



Ashvin Anveshan - 2018
National Conference on AMAVATA

Organized by
Ashvin Rural Ayurved College
& Hospital, Manchi Hill

Approved by
Maharashtra University of Health Sciences, Nashik
Maharashtra Council of Indian Medicine, Mumbai

Editorial Bord

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Publisher -

Hon. Principal,

Ashvin Rural Ayurved College
Manchi Hill Post. Ashwi Bk
Tal. Sangamner Dist. Ahmednagar

Editor

Dr. Shreerang Chhapekar

Ashvin Rural Ayurved College
Manchi Hill Post. Ashwi Bk
Tal. Sangamner Dist. Ahmednagar
E-mail : ashvinanveshan2018@gmail.com
Design : Cover Page
Zaroka Graphics
Jalgaon

Printed At :

Avishkar Graphics

Jalgaon - 425001
0257 - 2271000

I hereby declare that all the information mentioned above is true as per my knowledge. Articles and abstracts published in this journal are.as per author's knowledge. Principal, college, editorial board may not agree with their thoughts and opinions. Date : 19th October 2018

From Presidential Desk

“Knowledge is joined by sharing the Knowledge”

It's my immense pleasure that our college is organising the National Seminar on “Amavata” i.e. '**Ashwin Anveshan-2018**'. I am very happy that this is a third National level Conference going to be held by our institute.

On behalf of our institute, MUHS Nashik and MCIM Mumbai, I warm welcome you all in our college campus for this Conference “Ashwin Anveshan 2018. I congratulate to our all faculty staff, non-teaching staff, and office staff, students from UG and PG and entire team of Eklavya Sanstha for coming together to arrange this herculian task.

Definitely in recent era prevalence of this disease is much more increasing because of modern life style. Students of Ayurveda will come to know about the diagnostic and therapeutic approach towards Amavata. Classical Ayurvedic literature gives some indication to treat the Amavata. Thus, it is an interesting thing to explore more about Amavata.

To elaborate this things in detail we are inviting National level experts from various states, who are providing services for Amavata in benefit of society.

I am very thankful from the root of my heart to all students and staff mainly Dr. Tawashikar, Dr. Chhapekar, Dr. Warungase and Dr. Tagare. I am very much sure that, this event will be successful in every manner to put one more feather in the cap of Institute. Thank you

From Organizing Secretary

Ashwin Rural Ayurved College and hospital hasorganised a National Ayurveda conference on Amavata“Ashvin Anveshan-2018”, on 19th& 20th October 2018. Conference approved by Maharashtra University of Health Sciences, Nashik&Mahaharashtra Council of Indian Medicine, Mumbai. Our souvenir will publish with AayushiInternational Interdisciplinary Research Journal ISSN 2349-638x Impact factor 4.574. Now a days, Amavata is one of the most common disorder which is associated with pain. Unfortunately, with modernization and associated pit fails, dietary changes, lack of exercise, genetic factor, physical and mental issues are on the rise. This symposium will focus on discussion about current scenario related to Ayurveda which deals with various modalities for treatment of Amavata. Hence to know the recent perspective in the management of Amavata and explore principles of Ayurveda in rural area. So that we organize National Ayurveda Conference on Amavata “AshvinAnveshan -2018”.

Organizing Secretary Vd. Bhairav Bhimrao Tawshikar

Kulkarni B.A.M.S. MD (Ayurved)

1. Associate Professor in Kayachikitsa Department at Ashwin Rural Ayurved College, Tq. Sangamner Dist. Ahmednagar
2. Registered Ayurvedic Specialist (R.A.S.) of Association of Ayurvedic Professionals of North America (AAPNA)
3. Member of Yoga International, Honesdale, Pennsylvania, USA
4. Member of California Association of Ayurved Medicine(CAAM), Moraga, CA
5. Member of World Yoga and Ayurveda Community, Europe
6. Member of Indian Association of Study of Traditional Medicine(ISTAM)
7. Member of International Academy of Ayurved(IIA),Pune
8. Member of AyurvedVyaspeeth, Aurangabad.

Devendra Fadnavis

Chief Minister
Maharashtra



Mantralaya
Mumbai 400 032

11th October 2018

MESSAGE

I am happy to know that Ashvin Rural Ayurved College and Hospital is organising National Ayurved Conference on Amavata 'Ahvin Anveshan 2018' with a view to promote and propagate Ayurved in general masses.

