDIC
HOSPITALS**

If patient is not responding to level-2 treatment, following radiological investigations should be carried out.

- CT scan- for further confirmation of diagnosis.
- Sputum Culture.
- 2D Echo

Treatment: Treatment given in level -2 may be continued.

Panchakarma: Panchakarma may be carried out in following conditions of Kasa.

- **Vamana:** In *Kaphaja* or *Bahukaphapittaja Kasa*, only in patients with good strength.
- **Virechana:** In *Paitika Kasa* with *Tanu Kapha - Madhura Dravya Samyukta Trivrit Virechana*

In *Paitika Kasa* with *Ghana Kapha - Tikta Dravya Samyukta Trivrit Virechana*.

- **Shirovirechana:** *Kaphaja Kasa - Apamarga*⁵⁷, *Tulsi*⁵⁸, *Shigru Patra Swarasa*⁵⁹, *Katphala*⁶⁰
- **Niruha Basti:** In *Vataj Kasa* associated with *Purisha* and *Adhovayu Vibandha*
- **Anuvāsana Basti:** *Snehanartha* in *Vataja Kasa*.

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TAMAKA SWASA (BRONCHIAL ASTHMA)

INTRODUCTION

Tamaka Swasa is one among the five types of *Swasa* (dyspnoea) mentioned in Ayurveda. It can be compared to bronchial asthma in modern medical science. *Tamaka Swasa* as a diagnostic terminology encompasses various stages of asthma including atopic (allergic) asthma to chronic obstructive pulmonary disorders. The *Tamaka Swasa* of recent onset is curable; however it becomes incurable after attaining the chronicity.¹ So early diagnosis and therapeutic intervention is important.

Case definition:

Episodic manifestation of breathlessness triggered due to dust, cloudy atmosphere, exposure to direct wind, cold water,² often associated with cough, wheezing is called as *Tamaka Swasa*.

Variants

- Type 1 - *Kaphadhika*
- Type 2 - *Vatadhika*

Differential Diagnosis:

- Kshudra Swasa*³
- Chhinna*⁴ / *Mahan*⁵ / *Urdhwa Swasa*⁶
- Hridroga*
- Rajayakshma*
- Pandu Roga*
- Vataja Grahani*

- Kasa*
- Urahkshata*

Line of management

Type 1 - *Kaphadhika* - *Shodhana* / *Kapha Nissaraka* / *Dhuma* followed with *Shamana* treatment, *Kutipraveshika Rasayana*.⁷

Type 2 - *Vatadhika* - *Tarpana* / *Shamana* and *Bhrimhana*, *Vatatapika Rasayana*.⁸

LEVEL 1: AT SOLO AYURVEDIC PHYSICIAN'S CLINIC/ PHC

Clinical Diagnosis: On the basis of history and clinical presentation. Subtypes to be analyzed considering the tolerance of patient, periodicity and chronicity of the complaints.

Patient Examination: Detailed examination of *Pranavaha Srotasa* to identify the severity of breathing difficulty.

Investigations: Hemogram, ESR

Treatment:

Type 1 *Kaphadhika* variant: Treatment of *Vegavastha* (At the time of acute exacerbations): Local *Abhyanga* with *Lavana Taila* (*Taila* added with powdered salt and heated) or any *Vatahara Taila* like *Brihatsaindhavadi Taila* applied over the chest and back followed with *Swedana* (local steam fomentation).⁹

Table 2.1: Medicines at level 1 for *Kaphadhika Tamaka Swasa*

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Shunthi Siddha Jala</i>	<i>Paniya</i>	Q.S.	Frequently	15 days to 30 days	Nil
<i>Dashamool-arishtha</i>	<i>Arishtha</i>	15-30 ml	4-5 times a day	15 days to one month	-
<i>Chandrashura Beeja Kwatha</i>	<i>Kwatha</i>	15-30 ml	4-5 times a day	15 days to one month	Nil
<i>Swasakuthara Rasa</i> ¹⁰	Powder	125 mg	Before food/ Twice or thrice daily	15 days to one month	Honey
<i>Talishadi Churna</i> ¹¹	Powder	2-3 gm	As linctus frequently	15 days to one month	Honey
<i>Sitopaladi Churna</i> ¹²	Powder	2-3 gm	For chewing/ frequently	15 days to one month	Honey
<i>Shatyadi Churna</i> ¹³	Powder	2-3 gm	Before meals/ Twice or thrice daily	15 days to one month	Honey
<i>Dasamoola Kwatha</i> ¹⁴	Decoction	60 ml	empty stomach/ Twice daily	15 days to one month	1 tsp Honey
<i>Bharangyadi Kwatha</i> ¹⁵	Decoction	60 ml	empty stomach/ Twice daily	15 days to one month	1 tsp Honey
<i>Gojihvadi Kwatha</i> ¹⁶	Decoction	60 ml	empty stomach/ Twice daily	15 days to one month	1 tsp Honey
<i>Vasavaleha</i> ¹⁷	<i>Avaleha/ linctus</i>	3-5 gm	As linctus/ frequently	15 days to one month	-
<i>Dashamoola Rasayana</i> ¹⁸	<i>Avaleha/ linctus</i>	3-5 gm	As linctus/ frequently	15 days to one month	-
<i>Agasthya Rasayana</i> ¹⁹	<i>Avaleha/ linctus</i>	3-5 gm	As linctus/ frequently	15 days to one month	-

Type 2 Vatadhika variant: In addition to the line of treatment mentioned at Level 1-

Table 2.2: Medicines at level 1 for Vatadhika Tamaka Swasa

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Vidaryadi Kashaya</i> ²⁰	Decoction	60 ml	empty stomach/twice daily	15 days to one month	1 tsp Honey
<i>Vayu Gutika</i> ²¹	<i>Vati</i>	125 mg	Before meals/ Twice or thrice daily	15 days to one month	Honey
<i>Dhanwantara Gutika</i> ²²	<i>Vati</i>	125 mg	Before meals/ Twice or thrice daily	15 days to one month	Honey
<i>Nayopayam Kwatha</i> ²³	Decoction	60 ml	empty stomach/twice daily	15 days to one month	Honey
<i>Kantakari Ghrita</i> ²⁴	<i>Ghee</i>	3-5 gm	After food/ Twice or thrice daily	15 days to one month	Warm water
<i>Vidaryadi Ghrita</i> ²⁵	<i>Ghee</i>	3-5 gm	After food/ Twice or thrice daily	15 days to one month	Warm water
<i>Somasava</i>	<i>Asava</i>	15-30 ml	4-5 times a day	15 days to one month	Equal amount of water
<i>Mahanarayana Taila</i>	<i>Taila</i>	5 ml	4-5 times a day	15 days to one month	<i>Balajirakadi Kwatha</i>

Pathya-apathya (diet and life style):

All such food items alleviating *Kapha* and *Vata*, *Ushna* in property should be taken. And all such food items increasing *Vata* are contraindicated. Care should be taken to improve the strength of the patient without aggravating *Kapha*.

Do's (Pathya)-

- **Food (Ahara):** All dietary articles should be easily digestible and served warm. Unpolished rice, wheat, green gram, horse gram

(*Kulatha*), goat milk, green leafy vegetables like *Patola*, *Shigru*, brinjal, garlic, cardamom, cinnamon, pepper, ginger, honey, crab soup, *Krita* and *Akrita Mamsa Rasa*. Luke warm water for drinking²⁶

- **Regimen (Vihara):** Fomentation, hot water bath, moderate sun bath, warm clothes etc. and staying in fresh and ventilated places. Doing light exercises and maintaining daily routine.

Don'ts (Apathya)-

- **Food (Ahara):** All cold and heavy food should be avoided. Oily and fried items, bakery items, fast foods, chocolates, wafers etc. should be strictly avoided. All dairy products²⁷ especially curd, paneer and ice creams should be strictly avoided. Intake of sesame, black gram, jaggery should be limited.²⁸
- **Vihara:** Exposure to cold, dust, smokes and direct wind should be strictly avoided.²⁹ Hard exercises and peak sun exposure are not advisable. Avoid air coolers and air conditioners. Avoid cold water bath and application of oil on head especially on symptoms of cold. Do not suppress natural urges especially coughing, sneezing and bowel and bladder responses. Avoid day sleeping.³⁰

Referral criteria: Refer to level 2

1. Cases not responding to above line of management.
2. All cases of severe persistent Asthma.
3. Patient with co-morbidity of fever, patient may be suffering from cyanosis, patient may have signs of hypercapnia and in acute phase of febrile illness.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis:- Same as level 1 for a fresh case reporting directly.

Investigation: same as level 1, in addition

- Sputum for AFB and Mantoux Test (Both to rule out Pulmonary TB in suspected cases)
- X-Ray of chest – PA view to rule out structural abnormalities to bilateral lungs, allied parts and heart.
- Pulmonary function tests- To assess the lung capacities.
- ECG

Treatment:

Type 1 Kaphadhika Variant: Treatment of *Vegavastha* (At the time of acute exacerbations): The patients with *Vegavastha* and *Utklishta Dosha* should be given *Abhyanga* with *Lavana Taila* and *Swedana* followed by *Ullekhna (Vamana)* with warm saline water. Repeated *Ushma Sweda* with steam made from water and *Tulasi* leaves may be given. After *Kapha Shodhana* patient may be subjected to moderate laxatives (*Mridu Virechana*) using *Trivrita Lehya* 15-20 gm without any *Purvakarma*.³¹

In addition to the *Shamana* management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient.

Table 2.3: Medicines at level 2 for *Kaphadhika Tamaka Swasa*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Dashamoola Katutrayadi Kashaya</i> ³²	Decoction	60 ml	Empty stomach/ Twice daily	15 days to one month	1 tsp honey
<i>Swasakuthara Rasa</i> ³³	<i>Churna / Vati</i>	125-250 mg / 1-2 <i>Vati</i>	After meal/twice daily	2-3 weeks	Honey/ Luke warm water
<i>Svasakasa Chintamani Rasa</i> ³⁴	<i>Churna / Vati</i>	125-250 mgs/ 1-2 <i>Vati</i>	After meal/twice daily	2-3 weeks	Honey/ luke warm water
<i>Kanakasava</i> ³⁵	<i>Asava</i>	10-20 ml	After meal/ twice daily	2-3 weeks	Equal quantity of water
<i>Pipplayasava</i> ³⁶	<i>Asava</i>	10-20 ml	After meal / twice daily	2-3 weeks	Equal quantity of water
<i>Vyaghriharitaki Avaleha</i> ³⁷	<i>Avaleha</i>	5-10 gm	Before meal twice daily	2-3 weeks	-
<i>Shirisharishta</i> ³⁸	<i>Arishta</i>	10-20 ml	After meal/ twice	2-3 weeks	Equal quantity of water
<i>Suvarnamalini Vasanta</i> ³⁹	<i>Churna/ Vati</i>	125-250 mg / 1-2 <i>Vati</i>	After meal/twice daily	2-3 weeks	Honey/ Luke warm water
<i>Swasakuthara mishrana – Swasakuthara Rasa</i> ⁴⁰ 1 part, <i>Sutasekhara Rasa</i> ⁴¹ 1 part and <i>Karpooradi Churna</i> ⁴² 4 part	Powder	1-2 gm	3-4 times a day during attack	During attack	Honey
<i>Laxmivilasa Rasa</i> ⁴³	Powder	250 mg	After food thrice a day	2-3 weeks	Honey
<i>Mrityunjaya Rasa</i> ⁴⁴	Powder	250 mg	After food thrice a day	2-3 weeks	Honey, <i>Ardra</i> <i>Araka</i> <i>Swarasa</i> , <i>Narilkela</i> <i>Sitayukta</i>

Type 2 Vatadhika variant: *Snigdha Mridu Virechana* with *Eranda Taila* 15-20 ml and milk (50-75 ml) may be given. *Dhanwantarm Gutika*⁴⁵ in frequent doses with *Jeeraka* water may be given in increased distress.

Pathya-Apathya (diet and life style): Same as Level 1

Referral Criteria: Refer to Level 3

1. Cases not responding to above therapy.
2. Moderate to Severe cases of *Tamaka Swasa* with complications.
3. Severe cases associated with tuberculosis, cardiac diseases etc.
4. Chronic cases of *Tamaka Swasa* which require classical *Shodhana* therapy

**LEVEL 3: AYURVEDA
HOSPITALS AT INSTITUTIONAL
LEVEL OR DISTRICT HOSPITAL/
INTEGRATED AYURVEDIC
HOSPITALS**

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation:-

- TMT to rule out Cardiac pathology and to ensure fitness for *Shodhana* therapy.
- 2D Echocardiography

Treatment: In addition to the management of Level 1 and Level 2, if needed *Panchakarma* procedures can be performed.

Type 1 Kaphadhika variant: *Purovakarma* as *Pachana*, *Deepana* (*Rookshana* if required), *Snehapana* and *Swedana* may be done before *Shodhana*

1. *Pachana* & *Deepana*
2. *Rookshana* if required - Butter milk with *Hingvashtaka Churna* to be given frequently for 2-3 days.
3. *Snehapana* & *Swedana*
4. *Vamana* followed with *Dhoomapana*
5. *Virechana*
6. *Rasayana*

Table 2.4: Medicines at level 3 for *Kaphadhika Tamaka Swasa*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Vardhamana Pippali Prayoga</i>	<i>Kshirapaka</i>	Starting with 3 <i>Pippali</i> increasing upto 33 <i>Pippali</i>	Early morning empty stomach	1 course (22 days)	Nil
<i>Agasthya Rasayana</i> ⁴⁶	<i>Avaleha</i>	15 gm	Early morning empty stomach	One month	Warm water
<i>Chyavana Prasha Avaleha</i> ⁴⁷	<i>Avaleha</i>	15 gm	Early morning empty stomach	One month	Warm milk

Type 2 Vatadhika variant: Same line of management in Level 2 during *Vegavastha*. Patient can also be supported with application of 20-30 drops of *Ksheerabala* (101) *Avrita*⁴⁸

over the chest and mild massage. Debilitated patients may be planned for *Sarvanga Abhyanga* with *Dhanwantaram Taila*⁴⁹ and *Shashtika Pinda Sweda* as IPD.

Table 2.5: Medicines at level 3 for Vatadhika Tamaka Swasa

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Malla Naga Mishrana</i> (Malla <i>Sindoora</i> 1 part ⁵⁰ , <i>Naga Gutti</i> 1 part ⁵¹ , <i>Abhraka Bhasma</i> 1 part ⁵² , <i>Shringha Bhasma</i> 4 part ⁵³)	Powder	250 to 500 mg	3-4 times as frequent dose	One month	With honey
<i>Prabhakra Vati</i> ⁵⁴	<i>Vati</i>	750 mg	Twice daily	One month	<i>Arjunarishta</i>

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Annavaaha Srotas Roga



AMLAPITTA

INTRODUCTION

Amlapitta is a disease of *Annavaha Srotas* with main characteristics like *Urodaha*, *Avipaka*, *Tikta Amla Udgara* etc. The chronic conditions may cause *Kotha*, *Kandu*, *Mandala*, etc. The condition may be co-related with Acid Peptic Disorders.

Case Definition:

Patients presenting with *Tikta Amla Udgara* (Bitter and sour belching), *Hrit Kantha Daha* (Burning sensation in throat and chest), *Aruchi* (Tastelessness), *Hrillasa* (Nausea), *Uthklesha* (Nausea), *Avipaka* (Indigestion) etc. can be diagnosed as a case of *Amlapitta*.

Types:

Amlapitta is of three types according to *Anubandha Dosha* as *Vataja*, *Vatakaphaja* and *Kaphaja*. According to clinical presentation *Amlapitta* is of two types *Urdhwaga* and *Adhoga*. *Urdhwaga* is characterised with upper GIT symptoms and *Adhoga* is characterised with lower GIT symptoms.

Differential Diagnosis

- *Chhardi*

- *Pittaja Gulma*
- *Pittashmari*
- *Annadravashoola*
- *Parinamashoola*
- *Udara Poorvarupa*

Line of Treatment

- *Nidana Parivarjana* should be the first line of treatment.
- *Shodhana Chikitsa* - *Vamana* and *Virechana*
- *Shamana Chikitsa* - *Langhana*, *Pachana*, *Deepana*
- Treatment according to *Doshik* involvement

LEVEL 1: AT SOLO AYURVEDIC PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation

Investigations: nothing specific

Treatment: any of the following drugs:

Table 3.1: Medicines at level 1 for *Amlapitta*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Shunthi Churna</i>	<i>Churna</i>	2-3 gm	Before meal / twice a day	1-2 weeks	Warm water
<i>Amalaki Churna</i>	<i>Churna</i>	2-3 gm	Before meal / twice a day	1-2 weeks	Warm water
<i>Yashtimadhu Churna</i>	<i>Churna</i>	2-3 gm	Before meal / twice a day	1-2 weeks	Warm water
<i>Hingwashtaka Churna</i>	<i>Churna</i>	2-3 gm	Before meal / twice a day	1-2 weeks	Warm water
<i>Shivakshara Pachana Churna</i>	<i>Churna</i>	2-3 gm	Before meal / twice a day	1-2 weeks	Warm water
<i>Avipattikara Churna</i> ¹	<i>Churna</i>	4-6 gm	Before meal / twice a day	1-2 weeks	Warm water / Madhu
<i>Kamadudha Rasa</i>	<i>Vati</i>	1-2 tab (125-250 mg)	Before meal / thrice a day	1-2 weeks	Warm water

Pathya-Apathya (Diet and life style education):

Do's:

- **Ahara** - *Yava, Godhuma, Seasoned Shali, Mudga Yusha, Laaja Saktu, Karavellaka, Patola, Kushmanda, Dadima, Amalaki, Kapittha, Godugdha, Mamsarasa, Sharkara, Madhu, Narikelodaka*
- **Vihara** - Follow *dinacharya, Yogasana*

Don't s:

- **Ahara:** Heavy food, *Vidahi, Viruddha Ahara, Kulatha, Udada, Navanna, Tila*, fermented foods like bread, excessive intake of curd, spicy food, bakery food, untimely food habit, deep fried food, alcohol intake and smoking.
- **Vihara** - Suppression of urges, worry, anger, stress, day sleep.

Referral criteria:

- Patients not getting relief
- Chronic cases

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1 for a fresh case reporting directly.

Investigations:

- Stool for occult blood
- LFT
- USG abdomen / pelvis

Treatment: *Virechana* and *Rasaushadhis* along with *Shamana Aushadhi* mentioned in Level 1 can be given:

Table 3.2: Medicines at level 2 for Amlapitta

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Pravala panchamrita Rasa</i> ²	<i>Vati</i>	1 to 2 tab (125-250 mg)	After meal / thrice a day	1-2 weeks	Warm water
<i>Sutashekhara Rasa</i> ³	<i>Vati</i>	1 to 2 tab (125-250 mg)	Before meal / thrice a day	1-2 weeks	Warm water
<i>Shankha Bhasma</i> ⁴	<i>Churna</i>	125-500 mg / day	Before meal	1-2 weeks	Warm water / <i>Takra</i>
<i>Narikela Lavana</i>	<i>Churna</i>	1 gm	Before meal	1-2 weeks	Warm water / <i>Takra</i> .
<i>Pravala Bhasma</i> ⁵	<i>Churna</i>	250 mg - 500 mg / day	Before meal	1-2 weeks	Warm water
<i>Kapardika Bhasma</i>	<i>Churna</i>	125-500 mg / day	Before meal	1-2 weeks	Warm water / <i>Takra</i>
<i>Patoladi Kwatha</i>	<i>Kwatha</i>	10-15 ml	Empty stomach	1-2 weeks	-
<i>Kalyanaka Kshara</i>	<i>Churna</i>	2-3 gms	Before meals	1-2 weeks	Warm water

Virechana Karma – *Abhyantara Snehapana* with *Dadimadi Ghrita*, *Vidaryadi Ghrita*, plain *Gau Ghrita* followed with *Virechana* by *Trivrita Lehya*, *Panchasakara Churna*, *Eranda Bhrishhta Haritaki* etc.

Referral criteria:

- Patients not responding to treatments mentioned in level 2

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical diagnosis: Same as level 1 & level 2 for a fresh case reporting directly.

Investigations: In addition to those mentioned in Level 2.

- Endoscopy

Treatment:

Shodhana:

- *Vamana* - *Madanaphala*, *Vacha*, *Patola*, *Nimba Kalka*, *Yashtimadhu Phanta*, *Saindhava Lavana Jala*.
- *Virechana*

Pathya-Apathya (Diet and life style education): Same as mentioned in level 1.

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Udakavaha Srotas Roga



JALODARA (ASCITES)

INTRODUCTION

Eight different types of *Udara Roga* are mentioned in Ayurvedic classics, such as *Vatika*, *Paittika*, *Kaphaja*, *Sannipaatika*, *Pleehodara*, *Baddhodara*, *Kshatodara* and *Jalodara*. If untreated, all types of *Udara* will culminate into *Jalodara*. *Jalodara* is considered as one among the 'Ashta Mahagada'. The main pathogenesis involved in *Udara* is *Agnimandya*, *Doshopachaya* & *Srotorodha*. Therefore, the treatment involves *Deepana*, *Pachana* & *Nitya Virechana*.

Case Definition:

Distention of abdomen due to accumulation of fluid in peritoneal cavity associated with loss of appetite, heaviness of abdomen, general debility and edema.

Differential Diagnosis:

- *Gulma*
- *Yakrutodara*
- *Pleehodara*
- *Kamala*
- Cirrhosis
- Hepatitis

- Hepatocellular adenoma
- Hepato-renal syndrome
- Protein-Losing enteropathy

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC / PHC

Clinical Diagnosis: On the basis of history and clinical presentation, patient can be diagnosed provisionally as case of *Jalodara*. Distended abdomen, excessive thirst, anal wetness, presence of averted umbilicus, shifting dullness, fluid thrill, engorged vessels over abdomen etc. may confirm the diagnosis.

Investigations: Though much can be diagnosed based on the clinical signs and symptoms, laboratory investigations may help the clinician to confirm the diagnosis and rule out other conditions.

- Blood for Hb, TLC (leucocytosis), DLC (Neutrophilia)
- Urine Routine and microscopic

Treatment: In the initial stage when the patient is having mild features of *Jalodara*, along with diet restriction, two or more of following drugs may be given:

Table 4.1: Medicines at level 1 for Jalodara

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Bhumyamalaki</i>	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	Honey / water
<i>Katukarohini</i> ¹	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	Honey / water
<i>Kumari</i>	<i>Swarasa</i>	10-20 ml	After meal / thrice a day	2-3 weeks	With water
<i>Punarnavadi Churna</i> ²	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	Honey / water
<i>Haritaki</i> ³	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	Luke warm water
<i>Indrayana</i> ⁴	<i>Churna</i>	3-6 gm / 10-20 ml	After meal / thrice a day	2-3 weeks	Honey / water
<i>Punarnavashtaka Kwatha</i> ⁵	<i>Kwatha</i>	12-24 ml	before meal / twice a day	2-3 weeks	-
<i>Dashamoola Kwatha</i> ⁶	<i>Kwatha</i>	12-24 ml	before meal / twice a day	2-3 weeks	-
<i>Phalatrikadi Kwatha</i> ⁷	<i>Kwatha</i>	12-24 ml	before meal / twice a day	2-3 weeks	-
<i>Pathyadi Kwatha</i> ⁸	<i>Kwatha</i>	12-24 ml	before meal / twice a day	2-3 weeks	-
<i>Gomutra Haritaki Churna</i> ⁹	<i>Churna</i>	3-6 gm	After meal / twice a day	2-3 weeks	Luke warm water

In addition to these, patients may be advised to maintain input-output chart for fluid regulation, and record of abdominal girth.

Pathya - Apathya (Diet and life style):

Do's -

- **Ahara:** Only milk diet is advised. Goat / camel / cow / buffalo milk, buttermilk, *Peya* – *Jangala Mamsa Rasa*, *Khichadi* prepared with seasoned rice and *Moong Daal*, *Shigru*, fresh vegetables soup. Diet with *Deepana* (digestive) property and *Laghu* (light to digest) property

e.g. *Yavagu*, *Yusha*, *Tilanala Kshara* or *Palasha Kshara*, *Vartaka Kshara*, *Swarjika Kshara* etc. semi liquids are advised. *Yava* along with *Vastuka* (*Bathua* leaves), *Karela* (*Karavellaka*) are advised.

- **Vihara:** Timely meals, relaxation techniques

Don'ts -

- **Ahara:** Salt and water intake should be restricted, heavy food, green peas, black eyed beans, lentils, yellow gram, raw vegetables and

salads, refined foods such as white flour (*Maida*- bread, pizza, biscuits), sprouts, etc. are contraindicated.

- **Vihara:** Physical and mental stress, excessive exercise, suppression of natural urges, day sleep, blood-letting,

Referral Criteria: Refer to level 2

1. Patients not responding to above mentioned management
2. Imbalance in fluid input-output ratio
3. Signs of jaundice, cardiac failure or renal failure
4. Signs of hepatic encephalopathy

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: The diagnosis is made on the basis of criteria mentioned in level-1 for fresh cases. The case referred from level-1 or fresh case must be evaluated thoroughly for any complication.

Investigations: Same as Level 1, In addition; the following tests can be done:

- **Liver Function Tests:** Elevated amino transferase - ALT/AST > 45U/lit, disturbed albumin: globulin ratio; raised alkaline phosphates; higher values of prothrombin time
- **Lipid profile** - Increased values of S. Cholesterol, S. Triglyceride
- Renal function tests
- Sr. electrolytes (Na, K, Ca)
- ECG for cardiac function monitoring.
- USG

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient. *Rasaushadhi* (Herbo-mineral drugs) can be used at this level. Patient may be kept under observation while prescribing these kinds of medicines.

Table 4.2: Medicines at level 2 for Jalodara

Drug	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Narayana Churna</i> ¹⁰	<i>Churna</i>	3-5 gm	Before meal / twice a day	2-3 weeks	<i>Takra</i>
<i>Kumaryasava</i> ¹¹	<i>Asava</i>	20-40 ml	Before meal / twice a day	2-3 weeks	Equal quantity of water
<i>Abhaya Vati</i> ¹²	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice a day	2-3 weeks	Lukewarm water
<i>Shilajatu Churna</i> ¹³	<i>Churna</i>	1-2 gm	After meal / thrice a day	3 months	Cow urine

<i>Chitraka Ghrita</i> ¹⁴	<i>Ghrita</i>	3-5 gm	before meal / twice a day	2-3 weeks	Luke warm water
<i>Jalodaradi Rasa</i> ¹⁵	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice a day	2-3 weeks	Water
<i>Arogyavardhini Rasa</i> ¹⁶	<i>Churna / Vati</i>	250-500 mg (1-2 <i>Vati</i>)	After meal / thrice a day	2-3 weeks	Water
<i>Ichhabhedhi Rasa</i> ¹⁷	<i>Vati</i>	1 <i>Vati</i>	Early morning empty stomach	2 times a week	Water

In addition to these, patients may be advised to maintain input-output chart for fluid regulation and record of abdominal girth.

Pathya - Apathya (Diet and life style):
Same as level 1

Referral Criteria:

1. Cases not responding to above therapy.
2. Patients with increased level of bilirubin
3. Severe persistent vomiting or diarrhea

**LEVEL 3: AYURVEDA
HOSPITALS AT INSTITUTIONAL
LEVEL OR
DISTRICT HOSPITAL /
INTEGRATED AYURVEDIC
HOSPITALS**

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation:

- USG Abdomen
- Abdominal paracentesis and analysis of ascitic fluid
- CT Scan

Treatment: In addition to the management of Level 1 and Level -2, if needed *Panchakarma* procedures indicated for *Jalodara* can be performed.

Shodhana Chikitsa

1. *Nitya Mridu Virechana*
2. *Virechana Karma*
3. Abdominal tapping may be done as per requirement.
4. *Rasayana - Vardhamana Pippali
Shilajatu Rasayana*

Pathya - Apathya (Diet and life style): Same as level 1

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Rasavaha Srotas Roga



AMAVATA (RHEUMATOID ARTHRITIS)

INTRODUCTION:

Amavata is a condition described in Ayurveda involving multiple joints, including sacroiliac joints with severe pain swelling and stiffness. General symptoms like fever, loss of appetite etc may also be associated. The disease conditions like Rheumatoid Arthritis, many other forms of connective tissue disorders like Polymyositis, Polyarthrititis in elderly like Polymyalgia Rheumatica and common infective Arthritis in children like Rheumatic Fever, Chikungunya Arthritis, Myofascial Pain Syndromes may be considered under the umbrella of *Amavata*.

Case Definition:

Polyarthrititis associated with stiffness and associated symptoms of *Ama* like *Angamarda* (generalized body pain), *Aruchi* (anorexia), *Trushna* (increased thirst), *Alasya* (lassitude), *Gaurava* (heaviness of the body), *Jwara* (fever), *Apaka* (delayed digestive capacity) and *Shunata Anganam* (joint specific or generalized swelling), constipation and polyuria. Rarely the disease can manifest as monoarthrititis also.

Differential Diagnosis:

- *Sandhigat Jwara*
- *Ama Jwara*

Line of Treatment

- *Nidana Parivarjana* should be the first line of treatment.
- *Shodhana Chikitsa* - *Virechana, Basti, Raktamokshana*
- *Shamana Chikitsa* - *Langhana, Swedana, Rukshana, Pachana, Deepana*
- External applications - *Lepa, Upanaha*
- *Rasayana Chikitsa* for *Rasa*
- Treatment according to *Doshik* involvement
- General line of treatment prescribed for *Ama* and *Vata*

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/ PHC

Clinical Diagnosis: On the basis of history and clinical presentation

Investigations:

- ESR
- Complete Blood Count

Treatment: In the initial stage, *Rookshana, Pachana* and *Deepana* should be attempted with some of the following drugs.

Table 5.1: Medicines at level 1 for Amavata

Drug	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Shunthi</i>	<i>Churna</i>	1-2 gm	Before meal / twice daily	2-3 weeks	3-5 <i>Eranda Taila</i> with warm water
<i>Trikatu</i>	<i>Churna</i>	1-2 gm	Before meal / twice daily	2-3 weeks	Luke warm water
<i>Musta</i>	<i>Churna</i>	3-5 gm	Before meal / twice daily	2-3 weeks	Luke warm water
<i>Shadanga Paneeya</i>	<i>Phanta</i>	QS	Whole day - to quench the thirst	3-5 days	
<i>Gomutra Haritaki</i> ¹	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice daily	2-3 weeks	Luke warm water
<i>Ajmodadi Churna</i> ²	<i>Churna</i>	2-3 gm	Before meal / twice daily	2-3 weeks	Luke warm water
<i>Amrutadi Kashaya</i> ³	<i>Kwatha</i>	12-24 ml	Empty stomach / 6 am & 6 pm	2-3 weeks	Sugar - 3 gm
<i>Dashamoola Kwatha</i> ⁴	<i>Kwatha</i>	12-24 ml	Empty stomach / 6 am & 6 pm	2-3 weeks	-
<i>Sanjivani Vati</i> ⁵	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice daily	2-3 weeks	Luke warm water
<i>Amapachana Vati</i>	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice daily	2-3 weeks	Luke warm water
<i>Eranda Taila</i>	Oil	15-30 ml*	Once at bed time or empty stomach early morning	2-3 weeks	Luke warm water / warm milk

*Dose can be individualized according to bowel response

The patient may also be instructed to do mild poultice fomentation with heated sand (*Baluka Sweda*) on the affected joints self.

Pathya - Apathya (Diet and life style education):

Since formation of *Ama* is the key factor in the pathogenesis of *Amavata* all food articles and activities leading to reduction of *Agni* and formation of *Ama* should be avoided. The patients should be always specifically

instructed to stick on to light and non-fatty diet in two *Annakala*, preferably at morning and evening. The amount of food should be less than moderate and eat while hungry. Consumption of large amount of water while eating also is not good. Patient should avoid stress in general.

Do's (Pathya)

- **Ahara:** Light diet, *Panchakola Yavagu*, *Ushna Jala*, Vegetables like *Methi*, *Shigru*, *Vastuka*, *Karvellaka*, *Ardraka* and pulses like horse gram (*Kulattha*). Crab soup, *Rasona*.

- **Vihara:** Hot water bath, sun bath, timely eating, following daily & seasonal regimen properly

Don'ts (*Apathya*)

- **Ahara:** Food articles which are heavy to digest like fried items, sweets, all dairy products except buttermilk, *Dadhi*, *Matsya*, *Guda*, *Ksheera*, *Upodika*, *Masha*, *Pishta* preparations made of green peas, raw vegetables and salads, potatoes, sour food like tomato, lemon, tamarind etc.
- **Vihara:** *Divaswapna* (Day sleeping), *Ratri Jagarana* (night awakening), *Ajirnishana* (eating without the feel of appetite), overeating, *Vishamashana* (eating at odd timings), physical exertion just after eating, exposure to cold, sedentary life style etc are to be avoided.

Referral Criteria:

- Patients not responding to above management
- Chronic patients with complications like joint deformities, muscle wasting, anaemia

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1 for a fresh case reporting directly

Investigations: Same as level 1, in addition

- CRP and RF
- Radiographic evaluation – X rays of the more affected joints to evaluate the level of evolving joint deformity.

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added

Table 5.2: Medicines at level 2 for *Amavata*

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Rasnapanchaka Kwatha</i>	<i>Kwatha</i>	12-24 ml	Empty stomach / 6 am & 6 pm	2-3 weeks	<i>Shunti Churna</i> 2-3 gm
<i>Rasanasaptaka Kwatha</i> ⁶	<i>Kwatha</i>	12-24 ml	Empty stomach / 6 am & 6 pm	2-3 weeks	-
<i>Agnitundi Vati</i> ⁷	<i>Vati</i>	1-2 tab	After meal / thrice daily	2-3 weeks	Water
<i>Simhanada Guggulu</i> ⁸	<i>Vati</i>	1-2 <i>Vati</i>	After meal / twice daily	2-3 weeks	Water
<i>Saubhagyasunthi Paka</i>	<i>Churna</i>	5-10 gm	After meal / twice daily	2-3 weeks	Water
<i>Amavatari Rasa</i> ⁹ (Avoid milk and green gram)	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice daily	2-3 weeks	Water

Inpatient Panchakarma treatment:

Swedana with Dhanyamla Dhara for 7 days, Rooksha Pinda Sweda, Nadi Sweda, Agni Lepa (external application of drugs having Ushna Virya like Tulasi, Maricha, Agnimantha, Nirgundi etc). Lepa with Dashanga Lepa or Lepa Gutika, Grihadhoomadi, Jatamayadi, Kottamchukkadi etc.

Abhyanga (external oil application) in Nirama Avastha: *Visha Garbha Taila, Pancha Guna Taila, Kottamchukadi Taila, Brihat Saindhavadi Taila, Karpooradi Taila.*

Pathya - Apathya (Diet and life style education): Same as level 1

Referral criteria:

- Patient not responding to above mentioned management
- Patients showing signs of severe complications
- Patients of severe chronicity who require complete Panchakarma therapy and Rasayana Chikitsa for better recovery

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation:

- ANA (Anti-nuclear Antibody) profile to identify the specific auto immune disorder when ANA screening is found to be positive.
- Echocardiography to rule out cardiac involvement in ASO (Antistreptolysin O Titers) positive patients
- Liver Function Test to rule out disease related or drug related hepatic impairment (do at least ALT) especially to patients of RA or other connective tissue disorder who were under long term DMARD (Disease-Modifying Anti-rheumatic Drugs) or other medications.
- Renal Function Test (at least S. Creatinine) to rule out renal impairment.
- Chest X ray or CT chest to rule out Interstitial Lung Disease (ILD).
- Synovial Fluid Analysis in unresponsive mono-arthritis to rule out infective arthritis like TB or gonococcus.

Treatment: In addition to the management of Level 1 and Level -2, Panchakarma procedures indicated for Amavata can be performed.

Table 5.3: Medicines at level 3 for *Amavata*

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Vishatinduka Vati</i>	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice daily	2-3 weeks	Water
<i>Vatavidhwamsa Rasa</i> ¹⁰	<i>Churna</i>	125-250 mg	After meal / thrice daily	2-3 weeks	honey/ water
<i>Sameerpannaga Rasa</i>	<i>Churna</i>	60-125 mg	After meal / thrice daily	2-3 weeks	honey/ water
<i>Malla Sindura</i>	<i>Churna</i>	60-125 mg	After meal / thrice daily	2-3 weeks	honey/ water
<i>Amrita Bhallataka Avaleha</i> ¹¹	Granules	5-10 gm	After meal / twice daily	2-3 weeks	Water
<i>Guggulu Tiktakam Kashaya</i>	<i>Kwatha</i>	12-24 ml	Morning & evening empty stomach	2-3 weeks	-

Panchakarma Procedures:**Shodhana Chikitsa**

- a. **Virechana Karma** - *Abhyantara Snehana* with *Shatpala Ghrita*, *Indukanta Ghrita*, *Shunthi Ghrita* or *gaughrita* added with *Kshara* and *Saindhava Lavana* followed with *Virechana* by *Trivrita Avaleha* 30-100 gm, *Abhayadi Modaka* 2-5 tablets etc.

- b. **Basti** - *Vaitarana Basti*, *Kshara Basti*, *Ardha Matrika Niruha*¹²

Rasayana:

- *Pippali Vardhamana Rasayana*¹³
- *Bhallataka Rasayana*
- *Guduchi Rasayana*

Pathya - Apathya (Diet and life style education): Same as level 1

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JWARA (FEVER)

INTRODUCTION

Jwara is a disease of *Rasavaha Srotasa* having its origin from *Amashaya*, resulting due to *Agnimandya* and presented with *Santapa* (raised body temperature), *Swedaavrodha* anhidrosis and *Angamarda* body ache as its cardinal features. All most all the infectious diseases (viral/bacterial) presenting with raised body temperature as predominant feature have been categorized under *Jwara*.

On the basis of predominance of *Dosha* and *Dhatugata Avastha*, *Jwara* has been classified into various types and while deciding the line of treatment, all these types are to be considered. For deciding the line of treatment, differential diagnosis among the *Doshic* varieties, *Sama – Nirama Avastha*, *Nava- Jirna Avastha* or *Dhatugata Avastha* or other presentations like *Punaravartaka Jwara* are considered.

Case Definition:

Patients presenting with raised body temperature associated with anhidrosis, associated with body ache, anorexia, headache, fatigue, weakness and lethargy.

Differential Diagnosis:

Differential diagnosis is essential for diagnosing the type of *Jwara* and its stage. For the purpose of deciding line of management, the following stages should be diagnosed.

- *Sama / Nirama Avastha of Jwara*
- *Taruna / Jirna Jwara*
- *Eka / Dwi / Tridoshaja Jwara*
- *Dhatugata Jwara*
- *Sharira / Manasa*
- *Agantuja / Nija Jwara*
- *Punaravartaka Jwara*

Jwara due to specific conditions like *Romantika*, *Masurika*, *Pratishyaya*, *Kasa*, *Mutrakrucchra*, *Rajyakshma* etc. should be diagnosed and treated accordingly.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN CLINIC

Clinical Diagnosis: Patient should be diagnosed on the basis of history of illness, degree of fever, onset, associated symptoms, chronicity, complications etc. The body temperature above the normal range of 36.5–37.5 °C (97.7–99.5 °F) or temperature in the rectum is at or over 37.5–38.3 °C (99.5–100.9 °F) or temperature in the mouth (oral) is at or over 37.7 °C (99.9 °F) or temperature under the arm (axillary) is at or over 37.2 °C (99.0 °F) shall also be taken into account.

Investigations:

- CBC
- Peripheral blood smear

Line of Treatment:

- In Sama or Nava Avastha of Jwara, patients shall be kept on fasting or light diet.
- After perspiration and some relief in body-ache, headache, light liquid diet or medicated water like

Shadanga Paniya with few of the medicines mentioned below can be given considering the type of *Jwara* and its cause. In the *Nirama* or *Jirna Jwara* following medicines can be given as per requirement along with diet restrictions.

Table 6.1: Medicines at level 1 for Jwara

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Nagaradi Kwatha</i> ¹	<i>Kwatha</i>	10-30 ml	Before meal	1 week	-
<i>Guduchyadi Kwatha</i> ²	<i>Kwatha</i>	10-30 ml	Before meal	1 week	-
<i>Parpataka Kwatha</i> ³	<i>Kwatha</i>	10-30 ml	Before meal	1 week	-
<i>Godanti Bhasma</i> ⁴	<i>Churna</i>	125-250 mg	Before meal / thrice a day	1 week	Warm water
<i>Samshamani Vati</i> ⁵	<i>Vati</i>	2 Vati (500 mg)	Before meal / thrice a day	1 week	Warm water
<i>Mahasudarshana Churna</i> ⁶	<i>Phanta</i>	50 ml	Before meal / thrice a day	1 week	Warm water
<i>Jwaramurari Rasa</i>	<i>Vati</i>	125-250 mg	Before meal / thrice a day	1-2 weeks	Water / Madhu

Table 6.2: Management of Jwara as per the Doshik predominance at level 1

<i>Vataja</i>	<i>Pittaja</i>	<i>Kaphaja</i>	<i>Vata - Pittaja</i>	<i>Pitta - Shleshmaja</i>	<i>Vata - Shleshmaja</i>
<i>Guduchyadi Kwatha</i>	<i>Patoladi Kwatha</i>	<i>Chaturbhadra Avaleha</i>	<i>Chandanadi Kwatha</i>	<i>Kantakaryadi Kwatha</i>	<i>Dashamula Kwatha</i>
<i>Drakshadi Kwatha</i>	<i>Duralabhadi Kwatha</i>	<i>Nimbadi Kwatha</i>	<i>Guduchyadi Kwatha</i>	<i>Nagaradi Kwatha</i>	<i>Pippalyadi Kwatha</i>
<i>Rasnadi Kwatha</i>	<i>Vasadi Kwatha</i>	<i>Abhayadi Kwatha</i>	<i>Bharangadi Kwatha</i>	<i>Patoladi Kwatha</i>	<i>Panchakola Kwatha</i>
<i>Vishwadi Kwatha</i>	<i>Parpatakadi Kwatha</i>	<i>Vasa Kantakari Kwatha</i>	<i>Ushiradi Kwatha</i>	<i>Panchatiktaka Kwatha</i>	<i>Daroyadi Kwatha</i>

*Ruksha Sweda in VataShleshmaja Jwara

Pathya - Apathya (Diet and life style):

Do's -

- **Ahara:** *Shadanga Paniya* (medicated water prepared by *Musta, Parpataka, Ushira, Chandana, Nagara, Udichya*), *Tarpana* prepared of the *Laja Saktu* (*Churna* of perched paddy) mixed with honey, sugar and juices of fruits, *Mudga Yusha. Yavagu* (gruel), *odana* (boiled rice) and *Laja* (popped or perched paddy), *Peya* prepared with *Laja / Yava* added with *Nagar, Pippalimula, Amalaki, Mrudvika*, vegetables like *Patola, Karavellaka, Karkotaka*.
- **Vihara:** complete bed rest, staying in well ventilated room with hygienic conditions

Don'ts -

- **Ahara:** Heavy food, curd, green peas, black eyed beans, lentils, yellow gram, black gram, raw vegetables and salads, refined foods such as white flour (*Maida*), contaminat-

ed water or food, sprouts, cold food and beverages, junk foods, fried food, bakery items.

- **Vihara:** Physical and mental exertion like physical exercises, exposure to cold, breeze, suppression of natural urges, taking bath with cold water etc.

Referral Criteria: Patient not responding to above management, patient presenting with signs of high grade fever, delirium, severe vomiting, posing danger of dehydration or any such other complications like bleeding, anuria etc. shall be directly referred to Level 3 or higher centers for emergency management.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: The case referred from Level 1 or newly diagnosed case must be evaluated thoroughly. At this level, line of treatment to be planned considering *Doshika* involvement and cause of the *Jwara*.

Table 6.3: Clinical features as per Doshik predominance

Vata	<i>Vepathu</i> (shivering)	<i>Vishama Vega</i> (irregular intensity)	<i>Kanth-oshtha Shosha</i> (dryness of throat & lip)	<i>Nindranasha</i> (insomnia)	<i>Shirahshoola</i> (headache)
Pitta	<i>Tikshna Vega</i> (high intensity)	<i>Atisara</i> (diarrhoea)	<i>Nidraalpta</i> (diminished sleep)	<i>Vami</i> (Vommiting)	<i>Mukhapaka</i> (sore in mouth)
Kapha	<i>Gaurav</i> (heaviness)	<i>Sheeta</i> (cold)	<i>Utklesha</i> (nausea)	<i>Romaharsha</i> (horripilation)	<i>Atinidra</i> (excessive sleep)

<i>Vata-Pitta</i>	<i>Trishna</i> (thirst)	<i>Murchha</i> (fainting)	<i>Bhrama</i> (giddiness)	<i>Daha</i> (Burning sensation)	<i>Swapna-Nasha</i> (insomnia)
<i>Pitta-Kapha</i>	<i>Tiktaasayata</i> (bittermouth)	<i>Tandra</i> (drowsiness)	<i>Kasa</i> (coughing)	<i>Aruchi</i> (anorexia)	<i>Muhurdaha-muhurshitata</i> (burning sensation alternate with chill)
<i>Vata-Kapha</i>	<i>Staimitya</i> (cold sweat)	<i>Parvabheda</i> (jointpain)	<i>Gaurava</i> (heaviness)	<i>Nidra</i> (sleepiness)	<i>Pratishyaya</i> (sneezing)
<i>Sannipatika</i>	<i>Nidranasha</i> (Insomnia)	<i>Bhrama</i> (giddiness)	<i>Suptangata</i> (numbness)	<i>Aruchi</i> (anorexia)	<i>Stambha</i> (Immobility)
<i>Agantuja</i>	<i>Glani</i> (malaise)	<i>Karshya</i> (emaciation)	<i>Gaurava</i> (heaviness)	<i>Chetana-prabhava</i> (emotions persistent)	A

Table 6.4: Clinical features at the level of Dhatus.

SI No	Dhatu	Clinical features
1	<i>Rasa</i>	<i>Guruta, Dainya, Udvega, Sadana, Chhardi, Arochaka, Angamarda, Jrimbha, Tapa</i>
2	<i>Rakta</i>	<i>Ushna, Pidaka, Trishna, Sarakta Sthivana, Daha, Raga, Bhrama, Mada, Pralapa</i>
3	<i>Mamsa</i>	<i>Antardaha, Trishna, Moha, Glani, Srista Vitkata, Daurgandhya, Gatra Vikshepa,</i>
4	<i>Meda</i>	<i>Tivra Sweda, Tivra Pipasa, Pralapa, Abhikshna Vamana, Svagandhasya Asahatvam, Glani, Arochaka,</i>
5	<i>Asthi</i>	<i>Virechana, Vamana, Asthibheda, Prakujanam, Gatra Vikshepa, Shvoasa,</i>
6	<i>Majja</i>	<i>Hikka, Maha Shvoasa, Kasa, Atitama Darshana, Marmachheda, Bahishaityam, Antardaha</i>
7	<i>Shukra</i>	<i>Shukra Moksha and Mrityu</i>

Table 6.5: Management of Jwara at level 2 as per Dhatugata Avastha⁷

SI No	Dhatu	Management	
		<i>Kalpas</i>	<i>Panchakarma</i>
1	<i>Rasa</i>	<i>Rasa Pachaka, (Kalinga, Patola Patra, Kutaki)</i>	<i>Vamana, Upavasa</i>
2	<i>Rakta</i>	<i>Rakta Pachaka (Patola, Sariva, Musta, Patha, Kutki)</i>	<i>Seka, Pradeha, Samshaman</i>
3	<i>Mamsa</i>	<i>Nimba, Patol, Triphala, Draksha, Musta, Kutaja</i>	<i>Vireka, Upavasa</i>

4	<i>Meda</i>	1. Kiratatikta, Guduchi, Chandana, Shunthi. 2. Mahaushadhadi Kwath (Shunthi, Guduchi, Musta, Chandana, Ushira, Dhanyaka) ⁸	Vireka, Upavasa
5	<i>Asthi</i>	1. Guduchi, Amalaka, Musta, 2. Vasadi Kwath (Vasa, Dhatri, Pathya, Nagara) ⁹ 3. Pathyadi Kwath (Haritaki, Shaliparni, Shunthi, Devodaru, Amalaki, Vasa) ¹⁰	Niruha and Anuvasana Basti
6	<i>Majja</i>	–	Niruha and Anuvasana Basti
7	<i>Shukra</i>	–	–

Investigation: Same as Level 1

1. Widal test
2. Urine - culture and sensitivity
3. Sputum
4. Mantoux test
5. X-ray Chest PA view

Treatment: In addition to the management mentioned in Level 1, following drugs may be added as per the requirement and status of the patient.