Ayurveda is a holistic lifestyle system that teaches the practical details of the arrangement of food, bodywork, rest periods, and work, which aims to achieve a balance of body, mind, and soul. Health concept in Ayurved has been covering the entire system of human life that makes the therapy as a system of treatment and comprehensive health care in the world.

The initiative of Ashvin Anveshan 2018 will surely bring researchers, teachers, students and Ayurveda medicine manufacturers and general masses on a single platform to enlighten them about the ideal daily routine and diet to preserve optimum health.

I wish the conference, all success.

(Devendra Fadnavis)

Tel. : 022-2202 5151/2202 5222, Fax : 022-2202 9214

E-mail : cm@maharashtra.gov.in, Website : www.maharashtra.gov.in



जा.क्र. मंत्री/वैद्यकीय शिक्षण, जलसंपदा व
लाभक्षेत्र विकास / नोट / २५३०२४/१५०१

गिरीष महाजन

मंत्री

वैद्यकीय शिक्षण, जलसंपदा व लाभक्षेत्र विकास

महाराष्ट्र राज्य

मंत्रालय, मुंबई-४०० ०३२

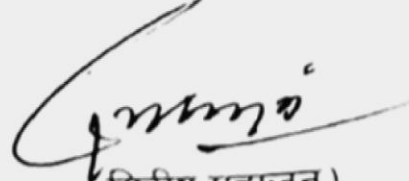
min.wrd@maharashtra.gov.in



दिनांक : ०९.१०.२०१८

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक व महाराष्ट्र कॉन्सिल ऑफ इंडियन मेडिसिन, मुंबई पुरस्कृत अश्विन रुरल आयुर्वेद महाविद्यालय, मांची हिल, संगमनेर द्वारा "अश्विन अन्वेषण २०१८" राष्ट्रीय परिसंवाद आमवातचे आयोजन करण्यात येत असल्याचे समजून आनंद वाटला. आपले आयुर्वेद महाविद्यालय नेहमीच वेगवेगळ्या विषयावर कार्यशाळा व परिसंवाद आयोजित करित असते. आपला हा उपक्रम स्तुत्य असून ते विद्यार्थ्यांच्या सर्वांगीण विकासासाठी निश्चितच मार्गदर्शक आहेत. विद्यार्थ्यांच्या भविष्याच्या दृष्टीकोनातून महाविद्यालयामार्फत असे उपक्रम यापुढेही राबविले जातील, अशी आशा आहे.

महाविद्यालयाच्या पुढील वाटचालीस तसेच आयोजित परिसंवादास माझ्या हार्दिक शुभेच्छा.


(गिरीष महाजन)



प्रा. राम शिंदे

मंत्री, मूब व जलसंचारण, राजशिक्षाचार,
विमुक्त जाती, भटक्या जमाती,
इतर मागासवर्ग व विशेष मागास प्रवर्ग कल्याण
महाराष्ट्र शासन

!! शुभसंदेश !!

दिनांक 20 ऑक्टोबर 2018 रोजी आयोजित राष्ट्रीय परिसंवादाचे आग्रहाने व अगत्याने पाठविलेले निमंत्रण मिळाले वाचुन आनंद झाला. अशा प्रकारचा राष्ट्रीय परिसंवाद आपल्या अहमदनगर जिल्ह्यात होत आहे याचा मला पालकमंत्री या नात्याने निश्चितच अभिमान आहे. आयुर्वेदाचा प्रचार आणि प्रसार व्हावा या दृष्टीने आपण जो यज्ञ आरंभिला आहे यामध्ये राष्ट्रीय परिसंवाद हि एक महत्वाची समिधा आहे.

तसेच महाराष्ट्राच्या विविध भागातील पारंपारिक वनौषधी तंत्राचा देखील आपण मेळावा आयोजित केला आहे हा उपक्रम म्हणजे आयुर्वेद चिकित्सा प्रणाली सर्वानी आंगिकारावी या दृष्टीने उचललेले एक महत्वाचे पाऊल आहे.

या राष्ट्रीय परिसंवादास व पुढील वाटचालीसाठी माझ्या मनःपूर्वक शुभेच्छा !!

आपला

(प्रा. राम शिंदे)

प्रति,
अँड.शाळीग्राम होडगर,
संस्थापक, मांचीहील शैक्षणिक संकुल.

लय : १ला मजला, मंत्रालय (मूब), मुंबई ४०००३२ ● टेलीफोनम : (०२२) २२७६२२५३, २२७६६०२५
ई-मेल : min_wcp@maharashtra.gov.in ● फेसबुक : Ram Shinde
वेबसाईट : www.maharashtra.gov.in ● वेबपेज : prof.ramshinde.com

राधाकृष्ण विखे पाटील
विरोधी पक्षनेता
महाराष्ट्र विधानसभा



मुंबई कार्यालय ☎: (०२२) २२०२४२६२, २२०२७३९९
टेलीफॅक्स : (०२२) २२०४१७०२
टोल फ्री : १८०० २२९५ २२
लोणी कार्यालय ☎: (०२४२२) २७३६५९, २७३५०६
टेलीफॅक्स : (०२४२२) २७३२४८

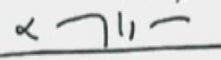
जा.नं. ८३६५/२०१८
दि. [11 OCT 2018]

- शुभसंदेश -

दि.२० आक्टोबर २०१८ रोजी आपण आयुर्वेद चिकित्सेद्वारे 'आमवात' या विषयावर राष्ट्रीय परिसंवाद आयोजित केलेला आहे, त्याबद्दल आपले अभिनंदन !

आयुर्वेद हे भारतीय वैद्यकीय शास्त्र आहे. मानवी शरीराच्या व मनाच्या आरोग्याची एकाच वेळेस काळजी घेणारे हे जगातील एकमेव शास्त्र आहे. मानवी जीवन आनंदी करण्यासाठी भविष्यामध्ये आयुर्वेद शास्त्राचा फार मोठा उपयोग होणार आहे. या क्षेत्रात तातडीने अधिकाधिक संशोधन होण्याची गरज आहे. आपण योग्य वेळी योग्य पाऊल उचलले आहे.

आपण आयोजित करत असलेल्या परिषदेसाठी माझ्या मनःपूर्वक हार्दिक शुभेच्छा !


(राधाकृष्ण ए. विखे पाटील)

प्रति,
मा.डॉ.संजीव लोखंडे
प्राचार्य,
अश्विन ग्रामीण आयुर्वेद महाविद्यालय,
मांचीहिल, आश्वी बुा,
ता.संगमनेर जि.अहमदनगर

मुंबई कार्यालय : ०३०, तळमजला, विधान भवन, मुंबई ४०० ०३२
लोणी कार्यालय : जनसेवा फौंडेशन, लोणी बु।।, ता.राहाता, जि.अहमदनगर, पिन-४१३७३६
ई-मेल : vikhepatil.office@gmail.com / jansevaofficeloni@gmail.com



किशोर भिकाजी दराडे

सदस्य विधानपरिषद

महाराष्ट्र राज्य

मोबाईल :- ९८२२६५१८५०

जा.क्र.: ४१/२०१८

दि.२७.९.२०१८

प्रति,
मा. डॉ. भैरव तावशिकर,
संयोजक, आश्विन अन्वेषण २०१८,
आश्विन आयुर्वेद महाविद्यालय,
मांची हिल, संगमनेर,
जि. अ. नगर.

महोदय,

म.आ.वि.विद्यापीठ, नाशिक व एमसीआयएम पुरस्कृत आश्विन आयुर्वेद महाविद्यालय, संगमनेर येथे आयोजित आश्विन अन्वेषण या राष्ट्रीय परिसंवादासाठी हार्दिक शुभेच्छा देतांना मला अतिशय आनंद होत आहे.

या परिसंवादाची जबाबदारी डॉ. तगारे महेश्वर, डॉ. अशोक वाली, डॉ. श्रीरंग छापेकर, इ. च्या समर्थ खांदयावर आहे, यामुळे परिसंवाद यशस्वीपणे पार पडणार याबद्दल शंका नाही. आयुर्वेदाचा प्रसार प्रचार तसेच विद्यार्थ्यांची आयुर्वेदासाठी गोडी वाढून त्यांना मुळ सिध्दांत व शास्त्रांची उकल व्हावी याकरीता असे उपक्रम वारंवार राबविण्यात यावेत.

आपले महाविद्यालय असे कार्यक्रम नेहमी आयोजित करते, तसेच सामाजिक बांधीलकी म्हणून आयोजित केले जाणारे आरोग्य शिबीर हे देखील या अनुषंगाने समाज व विद्यार्थी उपयोगी आहे. आपल्या महाविद्यालयाचे सर्वच उपक्रम कौतुकास्पद आहेत.

परिसंवादासाठी व पुढील वाटचालीसाठी हार्दिक शुभेच्छा !

आपला स्नेहाकित,

आ. किशोर भिकाजी दराडे

वि.प.स.