Table 6.6: Medicines at level 2 for Jwara

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Pathyadi Kwatha</i> (in <i>Sama Jwara</i> of more than 8 days)	<i>Kwatha</i>	10-30 ml	Before meals once daily	Upto 8 days	-
<i>Sanjivini Vati</i> ¹¹	<i>Vati</i>	1-2 tab	Before meal / thrice daily	1-2 weeks	Warm water
<i>Amrutottaram Kwatha</i> ¹²	<i>Kwatha</i>	20-40 ml	Before meal / thrice daily	1-2 weeks	-
<i>Amritarishta</i> ¹³	<i>Arishta</i>	10-20 ml	Before meal / thrice daily	1-2 weeks	Equal quantity of water
<i>Tribhuvanakirti Rasa Vati</i> ¹⁴	<i>Vati</i>	125-250 mg	Before meal / thrice daily	1-2 weeks	Water / <i>Madhu</i>
<i>Ananda Bhairava Rasa</i> ¹⁵	<i>Vati</i>	125-250 mg	Before meal / thrice daily	1-2 weeks	Water / <i>Madhu</i>
<i>Jayamangala Rasa</i> ¹⁶	<i>Vati</i>	125-250 mg	Before meal / thrice daily	1-2 weeks	Water / <i>Madhu</i>

Note: *Sanjivani Vati* is specifically indicated in *Amavastha* of *Jwara*, *Jayamangala Rasa* in *Sannipatika Jwara*. *Tribhuvanakirti Rasa* is specifically indicated in *Shlaishmika Jwara* and *Ananda Bhairavarasa* in *Jwara* with *Atisara*.

Pathya - Apathya (Diet and life style): Same as Level 1.

Referral Criteria: Patients not responding to Level 1 and 2 shall be referred to Level 3.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical diagnosis: At this level, confirmation of various advanced or acute fevers can be done and accordingly wherever needed, the following medicines can be started as per the type of fever.

Table 6.7: Comparative features for various type of Jwara

Fever type	Dengue (<i>Sannipataj Jwara</i>)	Malaria (<i>Vishama Jwara</i>)	Influenza (<i>Vata-Shlesmika Jwara</i>)
Symptoms	Sudden-onset fever, headache, muscle & joint pains, and rashes	Fever with rigor, fatigue vomiting and headache. In severe cases it can cause seizures, coma or death.	High fever with chills or sometimes with rigor, runny nose, sore throat, muscle pain, headache, coughing, watery eyes with irritation and feeling of tiredness. Occasionally there may be nausea and vomiting.
Differential diagnosis	Malaria, leptospirosis, viral hemorrhagic fever, typhoid fever, meningococcal disease, measles, influenza, Swine flu, Congo fever	Dengue, typhoid fever, influenza, measles,	Rhinitis, initial stage of dengue fever, typhoid fever
Clinical diagnosis	The diagnosis of dengue is typically made clinically, findings of fever plus any two of the symptoms from nausea & vomiting, rash, generalized pains. Signs: positive tourniquet test, (>10 patches / inch ²)	Cyclic occurrence of sudden coldness followed by shivering, fever and sweating.	Symptoms including fever with chill (<i>Sheet Purovaka Jwara</i>), running nose (<i>Nasa Srava</i>), sore throat, headache (<i>Shirahshoola</i>), muscle pain (<i>Angamarda</i>), coughing (<i>Kasa</i>), no desire to have food (<i>Aruchi</i>), watery eyes (<i>Nayanaplava</i>), and lethargy (<i>Klama</i>)

Investigations	<p>1. Virus isolation in cultures by PCR (Polymerase Chain Reaction) - Day 1st to 5th</p> <p>2. Viral antigen detection (such as for NS1) - Day 1st to 7th</p> <p>3. Serological tests: IgM & IgG (2nd) - Day 4th onwards IgG (1st) - Day 7th onwards</p>	<p>1. Peripheral smear for malarial parasite</p> <p>2. Rapid slide method (Antigen based diagnosis) to confirm malaria and its type.</p> <p>3. Urine -Routine, Microscope, Bile salt & Pigment - to rule out presence of black water fever and presence of jaundice</p> <p>LFT, RFT and EEG may be done to assess the status of organs.</p>	<p>To precise the type of flu like swine flu (H1N1) or bird flu (H5N1) below mentioned investigations are carried out:</p> <p>1. Polymerase chain reaction (PCR)</p> <p>2. Viral culture from nasal, pharyngeal, or throat aspirates.</p> <p>3. Serology</p>
Treatment	On the line of <i>Vata-Pittaja Jwara</i>	On the line of <i>Sannipatika Jwara</i> considering <i>Dhatugataavasta</i>	On the line of <i>Vatashlaimika Jwara</i>

Table 6.8: Medicines for Dengue fever

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana	Remarks
<i>Kalingadi Kashaya</i> ¹⁷	<i>Kwatha</i>	20-40 ml	Before meals / twice a day	5-7 days	---	
<i>Patoladi Kwath</i> ¹⁸	<i>Kwatha</i>	10-20 ml	Before meals / twice a day	1 week	Honey	
<i>Truna Panchamoola Kashaya</i> ¹⁹	<i>Kwatha</i>	40 ml	2 to 3 time	5-7 days	---	Acidosis condition
<i>Praval Pisthi</i>	<i>Churna</i>	250mg	Twice a day	5 days	<i>Gokshura kashaya</i>	Acidosis condition
<i>AkikaPishti</i> ²⁰	<i>Churna</i>	250-500 mg	Twice a day	5 days	<i>Madhu / Gaudugdha</i>	If bleeding present
<i>Bhoonimbadi Kwatha</i> ²¹	<i>Kwatha</i>	12-24 ml	Twice a day	5 days	<i>Madhu</i>	Elevated PT, OT level, bleeding condition

Table 6.9: Medicines for Influenza

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Sudarshana Churna</i> ²²	<i>Churna</i>	2-4 gm	2 to 3 time	3 days	Warm water
<i>Tribhuvankirti Rasa</i> ²³	<i>Vati</i>	125-250 mg	Twice a day	3 days	<i>Madhu</i> , fresh <i>Ardraka Swarasa</i> , <i>Tulsi Patra Swarasa</i>
<i>Naradiya Laxmi Vilasa Rasa</i> ²⁴	<i>Vati</i>	250 mg	2 to 3 time	3 to 4 days	<i>Tambula Swarasa</i>
<i>Jwaraghni Gutika</i> ²⁵	<i>Vati</i>	1-2 tab (250mg)	Twice	3 to 5 days	<i>Guduchi Swarasa</i>
<i>Talisadya Churna</i> ²⁶	<i>Churna</i>	3 gm	Three time	1 week	<i>Madhu</i>
<i>Chandramrit Rasa</i> ²⁷	<i>Churna</i>	250 mg	2 to 3 time	1 week	<i>Madhu</i> , <i>Ardraka Swarasa</i> , juice of <i>Vasa</i> leaves
<i>Shrungyadi Churna</i> ²⁸	<i>Churna</i>	250 mg. to 1 gm	Three time	1 week	<i>Madhu</i>
<i>Karpuradi Churna</i> ²⁹	<i>Churna</i>	1 to 2 gm.	Twice	3 to 5 days	<i>Madhu</i>
<i>Jwarahara Kashaya</i> ³⁰	<i>Kwatha</i>	40 ml	Twice	10 days	---
<i>Barihat Kasturi Bhairava Rasa</i> ³¹	<i>Churna</i>	125 mg	1 to 2 time a day	2 to 3	<i>Ardraka Swarasa</i> , <i>Madhu</i>
<i>Mrutyunjaya Rasa</i> ³²	<i>Churna</i>	125 mg	2 time a day	3 to 5 days	Fresh ginger juice, <i>Madhu</i>
<i>Laxminarayana Rasa</i> ³³	<i>Churna</i>	250 mg	Twice a day	3 to 5 days	<i>Madhu</i> , <i>Tambula Swarasa</i>

Table 6.10: Medicines for Malaria

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Tulasi Swarasa</i> ³⁴	<i>Swarasa</i>	5-10 ml	Twice or thrice a day	3 to 5 days	<i>Trikart Churna</i> + <i>Madhu</i>
<i>Sudarshana Ghanavati</i>	<i>Vati</i>	1-3 Vati (250-500 mg)	Twice or thrice a day	3 to 5 days	Luke warm water
<i>Kshudradi Kwatha</i> ³⁵	<i>Kwatha</i>	20-40 ml	Twice a day	3 to 5 days and more if needed	Water

<i>Bhunimbadi Kwatha</i> ³⁶	<i>Kwatha</i>	20-40 ml	Twice a day	15 days	Water
<i>Ayush 64</i> ³⁷	<i>Vati</i>	4 Tab (500 mg)	Twice a day	5 to 7 days	Water
<i>Kirata Tiktakadi Kwath</i> ^{38*}	<i>Kwatha</i>	20-40 ml	Twice a day	15 days	Water
<i>Vishama Jwarantak Lauha</i> ^{39**}	<i>Churna</i>	125 mg	Twice a day	15 days	<i>Madhu</i>
<i>Sarva Jwarahara Lauha</i> ⁴⁰	<i>Churna</i>	125 mg	Twice a day	5 to 7 days	<i>Madhu</i>
<i>Jayamangal Rasa</i> ⁴¹	<i>Churna</i>	125 mg	Twice a day	7 days	<i>Madhu/Guduchi Swarasa</i>
<i>Brihat Kasturi Bhairava Rasa</i> ^{42***}	<i>Churna</i>	125 mg	Twice a day	3 – 5 days	<i>Madhu, Ardrak Swarasa</i>
<i>Vardhaman Pippali Prayoga</i> ^{43**}	<i>Pippali</i> processed in milk	0.5-5gm (daily dose changes)	Once in morning	21 days	

* In case of repeated fever

** In case of Spleenomegaly, *Pandu*

*** In case of respiratory involvement, hypotension

Pathya-Apathya (Diet and Life Style): Same as Level 1⁴⁴

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PANDU (ANEMIA)

INTRODUCTION AND CASE DEFINITION:

Pandu is a disease classification involving mainly the *Rasa Dhatu* with *Panduta* (pallor) as the presenting cardinal symptom. Other associated symptoms are fatigue, malaise, fever, weight loss, night sweats, palpitation, dyspnoea on mild exertion. Various disease conditions affecting formation of hemoglobin falls under the umbrella of *Pandu Roga*.

Clinical signs and symptoms of *Pandu* (Anemia):

Pandu is a disease of *Pittaja* dominance with following presenting signs and symptoms

1. Depleted functions of *Dhatu*s in which *Pitta* is vitiated
2. *Kshaya* of *Varna*, *Bala*, *Sneha* and other properties of *Oja*
3. *Raktalpata*
4. *Alpa Meda*
5. Debility of relevant *Karmendriya* and *Jnanendriya*
6. Discoloration

Classification of *Pandu Roga*:

5 types: *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Mridbhakshanaja*

Differential diagnosis of *Pandu*:

1. *Krimi Roga*

2. *Kamala*
3. *Jwara – Vishama Jwara*
4. *Rajyakshma*
5. *Grahani Roga*
6. *Udara Roga*
7. *Shotha – Kaphaja*
8. *Arsha*
9. *Asrigdara*
10. *Shosha*
11. *Raktapitta*
12. Other nutritional deficiencies - folic acid, Vit B12, Vit. C, protein, copper etc.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation, patient can be diagnosed provisionally as case of *Pandu*

Investigations: Though much can be diagnosed based on the clinical signs and symptoms, laboratory investigations help the clinician to confirm the diagnosis and rule out other conditions

- Hemogram and peripheral blood smear
- Urine – routine and microscopic examination
- Stool – occult blood

Treatment:**Table 7.1: Medicines at level 1 for Pandu**

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Amalaki Churna</i>	<i>Churna</i>	3 gm	Every morning	2-3 months	Madhu/ warm water
<i>Pippali Churna</i>	<i>Churna</i>	1 gm	Twice daily	2-3 months	Madhu/ water
<i>Chausastha Prahari Pippali</i>	<i>Churna</i>	500 mg - 1gm	Twice daily	2-3 months	Madhu/ water
<i>Guda Haritaki</i>	<i>Churna</i>	3 gm	Every morning	2-3 months	Honey/ warm water
<i>Chitrakadi Vati</i>	<i>Vati</i>	500 mg	After meals	1 month	Warm water / butter milk
<i>Drakshadi Kashaya¹</i>	<i>Kwatha</i>	20-40 ml	Before meal/ twice daily	2-3 weeks	-
<i>Punarnavadi Kashaya²</i>	<i>Kwatha</i>	20-40 ml	Before meal/ twice daily	2-3 weeks	-
<i>Phalatrikadi Kwatha</i>	<i>Kwatha</i>	20-40 ml	Before meal/ twice daily	2-3 weeks	-
<i>Drakshavaleha³</i>	<i>Avaleha</i>	5-10 gm	Before meal/ twice daily	2-3 weeks	-
<i>Punarnava Mandoora⁴</i>	<i>Churna</i>	250-500 mg	After meal / thrice daily	2-3 weeks	Madhu/ <i>Takra</i>
<i>Dadimadya Ghrita</i>	<i>Ghee</i>	5-10 ml	Before meal/ twice daily	2-3 weeks	Warm milk

Whenever needed symptomatic treatment of associated conditions can also be done e.g. if patients complains of loss of appetite, *Chitrakadi Vati* 1-2 tablet after meal twice or thrice daily can also be added.

Pathya-Apathya (Diet and life style):**Do's-**

- **Ahara:** *Purana Shali, Yava, Laja, Amraphala, Draksha, Dadima, Matulunga, Kadaliphala, Kharjura.*

- **Vihara:** Following of daily and seasonal regimen

Don'ts-

- **Ahara:** Avoid excessive use of *Kshara, Amla, Lavana, Katu, Kashaya, Atiushna, Tikshna, Rukshanna, Viruddha Asatmya Bhojana, Masha, Tila, Mridbhakshana* and *Dusta Jala*
- **Vihara:** *Atinidra, Ativyayama, Atiayasa, psychological stress, Divaswapna, Ratri Jagarana* and *Vegavarodha*

Referral criteria: Patient not responding to above mentioned management and showing advanced signs and symptoms of *Pandu*.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as Level 1 for a fresh case reporting directly.

Investigation: Same as level 1. In addition

- Test for sickling anaemia
- Cytometric classification of Anemia ought to be done.

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient.

Table 7.2: Medicines at level 2 for *Pandu*

Drugs	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Dhatri Lauha</i> ⁵	<i>Churna</i>	250-500 mg	After meal/ thrice daily	2-3 weeks	Buttermilk
<i>Gomutra Haritaki</i> ⁶	<i>Churna/ Vati</i>	2-3 gm/1-2 tabs	Before meal/ twice daily	2-3 weeks	Luke warm water
<i>Navayasa Lauha</i> ⁷	<i>Vati / Churna</i>	250-500 mg	After meal/ thrice daily	2-3 weeks	Madhu
<i>Vidangadi Lauha</i> ⁸	<i>Churna</i>	250-500 mg	After / thrice daily meal	2-3 weeks	Luke warm water
<i>Swarnamakshika Bhasma</i>	<i>Bhasma</i>	125-250 mg	Every morning	2-3 weeks	Madhu
<i>Kasisa Bhasma</i>	<i>Bhasma</i>	125-250 mg	Every morning	2-3 weeks	Madhu
<i>Lohasava</i> ⁹	<i>Asava</i>	10-20 ml	After meal/ twice daily	2-3 weeks	Equal quantity of water
<i>Draksharishta</i> ¹⁰	<i>Arishta</i>	10-20 ml	After meal/ twice daily	2-3 weeks	Equal quantity of water
<i>Punarnavasava</i> ¹¹	<i>Asava</i>	10-20 ml	After meal/ twice daily	2-3 weeks	Equal quantity of water
<i>Shilajitvadi Loha</i> ¹²	<i>Vati</i>	125-250 mg	Twice daily	2-3 months	<i>Brahma Rasayana Avaleha</i> ¹³

As per the status of the patient, *Mrudu Virechana/Koshtha Shuddhi* with *Avipattikara Churna* 5-10 gm with *Phalatrikadi Kashaya* may be done for the first few days of the treatment.

Pathya-Apathya (Diet and life style): Same as Level 1

Referral criteria:

1. Cases not responding to above therapy.
2. *Pandu* cases with complications
3. Severe *Pandu* cases

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as Level 1 for a fresh case reporting directly

Investigation: Same as level 1 and 2. In addition

- Bone marrow cytology

Treatment: In addition to the management of Level 1 and Level 2, if needed *Panchakarma* procedures indicated for *Pandu* can be performed.

• **Shodhana Chikitsa:**

Virechana: with *Aragwadha Phala Majja/ Avipattikara Churna/ Sushka Draksha Kwatha*

• **Rasayana Chikitsa:**

- *Vardhamana Pippali Rasayana*
- *Swarna Malini Vasant Rasa*

Pathya-Apathya (Diet and life style): Same as level 1

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Raktavaha Srotas Roga



EKAKUSHTHA (PSORIASIS)

INTRODUCTION

Ekakushtha is one among eleven *Kshudra Kushta* with the dominance of *Vata* and *Kapha*, which is characterized by silvery plaques like fish scales may be associated with itching and with tendency to spread all over the body. It can be correlated with psoriasis like diseases. Along with faulty dietary habits, psychogenic stress also plays important role in the pathogenesis of *Ekakushtha*.

Case Definition:

A patient presenting with dry scaling erythematous / maculopapulous patches, covered with adherent silvery white scales which may or may not be associated with itching.

Differential Diagnosis

1. *Sidhma*: White colored shiny patches associated with or without itching along with exfoliation in the form of dust.
2. *Dadru*: Circular patches with elevated periphery associated with severe itching

Line of Treatment

- *Nidana Parivarjana* should be the first line of treatment.
- *Shodhana Chikitsa* – *Vamana, Virechana, Rakta Mokshana,*
- *Shamana Chikitsa* – *Pachana, Raktashodhana,* external applications (*Lepa, Taila* and *Dhara Chikitsa*)
- *Rasayana Chikitsa* for *Rasa – Rakta Prasadana.*
- Treatment according to *Doshik* involvement
- General line of treatment prescribed for *Kushtha*

LEVEL 1: AT SOLO AYURVEDIC PHYSICIAN CLINIC / PHC

Investigations: Nothing specific.

Treatment: In the initial stage when the patient is having mild features of *Ekakushtha*, along with diet restriction, two or more of following drugs may be given as per *Doshik* predominance:

Table 8.1: Medicines at level 1 for *Ekakushtha*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Sariva</i> ¹	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	<i>Madhu</i> / Luke warm water
<i>Haridra</i> ²	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	<i>Madhu</i> / Luke warm water

<i>Khadira</i> ³	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	<i>Madhu</i> / Luke warm water
<i>Guduchi</i> ⁴	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	<i>Madhu</i> / Luke warm water
<i>Manjishtha</i> ⁵	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	<i>Madhu</i> / Luke warm water
<i>Manjisthadi Kwatha</i> ⁶	<i>Kwatha</i>	20-40 ml	After meal / twice a day	2-3 weeks	-
<i>Mahatiktaka Kwatha</i>	<i>Kwatha</i>	20-40 ml	Before meal / twice daily	2-3 weeks	-
<i>Panchatiktakam Ghrita</i>	<i>Ghrita</i>	15 ml	Before meal	2-3 weeks	Luke warm water
<i>Kaishora Guggulu</i> ⁷	<i>Vati</i>	1-2 <i>Vati</i>	Before meal / twice daily	2-3 weeks	Luke warm water

Whenever needed, symptomatic treatment of associated conditions can also been done e.g. if patients complains of constipation, *Avipattikara Churna* or *Swadishta Virechana Churna* in empty stomach early morning with luke warm water can be given.

External applications:

Kshalana: *Tankan Jala* / *Triphala Kwatha* / *Panchavalkala Kwatha*

Lepa: *Jeevantyadi Yamaka Lepa*, *Vajraka Taila*, *Mahamarichadi Taila*, *Gandhaka Malahara*, *Karanja Taila*, *Jatyadi Taila*, *Adityapaka Taila*

Pathya - Apathya (Diet and life style education):

Do's -

- ***Ahara:*** *Laghu Anna* (light food), *Tikta Shaka* (bitter leafy vegetables), *Purana Dhanya* (seasoned grain), *Yava* (barley), *Godhuma* (wheat), *Mudga* (green gram), *Patola*,

- ***Vihara:*** Maintain hygiene, follow *Dinacharya* and *Ritucharya* properly

Don't -

- ***Ahara:*** *Viruddha Ahara*, *Adhyashana* (eating prior to the digestion of previous meals), excessive sour and salty food, exercise after heavy meal, *Masha* (black gram), radish, refined flour products, fermented food, curd, fish, jaggery.
- ***Vihara:*** Mental stress / anxiety, suppression of urges especially of vomiting, day-sleeping, excessive exposure to sun, unhygienic conditions

Referral Criteria:

- Patients not responding to above mentioned management.
- Need further investigations

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1 for a fresh case reporting directly.

Investigation: Nothing specific

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient. *Rasaushadhi* (herbo-mineral drugs) can be used at this level. Patient may be kept under observation while prescribing these kinds of medicines:

Table 8.2: Medicines at level 2 for Ekakushta

Compound formulation	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Sarivadyasava</i> ⁸	<i>Asava</i>	10-20 ml	After meal / thrice daily	2-3 weeks	Equal quantity of water
<i>Mahamanjisthadi Kwatha</i> ⁹	<i>Kwatha</i>	20-40 ml	Before meal / twice daily	2-3 weeks	-
<i>Gandhaka Rasayana</i>	<i>Vati</i>	1-2 <i>Vati</i> (125-250 mg)	After meal / thrice daily	2-3 weeks	Luke warm water / <i>Madhu</i>
<i>Khadirarishta</i> ¹⁰	<i>Arishta</i>	10-20 ml	After meal / thrice daily	2-3 weeks	Equal quantity of water
<i>Aragwadharishta</i>	<i>Arishta</i>	10-20 ml	After meal / thrice daily	2-3 weeks	Equal quantity of water
<i>Arogyavardhini Vati</i> ¹¹	<i>Vati</i>	1-2 <i>Vati</i> (500 mg)	After meal / thrice daily	2-3 weeks	<i>Madhu</i> / water
<i>Manibhadra Gudam</i>	<i>Lehya</i>	15-30 gm	Every morning	For 1 month	Luke warm water

Local application: Same as Level 1

Pathya - Apathya (Diet and life style education): Same as Level 1

Referral Criteria:

- Patients not responding to above mentioned management and having extensive lesions all over body and unexposed parts
- Spreading lesions with increased itching or burning sensation

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation: Skin biopsy if required.

Treatment: In addition to the management of Level 1 and Level -2, if needed *Panchakarma*

procedures indicated for *Ekakushtha* can be performed.

Shodhana Chikitsa:

- *Vamana*
- *Virechana*
- *Raktamokshana: Siravedha, Jalookavacharana*

Rasayana - Amalaki, Guduchi, Bhringaraja, Ghrita Bhrishta Haridra, Brahmi, Mandukaparni, Triphala, Khadira, Vidanga, Tugaraka, Bhallataka, Bakuchi

Pathya - Apathya (Diet and life style education): Same as Level 1.

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KAMALA (JAUNDICE)

INTRODUCTION

Kamala is a disease of *Pitta Dosha* involving *Yakrit* characterized by yellow discoloration of skin, sclera, urine, stools, other body parts and mucous membranes. This can be correlated with jaundice.

Case definition:

Kamala (Jaundice) is the yellow discoloration of skin and mucous membranes associated with complaints like anorexia, malaise, indigestion and with or without palpable enlargement of liver.

Types:

- *Kosthashrita*
- *Shakhashrita*
- *Halimaka*
- *Kumbha Kamala*

Differential Diagnosis

1. *Pittaja Jwara*
2. *Pittaja Pandu*
3. *Pittaja Udara*

Line of Treatment

- *Nidana Parivarjana* should be the first line of treatment.

- *Shodhana Chikitsa – Virechana*
- *Shamana Chikitsa: Pachana, Deepana, Snehana, Pittashamaka*
- External applications - Nil
- *Rasayana Chikitsa - Nil*
- Treatment according to *Doshik* involvement
- General line of treatment prescribed for *Pitta Vyadhi*

LEVEL 1: AT SOLO AYURVEDIC PHYSICIAN CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation

Investigations:

- Blood for Hb, TLC (leucocytosis), DLC (neutrophilia)
- Serum bilirubin- Direct /Indirect
- Urine routine and microscopic examination

Treatment: In *Koshtha-Shakhashrita Kamala*, *Pittahara Chikitsa* and in *Shakhashrita Kamala*, initially *Kaphahara Chikitsa* followed by *Pittahara Chikitsa* is prescribed. Some of the following medications can be advised.

Table 9.1: Medicines at level 1 for *Kamala*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Kumari Swarasa</i>	Fresh Juice	10-20 ml	After meal/ thrice daily	2-3 weeks	Honey/ water/ <i>Ikshurasa</i>
<i>Katuki</i>	<i>Churna</i>	3-6 gm	After meal/ thrice daily	2-3 weeks	Honey/ water/ <i>Ikshurasa</i>
<i>Kalamegha</i>	<i>Churna</i>	3-6 gm	After meal/ thrice daily	2-3 weeks	Honey/ water/ <i>Ikshurasa</i>
<i>Bhumyamalaki</i>	<i>Churna / Juice</i>	3-6 gm/ 10-20 ml	After meal / thrice daily	2-3 weeks	Honey/ water/ <i>Ikshurasa</i>
<i>Phalatrikadi Kwatha</i> ¹	Decoction	20-40 ml	Before meal/ twice daily	2-3 weeks	-
<i>Drakshadi Kwatha</i> ²	Decoction	20-40 ml	Before meal/ twice daily	2-3 weeks	-
<i>Vasaguduchyadi Kwatha</i> ³	Decoction	20-40 ml	Before meal/ twice daily	2-3 weeks	-
<i>Arogyavardhini Vati</i> ⁴	<i>Vati/Churna</i>	1-2 Vati/ 500 mg	After meal/ thrice daily	2-3 weeks	Honey/ water/ <i>Ikshurasa</i>

Pathya-apathya (diet and life style education):

Do's -

- **Ahara:** *Khichadi* prepared from old rice (*Purana Shali*), green gram, fruits like *Draksha* (dried grapes), sugarcane juice, *Shritashita Jala* (boiled and cooled water), vege *Vatiles* like *Patola* (*Trichosanthes dioica*), gourd, *Haridra*, *Ardrak*.
- **Vihara:** Complete rest

Don'ts-

- **Ahara:** Heavy food, fried food articles, pungent food articles like chilli, alcohol
- **Vihara:** Excessive physical exercise, day sleep,

Referral criteria: Patient not responding to above mentioned management and showing signs of deep Jaundice; severe vomiting, posing danger of dehydration, signs of hepatic encephalopathy etc.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1 for a fresh case reporting directly.

Investigation: Same as level 1. In addition

- HBsAg positive
- LFT - Elevated amino transferase-ALT/AST > 45U/lit, disturbed

albumin: globulin ratio; raised alkaline phosphatase; higher values of prothrombin time

- Lipid profile- increased values of S. Cholesterol, S. Triglyceride
- USG Abdomen

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient. *Rasaushadhi* (herbo-mineral drugs) or herbal drugs containing poisonous plants can be used at this level. Patient may be kept under observation while prescribing these kinds of medicines.

Table 9.2: Medicines at level 2 for Kamala

Compound Formulation	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Tiktakam Kwatha</i>	Decoction	40 ml	Before meal/twice daily	2-3 weeks	-
<i>Patolakaturohinyadi Kwatha</i> ⁵	Decoction	40 ml	Before meal/twice daily	2-3 weeks	-
<i>Mandoora Vataka</i> ⁶	Vati	1-2 Vati	After meal/ thrice daily	2-3 weeks	Buttermilk
<i>Punarnava Mandoora</i> ⁷	Vati/ Churna	1-2 Vati/ 500 mg	After meal/ thrice daily	2-3 weeks	Buttermilk

Mridu Virechana: As per the status of the patient, *Mridu Virechana/Koshtha Shuddhi* with *Avipattikara Churna* 5-10 gm with *Drakhshadi Kashaya* may be done for 3-5 days before treatment.

Pathya-Apathya (Diet and life style education): Same as level 1

Referral criteria:

1. Cases not responding to above mentioned therapy.
2. Patients having increased levels of bilirubin with mental confusion and altered sensorium
3. Severe persistent vomiting

4. Not able to take anything orally due to vomiting and nausea

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation:

- Immuno assay for infective hepatitis
- Liver biopsy
- CT Scan

Treatment: In addition to the managements mentioned for Levels 1 and 2, *Panchakarma* procedures indicated for Kamala can be performed.

Shodhana Chikitsa

Indicated only in the patients who are having *Uttama Bala* and can tolerate *Shodhana* procedures

Virechana

Vata-Pitta presentation of *Kamala - Avipattikara Churna, Manibhadra Leha, Aragwadha Phala Majja, Draksha Kwatha*

Both *Vamana* and *Virechana* can be done in *Kapha Pitta* presentation

- *Vamana* with *Yashtimadhu Kwatha* or *Iskhu Rasa + Madana Phala*

Rasayana Chikitsa

Guduchi- 3 to 6 gm with warm water for one month

Amalaki - 1-3 gm with water for one month

Haridra - 3-6 gms with water for one month

Nimba - 3-6 gms with water for one month

Pathya-Apathya (Diet and life style education): Same as level 1

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Medovaha Srotas Roga



HYPOTHYROIDISM

INTRODUCTION

Hypothyroidism is a clinical syndrome which results from deficiency of thyroid hormones. Iodine deficiency and autoimmunity are the main causes of hypothyroidism out of which autoimmunity is common in iodine replete areas.¹ The features of Hypothyroidism closely resemble with *Shotha*. However, it can be correlated with *Galaganda*, when it is associated with swelling over the neck.

Case Definition:

Patients presenting with history of weight gain, puffy face, non-pitting edema over hands and feet, constipation, hair loss and menstrual abnormality.

Differential Diagnosis-

Hypothyroidism needs to be differentiated from Obesity, PCOS in women, thyroid lymphoma, Addison disease, goiter and thyroid carcinoma. However, following clinical conditions similar to *Shotha* described in Ayurveda need to be differentiated.

- *Kaphaja Pandu*: *Gaurava* (heaviness in body), *Tandra* (sleepiness), *Panduta* (pallor), *Klama* (fatigue), *Svasa* (dyspnea on exertion), *Aalasya* (lethargy), *Aruchi* (loss of appetite), *Svaragraha* (hoarseness of voice), *Ushnakamita* are the symptoms of *Kaphaja Pandu*.²

- *Sthaulya*: overweight, exertional dyspnea.

Line of Treatment

- *Nidana Parivarjana* should be the first line of treatment.
- *Shodhana Chikitsa* - *Vamana*, *Virechana*, *Lekhanabasti*
- *Shamana Chikitsa* - *Pachana*, *Deepana*, *Udwartana*, *Swedana*
- External applications - *Lepa*
- *Rasayana Chikitsa* for *Rasadhatu* and *Medodhatu*
- Treatment according to stages and *Doshik* involvement
- General line of treatment prescribed mainly for *Kapha Dosha*

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Investigations: Though it can be clinically diagnosed based on the signs and symptoms, Laboratory investigations are essential to confirm the diagnosis and rule out other conditions

- CBC
- Serum T3, T4, TSH

Treatment: In the initial stage when the patient is suspected to have hypothyroidism some of the following advice may be given along with diet restrictions:

Table 10.1: Medicines at level 1 for Hypothyroidism

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Kanchnara Guggulu</i> ³	<i>Vati</i>	2-3 <i>Vati</i>	Before meal / twice a day	2-3 weeks	Luke warm water
<i>Chitrakadi Vati</i>	<i>Vati</i>	2-3 <i>Vati</i>	Before meal / twice a day	2-3 weeks	Luke warm water
<i>Trikatu Churna</i>	<i>Churna</i>	2-3 gm	Before food	2-3 weeks	<i>Gomutra / Madhu /</i> Luke warm water
<i>Vyoshadi Guggulu</i>	<i>Vati</i>	2-3 <i>Vati</i>	Before meal / twice a day	2-3 weeks	Luke warm water
<i>Varuna Shigru Kwatha</i> ⁴	<i>Kwatha</i>	12-24 ml	Before meal / twice a day	2-3 weeks	-
<i>Shuddha Guggulu</i> ⁵	<i>Vati</i>	1-2 <i>Vati</i>	Before meal / twice a day	2-3 weeks	Luke warm water
<i>Varanadi Kwatha</i>	<i>Kwatha</i>	10-15 ml	Before meal / twice a day	2-3 weeks	-
<i>Dashamoola Kwatha</i>	<i>Kwatha</i>	12-24 ml	Before meal / twice a day	2-3 weeks	-

Pathya - Apathya (Diet and life style education):

Do's -

- **Ahara:** *Kaphahara Ahara* like *Yava* (barley), *Bajra* (millet), *Jovar* (pearl millet), *Ragi*, vegetables like radish, *Sarshapa*, drumsticks, *Gandeera* (coleus) and spices like *Shunthi*, *Jeeraka* and *Trikatu*, buttermilk, *Ushna Jala* (Luke warm water).
- **Vihara:** Regular exercises, *Yogasanas*, *Pranayama* like *Surya Bhedana*, *Kapalbhati* etc.

Don'ts -

- **Ahara:** Heavy food articles and fried preparation, refined foods such as white flour, black gram, peas, potatoes, curd, milk, fermented and bakery items,

- **Vihara:** Sedentary life style, day sleep, munching.

Referral Criteria: Patients not responding to above mentioned management

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigation: Same as level 1: in addition

- FT3 and FT4
- Thyroid antibodies

Treatment: If patient does not respond to the *Shamana* treatments, the following approach may be adopted.

Table 10.2: Medicines at level 2 for Hypothyroidism

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Gomutra Haritaki Vati</i>	<i>Vati</i>	1-2 <i>Vati</i>	Before meal / twice daily	2-3 weeks	Luke warm water
<i>Amapachana Vati</i>	<i>Vati</i>	1-2 <i>Vati</i>	Before meal / twice daily	2-3 weeks	Luke warm water
<i>Arogyavardhini Rasa Vati</i> ⁶	<i>Vati</i>	1-2 <i>Vati</i>	Before meal / twice daily	2-3 weeks	Luke warm water
<i>Thriovrita Lehya</i>	<i>Lehya</i>	10-15 gm	Early morning for <i>Nitya Virechana</i>	2 weeks	-

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: As mentioned in Level 1

Investigation: As mentioned in Level 1 & 2.

Treatment: In addition to the management mentioned in Level 1 & 2, few of the following treatment may be added as per the requirement and status of the patient.

Shodhana -

- *Vamana Karma*
- *Virechana Karma*
- *Lekhana Basti*

Table 10.3: Medicines at level 3 for Hypothyroidism

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Phalatrikadi Kwatha</i> ⁷	<i>Kwatha</i>	10-15ml	Before meal / twice daily	2-3 weeks	-
<i>Makandi, Kalamegh, Aswagndha and Brahmi</i>	<i>Churna</i>	3-5gm	After meal / twice daily	2-3 weeks	Luke warm water

Rasayana -

- *Shilajatu Rasayana*⁸
- *Vardhamana Pippali*⁹
- *Bhallataka Rasayana*¹⁰

- *Gudardraka Prayoga*

Pathya - Apathya (Diet and life style education): Same as level - 1

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MADHUMEHA (DIABETES MELLITUS)

INTRODUCTION

Prameha is one among the eight *Maharoga* (disorders needing serious concern) and explained as most important among *Anushangi Roga* (chronic disorders) manifested as polyuria with turbidity in urine occurs due to vitiation of *Kapha Dosha* and *Meda Dhatu*. *Madhumeha* the commonest clinical presentation of *Prameha* can be compared to Diabetes Mellitus. All such diet and life style factors which increase *Kapha*, *Meda* and *Kleda*, contribute in the pathogenesis of *Madhumeha*. *Prameha* can be classified into two as *Sthula Pramehi* or *Apathya Nimittaja Pramehi* with clinical features of obesity along with excessive frequency of urination. In the second variety, *Vata* may be dominantly involved, and such patients are lean and termed as *Krisha Pramehi*. Further *Prameha* can be further classified into *Kapha Prameha*, *Pitta Prameha* and *Vata Prameha* according *Dosha* involvement. *Kapha Prameha* is *Sadhya* (curable), *Pitta Prameha* is *Yapya* (manageable) and *Vata Prameha* is *Asadhya* (incurable).

Case Definition:

Excessive urination which may be associated with excessive thirst and hunger, lethargy, numbness or burning sensation in the extremities, calf muscle cramps or sudden loss of weight with raised blood sugar levels (BSL).

General Diagnostic criteria

1. Increased frequency of urine
2. Turbidity in urine
3. Excessive thirst & hunger
4. Lethargy
5. FBS >125 mg/dl and (or) PPBS >200 mg/dl¹

Along with, any 2 or more of the following symptoms:

- a. Like cool surroundings (Subjective)
- b. Sweetness in mouth (Subjective)
- c. Burning / Numbness in palms & soles (Subjective)
- d. Ants noted in the toilet (Subjective)

***Sthula Pramehi*:** General Diagnostic criteria + BMI > 25

***Krisha Pramehi*:** General Diagnostic criteria + BMI < 18

***Kapha Pramehi*:** General Diagnostic criteria + BMI > 25 with some of the following features

- Recent onset of Diabetes (< 2 years)
- Take excessive sweets and high calorie diet
- Bulk eating habit
- Indigestion, predominant upper GIT symptoms and recurrent Upper Respiratory Tract symptoms

Pitta Pramehi: General Diagnostic criteria + BMI >18 and <25 with some of the following features

- Medium onset of Diabetes (2-6 years)
- Use of excessive spicy and salty diet
- Moderate eating habit
- Acidity predominant, upper GIT symptoms and recurrent Urinary Tract Infections

Vata Pramehi: General Diagnostic criteria + BMI < 18 with some of the following features

- Chronic onset of Diabetes (> 6 years)
- Use of dry low nutritional diet
- Less eating habit

Differential Diagnosis:

- *Sthoulya*
- *Mutratisara*

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation patient can be diagnosed provisionally as with subtypes as *Sthula / Krisha* and *Doshik* variety *Kapha/ Pitta/ Vata*. Patients diagnosed as *Sthula / Kapha / Pitta* and having at least moderate physical strength and blood sugar level as follows may be treated at this level.

- FBS >110 upto 180
- PPBS > 200 upto 280

Investigation:

- Blood-sugar level
- Urine- sugar

Treatment: In the initial stage when the patient is having mild raised blood sugar levels and not associated with major complications, along with diet restriction, two or more of following drugs may be given as in table 11.1:

Table 11.1: Medicines at level 1 for Madhumeha

Drugs	Dosage form	Dose	Time of administration	Dosha Specification	Anupana
Vijayasaradi Kwatha	Decoction	10-15 ml	Before meal / twice a day	<i>Kapha / Pitta</i>	-
<i>Phalatrikadi Kwatha</i> ¹	Decoction	10-15 ml	Before meal / twice daily	<i>Kapha / Pitta</i>	-
Kathakakhadiradi Kashaya	Decoction	10-15 ml	Before meal / twice a day	<i>Kapha</i>	-
<i>Nisha Katakadi Kashaya</i>	Decoction	10-15 ml	Before meal / twice a day	<i>Pitta</i>	-
<i>Nisha-Amalaki</i> ²	Powder	6 gm	After meal / twice a day	Irrespective of <i>Dosha</i>	With water
<i>Mamajjaka Ghana Vati</i>	<i>Vati</i>	2-3 Tab	Before meal / thrice a day	-	With water

<i>Sapta Rgangyadi Vati</i> ³	<i>Vati</i>	2-3 Tab	Before meal / thrice a day	-	With water
<i>Gokshuradi Guggulu</i> ⁴	<i>Vati</i>	2-3 tablet	Before meal / thrice a day	<i>Paittika</i> with UTI	With water
<i>Triphala</i> ⁵	Powder / Tab	3-6 gm / 2-3 Tab	Before meal / thrice a day		With warm water

Pathya - Apathya (Diet and life style education):

Do's-

- **Ahara:** Use of *Purana Dhanya* (grains harvested 1 year back), *Bharjit Dhanya* (roasted grains), *Yava* (Barley), *Mudga* (Green grams) and *Kulattha* (Horse grams), *Adhaki*, *Masura* (Lentils), *Makushtha* are recommended. Bitter leafy vegetables like fenugreek, *Atasi* (Flaxseed), *Sarshapa* (mustard) are recommended; roasted meat of dry habitats animals

Table 11.2: Chart Showing various diet Useful in *Prameha*

Type of Diet	Name
Cereals	<i>Yava</i> (Barley) (<i>Hordeum vulgare</i>), <i>godhuma</i> (wheat), <i>kodrava</i> (grain variety - <i>Paspalum scrobiculatum</i>) <i>uddilaka</i> (according to <i>dhanvantari Nighantu</i> forest variety of <i>kodrava</i>), <i>Kangu</i> (<i>Seteria italica</i>), <i>Madhulika</i> (<i>Elusine coracana</i>), <i>Shyamaka</i> (<i>Echinochloa frumentacea</i>), <i>Jurnahva</i> (<i>Sorghum vulgare</i>), <i>Vajranna</i> (<i>Pennisatum typhoides</i>), <i>Purana shali</i> (old rice),.
Pulses	<i>Adhaki</i> (red gram- <i>Cajanus cajan</i>), <i>kulattha</i> (horse gram) and <i>mudga</i> (green gram), <i>Masura</i> (Lentils), <i>Makushtha</i> (Moth Bean/ <i>Acynite bean</i>), <i>Chanaka</i> (<i>Cicer arietinum</i>) should be taken with bitter and astringent leafy vegetables.
Vegetables	<i>Navapatola</i> (young <i>Tricosanthus dioica</i>), young vegetables variety of banana, <i>tanduleyaka</i> (<i>Amaranthus spinosus</i>), <i>vastukam</i> (bathuva), all bitter vegetables (<i>tiktasakam</i>) like <i>methika</i> (Fenugreek leaves), <i>Karavellaka</i> (Bitter gourd), <i>Bimbi</i> (Kovai), <i>Shigru</i> fruits and leaves (Drum stick), <i>Vrintaka</i> (Brinjal), <i>Rakta vrintaka</i> (Tomato), <i>Putiha</i> (mint leaves), <i>Suran</i> (<i>amorphophellus</i>), <i>Curry leaves</i> , <i>Mulaka</i> (radish), <i>Kushmanda</i> (Ash Gourd), <i>Kritavedhana</i> (Ridge gourd), <i>Alabu</i> (Bottle gourd),
Fruits	<i>Jambu</i> (<i>Syzigium cumini</i>), <i>Kapitha</i> (<i>Feronia limonia</i>), <i>Amlaki</i> (<i>Phyllanthus embilica</i>), <i>Bilva</i> (Bael - <i>Aegle marmelos</i>), <i>Dadima</i> (Pomegranate - <i>Punica granatum</i>), <i>Naranga</i> (Orange - <i>Citrus aurantium</i>), <i>Parushaka</i> (Falsa - <i>Gravia asiatica</i>), <i>Udumbara</i> (Cluster Fig - <i>Ficus racemosa</i>) etc fruits.
Flesh	Birds like <i>Kapota</i> (Pigeon), <i>Titira</i> (Grey Francolin)

Oils	<i>Atasi</i> (Linum usitatisimum), <i>Sarshapa</i> (mustard).
Condiments	<i>Haridra</i> (Turmeric), <i>Maricha</i> (Pepper), <i>Tvak</i> (Cinnamon), <i>Lashuna</i> (Garlic), <i>Shunthi</i> (Ginger), <i>Methika</i> (Fenugreek), <i>Dhanyaka</i> (Coriander), <i>Jeeraka</i> (Cumin seeds)

- **Vihara:** Ayurvedic texts suggest Long walks, swimming, hard labor like pulling carts, digging wells, serving animals etc. All this involves muscular activity, which will help in maintaining muscle tone and peripheral utilization of glucose. Today, weight training exercises can be done. Following norms should be followed before or after exercise:
- Exercise should be initiated at low intensity and should be gradually increased
- It should not be done after eating heavy meals.
- It should be done regularly at fixed timings.
- Before exercise, a person should have taken proper sleep, his diet should have been digested properly.

Don'ts -

- **Ahara:** Excessive use of sweets, fruit salad, Sugarcane, fruits like Mango, Watermelon, Chikoo, Dates, Jack fruits, Custard apple, Banana, Grapes, Cashew nuts, and other fruits with high glycemic index, use of cold drinks, intake of oil, Hydrogenated Ghee, fried food, over indulgence of meat especially of wet land animals, to take food before complete digestion of previous food, to take food in improper time and in varied quantity.

- **Vihara:** Day time sleep especially just after taking heavy meal, irregular pattern of sleep i.e. less than 5 hours or more than 10 hours in a day or in improper way, no or less or infrequent exercise.

Referral Criteria: Patient not responding to above mentioned management in terms of symptomatology and reduction in blood sugar levels and developing signs of complication of Diabetes may be referred to the next level.

LEVEL 2: AYURVEDIC HOSPITAL WITH INDOOR FACILITIES:

All patients referred from level 1 and those patients diagnosed as *Krishha Parmehi* / *Vata* / *Durbala* / *Pitta* with *Medo Dushti* may be treated at this level

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigation: Same as level 1; in addition

1. Hb A1C
2. Lipid profile

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient (Table 11.3). *Rasaushadhi* (Herbo-mineral drugs) or herbal drugs of potential pharmaco-vigilance importance can be used at this level. Patient may be kept under observation while prescribing these kinds of medicines.

Table 11.3: Medicines at level 2 for *Prameha*

Drugs	Dosage form	Dose	Time of administration	Specific indications	Anupana
<i>Shiva Gutika</i> ⁶	<i>Vati</i>	1-2 tablet	Before meal / twice a day	Diabetic Impotence, Neuropathy	-
<i>Vanga Bhasma</i> ⁷	Powder	125-250 mg	After meal / twice a day		Water
<i>Trivanga Bhasma</i> ⁸	Powder	125-250 mg	After meal / twice a day		Water
<i>Vasanta Kusumakara Rasa</i> ⁹	Powder	125-250 mg	After meal / twice a day	Diabetic peripheral neuropathy	Water
<i>Arogyavardhini Vati</i> ¹⁰	<i>Vati</i>	1-2 tablet	Before meal / thrice a day		With water
<i>Chandraprabha Vati</i> ¹¹	<i>Vati</i>	2-3 tablet	Before meal / thrice a day	Diabetic nephropathy	With water

Pathya-Apathya (Diet and life style education): Same as level 1

Referral Criteria: Patients' blood sugar not well under control and having associated conditions like Macrovascular complications like Ischemic heart disease, microvascular complications like diabetic kidney disease, retinopathy, neuropathy etc may be referred to the next level.

LEVEL 3: HOSPITALS WITH INDOOR FACILITIES LIKE PANCHAKARMA, KSHARASUTRA ETC. AND HAVE INTEGRATIVE FACILITIES

All patients referred from level 2 should be treated at this level. All patients come under *Sthula Pramehi / Balavan / Kapha / Pitta Pramehi* and willing to undergo *Shodhana* line

of management for better recovery should be treated at this level. All patients of *Krishna Pramehi / Vata / Durbala* should be treated at this level. Patients having HbA1c above 9 should be treated at this level.

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation:

1. Serum electrolytes
2. Blood urea and serum creatinine
3. Urine for Micro albumin
4. ECG
5. Fundus examination

Treatment: In addition to the management of Level 1 and Level -2, if needed *Panchakarma* procedures can be performed.

- *Udavartana* with *Yava Kolakulatha Churna*, *Triphala* powder or *Yava* powder
- *Snehapana* with *Sarshapa Taila*, *Dhanwantaram Ghrita*, *Kalyanakam Ghrita*
- *Vamana Karma* with *Madanaphala Churna* (5-10 gm), *Pippali Churna* (1-2 gm), *Vacha Churna* (2-3 gm), *Rock salt* (5-6 gm), *Honey* (Q.S.), for *Vamanopaga - Nimba Kashaya*.
- *Virechana* with *Brihat Triphala Churna*, *Mishraka Sneha*,
- *Asthapana Basti* prepared with decoction of drugs from *Surasadi Gana* or *Nyagrodhadi Gana*.

Patient with *Apatarpana Janya* presentation (*Vata* predominance)

1. *Yapana Basti / Madhutailika Basti* with *Erandamoola* Decoction, *Shatapushpa* paste, *Honey* and *oil* in equal quantity, *Rock salt*.
2. *Anuwasana Basti* with *Dhanwantaram Ghrita*, *Dhanwantaram Taila*, *Guggulu Tiktaka Ghrita*
3. *Shirodhara*
4. *Sarvanga taila / Kseeradhara*

Pathya - Apathya (Diet and life style education): Same as level 1, along with modifications in diet and exercise should be made as per the strength and built of the concerned patient. Moderately nourishing article which do not aggravate *Kapha* and *Meda* can be advised.

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STHOULYA (OBESITY)

INTRODUCTION

Sthaulya is excessive body weight due to vitiated status of *Kapha*, *Rasa* and *Meda*. Certain genetic characteristics may increase an individual's susceptibility to excess body weight. *Atisthauya* has been discussed under *Ashtanindita Purusha* (eight undesirable conditions).

Case Definition

Increased body mass i.e. BMI more than ≥ 25 (kg/m^2) associated with pendulous abdomen-buttocks-breasts, dyspnea on exertion, weakness, excessive perspiration and hunger, is termed as *Sthaulya*.

Differential Diagnosis:

- Metabolic syndrome,
- Hypothyroidism,
- Cushing syndrome
- PCOD

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: Clinical presentation i.e. overweight/obese, BMI more than 25 (kg/m^2), waist circumference value more than 80 cm in female and 102 cm in male, patient can be diagnosed as case of *Sthaulya*.