संपर्क कार्यालय : कै. केशवराव पटेल पतसंस्था, दराडे कॉम्प्लेक्स, बुरुड गल्ली, ता. येवला, जि. नाशिक. फोन : ०२५१-२६५२०१
निवास : जुनी माळी गल्ली, घर नं. ३४२६, मु.पो.ता. येवला, जि. नाशिक - ४२३४०१.

ए. एल. जन्हाड
भा.प्र.से.
अतिरिक्त महानगरपालिका आयुक्त



अतिरिक्त आयुक्त यांचे कार्यालय,
महापालिका मुख्य कार्यालय, २ रा मजला,
महापालिका मार्ग, फोर्ट, मुंबई - ४०० ००१.
दूरध्वनी कार्यालय : २२६२ ०४३३,
२२६२ ०२५१ विस्ता. २३२७
फॅक्स : २२६२ ०६३९
ईमेल : amc.city@mcgm.gov.in
अ. शा. पत्र क्र. :
तारीख : १०/१०/२०१८

शुभेच्छा संदेश

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक व महाराष्ट्र कॉन्सील ऑफ इंडियन मेडीसिन, मुंबई पुरस्कृत अश्विन रुरल आयुर्वेद महाविद्यालय, मांची हिल, संगमनेर द्वारा आयोजित "अश्विन अन्वेषण २०१८" राष्ट्रीय परिसंवाद आमवात यासाठी शुभेच्छा देताना मला अतिशय आनंद होत आहे.

आपले आयुर्वेद महाविद्यालय नेहमीच वेगवेगळ्या विषयावर कार्यशाळा व परिसंवाद याप्रकारचे उपक्रम विद्यार्थ्यांच्या सर्वांगीण विकासाकरिता आयोजित करते, यामुळे विद्यार्थ्यांना त्यांच्या भावी आयुष्यामध्ये या कार्यशाळा व परिसंवादाचा लाभ होतो.

सदर परिसंवादास व पुढील वाटचालीस हार्दिक शुभेच्छा.

(ए.एल. जन्हाड)
अतिरिक्त महापालिका आयुक्त (शहर)

Director AYUSH
Govt. of Maharashtra



Message

I take this opportunity to congratulate the organizers and entire staff and students of Ashvin Rural Ayurved College & hospital, Manchi Hill, Sangamner for organizing "National Conference on Amavata –Ashvin Anveshan-2018" on 20th October 2018 and publishing its Souvenir. Amavata which is comparable with Rheumatoid Arthritis is one of the most commonly prevalent joint disorder which finds special mention in Ayurvedic texts as it causes significant pain, stiffness and swelling of multiple joints of the body leading to permanent joint deformities if not treated adequately. Apart from pain killers, modern medicine does not have comprehensive treatment options for Amavata. Ayurved offers a comprehensive management of Amavata through oral medications, Panchakarma and allied therapeutic procedures and diet & lifestyle modifications. I appreciate the initiative of Ashvin Rural Ayurved College of organizing this National Conference on Amavata and I hope that this Conference will highlight various causative, preventive and therapeutic aspects of Amavata and will contribute in the knowledge update of the participant delegates and the Ayurvedic community at large.

Date: 11/10/2018

Place: Mumbai

A handwritten signature in blue ink, appearing to read 'K.R. Kohli'.

**Prof.K.R.Kohli
Director AYUSH
Govt. of Maharashtra**

महाराष्ट्र कौन्सिल ऑफ इंडियन मेडिसिन

(महाराष्ट्र वैद्यक व्यवसायी अधिनियम १९६१, अन्वये महाराष्ट्र शासनाद्वारे गठीत)

MAHARASHTRA COUNCIL OF INDIAN MEDICINE

(Constituted under M.M.P. Act 1961, Govt. of Maharashtra)



डॉ. आशुतोष गुप्ता

अध्यक्ष

Dr. ASHUTOSH GUPTA

President

दि. ०९.१०.२०१८

प्रति,
वैद्य. भैरव तावशीकर,
संयोजक, अश्विन अन्वेषण २०१८,
अश्विन ग्रामीण आयुर्वेद महाविद्यालय,
मांची हिल, संगमनेर.

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक व महाराष्ट्र कौन्सिल ऑफ इंडियन मेडिसिन, मुंबई हे पुरस्कृत अश्विन ग्रामीण आयुर्वेद महाविद्यालय, मांची हिल, संगमनेर द्वारा "अश्विन अन्वेषण २०१८" राष्ट्रीय परिसंवादाचे आपण आयोजन केले ही अतिशय आनंदाची बाब आहे.