Investigations: Nothing specific

Examination:

- BMI which includes weight measurements
- Waist circumference values
- Anthropometry measurements

Treatment: Obesity being life style disorder, diet restriction, physical exercise with life style modification is the most important part of management.

- If the patient presents with features of *Ama* and impaired digestion, for the beginning few days *Trikatu* powder or a mixture of *Haritaki*, *Guduchi* and *Shunthi* powder in the dose of 3-6 gm, before meal twice daily shall be given for 2-3 weeks with lukewarm water.
- Similarly, patient complaining of constipation and low appetite shall be treated first with laxatives like *Triphala* powder or *Haritaki* powder 5-6 gm twice daily empty stomach with lukewarm water.
- In addition, patient may be encouraged to drink medicated warm water like *Musta Siddha Jala*, *Triphala Siddha Jala* instead of taking normal water.

Table 12.1: Medicines at level 1 for *Sthaulya*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Triphala</i>	<i>Churna</i>	3-6 gm	Before meal/ twice daily	4-8 weeks	Luke warm water
<i>Musta</i> ¹	<i>Churna</i>	3-6 gm	Before meal/ thrice daily	4-8 weeks	Luke warm water
<i>Haritaki</i> ²	<i>Churna</i>	3-6 gm	Before meal/ thrice daily	4-8 weeks	Luke warm water
<i>Katuki</i> ³	<i>Churna</i>	3-6 gm	Before meal/ thrice daily	4-8 weeks	Luke warm water
<i>Vidanga Churna</i> ⁴	<i>Churna</i>	3-6 gm	Before meal/ thrice daily	4-8 weeks	Luke warm water
<i>Gomutra Haritaki</i> ⁵	<i>Vati</i>	3-6 gm	Before meal/ twice daily	2-3 weeks	Luke warm water
<i>Phalatrikadi Kwatha</i> ⁶	<i>Kwatha</i>	20-40 ml	Before meal/ twice daily	2-3 weeks	-
<i>Kanchanara Guggulu</i> ⁷	<i>Vati</i>	0.5 -1gm	Before meal/ twice daily	2-3 weeks	Warm water
<i>Triphala Guggulu</i> ⁸	<i>Vati</i>	0.5-1gm	Before meal/ twice daily	2-3 weeks	Warm water
<i>Medohara Guggulu</i>	<i>Vati</i>	0.5-1gm	Before meal/ twice daily	2-3 weeks	Warm water
<i>Vidangadi Lauha</i> ⁹	<i>Vati</i>	250-500 mg	Before meal/ twice daily	2-3 weeks	Warm water
<i>Abhayarishta</i> ¹⁰	<i>Arishta</i>	10-20 ml	After meal/ thrice daily	2-3 weeks	Equal quantity of water
<i>Arogyavardhini</i> ¹¹	<i>Vati</i>	250-500 mg	Before meal/ twice daily	2-3 weeks	Warm water

Note: selection of above drugs depends upon the status of obesity, e.g.

- Patients having overweight i.e. BMI between 25 and 30 and have no other associated conditions like hypothyroidism or positive family history of obesity, may be given drugs like *Triphala* powder, *Haritaki* powder or *Triphala Guggulu Vati* or *Gomutra Haritaki Vati* along with strict diet and life style modification.
- Patients having BMI between 30 and 35, may be given above mentioned drugs with *Anupana* of *Phalatrikadi*

Kwatha or drugs like *Kanchanara Guggulu*, *Medohara Guggulu* or *Vidangadi Lauha* may be added. Patients having *Udavarta* like pathogenesis i.e. chronic history of severe constipation and having *Kapha* dominant *Prakriti* may be better treated with *Arogyoardhini*, *Abhyarishta*, *Katuki* powder or *Gomutra Haritaki Vati*.

- Patients having BMI more than 35 and having genetic predisposition may be given long term management and if needed, may be referred to higher centers for better management.

Pathya-Apathya (Diet and life style):

Do's-

- **Ahara:** *Chapatti* prepared with Yava (barley), maize, millet like *Jowara*, *Ragi*; regular use of *Laja* (puffed rice/grains), *Moonga Daal* (green gram) with or without husk or sprouted or *Tuvar Daal* in food. Use of fruits like papaya, orange, sweet lemon, coconut water, salads prepared with cucumber, carrot, radish, spinach etc. Vegetables soups prepared of *Patola* (*Trichosanthes dioica*), gourd etc. Luke warm water and seasoned honey.
- **Vihara:** Waking up early morning, regular exercises, brisk walking, swimming, playing outdoor games, Yoga.

Don'ts-

- **Ahara:** Heavy fried food, black gram, refined foods such as white

flour, peas, chick peas, potatoes, curd, milk, fermented and bakery items, day sleep,

- **Vihra:** excess sleep and sedentary life style

Referral criteria: Patients not responding to above mentioned management, BMI more than 35, having genetic or hormonal involvement or uncontrolled hypertension, diabetes, hypothyroidism or IHD

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as Level 1: For a fresh case reporting directly.

Sthaulya due to hormonal imbalance should be treated depending upon the underlying pathogenesis.

Investigation: Same as level 1: In addition

- Thyroid function test

Treatment:

- Patient suffering from Hypothyroidism may be given additional treatment like *Kanchanara Guggulu*, *Chincha Bhalltaka Vati*, *Varuna Shigru Kwatha*, *Amrutadi Guggulu*, *Vardhamana Pippali Rasayana*. In addition, external treatment in the form of *Udvaartana* with *Triphala Churna*, barley powder or *Bashpa Swedana* may also be done.
- Patients suffering from Diabetes Mellitus may be given *Phalatrikadi Kwatha*, *Guduchyadi Kwatha*, *Shilajatu*.

Table 12.2: Medicines at level 2 for *Sthaulya*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Apamarga Tandula</i>	<i>Churna</i>	2-3 gm	Before Meal/ twice daily	1 Months	Warm water
<i>Lohaarishta</i> ¹²	<i>Arishta</i>	5-10 ml	After meal/ thrice daily	2-3 weeks	Equal quantity of water
<i>Shilajatu</i>	<i>Churna</i>	500 mg	Before meal/ thrice daily	2-3 weeks	Madhu/ warm water
<i>Triphaladi Taila</i> ¹³	<i>Taila</i>	10-20 ml	Before meal/ twice daily	2-3 weeks	Warm water

In addition to it,

Mridu Virechana: As per the status of the patient, *Mridu Virechana/Koshtha Shuddhi* with *Haritaki* powder 5-10 gm with warm water 3-5 days before treatment. Similarly patient may be kept on fasting for early few days.

Pathya-Apathya (Diet and life style): Same as level 1

Referral criteria: Cases not responding to above therapy and needs further management in the form of *Panchakarma* procedures.

**LEVEL 3: AYURVEDA
HOSPITALS AT INSTITUTIONAL
LEVEL OR DISTRICT
HOSPITAL / INTEGRATED
AYURVEDIC HOSPITALS**

Clinical Diagnosis: Same as Level 1 for a fresh case reporting directly

Investigation: Hormonal assessment for endocrinal disorders

Treatment: In addition to the management of Level 1 and Level 2, *Panchakarma* procedures as follows:

Vamana:

- *Vamana Karma* but for *Snehana* should be either avoided or oil should be used instead of *Ghrita*¹.

Virechana:

- *Virechana Karma* with *Triphala Kwatha* 100 ml along with *Eranda* (castor) oil 40 ml or any other suitable *Virechana Kalpa*

Tikshna Basti: *Kshara Basti, Lekhana Basti*

Rasayana:

1. *Shilajatu Rasayana Kalpa*
2. *Amalaki Rasayana Kalpa*
3. *Vardhamana Pippali Rasayana Kalpa*
4. *Vidangadi Rasayana Kalpa*
5. *Haritakyadi Rasayana Kalpa*

Pathya-Apathya (Diet and life style): Same as Level 1

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Purishavaha Srotas Roga



ARSHA (HAEMORRHOIDS / PILES)

INTRODUCTION

Arsha is defined that the mass which is formed in *Guda* by pathological involvement of *Twak*, *Mamsa* and *Meda*. Moreover it is also opined by Charaka that a projection which is produced in *Guda* is called *Arsha*, while in other places of body is known as *Adhimansa*.

Arsha (Haemorrhoids) has been primarily classified into two types like *Shushka* and *Ardra*, *Sahaja* (congenital) and *Jatottara* (originated later on due to its own causes). Considering *Doshic* dominance, it is again classified into four varieties i.e. *Vataja*, *Pittaja*, *Kaphaja* & *Shonitaja*. Two or three *Doshas* together can produce mixed types of *Arsha*. Four kinds of

treatments have been mentioned for *Arsha* i.e. *Shastrakarma* (surgical treatment), *Agnikarma* (cauterization), *Ksharkarma* (cauterization with alkali) and *Shaman Chikitsa* (medicines).

Case Definition:

Feeling of external mass in anal region associated with or without bleeding and pain. It usually occur at the level of Ano-rectal ring and prolapsed through anus at 3, 7 and 11 o'clock positions.

Various Presentations:

According to the predominance of particular *Dosha*, following presentations of the disease may be found.

Table 13.1: Types of Arsha with their characteristics

Features	Vatika	Paittika	Kaphaja	Raktaja
Morphology of Pile mass	Wrinkled, hard, rough, dry, dusky red coloured pile mass, Shape like <i>Karpasa Phala</i> or <i>Kadamba Puspa</i>	Soft, flabby and delicate, red yellow black or blue coloured pile mass, Shape like <i>Jalauka</i> or <i>Yava</i>	Large sized, protuberant, smooth, rigid and benumbed, pale or white coloured pile mass shape like <i>Karira</i> , <i>Panasa Ashti</i> , <i>Gaustana</i>	Shape like <i>Vata</i> , <i>Gunja seed</i> , <i>Vidruma</i>
Discharge	Absent	Foul smelling thin yellowish red discharge	continuous and profound discharge of tawny, whitish or reddish and slimy fluid	-
Bleeding	-	Present	-	Severe
Vega	Retention of flatus, urine and feces	-	-	-

Colour of <i>Twak, Nakha, Mukha, Netra, Mala and Mutra</i>	Blackish	Yellowish or greenish	Whitish	-
On palpation	-	Tender	Painless	Hot
Associated Features	Colicky, pricking pain, twitching, tingling	Burning sensation, itching, pricking pain and tendency to suppuration	Thick & long standing swelling, excessive itching	Loss of strength & valour, senses become weaker, Immunity decreases

Differential Diagnosis:

- Rectal prolapse (*Gudabhramsa*)
- Fissure-in-ano (*Parikartika*)
- Ulcerative colitis and Crohn's disease
- Condyloma Acuminata
- Proctitis
- Ano-rectal warts
- Ano-rectal abscess
- Rectal polyp
- Malignant tumours (*Arbuda*)

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentations, patient can be diagnosed provisionally as case of *Arsha*.

Investigations: At this level, no specific test is needed to be performed.

Treatment: In the initial stage, when the patient is having mild features of *Arsha*, along with diet restriction, two or more of following drugs may be given:

Table 13.2: Medicines at level 1 for *Arsha*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Haritaki Churna</i> ¹	<i>Churna</i>	2-4 gm	Empty stomach / bed time or early morning	2-3 weeks	Luke warm water
<i>Triphala Churna</i> ²	<i>Churna</i>	2-4 gm	Empty stomach / bed time or early morning	1-2 weeks	Luke warm water
<i>Draksha</i> ³	Dried fruit	10-20 gm	Empty stomach / bed time or early morning	1-2 weeks	Luke warm water

<i>Aragvadha</i> ⁴	<i>Churna</i>	2-4 gm	Empty stomach / bed time or early morning	1-2 weeks	Luke warm water
Castor oil ⁵	Oil	10-20 ml	Empty stomach / bed time or early morning	1-2 weeks	Luke warm water
<i>Avipattikara Churna</i> ⁶	<i>Churna</i>	5-10 gm	Empty stomach / bed time or early morning	2-5 days	Water
<i>Piplayadi Ghrita</i> ⁷	<i>Ghrita</i>	5 gm	Twice daily before meals	1-2 weeks	Luke warm water
<i>Takrarishta</i> ⁸	<i>Arishta</i>	10 -20 ml	Twice daily after meals	1-2 weeks	Equal quantity of water
<i>Abhayarishta</i> ⁹	<i>Arishta</i>	10 -20 ml	Twice daily after meals	1-2 weeks	Equal quantity of water
<i>Surana Vataka</i> ¹⁰	<i>Vataka</i>	500 mg	Twice daily after meals	1-2 weeks	Luke warm water
<i>Eranda Bhrishta Haritaki</i>	<i>Churna</i>	3-5 gm	Empty stomach / bed time or early morning	2-5 days	Luke warm water

Local Application:

- **Parishek:** *Arka*¹¹, *Eranda*¹², *Bilvapatra Kwatha*¹³
- **Avagaha:** *Triphala Kwatha*¹⁴, *Panchavalkala Kwatha*
- **Dhoopana:** *Arkamoola*¹⁵ and *Shamipatra*¹⁶
- **Abhyanga:** *Jatyadi Taila*¹⁷, *Murivenna*

Matra Basti: *Jatyadi Taila Pippalyadi Taila*

Patha-Apathya (Diet and life style):

Do's -

- **Ahara:** Green gram, fruits like *Draksha*, orange juice, sweet lemon juice, musk melon, salads prepared from cabbage, cucumber, carrot,

spinach and vegetables prepared from green leafy vegetables, *Surana*, *Patola*, gourd, intake of sufficient quantity of warm water.

- **Vihara:** Regular exercises like walking, jogging, outdoor games, following daily & seasonal regimen properly.

Don'ts -

- **Ahara:** Heavy food articles and preparation, green peas, black eyed beans, yellow gram, raw vegetables and salads, refined foods such as white flour, cabbage, cauliflower, brinjal, peas, potato.
- **Vihara:** Jobs involving sedentary activities, continuous standing,

sitting for long durations on hard seats, continuous cycling or bike riding etc.

Referral criteria:

1. Cases not responding to the therapy
2. All case of moderate to severe bleeding per rectum
3. Cases with complications

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: The diagnosis is made on the basis of criteria mentioned in level-1 for fresh cases. The case referred from level-1 or

fresh case must be evaluated thoroughly for any complication.

Examination:

- Per rectal examination
- Proctoscopic examination

Investigations:

- CBC
- Special investigations like ECG, Chest X-Ray may also be required for surgical fitness of patients who requires operation.

Treatment: Treatment given in level-1 may be continued. Following medicines may be added; patient may be kept under observation while prescribing these kinds of medicines.

Table 13.3: Medicines at level 2 for Arsha

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Arogyavardhini Vati</i> ¹⁸	<i>Vati</i>	1-2 <i>Vati</i>	At bed time or early morning empty stomach	1-2 weeks	Luke warm water
<i>Arshakuthara Rasa</i> ¹⁹	<i>Vati</i>	1-2 <i>Vati</i>	At bed time or early morning empty stomach	1-2 weeks	Luke warm water
<i>Kankayana Vati</i> ²⁰	<i>Vati</i>	1-2 <i>Vati</i>	At bed time or early morning empty stomach	1-2 weeks	Luke warm water
<i>Phalatrikadi Kwatha</i> ²¹	<i>Kwatha</i>	20-40 ml	Empty stomach / twice a day	1-2 weeks	-
<i>Erandamula Kwatha</i> ²²	<i>Kwatha</i>	20-40 ml	Empty stomach / twice a day	1-2 weeks	-

Pathya - Apathya (Diet and life style education): Same as level 1

Referral criteria:

- Patients with severe bleeding per rectum.
- Patients having severe anaemia, who needs blood transfusion.
- Piles cases associated with other disorders like heart disease, uncontrolled BP, DM, HIV positive, HbsAg positive, VDRL positive, malignancy etc.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1: For a fresh case reporting directly

Investigations: Same as level 2

Treatment: At this level, in addition to treatment options of level 1 and 2, the following treatment options should also be tried.

Kshara Karma (potential cauterization)

1. *Kshara Pratisarana*
2. *Kshara Sutra* ligation
3. *Agni Karma* (direct cauterization)
4. *Shastra Karma* (surgical management)
5. Classical *Virechana Karma*

Pathya - Apathya (Diet and life style education): Same as level 1

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ATISARA (DIARROHEA)

INTRODUCTION

Atisara is an acute gastrointestinal disorder characterized with increased frequency of stools with loose motions.¹ This could be correlated with various diarrhoeal conditions.

Case definition:

Excessive passage of watery stools associated with discomfort in abdomen,

cardiac, umbilical & anal region, and malaise.

Types:

Considering the cause, there are main types named as *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Amaja*, *Bhayaja* / *Shokaja*. Depending upon the stage, classics have classified *Atisara* as *Sama* or *Nirama*.

Table 14.1: Types of *Atisara* with their characteristics

Types	Symptoms
<i>Aamatisara</i>	Unformed stool with excessive mucus with foul odour, usually associated with features of <i>Ama</i> like flatulence, heaviness in abdomen or body, loss of appetite, lethargy.
<i>Pakvatisara</i>	Stool which is contrasting to characteristics and symptoms of <i>Amatisara</i> .
<i>Vataja</i>	Patient frequently passes small quantity of liquid stool with flatus or froth, with discomfort or pain in abdomen, anus, thigh or sacral region, associated with horripilation, increased respiration, dryness of mouth, weakness
<i>Pittaja</i>	Patient passes stool with yellow, green, black tinge which may contain blood with exceedingly foetid smell. Associated features may include increased thirst, burning sensation, sweating, fainting, colic pain, inflammation and suppuration in anus
<i>Kaphaja</i>	Patient passes stool as unctuous, white, slimy, foetid smell mixed with mucus, with frequent colic pain, or tenesmus. Associated complains may include heaviness in abdomen, anus, pelvis and groin, horripilation, nausea, lassitude and aversion to food.
<i>Sannipataja</i>	Mixed symptoms of <i>Tridoshaja</i> (incurable)
<i>Bhayaja</i> and <i>Shokaja</i>	The presentation of this variety is similar as <i>Vataja Atisara</i> . But in addition to it, psychological factors can be traced in the induction of loose stool

Differential Diagnosis:

1. *Grahani*
2. *Pravahika*
3. *Vishoochika*
4. *Krimiroga*
5. *Ajeerna*

Line of treatment

- *Nidana Parivarjana* should be the first line of treatment.
- *Shodhana Chikitsa* – Nil
- *Shamana Chikitsa*- *Langhana, Pachana, Deepana, Grahi, Stambhana*
- External applications - Nil
- *Rasayana Chikitsa* for *Grahani*
- Treatment according to *Doshik* involvement

- General line of treatment prescribed for *Purishavaha Srotas*

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC / PHC

Clinical Diagnosis: On the basis of history and clinical presentation.

Investigations: Routine stool examination

Treatment: In the initial stage of *Amatisara*, it is not necessary to use *Stambhana* drugs. *Pachana* and *Deepana* should be advised.

Table 14.2: Medicines at level 1 for *Atisara*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Shunthi Churna</i>	<i>Churna</i>	2-3 gm	3-4 times	1-2 days	<i>Takra</i>
<i>Sanjivani Vati</i> ²	<i>Vati</i>	1-2 <i>Vati</i>	Before food 2-3 times a day	Till symptom subsides	Plain water
<i>Bilwadi Gutika</i> ³	<i>Vati</i>	1-2 <i>Vati</i>	Before food 2-3 times a day	Till symptom subsides	Plain water
<i>Ativisha Churna</i> ⁴	<i>Churna</i>	125-250 mg	Before food 2-3 times a day	Till symptom subsides	Plain water
<i>Bilwamoola Churna</i> ⁵	<i>Churna</i>	1-2 gm	Before food 2-3 times a day	Till symptom subsides	Plain water
<i>Musta Churna</i> ⁶	<i>Churna</i>	3-6 gm	After meal / thrice a day	Till symptom subsides	Plain water
<i>Dadima Phala Twak Churna</i>	<i>Churna</i>	3-6 gm	After meal / thrice a day	Till symptom subsides	Plain water
<i>Dadimashtaka Churna</i> ⁷	<i>Churna</i>	3-6 gm	After meal / thrice a day	Till symptom subsides	Water / fresh butter milk
<i>Kutaja Churna</i> ⁸	<i>Churna</i>	3-6 gm	After meal / thrice a day	Till symptom subsides	Water / fresh butter milk
<i>Balachaturbhadra Churna</i> ⁹	<i>Churna</i>	3-6 gm	After meal / thrice a day	Till symptom subsides	Honey / water
<i>Kutajaghan Vati</i>	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice a day	Till symptom subsides	Plain water
<i>Kutajarishta</i> ¹⁰	<i>Arista</i>	10-20 ml	After meal / thrice a day	Till symptom subsides	Equal amount water

Pathya - Apathya (Diet and life style education):

Do's -

- **Ahara:** Laja Manda, Peya, Vilepi, Khichadi, Shritasheeta Jala, Takra
- **Vihara:** Rest

Don'ts -

- **Ahara:** Heavy Food, sweets and cold items, milk and milk products except buttermilk
- **Vihara:** Overeating, daytime sleep, night wakening, physical & mental stress

Referral criteria:

1. Cases not responding to above therapy.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1 for a fresh case reporting directly.

Investigations:

- Serum electrolytes
- RFT

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added

Table 14.3: Medicines at level 2 for Atisara

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Bruhat Gangadhara</i> ¹¹	<i>Churna</i>	500 mg-2 gm	After meal / thrice daily	Till symptom subsides	Water / fresh butter milk
<i>Hingvastaka Churna</i> ¹²	<i>Churna</i>	2-3 gm	After meal / thrice daily	Till symptom subsides	With water
<i>Mustakaranjadi Kashaya</i> ¹³	<i>Kwatha</i>	12-24 ml	6 am & 6 pm in empty stomach	Till symptom subsides	-
<i>Anandabhairava Rasa</i> ¹⁴	<i>Churna</i>	250-500 mg	After meal / thrice daily	Till symptom subsides	Water
<i>Shankha Vati</i> ¹⁵	<i>Vati</i>	1-2 Vati	After meal / thrice daily	Till symptom subsides	Water
<i>Kutaja Avaleha</i> ¹⁶	<i>Granules</i>	5-10 gm	Before meal / twice daily	Till symptom subsides	-
<i>Karpoorasava</i> ¹⁷	<i>Asava</i>	5-10 drops	Before meal / twice daily	Till symptom subsides	

Pathya - Apathya (Diet and life style education): Same as Level 1

Referral criteria: Cases not responding to above therapy.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: As mentioned above

Investigation:

- Stool culture
- Rapid rotavirus antigen test in stool
- Antigen tests for *Giardia*, *Cryptosporidium* and *E. histolytica*
- USG abdomen, colonoscopy

Treatment: In addition to the management mentioned in Level 1 & 2, some of the following can be advised.

Table 14.4: Medicines at level 3 for Atisara

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Panchamruta Parpati Kalpa</i>	<i>Churna</i>	125-250 mg This may be increased gradually upto 750 mg.	Before meal / once a day	10 days	<i>Madhu, Ghrita Bhrushtha Jeeraka Churna</i>
<i>Karpura Rasa</i>	<i>Vati</i>	1-2 <i>Vati</i>	Thrice a day	Till symptom subsides	Water
<i>Picchha Basti: Shalmali, Lodhra, Vatankura and Yastimadhu Kalka</i> mixed with ghee, milk, honey	Emulsion	400 ml	Once a day	Till symptom subsides	-

Pathya - Apathya (Diet and life style education): Same as Level 1 and 2.

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BHAGANDARA (FISTULA-IN-ANO)

INTRODUCTION

Bhagandara is a *Marmaasrita Vyadhi* which affects *Bhaga, Guda & Basti*, characterized by the tract formation, tearing & multiple openings in the perineal region (*Bhaga Pradesha*) around anus & urethra, through which discharge of pus, urine, feces, semen, flatus etc. may occurs. It is a disease of *Madhyama Rogamarga* which lists under *Ashta Mahagada*. It is a *Krichrasadhya Vyadhi*. According to *Dosha* predominance, 8 types of *Bhagandara* are described by different Acharyas. It can be compared to *Fistula-in-ano* in terms of Modern Science.

Case Definition:

One or more than one external opening present anywhere around the anus i.e. in peri-anal area as an elevation of granulation tissue with discharge of pus and associated with pain and itching.

Various Presentations:

Due to predominance of particular *Dosha*, various kinds of presentations my found. Types described by Sushruta Acharya are as follows:

Table 15.1: Types of *Bhagandara* with their characteristics

Features	<i>Shataponaka</i>	<i>Ushtragriva</i>	<i>Parisravi</i>	<i>Shambuk-avarta</i>	<i>Unmargi</i>
Dosha predominance	<i>Vatika</i>	<i>Paittika</i>	<i>Kaphaja</i>	<i>Sannipatika</i>	<i>Agantuja</i>
Possible Modern Correlation	Multiple fistulas	-	-	Horse shoe fistula	-
Structural change	Multiple small, tiny openings	Initially red coloured thin boil followed by quick suppuration.	Initially whitish, long standing boil developed in hard, smooth fistula	Initially a big boil	Ulceration converts into <i>Kotha</i> and finally developed as <i>Fistula</i>
Discharge	Profound, clean frothy discharge	Foul smelling, hot discharge.	Continuous sticky and whitish discharge	Discharge of various colours	-
Associated symptoms	Cutting or pricking type pain.	Severe burning.	severe itching	Pricking pain, burning and itching together.	<i>Krimi</i> (micro organism)

Three more types are mentioned by Vagbhata Acharya which comes under *Dosha Samsargaja* variety.

Table 15.2: Another classification of *Bhagandara* based on *Dosha Samsarga*

Features	<i>Parikshepi</i>	<i>Riju</i>	<i>Arsho</i>
Doshik predominance	<i>Vata Pittaja</i>	<i>Vata Kaphaja</i>	<i>Kapha Pittaja</i>
Structural change	Circular fistula around anus	Straight fistula Tear in rectum	Swelling, later developed as fistula
Discharge	-	-	Continuous discharge
Associated Symptoms	-	-	Severe itching & burning

Differential Diagnosis:

- *Arsha* (Haemorrhoids)
- *Gudabhramsha* (Rectal prolapse)
- *Parikartika* (Fissure-in-ano)
- Ano-rectal carcinoma
- Ano-rectal abscess
- Diverticular Disease
- Herpes Simplex
- Inflammatory Bowel Disease
- Pilonidal Cyst and Sinus
- Proctitis

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC / PHC

Clinical Diagnosis: On the basis of history and clinical presentation, patient can be diagnosed provisionally as case of *Bhagandara*.

Examination: Following examinations will help in the confirmation of diagnosis.

Hard stool mass with line of pus/blood on the direction of fistulous tract opening

1. **Palpation:** One can feel indurated tract, fresh discharge of pus on palpation and mild tenderness.
2. **Digital Examination (Per-rectal):** It can reveal internal opening palpable as a nodule, which can be in the straight line to the external opening or at 6 o'clock in lithotomy position and about middle of the anal canal.

Treatment: In the initial stage when the patient is having mild features of *Bhagandara*, along with diet restriction, two or more of following drugs may be given.

Table 15.3: Medicines at level 1 for *Bhagandara*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Haritaki Churna</i> ¹	<i>Churna</i>	2-4 gm	Empty stomach / at bed time or early morning	2-3 weeks	Luke warm water
<i>Triphala Churna</i> ²	<i>Churna</i>	2-4 gm	Empty stomach / at bed time or early morning	1-2 weeks	Luke warm water
<i>Draksha</i> ³	Dried fruit	10-20 gm	Empty stomach / at bed time or early morning	1-2 weeks	Luke warm water
<i>Aragvadhā</i> ⁴	<i>Churna</i>	2-4 gm	Empty stomach / at bed time or early morning	1-2 weeks	Luke warm water
Castor oil ⁵	Oil	10-20 ml	Empty stomach / at bed time or early morning	1-2 weeks	Luke warm water
<i>Avipattikara Churna</i> ⁶	<i>Churna</i>	5-10 gm	Empty stomach / at bed time or early morning	2-5 days	Water
<i>Abhayarishta</i> ⁷	<i>Arishta</i>	10-20 ml	After meals / twice a day	1-2 weeks	Equal quantity of water
<i>Thriphala Guggulu</i> ⁸	<i>Vati</i>	500 mg (2 <i>Vati</i>)	After meals / thrice a day	1-2 weeks	Luke warm water
<i>Surana Vataka</i> ⁹	<i>Vataka</i>	500 mg	After meals / twice a day	1-2 weeks	Luke warm water

Local or External Application:

- ❖ *Ushnodaka Avagaha* (Hot sitz bath) with 100 ml of *Panchavalkala Kwatha* or *Triphala Kwatha*¹⁰ twice a day
- ❖ *Jatyadi Taila*¹¹, 5-10 ml P/R, twice a day, after *Ushnodaka Avagaha*

Pathya-Apathya (Diet and life style):**Do's -**

- **Ahara:** Green gram, fruits like *Draksha*, orange juice, sweet lemon juice, musk melon, salads prepared

from cabbage, cucumber, carrot and spinach, green leafy vegetables, *Surana*, *Patola*, gourd, intake of sufficient quantity of warm water.

- **Vihara:** Regular exercises like walking, jogging, outdoor games, following daily & seasonal regimen properly.

Don'ts -

- **Ahara:** Heavy food articles and preparations, green peas, black eyed beans, yellow gram, raw vegetables

and salads, refined foods such as white flour, cabbage, cauliflower, brinjal, peas, potatoes

- **Vihara:** Jobs involving sedentary activities, continuous standing, or sitting for long durations on hard seats, continuous bicycle, bike or horse riding etc.

Referral Criteria:

- Cases not responding to above therapy.
- Development of complications
- Fistula-in-ano cases associated with one or more of the following conditions:
 1. Pregnancy
 2. Uncontrolled Tuberculosis
 3. Uncontrolled Hypertension
 4. Uncontrolled Diabetes mellitus

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1 for fresh cases reporting directly. A patient presenting in an advance stage of Fistula-in-ano would have *Doshika Lakshanas* of *Bhagandara* and after examining the case thoroughly, the selection of drugs may be done.

Investigations:

- 1) Digital Examination
- 2) Proctoscopy
- 3) Fistulogram
- 4) Trans-rectal Ultrasonography

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient. Patient should be kept under observation while prescribing these kinds of medicines.

Table 15.4: Medicines at level 2 for Bhagandara

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Guggulu Panchapala Ch.</i>	<i>Churna</i>	2-4 gm	Empty stomach / at bed time or early morning	2-3 weeks	<i>Madhu</i>
<i>Yogaraja Churna*</i>	<i>Churna</i>	2-4 gm	Empty stomach / at bed time or early morning	2-3 weeks	<i>Madhu</i>
<i>Arogyavardhini Vati¹²</i>	<i>Vati</i>	1-2 <i>Vati</i>	Empty stomach / at bed time or early morning	1-2 weeks	Luke warm water
<i>Arshakuthara Rasa¹³</i>	<i>Vati</i>	1-2 <i>Vati</i>	Empty stomach / at bed time or early morning	1-2 weeks	Luke warm water

<i>Drakshasava</i> ¹⁴	<i>Asava</i>	20-40 ml	After meal / twice a day	1-2 weeks	Equal quantity of water
<i>Kumaryasava</i> ¹⁵	<i>Asava</i>	20-40 ml	After meal / twice a day	1-2 weeks	Equal quantity of water
<i>Phalatrikadi Kwatha</i> ¹⁶	<i>Kwatha</i>	20-40 ml	Empty stomach / twice a day	1-2 weeks	-
<i>Erandamula Kwatha</i>	<i>Kwatha</i>	20-40 ml	Empty stomach / twice a day	1-2 weeks	-
<i>Trayodashanga Guggulu</i> ¹⁷	<i>Vati</i>	2-3 <i>Vati</i>	After meal / thrice a day	2-3 weeks	Luke warm water
<i>Shodashanaga Guggulu</i>	<i>Vati</i>	2-3 <i>Vati</i>	After meal / thrice a day	2-3 weeks	Luke warm water
<i>Kaishore Guggulu</i> ¹⁸	<i>Vati</i>	2-3 <i>Vati</i>	After meal / thrice a day	2-3 weeks	Luke warm water
<i>Saptavimshati Guggulu</i> ^{19*}	<i>Vati</i>	2-3 <i>Vati</i>	After meal / thrice a day	2-3 weeks	Luke warm water

* Contraindicated in *Pitta Rakta* predominance

Pathya - Apathya (Diet and life style education): Same as Level -1

Referral Criteria:

1. Cases not responding to above therapy
2. Cases needing surgical intervention (*Shastra Karma / Ksharasutra Chikitsa*)
3. Associated with diseases like Osteomyelitis, chronic or acute Ulcerative Colitis, Crohn's disease etc.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigations: Same as level 2

Treatment: At this level, the following treatment options may be applied in addition to treatment option available at level 1 and 2.

In addition to the treatment prescribed in level-1 and 2, following procedures can be done

1. Classical *Vamana Karma*
2. Classical *Virechana Karma*

Management for *Pakwa Bhagandara Pidika*:

Shastra Karma: After proper *Snehana* and *Swedana*, *Pakwa Pidika* should be incised and drained from most prominent and dependent part. After that packing should be done with sterilized dressing materials and bandage it properly. From next day onwards, dressing should be changed daily with appropriate

Shodhana materials. After complete *Shodhana* of *Vrana*, *Ropana Karma* should be done with appropriate drugs.

Management for established cases of *Bhagandara*:

- *Shastra Karma*

- *Ksharasutra Chikitsa*: *Ksharasutra* can be prepared with *Haridra*²⁰, *Snuhiksheera*²¹, *Arkaksheera*²² etc.

Pathya - Apathya (Diet and life style education): Same as level 1

Note: Treatment of *Parikartika* can also be applied in the management of *Bhagandara*.

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KRIMI (INTESTINAL WORM INFESTATION)

INTRODUCTION

All small organisms ranging from insects to parasites and to micro-organisms can be classified under the term *Krimi*.

Case definition: Acute infestation may present with epigastric pain, peri-umbilical pain, diarrhea etc. Chronic worm infestation is associated with *Pandu Roga*, *Guda Kandu*, weakness and lassitude.

Classification of *Krimi*:

- *Drishta* (visible) and *Adrishta* (invisible to naked eye)
- *Sahaja* (non-pathogenic) and *Vaikarika* (pathogenic)
- *Bahya* (external) and *Abhyantara* (internal)
- *Abhyantara* (internal)

Krimi are further classified as:

- *Shleshmaja*, *Purishaja* and *Raktaja*

Differential Diagnosis:

- Parasites lodging in various organs have symptoms related to these organs such as pneumonitis, abdominal colic, hepatitis, pleritis and epileptic seizures.

- Dermatological symptoms are seen due to larva penetration and migration as in the case of peri anal dermatitis, vaginitis etc.
- Chronic cases of infestation suffer from malnutrition and anemia.
- Children bear stigma of poor growth and development.

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN CLINIC/PHC

Clinical Diagnosis:

- Clinical features of *Krimi Roga*: Diarrhoea, halitosis, pallor, abdominal pain, anemia, headache
- Cases of chronic infestations present with the history of abdominal colics, intermittent diarrhoea, vomiting, signs of malnutrition and poor growth.
- Children with *Enterobius* infection suffer from peri-anal pruritus and sleep disturbance. Young adult with recent onset of epilepsy needs to be investigated for cysticercosis.

Investigations:

Stools – routine and microscopic

Treatment: In the initial stage when the patient is having mild features of Krimi,

two or more of following drugs may be given

Table 16.1: Medicines at level 1 for Krimi

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Vidangadi Churna</i> ¹	<i>Churna</i>	500 mg -2 gm	After meal thrice daily	28 days	Luke warm water
<i>Palasha Beejadi Churna</i> ²	<i>Churna/ Vati</i>	250-500 mg / 1-2 tablet	After meal thrice daily	28 days	Luke warm water
<i>Kampillaka Churna</i> ³	<i>Churna</i>	250-500 mg	After meal thrice daily	28 days	Luke warm water
<i>Nimbadi Churna</i> ⁴	<i>Churna</i>	250-500 mg 1-2 tablet	After meal thrice daily	28 days	Luke warm water
<i>Parasika Yavani Churna</i> ⁵	<i>Churna/ Vati</i>	250-500 mg / 1-2 tablet	After meal thrice daily	28 days	Luke warm water
<i>Krimimudagara Rasa</i> ⁶	<i>Churna/ Vati</i>	250-500 mg	After meal thrice daily	28 days	Luke warm water
<i>Krimikuthara Rasa</i> ⁷	<i>Churna/ Vati</i>	250-500 mg	After meal thrice daily	28 days	Luke warm water
<i>Vidanga Avaleha</i>	<i>Avaleha</i>	5-10 gm	After meal thrice daily	28 days	Luke warm water
<i>Krimighna Vati</i>	<i>Vati</i>	1-2 tablet	After meal thrice daily	1 month	Luke warm water
<i>Vidangarishta</i>	<i>Arista liquid</i>	10-30 ml	Twice daily after meal	One month	Luke warm water

Pathya-Apathya (Diet and life style):

Do's-

- **Ahara:** *Laghu* and *Ushna* diet, red rice (unpolished), *Kulattha*, wheat, barley, *Patol*, *brinjal*, garlic, *Shigru*, chili, black pepper, *Methi* seeds, hot water

Dont's-

- **Ahara:** Fish, *Tila*, milk, sour food, green leafy vegetables, *Amla Phala* (citrus fruits) *Dadhi*, buffalo milk, jaggery, sweets, *Pishtanna* (items prepared with white flour).

- **Vihara:** Suppression of natural urges, *Adhyashana*.

Referral criteria:

1. Neurological complication such as seizures or radiological evidence of cysticercosis of brain.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as Level 1 for a fresh case reporting directly.

Investigations: Nothing specific

Treatment: Same as Level 1. In addition to it if needed following can be done:

- **Apakarsana:** with any of the following suitable Karma – Vamana/ Virechana / Asthapana Basti / Shirovirechana
- Any of the following drugs may be used – *Mulaka, Sarshapa, Lashuna, Karanja, Shigru, Apamarga, Tulasi, Nirgundi, Mushakaparni, Bhallataka*
- **External applications:** *Katu Taila* [mustard oil] in anus region

Table 16.2: Medicines at level 2 for Krimi

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Paribhadra (Erythrina indica) Patra Swarasa</i>	Juice	10-30 ml	Once in the morning empty stomach	One week	Honey
<i>Pootikaranja Swarasa</i>	Juice	10-30 ml	Once in the morning empty stomach	One week	Honey
<i>Haridra Khanda</i>	Granules	5-10 gm	Twice daily after food	1 month	Warm water
<i>Vidanga Churna</i>	<i>Churna</i>	500 mg	For nasal administration (<i>Pradhamana Nasya</i>)	Once a week	Nil

Pathya-Apathya (Diet and life style): Same as level 1

Referral criteria:

- Evidence of complications like perforation, migration or obstruction due to nematodes.
- Neurological/ hepatic complications due to cestode infection causing liver abscess or cysticercosis.
- Children below 2 years with associated malnutrition.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigations:

- Same as level 2 for a fresh case reporting directly.

- Ultrasound abdomen (for localizing hydatid cysts and ascaris in migrated sites.)

Treatment:

- Same as Level 2 for uncomplicated cases.

- Classical *Virechana Karma*
- *Niruha Basti* prepared with *Krimihara* drugs.

Pathya-Apathya (Diet and life style): Same as in Level 1

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PARIKARTIKA

(FISSURE-IN-ANO/ PAINFUL DEFECATION)

INTRODUCTION

Parikarthika is not mentioned as a separate disease entity in any of the *Brihatrayi* or *Laghuthrayi*. Acharya Charaka described it as one among the *Dasha Virechana Vyapat*. *Athiyoga* of *Virechana*, *Atisara*, constipation etc. are the predisposing factors of *Parikartika*. In modern science, it is correlated with fissure-in-ano/painful defecation.

Case Definition:

Feeling of sharp cutting pain in anal orifice during and or after defecation associated with fresh bleeding usually in the form of a streak on passing of hard feces, with itching or burning in anal region.

Differential Diagnosis:

- 1) Lower bowel inflammatory diseases like ulcerative colitis

- 2) Intestinal Tuberculosis
- 3) Carcinoma of large bowel
- 4) Pruritis Ani of varied etiology

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation, patient can be diagnosed provisionally as a case of *Parikartika*.

Investigations: At this level, no specific test is needed to be performed

Treatment: *Chikitsa* should aim at *Anulomana*, *Ropana* & *Sulahara*, deworming.

In the initial stage when the patient is having mild features of *Parikartika* such as hard stool mass with painful defecation, along with diet restriction, two or more of following drugs may be given, in addition to local treatment.

Table 17.1: Medicines at level 1 for *Parikartika*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Haritaki</i> ¹	<i>Churna</i>	2-4 gm	At bed time or early morning empty stomach	2-3 weeks	Luke warm water
<i>Triphala</i> ²	<i>Churna</i>	2-4 gm	At bed time or early morning empty stomach	1-2 weeks	Luke warm water
<i>Draksha</i> ³	Dried fruit	10-20 gm	At bed time or early morning empty stomach	1-2 weeks	Luke warm water
<i>Aragvadha</i> ⁴	<i>Churna</i>	2-4 gm	At bed time or early morning empty stomach	1-2 weeks	Luke warm water

Castor oil ⁵	Oil	10-20 ml	At bed time or early morning empty stomach	1-2 weeks	Luke warm water
<i>Avipattikara Churna</i> ⁶	<i>Churna</i>	5-10 gm	At bed time or early morning empty stomach	2-5 days	Water
<i>Takrarishta</i>	<i>Arishta</i>	10-20 ml	Twice daily after meals	1-2 weeks	Equal quantity of water
<i>Abhayarishta</i> ⁷	<i>Arishta</i>	10-20 ml	Twice daily after meals	1-2 weeks	Equal quantity of water
<i>Surana Vataka</i> ⁸	<i>Vatak</i>	500 mg	Twice daily after meals	1-2 weeks	Luke warm water

Local Application:

Parisheka: *Arka*,⁹ *Eranda*,¹⁰ *Bilvapatra Kwatha*¹¹

Avagaha: *Triphala Kwatha*,¹² *Panchavalkala Kwatha*

Dhoopana: *Arkamoola*¹³ and *Shamipatra*¹⁴

Abhyanga: *Jatyadi Taila*,¹⁵ *Murivenna*

Matra Basti: *Jatyadi Taila*,¹⁶ *Pippalyadi Taila*

Pathya-Apathya (Diet and life style education):

Do's-

- **Ahara:** Green gram, fruits like *Draksha*, orange juice, sweet lemon juice, musk melon, salads prepared from cabbage, cucumber, carrot, spinach and vegetables prepared from green leafy vegetables, *Surana*, *Patola*, intake of sufficient quantity of warm water.
- **Vihara:** Regular exercises like walking, jogging, outdoor games, following daily & seasonal regimen properly.

Don'ts-

Ahara: Heavy food articles and preparations, green peas, black eyed beans, yellow gram, raw vegetables and salads, refined foods such as white flour, Cabbage, cauliflower, brinjal, peas, potatoes, regular intake of chilled water

Vihara: Jobs involving sedentary activities, continuous standing, or sitting for long durations on hard seats, suppression of natural urges especially urination & defecation etc.

Referral criteria: Refer to level 2

1. Cases not responding to the therapy and develop complications.
2. All case of moderate to severe bleeding per rectum.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: The diagnosis is made on the basis of criteria mentioned in level 1 for fresh cases. The case referred from level

1 or fresh case must be evaluated thoroughly for any complication.

Investigations:

- Per rectal examination
- Proctoscopic examination

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient. Patient should be kept under observation while prescribing these kinds of medicines.

Table 17.2: Medicines at level 2 for Parikartika

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Arogyavardhini Vati</i> ¹⁷	<i>Vati</i>	1-2 <i>Vati</i>	at bed time or early morning empty stomach	1-2 weeks	Luke warm water
<i>Kankayana Vati</i> ¹⁸	<i>Vati</i>	1-2 <i>Vati</i>	at bed time or early morning empty stomach	1-2 weeks	Luke warm water
<i>Phalatrikadi Kwatha</i> ¹⁹	Decoction	20-40 ml	empty stomach/ twice daily	1-2 weeks	-
<i>Erandamoola Kwatha</i> ²⁰	Decoction	20-40 ml	empty stomach/ twice daily	1-2 weeks	-

Pathya-Apathya (Diet and life style education): Same as level 1

Referral criteria:

- Patients with severe bleeding per rectum.
- Patients having severe anaemia, who need blood transfusion,
- Haemorrhoids associated with heart disease, uncontrolled BP and DM, HIV positive HbsAg positive, VDRL positive, tuberculosis, malignancy etc.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 & 2 for fresh cases reporting directly.

Investigations: If facilities are available, do the following investigation to confirm the diagnosis as well as to rule out the other pathologies.

1. Routine blood investigation

2. Ultra sonography of whole abdomen.
3. Proctoscopy
4. Colonoscopy

Treatment: At this level, the following treatment options may be made available in addition to treatment option available at level 1 and 2. For un-responsive cases and chronic cases of fissure, various types of *Basti*, *Ksharakarma* and surgical treatment may be opted.

1. *Kshara Karma* (potential cauterization)
2. *Agni Karma* (direct cauterization)
3. *Shastra Karma* (surgical management)
4. Classical *Virechana Karma*

Pathya-Apathya (diet and life style education): Same as level 1

Treatment of Chronic Fissure-in-ano:

Methods:

- **Kshara Sutra Suturing (KSS)** at fissure bed with trans-fixation and ligation of sentinel tag (if present) after Lord's Anal Dilatation.
- **Anuvasana Basti:** 3-5 ml of *Anu Taila*²¹ (oil) is inserted high in to the anal canal with the help of a catheter, twice daily.
- **Sitz bath.**

Note: Treatment of *Bhagandara* can also be applied in the management of *Parikartika*.

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Manovaha Srotas Roga



ANIDRA (INSOMNIA)

INTRODUCTION

Anidra is the sleep disorder caused by aggravated *Vata* and *Pitta*. It is characterized by difficulty in falling asleep at bedtime, waking up at night and having difficulty going back to sleep leading to daytime fatigue and loss of concentration.

Case definition:

Patients complaining of insufficient sleep, either due to delayed onset of sleep, or due to frequent awakening at night or early awakening and thus suffering from poor concentration, headache, fatigue can be diagnosed as a case of insomnia.

Differential Diagnosis:

- *Nidanarthkara Anidra* due to any disease conditions – Muscle fatigue, restlessness, Diabetes, Asthma, Arthritis etc.
- *Vataja Madatyaya*
- Drug induced Insomnia

Line of Treatment

- *Nidana Parivarjana* should be the first line of treatment.
- *Shodhana Chikitsa* – *Virechana, Nasya*
- *Shamana Chikitsa* – *Snehana, Murdhataila, Shirolepa, Dhara*
- *Medhya Rasayana*
- Treatment according to *Doshik* involvement

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC / PHC

Clinical diagnosis: On the basis of history and clinical presentation

Investigations: Nothing Specific

Treatment: In the initial stage when the patient is having mild features of *Anidra*, two or more of following drugs may be given:

Table 18.1: Medicines at level 1 for *Anidra*

Drug	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Sarpagandha Ghanavati</i> ¹	<i>Vati</i>	1-2 <i>Vati</i> (Each of 500 mg)	After meal/at night	15 days to one month	Water
<i>Jateephala Churna</i>	<i>Churna</i>	1-2 gm	Bed time	15 days to one month	Milk

<i>Ashwagandhadi Churna</i> ²	<i>Churna</i>	3-6 gm	Bed time	15 days to one month	Milk
<i>Sarpagandha Churna</i>	<i>Churna</i>	250-500 mg	After meal twice daily	15 days to one month	Lukewarm water
<i>Pippalimula churna</i> ³	<i>Churna</i>	1-3 gm	After meal twice daily	15 days to one month	Jaggery
<i>Tagara</i>	<i>Churna</i>	1-3 gm	After meal twice daily	15 days to one month	Water
<i>Saraswata Churna</i> ⁴	<i>Churna</i>	3-5 gm	After meal twice daily	15 days to one month	<i>Ghrita</i>

Counselling must be done for insomnia due to stress or psychological reasons. *Sarvanga Abhyanga* in day time and *Shiro Abhyanga*, *Padaabhyanga*, and *Karnapoorana* before sleep should be advised.

Pathya - Apathya (Diet and life style education):

Do's -

- **Ahara:** *Mamsarasa, Shali*, ghee, curd, milk, wheat, sugarcane, sweets, grapes, sugar, black gram, sesame, *Khaskhas*
- **Vihara:** Comfortable room and bed, regular bath, timely sleep, listening light music, Yoga and meditation

Dont's -

- **Ahara:** Excessive use of spicy food, stimulants like coffee, tea, tobacco etc

- **Vihara:** Day sleep, mental and physical excitement before bed, suppression of natural urges.

Referral Criteria: Refer to level 2

Cases that are not responding to above management

LEVEL 2: CHCS OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: The diagnosis is made on the basis of criteria mentioned in level-1

Investigations: Nothing specific

Treatment: Treatment given in level-1 may be continued. Following medicines may be added.