या परिसंवादाचे रुपाने विद्यार्थी व अध्यापक यांचे 'आमवात' या विषयी ज्ञानात नक्कीच भर पडणार आहे. तसेच आयुर्वेदाचा प्रचार व प्रसारही होणार आहे. ही आयुर्वेद प्रेमींच्या दृष्टीने पर्वणीच आहे.

आपले आयुर्वेद महाविद्यालय नेहमीच वेगवेगळ्या विषयावर कार्यशाळा व परिसंवाद याप्रकारचे उपक्रम विद्यार्थ्यांच्या सर्वांगीण विकासाकरीता आयोजित करते, यामुळे विद्यार्थ्यांना त्यांच्या भावी आयुष्यामध्ये या कार्यशाळा व परिसंवादाचा लाभ होतो.

सदर परिसंवादास व पुढील वाटचालीस हार्दिक शुभेच्छा!

शुभेच्छुक,

आशुतोष गुप्ता

(डॉ. आशुतोष गुप्ता)

अध्यक्ष

महाराष्ट्र कौन्सिल ऑफ इंडियन मेडिसिन, मुंबई.

Office : 231, Commissariat Building, 3rd Floor, Near Dbs Bank, Dr. D. N. Road, Fort, Mumbai - 400 001.

Tel.: +91-22-2261 8261 Fax : +91-22-2261 8262 Email : mahacim.mumbai@gmail.com Website : www.mcimindia.org.in

Res.: Gupta Garden, Jafrabad Road, Chikhali, Buldhana - 443201. Mobile : 97633 22111 Email : ashutosh.gupta111@gmail.com



महाराष्ट्र कोन्सिल ऑफ इंडियन मेडिसिन

(महाराष्ट्र वेदक-अन्यायाधी-संघी-नका-१९८१, अ-न-व-महाराष्ट्र शासनाद्वारे-संघीत)
२३१, कॉमर्सग्रीफ्ट इमारत, तिसरा मजला, डौबोवास बँकेजवळ, डॉ. डी.एन.रोड, फोर्ट, मुंबई - ४०० ००१.
दुरध्वनी +९१ - २२ - २२६१ ८२६१ फॅक्स +९१ - २२ - २२६१ ८२६२
ई-मेल : mahacim.mumbai@gmail.com संकेत स्थळ : www.mcimindia.org.in

डॉ. दिनेश सुने
संबंधक

डॉ. प्रकाश कर्निक
उपाध्यक्ष

डॉ. धनंजय कुलकर्णी
अध्यक्ष

Ref. No. MCIM/18/0241/2018

Date: 17 OCT 2018

To,
The Organizing Secretary,
Vd. Bhairav Tawshikar Kulkarni,
Ashvin Rural Ayurved College & Hospital,
At Manchi Hill, Post. Ashwi Bk,
Tal - Sangamner, Dist- Ahmednagar,
Pin Code - 413714

Sub: National Ayurveda Conference on Amavata "Ashvin Anveshan - 2018".

Dear Sir,

I am directed to inform you that council received your invitation of "Ashvin Anveshan - 2018".

I am happy to inform you that members of MCIM Dr. Sanjay Patil and Dr. Rajendra Thakur will be attending the Conference.

Your's faithfully,

(Dr.D.U. Wange)
Registrar



शिवसुबध्द लोकाशाहीचे प्रणेते,
धोर देशभक्त

नोंदणी क्र.महा. ३४०/२०१७

"जा विजयाचा आनंद, जा पराभवाची खंत" - "एकच ध्यास, शिस्तबध्द विकास"

आझाद हिंद प्रतिष्ठान, मांचीहिल्स

आश्वी बु।। ता. संगमनेर जि. अहमदनगर

Email - azadhindmanchi@gmail.com

संस्थापक

अॅड. शाळीग्राम ठकाजी होडगर

- मांचीहिल्स, आश्वी बु।। ता. संगमनेर जि. अहमदनगर
- मंदूर ता. मंदगाव जि. नाशिक

जा.क्र. ८१५८१/२०१८

दिनांक ११/१०/२०१८

संपर्क

प्राचार्य विजय पिसे

९६८९०३७६७८

प्रा. किसनराव हजारे

९०९९२७९२५९

प्रा. दत्ता शिंदे

९९६०७९३७७३

आज दि. २० ऑक्टोबर २०१८ रोजी 'अश्विन अन्वेषण' या आमवातावरील कार्यशाळेची स्मरणिका प्रकाशित करण्यात मला अतिशय आनंद होत आहे. इ.स. २००० मध्ये लावलेल्या रोपट्याचे रुपांतर आता हळुहळु विशाल वटवृक्षात होत आहे. या प्रदीर्घ वाटचालीमध्ये अनेक प्रकारची आव्हाने पेलून यशस्वीरित्या आम्ही आजवर येथे पोहचलो आहोत. निवासी शाळा, आय.टी.आय. महाविद्यालय तसेच आयुर्वेद महाविद्यालय या आमच्या छोटयाखाणी शिक्षण संकुलनातून अनेक नामवंत विद्यार्थी व अध्यापक घडले याचा आम्हांस सार्थ अभिमान आहे.

सामाजिक बांधिलिकेच्या दृष्टीकोनातून आम्ही आमच्या रुग्णालयातर्फे व शाळेतर्फे समाजसेवा व आरोग्य जनजागृती करत असतो. यापुढेही असेच कार्य करण्याचा आमचा मानस आहे. त्यासाठी आम्हाला आपले सहकार्य अपेक्षित आहे. या स्मरणिकेच्या प्रकाशनाच्या निमित्ताने व कार्यशाळेच्या निमित्ताने आपण सर्व इथे आलात व आम्हाला आपली सेवा करण्याची संधी दिली याबद्दल मी आपणा सर्वांचा मनापासून आभारी आहे.

धन्यवाद!

अॅड. शाळीग्राम ठकाजी होडगर

आयुर्वेद सेवा संघ संचालित,
आयुर्वेद महाविद्यालय, नाशिक

(महाराष्ट्र शासन अनुदानित)

गणेशवाडी, पंचवटी, नाशिक-४२२००३

फोन : (०२५३) २५१३११२, २६२१८३६

फॅक्स : ०२५३-२५१७१७०



Affiliated to Maharashtra
University of Health Sciences
Nashik

Ayurved Seva Sangh Sanchalit,

AYURVED MAHAVIDYALAYA, NASHIK

(Govt. of Maharashtra Aided)

Ganeshwadi, Panchavati, Nashik-422 003

Phone : (0253) 2513112, 2621836

Fax No. : (0253) 2517170

Website : mahavidyalay.ayurvedsevasangh.org

E-mail - asscollegensk@gmail.com

Outward No. ९२७४

Date : 29/10/2018

प्रति,

मा. प्राचार्य,

आश्विन रुरल आयुर्वेद महाविद्यालय व रुग्णालय,

मांची हिल, संगमनेर

मा. महोदय,

दिनांक १९ व २० ऑक्टोबर रोजी आपल्या महाविद्यालयामध्ये होऊ घातलेल्या Ashwin

Anvesham - 2018 National Conference on Amvata या परिसंवादास आयुर्वेद सेवा संघ

आयुर्वेद महाविद्यालया तर्फे हार्दिक शुभेच्छा.

D. S. Singh
21/10/18

प्रभारी प्राचार्य,

आयुर्वेद महाविद्यालय, नाशिक.

Dy Medical Superintendent

HOD Dept of Panchakarma
A & U Tibbia College & Hospital
Govt of NCT of Delhi

In view of the diseases brought about by the unhealthy dietary habits, India is leading for many diseases. I am happy to note that Ashvin Rural Ayurved Mahavidyalaya, Manchi Hill is organizing national conference on “ Amvaat”.

The theme chosen of “Amvaat ” is indeed very appropriate, considering the important role of Ayurveda in the management of such a disease.

Though Amvaat is directly co-related with Rheumatoid Arthritis by many Ayurved Physician but it will be big mistake to say Amvaat is Rheumatoid arthritis as many other conditions of modern diseases resembles with this disease.

I have spent my golden period of life in this institute and always feel proud to be a part of this institution. I can proudly say that whatever I am today is just because of this institute only.

This institution should continue its efforts to provide best possible education of Ayurveda and treatment to the patients by updating the knowledge of faculty as well as students in this fast changing technological world. This conference may helpful to ignite the students to help poor patients and to share knowledge

I am confident that this conference will come up with important new ideas for the betterment for the society.

My best wishes to Ashvin Rural Ayurved Mahavidyalaya, Manchi Hill for organizing the conference.