Table 18.2: Medicines at level 2 for Anidra

Formulation	Dosage form	Dose	Time	Duration	Anupana
Mamsyadi Kwatha ⁵	Kwatha	20-40 ml BD	Empty stomach / twice daily	15 - 30 days	-
Drakshadi Kwatha	Kwatha	20-40 ml BD	Empty stomach / twice daily	15 - 30 days	
Sarswatarishta	Arishtha	10-15 ml	At bed time	15 - 30 days	Luke warm water
Nidrodaya Rasa ⁶	Vati	1-2 tab (each 250 mg)	After meal twice a day	15 - 30 days	Milk

External management:

- *Shiro Pichu: Chandanadi Taila, Ksheerabala Taila*
- *Shirolepa: Panchagandha Churna, Amalaki Churna etc. with Takra*
- *Pratimarsha Nasya: Gau Ghrita or Brahmi Ghrita*

Pathya - Apathya (Diet and life style education): Same as Level 1

Referral Criteria: The cases those are not responding to above mentioned management.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigations: According to clinical presentations

Treatment: In addition to the treatment prescribed at level-1 and 2, following procedures can be done.

1. *Shirodhara - Chandanadi Taila, Ksheerabala Taila.* It is usually done in Anxiety, Insomnia
2. *Shirobasti - Chandanadi Taila, Ksheerabala Taila.* It is beneficial to do *Shirobasti* after proper purificatory procedures. But in cases where *Shodhana* is not necessary it can be done directly.
3. *Basti Karma: Tikta Ksheera Basti and Yapana Basti or Matra Basti*
4. *Nasya: Gau ghrita or Brahmi Ghrita*

Pathya - Apathya (Diet and life style education): Same as level 1

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APASMARA (EPILEPSY)

INTRODUCTION

Apasmara is convulsive disorder characterised by transient loss of memory.

Case Definition:

Apasmara is diagnosed on the basis of episodes of transient loss of memory and consciousness usually associated with seizures, preceded with aura.

Differential Diagnosis:

Following conditions are to be ruled out as most of these present with convulsions.

- *Akshepaka*
- *Sannipatajwara*
- *Darvikaradamsha*

Line of Treatment

- *Nidaana Parivarjana* should be the first line of treatment.

- *Shodhana Chikitsa* – *Vamana, Virechana, Basti, Nasya, Raktamokshana*
- *Shamana Chikitsa* – *Dipana, Pachana, Snehana, Swedana, Dhara, Brimhana*
- External applications – *Shirolepa* and *Pichu*
- *Medhya Rasayana*
- Treatment according to *Doshik* involvement
- General line of treatment prescribed for *Vata Vyadhi* and *Manasaroga*

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC / PHC

Clinical Diagnosis: On the basis of history and clinical presentation

Investigations: Nothing Specific

Treatment: Some of the following drugs may be advised

Table 19.1: Medicines at level 1 for *Apasmara*

Drug	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Mansyadi Kwatha</i> ¹	<i>Kwatha</i>	30-40 ml	Empty stomach twice a day	15 days to one month	-
<i>Vacha Churna</i> ²	<i>Churna</i>	1-2 gm	Empty stomach twice a day	15 days to one month	With Honey
<i>Brahmi Ghrita</i> ³	<i>Ghrita</i>	10-20 gm	Before meal twice a day	15 days to one month	Warm Water

<i>Kalyanaka Ghrita</i> ⁴	<i>Ghrita</i>	10-15 ml	Empty stomach twice a day	15 days to one month	Warm Water
<i>Shatavari Churna</i> ⁵	<i>Churna</i>	5 gm	Empty stomach twice a day	15 days to one month	Milk
<i>Lashuna Kalka</i> ⁶	<i>Kalka</i>	3 gm	After meal twice a day	15 days to one month	<i>Tila Taila</i>
<i>Saraswata Arishta</i> ⁷	<i>Arishta</i>	10-20 ml	After meal twice a day	15 days to one month	Equal quantity of Water

Pathya - Apathya (Diet and life style education):-

Do's -

- **Ahara:** Wheat (*Godhuma*), Black gram (*Masha*), Seasoned rice (*Purana Shali*), Green gram, milk and Ghee, *Kooshmanda*
- **Vihara:** Yoga and meditation and proper sleep

Don'ts -

- **Ahara:** Food which aggravate *Vata* like excessive use of *Kalaya*, potato, chilli. *Paryushita Ahara* (stale food), *Viruddha Ahara* (incompatible diet), Alcohol
- **Vihara:** Physical and mental stress, inadequate sleep, suppression

of natural urges, adventurous activities, deep water, standing on edges at heights, fireplaces

Referral Criteria: Cases that are not responding to above management, Refer to level 2

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: The diagnosis is made on the basis of criteria mentioned in level-1 for fresh cases.

Investigations: Nothing specific

Treatment: Treatment given in level-1 may be continued along with some of the following.

Table 19.2: Medicines at level 2 for Apasmara

Common medication	Dosage form	Dose	Time	Duration	Anupana
<i>Saraswata Churna</i> ⁸	<i>Churna</i>	3-5 gm	After meal / twice a day	15 days to one month	Honey
<i>Smrutisagar Rasa</i> ⁹	<i>Vati</i>	1-2 <i>Vati</i> (125-250 mg)	Empty stomach twice a day	15 days to one month	<i>Ghrita</i>

<i>Jatamansya Arka</i> ¹⁰	<i>Arka</i>	10 ml	After meals twice a day	15 days to one month	Water
<i>Manasmitra Vati</i> ¹¹	<i>Vati</i>	1-2 <i>Vati</i> (each 500 mg)	Empty stomach twice a day	15 days to one month	Warm water
<i>Mahakalyanaka Ghrita</i> ¹²	<i>Ghrita</i>	10-20 ml	Empty stomach twice a day	15 days to one month	Warm water
<i>Panchagavya Ghrita</i> ¹³	<i>Ghrita</i>	10-20 ml	Empty stomach twice a day	15 days to one month	Warm water
		4-8 ml	Empty stomach once a day	7 days	<i>Nasya Karma</i>
<i>Kooshmandaswrasa Ghrita</i>	<i>Ghrita</i>	10-20 ml	Empty stomach twice a day	15 days to one month	Warm water
<i>Panchagandha Churna</i>	<i>Churna</i> as <i>Pichu</i> , <i>Shirolepa</i>	5 gm		-	Buttermilk / milk

Pathya - Apathya (Diet and life style education): Same as Level 1

Referral Criteria: The cases those are not responding to above mentioned therapy

**LEVEL 3: AYURVEDA
HOSPITALS AT INSTITUTIONAL
LEVEL OR DISTRICT
HOSPITAL / INTEGRATED
AYURVEDIC HOSPITALS**

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigations:

1. EEG
2. CT / MRI Scan

Treatment: In addition to the treatment prescribed in level-1 and 2, following procedures can be done.

1. *Vamana Karma*
2. *Virechana Karma*
3. *Yapana Basti*
4. *Nasya*
5. *Rasayana Therapy*
 - a. *Brahmi*
 - b. *Aswagandha*
 - c. *Vacha*

Pathya - Apathya (Diet and life style education): Same as level 1

Table 19.3: Medicines at level 3 for *Apasmara*

Formulation	Dosage form	Dose	Time	Duration	Anupana
<i>Brahma Rasayana</i> ¹⁴	<i>Leha</i>	10 gm	Before meal; twice a day	15 days to one month	Milk
<i>Survana Vasant Malati Rasa</i>	<i>Vati</i>	1-2 <i>Vati</i> / (each 125 mg)	After meals twice a day	15 days to one month	Water
<i>Suvarna Brahmi Vati</i>	<i>Vati</i>	100 mg	Empty stomach twice a day	15 days to one month	<i>Brahmi Swarasa</i>

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VISHAADA (DEPRESSIVE DISORDERS)

INTRODUCTION

Vishaada is one of the *Vatananatmaja Vikaras*¹ and is an important aggravating factor for most of diseases.² It is a condition originating from apprehension of failure leading to lack of initiation for any activity.³ The above presentation is comparable with anxiety with depression.

Case Definition

The diagnosis will be made on the basis of sign and symptoms of *Vishaada* like;

- A) Psychic Symptoms: *Dukhita* (distressed, unhappy, grieved in mind), *Avasada* (hopelessness, lassitude), *Manahkheda* (feeling of depression), *Vishanna* (dejection, sorrow), *Chittaglani* (fatigue of mind), *Asiddhi Bhaya* (fear and anxiety or apprehension of failure), *Dainya* (miserable state / depression) *Chittodvega* (anxiety), Feeling of inadequacy, thought of death/suicide.
- B) Somatic Symptoms: *Sidanti Gatrani* (fatigue), *Mukha Shosha* (Dryness of mouth), *Prasveda* (excessive sweating), *Bhramati Manas* (wandering mind), *Tvakparidaha* (burning sensation of skin), *Vepathu* (tremor) *Roma Harsha* (horripilation), *Sransanam* (inability to hold).

Differential diagnosis:

- *Kaphaja Unmada*
- *Anidra*

Line of management:

Sattvavajaya Chikitsa - *Ashwashana*, *Harshana* etc. along with imparting *Jnana* (personal awareness), *Vijnana* (proved sciences), *Dhairya* (assurance), *Smriti* (experience sharing), *Samadhi* (helping to divert the mind from causative factors and establishing self control)

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC/PHC

Clinical diagnosis: On the basis of history and clinical findings, patient can be diagnosed as case of *Vishaada*.

Investigations: It can be diagnosed based on the clinical signs and symptoms, systemic examination may be done to review the status of the patient.

Treatment: In the initial stage along with *Sattvavajaya* (counseling), patient should be given combination of two or more of following drugs depending upon the status of depression.

Table 20.1: Medicines at level 1 for *Vishada*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
Vacha ⁴	<i>Churna</i>	1-2 gm	Before meal/ twice daily	4-8 weeks	Honey
<i>Brahmi</i> ⁵	<i>Churna</i>	3-6 gm	Before meal/ thrice daily	4-8 weeks	Ghee
<i>Ashwagandha</i>	<i>Churna</i>	3-6 gm	Before meal/ thrice daily	4-8 weeks	Ghee
<i>Shankhapushpi</i>	<i>Churna</i>	3-6 gm	Before meals / thrice daily	4-8 weeks	Ghee
<i>Kushmanda</i>	<i>Swarasa</i>	50 ml	Early morning empty stomach	1 month	
<i>Jyothismati Taila</i>	<i>Taila</i>	2-4 drops	Early morning empty stomach	4-8 weeks	Milk / <i>Batasha</i>
<i>Mansyadi Kwatha</i> ⁶	Decoction	20-40 ml	Before meal/ twice daily	2-3 weeks	Water
<i>Saraswatarishta</i> ⁷	<i>Arishta</i>	10-20 ml	After meal/ thrice daily	2-3 weeks	Equal quantity of water

Pathya-Apathya (Diet and life style):

especially of hunger, bowel and urine and emotions.

Do's -

- **Ahara:** Fresh and *Satvika* food. *Godhuma, Mudga, Raktashali, Godugdha, Ghrita, Kushmanda, Parval, Vastuka, coconut, Draksha, Kapittha.*
- **Vihara:** Proper sleep, meditation, techniques for self control, personal hygiene

Dont's-

- **Ahara:** Liquor, *Viruddhashan*, spicy food, stale food, night awaking,
- **Vihara:** Excessive stress, suppression of natural urge

Referral criteria:

- Patient not responding to above mentioned management
- Need further investigations

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as Level 1: for a fresh case reporting directly.

Investigation:

- Complete hemogram

Treatment: Same as level 1: in addition the following drugs may be added

Table 20.2: Medicines at level 2 for *Vishaada*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Saraswatarishta</i> ⁸ (With gold)	<i>Arishta</i>	10-20 ml	After meal/ thrice daily	2-3 weeks	Equal quantity of water
<i>Unmadagaja Keshari Rasa</i> ⁹	<i>Vati</i>	1-2 <i>Vati</i> (250-500 mg)	After meal	2-3 weeks	Ghee
<i>Kalyana Ghrita</i>	<i>Ghrita</i>	10-30 ml	Early morning empty stomach	1 month	Warm milk
<i>Panchagavya Ghrita</i>	<i>Ghrita</i>	10-30 ml	Early morning empty stomach	1 month	Warm milk
<i>Brahmi Ghrita</i>	<i>Ghrita</i>	10-30 ml	Early morning empty stomach	1 month	Warm milk
<i>Drakshadi Kashaya</i>	Decoction	60 ml	Before food / twice daily	1 month	
<i>Kushmanda Avaleha</i>	<i>Avaleha</i>	10-20 gm	Early morning empty stomach	1 month	Warm milk

In addition to it,

Mridu Virechana: As per the status of the patient, *Mridu Virechana / Koshttha Shuddhi* with *Avipatikara Churna*¹⁰ 5-10 gm with water 3-5 days before treatment. Similarly patient may be kept on fasting for early few days.

Pathya-Apathya (Diet and life style): Same as level 1

Referral criteria: Cases not to be responded to above therapy and needs further evaluation for management.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation: nothing specific

Treatment: In addition to the management of Level 1 and Level 2, if needed *Panchakarma* procedures indicated can be performed.

Shodhana:

Nasya: *Tikshna* with *Hingu Ghrita*, *Panchagavya Ghrita*¹¹

Vamana: *Vamana Karma* with *Dhamargava* after *Snehapana* with *Panchagavya Ghrita*.¹²

Virechana: *Virechana Karma* with *Trivrita Lehya* 30 gm along with *Avipatikara* powder

Yapana Basti

Rasayana:

1. *Shilajatu Rasayana Kalpa*
2. *Amalaki Rasayana Kalpa*

3. *Brahmi Ghrita*¹³ **Pathya-apathya (diet and life style education):** Same as level 1
4. *Panchagavya Ghrita*¹⁴

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Mootravaha Srotas Roga



ASHMARI (URINARY CALCULUS)

INTRODUCTION

Formation of *Ashma* (stone) like substances within the urinary system is called *Ashmari*. It can be considered as a *Madhyama Rogamargaja Vyadhi* as its *Sthana* is “*Basti*” – one among the *Trimarma*. The *Asraya Sthana* itself makes the disease *Krichrasaadhya*. Its treatment consists of both *Bheshaja* & *Shastra Karma*.

Case Definition:

Pain during micturition, pain in the abdomen or loin region radiating towards supra pubic region, burning sensation, presence of blood in urine occasionally, aggravation of pain during activities like running, swimming, jumping, riding, jerky movement etc. suggests *Ashmari* (urinary calculus).

Various Presentations: According to the predominance of particular *Dosha*, following presentations of the disease may be found.

1. ***Vaataja Ashmari:*** Due to severe pain, patient cries out in agony, squeezes the umbilical region, rubs the penis and touches the perineum.
2. ***Pittaja Ashmari:*** Burning sensation and inflammatory changes in urinary tract.
3. ***Shleshmaja Ashmari:*** Dysuria, cutting, incising, pricking pain, heaviness and cold sensation over the area of bladder.
4. ***Shukraja Ashmari:*** Occurs in adult only. Any injury to urinary tract during sexual act or by any other reason, suppression

of ejaculation leads to accumulation of *Shukra* (semen) in the tract. *Vayu* gives rise to seminal concretion called *Shukraja Ashmari*. It obstructs the pathway of urine thus causing dysuria, scrotal swelling and lower abdominal pain. Its special characteristic feature is that it can easily be dissolved by applying mild pressure by hands over it.

Differential diagnosis of Renal Calculus:

1. Horse shoe kidney: Congenital anomaly and usually asymptomatic.
2. Polycystic kidney: Most common in female with symptoms like loin pain, haematuria, hypertension, uremia.
3. Hydronephrosis: Dull ache in loin with backache, due to obstructive uropathy.
4. Pyelonephritis (Acute/chronic): Associated with headache, lassitude, febrile, nausea, vomiting and pain at renal angle.
5. Renal Tuberculosis: Painless haematuria in initial stages, common in 20-40 years of age group.
6. Tuberculous cystitis : Painful maturation
7. Renal neoplasms

Differential diagnosis of ureteric calculus:

1. Acute Appendicitis: Acute colicky pain in right iliac fossa may be associated with anorexia, fever and vomiting.

- Acute salpingitis: Acute colicky pain in left or/and right iliac fossa.
- Tumors of bladder: Benign Papillary tumours and carcinoma of bladder

Differential diagnosis of urinary bladder calculus:

- Bladder exstrophy: It is congenital anomaly.
- Rupture of bladder: It is emergency condition due to accidental rupture of bladder.
- Diverticulum of bladder: The victim is male above age of 50 years. It is due to bladder neck obstruction and the symptom is haematuria and signs of cystitis.
- Cystitis: Middle and young females are main victim of this condition. The common symptom is increased frequency of micturition.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation patient can be diagnosed provisionally as case of *Ashmari*.

Investigations: On the basis of clinical examination and cardinal signs & symptoms, provisional diagnosis can be made.

Treatment: In the initial stage, when the patient is having mild features of *Ashmari* (renal calculus), along with diet education, two or more of following drugs may be given:

Table 21.1: Medicines at level 1 for *Ashmari*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Gokshura Churna</i>	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	With water
<i>Punarnava Churna</i>	<i>Churna</i>	2-3 gm	After meal / thrice a day	2-3 weeks	With water
<i>Guduchi Churna</i>	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	With water
<i>Parnabeeja Churna</i>	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	With water
<i>Pashanbheda Churna</i>	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	With water
<i>Rasayana Churna</i>	<i>Churna</i>	3-6 gm	After meal / thrice a day	2-3 weeks	With water
<i>Gokshuradi Guggulu</i> ¹	<i>Vati</i>	1-2 <i>Vati</i>	After meal / thrice a day	2-3 weeks	With water

<i>Ashmarihara Kwatha</i> ²	<i>Kwatha</i>	12-24 ml	After meal / thrice a day	2-3 weeks	-
<i>Punaravashtaka Kwatha</i> ³	<i>Kwatha</i>	12-24 ml	After meal / thrice a day	2-3 weeks	-
<i>Varuna Shigru Kwatha</i>	<i>Kwatha</i>	12-24 ml	After meal / thrice a day	2-3 weeks	-
<i>Trinapanchamula Kwatha</i> ⁴	<i>Kwatha</i>	12-24 ml	After meal / thrice a day	2-3 weeks	-
<i>Chandraprabha Vati</i> ⁵	<i>Vati</i>	1-2 Tab	After meal / twice or thrice a day	2-3 weeks	Warm water

For the complains like pain, *Vedana Shamaka* drugs like *Triphala Guggulu*, *Sarjika Kshara* or *Ajamodadi Churna* etc. can be given.

Pathya - Apathya (Diet and life style):

Do's -

- **Ahara (food articles):** Intake of excess fluid, dietary items having *Vataanulomana* and *Mutrala* properties like *Yava* (barley), *Kulattha* (Horse gram), *Purana Shali* (old rice), *Mudga* (green gram), puffed rice, *Rajma*, vegetables like carrot, bitter guard, potatoes, reddish, pumpkin, fruits like banana, lemons, apricot, plums, apple, almonds, coconut water, lemon juice, *Aloe vera* juice, corn silk, pineapple juice, butter milk, spices like ginger etc. can be used.
- **Vihara:** Sitz bath

Don'ts -

- **Ahara (food articles):** Cold food and drinks, fatty foods, food

substances heavy to digest, excess amount of milk products, Rhubarb, strawberries, plums, spinach, asparagus, *Kapittha Phala*, *Jambu Phala*, dried dates, astringent foods articles, brinjal, beans, lady finger, capsicum, tomato, cucumber, spinach, black grapes, kiwi, strawberries, chickoo, pear, refined wheat flour (Maida), papaya, garlic, yogurt, cashew nut, dried food items.

- **Vihara:** Excessive exercise/ physical work, over eating, healthy foods mixed with unhealthy, suppression of natural urges

Referral criteria:

1. Cases not responding to above conservative therapy.
2. Development of complications
3. Haematuria
4. Need for further investigations.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: The diagnosis is made on the basis of criteria mentioned in level-1 for fresh cases. The case referred from level-1 or fresh case must be evaluated according to the *Doshic* involvement. The obstruction in the urinary system and stage of infection should be ruled out. The clinical examination should be done thoroughly for detecting complications.

Investigations: In this level-2 Laboratory and radiological investigations should be done to confirm the diagnosis.

Laboratory investigation:

- Complete Haemogram,
- Serum uric acid,
- Serum calcium.
- Renal function test.
- Urine analysis, culture.
- X-Ray KUB (Kidney, Ureter, Bladder)

Treatment: The prime aim at this level is to confirm the diagnosis and assess the prognosis.

Mild to moderate symptoms: The line of management is same as level-1 for fresh case. Patient must be evaluated for conditions where surgical or any other special procedure is required.

Table 21.2: Medicines at level 2 for Ashmari

Drugs	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Shuddha Shilajatu</i>	<i>Churna</i>	0.5-1.0 gm	After meal / twice a day	2-3 weeks	Milk
<i>Gokshuradi Kashaya</i> ⁶	<i>Kwatha</i>	12-24 ml	After meal / thrice daily	2-3 weeks	-
<i>Pashanabhedadi Churna</i> ⁷	<i>Churna</i>	3-6 gm	After meal / thrice daily	2-3 weeks	Water
<i>Usheeradi Churna</i> ⁸	<i>Churna</i>	3-6 gm	After meal / thrice daily	2-3 weeks	Water
<i>Chandraprabha Vati</i> ⁹	<i>Vati</i>	1-2 Vati	After meal / thrice daily	2-3 weeks	Water
<i>Palasha Kshaara</i>	<i>Churna</i>	250-500 mg	After meal / thrice daily	2-3 weeks	Water
<i>Varunadi Ghrita</i> ¹⁰	<i>Ghrita</i>	5-10 gm	After meal / thrice daily	2-3 weeks	Luke warm water

<i>Ushirasava</i> ¹¹	<i>Asava</i>	10-20 ml	After meal / twice a day	2-3 weeks	Equal quantity of water
<i>Chandanasava</i> ¹²	<i>Asava</i>	10-20 ml	After meal / twice a day	2-3 weeks	Equal quantity of water
<i>Sarivadyasava</i> ¹³	<i>Asava</i>	10-20 ml	After meal / twice a day	2-3 weeks	Equal quantity of water

Pathya - Apathya (Diet and life style education): Same as level - 1

Referral Criteria:

1. Cases not responding to above mentioned therapy
2. If the size of stone, pain and severity of symptoms are increasing
3. Complications like hydronephrosis or pyelonephrosis are observed
4. Patients with some other uncontrolled conditions like diabetes mellitus and hypertension etc.
5. The raised values of blood urea and serum creatinine.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Patient not responding to the conservative treatment mentioned in level-1 and 2 should further be evaluated for special investigation and treatment.

Investigations:

1. USG - KUB

2. IVP / IVU
3. Cystography
4. Cystoscopy
5. Ureteroscopy
6. Percutaneous Nephroscopy
7. Renal Angiography
8. CT Scan
9. MRI

Treatment: In addition to the treatment prescribed in level-1 and 2 following specific treatment can be given.

Specific treatment as per the dominant Dosh:

1. In *Vataja Ashmari*, Ghrita prepared from *Pashanabheda, Vasuka (Swetaarka), Vasira (Rakta Apamarga) Ashmantaka, Shatavari, Gokshura, Bṛihati, Kantakari, Brahmi, Sahachar, Ushira, Kubjaka, Vrikshadini, Shyonaka, Varuṇa*, fruits of *Shaka*, barley, *Kulattha, Kola* and *Kataka* should be given.
2. In *Pittaja Ashmari*, Ghrita prepared from *Kusha, Kasha, Shara, Gundra, Itkata, Morata, Pashanabheda, Shatavari, Vidari, Shalimula, Trikantaka, Bhalluka, Patola*,

Patha, Pattura, Kuruntika, Punarnava and *Shirisha* should be given.

3. In *Kaphaja Ashmari*, *Ghrita* prepared from *Varunadi Gana, Guggulu, cardamom, Harenu, Kushtha*, drugs of *Bhadradi gana, Maricha, Chitraka* and *Devadaru* should be given.
4. In *Sharkara* (urinary gravels), *Pichuka, Akol, Nirmali, Shaka, Nilkamal* should be given with jaggery and water. *Gokshur, Musali, Ajavayan, Kadamb, Sunthi* should be given with warm water.

In addition to the treatment prescribed in level-1 and 2, following procedures can be done

1. *Virechana Karma*
2. *Basti*
3. *Uttara Basti*

If patient is not responding to these treatment modalities, he/she may be referred to modern surgical hospital for surgical removal or lithotripsy treatment of calculus.

Pathya - Apathya (Diet and life style education): Same as level - 1

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MUTRAGHATA (CHRONIC RENAL FAILURE)

INTRODUCTION

Mutraghata stand for low urine output due to obstruction in the passage of urine. The disorders of *Mutravaha Srotasa*, which have resemblance with the description of urological disorders on modern parlance, are well described in *Ayurvedic* literature. *Mutraghata* can be classified into three categories as projected below, then we may be in a position to understand the varieties of *Mutraghata* more clearly and it would be more helpful to analyse a patient presenting with related complaints.

- *Vatakundalika*, *Vatabasti* and *Mutrathathara* can be grouped under Neurogenic disturbances in the bladder functioning.
- *Vatastheela*, *Mutragrathi*, *Mutrotsanga* and *Bastikundalika* can be grouped under organic disturbances, where the symptoms of retention of urine, increased frequency of micturition, distension of abdomen and mass felt per rectum etc. may be present due to a growth either in the bladder, urethra, prostate or other related structures.
- *Mutratita*, *Mutrakshaya*, *Ushnavata*, *Mutraukasada*, *Vidavighata* and *Mutrashukra* can be grouped under category “others”, where the disturbance in urinary function is

either due to physiologic reasons or injury etc., but not due to obstruction.

Case Definition:

The main characteristic symptoms are oliguria-anuria with edema (facial/generalized); the condition may be associated with nausea and/or vomiting, loss of appetite, muscle cramps, vertigo/dizziness with or without headache, hiccough, breathlessness, weakness/malaise and anaemia.

Differential diagnosis:

- **Pre-renal:** Poor cardiac function, Chronic liver insufficiency, Narrowing of renal arteries
- **Renal:** Diabetic nephropathy, Hypertensive Nephrosclerosis, Chronic glomerular diseases, Chronic Interstitial Nephritis, Polycystic Kidney Disease, Hereditary renal diseases

Post-renal: PUJ obstruction, Urinary calculus, BPH, Obstructive uropathy.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation as described above, a patient can be diagnosed provisionally as case of chronic renal failure.

Investigations:

- Raised Serum Creatinine level above normal range
- Raised Blood Urea level above normal range

c. Low Hemoglobin percentage than normal

Treatment: In the initial stage when the patient is having mild features of chronic renal failure, along with dietary corrections, two or more of the following drugs may be given:

Table 22.1: Medicines at level 1 for *Mutraghata*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Gokshura Churna</i> ¹	Powder	3-6 gm	After meal/ thrice daily	2-3 weeks	with water
<i>Punarnava Churna</i> ²	Powder	2-3 gm	After meal/ thrice daily	2-3 weeks	with water
<i>Guduchi Churna</i> ³	Powder	3-6 gm	After meal/ thrice daily	2-3 weeks	with water
<i>Shatavari Churna</i> ⁴	Powder	3-6 gm	After meal/ thrice daily	2-3 weeks	with water
<i>Rasayana Churna</i> ⁵	Powder	3-6 gm	After meal/ thrice daily	2-3 weeks	with water
<i>Bhumyamalaki Churna</i>	Powder	3-6 gm	After meal/ thrice daily	2-3 weeks	with water
<i>Gokshuradi Guggulu</i> ⁶	Vati	1-2 Vati	After meal/ thrice daily	2-3 weeks	with water
<i>Punaravashtaka Kwataha</i> ⁷	Decoction	12-24 ml	After meal / thrice daily	2-3 weeks	-
<i>Varunadi Kwatha</i> ⁸	Decoction	12-24 ml	After meal / thrice daily	2-3 weeks	-
<i>Shigru Kwatha</i> ⁹	Decoction	12-24 ml	After meal / thrice daily	2-3 weeks	-
<i>Shilajityadi Vati</i> ¹⁰	Vati	1-2 Vati	After meal/ thrice daily	2-3 weeks	with water
<i>Trinapanchamula Kwatha</i> ¹¹	Decoction	20-40 ml	After meal / thrice daily	2-3 weeks	-

In addition to these, patients may be advised to maintain input-output chart for fluid regulation.

Pathya-Apathya (Diet and life style education):

Do's-

- **Ahara:** Food items prepared mainly from rice or rice flour, *Moong Daal*, fresh and easy to digest cooked vegetables with less/no salt, apple, grapes, dates (except in diabetic nephropathy) and papaya, and perched rice are good. Rock salt in limited amount is preferred. Patients can take one or two *Chapatti* made of barley flour in a day. Sesame oil and cow ghee are to be used in small quantity but other cooking fats are to be avoided.
- **Vihara:** Timely meals, restricted intake of water, proper following of daily regimen

Don'ts-

- **Ahara:** All other flour items (i.e. wheat, millet, corn), bakery items, all oils except sesame, junk food, fermented items, salts, all the items having sour taste, chilies, deep fried items, milk products and vegetables with slimy properties (brinjal, ladies finger etc.), non-vegetarian foods
- **Vihara:** Excessive physical and mental stress, day sleep and night vigil.

Referral criteria: Refer to level 2

1. Patients not responding to above mentioned management

2. Patients having persistent raised Blood Urea and serum creatinine levels with or without oedema

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES:

Here, patient may be directly referred to level 3 care, as the role of level 2 and 3 care are almost same

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical diagnosis: Same as level 1 for a fresh case reporting directly.

Investigation: In addition to level 1 investigation, the following are to be added:

- Blood for S. electrolytes: Altered or normal serum electrolytes and calcium
- Blood for S. Uric Acid: Serum uric acid may rise as a secondary hyperuricemia.
- Blood Sugar: Blood sugar level should be checked for the patients of diabetic nephropathy, often there is reduction in blood sugar levels in diabetics as they develop renal insufficiency.
- Urine: Albuminuria is commonly seen in all cases

- Glomerular Filtration Rate (GFR): less than 60 mL/min/1.73 m² and **persistent** (present for > 3 months) with or without any symptoms and signs.
- **Ultrasound investigation:** Ultrasonography (USG) of Kidney, Ureter and Bladder with signs of altered or loss of cortico-medullary

differentiation with raised cortical echo-texture of the kidney. The size of the kidneys mostly becomes smaller.

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient:

Table 22.2: Medicines at level 2 for Mutraghata

Drug	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Shuddha Shilajatu</i> ¹²	Powder	2-3 gm	After meal/twice daily	2-3 weeks	with milk
<i>Vastyamayantaka Ghrita</i> ¹³	Liquid	5 - 10 ml	Twice a day on empty stomach	2 - 3 weeks	With warm milk

1. Shodhana:

1. *Nādisvedana* in both the loin region once in the morning
 2. *Niruhabasti* every day before lunch time. (Formation of *Niruhabasti* - *Madhu* 30 ml + *Saindhava Lavana* 5 g + *Tila Taila* 30 ml + *Kalka Dravya* (*Shatapushpa*, *Madanaphala*, *Pippali*, *Vacha* in equal quantity) in *Churna* form 15 gm + *Punarnavadi Kwatha*¹⁴ - 240 ml according to classical method. *Basti* must be retained not less than 20 minutes.
 3. *Uttarabasti:* *Dashamoola Taila*, particularly in cases of obstructive uropathy.
2. **Rasayana:** List of *Rasayana Drugs* which may be used for either for prevention or management of the disease

1. *Rasayana Churna* (equal quantity of *Guduchi*, *Gok]sura* and *Amalaki Churna*) 3 gm thrice a day with water.
2. *Bhumyamalaki Churna* 3 gm thrice a day with water.

Special cautions:

- If the patient is already on maintenance dialysis, it is to be continued. The frequency of dialysis is to be reduced according to improvement in the patient's general condition and renal function.
- Patient not responding with above mentioned regimen are to be referred to higher centers having facility of dialysis.

Pathya-Apathya (Diet and life style education): Same as level 1

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MUTRASHTILA (BENIGN PROSTATIC HYPERPLASIA)

INTRODUCTION

The disorders of *Mutravaha Srotasa* have resemblance with the description of urological disorders on modern parlance. The vitiated *Vata* gets lodged between the bladder and rectum, produces stony hard swelling i.e. enlargement of prostatic tissue.

Case Definition:

Single, movable and elevated cystic portion which resembles with prostate gland, which

is hard to firm in consistency associated with retention of urine, feces and flatus, poor urine flow which does not improve rather worsen by straining, dribbling, hesitancy, intermittent stream -stops and starts, feeling of incomplete evacuation of urine and episodes of frequent retention of urine, distension of the urinary bladder and excruciating pain in the urinary bladder suggest *Mutrashthila* (BPH).

Differential Diagnosis: The differential diagnosis of BPH with Carcinoma of Prostate

Table 23.1: Differential diagnosis of *Mutrashthila* with their clinical features

Symptoms	BPH	Carcinoma of Prostate
Size	Small to big	Usually not very big
Consistency	Firm and elastic	Hard
Surface	Smooth surface The gap between the enlarged prostate and the lateral pelvic wall is clear	Irregular and nodular surface. The gap is obliterated by invasion of the cancer
Sulcus	Midline sulcus between two lateral lobes is well defined.	Sulcus is usually obliterated
Seminal Vesicle	Felt normal	This may be invaded by the tumor and felt hard and irregular
Rectal mucosa	The rectal mucosa moves freely over the enlarged prostate	The rectal mucosa is adherent and cannot be moved over enlarged prostate

LEVEL 1: AT SOLO AYURVEDIC PHYSICIAN'S CLINIC/PHC

Clinical diagnosis: On the basis of history and clinical presentation patient can be diagnosed provisionally as case of BPH.

Thus, on the basis of clinical symptoms and per rectal finding of enlarged prostate gland with soft, rubbery consistency, free mucosa and painless growth, further confirms the diagnosed of BPH.

Investigations: As it is level-1, facilities of investigation may be lacking, so the diagnosis is purely on the basis of clinical examination and symptoms, fairly good provisional diagnosis can be made.

Treatment: In the initial stage when the patient is having mild features of BPH, along with diet education, two or more of following drugs may be given:

Table 23.2: Medicines at level 1 for Mutrashtila

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Gokshura Churna</i> ¹	<i>Churna</i>	3-6 gm	After meal/ thrice daily	2-3 weeks	Water
<i>Punarnava Churna</i> ²	<i>Churna</i>	2-3 gm	After meal/ thrice daily	2-3 weeks	Water
<i>Guduchi Churna</i> ³	<i>Churna</i>	3-6 gm	After meal/ thrice daily	2-3 weeks	Water
<i>Dhanyaka Hima</i> ⁴	Cold infusion - liquid	10-20 ml	After meal/ thrice daily	2-3 weeks	-
<i>Rasayana Churna</i> ⁵	<i>Churna</i>	3-6 gm	After meal/ thrice daily	2-3 weeks	Water
<i>Bhumyamalaki Churna</i>	<i>Churna</i>	3-6 gm	After meal/ thrice daily	2-3 weeks	Water
<i>Gokshuradi Guggulu</i> ⁶	<i>Vati</i>	1-2 <i>Vati</i>	After meal/ thrice daily	2-3 weeks	Water
<i>Kanchanara Guggulu</i> ⁷	<i>Vati</i>	1-2 <i>Vati</i>	After meal/ thrice daily	2-3 weeks	Water
<i>Punaravasthaka Kwatha</i> ⁸	Decoction	20-40 ml	After meal / thrice daily	2-3 weeks	-
<i>Varuna Kwatha</i> ⁹	Decoction	20-40 ml	After meal / thrice daily	2-3 weeks	-

For the complaints like pain, *Vedanashamaka* drugs like *Triphala Guggulu*, *Sarjikakshara* or *Ajamodadi Churna* etc. can be given.

Pathya-apathya (diet and life style education):

Do's-

- **Ahara:** Intake of excess fluid and dietetic items having *VataAnulomana* and *Mutrala* properties like *Purana Shali* (year old rice), *Mudga* (green gram), *Yava* (barley), Puffed rice, *Kulattha* (horse gram), *Rajma* and vegetables like carrots, bitter guard, potatoes, radish, pumpkin, fruits like banana, lemons, apricot, plums, apple, almonds, coconut water, lemon juice, aloe vera juice, corn silk, pineapple juice, butter milk and spices like ginger can be used.
- **Vihara:** Timely meals, proper following of daily regimen

Don'ts-

- **Ahara:** Healthy foods mixed with unhealthy, Cold food and drinks, Fatty foods, Food substances heavy to digest, Excess sweet diet, Dried food items, *Kapittha Phala*, *Jambu Phala*, dried dates, Consumption of astringent foods articles, brinjal, Beans, lady finger, capsicum, tomato, cucumber, spinach, black grapes, kiwi, strawberries, chickoo, pear, refined wheat flour (*Maida*), papaya, garlic, yoghurt, cashew nut etc.

- **Vihara:** Excessive exercise / physical work, over eating, suppression of natural urges.

Referral criteria: Refer to level 2

1. Cases not responding to above conservative therapy.
2. Increased frequency of micturition and dribbling which hamper the quality of life.
3. Severe burning micturition with unbearable pain.
4. The complications like acute retention of urine.
5. Suspected case of carcinoma of prostate gland
6. Patients who are in need of radiological investigations to rule out the enlargement of prostate or to differentiate from malignancy.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: The diagnosis is made same as mentioned in level-1 for fresh case reporting directly. If a patient presents with more severe symptoms, then the stage of disease or malignancy should be find out as mentioned in the table-1.

Investigations: Laboratory and radiological investigations may be done to confirm diagnosis.

1. Ultrasonography (USG) of KUB
2. Blood Examination: Complete hemo-gram, Blood urea, S. creatinine, PSA.
3. Urine Examination.

Treatment:

Mild to moderate symptoms: The treatment is similar as level-1 for fresh cases reporting directly, like *Pathya Apathya*, single and com-

pound drug. If symptoms are getting aggravated and patient is having acute retention of urine then simple rubber catheterization should be done for temporary relief under aseptic precautions.

Table 23.3: Medicines at level 2 for Mutrashtila

Drug	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Shuddha Shilajatu</i> ¹⁰	<i>Churna</i>	500 mg - 1 gm	after meal/twice daily	2-3 weeks	Milk
<i>Gokshuradi Kashaya</i> ¹¹	Decoction	12-24 ml	After meal / thrice daily	2-3 weeks	-
<i>Chandraprabha Vati</i> ¹²	<i>Vati</i>	1-2 <i>Vati</i>	After meal/ thrice daily	2-3 weeks	Water
<i>Palasha Kshara</i>	<i>Churna</i>	250-500 mg	After meal/ thrice daily	2-3 weeks	Water
<i>Varunadi Ghrita</i> ¹³	Ghee	5-10 gm	After meal/ thrice daily	2-3 weeks	Luke warm water
<i>Ushirasava</i> ¹⁴	<i>Asava</i>	10-20 ml	after meal/twice daily	2-3 weeks	Mixed with equal quantity of water
<i>Chandanasava</i> ¹⁵	<i>Asava</i>	10-20 ml	after meal/twice daily	2-3 weeks	Mixed with equal quantity of water
<i>Sarivadyasava</i> ¹⁶	<i>Asava</i>	10-20 ml	after meal/twice daily	2-3 weeks	Mixed with equal quantity of water
<i>Hingavadi Churna</i> ¹⁷	<i>Churna</i>	3-6 gm	After meal/ thrice daily	2-3 weeks	Water
<i>Mustaka Churna</i> ¹⁸	<i>Churna</i>	3-6 gm	After meal/ thrice daily	2-3 weeks	Water
<i>Gokshuradi Ghrita</i>	Ghee	5-10 gm	After meal/ thrice daily	2-3 weeks	Luke warm water
<i>Pashanabhedadi Ghrita</i> ¹⁹	Ghee	5-10 gm	After meal/ thrice daily	2-3 weeks	Luke warm water
<i>Sthiradi Ghrita</i> ²⁰	Ghee	5-10 gm	After meal/ thrice daily	2-3 weeks	Luke warm water
<i>Changeri Ghrita</i> ²¹	Ghee	5-10 gm	After meal/ thrice daily	2-3 weeks	Luke warm water

Manjishtadi Kwatha, Kamalanaala Kshara and *Kadali Kanda Kshara* may be given to patients of BPH.

Pathya-apathya (diet and life style education): Same as level-1

Referral criteria:

1. Cases not responding to above mentioned therapy.
2. If the size of prostate gland is on increasing
3. The cases of severe pain in supra-pubic region due to cystitis.
4. Recurrent episodes of retention of urine.
5. Complications like hydronephrosis or pyelonephrosis and signs of renal failure are observed due to obstructive uropathy.
6. Incontinence of urine
7. Recurrent urinary infection.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Patients not responding to the conservative treatment mentioned in level-1 and level-2 and having the clinical conditions like recurrent episodes of urinary retention recurrent UTI, haematuria and symptoms of renal failure should further be evaluated for special investigation and treatment.

Investigations:

1. Biochemical investigations like Serum acid phosphatase, Serum alkaline phosphatase and Serum testosterone
2. Trans Rectal Ultra Sonography (TRUS)
3. Cystoscopy
4. Uroflowmetry
5. Biopsy of prostate gland
6. CT-Scan

Treatment: Same as level-1 and 2

If the patient comes with acute retention of urine and urethral catheterization fails then supra-pubic cystostomy should be carried out immediately.

Shodhana:

Uttar Basti is mentioned in the classic for the management of all types of *Mutraghata*, but if done without proper aseptic precautions, it may practically lead to infections via urethra. *Matrabasti* is much beneficial. The action of drug through urethral route or rectal route is nearly similar, so rectal route is preferable. The *Matrabasti* is also beneficial in cases of BPH to control the further progress of prostate gland without any aseptic precautions as needed in *Uttarbasti*.

Kamalanaala Kshara, Kadali Kanda Kshara are also beneficial.

Pathya-Apathya (Diet and life style education): Same as level-1

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Artavavaha Srotas Roga



ASRUGDARA (MENO METRORRHGIA)

INTRODUCTION

Asrugdara is a disease of excessive and prolonged blood loss per vagina during menstrual and inter menstrual period without any palpable pathology. It is one of the *Rakta Pradosaja Vyadhi*. Due to excessive blood loss there may be moderate to severe anemia associated with loss of appetite, fatigue and such other symptoms which may hamper the daily activities of women. Severe blood loss may lead to an emergency.

Case Definition:

Cyclical bleeding at normal interval; the bleeding is either excessive in amount (>80 ml) or duration (>5 days) or both. Sometimes there is short cycle (<21 days) with heavy and prolonged menses or acyclic bleeding from the uterus. All types of *Asrugdara* are associated with body ache and pain.

Types:

Table 24.1: Types of *Asrugdara* with their characteristics

Types	Features
<i>Vataja Asrugdara</i>	Menstrual fluid frothy, thin, blackish and may be associated with severe pain in sacral, groin, flanks, low back and pelvis.
<i>Pittaja Asrugdara</i>	Yellowish black in colour, hot, fishy odor, profuse flow associated with pain, burning sensation, thirst, feverish and giddiness.

<i>Kaphaja Asrugdara</i>	Slimy, pale, thick, with clots, mild pain, associated with anorexia, nausea, feeling of heaviness and such other symptoms of <i>Kapha</i> .
<i>Sannipataja Asrugdara</i>	Presence of the above features according to the predominance of <i>Dosha</i> .

Differential Diagnosis:

Asrugdara should be clinically differentiated from *Pittaja Yonivyapad*, *Yonigranthi*, *Yoni Arsha*, *Yoni Arbuda* and systemic disorders of coagulation defect.

Table 24.2: Differential diagnosis of *Asrugdara*

<i>Pittaja Yonivyapad</i>	Excessive bleeding only at the time of menstruation, cervical erosion etc
<i>Asruja Yonivyapad</i>	Excessive Bleeding only at the time of menstruation associated with infertility, feverishness and burning.
<i>Yoni Arsha</i>	PV examination / USG reveals cervical / vaginal polypoidal growth
<i>Yoni Arbuda</i>	Bleeding on touch, USG / PV examination reveals tumorous growth.
<i>Yoni Granthi</i>	Menstrual bleeding in submucous fibroid.

Line of Treatment

- *Nidana Parivarjana* should be the first line of treatment.
- *Shamana Chikitsa*: *Deepana*, *Raktasamgrahana* - Primarily *Tikta*

Rasa followed by *Kashaya* which is followed by *Madhura*.

- *Rasayana Chikitsa* for *Rasa- Rakta-Kshaya*.
- Treatment according to *Doshik* involvement
- Treatment prescribed for *Raktatisara, Raktapitta, Raktarsha*
- Treatment prescribed for *Adhoga Raktapitta*

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC/PHC

Investigations:

- Blood pressure and Pulse rate to assess the general condition
- Urine pregnancy test - To detect pregnancy complications

Treatment: In the initial stage of the disease, drugs mentioned in the following table may be given as per need.

Table 24.3: Medicines at level 1 for *Asrigdara*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Nagakesara, Lodhra, Shunthi, Mocharasa</i>	<i>Churna</i>	3-6 gm	After meal / twice a day	2-3 month	Water
<i>Amalaki Churna</i> ¹	<i>Churna</i>	3-6 gm	After meal / twice a day	2-3 month	Water
<i>Lodhra Churna</i> ²	<i>Churna</i>	3-5 gm	After meal / twice a day	2-3 month	<i>Tandulodaka</i>
<i>Yastimadhu Churna</i> ³	<i>Churna</i>	2-4 gm	After meal / twice a day	2-3 month	Milk / water
<i>Shuddha Sphatika</i> ⁴	<i>Churna</i>	125-250 mg	After meal / twice a day	2-3 weeks	Water
<i>Ashoka Siddha Kshirapaka</i> ⁵	<i>Kshira Paka</i>	20 ml	Empty stomach / morning & evening	2-3 month	-
<i>Kamadudha Rasa</i> ⁶	<i>Vati / Churna</i>	125-500 mg	After meal / twice a day	2-3 month	<i>Sita / Ghrita</i>
<i>Ashokarishta</i> ⁷	<i>Arishta</i>	12-24 ml	After meal / twice a day	2-3 month	Equal amount of water

Pathya - Apathya (Diet and life style education):

Do's -

- **Ahara:** *Shadanganeeya, Tandulodaka, Laja / Lajamanda*, food articles of

bitter, sweet or astringent in taste, milk, wheat, seasoned rice, green gram, bitter guard, bottle gourd, cucumber, beet root, pomegranate, grapes etc. *Yusha, Yavagu* mixed with *Ghrita, Madhura Aushadhi*

Siddha Ghrita and meat soup. Patient should have freshly prepared food only. Stale and re-heated food should not be taken at all.

- **Vihara:** Maintain local hygiene, take rest.

Don'ts -

- **Ahara:** Articles made with *Maida*, sour curd, bakery items like bread, biscuits, fermented food, spicy and salty food, fried food, pickles, *Kshara* etc.
- **Vihara:** Avoid day sleeping, excess exposure to heat, sexual intercourse, night awaking, suppression of natural urges, strenuous physical exercise, excess of fasting, fear, grief and anger.

Referral criteria:

- If the vitals are not stable.
- If the blood loss is severe
- Patients not responding to level 1 management

- Chronic patients with complications like moderate to severe Anaemia, severe Dysmenorrhoea, irregular bleeding per vagina.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1: for a fresh case reporting directly.

However, at this level, persistence of symptoms along with moderate to severe anaemia, mild to moderate fever due to pelvic infections etc. should also be considered.

Investigation: Additional to the examinations described in Level 1 following investigations also may be carried out.

- CBC and PBS
- BT, CT
- Ultrasonography

Treatment: In addition to the management mentioned in Level 1, the following drugs may also be tried out.

Table 24.4: Medicines at level 2 for Asrigdara

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Pushyanuga Churna</i> ⁸	<i>Churna</i>	3-5 gm	After meal / thrice a day	2-3 months	<i>Madhu / Tandulodaka</i>
<i>Bola Parpati</i> ⁹	<i>Vati</i>	125-250 mg	Morning and evening	1 month	<i>Sharkara, Ghrita, Madhu</i>
<i>Panchavalkala Kwatha</i>	<i>Kwatha</i>	60 ml	Morning	1-3 months	<i>Sharkara</i>
<i>Shatavari Ghrita</i>	<i>Ghrita</i>	15 ml	Morning	1 month	-

Pathya - Apathya (Diet and life style education): Same as level 1.

Referral criteria:

- Patients not responding to two to three cycles of treatment
- Severe Anemia
- Detection of any pelvic pathology

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical diagnosis: Same as level 1 for a fresh case reporting directly. Persistence of symptoms, post-menopausal bleeding,

bleeding per vagina with other systemic diseases like diabetes, obesity, hypertension, severe anemia etc. should also be considered

Investigation: All investigations mentioned in Level 2. In addition to that the following investigations also may be carried out.