MANOJ SHAMKUWAR
MD (Panchakarma), PhD

IMPORTANCE OF PERFECT IDENTIFICATION OF MEDICINAL PLANTS IN AYURVEDA

Ashok Wali

Ex. Principal, Ashwin Gramin Ayurved Medical College, Manchi-Hill

Tal: Sangamner Dist: Nashik

Head, Dept.of Dravyaguna, Annasaheb Dange Ayurved Medical College, Astha Dist. Sangli

Introduction

All life on the Earth is a part of one great interdependent system and it interacts with and depends on the non-living components of the planet. Humanity depends totally on this, community of life, the biosphere; of which we are integral part. Biodiversity is the variety of the world's organisms on the basis of variations. To understand this richness and variability, it is necessary to collect and to study these organisms and classifying them into classes, families, genera, species etc. To understanding the nature's biological richness, require both distinction and description of these biological and biogeographical unities. Taxonomy is an important basic branch of Life Science, which is very essential and useful to study the Biodiversity. Taxonomy is treated as the gateway of Life Science.

Objectives and Needs

For food, fodder, shelter and every requirement of his life, man has utilized plants. The use of plants as a source of medicine is as old as human civilization. Nearly every human culture or society, either in ancient time or in present time, use plants as a major source of medicines. About 60% of the world's population relies on traditional forms of medicines largely plant based to meet health care needs.

India is a birth place for variety of alternative traditional medicinal systems. Important among them are Ayurveda, Siddha and Unani. All these systems of medicine depends on plants as a major source of medicine. Over 90% of remedies of these systems are plant based. Herbal drugs meet the health care of around 70% of the Indian population. India has glorious tradition of health care system based on plants, which dates back to vedic era.

India is one of the seventeen mega Centre of Biodiversity. India contains a great wealth of biological diversity in forests, wetlands and marine areas. The total number of plants species in India would come to about 45000, including 17500 species of Angiosperms, 350 Gymnosperms, 600 Ferns, 2100 Bryophytes and 5000 species of Algae etc.

In India about 3000 plant species are used in various classical systems of medicines. The tribals and rural communities use about 8000 species of wild plants as traditional medicine. The drugs used in Indian systems of Medicines are 90% based on plant materials. Forests are the traditional sources and natural store houses of medicinal plants. Majority of the plant drugs are being gathered and marketed from wild sources. About 96% of the total plant material used in India for the manufacturing medicines is collected from wild, without any proper scientific identification. Due to high rate of deforestation and over exploitation of medicinal plants from wild, about 120 most important medicinal plants are reported to be threatened in India.

Methods for Identification

In plant taxonomy, plants identified on the basis of morphological characters of flowers, fruits, leaves and stem. Generally characters of roots and bark are not considered. In 47% of medicinal plants, their roots, rhizomes, bark and woods are used in medicines. These organs of plants are not morphologically identified by Taxonomist. During the collection of raw materials about 27% of medicinal plants destroyed from nature due to uprooting, as their roots are used in medicines. To avoid this damage and loss, there is need to study, either the same ingredients are present in other parts of plants, like stem, bark and leaves. Cell suspension technique of Biotechnology should apply to obtain the essential ingredients.

For the Scientific identification of these organs, anatomical study is more essential. Along with morphology, anatomy of these organs should study for authentic identification.

Quality of herbal drugs and medicines depends upon authentic raw plant materials used for the preparation. Efficacy of any medicines depends on the genuineness and quality of raw materials used for its preparation. Plant taxonomy plays very important role in correct scientific identification and authentication of plant materials used for drug preparations. To improve the quality of herbal drugs taxonomical science is more essential.

Discussion

In Ayurvedic literature the description about plants is not scientific. The interpretation of the description in Sanskrit is largely influenced by the views of the interpreter. This often leads to the erroneous identification of more than one plant as one and same raw drug by the different authors of modern times. Hence the number of controversial and adulterant drugs might have been increased in Ayurvedic Science. There are lot of confusions about the names of many medicinal plants in literature of Ayurveda. As one plant has many synonyms, minimum 05 to maximum 78. For example a plant "Bala" mentioned in Ayurveda is a Sida species. In Maharashtra Sida has 8 species, but all are known as Bala in Ayurveda.

Some time many plants have one local name. For example Amruta which is the name for *Tinospora cordifolia*, *Nothapodatus nimmoniana* and *Phyllanthus emblica*. Such confusion should be removed in modern era.