- Endometrial biopsy to find out malignancy
- Hormonal assay like S. TSH, S. T₃, T₄
- Fasting blood sugar, Post prandial blood sugar
- Saline infusion sonography to find out endometrial polyp

Treatment: In addition to the management of Level 1 and Level 2, following medicines could be prescribed:

Table 24.5: Medicines at level 3 for Asrigdara

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
Shonitargala Rasa ¹⁰	Vati / Churna	2 Vati (125-500 mg)	After meal / twice a day	2-3 month	Water / Tandulodaka
Trunakanata Mani Pishti	Pishti	250 mg	Morning and Evening	1-2 months	Ghrita
Dhatri Lauha	Vati	500 mg	Morning and evening	2-3 months	Guda Ghrita
Tapyadi Lauha	Vati	500 mg	Morning and evening	2-3 months	Guda Ghrita
Bahushala Guda	Avaleha	30 gm	Before meals	1-2 months	Water

Patients with other systemic diseases can be referred to their respective departments.

Pathya - Apathya (Diet and life style education): Same as level 1.

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KASHTARTAVA (DYSMENORRHOEA)

INTRODUCTION

Menstruation associated with pain is a common problem in females of reproductive age. *Kashtartava* (Dysmenorrhoea) is a cardinal symptom in *Udavarta Yoni Vyapad*. It can be caused either by *Margavarodha* (obstruction) or *Ksheenata* (depletion) of *Raja*.

Case Definition:

Chronic, cyclic pain or discomfort in the pelvic region during menstrual period.

Differential diagnosis:

- 1) *Vatala Yoni Vyapada*: menstruation with *Toda* (pricking pain) [vitiating *Ruksha Guna*], *Stambha* (stiffness) [vitiating *Sheeta Guna*] along with other *Vataja Lakshanas*.
- 2) *Suchimukhi Yoni Vyapad*: *Margavarodha Janya Vata Prakopa* causing severe pain with structural abnormalities which may need dilation or invasive procedures.
- 3) *Udavarta Yoni Vyapad*: severe pain at the beginning of menstruation and immediate relief of pain following discharge of menstrual blood is the characteristic symptom
- 4) *Antarmukhi Yoni Vyapad*: *Margavarodha Janya Vata Prakopa* due to acute anteversion or retroversion of Uterus causing severe pain and relieved by discharge of menstrual fluid.
- 5) *Paripluta Yoni Vyapad*: continuous pain for the entire duration of menstrual period associated with dysperunea.
- 6) *Vataja Rajo Vriddhi*: *Bheda* (cutting Pain) [vitiating *Ruksha* and *Khara Guna*] associated with increase in menstrual flow
- 7) *Raja Ksheenata*: *Bheda* (cutting Pain) [vitiating *Ruksha* and *Khara Guna*] associated with decrease in menstrual flow
- 8) Generalized disease conditions like: *Pandu, Shosha, Rajayakshma*

Line of Treatment

Aggravated *Vata* due to either obstruction or depletion is the main cause for the *Kashtartava*, therefore, the treatment is directed either to remove the obstruction by medical / surgical measures or to replenish the *Dhatu*.

Following are the principles:

- To reduce pain - pain relieving medications
- To treat dryness and roughness - Oily preparations for external and internal use *Vatanulomana* - mild laxatives and *Basti*
- To remove structural obstruction by surgical intervention
- To remove functional obstruction - Fomentations, *Shodhana* (purifying measures)

- *Dhatupurana* – Nourishing, General tonics and *Dhatu Vriddhikara* medication

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC/PHC

Clinical diagnosis: Painful menstruation; pain begins just few hours before menstruation. The pain is spasmodic or dull

in nature, confined to lower abdomen and may radiate to back and medial aspect of thighs gradually and sometimes associated with nausea, diarrhoea or constipation, dizziness, fatigue and headache.

Investigation: Hb gm% to rule out anemia

Treatment: During the initial phase of the disease, one or more drugs from the table can be selected as per the status of the patient.

Table 25.1: Medicines at level 1 for *Kashtaartava*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Eranda Taila</i>	Oil	10-25 ml	Stat	Stat	Shunthi Kwatha
<i>Eranda Bhrishta Haritaki</i> ¹ (4 gm with <i>Shunthi-1-2gm</i>)*	Powder	3-6 gm	Before meal/ twice a day	Eight days before the scheduled start of menstruation	Luke warm water
<i>Hingvadi Churna</i> ^{2**}	Powder	2-4 gm	Before meal/ twice daily	During Menstruation till pain subside	Luke warm water/ buttermilk
<i>Shankha Vati</i> ³	Tablet	1 tab 250-500 mg	After meal/ thrice daily	During Menstruation till pain subside	Luke warm water/ buttermilk/ honey
<i>Hingvadi Gutika</i> ⁴	Tablet	250-500mg	After meal/ twice daily	During Menstruation till pain subside	Luke warm water
<i>Chaturbeeja</i> ⁵ Churna	Powder	2- 3 gm	Morning and evening empty stomach, if H/o gastritis take after meal for 10 days (starting from 7 days before commencement of menses till 3 rd day of the bleeding phase)	For 2-3 month	Luke warm water / buttermilk

<i>Dashamoola Kwatha</i> with <i>Tila</i> oil	Decoction	30-40 ml	Morning and evening empty stomach	2-3 days	
Milk medicated with <i>Dashamoola</i> ⁶	Medicated milk	20 ml	Morning and evening empty stomach	2-3 days	-
<i>Abhayarishta</i> ⁷	<i>Arishta</i> - liquid	12-24 ml	After meal/ twice daily	2-3 month	With equal amount of water

* For *Anulomana* of *Apana Vayu*

** For relieving of pain

Local treatment: Massage of the lower abdomen with warm *Tila Taila*/ *Sarshapa Taila* / *Narayana Taila* for 10 to 15 minutes, followed by application of hot fomentation (such as a hot water bag). Advice to put vaginal tampon (*Yonipichu*) of Luke warm *Tila Taila* or *Hingvadi Taila* at least for 7 days at night before menstruation in married women.

Pathya-Apathya (Diet and life style education):

Do's (Pathya)

- **Ahara:** Unctuous & warm, sweet, sour, salty substances, dairy products like milk, buttermilk etc., rice & wheat., soup made of ghee, rice and *Mung Daal*, Sugarcane, Sugarcane products and honey. Oils- especially, sesame, peanut, mustard, fruits like grapes, papaya etc. Vegetables like radish, drumstick etc. Foods may be garnished with spices like cumin, asafetida, black pepper, cloves, coriander, mint, cinnamon,

cardamom, ginger and mustard seeds, meat soup, and chicken.

- **Vihara:** Bath with warm water, Fomentation with hot water/ decoction of *Dashamoola* or heating pad on lower abdomen and low back. Take sufficient physical and mental rest. *Yogasana* like *Bhadrasana*, *Bhujangasana* and *Shalabhasana* and *Pranayama* regularly.

Don'ts

- **Ahara:** Food items causing abdominal distention and constipation such as: Chick-peas, excess consumption of legumes, raw vegetables, *Maida* and other food items heavy for digestion, cold food items, etc.
- **Vihara:** Cold water bath, Exposure to cold weather or air, Dry massage (*Udavartana*), Day sleep (*Divaswapna*), Night awaking, Excessive walking, Excessive exercises, and Suppression of natural urges like *Mutra*, *Purisha* and *Adhovata* etc.

Referral criteria: Patients not responding to level 1 management should be referred to higher centre.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1: For a fresh case reporting directly.

Patients having symptoms like dull lower abdominal pain situated in back and front without any radiation; lower abdominal

discomfort starting before a few days of menses etc. should be considered.

Investigation: Same as Level 1. In addition to that, the following investigations may also be carried out.

- Ultrasonography to detect pelvic pathology
- CBC, ESR,

Treatment: In addition to the drugs mentioned in Level 1, the following drugs may also be given.

Table 25.2: Medicines at level 2 for *Kashtaartava*

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Devadaroyadi Kwatha</i> ⁸	Decoction	30-40 ml	Morning and evening empty stomach	2-3 days	-
<i>Rajahpravartani Vati</i> ⁹	Tablet	1-2 tablet of 250 mg	After meal / twice daily	From 15 th day of the cycle till onset of menses	Luke warm water / <i>Tila Kashaya</i> / <i>Kulatta Kashaya</i>
<i>Yogaraja Guggulu</i>	<i>Vati</i>	2-4 tab of 250 mg	After meal / twice daily	7days	Luke warm water / <i>Dashamula Kwatha</i>
<i>Mahanarayana Taila</i> ¹⁰	oil	10-20ml	Stat	Stat	Warm water

Basti (one of the *Panchakarma* procedures), in which medicated oils and decoction are administered as enema, is regarded as the best procedure to treat diseases caused by

Vata Dosha. *Basti* should be administered during inter menstrual period.

Basti is given as per cited in classics with following *Niruha* and *Anuvasana Basti*

Table 25.3: Basti Dravyas at level 2 for Kashtaartava

<i>Matra Basti</i>	<i>Niruha Basti</i>	<i>Kshira Basti</i>
<i>Dashamoola Taila¹¹</i>	<i>Palashadi Niruha Basti¹²</i>	<i>Dashamoola Kshira¹³</i>
<i>Trivrita Taila¹⁴</i>	-	-
<i>Tila Taila¹⁵</i>	-	-
<i>Mahanarayana Taila¹⁶</i>	-	-

Pathya-apathya (Diet and life style education): Same as level 1

Referral criteria:

- Patients not responding to two to three cycles of treatment
- Detection of pelvic pathology
- Associated complaints like fever, scanty menses or heavy periods
- Other systemic diseases like appendicitis, colitis, cystitis etc.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical diagnosis: Same as level 1: For a fresh case reporting directly.

Persistence of symptoms with associated complaints like fever, scanty menses or heavy periods or other systematic diseases like appendicitis, colitis, cystitis etc. should also be considered.

Investigations: All investigations mentioned in Level 1 & Level 2. In addition to that the following investigations also may be carried out.

- Urinalysis: To detect urinary tract infection
- Stool test: To detect GI bleeding
- Hysteroscopy and saline Sonohysterography: To rule out endometrial polyps and sub mucosal leiomyomas
- MRI (Magnetic Resonance Imaging): Best for diagnosis of congenital uterine anomalies. To diagnose fibroids and to differentiate it from ovarian mass or pregnancy
- Intravenous pyelogram: Intravenous pyelogram is indicated if uterine malformation is confirmed as a cause or contributing factor for the dysmenorrhoea
- Endometrial biopsy: To detect endometritis
- Laparoscopy: To reach into the definite diagnosis of endometriosis, pelvic inflammatory disease, or pelvic adhesions

Treatment: In addition to the management of Level 1 and 2, following management should be done as per associated complaints.

In *Kashtartava* with heavy bleeding, following medicines can be given as per complaints.

Table 25.4: Medicines at level 3 for *Kashtaartava* with heavy bleeding

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Pradarari Lauha</i> ¹⁷	Tablet	2 tablets (250 mg)	Morning and evening after meal	2-3 month	Milk or water
<i>Patrangasva</i>	<i>Asava</i> liquid	30-40 ml	Morning and evening after meal	2-3 month	water
<i>Khadirarishtha</i>	<i>Arishtha</i> liquid	30-40 ml	Morning and evening after meal	2-3 month	water
<i>Pathadi Kwatha</i>	Decoction	30-40 ml	Morning and evening after meal	2-3 month	water

In *Kashtartava* with Scanty bleeding, following medicines can be given as per complaints.

Table 25.5: Medicines at level 3 for *Kashtaartava* with scanty bleeding

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Kumaryasava</i>	<i>Asava</i> liquid	30-40 ml	Morning and evening after meal	2-3 month	Water
<i>Karpasamulasava</i>	<i>Asava</i> liquid	30-40 ml	Morning and evening after meal	2-3 month	Water
<i>Shatapushpa Kwatha</i>	Decoction	30-40 ml	Morning and evening after meal	2-3 month	water

***Pathya-apathya* (Diet and life style education):** Same as level 1

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SHWETA SRAVA (LEUCORRHOEA)

INTRODUCTION

Leucorrhoea means an excessive amount of white discharge from vagina due to inflammation or infections of lower genital tract, causing discomfort. This is a condition of vitiated *Kapha* and *Rasa Dhatu*. The discharge could be of thin watery, purulent, slimy, sticky, frothy with foul smell and curdy white depending upon vitiation of *Dosha*.

Case Definition:

The excess secretion is evident from persistent vulval moistness or staining of the undergarments or need to wear a sanitary pad. Non-infective discharge is non-purulent, non-offensive, non-irritant and never leads to pruritus vulva. Infective discharge is purulent, offensive, and irritant associated with itching.

Differential diagnosis:

Disease conditions having *Shweta Srava*:

- ***Kaphaja Yonivyapad***: Yellowish white thick mucoid discharge associated with severe itching
- ***Upapulta Yonivyapad***: Whitish mucoid vaginal discharge with pricking pain in vagina
- ***Sannipatika Yonivyapad***
- ***Rakta Gulma***: Foul smelling mucopurulent discharge associated with amenorrhoea and uterine growth
- ***Karnini Yonivyapada***: White discharge associated with oedematous

cervix and cervical erosion or only cervix erosion

- ***Atyananda Yonivyapada (Acharana/Vipluta)***: White discharge with severe itching due to unhygienic condition
- ***Yoni Arsha***: Foul smell reddish white discharge, on examination reveals presence of *Yoni Arsha* with bulky uterus with polypoidal growth

General disease conditions like anemia, diabetes mellitus, etc.

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC/PHC

Clinical diagnosis: Thin whitish watery, odourless discharge from the vagina. General condition of patient may reveal ill health.

Investigation: proper clinical examination

Treatment:

- Eradication of the cause/local hygiene etc.
- *Kaphaghana* medicines
- Local applications in the form of *Dhavana, Varti, Picchu, Dhupana*
- *Kshara, Agni Karma*

In the initial stage of the disease, drugs mentioned in the following table may be given as per need.

Table 26.1: Medicines at level 1 for *Shweta Pradara*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Sphatika Bhasma</i> with <i>Shuddha Gandhaka</i>	<i>Churna</i>	500 mg	Twice/thrice daily	1 week	Water
<i>Amalaki Churna</i> ¹	<i>Churna</i>	3-6 g	After meal/ twice daily	2-3 months	Honey/sugar/ water
<i>Lodhra Churna</i> ²	<i>Churna</i>	3-5 gm	After meal/ thrice daily	2-3 months	<i>Tandulodaka</i>
<i>Chopachini Churna</i> ³	<i>Churna</i>	2-3 gm	After meal/ twice daily	2-3 months	Water
<i>Darvyadi Kwatha</i> ⁴	Decoction	30-40 ml	Empty stomach twice daily	2-3 months	-
<i>Pradarari Lauha</i> ⁵	Tablet	1-2 <i>Vati</i>	After meal/ twice daily	2-3 months	-
<i>Chandraprabha Vati</i> ⁶	Tablet	2 <i>Vati</i>	After meal/ twice daily	2-3 months	Water/ milk

Local treatment: Douche with *Sphatika Jala* / *Triphala Kwatha* / *Panchavalkala Kwatha* / *Nimba Patra Kwatha* - twice a day for 5-7 days.

Pichu with *Dhatkyadi Taila* / *Karanja Taila* / *Neem Taila*.

Pathya-Apathya (diet and life style education):

Do's (Pathya)

- **Ahara:** Fresh vegetables, fruits, milk, *Mudga* / *Mamsa Rasa Yusha* and easily digestible food. Patient should take freshly prepared food only.
- **Vihara:** Maintain local hygiene, celibacy,

Don'ts:

- **Ahara:** Dietary restrictions may be followed as per the prevailing

general disease condition such as to avoid sweets etc. in diabetics, stale food etc.

- **Vihara:** Over eating, intercourse, day sleeping, mental stress, suppression of natural urges, use of synthetic under garments

Referral criteria:

- Patients not responding to level 1 management
- Chronic patients
- Symptoms like purulent, offensive irritant blood stained discharge with mild to severe pruritus vulva

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1: For a fresh case reporting directly.

Examination: Per speculum and per vaginal examination should be done to find out vaginitis or cervical pathology.

Investigation: Following investigations may be carried out:

- Heamogram
- BSL

- Pap smear - To detect pelvic infection
- VDRL, HIV - To detect sexually transmitting diseases
- USG to rule out growth

Treatment: Drugs for external or local use

Table 26.2: Medicines used for Yoni Prakshalana in Shweta Pradara

Drugs	Dosage Form	Dose	Time of administration	Duration
<i>Nyagrodhadi Kwatha</i> ⁷	Decoction	400 to 500 ml (48 gm)	Twice daily morning & evening	8 to 10 days after menstruation
<i>Panchavalkala Kwatha</i> ⁸	Decoction	400 to 500 ml	Twice daily morning & evening	8 to 10 days after menstruation
<i>Nimba Patra Kwatha</i> ⁹	Decoction	500 ml	Twice daily morning & evening	8 to 10 days after menstruation
<i>Triphala Kwatha</i> with <i>Takra</i> or cow's urine, <i>Sphatika Churna</i>	Decoction	400 to 500 ml	Twice daily morning & evening	8 to 10 days after menstruation
<i>Guduchi, Triphala</i> and <i>Danti Kwatha</i>	Decoction	400 to 500 ml	Twice daily morning & evening	8 to 10 days after menstruation
<i>Chandana Kwatha/ Lodhra Kwatha</i>	Decoction	400 to 500 ml	Twice daily morning & evening	8 to 10 days after menstruation
<i>Pushyanuga Churna</i> ¹⁰	<i>Churna</i>	3-5 gm	After meal/ thrice daily	2-3 months

Table 26.3: Medicines used as Yoni Varti in Shweta Pradara

Drugs	Dosage Form	Dose	Time of administration	Duration
<i>Varti</i> of fine powder of <i>Lodhra, Yashtimadhu</i> and <i>Madhu</i>	<i>Varti</i>	5 gm	At night	8 to 10 days after menstruation
<i>Varti</i> of fine powder of <i>Nimba, Triphala, Sphatika</i> and <i>Madhu</i>	<i>Varti</i>	5 gm	At night	8 to 10 days after menstruation

The above mentioned suppositories can be prepared locally in any hospital

Table 26.4: Medicines used as Yoni Pichu in Shweta Pradara

Drugs	Dosage Form	Dose	Time of administration	Duration
<i>Dhatakyadi Taila</i>	Oil	5 ml	Twice daily	8 to 10 days after menstruation
<i>Nyagrodha Kashaya Pichu</i>	Decoction	5 ml	Twice daily	8 to 10 days after menstruation
<i>Karanja Taila</i>	Oil	5 ml	Twice daily	8 to 10 days after menstruation
<i>Jatyadi Taila</i> ¹¹	Oil	5 ml	Twice daily	8 to 10 days after menstruation

Table 26.5: Medicines used for Yoni Dhupan in Shweta Pradara

Drugs	Dose	Time of administration	Duration
<i>Dhupana of Sarala, Guggulu and Yava with Ghruta</i>	5 gm	Twice daily	1-2 week
<i>Haridra and Daruharidra</i>	5 gm	Twice daily	1-2 week

Oral Medications – All drugs mentioned in Level 1. In addition to that the following drugs may also be tried.

Table 26.6: Medicines at level 2 for Shweta Pradara

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Triphala Guggulu</i>	<i>Vati</i>	2 - 3 <i>Vati</i>	After meal/ twice daily	2-3 months	Water/milk/ <i>Ushira Kashaya</i>
<i>Kaishora Guggulu</i> ¹²	<i>Vati</i>	2 - 3 <i>Vati</i>	After meal/ twice daily	2-3 months	Water/milk

Pathya-apathya (diet and life style education): Same as level 1

Referral criteria:

- Patients not responding the above treatment
- Presence of pre malignant or malignant changes in PAP smear
- Blood stained vaginal discharge

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/INTEGRATED AYURVEDIC HOSPITALS

Clinical diagnosis: Same as level 1: For a fresh case reporting directly

Investigation: In addition to the investigations mentioned at Level 2, following investigations may also be carried out.

- Microscopic examination of vaginal discharge (wet vaginal smear test)
- Fungal and aerobic culture of vaginal discharge

- Colposcopy
- Punch biopsy or Cone biopsy (Cervix) or endometrial Biopsy to rule out cervical malignancy.

Treatment: In addition to the treatment mentioned in levels 1 & 2, following therapies can be performed in Level 3 with due care.

- Local *Agni Karma* (cauterization) in premalignant lesions of cervix
- *Kshara Karma*

In case of suspected malignancy, patient must be referred for advanced management.

Pathya-Apathya (Diet and life style education): Same as level 1

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Vata Vyadhi



AVABAHUKA (FROZEN SHOULDER)

INTRODUCTION

Avabahuka is a *Vataavyadhi* caused by vitiation of *Vata* at '*Amsamoola*' (shoulder) leading to restriction of shoulder movement. *Amsashosha* (wasting around the muscles of shoulder joint) is a typical feature of *Avabahuka* in long run. Patient experiences difficulty in lifting the shoulder with or without pain. Clinical conditions like frozen shoulder, brachial neuralgia etc. are similar with *Avabahuka*.

Case definition:

Restricted shoulder movement and difficulty in lifting the arm associated with or without pain, begins gradually and worsen over time leading to atrophy in shoulder muscles is defined as *Avabahuka*.

Differential Diagnosis:

- Manyasthambha*
- Viswachi*
- Amavata* and such other diseases of Shoulder joint –

Line of Management

- Nidana Parivarjana* should be the first line of treatment.
- Shodhana Chikitsa* - *Nasya*
- Shamana Chikitsa* - *Pachana, Deepana, Snehana, Swedana,*
- External applications - *Lepa, Upanaha*
- Rasayana Chikitsa* for *Mamsadhatu*
- Treatment according to *Doshik* involvement
- General line of treatment prescribed for *Vataavyadhi*

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Clinical diagnosis: On the basis of history and clinical presentation

Investigations: Nil

Treatment: See table 27.1

Table 27.1: Medicines at level 1 for *Avabahuka*

Drugs	Dosage Form	Dose	Time of administration	Duration	<i>Anupana</i>
<i>Aswagandha Churna</i>	<i>Churna</i>	3-5 gm	Twice a day	2-4 weeks	Luke warm water
<i>Bala Churna</i>	<i>Churna</i>	3-5 gm	Twice a day	2-4 weeks	Luke warm water

<i>Rasna Churna</i>	<i>Churna</i>	3-5 gm	Twice a day	2-4 weeks	Luke warm water
<i>Chopchini</i>	<i>Churna</i>	2-5 gm	Twice a day	2-4 weeks	Sugar - 3 gm
<i>Dashamoola Kashaya</i>	<i>Kwatha</i>	10-15 ml	Empty stomach / 6 am & 6 pm	2-4 weeks	Luke warm water
<i>Yogaraja Guggulu¹</i>	<i>Vati</i>	1-2 tab	Twice day	2-4 weeks	With warm water
<i>Anutaila</i>	<i>Taila</i>	1 ml	4-5 times as <i>Pratimarsha Nasya</i>	2 weeks	-
<i>Karpasasthydi Taila</i>	<i>Taila</i>	1 ml	4-5 times as <i>Pratimarsha Nasya</i>	2 weeks	-
		3-5 ml	1-2 times for oral administration	2 weeks	-

Pathya - Apathya (Diet and life style):

Do's -

- **Ahara:** Nourishing food, milk porridge, *Shali*, *Shashtik*, *Kulattha*, *Udada* (black gram), *Shigru* (drumstick), brinjal etc.
- **Vihara:** Shoulder exercises

Dont's -

- **Ahara:** *Kalaya* (*Lathyrus odoratus*), *Sheetambu* (cold water).
- **Vihara:** Nothing specific

Referral criteria: Cases not responding to above line of treatment.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigation: Same as level 1, in addition

- Random blood sugar to rule out Diabetes Mellitus.
- Rheumatoid factor (RA Factor) - Qualitative (present / absent) and quantitative (<15 IU/ml) to rule out RA shoulder.
- X - ray of shoulder / cervical spine

Treatment: In addition to the *Shamana* management mentioned in Level 1, few of the following drugs may be added -

Table 27.2: Medicines at level 2 for *Avabahuka*

Drug	Dosage Form	Dose	Time of Administration	Anupana
<i>Ksheerabala 101 Avarthi</i>	<i>Taila</i>	15 drops	Twice a day for 2-4 weeks / before food	-
<i>Guggulu Tiktakam Kwatha</i>	<i>Kwatha</i>	12-24 ml	Twice a day for 2-4 weeks / empty stomach	-
<i>Prasaranyadi Kashaya</i>	<i>Kwatha</i>	12-24 ml	Twice a day for 2-4 weeks / empty stomach	Later milk porridge
<i>Maharasnadi Kwatha</i> ²	<i>Kwatha</i>	12-24 ml	Twice a day for 2-4 weeks / empty stomach	<i>Shunthi Churna / Pippali Churna / Yogaraja Guggulu / Eranda Taila</i>
<i>Vidaryadi Kwatha</i> ³	<i>Kwatha</i>	12-24 ml	Twice a day for 2-4 weeks / empty stomach	-
<i>Dhanwantharam Kwatha</i>	<i>Kwatha</i>	12-24 ml	Twice a day for 2-4 weeks / empty stomach	<i>Dhanwantharam tablet</i>
<i>Guggulu Tiktaka Ghrita</i> ⁴	<i>Ghee</i>	15-30 ml	Once or Twice a day for 2-4 weeks	Before food on appetite
<i>Aswagandharishta</i> ⁵	<i>Arishta</i>	10-20 ml	Twice a day for 2-4 weeks	After food
<i>Balarishta</i> ⁶	<i>Arishta</i>	10-20 ml	Twice a day for 2-4 weeks	After food
<i>Nirgundi Taila</i>	<i>Taila</i>	For External Application		
<i>Vishagarbha Taila</i> ⁷	<i>Taila</i>	For External Application		
<i>Vatagajankusha Rasa</i> ⁸	<i>Churna</i>	60-125 mg	Twice a day	<i>Madhu</i>
<i>Vatavidhwamsana Rasa</i> ⁹	<i>Churna</i>	60-125 mg	Twice a day	<i>Madhu</i>
<i>Prasarini Taila</i> ¹⁰	<i>Taila</i>	10-15 drops	Once or twice a day / before meals	With <i>Prasaranyadi Kashaya</i>
<i>Karpasasthydi Tail</i> ¹¹ / <i>Kuzhampu,</i>	<i>Taila</i>	<i>Taila</i> for head and external application. <i>Kuzhambu</i> for external application only		
<i>Parinatha Keryadi Taila</i>	<i>Taila</i>	External application		

Local *Abhyanga* and *Nadi Sweda*, *Snigdha Churna Pinda Sweda*, *Patrapinda Sweda*, *Jambeera Pinda Sweda* and *Shashtika Pinda Sweda* etc can be according to the condition.

Pathya - Apathya (Diet and life style): Same as level 1

Referral Criteria: Cases not responding to above therapy.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation: Nothing specific

Treatment: In addition to the management of Level 1 and Level -2, if needed *Panchakarma* procedures can be performed. *Nasya* may be done with classical dosage.

Table 27.3: Panchakarma Procedures at level 3 for Avabahuka

No	Karma	Choice of drugs	Indications	Remarks
1	<i>Udwartana</i>	<i>Kolakulathadi Churna; Yava, Kola, Kulatha; Triphala churna;</i>	Associated neck pain, recurrent respiratory infections	Considering <i>Vata</i> vitiation at <i>Kapha Sthana</i>
2	<i>Swedana</i>	<i>Tapa, Ushma, Upanaha</i> Various articles-	In persistent pain without <i>Pitta</i> symptoms	<i>Upanaha</i>
3	<i>Churna Pinda Sweda</i>	<i>Kolakulathadi Yoga, Various Vata / Kaphahara Churna</i>	Early stages of <i>Avabahuka, Sama, Kapha Samsrishta</i>	Contra indicated in <i>Anupasthambha Vata, Pittanubandha</i>
4	<i>Patra Pinda Sweda</i>	Various leaves of <i>Vata</i> alleviating property	Usually After <i>Churna Pinda Sweda</i> , directly on <i>Nirama</i> stage	<i>Pittanubandha</i> contra indicated
5	<i>Jambeera Pinda Sweda</i>	Citrus fruit, turmeric and <i>Vata</i> alleviating <i>Churna</i>	Same as above + Localised oedema	<i>Pittanubandha</i> contraindicated
6	<i>Shashtikashali Pinda Sweda / Shashtika Lepana</i>	<i>Shashtika</i> rice, <i>Bala Kwatha</i> and milk	Later stages of <i>Avabahuka</i> , disuse atrophy, wasting, weakness, <i>Pittanubandha</i>	Contraindicated in <i>Kaphanubandha, Saama</i>
7	<i>Navana / Nasya</i>	<i>Anutaila / Ksheera Bala (Avarthi), Dhanwantara (Avarthi), Shadabindu Taila Mahamasha Taila¹², Mashabaladi Kashaya¹³ Katphala Churna</i>	In all <i>Avabahuka</i>	Care for contraindications of <i>Nasya</i>
8	<i>Moordha Taila – (Shiro abhyanga Shiro Pichu Shirodhara, Shirobasti)</i>	Various <i>Taila</i> explained for application on head	In Later stages of <i>Avabahuka</i> , insomnia, stress <i>Vata Pradhana</i> stage	Contraindicated in chronic / recurrent sinusitis associated with head ache and <i>Shiro Abhyanga Anupashaya</i>
9	<i>Upanaha</i>	<i>Upanaha Churna, Salwana</i>	Wasting and painful conditions	Contraindicated in Skin allergy

Pathya - Apathya (Diet and life style): Same as level 1

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KATIGRAHA (LUMBAGO)

INTRODUCTION

Katigraha is common disorder explained in the context of *Vatavyadhi*. It is characterized by vitiation of *Vata* at *Kati Pradesha*. It leads to pain and stiffness in the low back region restricting all lumbar movements. The disease explained is similar with Low Back Pain due to spinal causes.

Case definition:

Katigraha is defined as an acute or chronic pain in the lumbo-sacral region with stiffness. There are two clinical presentations as *Upastambhi Vata* and *Anupastambhi Vata*.

Differential Diagnosis:

- *Mutra/Purisha Vega Dharana*
- *Shweta Pradara*
- *Yoni Vyapada*
- *Amavata*
- *Kapha-Pittaja Tritiyaka Jwara*
- *Gridhrasi*
- PCOS/PCOD
- Ankylosing spondylitis

Line of Management

Katigraha is managed according to clinical presentation. In *Samavata* presentations, *Rooksha Sweda*, *Pachana* and *Shodhana* are done initially. After establishing *Nirama* stage, Local *Snehana* procedures, *Snigdha*

Sweda as well as classical *Basti* procedures are performed. *Katibasti* and bandages as *Snigdha Veshtana* are very effective.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/ PHC

Clinical Diagnosis: On the basis of history and clinical presentations

Patient Examination - A detailed history and examination of lumbar spine, hip joints and Straight Leg Raise (SLR) test / Femoral Stretch Test (FST).

Investigations: Nil

Treatment: In Level 1 also some minimal *Panchakarma* procedures can be done in OPD.

- In *Samavata* conditions, *Rooksha Lepa* like *Nagaradi Lepa* or *Dashanga Lepa / Gandhabiroja Lepa / Maidalakdi Lepa* etc. can be applied over lumbo-sacral region.
- *Katipichu* or *Katibasti* with *Murivenna*, *Dhanwataram Taila* or *Nirgundyadi Taila* etc can be performed later.
- *Mridu Samshodhana* with *Eranda Taila* mixed with *Nirgundi Swarasa* can be given in patients with constipation.
- Patient may be advised *Matravasti* with *Dhanwantaram Taila* in or *Sahacharadi Taila* if found to be *Anupastambhi Vata*

Table 28.1: Medicines at level 1 for *Katigraha*

Drugs	Dosage Form	Dose	Time of administration	Duration	Anupana
<i>Aswagandha + Pippalimoola Churna</i>	Powder	3-5 gm	Twice daily	1-2 weeks	Luke warm water
<i>Rasna Churna</i>	Powder	3-5 gm	Twice daily	1-2 weeks	Luke warm water
<i>Shunthi Churna</i>	Powder	3-5 gm	Twice daily	1-2 weeks	Luke warm water
<i>Chopchini</i>	Powder	.5-2 gm	Twice daily	1-2 weeks	Sugar – 3 gm
<i>Rasnasaptakam Kashaya¹</i>	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	1-2 weeks	Luke warm water and <i>Nagara Churna</i>
<i>Saptasaram Kashaya²</i>	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	1-2 weeks	Luke warm water
<i>Erandamoola Kashaya</i>	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	1-2 weeks	Luke warm water
<i>Dashamoola Kashaya³</i>	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	1-2 weeks	Luke warm water
<i>Eranda Bija Kshira Paka</i>	Medicated milk	7 seeds/day	Once in morning empty stomach	1 week	Nil
<i>Yogaraja Guggulu⁴</i>	Vati	1-2 Tab	Twice daily	1-2 weeks	With warm water
<i>Simhanada Guggulu⁵</i>	Vati	1-2 Tab	Twice daily	1-2 weeks	With warm water
<i>Sahacharadi Taila⁶ (Madhyama Paka)</i>	Oil	10-15 drops	Once or Twice daily	1-2 weeks	With <i>Sahachardi Kashaya</i>
<i>Eranda Taila, Gandharwahastadi Eranda Taila, Nimbamritadi Eranda Taila</i>	Oil	15-50 ml	In early morning in empty stomach or at bed time	As per need	With hot water or milk
<i>Murivenna/ Sahachardi Taila/ Kuzhampu, Karpasasthydi Taila / Kuzhampu, Dhanwontharam Taila / Kuzhampu, Nirgundyadi Taila, Bala Taila etc For External application</i>					

Pathya-apathya (diet and life style):

Since the disease may be caused and aggravated by fall, acute sprains on bending forward, lifting objects, hard works etc. and absolute bed rest is essential initially to reduce the local inflammatory responses. All situations leading to *Apana Vata Prakopa* should be avoided.

Do's-

- **Ahara:** The patient should be provided easily digesting, nutritional and anti flatulent type of food. The food articles should be fiber rich to prevent constipation. These include leafy vegetables, green salads, fruits, barley etc. *Vata* alleviating food articles prepared with ghee or any suitable oil, *Udada* (black gram), *Shigru Shaka* (drumstick), brinjal etc may be given. *Patola, Rasona, Dadima, Parushaka, Badara, Draksha,* may be advised by the patient. *Shali, Shashtik, Kulattha, Wheat* products etc. are suitable. Vegetable soups are recommended.
- **Vihara:** Regular exercise along with *Abhyanga, Mardana, Avgahana* or *Samvahana*. Timely sleeping is very important. It is always ideal to use hot water for drinking as well as bathing. Controlled physiotherapy to regain range of movement can be advised in milder form. Comfortable seats and bed should be used. Bowel and bladder responses should be attended timely. Healthy postures are to be adopted always. After the symptoms are subsided, regular *Suryanamaskara* may be performed.

Dont's-

- **Ahara:** Use of food items like *Chanaka* (Bengal gram), *Kalaya* (lathyrus), *Kordusha* (millets), *Shyamaka, Rajmasha, Sheetambu* (cold water) should be avoided. Pungent /astringent food like red chilies, excessive use of all spices, diet with low water content like wafers, biscuits etc should be discouraged.
- **Vihara:** *Chinta* (excessive thinking), *Prajagarana* (improper sleep at night), *Vega Vidharana* (suppression of natural urges), *Shrama* (excess hard work) should be avoided. Hard exercises are not good. It is better to avoid sponge like mattresses and easy chairs. Forward bending, lifting articles etc are to be done very cautiously.

Referral criteria:

1. Cases not responding to above line of *Shamana* management.
2. Chronic cases of *Katigraha* with recurrent sprains require well planned *Panchakarma* treatment.
3. Acute cases of *Katigraha* with severe pain which require strict bed rest and traction massages etc.

**LEVEL 2: CHC'S OR SMALL
HOSPITALS WITH BASIC
FACILITIES**

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigation: Same as level 1: in addition

- USG abdomen & pelvis - to rule out any visceral pathology and Gynecological issues related to uterus and adnexa and PID leading to low back pain.
- USG - KUB - To rule out renal calculi and obstructive lower urinary tract symptoms.
- CT Scan- For better assessment of bony canal

- MRI - Lumbosacral - For better assessment soft tissue pathologies.

Treatment: In addition to the *Shamana* management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient. Intensive combination therapies of *Rasaushadhi* and *Kashthoushadhi* (herbo-mineral drugs) or herbal drugs containing potentially harmful ingredients can also be used cautiously at this level. Patient may be kept under observation while prescribing these kinds of medicines.

Table 28.2: Medicines at level 2 for Katigraha

Drug	Dosage Form	Dose	Time of Administration	Duration	Anupana
<i>Sanjivani Vati</i>	<i>Vati</i>	125-250 mg	Twice daily	1-2 weeks	Warm water
<i>Agnitundi Vati</i>	<i>Vati</i>	125-250 mg	Twice daily	1-2 weeks	Warm water
<i>Soubhagya Shunthi Paka</i>	<i>Avaleha</i>	5 gm	Twice daily	1-2 weeks	Warm water
<i>Gugguluthikthaka Ghrita</i> ⁷	Ghee	15-30 ml	Once or twice daily	1-2 weeks	Before food on appetite
<i>Abhayarishta</i> ⁸	<i>Arishta</i>	10-20 ml	Twice daily	1-2 weeks	After food
<i>Balarishta</i> ⁹	<i>Arishta</i>	10-20 ml	Twice daily	1-2 weeks	After food
<i>Dhanwantaram Taila</i> ¹⁰ (7-101 <i>Avarthi</i>)	Oil	10-15 drops	Once or Twice daily	1-2 weeks	-
<i>Murivenna/ Sahachardi Taila/ Kuzhampu, Karpasasthydi Taila / Kuzhampu, Prasarini taila/ Vishagarbha Taila / Dhanwontharam Taila / Kuzhampu, Nirgundyadi Taila, Ksheera Bala Taila</i> ¹¹	Oil	For External application. <i>Kuzhambu</i> applied externally only. <i>Suitable Taila</i> can be used for <i>Anuvasana</i> also.	Twice daily	1-2 weeks	-
<i>Vatagajankusha Rasa</i>	Powder	60-125 mg	Twice daily	1-2 weeks	<i>Madhu</i>
<i>Vatavidhwamsa Rasa</i> ¹²	Powder	60-125 mg	Twice daily	1-2 weeks	<i>Madhu</i>

- The patient may be subjected to local *Abhyanga* and *Bashpa Sweda* or *traction massage* with *Murivenna*, *Sahacharadi Taila*, *Karpasasthydi Taila* etc.
- *Snigdha-churna Pinda Sweda*, *Patrapotala Sweda*, and *Jambheera Pinda Sweda* and *Shashtika Pinda Sweda* may be tried.
- *Anuvasana Basti* may be given with *Dhanwantharm Taila*, *Sahacharadi Taila* etc and *Madhutailika Basti* or *Erandamooladi Nirooha Basti* may be done.
- The details of *Shodhana* treatment protocol is available in Level 3. It may be incorporated as per feasibility and availability

Pathya-Apathya (Diet and life style): Same as level 1

Referral Criteria:

1. Cases not responding to above therapy and require well planned *Panchakarma* therapy and *Rasayana Chikitsa*.

2. Cases not responding to the above management and require parasurgical procedures.
3. Moderate to Severe cases of *Katigraha* with complications like scoliosis, sciatica etc.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as Level 1 for a fresh case reporting directly

Investigations: Nil

Treatment: In addition to the management of Level 1 and Level 2, if needed *Panchakarma* procedures can be performed. Full course *Basti Karma* like *Yogabasti*, *Kalabasti* and *Karmabasti* can be done in selected cases.

Table 28.3: Medicines at level 3 for Katigraha

Drug	Dosage Form	Dose	Time of Administration	Duration	Anupana
<i>Amruta Bhallataka Avaleha</i>	<i>Avaleha</i>	5 gm	Twice daily	1-2 weeks	Milk
<i>Eranda Paka</i>	<i>Avaleha</i>	5 gm	Twice daily	1-2 weeks	Milk
<i>Trayodashanga Guggulu</i>	<i>Vati</i>	2-4 gm	Twice daily	1-2 weeks	Warm water
<i>Ekangaveer Rasa</i>	<i>Vati</i>	125-250 mg	Twice daily	1-2 weeks	Warm water

Table 28.4: Panchakarma procedures at level 4 for Katigraha

Karma	Choice of drugs	Indications	Remarks
<i>Udwarthana</i>	<i>Kolakulathadi Churna</i> <i>Yava, Kola, Kulatha;</i> <i>Triphala Churna;</i>	<i>Saama Katigraha</i> - associated recurrent respiratory infections, heaviness of back, spinal canal stenosis, and LBA in obesity	More useful in stiffness
<i>Swedana</i>	<i>Tapa, Ushma</i> – various herbal powders, steam generated with herbal leaves	In persistent pain without <i>Pitta</i> symptoms	Reduces associated muscle spasm immediately
<i>Churna Pinda Sweda</i>	<i>Kolakulathadi Yoga,</i> Various <i>Vata/ Kapha Hara</i> powders	Early stages of <i>Katigraha Saama,</i> <i>Kaphsamsrishta</i>	<i>Kevala Vata,</i> <i>Pittanubandha</i> contra indicated
<i>Patrapinda Sweda</i>	Various leaves of <i>Vata</i> alleviating property	Usually After <i>Churnapinda Sweda,</i> directly on <i>Nirama</i> stage	<i>Pittanubandha</i> contra indicated
<i>Jambeera Pinda Sweda</i>	Citrus fruit, turmeric and <i>Vata</i> alleviating powders	Same as above + Localised oedema, <i>Katigraha</i> of traumatic origin	<i>Pittanubandha</i> contra indicated
<i>Shashtika Pinda Sweda / Shashtika Lepana</i>	<i>Shashtika</i> rice, <i>Bala</i> decoction and milk	In <i>Shuddha Vata Katigraha,</i> Wasting, Weakness, <i>Pittanubandha</i>	<i>Kaphanubandha, Sama,</i> <i>Sheeta Anupashaya</i> contra indicated
<i>Kativasti</i>	<i>Murivenna,</i> <i>Dhanwantaram Taila</i> etc	In severe pain, when pain aggravates on manipulation.	
<i>Virechana</i>	Plain or processed various <i>Eranda Tail,</i> <i>Trivrita Lehya, Abhayadi Modaka, Ichabhedi Rasa</i> etc	Directly in all constipated cases. Also done after <i>Shodhanaga Snehapana.</i> Always done as <i>Mridusamshodhana</i> after various <i>Swedana</i> procedures for 7 days or so.	<i>Nirgundi Swarasa</i> is added in <i>Eranda Taila</i> for better results.
<i>Anuwasana Basti</i>	<i>Dhanwantara Taila,</i> <i>Sahacharadi Taila</i> etc.	In all <i>Katigraha</i> in <i>Vatapradhana</i> stage especially with habitual constipations.	Care for contraindications of <i>Nasya</i>
<i>Nirooha Basti</i>	<i>Erandamooladi,</i> <i>Madhutailika, Vaitarana Basti, Kshara Basti</i> etc and various yoga explained in classics	–	<i>Vaitarana Basti</i> is done in <i>Ama</i> stages.
<i>Agnikarma</i>	<i>Shalaka, Ghrita, Taila</i> etc	Non responding cases to any approaches., severe pain, <i>Kandaragata Shoola</i>	–

Pathya-Apathya (Diet and life style): Same as Level 1

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GRIDHRASI (SCIATICA)

INTRODUCTION

Gridhrasi is a *Vata*vyadhi characterised by vitiation of *Vata* afflicting the *Kandara / Snayu* of lower limbs. It is characterized by severe radiating pain starting from the low back to gluteal, posterior aspect of thigh, knee, calf and dorsum of the foot of either one or both sides of lower limbs. The condition makes raising of the leg difficult. All types of lumbar radiculopathy also can be interpreted in terms of *Gridhrasi*.

Case Definition:

Gridhrasi is defined as *Stambha* (stiffness), *Ruk* (pain), *Toda* (pricking pain) in a radiating manner along with *Spandana* (tingling sensation) starting from *Kati Pradesha* (low back) to *Prushtha* (back), *Janu* (knee joints), *Jangha* (calf muscles) and *Pada* (dorso lateral aspect of feet) of either one side of the lower limb or may involve both lower limbs. This condition makes raising of the affected leg difficult.

Types:

There are two clinical presentations as *Kevala Vata* and *Kapha Vata*. Association of *Kapha* produces additional symptoms like *Tandra* (drowsiness), *Gaurava* (heaviness) and *Arochaka* (loss of taste).

Differential Diagnosis:

The condition should be differentiated from *Katigraha* (Ankylosing spondylitis), *Khanja*,

Pangu, *Marmabhighata* at any of the *Kukundara* and *Nitamba Marma*.

If the pain is localized to sacroiliac joint it may be diagnosed as *Katigraha* a condition of ankylosing should be ruled out. *Khanja* and *Pangu* are characterized with weakness of lower limbs due to loss of motor power. *Khanja* affects any one limb and *Pangu* affects both. These conditions may not have any pain associated. *Kukundara Marmabhighata* is characterized by motor and sensory loss. *Nitamba Marmabhighata* is characterised with wasting of lower limbs.

Line of Treatment:

- *Nidana Parivarjana* should be the first line of treatment.
- *Shodhana Chikitsa* - *Virechana*, *Basti*, *Siravedha*
- *Shamana Chikitsa*- *Pachana*, *Snehana*, *Swedana* including various types *Pindasweda*, *Agnikarma*, *Balya*
- External applications - *Abhyanga*, *Lepa*, *Katibasti*, *Katipichu*.
- *Rasayana Chikitsa* for *Asthi* and *Vata*
- Treatment according to *Doshik* involvement
- General line of treatment prescribed for *Vata*vyadhi

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation

Investigations: ESR (Males 0-15 mm/h, Females - 0-20 mm/h) to rule out any inflammation

Treatment: In level 1 also some minimal *Panchakarma* procedures can be done in OPD.

- In *Kapha* associated conditions, *Rooksha Lepa* like *Nagaradi Lepa* or

Dashanga Lepa etc can be applied in the low back region

- *Katipichu* or *Katibasti* with *Murivenna*, *Dhanwataram Taila* or *Nirgundyadi Taila* etc can be performed later.
- *Mridu Samshodhana* with *Eranda Taila* mixed with *Nirgundi Swarasa* can be given in patients with constipation.
- Patient may be advised *Matra Basti* with *Dhanwantaram Taila* in or *Sahacharadi Taila* if found to be *Kevala Vatika*.

Table 29.1: Medicines at level 1 for *Gridhrasi*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Aswagandha</i>	<i>Churna</i>	3-5 gm	Twice a day	1-2 weeks	Luke warm water
<i>Rasna</i>	<i>Churna</i>	3-5 gm	Twice a day	1-2 weeks	Luke warm water
<i>Shunthi</i>	<i>Churna</i>	3-5 gm	Twice day	1-2 weeks	Luke warm water
<i>Chopachini</i>	<i>Churna</i>	0.5-2 gm	Twice a day	1-2 weeks	Sugar - 3 gm
<i>Eranda Beeja</i> <i>Ksheerapaka</i>	<i>Ksheera</i> <i>Paka</i>	Use 5 seeds for preparation	Once a day	1-2 weeks	-
<i>Paarijaat Patra</i> <i>Swarasa</i> ¹	<i>Swarasa</i>	15 ml	Empty stomach / twice a day	1-2 weeks	-
<i>Rasnasaptakam</i> <i>Kashaya</i> ²	<i>Kwatha</i>	12 - 24 ml	Empty stomach / 6 am & 6pm	1-2 weeks	Luke warm water and <i>Nagara Churna</i>
<i>Sahacharadi</i> <i>Kashaya</i>	<i>Kwatha</i>	12 - 24 ml	Empty stomach / 6 am & 6 pm	1-2 weeks	Luke warm water
<i>Maharasnadi</i> <i>Kashaya</i> ³	<i>Kwatha</i>	12 - 24 ml	Empty stomach / 6 am & 6 pm	1-2 weeks	Luke warm water
<i>Yogaraja Guggulu</i> ⁴	<i>Vati</i>	1-2 tab	Twice daily	1-2 weeks	Warm water

Trayodashanga Guggulu ⁴	Vati	1-2 tab	Twice daily	1-2 weeks	Warm water
Plain & various types of processed Eranda Taila	Taila	15-50 ml	Empty stomach -early morning or at bed time	As per need	Hot water or milk
Bala Taila, Mahanarayana Taila, Nirgundyadi Taila, Sahachardi Taila, Vishagarbha Taila, Prasaranyadi Taila, Murivenna / Kuzhampu, Karpasasthydi Taila / Kuzhampu, Dhanwontaram Taila / Kuzhampu, etc. for Abhyanga and Sweda					

Pathya - Apathya (Diet and life style education):

Do's -

- **Ahara:** Advice light *Vatanuloman* diet like *Shigru Shaka* (drumstick), brinjal, *Methi*, *Jeerak*, *Hingu*, *Saindhava*, *Yoosha*, *Mamsarasa* etc. may be given.
- **Vihara:** Correct postures while sitting or lifting the weight, regular suitable *Yogasana* and *Abhyanga*, hot water bath, fomentation, comfortable seats and bed should be used. Bowel and bladder urges should be attended timely.

Dont's -

- **Ahara:** *Vata* aggravating diet like pulses, peas, wafers, biscuits etc, cold food and cold drinks, stale food, excessive use of chilly.
- **Vihara:** Exposure to cold, heavy physical work, spongy mattresses and easy chairs.

Referral Criteria:

1. Cases not responding to above line of *Shamana* management.

2. Chronic cases of *Gridhrasi* with full-fledged symptoms or associated morbidities like foot drop, muscle wasting etc which require well planned In - Patient *Panchakarma* treatment.
3. Acute cases of *Gridhrasi* with severe pain which require strict bed rest and traction massages etc.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigations: Same as level 1, in addition

- X ray of the lumbo sacral spine

Treatment: In addition to the *Shamana* management mentioned in Level 1, some of the following drugs may be added as per the requirement and status of the patient. Intensive combination therapies of *Rasaushadhi* and *Kashthoushadhi* (herbo-mineral drugs) can also be used.

Table 29.2: Medicines at level 2 for *Gridhrasi*

Drug	Dosage Form	Dose	Time of Administration	Anupana
<i>Dashamoola Kwatha</i>	<i>Kwatha</i>	12-24 ml	Empty stomach / twice daily	-
<i>Guggulutiktakam Kashaya</i>	<i>Kwatha</i>	12-24 ml	Empty stomach / twice daily	-
<i>Dhanwantaram Kwatha</i>	<i>Kwatha</i>	12-24 ml	Empty stomach / twice daily	<i>Dhanwantaram Vati</i>
<i>Guggulutiktaka Ghrita</i> ⁵	<i>Ghrita</i>	15-30 ml	Before food on appetite / once-twice a day	-
<i>Ashwagandharishta</i>	<i>Arishta</i>	10-20 ml	After food / twice daily	-
<i>Balarishta</i> ⁶	<i>Arishta</i>	10-20 ml	After food / twice daily	-
<i>Sahachardi Taila / Bala Taila, Karpasasthyadi Taila, Dhanwantaram Taila</i> ⁷	<i>Taila</i>	Can be used for <i>Basti</i> .		
<i>Vatagajankusha Rasa</i> ⁸	<i>Gutika</i>	60-125 mg	Twice daily	<i>Madhu</i>
<i>Vatavidhwamsa Rasa</i> ⁹	<i>Gutika</i>	60-125 mg	Twice daily	<i>Madhu</i>
<i>Ekangaveera Rasa</i>	<i>Gutika</i>	60-125 mg	Twice daily	<i>Madhu</i>
<i>Dhanwantharm Taila (101) Avarti</i>	<i>Taila</i>	10-15 drops	Once or twice a day for 1-2 weeks	<i>Sahachardi Kashaya</i>
<i>Sahacharadi Taila</i> ¹⁰ (<i>Madhyama Paka</i>)	<i>Taila</i>	10-15 drops	Once or twice a day for 1-2 weeks	<i>Sahachardi Kashaya</i>

- The patient may be subjected to local *Abhyanga* and *Bashpa Sweda* or traction massage with *Murivenna*, *Sahacharadi Taila*, *Karpasasthyadi Taila* etc.
- *Snigdha Churna Pinda Sweda*, *Patrapinda Sweda*, and *Jambeera Pinda Sweda* and *Shashtika Pinda Sweda* may be tried.

- *Basti* may be given with *Dhanwantarm Taila*, *Sahacharadi Taila* etc and *Madhutailika Basti* or *Erandamooladi Nirooha Basti* may be done.

Pathya - Apathya (Diet and life style education): Same as level 1

Referral Criteria: Cases not responding to above therapy

**LEVEL 3: AYURVEDA
HOSPITALS AT INSTITUTIONAL
LEVEL OR DISTRICT
HOSPITAL / INTEGRATED
AYURVEDIC HOSPITALS**

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigations:

- USG abdomen & pelvis- to rule out any visceral pathology or gynecological issues related to uterus and adnexa and PID, leading

to low back pain and pain in lower limbs

- USG – KUB – To rule out renal calculi and obstructive lower urinary tract symptoms.
- CT Scan- For better assessment of bony canal
- MRI Lumbosacral with whole spine screening.

Treatment: In addition to the management of Level 1 and Level -2, if needed *Panchakarma* procedures can be performed. Full course *Basti Karma* like *Yogabasti*, *Kalabasti* and *Karmabasti* can be done in selected cases.

Table 29.3: Panchakarma Procedures at level 3 for Gridhrasi

<i>Karma</i>	Choice of drugs	Indications	Remarks
<i>Udwartana</i>	<i>Kolakulathadi Churna;</i> <i>Yava, Kola, Kulattha;</i> <i>Triphala Churna;</i>	<i>Kapha Vata Ghridhrasi</i> - associated with heaviness in affected limb, severe numbness, spinal canal stenosis and sciatica in obesity	More effective in <i>Sama</i> conditions
<i>Swedana</i>	<i>Tapa, Ushma</i> – Various herbal <i>Churnas</i> , steam generated with herbal leaves	In persistent pain without <i>Pitta</i> symptoms	Reduces associated muscle spasm immediately
<i>Churnapinda Sweda</i>	<i>Kolakulathadi Yoga,</i> Various <i>Vata / Kapha hara Churnas</i>	Early stages of <i>Gridhrasi Saama,</i> <i>Kaphsamsrishta</i>	<i>Kevala Vata,</i> <i>Pittanubandha</i> contra indicated
<i>Patrapinda Sweda</i>	Various leaves of <i>Vata</i> alleviating property	Usually after <i>Churnapinda Sweda,</i> directly on <i>Nirama</i> stage	<i>Pittanubandha</i> contra indicated
<i>Jambeera Pinda Sweda</i>	Citrus fruit, turmeric and <i>Vata</i> alleviating <i>Churnas</i>	Same as above + localised oedema	<i>Pittanubandha</i> contra indicated
<i>Shashtika Pinda Sweda / Shashtika Lepana</i>	<i>Shashtika</i> rice, <i>Bala</i> decoction and milk	Later stages of <i>Gridhrasi,</i> disuse atrophy, wasting, weakness, <i>Pittanubandha</i>	<i>Kaphanubandha,</i> <i>Sama, Sheeta Anupashaya</i> contra indicated

<i>Katibasti</i>	<i>Murivenna Taila</i> <i>Dhanwantaharam</i> etc	In severe pain, when pain aggravates on manipulation.	-
<i>Virechana</i>	Plain or processed various <i>Eranda Tail</i> , <i>Trivrita Lehya</i> , <i>Abhayadi Modaka</i> , <i>Ichabhedi Rasa</i> etc	Directly in all constipated cases. Also done after <i>Shodhanaga Snehapana</i> . Always done as <i>Mridu Samshodhana</i> after various <i>Swedana</i> procedures for 7 days.	<i>Nirgundi Swarasa</i> is added in <i>Eranda Taila</i> for better results.
<i>Anuvasana Basti</i>	<i>Dhanwantara Taila</i> , <i>Sahacharadi Taila</i> etc.	In all <i>Gridhrasi</i> in <i>Vata Pradhana</i> stage.	Care for contra-indications of <i>Nasya</i> and oral <i>Snehapana</i>
<i>Nirooha Basti</i>	<i>Erandamooladi</i> , <i>Madhutailika</i> , <i>Vaitarana Basti</i> , <i>Kshara Basti</i> etc and various <i>Yoga</i> explained in classics	<i>Nirama</i> stages of <i>Gridhrasi</i> , <i>Vata Pradhana</i> stage.	<i>Vaitarana Basti</i> should be done even in <i>Ama</i> stages.
<i>Rakta Mokshana - Siravedha</i>	Scalp set, intra-venous canula, tray, tourniquet etc	Non responding cases to <i>Snigdha Rooksa</i> , <i>Sheeta</i> or <i>Ushna</i> approaches, in acute and severe pains	-
<i>Agnikarma</i>	<i>Shalaka</i> , <i>Ghrita</i> , <i>Taila</i> etc	Non responding cases to any approaches., severe pain, <i>Kandaragata Shoola</i>	-

Pathya-Apathya (Diet and life style education): Same as level 1

Rasayana:

1. *Rasona Kalka*

2. *Bhallataka*

3. *Aswagandha*

4. *Guduchi*

5. *Bala*

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PAKSHAGHATA

(HEMIPLEGIA / STROKE / CEREBRO VASCULAR ACCIDENT)

INTRODUCTION

Pakshaghata (*Pakshavadha / Ekanga Roga*) is an important disease enlisted in *Vatavyadhi* context in. It is characterized by motor or sensory (or both) failure in any one side of the body. When it's affected in all the four limbs it is called as *Sarvanga Vata*. When the clinical presentation is affected only one limb it is called *Ekanga Vata*. It may be associated with facial palsy (*Ardita*) and speech difficulties like aphasia (*Vaksanga*). Ayurveda identify the pathology of *Pakshaghata* in relation with Cerebro Vascular Accident (CVA) and hence importance is given to *Masthishkya* (therapeutic applications on scalp). There are some limitations in Ayurveda for management of acute stroke in comparison to approaches like thrombolysis etc in modern medicine. Still in rural areas many Ayurvedic practitioners are successfully attending acute stroke cases also. In addition to this, Ayurveda definitely has a major role to play in management of residual paralysis as well as rehabilitation of patient and to prevent disease induced muscle atrophy and contractures. It also helps to improve muscle strength in patients where loss of motor power is not complete. Many of the associated features of hemiplegia like facial deviation, speech and language deficits, bowel bladder

dysfunctions etc can be successfully managed along with improvement of motor functions. Ayurvedic classics recommend long term management in *Pakshaghata* like 3-4 months. These include *Snehana* (internal & external), *Swedana*, *Virechana*, *Basti*, *Nasya*, *Shirobasti* etc. which are possible in secondary or tertiary care hospitals only. The primary level care may be limited to prompt diagnosis and timely reference to higher centers at early stages. They can also do follow up & rehabilitating care after discharge from secondary or territory care hospitals.

Case Definition

Pakshaghata is defined as loss of motor functions or (and) sensations in any one side of the body caused by vitiated *Vata* affecting *Sira* and *Snayu* located in the *Moordha* of contra lateral side. [Since facial palsy (other than Bell's palsy) is a common accompaniment of paralysis; cases with *Ardita* are also considered here for the purpose of better understanding while management.]

Differential Diagnosis

In Ayurveda the diagnosis of *Pakshaghata* in terms of Cerebro Vascular Accident is made on the basis of various criteria like stages of the disease, extent of involvement

as well as *Doshic* predominance. Since all these are essential for classical Ayurvedic management, the diagnosis of Cerebro Vascular Accident is made with modern analogue as follows.

A. Post Stroke Residual Manifestations in Cerebro Vascular Disaeses

I. Classification According to Extent of Involvement

- Hemiplegia / Stroke / Cerebro Vascular Accident (*Pakshaghata*)
- Hemiplegia with Facial palsy (*Ardita*)

Both the above diseases can be further divided into three stages according to onset.

II. Classification according to Stages of Disease

- TIA or RIND (*Ardita - Vega*)
- Hemi paresis / Lacunar infarcts (*Pakshasada*)
- Completed stroke (*Pakshaghata*)

III. Classification according to *Doshic* predominance and prognosis

Further *Pakshaghata* can be subdivided into 4 major varieties as per prognosis explained in Ayurveda classics.

Late effects of CVA leading to Hemiplegia / Spastic paralysis / Disuse atrophy with symptoms predominantly of *Vata* - usually chronic in nature (*Shuddha Vata*)

- Early effects of CVA leading to Hemiplegia / Flaccid paralysis /

Localized swelling with symptoms predominantly of *Kapha* - usually initial few weeks (*Kaphasamsrishta*)

- Thalamic Stroke (*Pittasamsrishta*)
- Degenerative brain lesion especially in elderly secondary to multiple lacunar infarcts (*Kshayaja Pakshaghata*)
- Monoplegia secondary to CVA (*Ekangavata*)
- Quadriplegia - Brainstem Lesion (*Sarvangaroga*)

B. Associated Morbidities in Stroke

Speech & language deficits - Aphasia / Dysphasia / Dysarthria, secondary to CVA- (*Jihwasthambha / Vaksanga*)

C. Pre stroke manifestations of CVA

- Not related with substance abuse (clouding of consciousness and confusion state secondary to CVA)- (*Mada*)
- Not related with substance abuse (stupor stage related to CVA)- (*Murccha*)
- Not related with substance abuse (coma related to brain injury secondary to CVA)- (*Sanyasa*)

D. Stroke due to traumatic brain injury

Paralysis due to traumatic brain injury (*Shiromarmabhighataja Pakshaghata*)

Diagnostic criteria and various presentation/phases of the disease are tabulated below:

Table 30.1: Differential diagnosis of *Pakshaghat* with various presentations of the diseases

Diagnostic Term	Essential Criteria	Confirmatory Ayurvedic Criteria	Remarks
<i>Pakshaghata</i>	Hemiplegia with symptoms of CVA (Either infarcts or haemorrhage)	Motor loss (<i>Akarmani</i>) +/- sensory impairment (<i>Vichetana</i>) on affected side	Facial deviation is not mandatory for diagnosis
<i>Ardita</i>	Facial weakness on any side + above symptoms	Facial deviation (<i>Vaktrardha Vakreekarana</i>) + Above symptoms	Facial deviation is mandatory for diagnosis
<i>Ekanga Vata</i>	CVA leading to monoplegia	Either one upper or lower limb (<i>Bahu</i> or <i>Sakthi</i>) affected	Only one limb affected
<i>Sarvanga Vata</i>	CVA leading to quadriplegia	<i>Sarvakayashrita Pakshaghata</i>	All the four limbs affected
A. Classification According to Severity of Clinical Presentation			
<i>Ardita Vega</i>	TIA / RIND	<i>Vegavan Ardita</i>	Self limiting / reversible. But patient require prophylactic care for non recurrence
<i>Pakshasada</i>	Hemi paresis	<i>Alpa Lakshanayukta Pakshaghata</i>	<i>Pakshaghata</i> with minimal symptoms
<i>Pakshaghata</i>	Completed stroke	Like <i>Pakshaghata</i> in row 1 & 2	
B. Prognostic Classification			
<i>Shuddha Vata</i> (<i>Krichra Sadhyatama</i>)	Late effects of CVA - spastic paralysis / contractures / disuse atrophy - usually chronic in nature	With symptoms predominantly of <i>Vata</i> - <i>Stabdha</i> / <i>Sankocha</i> / <i>Sosha</i> / <i>Kaarshnya</i> / <i>Ushnakamitwa</i> / <i>Kampa</i> / <i>Anaha</i> / <i>Shakritgraha</i> / <i>Shoola</i> etc	<i>Upashaya</i> with <i>Snigdha</i> / <i>Ushna</i> / <i>Brimhana</i> line of treatment
<i>Kaphasamshrishta</i> (<i>Kriccha Sadhya</i>)	Early effects of CVA flaccid paralysis / localized swelling - usually initial few weeks	With symptoms predominantly of <i>Kapha</i> - <i>Gourava</i> / <i>Shopha</i> / <i>Sheeta</i> / <i>Supta</i> / <i>Shlathangata</i>	<i>Upashaya</i> with <i>Rooksha</i> / <i>Ushna</i> / <i>Langhana</i> line of treatment

<i>Pittasamsrishta</i> (<i>Kricchra Sadhya</i>)	Thalamic stroke – Sensory stroke	With symptoms predominantly of <i>Pitta –Krodha, Daha, Sweda,</i> <i>Sparshasahishnuta etc</i>	<i>Upashaya</i> with <i>Sheeta / Sthambhana</i> line of treatment
<i>Kshayaja Pakshaghata</i> (<i>Asadhya</i>)	Degenerative brain lesion especially in elderly secondary to multiple lacunar infarcts	Hemiplegia / paresis with features of generalized <i>Sosha/</i> <i>Smritikshaya / Nidranasha/</i> <i>Ojakshaya</i>	<i>Vatahara</i> palliative care may help in minimizing problems
C. Associated Morbidities in Stroke			
<i>Jihvasthanbha /</i> <i>Vaksanga</i>	Sensory or motor Aphasia / Dysphasia / Dysarthria secondary to CVA	<i>Vaksanga / Vakgraha</i> – difficulty in speech	May respond to treatment of <i>Jihvasthanbha</i>
<i>Mada</i>	Clouding of consciousness and confusion / delirium secondary to CVA	<i>Pralapa / Cheshta / Krodha /</i> <i>Alpavak / Dhyana / Asambadha</i> <i>Vak</i>	Not exclusively due to any substance abuse
<i>Murcchha</i>	Stupor stage related to CVA	<i>Murcchha/ Tama Pravesha /</i> visual hallucinations	Not exclusively due to any substance abuse
<i>Sanyasa</i>	Coma related to brain injury secondary to CVA	<i>Kashthibhuto Mritopama</i> - total unresponsiveness	Not exclusively due to any substance abuse
D. Stroke due to traumatic brain Injury			
<i>Shiro</i> <i>Marmabhighataja</i> <i>Pakshaghata</i>	Paralysis secondary to traumatic brain injury	<i>Shiromarmabhighata Lakshana</i>	

Line of management:

General line of management includes *Snehana, Swedana* and *Virechana*. Further *Aasthapana, Anuvāsana, Nasya, Upanaha, Maastishkya* etc are also exclusive line of management of *Pakshaghata*. In *Ardita* associated conditions

Shrotra Tarpana, Akshi Tarpana, Ksheeradhooma etc are also incorporated. All these treatments can be done in secondary or tertiary care hospitals. In primary care settings, prophylactic care as well as rehabilitative care can be offered.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: Two types of cases may be presented

1. Acute stroke cases
2. Residual paralysis cases.

Residual paralysis cases can be easily diagnosed on the basis of history and clinical presentation of the patient with respective stages described under differential diagnosis.

In acute stroke cases clinical diagnosis is made on the basis of following symptoms

1. Acute or gradual onset of loss of sensory and / or motor functions on one side of the body
2. Changes in vision, gait or ability to speak or understand
3. Experience of sudden severe headache.
4. Altered consciousness
5. History of Hypertension, Dyslipideamia, and smoking are risk factors

The patients with above features should be suspected for *Pakshaghata* due to CVA

Patient examination - Basic neurological examinations may be done immediately. Blood pressure should be checked and noted. Airway, breathing and circulation (ABC) may be checked and assured. The patient may be immediately sent to higher centers with diagnostic imaging facilities and intensive care units.

In remotest places, when reference is not possible treatment may be initiated with proper informed written consent from relatives.

Investigations: Patients of chronic residual paralysis and patients on prophylactic medications after TIA or RIND attending the remotest Level 1 should be regularly monitored for control on blood pressure, lipid profile and blood glucose levels. Acute stroke patients attending remotest Level 1 Clinics where immediate reference is not possible and treatment initiated should be closely monitored with regular checking of BP and other vital signs.

Treatment: The treatment may be divided into three varieties of patients.

1. Acute stroke patients attending remotest Level 1 where reference to higher centre is not possible.
2. Patients with chronic residual palsy.
3. Patients with prophylactic treatment after a history of TIA or RIND

Treatment may be initiated to acute stroke patients attending remotest Level 1 where reference to higher centre is not possible only after proper informed consent. The probabilities and consequences of the condition should be well informed to the relatives of the patient.

- Patient may be given *Pradhamana Nasya* with 2-3 pinches of *Vacha Churna* and *Rudraksha Churna* at 30 minutes interval for 3 to 4 instillations (*Pradhamana Nasya* may be avoided in intra cranial hemorrhages suspected cases).
- In suspected cases of intracranial hemorrhages possible measures from *Urdhwaga Raktapitta Chikitsa* may be adopted except purgation as *Pratiloma Shodhana*. The patient

may be given *Pichu* over vertex with drugs having cooling properties like *Kachuradi Churna* mixed in *Eranda Taila*. *Kalka Nasya* with *Sthambhana* property like *Vasa* or *Durva* may be attempted.

- Eventually measures should be taken to transfer the patient to higher centers.

Shamana medicines: *Shamana* medications also should be planned according to the clinical varieties described above.

Table 30.2: Medicines at level 1 for Pakshaghat

Drugs	Dosage	Dose	Time of administration	Duration	Remarks / Anupana
Acute stroke - Remotest Level 1 - reference to higher centre is not possible					
<i>Drakshadi Kwatha</i> ¹	Decoction	12-24 ml	Twice or thrice	Few hours	Preferably as <i>Phanta</i>
<i>Suvarnamuktadi Gutika</i>	<i>Vati</i>	1-2 <i>Vati</i>	Twice or thrice	Few hours	With <i>Drakshadi Kwatha</i>
<i>Dhanwantaram Gutika</i>	<i>Vati</i>	2-4 <i>Vati</i>	Twice or thrice	Few hours	Along with <i>Jeera</i> water
Patients with chronic residual palsy					
<i>Aswagandha Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	3-4 months	Warm water/ honey/ milk
<i>Bala Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	3-4 months	Warm water/ honey/ milk
<i>Rasna (Alpinia galangal) Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	3-4 months	Warm water/ honey/ milk
<i>Brahmi Churna</i>	<i>Churna</i>	5-2 gm	Twice daily	3-4 months	Warm water/ honey/ milk
<i>Shankhapushpi Churna</i>	<i>Churna</i>	5-2 gm	Twice daily	3-4 months	Warm water/ honey/ milk
<i>Chopchini</i>	<i>Churna</i>	5-2 gm	Twice daily	3-4 months	Warm water/ honey/ milk
<i>Guggulu</i>	<i>Churna</i>	5-2 gm	Twice daily	3-4 months	Warm water
<i>Haritaki</i>	<i>Churna</i>	5-10 gm	Bed time	3-4 months	Hot water
<i>Ashtavargam Kashaya</i> ²	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	3-4 months	-
<i>Dhanadanayanadi Kashaya</i>	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	3-4 months	-
<i>Gandharvohastadi Kashaya</i> ³	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	3-4 months	<i>Saindhava</i> and <i>Guda</i>

<i>Maharasnadi Kashaya</i> ⁴	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	3-4 months	-
<i>Dashmula Kwatha</i> ⁵	Decoction	12-24 ml	Empty stomach / 6 am & 6 pm	3-4 months	-
<i>Eranda Taila</i>	Oil	15-30 ml	Once at bed time or empty stomach early morning	During constipation	Luke warm water / warm milk / <i>Shatapushpa Siddha</i> water
<i>Yogaraja Guggulu</i> ⁶	Vati	1-2 Vati	Twice daily	3-4 months	With warm water
All patients may be given external applications like <i>Karpasasthyadi Taila</i> , <i>Dhanwantaram Taila</i> , <i>Kottamchukkadi Taila</i> , <i>Bala Taila</i> or <i>Nirgundi Taila</i> as per availability and advised self massage, slight fomentation and suitable physical exercises.					
Patients with prophylactic treatment after a history of TIA or RIND (Treatment strategies of Hypertension and dyslipidaemia can also adopted)					
<i>Rasona Pinda</i>	Liquid	5-20 ml	Once or twice	3-4 months	As plane / sesame oil
<i>Guggulu</i>	<i>Churna</i>	5-2 gm	Twice daily	3-4 months	Warm Water
<i>Rasonadi Kashaya</i>	Decoction	12-24 ml	Empty stomach / 6 am & 6pm	3-4 months	

Pathya-apathya (diet and life style education):

Please also refer diet contributing to hypertension and dyslipidaemia and diabetes.

Since the disease is caused by diet and activities contributing to obesity, vitiation of *Vata Rakta*, specific advices should be given to avoid all these. The whole life style of the patient should be changed especially in prophylactic cases of TIA or RIND to prevent recurrences.

Do's-

- **Ahara:** The patient should be provided easily digesting, nutritional

and balanced food. *Khichadi* made with rice and green gram added with pure little amount of clarified ghee, cream removed milk is good. Non Constipating diet as fiber rich food like leafy vegetables, green salads, fruits, barley etc should be encouraged. *Vata* alleviating food articles prepared with ghee or any suitable oil, *Udada* (black gram), *Shigru Shaka* (drumstick), brinjal etc may be given. *Patola*, *Rasona*, *Dadima*, *Parushaka*, *Badara*, *Draksha*, may be advised by the patient. *Shali*, *Shashtik*, *Kulattha*, wheat products are suitable.

- **Vihara:** Regular exercise along with *Abhyanga*, *Mardana*, *Avagahana* or *Samvahana* should be regularly used. Timely sleeping, attending natural urges and maintaining calmness of mind are very important. It is always ideal to use hot water for drinking as well as bathing.

Dont's (*Apathya*)

- **Ahara:** Use of food items like *Chanaka* (bengal gram), *Kalaya* (lathyrus or pea), *Kordusha* (millets), *Shyamaka*, *Rajmasha*, *Shitambu* (cold water) should be avoided. *Vata* contributing diet as dry food, excessive usage of pulses like green peas, black beans, lentils, yellow gram etc. pungent / astringent food like red chilies, excessive use of all spices, diet with low water content like wafers, biscuits etc should be discouraged. Diet contributing to vitiation of blood as spicy and salty food like pickle, papad, soya sauces, chili sauces, immediate consumption of cold after hot diet etc. should be avoided. Repeated and continuous usage of excess oily deep fried foods, sugar / carbohydrate rich diet like cold drinks, sweets, dry fruits etc, milk products like butter, cheese, paneer, meat products should be strictly avoided. Awareness should be generated regarding unhealthy dietary habits like skipping meals (*Anashana*), late eating habits (*Pramitashana*), over eating

without letting proper digestion (*Adhyashana*), incompatible foods (*Virudhashana*). All diet leading to habitual constipation and indigestion should be restricted.

- **Vihara:** *Chinta* (excessive thinking), *Prajagarana* (improper sleep at night), *Vega Vidharana* (suppression of natural urges), *Shrama* (excess hard work) should be avoided. Sedentary habits, day sleep, night awakening, habit of holding of urges, smoking & alcoholism substance abuse and exposure to hot and cold intermittently are to be avoided. Psychological factors contributing to worsening of the condition like exposure to persistent grief and fear, recurrent aggressiveness, over worrying, anxiety etc should be successfully managed through counseling.

Referral criteria:

- All acute stroke patients should be immediately referred to higher centers after quick initial assessment.
- Those patients with residual paralysis not responding to the above management and getting worsening may require in - patient management for better recovery and may be referred to level 2.
- Those patients on prophylactic medication is not under control for risk factors like blood pressure and fasting lipid profile and those patients show recurrent TIA

should be referred to higher centers for detailed investigations and management.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1

Patient examination: For acute stroke cases, quick neurological and cardiovascular assessment should be done and then immediately send for imaging studies. For chronic residual palsy patients detailed neurological examination should be carried out to assess the degree of disability.

Investigations:

- For all suspected acute stroke cases CT Brain is mandatory to exclude intracranial bleed.
- Later follow up MRI Brain may be done for detailed assessment.
- MR angiogram may be performed in cases of TIA or RIND symptoms in carotid territory.
- X-ray cervical spine along with lying and standing blood pressure is helpful in TIA in vertebra-basilar territory.
- All patients should be serially monitored for fluctuations in blood pressure.
- Routine tests like CBC, ESR, blood glucose, lipid profiles, urea and protein, ECG and a chest X-ray are to be performed.

- In young stroke patients ANA screening may be done to exclude anti phospholipid antibodies.
- In all residual paralysis patient's systematic and regular check up for blood pressure, lipid profiles and blood glucose may be done.

Treatment: As *Pakshaghata* is a disease which requires long term in patient department follow up for better recovery, secondary and tertiary care hospitals are more important.

In addition to the management mentioned in Level 1, the following drugs may be added as per the requirement and status of the patient. *Rasaushadhi* (Herbo-mineral drugs) or herbal drugs containing potent toxic contents can also be used at this level. Patient may be kept under observation while prescribing these kinds of medicines.

All acute stroke patients after CT scan may be informed about all possible treatment strategies and those who opt for intensive management including thrombolytic therapy etc under a modern physician may be sent for the same. Other patients willing for continuing Ayurveda management can be treated with informed consent.

In acute stroke patients *Pradhamana Nasya*, *Kalka Nasya*, *Pichu Dharana* etc may be done as described in Level 1 by an experienced Ayurvedic physician. *Shirolepa* with *Purana Dhatri*, *Musta* and *Panchagandha Churna* pasted in buttermilk or continuous *Shirodhara* with *Dhanwantaram Taila* etc, are also performed. *Brihatvata Chintamani Rasa* 1-2 *Vatilet*s well triturated in ghee are given in empty stomach in alternate two hours in acute stroke which yield better outcome.

The general line of management in Ayurveda for completed stroke patients with residual palsy are detailed below.

Line of Management

- *Shamana* - *Amapachana, Deepana, Rookshana, Snehana, Vatahara, Brimhana*
- *Shodhana* - *Langhana, Snehana, Swedana, Virechana, Anuvasana Basti, Nirooha Basti, Nasya, Masthishkya*

Specific Line of Management

- *Pakshaghata* - *Snehana, Swedana, Snehayuktavirechana + Mastishkya, Upanaha*
- *Ardita* - *Navana, Moordhnitaila, Karnapoorana, Akshi Tarpana*

In patient *Panchakarma* treatment:

All possible *Panchakarma* treatments with medicines and indications are detailed in Level 3. All feasible and available treatment strategies can be incorporated in level 2 also. Here *Shamana* therapy is explained in detail.

Shamana: (Internal and external medications)

Note: As the treatment approaches overlap between separate conditions (explained in the context of introduction and differential diagnosis) in different stages and *Doshic* permutations, the medicines / procedures enlisted here are indicated generally. Specific indications are highlighted where ever necessary.

Table 30.3: Medicines at level 2 for *Pakshaghata*

Drug	Dosage form	Dose	Time of Administration	Anupana	Specific indication
Single Drugs					
<i>Aswagandha Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	Warm Water/ Honey/ Milk	<i>Brimhana, Anabolic, Adaptogenic, Neurogenerative</i>
<i>Bala (Sida cordifolia) Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	Warm Water/ Honey/ Milk	<i>Balya, Neurogenerative</i>
<i>Rasna (Alpinia galangal) Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	Warm Water/ Honey/ Milk	<i>Vatahara, Vedanasthapana</i>
<i>Kapikacchu (Mucuna pruriens) Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	Warm Water/ Honey/ Milk	<i>Medhya, Brimhana, Kampavatahara</i>

<i>Shatavari (Asparagus racemosus) Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	Warm Water/ Honey/ Milk	<i>Pitta samsrishtavata</i>
<i>Devadaru (Cedrus deodara) Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	Warm Water/ Honey/ Milk	-
<i>Shunthi (Ginger) Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	Warm Water/ Honey/ Milk	-
<i>Rasona Pinda</i>	<i>Churna</i>	5-20 ml	Once or twice	Sesame oil	-
<i>Jatamansi (Nardostachys jatamansi) Churna</i>	<i>Churna</i>	5-2 gm	Twice daily	Warm Water/ Honey/ Milk	<i>Medhya, Avasadaka</i>
<i>Brahmi (Bacopa monnieri) Churna</i>	<i>Churna</i>	5-2 gm	Twice daily	Warm Water/ Honey/ Milk	<i>Medhya</i>
<i>Shankhpushpi (Mussaendra frondosa)</i>	<i>Churna</i>	5-2 gm	Twice daily	Warm Water/ Honey/ Milk	<i>Medhya</i>
<i>Chopchini (Smilax china)</i>	<i>Churna</i>	5-2 gm	Twice daily	Warm Water/ Honey	<i>Shoolahara</i>
<i>Guggulu (Commiphora mukul)</i>	<i>Churna</i>	5-2 gm	Twice daily	Warm Water	<i>Medasorita vata</i>

Combinations / Preparations

A. Early Stages of Residual Stroke (Kaphanubandha)

<i>Rasonadi Kwatha</i>	Decoction	12-24 ml	Twice daily	In empty stomach	<i>Vata</i> direction reversed, (<i>Urdhwavata</i>)
<i>Sahacharadi Kashaya</i>	Decoction	12-24 ml	Twice daily	Empty stomach, <i>Taila</i> 05 ml	Paraplegia, When lower limbs are more affected

<i>Shaddharanam Churnam</i> ⁷	<i>Churna</i>	5-10 gm	Twice daily	With Warm water	<i>Saamavatahara</i>
<i>Yogaraja Guggulu</i> ⁸	<i>Vati</i>	1-2 <i>Vati</i>	Twice daily	Warm water / <i>Kwatha</i>	<i>Vatahara</i>
<i>Sahacharadi Taila</i> ⁹	Oil	10-15 ml	Once or Twice daily	Before food on appetite, with <i>Kashaya</i>	-
<i>Karpasasthyadi Taila</i> ¹⁰	Oil	10-15 ml	Once or Twice daily	Before food on appetite, with <i>Kashaya</i>	-
Plain or various processed <i>Eranda (Ricinus communis)</i> <i>Taila</i>	Oil	10-30 ml	Along with above decoctions, milk or as plain	Early morning or at bed time	<i>Vatanulomana, Pakshaghata</i> specific
B. Early Stages of Residual Stroke (<i>Pittanubandha</i>)					
<i>Brahmidrakshadi Kwatha</i>	Decoction	12-24 ml	Twice daily	In empty stomach	<i>Pittanubandha Vata, Sarvanga Daha, Mada, Moorcha</i>
<i>Drakshadi Kwatha</i> ¹¹	Decoction	12-24 ml	Twice daily	In empty stomach as <i>Phanta</i> or <i>Hima</i>	<i>Pittanubandha Vata, Moorcha</i>
<i>Mansyadi Kwatha</i>	Decoction	12-24 ml	Twice daily	In empty stomach	<i>Manodosha, Stress, Mada</i>
<i>Suvarna muktadi Gutika</i>	<i>Vati</i>	1-2 <i>Vati</i>	Twice daily	With Coconut water	Giddiness, BPPV
<i>Thiktaka/ Mahathiktaka / Kalyanakam Ghrita</i> ¹²	Ghee	10- 30 ml	Once or twice daily	-	-
<i>Brahmi(Bacopa monnieri) Ghrita</i> ¹³	Ghee	15-30 gm	Twice daily	Before food	Nooropic
<i>Avipatikara Churna</i> ¹⁴	<i>Churna</i>	5-15 gm	Twice daily	Before food, with honey	<i>Pittasaraka</i>

C. Later Stages of Stroke on Chronicity and <i>Vata</i> Predominance					
<i>Gugguluthiktakam Kashaya</i>	Decoction	12-24 ml	Twice daily	In empty stomach	In Chronicity, Deeper <i>Dhatu</i> involvement
<i>Prasaranyadi Kashaya</i>	Decoction	12-24 ml	Twice daily	In empty stomach, then milk porridge	Monoplegia, Upper limb specific
<i>Shundibaladi Kwatha</i>	Decoction	12-24 ml	Twice daily	In empty stomach	<i>Supti</i> , (Parasthesia)
<i>Maharasnadi Kwatha</i> ¹⁵	Decoction	12-24 ml	Twice daily	In empty stomach, <i>Shunthi Churna/ Pippali Churna/ Yogaraja Guggulu/ Eranda Taila</i>	<i>Pakshaghata, Brimhana</i>
<i>Vidaryadi Kwatha</i>	Decoction	12-24 ml	Twice daily	In empty stomach	<i>Shosha Pradhana</i>
<i>Nayopayam Kwatha</i>	Decoction	12-24 ml	Twice daily	In empty stomach	<i>Prana Udana Anulomana,</i>
<i>Dhanwantharam Kwatha</i>	Decoction	12-24 ml	Twice daily	In empty stomach with <i>Dhanwantharam Vatilet</i>	<i>Shiromarmabhighata</i>
<i>Rasna Dashamooladi Ghritam</i>	Ghee	15-30 ml	Once or Twice daily	Before food on appetite, Warm water	<i>Brimhana, Shirakampa</i>
<i>Gugguluthikthaka Ghrita</i> ¹⁶	Ghee	15-30 ml	Once or Twice daily	Before food on appetite	
<i>Aswagandharishta</i> ¹⁷	Liquid	30 ml	Twice daily	After food	Nootropic, Revitaliser
<i>Balarishta</i> ¹⁸	Liquid	30 ml	Twice daily	After food	Nootropic, Revitaliser
<i>Saraswatharishta</i> ¹⁹	Liquid	10-20 ml	Twice daily	After food	Nootropic, Memory booster, Improve speech
<i>Dhanwantharam Gutika</i>	<i>Vati</i>	1-2 <i>Vati</i>	Twice daily	With <i>Jeera water</i>	<i>Vatanulomana</i>

<i>Ksheerabala¹ / Dhanwantharam / Maharajaprasrini Taila 7-101 avarthi</i>	Oil	10-15 drops	Once or Twice daily	Before food on appetite, with <i>Kashaya</i>	<i>Nadi Balyam, Sukshma Sneham</i>
<i>Karpasasthydi Taila/ Sahacharadi Taila/ Dhanwantahra Taila/ Mahanarayana Taila</i>	Oil	10-15 ml	Once or Twice daily	Before food on appetite, warm water	<i>Vata and Vata Kapha Pradhana</i>
<i>Karpasasthydi Taila / Kuzhampu, Dhanwantaram²⁰ Taila/ Kuzhampu, Sahacharadi taila / Kuzhampu, Prabhanjanam Taila / Kuzhambu</i>	Oil	For Head / External application			<i>Taila for head and ext. application. Kuzhambu for ext. application only</i>
<i>Ksheerabla Taila / Bala Taila²¹</i>	Oil	For Head and External application			
<i>Kottamchukkadi Taila</i>	Oil	For External Application			<i>In Sheetaavidhi - Kapha Vata</i>
<i>Pinda Taila</i>	Oil	For External Application			<i>In Ushnavridhi - Pitta Vata</i>
<i>Nirgundi Taila</i>	Oil	For External Application			
<i>Vishamushti Taila</i>	Oil	For External Application			
Rasa Preparations Commonly Practiced in Pakshaghata					
<i>Brihatvatachintamani²²</i>	<i>Churna</i>	60-125 mg	Once daily	With ghee	
<i>Vatagajankusharasa</i>	<i>Churna</i>	60-125 mg	Twice daily	Combination with <i>Kashtoushdhis</i>	
<i>Vatavidhwamsarasa²³</i>	<i>Churna</i>	60-125 mg	Twice daily	Combination with <i>Kashtoushadhi</i>	Acute conditions of <i>Pakshaghata</i> , Painful limbs

Pathya-apathya (diet and life style education): Same as level 1

Referral criteria:

- Patients not responding to above mentioned management and show

signs of severe complications, patients of severe chronicity who require complete *Panchakarma* therapy and *Rasayana Chikitsa* for better recovery are to be referred.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation: Same as level 2

Treatment: In addition to the management of Level 1 and Level -2, complete *Panchakarma* procedures (*Samanya* and *Vishesh Chikitsa* of *Pakshaghata*) for chronic, complicated and non responding patients are detailed here under *Shodhana* therapy.

Shodhana: (This include the list of *Karma* in chronological order with complete details of procedures along with choice of drugs, indication and contra indications)

Table 30.4: Panchakarma procedures at level 3 for Pakshaghata

Karma	Choice of drugs	Indications	Contraindications
<i>Udwarthana</i>	<i>Kolakulathadi Churna (Ca. Su); Yava, Kola, Kulatha; Triphala churna;</i>	<i>Kaphasamsrishta, Dyslipidaemia, Obesity, Flaccid stage of Stroke, Early stage of stroke</i>	<i>Absolute Vata type, Skin Allergy, Wasting, In obstinate constipation & Sleeplessness</i>
<i>Dhanyamla Dhara</i>	<i>Dhanyamla</i>	<i>Saama/ Kapha samsrishta stage in Pakshaghata, Pittanubandha, Painful limbs</i>	–
<i>Agnilepa</i>	<i>Drugs having Ushna Veerya like Maricha, Tulasi, Shunthi, etc</i>	<i>In acute stage of Pakshaghata, for initial 7 days, to improve from flaccidity</i>	<i>Pittaanubandha</i>
<i>Abhyanga</i>	<i>Various oils explained for external application</i>	<i>Vata Pradhana, Generalized body ache, Wasting, contractures, Spastic</i>	<i>In Kapha vitiation, Indigestion, Suspected Ama</i>
<i>Swedana</i>	<i>Tapa, Ushma, Upanaha and Drava Sweda – Various articles</i>	<i>Pakshaghata with Vata Kapha symptoms like Parasthesia, pricking pain, convulsions, oedema, stiffness etc</i>	<i>Pitta predominant/ associated stage</i>
<i>Churnapinda Sweda</i>	<i>Kolakulathadi Yoga, Various Vata/ Kapha-hara Churnas</i>	<i>Early stages of Pakshaghata, Sama, Kaphsamsrishta</i>	<i>Keavala Vata, Pittanubandha</i>

<i>Patra Pinda Sweda</i>	Various leaves of <i>Vata</i> alleviating property	Usually After <i>Churna Pinda Sweda</i> , directly on <i>Nirama</i> stage	<i>Pittanubandha</i>
<i>Jambheera Pinda Sweda</i>	Citrus fruit, turmeric and <i>Vata</i> alleviating <i>Churnas</i>	Same as above + Localised oedema	<i>Pittanubandha</i>
<i>Shashtika Pinda Sweda / Shashtika Lepana</i>	<i>Shashtika</i> rice, <i>Bala</i> decoction and milk	Later stages of <i>Pakshaghata</i> , Disuse atrophy, Wasting, Weakness, <i>Pittanubandha</i>	<i>Kaphanubandha</i> , <i>Saama</i> , <i>Sheeta Anupashaya</i>
<i>Virechana</i>	<i>Snehapana</i> (<i>Indukantha Ghrita</i> , <i>Vidaryadi Ghrita</i> , <i>Karpasasthyadi Taila</i> , <i>Sahacharadi Taila</i> , <i>Ksheerabala Taila</i> etc) 3-7 days <i>Swedana</i> (<i>Bashpa Sweda</i>) 3 days <i>Virechana</i> (<i>Snigdha Virecha</i> , Plain or processed castor oil, <i>Mishraka Sneha</i> , <i>Eranda Taila</i> with milk) <i>Samsarjana Karma</i> (3-7 days)	Essentially in all types of <i>Pakshaghata</i> . <i>Snehapana</i> only when <i>Doshik</i> predominance in <i>Pakshaghata</i> is <i>kevala Vata</i> and <i>Nirupasthambha</i>	Active Gastric / Peptic Ulcer, IHD, Ulcerative colitis, Acute abdomen, if patient physically weak
<i>Anulomana</i>	<i>Eranda Taila</i> , <i>Eranda bhrishta Hareetaki</i> , <i>Senna</i> , <i>Hridya Virechana</i> etc	<i>Vatika</i> type associated with chronic <i>Vibandha</i>	-
<i>Anuvāsana</i>	<i>Pippalyadi Anuvāsana Taila</i> , <i>Dhanwantahram Taila</i> , <i>Sahacharadi Taila</i> , <i>Karpasasthyadi Taila</i> etc	<i>Vatika</i> type associated with chronic <i>Vibandha</i> , conventionally prior to <i>Nirooha</i>	<i>Agnimaandhya</i> , <i>Rakta Arsha</i>
<i>Nirooha Basti – Yoga /Kala/ Karma pattern</i>	<i>Erandamooladi Basti</i> , <i>Madhutailika</i> , <i>Siddha Basti</i> , <i>Rajayapana Basti</i>	Essentially in all types of <i>Pakshaghata</i> , Classical <i>Shodhana</i> for <i>Vata</i>	Contraindications of <i>Nirooha</i>
<i>Ksheera Dhooma</i>	<i>Balakwatha</i> , <i>Ksheera</i>	When associated with facial palsy	-
<i>Navana /Nasya</i>	<i>Anutaila/ Ksheerabala</i> (<i>Avarthi</i>), <i>Dhanwantahara</i> (<i>Avarthi</i>), <i>Shandbindhu Taila</i>	<i>Vatika</i> stage of <i>Pakshaghata</i> , <i>Arditha</i> , <i>Mada</i> , <i>Moorcha</i>	Contraindications of <i>Nasya</i>
<i>Pradhamana Nasya</i>	<i>Nasika Choorna</i> , <i>Vacha</i> , <i>Katphala</i>	<i>Kapha</i> associated <i>Pakshaghata</i> , <i>Sanyasa</i> , in unresponsive patients/ brainstem lesions	Suspected IC hemorrhage

<i>Avapeedaka Nasya</i>	<i>Surasa, Lashuna (Garlic) etc as Swarasa</i>	<i>Kapha associated Pakshagahta, brainstem lesions</i>	<i>Suspected IC hemorrhage</i>
	<i>As Taila shirodhara</i>	<i>Custom practice in almost all types of Pakshghata and Ardita</i>	<i>Saama, Kaphapradhana, Jwaranubandha</i>
<i>Moordhni Taila – (Shiroabhyanga Shiropichu Shirodhara, Shirovasti)</i>	<i>Various Taila explained for application on head</i>	<i>In Later stages of Pakshaghata, as a finishing treatment in Pakshaghata, Insomnia, stress Vata Pradhana stage</i>	<i>Chronic / Recurrent sinusitis associated with head ache and Shiroabhyanga Anupashaya</i>
<i>Takradhara</i>	<i>Medicated Takra with Purana dhatri, Mustha and Panchagandha Churna</i>	<i>Paittika and Vata Paittika association in Pakshaghata, Mada, Moorcha as prophylactic</i>	<i>Do</i>
<i>Upanaha</i>	<i>Upanaha Churna, Salwana</i>	<i>Wasting and painful conditions</i>	<i>Skin allergy</i>
<i>Rasnadi Pichu</i>	<i>Rasnadi Churna with Eranda Taila</i>	<i>Kaphaja type HTN</i>	<i>-</i>
<i>Kacchuradi Pichu</i>	<i>Kacchuradi Churna with Eranda Taila</i>	<i>Vatapaittika type</i>	<i>-</i>

Rasayana: List of Rasayana drugs which may be used for either for prevention or management of the disease

1. *Lashuna (garlic) Churna*
2. *Shankhpushpi (Mussaendra frondosa) Churna*
3. *Vacha (Acorus calamus) Churna*
4. *Mandookaparni (Centella asiatica) Swarasa (juice)*

5. *Guduchi (Tinospora cordifolia) Swarasa*
6. *Siddhmakaradwaja Vati*
7. *Chitraka (Plumbago indica) Churna*
8. *Bhallataka Rasayana Avaleha*
9. *Shatavari (Crotalaria verrucosa) Rasa*
10. *Brahmi (Bacopa monnieri) Churna*

Pathya-Apathya (Diet and life style education): Same as level 1

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SANDHIGATA VATA (OSTEOARTHRITIS)

INTRODUCTION

Sandhigata Vata is the type of pathogenesis involved in various disease conditions affecting the joints, e.g. osteoarthritis, rheumatoid arthritis, etc. and causing pain in affected joints.¹

Case Definition:

Painful condition of joints involving single or multiple joints restricting the movements, with or without swelling and crepitus (*Sandhi Sphutana*).

Differential Diagnosis:-

- *Amavata*

- *Vatarakta*
- *Katigraha*
- *Gridhrasi*
- *Ansashoola*
- *Krostrukshirsha*
- Ankylosing spondylitis

LEVEL 1: AT SOLO AYURVEDIC PHYSICIAN'S CLINIC/PHC

Clinical diagnosis: On the basis of history and clinical presentation

Investigations: Nothing Specific

Treatment: See table 31.1

Table 31.1: Medicines at level 1 for *Sandhivata*

Drug	Dosage form	Dosage	Time of administration	Duration	Anupana
<i>Ashwagandha Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	2-3 months	Milk
<i>Shuddha Vishtinduka</i>	<i>Churna</i>	250 mg	Twice daily	2 weeks	Water
<i>Pippalimoola Churna</i>	<i>Churna</i>	500 mg	Twice daily	1 month	Water
<i>Sunthi-Haritaki Churna</i>	<i>Churna</i>	3-5 gm	Twice daily	1 month	Water
<i>Rasnadi Kwatha</i> ²	Decoction	30-40 ml	Empty stomach twice daily	15 days to one month	-
<i>Dashamula Kwatha</i>	Decoction	30-40 ml	Empty stomach twice daily	15 days to one month	-

<i>Rasna-Erandadi Kwatha</i> ³	Decoction	30-40 ml	Empty stomach twice daily	15 days to one month	-
<i>Yogaraja Guggulu</i> ⁴	<i>Vati</i>	1-2 <i>Vati</i> (500 mg)	After food Thrice a day	15 days to one month	<i>Rasna-saptaka Kwatha</i> / warm water
<i>Simhanada Guggulu</i>	<i>Vati</i>	1-2 <i>Vati</i> (500 mg)	After meal thrice a day	15 days to one Month	Warm water

Local:

Abhyanga: On the affected joints with warm medicated oils like *Bala Taila*, *Sahachara Taila*, *Vishagarbha Taila*, *Nirgundi Taila*, *Mahanarayana Taila*, *Brihat Saindhavadi Taila*, *Dhanvantara Taila*, *Kottamchukadi Taila*.

Swedana: With hot water bag, *Nadi Sveda*, *Baluka Pottali Sveda*, *Nirgundi Patra Pinda Sveda*, *Parisheka*.

Pathya-apathya (diet and life style):**Do's (Pathya)**

- **Ahara:** *Purana Shali*, green gram, milk, grape, Luke warm water, *Paraval*, drum stick, garlic.
- **Vihara:** Massage, warm water bath, posture correction, follow the *Dinacharya* and *Rutucharya*.

Don'ts:

- **Ahara:** Dried vegetables, lentils, sprouts, raw vegetables and salads, refined foods such as white flour, excessive use of leafy green vegetables, mushrooms, peas, Excessive intake of pungent food, cold drinks, beverages, chilled food

and ice cream, Continuously fasting or taking limited food for a very long duration.

- **Vihara:** Inadequate sleep or frequent changes in sleep pattern, suppression of natural urge especially of hunger, bowel and urine and emotions, Excessive physical strain like swimming, climbing, walking, running, sports which involve straining of joints like in badminton, football etc., all such occupation which involves excessive movement of joints, resulting in joint injuries.

Referral Criteria: Refer to Level 2

1. Cases that are not responding to above management and develop complications or severe painful condition.
2. Need further investigations.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: The diagnosis is made on the basis of criteria mentioned in Level-1 for fresh cases. The case referred from Level-1 or

fresh case must be evaluated thoroughly for any complication.

Investigations:

- Haemogram
- Serum uric acid
- Serum calcium

- RA Factor
- S. alkaline phosphatase
- X-Ray of affected joint
- CRP

Treatment: See table 31.2.

Table 31.2: Medicines at level 2 for Sandhivata

Drug	Dosage form	Dose	Time	Duration	Anupana
<i>Maha Yogaraja Guggulu</i> ⁵	<i>Vati</i>	500 mg-1 gm	Thrice a day	15 days to one month	<i>Rasnadi Kwatha, Triphala Kwatha</i>
<i>Kaishora Guggulu</i> ⁶	<i>Vati</i>	500 mg-1 gm	Thrice a day	15 days to one month	<i>Dashamula Kwatha, Luke warm water</i>
<i>Vatavidhvamsa Rasa</i> ⁷	<i>Vati</i>	125-250 mg	Twice daily	15 days to one month	Warm water/honey
<i>Narsimha Churna</i> ⁸	<i>Churna</i>	1.5 gm	After meal twice daily	15days to one month	Warm Water
<i>Dashamool- arishta</i>	<i>Arista</i>	15-30 ml	Twice daily	One month	Nil
<i>Ashwagandh- arista</i>	<i>Arista</i>	15-30 ml	Twice daily	One month	Nil
<i>Amrita Bhallataka</i>	<i>Avaleha</i>	5-10 gm	Once daily	One month	With milk

Local management:

- **Upanaha** with leaves of *Eranda*, *Nirgundi*, *Arka*, *Chincha* etc. on affected joints.
- **Lepa** with *Dashanga Lepa*, *Lepaguti*, *Gandhabiroja Lepa* etc.
- **Janubasti/Greevabasti/Katibasti:** *Mahanarayana Taila*⁹, *Masha Taila*, *Prabhanjana Vimardana Taila*,¹⁰ *Vishagarbha Taila*,¹¹ *Bala Taila*¹² etc
- **Abhyanga / Sthanika Mridu Snehana:** Medicated oil such as *Mahanarayana Taila*,¹³ *Masha Taila*, *Kshirbala Taila*, *Ashwagandha Balalakshadi Taila*
- **Swedana (medicated fomentation):**
 1. *Ekanga* (local fomentation) or *Sarvanga Sweda* (whole body fomentation) with decoction of *Nirgundi*, *Dashamula*, *Eranda*, *Balamula*, etc

2. *Patra Pinda Sweda*: local fomentation by *Pottali* made from leaves of *Nirgundi*, *Eranda* etc.

Pathya-apathya (diet and life style): Same as Level 1

Referral Criteria: The cases those are not responding to above mentioned therapy and suffering from advanced stages of disease like severe effusion, contractures, osteoporosis or deformities or Patients with some other uncontrolled conditions like obesity, hypothyroidism, diabetes mellitus and hypertension etc.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly.

Investigations:

1. Investigations mentioned in level 2 may be repeated if necessary.
2. BMD

Treatment: In addition to the treatment prescribed in level-1 and 2, following procedures can be done.

1. *Basti Karma: Tiktaksheera Basti, Yapana Basti & Yoga Basti*
2. *Agni karma* (cauterization): *Agni Karma* on the affected joints
3. *Virechana*: obese patients may be given *Virechana*
4. *Siravedha*

Pathya-Apathya (Diet and life style):- Same as level 1

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VATARAKTA (GOUT)

INTRODUCTION

Vatarakta is a disease of vitiated *Vata* and *Rakta*. Most of the collagen vascular disorders / connective tissue disorders come under the broad umbrella of *Vatarakta*.

Case Definition:

Often it is presented clinically in the form of painful joints, parasthesia, eruption, swelling, redness etc. *Vatarakta* is of two types - *Uttana* when pathology is confined to *Twak* and *Mamsa* and *Gambhira* when deeper tissues and organs are involved in the pathogenesis.

Differential diagnosis:

1. *Amavata*
2. *Kushtha*
3. *Visarpa*
4. *Arbuda*

Line of Treatment

External application, *Abhyanga*, *Parisheka* and *Upanaha* are advised in *Uttana Vatarakta* and *Virechana*, *Asthapan* and *Snehapan* are given in *Gambhira Vatarakta*.

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation patient can be diagnosed provisionally as case of *Vatarakta*.

Investigations: Nothing specific

Treatment: In the initial stage when the patient is having mild features of *Vatarakta*, along with diet restriction, two or more of following drugs may be given:

Table 32.1: Medicines at level 1 for *Vatarakta*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Guduchi</i>	<i>Swarasa / Churna</i>	10-20 ml / 3-5 gm	Before meal/ thrice a day	2-3 weeks	Warm water
<i>Kokilaksham Kashayam</i>	Decoction	20-40 ml	Before meal/ twice daily	2-3 weeks	Warm water
<i>Rasna Erandadi Kwatha</i> ¹	Decoction	20-40 ml	Before meal/ twice daily	2-3 weeks	-
<i>Laghu Manjisthadi Kwatha</i>	Decoction	20-40 ml	Before meal/ thrice a day	2-3 weeks	-
<i>Kaishora Guggulu</i> ²	<i>Vati</i>	1-2 <i>Vati</i> (500 mg)	After meal/ thrice a day	2-3 weeks	Warm Water

<i>Punarnava Guggulu</i> ³	<i>Vati</i>	1-2 <i>Vati</i> (500 mg)	After meal/ thrice a day	2-3 weeks	Warm Water
<i>Simhanada Guggulu</i> ⁴	<i>Vati</i>	1-2 <i>Vati</i> (500 mg)	After meal/ thrice a day	2-3 weeks	Warm water
<i>Nimbadi Churna</i> ⁵	<i>Churna</i>	1-3 gm	After meal/ thrice a day	2-3 weeks	<i>Guduchi Kwatha</i> , Warm water
<i>Triphala Kwatha</i>	Decoction	20-40ml	Before meal/ thrice a day	2-3 weeks	<i>Madhu</i>
<i>Amrutadi Kwatha</i> ⁶	Decoction	20-40ml	Before meal/ thrice a day	2-3 weeks	
<i>Pinda Taila</i> ⁷ ,	<i>Taila</i>	Q.S.	Once daily	1 month	External application
<i>Ksheerabala Taila</i> ⁸	<i>Taila</i>	Q.S.	Once daily	1 month	External application

Pathya-apathya (diet and life style):

Do's (Pathya)

- **Ahara:** Green gram, barley, *Syamaka* (*Sava*), *Raktashali*, wheat, goat milk, cow milk. *Tanduliya*, *Kushmanda*, *Draksha*, *Parval*, *Eranda Taila*, butter, bottle gourd, drumstick, *Punarnava*, *Vastuka*, bitter gourd, asafoetida, black pepper, rock salt. Soup of *Arhar*, *Moong*, *Chanak*, *Masur* and *Makushtha*.
- **Vihara:** nothing specific

Don'ts (Apathya):

- **Ahara:** Black gram, horse gram, *Nishpava*, *Kalaya*, *Kshara*, *Anupa Mamsa*, refined foods such as white flour, peas, spinach, potatoes, butter milk, curd, tomato, fermented foods, red meat, cold beverages, liquor, cold water.

- **Vihara:** Suppression of natural urge especially of hunger, bowel and urine and emotions, day sleep, excessive physical activity, exposure to sun.

Referral criteria:

- If patient is not responding to treatment.
- Need further investigations

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1 for a fresh case reporting directly.

Investigation:

- Complete hemogram
- CRP
- S. Uric Acid, RA factor
- X-ray of affected joints

Treatment: Treatment given in Level 1 may be continued.

Table 32.2: Medicines at level 2 for Vatarakta

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Brhat manjistadi Kwatha</i> ⁹	Decoction	20-40 ml	Before meal twice daily	2-3 weeks	-
<i>Amrutadi Guggulu</i>	Vati	1-2 Vati (500 mg)	After meal/ twice daily	2-3 weeks	Warm water
<i>Panchtikta Guggulu Ghrita</i> ¹⁰	Ghee	12 gm	Before meal/ twice daily	2-3 weeks	Milk, warm water
<i>Sukumara Ghrita</i> ¹¹	Ghee	12 gm	Before meal/ twice daily	2-3 weeks	Milk, warm water
<i>Madhu-yashtyadi Tailam</i> ¹²	Oil	6 to 10 drops	Before meal/ twice daily	2-3 weeks	Warm Water
<i>Griha dhumadi</i> ¹³ Lepa	Churna	Q.S.	Once daily	15 days	External application
<i>Nagaradi Lepa</i>	Churna	Q.S.	Once daily	15 days	External application
<i>Dashamoola Ksheera</i>	Kshira Paka	Q.S.	Once daily	15 days	External application
<i>Sahacharadi Taila</i> ¹⁴ / <i>Pinda Taila</i> ¹⁵ / <i>Dhanvantaram Taila</i> ¹⁶ / <i>Ksheerabala Taila</i> ¹⁷	Taila	Q.S.	Once daily	15 days	External application

***Note:** *Brhat Manjistadi Kwatha, Panchatikta Guggulu Ghrita and Amruta Guggulu in Tridoshaja Vatarakta, Kokilaksham Kashayam in Raktadhikya Vatarakta* are advisable

Pathya-Apathya (Diet and life style): Same as level 1

Referral criteria: If patient is not responding to treatment of Level 1 and 2 and develops complication.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1 for a fresh case reporting directly

Investigation: ANA screening.

Treatment:

- a. *Virechana Karma*
- b. *Rakta Mokshana – Jalaukavacharana* (Leech therapy) on painful and swollen joint.
- c. *Basti –*
 1. *Matra Basti – Brihatsaindhavadi taila*¹⁸- in painful condition, *Amavastha, Madhuyastyadi Taila, Kshirabala Taila*
 2. *Kshira Basti*
 3. *Yapana Basti - Guduchyadi Yapana, Madhutailika Basti*

Rasayana: See table 32.3

Table 32.3: Rasayanas can be used at level 3 for Vatarakta

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Shilajatu Rasayana</i>	<i>Churna</i>	500 mg - 1 gm	Early morning empty stomach	2-3 months	<i>Guduchi Kwatha</i>
<i>Pippali</i>	<i>Kshirapaka</i>	3 <i>Pippali</i> in increasing dose upto 33 <i>Pippali</i> and reverse	Early morning empty stomach	22 days	Milk

Pathya-Apathya (Diet and life style): Same as level 1

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Netragata Roga



ABHISHYANDA (CONJUNCTIVITIS)

INTRODUCTION

Abhishyanda is considered as the root cause of almost all the eye diseases.¹ *Abhishyanda* is one among the seventeen types of *Sarvagata Netra Rogas* explained in the classics. It is of four types viz. *Vataja*, *Pittaja*, *Kaphaja* and *Raktaja*. The word *Abhishyanda* means “*Ativridhi*” and “*Sravana*”. *Abhi* - going towards / great / excessive, *Syanda* - tremor / to shaking. Other meanings of *Abhishyanda* are oozing / flowing / trickling. Ayurvedic features of *Abhishyanda* as per classics are mentioned below:

1. *Vataja Abhishyanda*: *Nistodana* - pricking sensation, *Stambhana* - stiffness, *Romaharsha* - horripilation, *Sangharsa* - foreign body sensation, *Parushya* - roughness, *Siro-abhitapa* - headache, *Vishuskabhava* - dryness, *Shishiraasruta* - cold or watery discharge.
2. *Pittaja Abhishyanda*: *Daha* - burning sensation, *Prapaka* - severe inflammation, *Shishira Abinanda* - relief by cold measures, *Dhumayana*- feeling of smokiness, *Baspasamuchhraya* - sensation of steam, *Usnasruta* - Warm lacrimation, *Pitakanetrata* - yellowish discoloration of the eye.
3. *Kaphaja Abhishyanda*: *Usnaabhinanda* - relief by warm measures, *Guruta* - heaviness, *Kandu* - itching, *Upadeha* - stickiness due to increased exudates, *Sitata*- whiteness, *Atisaiyam* - excessive

coldness, *Sravomuhuh* - frequency of discharge is increased, *Picchila* - slimy discharge.

4. *Raktaja Abhishyanda*: *Tamra Asruta* - coppery tears, *Lohita Netrata* - blood red discoloration of eye, *Samanatat Atilohita Rajyah*: Generalized congestion.

Case Definition:

Abhishyanda is defined as a disease in which there is *Sroto Syandana* (secretions) in all channels of head and neck. Inflammation of the conjunctiva is classically defined as conjunctival hyperaemia associated with discharge which may be watery, mucoid, mucopurulent, purulent.

Differential Diagnosis:

1. *Adhimantha*: In *Adhimantha*, excessive churning type of pain as if eye is being extracted from its socket.
2. *Sashopha Akshipaka*: In *Sashopha Akshipaka* inflammation is more prominent feature in comparison to *Abhishyanda*.
3. *Sirotpata*: If the eye is marked with painless or painful coppery red vascular streaks, which later on totally disappear the disease is known as *Sirotpata*.
4. *Siraharsha*: The advance stage of the *Sirotpata* due to the neglecting leads to *Siraharsha*, in which there will be difficulty in visual perception.

Table 33.1: Differentiating features of common types of conjunctivitis:

Signs	Bacterial	Viral	Allergic	Chlamydia
Congestion	Marked	Moderate	Mild to moderate	Moderate
Chemosis	++	+/-	++	+/-
Subconjunctival hemorrhage	+/-	+	-	-
Discharge	Purulent or mucopurulent	Watery	Ropy / watery	Mucopurulent
Papillae	+/-	-	++	+/-
Follicles	-	+	-	++
Pseudo membrane	+/-	+/-	-	-
Pannus	-	-	-	+
Pre-auricular lymph node	+	++	-	+/-

Differential Diagnosis of Conjunctivitis:

- Scleritis,
- Acute Iridocyclitis,
- Acute Congestive Glaucoma,
- Trachoma,
- Bacterial / Viral / Allergic / Chlamydia Conjunctivitis.

Investigation: Though much can be diagnosed based on the clinical signs and symptoms, torch light examination of affected eye may be done.

Treatment: In the initial stage when the patient is having mild features of *Abhishyanda*, following drugs may be given. However, in the initial five days, fasting in the form of light diet may be advised.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN'S CLINIC / PHC

Clinical Diagnosis: Diagnosis can be done on the basis of clinical presentation

Table 33.2: Medicines at level 1 for *Abhishyanda*

Drugs	Dosage form	Dose	Time of administration	Anupana	Duration
Aam Pachana Vati	Vati	2 Vati	After Meal / twice a day	Hot Water	7 days
<i>Triphala Guggulu</i> ²	Vati	2 Vati	After Meal / twice a day	Hot Water	7 days

<i>Vasakadi Kwatha</i> ³	<i>Kwatha</i>	20 ml	Before meal / twice a day	Water	7 days
<i>Brihat Vasakadi Kwatha</i> ⁴	<i>Kwatha</i>	20 ml	Before meal / twice a day	Water	7 days
<i>Patoladi Kwatha</i> ⁵	<i>Kwatha</i>	20 ml	Before meal / twice a day	Water	7 days
<i>Phalatrikadi Kwatha</i> ⁶	<i>Kwatha</i>	20 ml	Before meal / twice a day	Water	7 days
<i>Vasanimbadi Kwatha</i> ⁷	<i>Kwatha</i>	20 ml	Before meal / twice a day	Water	7 days
<i>Manjishthadi Kwatha</i> ⁸	<i>Kwatha</i>	20 ml	Before meal / twice a day	Water	7 days
Drugs for local application:					
<i>Ophthacare eye drops</i>	Liquid	1 drop	Thrice a day	-	7 days
<i>Nayanamruta Netrabindu</i> ⁹	Liquid	1 drop	Thrice day	-	7 days
<i>I tone eye drops</i>	Liquid	1 drop	Twice day	-	7 days
<i>Netra Pariseka: Triphala Yavkuta,</i> ¹⁰ <i>Yashtimadhu, Vasa, Lodhra, Tankana</i>	<i>Churna</i>	2 gm + 1 gm + 1 gm + 1 gm + 500 mg respectively	Thrice day	-	7days

Diet education and preventive measures:

Do's -

- **Ahara:**^{11,12,13} Regular intake of *Yava* (*Hordeum vulgare*), *Godhuma* (*Triticum sativum* Linn), *Lohita Shali* (*Oryza sativa* Linn), *Mudga* (*Phaseolus radiatus*), *Shatavari* (*Asparagus racemosus*), *Patola* (*Trichosanthes dioica*), *Kustumburu* (*Coriander sativum*), *Surana* (*Phallus campanulatus*), unripe banana (*Musa spp.*), cooked vegetables

of *Jeevanti* (*Leptadenia reticulata*), *Sunishannaka* (*Marsilea minuta*), *Tanduleeya* (*Amaranthus aspera*), *Vastuka* (*Chenopodium album*), *Karkotaka* (*Momordica dioica*), *Karavellaka* (*Momordia charantia*), *Shigru* (*Moringa oleifera*), *Agastya* (*Sesbania grandiflorum*), *Punarnava* (*Boerhavia diffusa*), brinjal, carrot, spinach, cow ghee, cow milk, one year old preserved *Ghrita*, meat of birds and wild animals, *Amalaki* (*Embelica officinalis*), *Draksha* (*Vitis vinifera*) dried and fresh both,

Dadim (*Punica granatum*), Almond, *Saindhava* (rock salt), sugar candy (*Sita*), honey (*Kshaudra*) and *Amalaki Payasa*, *Shatavari Payasa* are beneficial for the eyes.

- **Vihara:** Withdrawing the mind from objects of senses, *Padabhyanga* (Foot massage), *Shiroabhyanga* (scalp massage with oil), *Netra Prakshalana* (eye wash), *Mukhalepa* (face pack with herbal medicines), wearing head gear, always wearing shoes are also beneficial for the eyes.

Dont's -

- **Ahara:** Excessive and regular intake of horse gram and black gram pulses, *Virudha Dhanya* (sprouts), chillies and spices, sour and fermented foods like pickles, idali, dosa etc, heavy foods like cheese, paneer, deep fried items etc, Junk foods and fast foods, *Dadhi* (curd), *Matsya* (fish), meat of animals belonging to damp areas (*Anoopa Mamsa*), *Phanita*, *Pinyaka* (oil cake) *Aranala* (sour gruel), excess water intake, excess alcohol intake, betel leaf chewing (*Tambula*)
- **Vihara:** Life style factors like anger, grief, excessive coitus; suppression of natural urges like defecation, micturition,

lacrimation, hunger, thirst etc.; looking at minute objects, excessive weeping, excessive vomiting and suppression of vomiting, daytime sleep and awakening at night, shift duties, working on computer for continuous and longer duration and watching television for long time, sudden changes of temperatures, exposure to frequent change of hot and cold temperatures, exposure to dust and fumes, excessive sunlight exposure and smoking.

Referral Criteria: Patient not responding to the above treatment and needs further investigations to find out the cause.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1; for fresh cases reporting directly.

Investigation: same as level 1 and in addition

1. Vision test
2. Slit lamp examination
3. Fluorescein and Rose Bengal Staining

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient.

Table 33.3: Medicines at level 2 for *Abhishyanda*

Drugs	Dosage form	Dose	Time of administration	Duration	Anupana
<i>Sahacharadi Ghrita</i> ¹⁴	<i>Ghrita</i>	10 ml	Before meal / once a day evening (<i>Nishi Kala</i>)	7 days	Milk
<i>Tiktaka Ghrita</i> ¹⁵	<i>Ghrita</i>	10 ml	Before meal / once a day evening (<i>Nishi Kala</i>)	7 days	Milk
<i>Sutashekhara Rasa</i> ¹⁶	<i>Churna</i>	250 mg	Twice a day	7 days	Milk / warm water
<i>Kaphaketu Rasa</i> ¹⁷	<i>Churna</i>	125-250 mg	Twice a day	7 Days	Honey
<i>Vataoidhvamsana Rasa</i> ¹⁸	<i>Churna</i>	125-250 mg	Twice a day	7 Days	Honey

Pathya - Apathya (Diet and life style): Same as level 1.

Referral criteria: Refer to level 3

1. Cases not responding to above therapy.
2. Patients with severe conjunctivitis, infection spread on cornea and blurring of vision.
3. Patient is indicated for *Panchakarma* therapy.

LEVEL 3: AYURVEDIC HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL / INTEGRATED AYURVEDIC HOSPITALS.

Clinical Diagnosis: Same as level-1

Investigation:

- Culture and Sensitivity test

- Fluorescein and Rose Bengal Staining

Treatment:

- In addition to the management of Level 1 and Level -2,
- Treatment can be done according to predominance of *Dosha*.
 - a. **Chikitsa Sutra of Vataja Abhishyanda**¹⁹ – The patient should be treated with old ghee (clarified butter). The part of the forehead adjoining the eye and not the eye itself should be fomented and local venesection resorted to. Then after having effected full purging with the help of a *Sneha-Basti* (oleaginous enema), such measures as *Tarpana*, *Putapaka*, fumigation, *Aschyotana* (sprinklings), *Nasya*

- (snuffing), *Sneha Parisheka* (oily washings), *Shirobasti* or washing with any decoction prepared with the drugs of the *Vayu*-subduing group.
- b. **Chikitsa Sutra of Pitaja Abhishyanda**²⁰- Bloodletting and purgatives, eye-washes and *Vidalaka*, *Nasya* (snuffing) and *Anjana* (collyrium).
- c. **Chikitsa Sutra of Kaphaja Abhishyanda**²¹- In acute stage it should be treated by bloodletting by venesection or other means, by the employment of fomentation, *Avapida Nasya*, *Anjana*, fumigation, washes, *Vidalaka*, *Kavala* (gargles).
- d. **Chikitsa Sutra of Raktaja Abhishyanda**²² - The patient should be first anointed and lubricated with old and matured clarified butter, venesection should then be resorted to. *Vidalaka*, washes, snuffs, inhalation of medicated smokes, eye drops, collyrium, *Tarpana* (soothing measures), *Putapaka* should be prescribed.
- If needed *Panchakarma* procedures indicated for Conjunctivitis can be performed.

Table 33.4: Shodhana Chikitsa and other Kriyakalpas at level 3 for Abhishyanda

Shodhana Karma	Vataja Abhishyanda	Pittaja Abhishyanda	Kaphaja Abhishyanda	Raktaja Abhishyanda
<i>Nasya</i>	Oil processed with <i>Shalaparni</i> , milk and drugs of <i>Madhura Gana</i> are beneficial. ²³	Ghee processed with <i>Pittahara</i> drugs <i>Shali</i> , <i>Durva</i> , <i>Daruharidra</i> <i>Sariva</i> , <i>Kashmari</i> and sugarcane juice. ²⁴	<i>Avapida Nasya</i> with <i>Trikatu</i> , <i>Katphala</i> etc <i>Kapha Shamaka</i> drugs. ²⁵	<i>Ghritamanda</i> processed with breast milk and <i>Madhuka</i> , <i>Nilotapala</i> . ²⁶
<i>Ashcyotana</i>	Goat's milk processed with leaves, root and bark of <i>Eranda</i> ²⁷ Goat milk processed with <i>Haridra</i> , <i>Devadaru</i> and <i>Saindhava</i> ²⁸	Goat's milk processed with <i>Lodhra</i> , <i>Yastimadhu</i> and ghee. ²⁹	Decoction of <i>Sunthi</i> , <i>Triphala</i> , <i>Nimba</i> , <i>Vasa</i> , <i>Lodhra</i> ³⁰	<i>Triphala</i> , <i>Lodhra</i> , <i>Yasti</i> , <i>Sharkara</i> , <i>Musta</i> with cold water ³¹
	<i>Shigrupallav Rasa</i> with Honey ³²			
	<i>Triphala</i> decoction ³³			

<i>Parisheka</i>	Drugs used in <i>Aschyotana</i> can be used for <i>Parisheka</i> in respective <i>Doshas</i> .			
<i>Anjana</i>	<i>Pashupata Yoga</i> ³⁴	<i>Pashupata Yoga</i> ³⁵	Fruits of <i>Shigru</i> and <i>Karanja</i> , fruits and flowers of <i>Brihati</i> ³⁶	Equal parts of <i>Patala</i> , <i>Arjuna</i> , <i>Sriparni</i> , <i>Bilwa</i> , <i>Dhataki</i> , <i>Manjishtha</i> , <i>Amalaki</i> pasted with honey. ³⁷
<i>Siramoksha</i>	<i>Snehana</i> , <i>Swedana</i> followed by bloodletting with <i>Shrunaga</i> ³⁸	<i>Snehana</i> , <i>Swedana</i> followed by <i>Siravyadhana</i> ³⁹	<i>Snehana</i> , <i>Swedana</i> followed by Bloodletting by <i>Alabu</i> or through <i>Siravyadha</i> ⁴⁰	Bloodletting by Leech. ⁴¹
<i>Dhoomapan</i>	<i>Snaihika Dhoomapana</i> with <i>Agaru</i> , <i>Guggulu</i> and <i>Ghee</i> etc ⁴²	-	<i>Dhoomapana</i> with <i>Trikatu</i> , <i>Haridra</i> , <i>Sarshapa</i> , <i>Nimba</i> , <i>Guggalu</i> etc <i>Kaphahara Dravya</i> ⁴³	
<i>Virechana</i>	<i>Snehapana</i> : plain <i>Gau Ghrita</i> , <i>Mahatriphala Ghrita</i> ⁴⁴ / <i>Mahatiktaka Ghrita</i> ⁴⁵ / <i>Patola Ghrita</i> ⁴⁶ As per the status of the patient, <i>Virechana</i> : <i>Mridu Virechana</i> / <i>Koshtha Shuddhi</i> with <i>Avipattikara Churna</i> ⁴⁷ 5-10 gm with <i>Drakhshadi Kashaya</i> ⁴⁸ (50-100 ml). <i>Tilwaka Ghrita</i> (5-10 gm) with <i>Tilwaka Kashaya</i> (50-100 ml) may be done for early few days of the treatment ⁴⁹			

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ADHIMANTHA (GLAUCOMA)

INTRODUCTION

*Adhimantha*¹ is a disease characterized by intense feeling in the eye, wherein eye seems to be being extracted out and churned up along with the involvement of the half of the head in association with specific features of the particular *Dosha* involved. On the basis of symptoms it can be correlated with Glaucoma.

Glaucoma is not a single disease process but a group of disorders characterized by a progressive optic neuropathy resulting in a characteristic appearance of the optic disc and a specific pattern of irreversible visual field defects that are associated frequently but not invariably with raised intraocular pressure. There are so many types of glaucoma out of which Primary open angle glaucoma (POAG) and Primary angle closure glaucoma (PACG) are most common type. On the basis of signs & symptoms, POAG can be correlated with *Vataja* & *Kaphaja Adhimantha* & PACG can be correlated with *Raktaja* & *Pittaja Adhimantha*.

Ayurvedic classification:

- 1. *Vataja Adhimantha:*** *Utpatyataiva*-feeling like eye ball extraction, *Mathyate Aranivat* (feeling like eyeball is churned up by *Arani* – a churner for making buttermilk out of curd), *Sangharsa* (Foreign body sensation), *Todana* & *Nirbheda* (pricking sensation or splitting pain), *Mamsasamrabdha* (swelling of muscular tissue), *Avilam* (blurring of vision), *Kunchana Asphotana* (feeling of constriction & bursting), *Adhmana* (raised tension), *Vepathu* (twitching), *Sirsoardham Vyathana* (headache on one side).
- 2. *Pittaja Adhimantha:*** *Raktarajicitam* (congestion), *Sravi* (discharges), *Daha* (burning sensation), *Yakrat Pindopmam* (eye discoloration to brownish red), *Ksharanaktamiva Kshatam* (burning sensation like salt applied on wound), *Prapaka* (severe inflammation), *Sa-swedana* (perspiration), *Pita Darsanam* (yellowish appearance of all objects), *Murccha* (unconscious), *Sirodaha* (burning sensation in the head).
- 3. *Kaphaja Adhimantha:*** *Sopha* (swelling), *Srava* (discharge), *Kandu* (itching), *Sitata* (whiteness), *Guruta* (heaviness), *Picchila* (slimy), *Dushika* (muddy discharge), *Harshana* (horripilation), *Rupam Pashyati Dukhena* (seeing is difficult or painful), *Pamshupurnam-iva-avilam* (haziness of cornea), *Nasadhmana* (blockage in the nose), *Shirodukha* (headache).
- 4. *Raktaja Adhimantha:*** *Bandhujiva Pratikasham* (eye looks like *Bandhujiva* flower/bloody red eye), *Tamra Ashruta* (coppery tears), *Sparshanaakshamam* (tenderness), *Raktasrava* (bleeding), *Nistoda* (pricking type pain), *Pashyatiagninibha disha* (visualizes flames in all directions).

Case Definition:

Excessive churning type of pain in which the patient feels that his eye is being extracted from its socket which can also lead to blindness in addition to pain.²

Differential diagnosis:

1. *Abhishyanda* – In *Abhishyanda* discharge is more in comparison to *Adhimantha*.
2. *Sashopha Akshipaka* – In *Sashopha Akshipaka* inflammation is more prominent feature in comparison to *Adhimantha*.
3. *Sirotpata* - If the eye is marked with painless or painful coppery red vascular streaks, which later on totally disappears, the disease is known as *Sirotpata*.
4. *Siraharsha* - The advance stage of *Sirotpata* due to the neglect leads to *Siraharsha* in which there will be difficulty in visual perception.

Differential diagnosis of Glaucoma:

- Acute iridocyclitis
- Posterior uveitis
- Congenital optic disc anomalies
- Acute conjunctivitis
- Ocular hypertension
- Physiological cupping of optic disc
- Secondary glaucoma

LEVEL 1: AT SOLO AYUVEDIC PHYSICIAN'S CLINIC / PHC

Clinical Diagnosis: On the basis of history and clinical presentation patient can be suspected provisionally as a fresh case

of Glaucoma and should be referred for management to hospital or center at level 2.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1

Investigation: Though much can be diagnosed based on the clinical signs and symptoms, Laboratory investigations help the clinician to confirm the diagnosis and rule out other conditions:

- Complete Blood Count
- Torch light examination
- Vision test
- Slit lamp examination
- Tonometry for IOP evaluation (normal 10-20 mm of Hg)
- Direct and indirect Ophthalmoscope examination
- Confrontation / Automated Perimetry
- Fundus Photography

Treatment:

POAG: (*Vataja & Kaphaja Adhimantha*)

- *Mootrala* (diuretics) drugs for reducing IOP such as *Punarnavashtaka Kwatha*, *Gokshuradi Guggulu*, *Chandraprabha Vati* orally etc.
- *Ashchyotana* (mentioned below)
- *Chakshushya & Rasayana* drugs (mentioned below)

- Oral administration of *Sahacharadi Ghrita* mentioned specially for *Adhimantha*³

PACG: (*Pittaja & Raktaja Adhimantha*)

- *Mootrala* (diuretics), *Chakshushya & Rasayana* drugs (mentioned below)
- *Rakta Prasadaka* drugs in *Raktaja Adhimantha* as *Brihat Kushmanda Avaleha*⁴ & *Shatavari Paka*⁵

- *Ashchyotana* with Goat's milk used as eye drops to relieve pain.⁶
- Other oral or local drugs can be used according to signs & symptoms of patient.

In the initial stage when the patient is having mild (two or more) features of *Adhimantha* following drugs may be given:

Table 34.1: Medicines at level 2 for *Adhimantha*

Drugs	Dosage form	Dose	Time of administration	Durations	Anupana
<i>Aampachana Vati</i>	<i>Vati</i>	2 <i>Vati</i>	After meal / twice a day	7 days	Hot Water
<i>Gokshuradi</i> ⁷ / <i>Triphala Guggulu</i> ⁸	<i>Vati</i>	2-3 <i>Vati</i>	After meal / twice a day	15-20 days	Hot Water
<i>Pathyadi Kwatha</i> ⁹	Decoction	20 ml	Before meal / twice a day	15-20 days	<i>Guda</i>
<i>Vasakadi Kwatha</i> ¹⁰	Decoction	20 ml	Before meal / twice a day	15-20 days	Water
<i>Brihat Vasakadi Kwatha</i> ¹¹	Decoction	20 ml	Before meal / twice a day	15-20 days	Water
<i>Patoladi Kwatha</i> ¹²	Decoction	20 ml	Before meal / twice a day	15-20 days	Water
<i>Phalatrikadi Kwatha</i> ¹³	Decoction	20 ml	Before meal / twice a day	15-20 days	Water
<i>Sahacharadi Ghrita</i> ¹⁴	<i>Ghrita</i>	10 ml	Before meal / evening (<i>Nishi Kala</i>)	15-20 days	Milk
<i>Tikataka Ghrita</i> ¹⁵	<i>Ghrita</i>	10 ml	Before meal / evening (<i>Nishi Kala</i>)	15-20 days	Milk
<i>Brihat Kushmanda Avaleha</i> ¹⁶	<i>Avaleha</i>	5-10 gm	After meal / twice a day	15-20 days	Milk
<i>Shatavari Paka</i> ¹⁷	<i>Avaleha</i>	5-10 gm	After meal / twice a day	15-20 days	Milk
<i>Punarnavashtaka Kwatha</i> ¹⁸	Decoction	20 ml	Before meal / twice a day	15-20 days	Water

Pathya-Apathya (Diet and life style education)

Diet education and preventive measures:

Do's -

- **Ahara:**^{19,20,21} Regular intake of *Yava* (*Hordeum vulgare*), *Godhuma* (*Triticum aestivum* Linn), *Lohita Shali* (*Oryza sativa* Linn), *Mudga* (*Phaseolus radiatus*), *Shatavari* (*Asparagus racemosus*), *Patola* (*Trichosanthes dioica*), *Kustumburu* (*Coriander sativum*), *Surana* (*Phallus campanulatus*), unripe banana (*Musa spp.*), cooked vegetables of *Jeevanti* (*Leptadenia reticulata*), *Sunishannaka* (*Marsilea minuta*), *Tanduleeya* (*Amaranthus aspera*), *Vastuka* (*Chenopodium album*), *Karkotaka* (*Momordica dioica*), *Karavellaka* (*Momordia charantia*), *Shigru* (*Moringa oleifera*), *Agastya* (*Sesbania grandiflorum*), *Punarnava* (*Boerrrhavia diffusa*), brinjal, carrot, spinach, cow ghee, cow milk, one year old preserved *Ghrita*, meat of birds and wild animals, *Amalaki* (*Embelica officinalis*), *Draksha* (*Vitis vinifera*) dried and fresh both, *Dadim* (*Punica granatum*), Almond, *Saindhava* (rock salt), *Sita* (sugar candy), *Kshaudra* (honey) and *Amalaki Payasa*, *Shatavari Payasa* are beneficial for the eyes.
- **Vihara:** Withdrawing the mind from objects of senses, *Padabhyanga* (Foot massage), *Shiroabhyanga* (scalp massage with oil), *Netraprakshalana*

(eye wash), *Mukhalepa* (face pack with herbal medicines), wearing head gear, always wearing shoes are also beneficial for the eyes.

Dont's -

- **Ahara:** Excessive and regular intake of Horse gram and Black gram pulses, *Virudhadhanya* (sprouts), chillies and spices, sour and fermented foods like pickles, idali, dosa etc, heavy foods like cheese, paneer, deep fried items etc, Junk foods and fast foods, *Dadhi* (curd), *Matsya* (fish), meat of animals belonging to damp areas (*Anoopa Mamsa*), *Phanita*, *Pinyaka* (oil cake) *Aranala* (sour gruel), excess water intake, excess alcohol intake, betel leaf chewing (*Tambula*)
- **Vihara:** life style factors like anger, grief, excessive coitus; suppression of natural urges like defecation, micturition, lacrimation, hunger, thirst etc.; looking at minute objects, excessive weeping, excessive vomiting and suppression of vomiting, daytime sleep and awakening at night, shift duties, working on computer for continuous and longer duration and watching television for long time, sudden changes of temperatures, exposure to frequent change of hot and cold temperatures, exposure to dust and fumes, excessive sunlight exposure and smoking.

Referral criteria: Refer to level 3

1. Cases not responding to above therapy as: Patients with persistent raised intra ocular pressure, field loss, optic atrophy and sudden loss of vision, PACG etc.

**LEVEL 3: AYURVEDA
HOSPITALS AT INSTITUTIONAL
LEVEL OR DISTRICT
HOSPITAL / INTEGRATED
AYURVEDIC HOSPITALS**

Clinical Diagnosis: Same as level 1

Investigation:

- Gonioscopy
- Automated perimetry
- OCT to evaluate optic disc, optic cup.

Treatment: In addition to the management of Level-2, Treatment can be done according to predominance of *Dosha*.

- *Chikitsa Sutra of Vataja Adhimantha*²² - The patient should be treated with old ghee (clarified butter). The part of the forehead adjoining the eye and not the eye itself should be fomented and local venesection resorted to. Then after having affected full purging with the help of a *Sneha-Basti* (oleaginous enema), such measures as *Tarpana*, *Putapaka*, fumigation, *Aschyotana* (sprinklings), *Nasya* (snuffing), *Sneha Parisheka* (oily washings), *Shiro-Basti* or washing with any

decoction prepared with the drugs of the *Vayu*-subduing group.

- *Chikitsa Sutra of Pitaja Adhimantha*²³ - Bloodletting and purgatives, eye-washes and *Vidalaka*, *Nasya* (snuffing) and *Anjana* (collyrium).
- *Chikitsa Sutra of Kaphaja Adhimantha*²⁴ - In acute stage it should be treated by bloodletting by venesection or other means, by the employment of fomentation, *Avapida Nasya*, *Anjana*, fumigation, washes, *Vidalaka*, *Kavala* (gargles).
- *Chikitsa Sutra of Raktaja Adhimantha*²⁵ - The patient should be first anointed and lubricated with old and matured clarified butter, venesection should then be resorted to. *Vidalaka*, washes, *Nasya* (snuffs), inhalation of medicated smokes, eye drops, collyrium, *Tarpana* (soothing measures), *Putapaka* should be prescribed.
- if needed *Panchakarma* procedures indicated for glaucoma can be performed such as:

POAG: (*Vataja & Kaphaja Adhimantha*)

- If not responding to above treatment then *Agnikarma* (cauterization) over the eyebrows will be beneficial.²⁶
- *Siravyadha* (bloodletting) mentioned in all types of glaucoma.²⁷
- *Tarpana* indicated in primary open angle Glaucoma not in PACG.

- *Basti, Virechana* etc. are also indicated.

PACG: (*Pittaja & Raktaja Adhimantha*)

- All the treatment of POAG except *Tarpana*.
- Immediate IOP reducing treatment as- *Tikshna Virechana, Siravyadhana* etc.

Other oral or local drugs can be used according to signs & symptoms of patient.

Shodhana Chikitsa

1. Virechana:

Snehapana: Plain *Gau Ghrita, Mahatriphala Ghrita*²⁸ / *Mahatikataka Ghrita*²⁹ / *Patola Ghrita*³⁰. *Virechana* as per the status of the patient- *Mridu / Krura Koshtha Virechana/ Koshtha Shuddhi* with *Avipattikara Churna*³¹ 5-10 gm with *Drakshadi Kashaya*³².

Tilwaka Ghrita with *Tilwaka Kashaya* 5-10 gms may be done/ given for early few days of the treatment.³³

2. Nasya:

Table 34.2: Uses of Nasyas in various type of Adhimantha

<i>Vataja Adhimantha:</i>	<i>Snehana Nasya:</i> Oil processed with <i>Rasna, Dashmoola, Bala</i> , milk and drugs of <i>Madhura Gana</i> are beneficial. ³⁴
<i>Pittaja Adhimantha:</i>	<i>Ksheersarpi</i> (equal quantity of milk & ghee) <i>Nasya</i> in every 3-3 days Ghee processed with <i>Pittahara</i> drugs <i>Shali, Durva, Daruharidra</i> . ³⁵
<i>Kaphaja Adhimantha</i>	<i>Avapidana Nasya</i> with <i>Trikatu, Katphala</i> etc. <i>Kaphashamaka</i> drugs. ³⁶
<i>Rakataja Adhimantha</i>	<i>Ghritamanda</i> processed with breast milk and <i>Madhuka, Nilotapala</i> . ³⁷

3. Tarpana:

Table 34.3: Uses of Tarpana in various type of Adhimantha

<i>Vataja Adhimantha</i>	<i>Panchamula, Jivaniya</i> and the flesh of <i>Kukkuta</i> should be cooked with milk and this processed milk is used for <i>Tarpana</i> . ³⁸
<i>Pittaja Adhimantha</i>	<i>Shankha, Shukti, Madhu, Draksha, Yashti</i> and <i>Kataka</i> should be cooked with milk and this processed milk is used for <i>Tarpana</i> . ³⁹
<i>Kaphaja Adhimantha</i>	The milk is cooked with goat's liver, <i>Agaru, Priyangu, Devadaru</i> and it should be churned to obtain butter and ghee should be obtained after cooking it. ⁴⁰

4. Ashchyotana

Table 34.4: Uses of Ashchyotana & Parisheka in various type of Adhimantha

	<i>Vataja</i>	<i>Pittaja</i>	<i>Kaphaja</i>	<i>Raktaja</i>
<i>Ashchyotana</i>	Goat's milk processed with leaves, root and bark of <i>Eranda</i> . ⁴¹	Goat's milk processed with <i>Lodhra</i> , <i>Yastimadhu</i> and ghee. ⁴³	Decoction of <i>Sunthi</i> , <i>Triphala</i> , <i>Nimbi</i> , <i>Vasa</i> , <i>Lodhra</i> ⁴⁴	<i>Triphala</i> , <i>Lodhra</i> , <i>Yashti</i> , <i>Sharkara</i> , <i>Musta</i> with cold water ⁴⁵
	Goat milk processed with <i>Haridra</i> , <i>Devadaru</i> and <i>Saindhava</i> ⁴²			
	Shigrupallav Rasa with Honey ⁴⁶			
	Triphala decoction ⁴⁷			
<i>Parisheka</i>	Same drugs used in <i>Ashchyotana</i> can be used in <i>Parisheka</i> in respective <i>Doshas</i> .			

7. Anjana

Table 34.5: Uses of Anjana in various type of Adhimantha

	<i>Vataja</i>	<i>Pittaja</i>	<i>Kaphaja</i>	<i>Raktaja</i>
<i>Anjana</i>	<i>Pashupata Yoga</i> ⁴⁸	<i>Pashupata Yoga</i> ⁴⁹	Fruits of <i>Shigru</i> and <i>Karanja</i> Fruits and flowers of <i>Brihati</i> ⁵⁰	Equal parts of <i>Patala</i> , <i>Arjuna</i> , <i>Shriparni</i> , <i>Dhataki</i> , <i>Amalaki</i> , <i>Bilwa</i> , <i>Manjishtha</i> pasted with honey. ⁵¹

8. Siramokshana:

Table 34.6: Uses of Siramokshana in various type of Adhimantha

<i>Vataja Adhimantha</i>	<i>Siramokshana</i> after sudation. ⁵²
<i>Pittaja Adhimantha</i>	By <i>Siravyadhana</i> . ⁵³
<i>Kaphaja Adhimantha</i>	After <i>Dhoopana</i> blood-letting (<i>Siravyadha</i>) should be done followed by <i>Virechana</i> . ⁵⁴
<i>Raktaja Adhimantha</i>	Leeches should be applied around the eye to induce blood-letting. ⁵⁵

9. Dhoomapana:

Table 34.7: Uses of Dhoomapana in various type of Adhimantha

<i>Dhoomapana</i>	<i>Snaihika Dhoomapana</i> with <i>Agaru</i> , <i>Guggulu</i> and <i>Ghrita</i> etc. ⁵⁶	-	<i>Dhoomapana</i> with <i>Trikatu</i> , <i>Haridra</i> , <i>Sarshapa</i> , <i>Nimba</i> , <i>Guggulu</i> etc. <i>Kaphahara Dravya</i> . ⁵⁷	-
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Urdhwa Jatrugata Roga



DANTAVESHTA (PERIODONTITIS)

INTRODUCTION

The *Dantamulagata Rogas* viz. diseases of the periodontium are considered under the heading of *Mukha Rogas*. *Dantaveshtaka* means covering of the teeth. On the basis of symptoms *Dantaveshta* can be correlated with Periodontitis. Periodontitis is an inflammatory disease of the supporting tissues of the tooth resulting in progressive destruction of periodontal ligaments & alveolar bone with pocket formation, recession or both. Therefore in severe case, teeth become mobile.

Case Definition:

Dantaveshta is characterized by *Raktasrava* (bleeding from gum/s), *Pooyasrava* from *Dantamansa* (pus discharge from gums) and *Danta Chalatva* (mobility of tooth/teeth).¹

Differential Diagnosis

- **Shitada** - The gums of the teeth suddenly bleed and become putrified, black, slimy and emit a fetid smell. They become soft and gradually slough off.²
- **Danta Pupputa** - In this disease the roots of two or three teeth at a time

are marked by severe swelling and pain.³

- **Upakusha** - In this disease the gums become marked by a burning sensation and suppuration and the teeth become loose and shaky in consequence and bleed on minimal touch.⁴

LEVEL 1: AT SOLO AYURVEDIC PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: Ayurvedic differential diagnosis can be done on the basis of signs and symptoms mentioned above.

Investigation: Though much can be diagnosed based on the clinical signs and symptoms, investigations help the physician to confirm the diagnosis and rule out other conditions.

Treatment:

Chikitsa Sutra: *Kaya Virechana* (purgation of the body), *Shiro Virechana* (purgation of the head), mouth gargles with liquids of pungent and bitter taste and therapies.⁵

In the initial stage when the patient is having above mentioned signs and symptoms following drugs may be given:

Table 35.1: Medicines at level 1 for *Dantaveshtaka*

Drugs	Dosage form	Dose	Time of administration/Retention time	Duration
<i>Panchvoalkala Kwatha</i> ⁶	<i>Kwatha</i>	40 ml	Gentle gargling / thrice a day	5-7 days
<i>Kshirivriksha Kashaya</i> ⁷	<i>Kwatha</i>	40 ml	10 min retention in mouth / twice a day	5-7 days
<i>Dashanasanskara Churna</i> ⁸	<i>Churna</i>	1 gm	<i>Pratisarana</i> / thrice a day	5-7 days
<i>Kalaka Churna</i> ⁹	<i>Churna</i>	1 gm	<i>Pratisarana</i> / thrice a day	5-7 days
<i>Pitaka Churna</i> ¹⁰	<i>Churna</i>	1 gm	<i>Pratisarana</i> / thrice a day	5-7 days

Pathya - Apathya (Diet and life style education):**Do's -**

- **Ahara:** Freshly cooked, easily digestible diet such as barley, green gram, bitter guard, other bitter foods, ghee, luke warm water etc. should be taken.
- **Vihara:** Regular mouth washes with normal water, luke warm water, camphor water, fomentation, betel leaf chewing, *Dhoomapana*.

Don'ts -

- **Ahara:** Spicy and sour food¹¹ e.g. pickles, curd, butter milk, *Masha* soup (soup of black beans), any preparations of *Ikshu Swarasa* e.g. sugar, sugarcane juice, jaggery; chocolates, sweets, confectionary items, meat which is heavy to digest

& other foods which is heavy too i.e. milk, curd, dry & hard foods.

- **Vihara:** over brushing, sleeping in prone posture, day sleep

Referral Criteria: If patient is not responding to above mentioned management within 5 or 7 days and if signs and symptoms observed other than above mentioned signs and symptoms should be referred to higher level.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1 for fresh case reporting directly.

Investigation: same as level 1: In addition detail history should be taken.

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient.

Table 35.2: Medicines at level 2 for *Dantaveshtaka*

Drugs	Dosage form	Dose	Time of administration	Duration
<i>Irimejadi Taila</i> ¹²	<i>Taila</i>	10 to 20 ml as required	Thrice a day for gum massage	10 days
<i>Khadiradi Gutika</i> ¹³	<i>Vati</i>	1 <i>Vati</i>	Thrice a day for gum massage	10 days
<i>Triphala Guggulu</i> ¹⁴	<i>Vati</i>	2 <i>Vati</i>	Thrice a day	10 days

Pathya - Apathya (Diet and life style education): Same as level 1

Referral criteria: If patient is not responding to above mentioned management within 10

days or signs and symptoms become more acute and required for *Panchkarma* therapy should be refer to higher level

**LEVEL 3: AYURVEDA
HOSPITALS AT INSTITUTIONAL
LEVEL OR DISTRICT
HOSPITAL/ INTEGRATED
AYURVEDIC HOSPITALS**

Clinical Diagnosis: Differential diagnosis should be made as per signs and symptoms mentioned above.

Investigation: Dental X-ray

Treatment: Scaling should be done followed by treatment given below -

In addition to the management of Level 1 and Level 2, following special procedures indicated for different *Dantmulagata Roga* (disease of gums) can be performed.

Shodhana Chikitsa: In all *Dantmulagata Roga*, *Raktamokshana* should be done first then following procedures should be observed

Table 35.3: Kriya Kalpa / Panchakarma at level 3 for Dantaveshtaka

<i>Kriya Kalpa / Panchakarma</i>	<i>Drug</i>	<i>Dose</i>	<i>Duration</i>
<i>Pratisarana</i>	<i>Rodhradi Churna</i> ¹⁵ (<i>Lodhra, Yashti, Laksha, Madhu</i>)	2-3 gms	2 times in a day for 7-21 days
<i>Gandoosha</i>	<i>Panchavalkal Kwath / Kshirivriksha Kashaya</i> with honey, <i>Ghrita</i> and <i>Sharkara</i> ¹⁶	40-60 ml	7-21 days
<i>Marsha Nasya</i>	<i>Kakolyadi Ghrita/ Yashtimadhu Ghrita</i> ¹⁷	8-8 drops in each nostrils	7 days

Pathya - Apathya (Diet and life style education): Same as level 1

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MUKHAPAKA (STOMATITIS)

INTRODUCTION

The *Sarvasara Rogas* viz. diseases affecting the whole *Mukha* are considered under the heading of *Mukharogas*.¹ These are important among all the diseases upon which the entire oral as well as general health and hygiene revolves. As per *Ayurveda* depending upon the predominance of the *Dosha*, *Mukhapaka* are of three types. *Vataja Mukhapaka* presents with *Sphota* (small follicles) with *Toda* (pricking pain), *Pittaja Mukhapaka* presents with *Sphota* (small follicles) with *Daha* (burning sensation), while *Kaphaja Mukhapaka* is characterized by *Sphota* (small follicles) which are *Savarna* (same colour), associated with *Kandu* (itching) and *Alparuja* (mild pain)²

Case Definition:

Mukhapaka is diagnosed on the basis of presence of *Vrana* or *Shotha* (ulcer or inflammation or follicle) in *Mukha* (oral cavity) which includes *Ostha* (lips), *Dantamula* (gums), *Danta* (teeth), *Jihwa* (tongue), *Talu* (palate), *Gala* (pharynx) and *Galadisakala* (complete oral cavity). Therefore *Mukhapaka* is the disease where inflammatory process occurs & that involves mucosa of whole oral

cavity. Though whole mucosa of cavity is not involved at a same time, it may cover any part of oral mucosa.

Differential Diagnosis:

Differential diagnosis can be done on the basis of signs and symptoms of above three mentioned varieties of *Mukhapaka*.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN CLINIC/PHC

Clinical Diagnosis: Diagnosis can be done on the basis of clinical presentation

Investigation: Torch light examination: *Sphota* or *Vrana* may be observed

Treatment:

Chikitsa Sutra: Initially in *Mukhapaka*, *Gandhusa* (gargling the mouth with the decoction) of *Triphala*, *Patha*, *Mridwika* and tender buds of *Jati* added with honey should be done or *Triphala* may be chewed and spit out.³

In addition to it when the patient is having mild features of *Mukhpaka* following drugs may be given for local application or gurgling or orally as per the status of the disease:

Table 36.1: Medicines at level 1 for *Mukhapaka*

Drugs	Form	Dose	Time of administration	Anupana	Duration
Drugs for external application					
<i>Shudha Gairika Churna</i> and <i>Yashtimadhu Churna</i> ⁴	Churna	1 gm of each Churna	Thrice a day for local application	Honey and Ghrita	5-7 days
<i>Pratisarana with Tankana / Saindhava Lavana</i> ⁵	Churna	1 gm of each Churna	Thrice a day for local application	Honey	5-7 days
<i>Pratisarana with Darvighana & Gairika</i> ⁶	Churna	1 gm of each Churna	Thrice a day for local application	Honey	5-7 days
<i>Ksaudra (honey)</i> ⁷	Liquid	1 tsp.	Thrice a day for gargle	Mixed with water	5-7 days
<i>Jatipatra</i> ⁸	Paste	5 gm	Thrice a day for local application	-	5-7 days
Drugs for internal usage:					
<i>Swadishtha Virechan Churna</i> ⁹	Churna	4 gm at night	Once at night	Hot water	5-7 days
<i>Samshamani Vati</i> ¹⁰	Vati	2 tab	Twice a day	Normal water	5-7 days

Pathya-Apathya (Diet and life style education):

Do's -

- **Ahara:** Freshly cooked, easily digestible diet such as barley, green gram, bitter guard, other bitter foods, ghee, lukewarm water etc. should be taken.
- **Vihara:** Regular mouth washes with normal water or lukewarm water or camphor water, betel leaf chewing, *Dhumapana*.¹¹

Don'ts (Apathya):

- **Ahara:** Spicy and sour food, curd, butter milk, *Masha* soup (soup of black beans), any preparations of

Ikshuwika Rasa i.e. sugar, sugarcane juice, jaggery; food articles which is heavy to digest like meat, cheese, *Paneer*, milk and dry & hard foods.¹²

- **Vihara:** Over brushing, sleeping in prone posture, day sleep¹³

Referral Criteria: If patient is not responding to above mentioned management within 5 or 7 days, he should be refer to higher level.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1

Investigation: Same as level 1

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient. *Rasaushadhi*

(Herbo-mineral drugs) can be used at this level. Patient may be kept under observation while prescribing these kinds of medicines.

Table 36.2: Medicines at level 2 for Mukhapaka

Drugs	Dosage Form	Dose	Time of administration	Anupana	Duration
Drugs for gargling or local application:					
<i>Triphala Kwatha</i> ¹⁴	Decoction	100 ml	Gargle with it 3- 4 times in a day	Honey	5 days
<i>Triphala Kwatha mixed with Darvi, Guduchi Mrudwika & Jatipatra</i> ¹⁵	Decoction	20 ml	Gargle with it 3- 4 times in a day	-	5 days
<i>Panchavalkala Kwatha</i> ¹⁶	Decoction	20 ml	Gurgle with it 3- 4 times in a day	-	5 days
<i>Panchapallava Kwatha</i> ¹⁷	Decoction	20 ml	Gurgle with it 3- 4 times in a day	-	5 days
<i>Panchatikta Kwatha</i> ¹⁸	Decoction	20 ml	Gargle with it 3- 4 times in a day	-	5 days
<i>Khadiradi Gutika</i> ¹⁹	Vati, Churna	1 Vati	Thrice a day for gum massage (local application)	Mixed with honey	5 days
<i>Pratisarana with Darvighana & Gairika</i> ²⁰	Churna	1 gm of each Churna	Thrice a day for local application	Honey	5 days
Drugs for internal administration:					
<i>Laghu Vasantamalati Rasa</i> ²¹	Vati	2 Vati	Twice a day	Normal water	5 days

Pathya-Apathya (Diet and life style education): Same as level 1

Referral criteria: If patient is not responding to above mentioned management within 10 days or signs and symptoms become more acute or spread on another parts of *Mukha* (mouth) or there is indication for *Panchakarma* therapy, patient can be referred to level 3.

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1

Investigation: Complete Blood Count

Treatment: In addition to the management of Level 1 and Level 2, *Panchkarma* procedures i.e. *Shodhana Chikitsa* i.e. *Raktamokshana*

(bloodletting), *Virechana* & *Shirovirechana* (*Nasya*) are indicated for *Mukhpaka* can be performed.²²

Table 36.3: Medicines at level 3 for *Mukhpaka*

<i>Panchakarma/ KriyaKalpa</i>	Drug	Dose	Duration
<i>Virechana</i>	<i>Ghrita</i> prepared with <i>Madhura</i> , <i>Shitala</i> and <i>Pitta</i> pacifying medicines (<i>Shatavari Ghrita</i> ²³ may be used) for <i>Abhyantara Snehana</i> should be used <i>Eranda Taila</i> (Castor oil) or <i>Triphala Kwatha</i> ²⁴ or <i>Trivrita Avaleha</i>	5-10 gm	Daily or once in a month.
<i>Pratisarana</i>	<i>Yashtimadhu Churna</i> with honey ²⁵	2-3 gm	7-21 days
<i>Gandoosha</i>	<i>Krishnadi Taila</i> ²⁶	20 ml	7-21 days
<i>Dhumapana</i>	<i>Eranda</i> , <i>Shala</i> , <i>Madhooka</i> , <i>Guggulu</i> , <i>Jatamamsi</i> , <i>Tagar</i> etc ²⁷ .	5 gm	7 days
<i>Nasya</i>	<i>Dhashamula Siddha Taila</i> . ²⁸	8-8 drops in each nostril	7 days

Note: *Anupana* - In *Pittaja Mukhpaka* medicine should be taken with *Ghrita* and in *Vata* and *Kaphaja Mukhpaka* medicine should be taken with honey.

Pathya-Apathya (Diet and life style education): Same as level 1

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PRATISHYAYA (RHINITIS)

INTRODUCTION

Pratishyaya is very common complaint in ENT. Simply it means running nose. In *Pratishyaya* running nose, sneezing, heaviness in head, white thick nasal discharge, loss of appetite, itching of nose and eyes are the clinical presentation.¹ According to *Acharya Sushruta* the condition in which *Kapha / Pitta / Rakta Dosha* moves in the direction of *Vata Dosha* is referred to as *Pratishyaya*.² Obviously the definition iterates the significance of *Vata Dosha* in the causation of the disease *Pratishyaya*. In other words, it is mainly the *Vata Dosha* whose equilibrium should be maintained for the prevention/management of *Pratishyaya*.

Types of *Pratishyaya*:

1. *Vataja*: Nasal discharge is of watery and copious type, sneezing and rhinorrhea.³
2. *Pittaja*: High grade inflammation is present and leads to secondary infections like furunculosis, discharge is thick and purulent.⁴
3. *Kaphaja*: Discharge becomes more thick, purulent and foul-smelling. Heaviness in head and the body is more in this type.⁵
4. *Raktaja*: Blood stained discharge. The infection may spread to eye, causing red eye.⁶

5. *Sannipataja*: The spontaneous disappearance as well as appearance of *Pratishyaya*. Mixed symptoms of all the three types of *Pratishyaya*.⁷

Case Definition:

Patient presenting with continuous nasal discharge, occurring due to irritation and inflammation of the mucous membrane of the nose characterised by mainly stuffy nose and post nasal drip.

Differential diagnosis:

- *Putinasya*: In this disease the fetid breath is emitted through the mouth and nostrils.⁸
- *Kshavathu*: In this disease the frequency of sneezing is more than *Pratishyaya*.⁹
- *Nasasrava*: In this disease there is constant, transparent, slightly discoloured water-like secretion through the nostrils more particularly at night.¹⁰

Differential Diagnosis of Rhinitis:

- Allergic Rhinitis
- Atrophic rhinitis
- Drug induced rhinitis
- Emotional rhinitis
- Hormone induced rhinitis

- Infectious rhinitis
- CSF rhinorrhoea
- Structural conditions like deviated nasal septum, enlarged adenoids, nasal polyposis, etc

LEVEL 1: AT SOLO AYURVEDIC PHYSICIAN'S CLINIC/PHC

Clinical Diagnosis: On the basis of history and clinical presentation patient can be diagnosed provisionally as case of rhinitis. However, in the initial stages for deciding of line of management, it should be confirmed that whether it is allergic rhinitis or infectious rhinitis.

Investigations: The condition can be diagnosed based on the clinical signs and symptoms. Laboratory investigations may not be needed at this level.

Treatment:

Ama/Nava Pratishyaya (Acute phase)¹¹: In *Apakva Pratishyaya*, following treatment for *Pachana* (digestion) is to be prescribed:

1. *Langhana* (with fasting)
2. *Swedana* (fomentation)
3. Intake of warm food containing *Amla Rasa* like oranges, lemon, *Kulattha* soup, Indian gooseberry etc.

4. Ginger should be taken with milk or with sugarcane preparation for *Pachana* (digestion)¹²
5. *Dhuma Sevana* by *Mallaka Samput* made of *Sattu* mixed with *Ghrita* and *Taila* is beneficial in *Pratishyaya*.¹³

- *Pakva Pratishyaya*:¹⁴ The chronic, thickened i.e. mucopurulent / purulent and stagnated discharges - *Doshas* should be expelled out by the use of following measures -

1. *Shirovirechana*
2. *Virechana*
3. *Asthapana*
4. *Dhumapana*
5. *Kavalagraha*
6. *Haritaki Sevana*

- *Dushta Pratishyaya*:¹⁵

Patient should be made to drink ghee mixed with honey prepared from *Vyosha* (mixture of *Piper longum*, *Piper nigrum* and *Zingiber officinale*), *Chitraka* (*Plumbago zeylenica*), *Yavakshara* (salt of barley), *Bijaka* (*Pterocarpus marsupium*), *Vidanga* (*Embelia ribes*), bark of *Putikaranj* (*Caesalpinia bonduc*), *Lavanatraya*, added with juice of meat. After digestion of this ghee, he should take food along with soup of meat of animals of desert-like region.

In the initial stage when the patient is having mild features of rhinitis due to allergy or infections two or more of following drugs may be given:

Table 37.1: Medicines at level 1 for *Pratishyaya*

Orally	Dose	Dosage form	Time of administration	Anupana	Duration
<i>Sitopaladi Churna</i> ¹⁶	2-3 gm	<i>Churna</i>	Before meal/ twice-thrice daily	Honey/ <i>Ghrita</i>	2-3 weeks
<i>Talishadi Churna</i> ¹⁷	2-3 gm	<i>Churna</i>	Before meal/ twice-thrice daily	Honey / <i>Ghrita</i>	2-3 weeks
<i>Gojihvadi Kwatha</i> ¹⁸	20-40 ml	Decoction	Before meal/ twice daily	-	2-3 weeks
<i>Dashmoola Kwatha</i> ¹⁹	20-40 ml	Decoction	Before meal/ twice daily	-	2-3 weeks
<i>Vyoshadi Vati</i> ²⁰	2 tab,	<i>Vati</i>	Before meal/ thrice daily	Warm water	2-3 weeks
<i>Lavangadi Vati</i> ²¹	1 tab	<i>Vati</i>	Frequently 5-6 pills daily		2-3 weeks
<i>Trikatu Churna</i> ²²	2-3 gm	Powder	Before meal/ twice-thrice daily	<i>Guda</i> + <i>Ghrita</i>	2-3 weeks
<i>Haridra Khanda</i> ²³	6 gm	Granules/ <i>Churna</i>	Before meal/ once daily	Luke warm water	2 months
<i>Chitraka Haritaki Avaleha</i> ²⁴	5-10 gm	<i>Avaleha</i>	Before meal/ twice daily	Luke warm water/ milk	1 month
<i>Drakshavleha</i> ²⁵	10-20 gm	<i>Avaleha</i>	Before meal/ twice daily	Luke warm water/ milk	1 month
<i>Vasavaleha</i> ²⁶	10-20 gm	<i>Avaleha</i>	Before meal/ twice daily	Luke warm water	1 month

Along with it some procedures can be carried out like steam inhalation with sowa seeds, eucalyptus oil, camphor etc.

Whenever needed symptomatic treatment of associated conditions can also be done e.g. if patients complains of fever, *Sudarshana Ghana Vati* 1-2 tablet after meal twice or thrice daily can also be added.

***Pathya-Apathya* (Diet and life style education):**

Do's -

- ***Ahara:*** Patient is advised to take old *Shali* and *Sathi* rice, wheat, barley, green gram, brinjal, drum sticks, bitter gourd, ginger, black

piper, long pippali, cow milk, cow ghee, jaggery, indian gooseberry, pomegranate, grapes, oranges etc.; Drink lukewarm water, cow milk with ginger and jiggery.

- **Vihara:** Patient should take complete rest, cover the head with warm clothes, take steam inhalation.

Don'ts-

- **Ahara:** Patient should not take heavy food articles and preparation like cheese, paneer, sweets etc, refined foods such as white flour, bread, pizza, noodles etc. He should avoid cold drinks, ice-creams, chilled water, sweets and fermented food items like bread, *Idali*, *Dosa*, *Khamana*, etc. He must avoid *Vishamashana* (irregular dietary habits)²⁷
- **Vihara:** Patient should avoid head bath with cold water, direct wind and air condition exposure, dust and pollen exposure, excessive liquid intake after taking meal.²⁸

Referral criteria: Patient not responding to above mentioned management and show symptoms of rhinitis like excessive discharge, foul smelling and altered discharge from nose, increased nasal blockage, headache, fever etc. patient should refer to level 2.

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical diagnosis: Same as level 1

Investigation:

1. Anterior rhinoscopy:
2. Discharge in nose, congestion, deviation of nasal septum etc
3. Oropharynx examination:
4. Post nasal discharge
5. Blood for Hb, TLC (leucocytosis), ESR
6. X-ray PNS

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient.

Table 37.2: Medicines at level 2 for *Pratishyay*

Compound/ formulation	Dose	Dosage form	Time of administration	Anupana	Duration
<i>Arogyavardhini Rasa</i> ²⁹	125-250 mg	<i>Vati</i>	twice a day/ after meal	<i>Madhu</i>	2-3 weeks
<i>Naradiya Lakshmi vilasa Rasa</i> ³⁰	125-250 mg	<i>Vati</i>	2-3 times a day/ before meal	<i>Madhu/Tulsi Swaras/Ardrak Swarasa,</i>	2-3 weeks
<i>Suvarnavasanta malini Rasa</i> ³¹	125-250 mg	<i>Vati / Churna</i>	Twice a day/ after meal	Honey/ <i>Pippali</i>	2-3 weeks

<i>Abhraka Bhasma</i> ³²	125- 250 mg	<i>Bhasma</i>	Twice a day/ after meal	Honey	2-3 weeks
<i>Shringyadi Churna</i> ³³	2- 3 gm	<i>Churna</i>	Twice a day/after meal	Goat meat/ luke warm water	2-3 weeks
<i>Pushkarmula Churna</i>	750 – 1250 mg	<i>Churna</i>	Twice a day/after meal	Honey	2-3 weeks
<i>Swasa Kuthara Rasa</i> ³⁴	625 mg	<i>Churna / Vati</i>	Twice a day/after meal	<i>Ushnodaka, Kshudra (Kantakari) Kwath</i>	2-3 weeks
<i>Kushmanda Rasayana</i> ³⁵	20 gm	<i>Avaleha</i>	Before meal/ twice daily	Milk / lukewarm water	1 month
<i>Vyaghriharitaki</i> ³⁶	5-15 gm	<i>Avaleha</i>	Before meal/ twice daily	Milk / lukewarm water	1 month
<i>Eladi Churna</i> ³⁷	5 gm	<i>Churna</i>	Before meal/ twice daily	Honey/ sugar	2-3weeks
<i>Marichadi Gutika</i> ³⁸	1 tab	<i>Vati</i>	Frequently/ 4-5 daily		2-3 weeks

- As per the status of the patient, *Mridu Shodhana, Nasya with Anu Taila*³⁹/ *Shadabindu Taila*⁴⁰ may be done for early few days of the treatment.

Pathya-Apathya (Diet and life style education): Same as Level 1

Referral criteria: refer to level 3

1. Cases not responding to above therapy.
2. Patients with excessive discharge, foul smelling and altered discharge, headache, fever etc patient to showed referred for level 3

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS

Clinical Diagnosis: Same as level 1, for a fresh case reporting directly

Investigation:

- Nasal endoscopy
- CT Scan

Treatment: In addition to the management of Level 1 and Level - 2, if needed *Panchakarma* procedures indicated for *Pratishyaya* can be performed.

Shodhana Chikitsa: Indicated only in the patients who are in *Uttama Bala* and can tolerate *Shodhana* procedures

- *Shirovirechana Nasya* with *Apamarga Beeja*⁴¹ (seeds of *Achyranthus aspera*), *Katphala*⁴² (*Myrica esculenta*) etc followed by *Snehan / Avapida Nasya* (with cow ghee/ paste of *Yastimadhu*⁴³ (*Glycyrrhiza glabra*))
- *Shadbindu Taila*,⁴⁴ *Nirgundi* (*Vitex negundo*) *Taila*, *Shunti* (Ginger) + *Guda* (jaggery) *Nasya*, *Tulasyadi Nasya*

Dose and Duration: *Marsha Nasya* (6-10 drops for 1 week, 2-3 sittings) – followed by *Pratimarsha Nasya* (2 drops regularly)

- *Dhumpana* with *Haridra*, *Yastimadhu* (*Glycyrrhiza glabra*), *Sarshapa*, *Vidanga* (*Embelia ribes*), *Guggulu* (*Commiphora mukul*) and ghee
- *Asthapana*, *Anuvasan* and *Shirobasti* in *Apakva Vataja Pratishyaya*⁴⁵
- *Vamana* with liquids like *Lavanodaka* (salt water) in *Vata Kaphaupsrusht*⁴⁶
- *Vamana* with *Tila*, *Mash Yavagu* in *Kaphaja Pratishyaya*⁴⁷
- *Virechana* with *Madhura Rasa Pradhana Droyas* like *Yashtimadhu* in *Pitta Raktaja Pratishyaya*⁴⁸

Rasayana Chikitsa: *Ghritapana/ medicated Ghritapana* for 1 month⁴⁹

Pathya-Apathya (Diet and life style education): Same as Level 1

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SHIRASHOOLA (HEADACHE)

INTRODUCTION

Shirashoola type of *Shiroroga*, is painful conditions of the head, which can be a symptom of many diseases as well as occur

as an independent disease entity as *Shiroroga*. Clinical features of different types of *Shiroroga* presenting with headache depending on the nature of the pain and *Doshas* involved are given in the following table¹:

Table 38.1: Clinical features of different types of *Shiroroga*

No	Type of <i>Shiroroga</i>	Signs and symptoms
1	<i>Vataja Shiroroga</i>	<i>Tivra Ruja</i> in <i>Shira</i> (acute pain in head and aggravates at night) - Gets relieved by applying bandage and fomentation around the head
2	<i>Pittaja Shiroroga</i>	- <i>Ushnam Angararachitam</i> (acute burning sensation in head) - <i>Dhoomavat Shira</i> and <i>Nasa</i> (feeling of smoke in head and nostrils) - Gets relieved at night due to cold atmosphere
3	<i>Kaphaja Shiroroga</i>	- <i>Kaphopadigdhatvam</i> in <i>Shira</i> and <i>Gala</i> (feeling of coating of sticky mucus in head and throat) - Feeling of <i>Guruta</i> in <i>Shira</i> (heaviness in head) - <i>Pratistabdhatva</i> in <i>Shira</i> (feeling of stiffness in the head) - <i>Shunakshikootavadanama</i> (swelling on lower eye lid and face)
4	<i>Tridoshaja Shiroroga</i>	Mixed clinical features seen
5	<i>Raktaja Shiroroga</i>	All the signs and symptoms of <i>Pittaja Shiroroga</i> with acute tenderness
6	<i>Kshayaja Shiroroga</i>	Very acute headache, not controlled by any primary treatment modality
7	<i>Krimija Shiroroga</i>	Acute headache, insect biting sensation, bleeding from nose with water and worms or maggots
8	<i>Suryavarta</i>	Severe headache, pain increases with sunrise and decreases with sunset
9	<i>Ardhavabhedaka</i>	Sudden and acute onset of pricking pain in head
10	<i>Anantavata</i>	Acute pain in neck, eye, eyebrow, temporal region, tremors, lock jaw
11	<i>Shankhaka</i>	Acute pain in head and temporal region

Case Definition: Patient presenting with *Shoola* (pain) in the head region.

LEVEL 1: AT SOLO AYURVEDA PHYSICIAN CLINIC/PHC

Clinical Diagnosis: Ayurvedic differential diagnosis can be done on the basis of signs and symptoms mentioned above.

Investigation: At this level diagnoses can be done on the basis of clinical presentation and proper history taking.

Treatment:

Chikitsasutra:² *Nidana Parivarjana, Snehana, Upanaha, Svedana, Nasyakarma, Dhumapana, Lepa, Langhana, Parisheka, Agnikarma, Raktamokshana, Shirobasti* can be done depending upon the cause and type of *Shirashoola*.

In the initial stage when the patient is having signs and symptoms of *Shirashoola*, following drugs may be given:

Table 38.2: Medicines at level 1 for Shiroroga

Drugs	Dosage Form	Dose	Time of administration	Anupana	Duration
<i>Pathyadi Kwatha</i> ³	Decoction	20 ml	Twice a day	<i>Guda</i>	5 days
<i>Gau Ghrita</i>	Luke warm ghee	3 drops in each nostrils	4 times a day	-	5 days

Pathya-Apathya (Diet and life style education):

Do's-

- **Ahara (Food articles):** Freshly cooked, easily digestible diet i.e. *Purana Ghrita, Shali/ Shashtika* rice, cow milk, drumstick, grapes, bitter guard, butter milk, coconut water, etc. should be taken
- **Vihara:** Rest, fomentation, *Lepa, Dhumapana*, fasting

Don'ts-

- **Ahara:** Excessive and regular intake of horse gram and black gram

pulses, *Virudha Dhanya* (sprouts), chillies and spices, sour and fermented foods like pickles, *Idali, Dosa* etc, heavy foods like cheese, paneer, deep fried items etc., junk foods and fast foods, *Dadhi* (curd), *Matsya* (fish), meat of animals belonging to damp areas (*Anupa Mamsa*), *Phanita, Pinyaka* (oil cake) *Aranala* (sour gruel), excess water intake, excess alcohol intake, betel leaf chewing (*Tambula*)

- **Vihara:** Life style factors like anger, grief, excessive coitus; suppression of natural urges like defecation, micturition, lacrimation, hunger, thirst etc.; looking at minute objects,

excessive weeping, excessive vomiting and suppression of vomiting, daytime sleep and awakening at night, shift duties, working on computer for continuous and longer duration and watching television for long time, sudden changes of temperatures, exposure to frequent change of hot and cold temperatures, exposure to dust and fumes, excessive sunlight exposure and smoking.

Referral criteria: If patient is not responding to above mentioned management within 5 or 7 days and if signs and symptoms indicate towards need for further investigations

LEVEL 2: CHC'S OR SMALL HOSPITALS WITH BASIC FACILITIES

Clinical Diagnosis: Same as level 1

Investigation: If needed

1. Complete Blood Count
2. X-ray skull

Treatment: In addition to the management mentioned in Level 1, few of the following drugs may be added as per the requirement and status of the patient. *Rasaushadhi* (herbo-mineral drugs) can be used at this level. Patient may be kept under observation while prescribing these kinds of medicines.

Table 38.3: Medicines at level 2 for Shiroroga

Drugs	Dosage Form	Dose	Time of administration	Anupana	Duration
<i>Shirahshooladi Vajra Rasa</i> ⁴	Vati	2 tab	Twice a day	Normal water	5 days
<i>Shadabindu Taila Nasya</i> ⁵	Oil	3 drops in each nostril	Once a day	-	7 days
<i>Dashamoola Taila</i> ⁶ for <i>Abhyanga</i> on scalp	Oil	15 ml	Once a day	-	15 days

Pathya-Apathya (Diet and life style education): Same as level 1

Referral criteria: If patient is not responding to above mentioned management within 10 days or signs and symptoms become more acute and required for *Panchakarma* therapy should be referred to higher level

LEVEL 3: AYURVEDA HOSPITALS AT INSTITUTIONAL LEVEL OR DISTRICT HOSPITAL/ INTEGRATED AYURVEDIC HOSPITALS.

Investigation: C T scan, MRI

Treatment: In addition to the management procedures indicated for *Shiroroga* can be of Level 1 and Level-2, *Panchkarma* performed.

Table 38.4: Medicines at level 3 for *Shiroroga*

No	Type of <i>Shiroroga</i>	Treatment			
		<i>Kriyakalpa</i>	Drug	Dose	Duration
1	<i>Vataja Shiroroga</i>	<i>Shirodhara</i>	Luke warm cow milk prepared with <i>Vata</i> pacifying medicines	2 litre	21 days
		<i>Upanaha Sweda</i>	<i>Krishara</i>	As per requirement	21 days
		<i>Marsha Nasya</i>	<i>Tila Taila</i> prepared with <i>Vata</i> pacifying medicines i.e. <i>Bala Taila</i> , ⁷ <i>Mayura Ghrita</i> , <i>Rasnadi Taila</i>	8 drops in each nostril	7 days
2	<i>Pittaja Shiroroga</i>	<i>Shirodhara</i>	Cold milk, sugarcane juice, <i>Madhu Jala</i> , <i>Mastu</i>	2 litres	21 days
		<i>Lepa</i> on forehead	<i>Pittaghna Aushadha Sidhdha Ghrita</i> i.e. <i>Kakolyadi Ghrita</i> , <i>Utpaladi Ghrita</i>	As per requirement	7 days
		<i>Marsh Nasya</i>	<i>Pitta</i> pacifying <i>Aushadha Sidhdha Ghrita</i> i.e. <i>Kshira Sarpi</i> , <i>Jeevaniya Ghrita</i>	8 drops in each nostril	7 days
		<i>Virechana</i>	<i>Trivrita Avaleha</i> or <i>Ghrita</i>	20 gm	One day
3	<i>Kaphaj Shiroroga</i>	<i>Pradhaman Nasya</i>	<i>Katphala Churna</i> ⁸	1-2 gm	Once in a three day
		<i>Shirolepa</i>	<i>Trivrittadi Lepa</i>	As per requirement	7-21 days
		Fomentation	Water	As per requirement	7 days
4	<i>Tridoshaja Shiroroga</i>	- Above mentioned treatment as per predominant <i>Dosha</i> - To drink old <i>Ghrita</i> is especially advocated.			
5	<i>Raktajashiroroga</i>	- As per <i>Pittaja Shiroroga</i>			
6	<i>Kshayaja Shiroroga</i>	<i>Ghritapana</i>	<i>Ghrita</i> prepared from milk processed with meat of sweet taste i.e. birds (sparrow, <i>Lava</i> etc), or animals (deer, crab etc) ⁹	5 gm in morning	7 days– 21 days, give gap of 5-7 days and again <i>Ghritapana</i> should be started

		<i>Marsha Nasya</i>	<i>Vataghna Aushadh Siddha Taila</i> i.e. <i>Dashmula Taila</i> ¹⁰	8 drops in each nostril	7 days
7	<i>Suryavarta</i>	<i>Ghritapana</i>	Cow ghee - plain or <i>Vata</i> pacifying <i>Aushadha Siddha</i> i.e. <i>Bala, Dashamula</i> etc.	5 gm in morning	7 days
		<i>Marsh Nasya</i>	<i>Jeevaniya Ghrita</i>	8 drops in each nostril	7 days
		<i>Shirodhara</i>	lukewarm cow milk prepared with <i>Vataghna</i> medicines	2 lt	21 days
		<i>Shirobasti</i>	Luke warm cow milk	As per require	21 days
8	<i>Ardhavabhedaka</i>	Same as treatment of <i>Suryavarta</i>			
		<i>Avapida Nasya</i>	<i>Shirisha Moola/Phala</i> or <i>Vacha & Pippali</i> ¹¹	6 drops in each nostril	3 days
9	<i>Anantavata</i>	Same as treatment of <i>Suryavarta</i>			
10	<i>Shankhaka</i>	<i>Marsha Nasya</i>	<i>Vataghnaaushadh Siddha Ghrita</i> i.e. <i>Dasamula Ghrita</i> ¹² , <i>Kshira Sarpi</i>	5 gm in morning	7 days
		<i>Shirolepa</i>	<i>Shatavaryadi Churna</i> ¹³	As per require	7 days

Pathya-Apathya (Diet and life style education): Same as level 1

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Appendix



ATURA PARIKSHA PATRAK (PATIENT EXAMINATION FORM)

Name :	Vaya : ____yrs.
Address :	Gender : Male / Female Desha : Jangal/ Anoopaa/ Sadharana Jataha Samvridhdha Vyadhita
Religion : H / M/ S / Ch / J	O.P.D. No. :
Marital Status : M / UM / D / W	I.P.D. No. :
Education : Un / E /P / M / HS / G /P /	Ward/ Bed No.:
Occupation :	D.O.A. :
Socio-eco. Status : VP / LM / M / UM/ R	Diagnosis

Lakshana Samucchaya (Chief Complaints with duration)

Lakshana (Symptoms)	DURATION
1)	
2)	
3)	
4)	
5)	

VEDANA SAMUCCHRAYA (History of Present Illness):

Purva vyadhi itivritta (History of Past Illness):

Sahaja Roga Vritta (Family History):

VAIYAKTIKA ITIVRITTA (PERSONAL HISTORY):

1. AHARAJA :

Type of Diet:	Vegetarian / Non-vegetarian/ Mix
Dominance of Dravya in Diet:	G /L / St / U / Sn / R / others
Dominance of Rasa in Diet:	M / A / L / Kt / T / Ks
Dietary habits:	Regular/Irregular (Samashana/Adhyashana/Vishamaashana/ Pramitaashana/Virudhaashana
Vyasana (Addiction):	Tobacco (Smoking/Chewing)/Alcohol/Sedative/ Other
Matra: Kala:- Avadhi	

2. VIHAARAJA:

Vyaayaama:	Regularly / Irregularly / No / Less / Proper / Excess
Nidraa:	Samyaka / Asamyaka; Alpa / Prabhuta / Khandita ____hrs. /day ____hrs. / night

3. KOSHTHA (BOWEL): (Mridu / Madhya / Krura)

ATURABALA (DEHA BALA) PARIKSHA:

- 1) Prakriti:
 - a) Shaarira: V / P / K / VP /VK / PK / VPK
 - b) Maanasika: S / R /T
- 2) Saara: P / M / A
- 3) Samhanana: P / M / A
- 4) Pramaana : Height__cms. Weight__kgs BMI__ P / M / A
- 5) Satva: P / M / A

Satva(Emot.make-up): Prakrita / Utsahita / Udrikta / Khinna / Avasadita / Bhavanatmaka / Bhawaheena
- 6) Saatmya: P / M / A
- 7) Vyaayaama Shakti: P / M / A
- 8) Agni Pareeksha: P / M / A

ASHTAVIDHA ROGI PARIKSHA:

Nadi:V/P/K/VT/PT/VK/Tridoshaja

Mala: Santushta/ Asantushta/Krute api akruthascha; Samhanana:

Kathina/Drava/Samhata

Sakashtam/Muhurmuhuh/Sapravahana/Sashabdha/Sashula

Frequency: _____time / day

Mutra: Mootra Pravritti: Samyaka/Krucchra/Vaivarnya/Daaha/Alpa/Prabhuta

Frequency : _____times / day _____hrs. / night

App. quantity- ml/24 hrs

Jihva: Sama / Nirama

Shabda:

Sparsha:

Drika:

Akriti:

HETU (NIDANATAH) PARIKSHA:

NIDANA	DOSHA PRAKOPAKA	DOOSHYA/ SROTO DUSHTIKARA	AGNI MANDYAKARA	KHA-VAIGUNYAKARA
Ahara				
Vihara				
Manasika				
Vyadhi Vishesha				

ROGA BALA PARIKSHA:

KAPHA DOSHA PARIKSHA

PAREEKSHA BHAAVA	VRIDDHI	KSHAYA	PRAKOPA
Darshana	Sweta- Twachaa, Mala-Mootra / Sandhi Vishlesa / Swaasa / Kaasa	Rukshyataa / Sandhi Shaithilya	Shvetataa- Mala, Mootra, Twak / Utsedha / Sneha Upachaya
Sparshana	Shaitya / Sthairya		Kleda / Shaitya

Prashna	Gourava / Avasaada / Tandraa / Aalasya, Agnisaada / Praseka / Sandhivishlesha	Trushnaa / Nidraa Naasha / Dourbalya / Antardaaha / Hriddrava / Bhrama / Aamaashayetara Shlema-aasaya Shunyataa / Shirasasa cha Sunyataa	Kandu / Sthairya / Gourava / Upalepa / Alasya / Kleebata / Utsaha
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RASA & RASAVAHA SROTASA PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA	
Darshana	Krishnaangataa / Rukshata / Sosha	Sveda / Paandutwa / Akale-Vali-Palita	Vaivarnya / Pandu / /Shvetataa	
Sparshana	Loss of sensation	Jwara	Shaitya	
Prashna	Angamarda / Klaibya / Asyavairasya / Arasajnataa / Angamarda / Hrit- Kampa / Hrit Drava/ Hritpidaa/ Hritsunyataa / Trishnaa/ Hrit ghattana/ Sabda-asahishnutaa / Hritshoola/ Sramah	Tama	Alpa Kandu / Mukha virasataa / Gurutaa / Tandraa Aalasya / Utklesha / Hrillaasa / Aruchi / Praseka / Vamana / Anna Dvesha / Agni Mandya/ Asraddhaa / Aruchi / Hrillaasa / Srotorodha/ Saada/ Hridayotkleda	
Temperature				
Blood Pressure				
(Palpation- Percussion - Auscultation) Hridaya Dhamani Lasika Granthi	Inspection	Palpation	Percussion	Auscultation
ECG, X- Ray, USG				
Biochemical investigations				

MAMSA & MAMSAVAHA SROTASA PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Suskataa -(Sphik-Ganda-Ostha-Upastha-Uru- Vakshya -Kakshyaa- Pindika-Udara-Grivaa	Putimaamsa / Alaji	Vridhhi – Sphik-Ganda-Ostha- Upastha-Uru- Baahu-Janghaa / Adhimaamsa / Arbuda
Sparshana	Roukshya / Dhamani Shaithilya		
Prashna	Toda /Gaatra / Sadana		Guru Gaatrataa
Khamala			
Kandara and Vasa			
Avayava Pareeksha Snayu, Kandara, Peshi, Twak			
Bio-chemical S. Creatinine, CPK			

MEDA & MEDOVAHA SROTAS PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Atidirgha / Atihraswa / Atilomaa / Atikrishna	Alomaa	Snigdhaangataa / Udara Vridhhi / Paarshwa Vridhhi / Atigoura / Atisthoola / Jatili Bhaavakeseshu / Chhidreshu Upadeham / Gaatre Pippilikaa Saranam / Mutre Pippilikaa Saranam
Sparshana	Plihaa Vridhhi		
Prashna	Kara - Paada Suptataa / Anga Suptataa	Dourgandhya / Daaha / Mukhasosha / Taalusosha / Kanthasosha / Pipaashaa / Paridaaha / Vishragandha	Kaasa / Swaasa / Maadhuryamaasye / Aalasya / Malakaaye Mutradosha / Nidraa / Tandraa

Lipid profile BMI / Body Wt.			
Vapavahana, Ganda, Sphika, Kati, Vrikka,			
ECG, X- Ray, USG			

MAJJA & MAJAAVAHA SROTAS PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana			Parvasu Sthoola mulaani Arunsi Janma / Netraabhisyanda
Sparshana	Asthi Soushiryataa		
Prashna	Parvaruk / Alpa Sukrataa / Parva Bheda / Asthi Nistoda / Asthi Sunyataa / Asthi Dourvalya / Asthi Laaghava / Pratata Vaata Rogani	Murchchhaa / Tamodarshana / Bhrama	Sarvaanga Gourava / Netra Gourava
Twak Sneha			
Bone Marrow			
Sandhi, Pleeha			
ECG, X- Ray, USG, MRI			

SHUKRA & SUKRAVAHA SROTASA PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Virupam		Paandutwam / Sukrameha
Sparshna			
Prashna	Klaibya / Aharshanam / Roginam Alpaayu / Dourbalya / Mukhasosha / Sadana / Shrama / Sukra Avisarga		

STANA & STANYA PARIKSHA			
ARTAVA & ARTAVA VAHA SROTO-PARIKSHA Female Reproductive organs	Age of menarche- Age of menopause- Duration of flow _____ Duration of cycle _____ Regular / Irregular / Painful / Painless / Heavy / Scanty / Moderate Prasava (Obstretic History): No. of Deliveries / Abortions / Miscarriages		
Semen Examination			
Examination of Reproductive organs Vrishana / Shephas			
Testicular biopsy			

OJAS:

	VATA	PITTA	KAPHA
Ojo Visramsa	Srama / Sandhi Vislesha		Gatra Sadana
Ojo Vyapat	Stabdhata		Guru-Gatrata, Tandra, Nidra
Ojakshaya	Mamsa etc. Dhatuksaya / Moha / Pralapa/Agyna		

UDAKAVAHA SROTASA PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Jihwaa-Taalu- Oustha-Kantha- Kloma - Shosha		
Prashna		Ati Trishnaa	
Sparshana			
Talu, Jihva, Netra, Twak Especially for hydration purpose			

PRAANAVAHA SROTASA PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Uchchhwaasa- Atisristam, Kupitam, Abhikshnam,		Uchchhwaasam- Alpamalpam,
Sparshana			
Prashna	Sashabdam, Sashoolam		Atibaddham
Shvasa Parikshana	?????		
Stheevana Pariksha			
Respiratory System	Inspection palpation percussion auscultation Breath Sounds: Normal, Diminished Type: Vesicular, Bronchial, Vesicular with prolonged expiration Extra Sounds		
Pulm. Function test			

PIITA DOSHA PARIKSHA:

	VRIDDHI	KSHAYA	PRAKOPA
Darshana	Pitaababhaasataa / Pita - (Vid-Mutra-Netra- Twak) / Murchchhaa	Nisprabhataa	Paaka / Sweda / Kleda / Kotha / Sraava / Raaga / Murchchhaa
Sparshana	Samtaapa	Mandoshmataa	Oushnya,
Prashna	Sitakaamitwa / Alpanidrataa / Valahaani / Indriyadourvalya	Mandaagni	Daaha / Kandu / Vishra Gandha / Sadana / Mada / Katukaasyataa / Amlaasyataa

RAKTAVAHA SROTAS PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Raktakshaya / Rukshata / Gulma / Vatashonita / Vaivarnya / Ati- daurbalya / Kampa / Charmadala / Pramilaka / Mlaana / Twak Roukshya	Raktapitta / Upakusha / Asyapaka / Raktanetrata / Raktamandal / Mukhapaka / Visarpa / Vidradhi / Raktameha / Vaivarnya / Sweda / Indralupta / Raktaanga	Kotha / Pidaka / Kustha / Kustha / Masaka / Arbuda / Dadru /

Sparshana	Sira-shaithilya / Twak Paarushya	Siraapurnatwam, Santaapa	Sira-Poornatva
Prashna	Amlashishira-prarthana / Swarakshaya, Mada	Raktapitta / Murccha / Pootighrana / Asyagandhita / Pradara / Pipasa / Annapanasya / Vida / Sweda / Sharira-Daurgandhya / Jvara	Agnimandya / Gurugatrata / Aruchi / Klama / Lavanasyata / Kandu
Haematology T.L.C. D.L.C. T R.B.C. Hb% MCV/MCH/ MCHC E.S.R. BT / CT / PT			
Yakrita, Pleeha, Sira			
USG / MRI /			
LFT			

SWEDAVAHA SROTAS PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Aswedana / Swedanaasa / Romachyuti / Twak Sphutana	Atiswedana	
Sparshana	Paarushya / Sparsha Vaigunya		Slakshnangataa
Prashna		Paridaaha / Twak-Dourgandhya	Lomaharsha / Kandu
Twak / Roma			

ANNAVAHA SROTASA PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Aadhmaana		
Sparshana			

Prashna	Shooloa / Ati-Udgara	Pipaasaa / Amla-Katu-Udgara	Anannaabhilashanam / Arochakam / Avipaaka/ Annadwesa / Chhardi / Madhura Udgara
Ruchi	Arasagyata	Amla/Tikta Asyata	Aruchi/Madhurasyata
Abhyavaharana Shakti	Vishama Kshudha	Atikshudha	Anannabhilasha
Jarana Shakti	Vishama	Vidaha	Aam-Ajeerna
Examination of GIT, Gall Bladder	Inspection palpation percussion auscultation		
X-Ray / USG			
Free acid/total HCL examination			

MUTRA & MUTRAVAHA SROTAS PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Aadhmaana / Mutravaivarnya		
Sparshana			
Prashna	Alpa Pravritti/ alpamutrataa / Sashula Pravritti / Bastitoda / Mutrakrichchhrata / Pipaasaa	Sadaha - Atisrista Pravritti	Bahala Mutra/prabhut mutrata / Atibaddha Pravritti / Kandu/
Mootra Pariksha Physical , Chemical & Microscopic Culture examination			
Examination of Urinary Tract	Inspection palpation		
X Ray, USG,			
RFT			

VATA STHANA PARIKSHA:

	VRIDDHI	KSHAYA	PRAKOPA
Darshana	Kaarshya / Krishnataa / Gaadha Varchastwam / Anaaha	Alpa Chestataa / Alpa Vaaktwam / Mudha Sajnataa / Uchchhwaasa-Niswaasa Mandataa	Khanja / Pangu / Kubjatwa / Angasosha / Aakshepa
Sparshana	Twak Paarushya		Gaatrasuptataa
Prashna	Vaakpaarushyam / Gaatrasphurana / Ushna Kaamitaa / Nidraa Naasa / Alpabalatwa / Sakritgraha / Indriya Bhramsha / Dainya Praalaapa / Gaadha Varchastwam	Apraharsha / Utsaaha Haani / Manda Pravritti-Sweda-Mutra-Purisha	Sankocha / Parvastambha / Asthibheda / Parvabheda / Anidrataa / Naasha-Garbha-Sukra-Raja / Spandanam- Hundana-Sira / (Naasaa-Akshi-Jatru-Grivaa)-Bheda+Toda / Arti / Moha / Aayaasa / Manovyaaharsana / Indriya Upahanana / Bhaya / Shoka / Graha-(Paani, -Pristha-Sira) / Pralaapa / Lomaharsha

ASTHI & ASTHIVAHA SROTAS PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana	Dantabhanga / Nakhabhanga / Roukshya / Patana-(Kesa-Smashru-Loma) Adhi asthi / adhi danta	Vivarnataa / Dosha in Kesa-Loma-Nakha-Shmashru	
Sparshana			
Prashna	Asthitoda / Shrama		
Examination of Bones, Nails, Hairs and examination of Parathyroid gland			
X Ray, USG, Bone scan			
S. calcium, Thyroid hormone			

PURISHAVAHA SROTAS PARIKSHA:

PAREEKSHYA BHAAVA	VATA	PITTA	KAPHA
Darshana			
Sparshana			
Prashna	Aatopa / Adhovata Sanga / Adhovata Ati Pravritti / Kukhishoola / Sakrit Vedanaa / Hritpidaa / Paarswapidaa / Sasabda Vaatasya Urdhwagamana / Aadhmaana / Aantrapidana / Kukshinamana / Vaayoh Tiryagurdhya Gamana		Gourava
Purisha Pariksha Consistency(Samhanana)- Varna(Colouration)- Gandha (Odour)- Saama / Niraama	Kathina / Roukshya Krishna / Aruna Prakrutha / Vikrutha -	Drava Peeta, Rakta	Sashleshma Shveta
Stool Examination			
Examination of Large Intestine, Rectum, Anus, (P/R)			
X Ray- BARIUM ENEMA USG, COLONOSCOPY,			

SANGYAVAHA, MANOVAHA, CHETANA VAHI SROTASA:

PAREEKSHYA BHAAVA- DARSHANA, SPARSHANA PRASHNA (ANUMANA)	VATA	PITTA	KAPHA
Karmendriya Pariksha			
GYANENDRIYA PARIKSHA Karna- Nasa- Netra- Jihva- Tvacha			
Manas Karma Pariksha			
Buddhi Pariksha			
Nervous System Examination, CNS, Motor & Sensory			
EEG, MRI, CT SCAN, Nerve conduction Test			

**ROGA PARIKSHA:
SAMPRAPTHI GHATAKA**

- 1) **DOSHA:**

- 2) **DOOSHYA:**
Dhatu: Rasa / Rakta / Mansa / Meda / Asthi / Majja / Shukra
Upadhatu: Stanya / Raja / Kandara / Sira / Dhamani / Twacha / Snau
Mala: Poorisha / Mootra / Sweda / Kapha / Pitta / Khamala / Kesha /
 Nakha / Akshisneha / Loma / Shmashru
- 3) **SROTASA & SROTODUSHTI TYPE:** Sanaga/Vimargagamana/Atipravrutti/
 Sira Granthi
- 4) **AGNI:** Sama / Vishama / Tikshna / Manda
- 5) **UDBHAVASTHANA:** Ama / Pakwa.....
- 6) **ADHISHTHANA:** Ama / Pakwa.....
- 7) **VYAKTISTHANA:**
- 8) **KRIYAKALA:**
- 9) **ROGAMARGA:** Koshtha / Shakha / Marma
- 10) **VYADHI SWARUPA:** Chirakaari / Aasukaari, Mrudu/Daaruna, Naveena/Jeerna

NIDAANA:

POORVARUPA (Prodormal Symptoms):

ROOPA (Sign & Symptoms):

UPASHAYA:

ANUPASHAYA:

SAMPRAAPTI (Pathogenesis):

SAMBHAVITHA VYADHI:

VIBHEDAKA/VYAVACCHEDA NIDANA (Differential Diagnosis)-

ROGAVINISCHAYA (Diagnosis):

VYADHI AVASTHA: SAAMA/NIRAAMA, UTTHANA/GAMBHIRA

SAADHYAASAADHYATAA (Prognosis): Saadhya/Krichchhrasaadhya/Yaapya/
Pratyaakheya

UPADRAVA (Complication):

NIDANA (Etiology):

Signature of Vaidya