Some medicinal plants have more than 2 species, but only one species has medicinal importance. Unfortunately while collecting the raw material, knowingly or unknowingly we collect species. For example- Shatavari- *Asparagus recemosus*-In maharashtra *Asparagus* has 5 species. *Chlorophytum borivillianum* – Safed Musali- In Maharashtra *Chlorophytum* has 11 species.

In Ayurvedic literature specific medicinal plants have mentioned, we teach about the same plant to the students, but for drug preparation pharmacies using some other plants. Unfortunately Teachers and Doctors are not aware about this change. For example-- *Hemidesmus indicus* –*Sariva*-*Declipis hamiltoniana*, *Tinospora cordifolia* – *Guduchi*-*Tinospora sinensis*, *Rubia cordifolia* – *manjistha*- *Rubis himalyansis.*, *Withania somnifera* var. *ashwagandha* – *Ashwagandha* –a cultivated species and *Withania somnifera* var. *somnifera* a wild species locally known as Dhorgunj.

The loose, unscientific way in which ancient authors named the plants in the main sources of confusion. Such confusions, in modern era, will be removed only with the help of plant Taxonomy.

Hakims, Vaidus, Traditional healers generally have traditional knowledge about correct identification of herbs used by them as medicine for the treatment of an ailment. They use to collect medicinal herbs from nearby forests and prepare various drug formulations themselves as per need, so there least chance of using raw materials other than the genuine one. But the present day scenario is entirely different. During last century, drug manufacturing process has been shifted from home scale or small scale to industrial production. Now-a-days due to lack of field work and least interest in scientific identification of plants, Ayurvedic practitioners, Botanists and Pharmaceutical experts unable to identify proper medicinal plants scientifically. Correct identification of plant species is of prime importance in any type of study.

In Ayurvedic literature 3500-4000 medicinal plants are mentioned but nowadays we are using more than 8000 medicinal plants in India. The number of medicinal plants are increased without any Scientific base. The number has increased only by observing morphological similarities by traditional persons.

The view of research work should be broad . We have to analyze every plant for its medicinal value. Otherwise experts from abroad will take the benefits. For example - *Nothapodatus nimmoniana* , *Ancestrocladus henyanus*

Most of the Ayurvedists and Pharmaceutical companies are mainly depends upon the crude drug dealers and traders to meet their requirements of raw materials. Since long back, in India crude drugs are being collected from wild by the local, unskilled people by

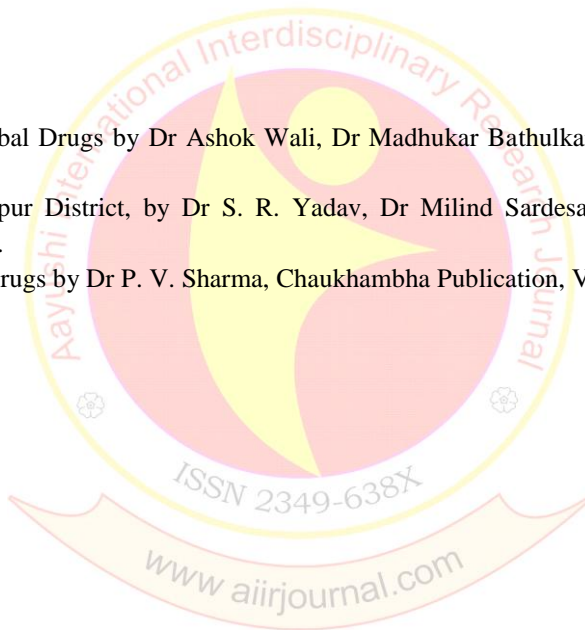
unscientific and unmanaged ways, without any taxonomical approach, which creates problems of inconsistent quality of drugs, adulteration, permanent destruction and scarcity of medicinal plants etc.

Conclusion

Botanists, especially taxonomist have to play important role in correct identification of our traditional drug plants and to overcome all the above problem created earlier. Plant Taxonomists, Ayurvedic and Pharmaceutical experts have to work together and should go hand in hand to improve our Indian systems of medicines. To avoid all the confusions in Ayurveda, multidisciplinary work along with pharmaceutical science botany and agriculture science is more essential. Ayurvedic and Pharmacy students , teachers and researchers should able to identify the medicinal plants in field and raw materials in laboratory.

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3. Contravercial Drugs by Dr P. V. Sharma, Chaukhambha Publication, Varanasi.



CLINICAL APPLICATION OF PANCHAKARMA IN AMAVATA**Dr. Ananth Ram Sharma**

MD Panchakarma, Ph.D

Professor, Department of Panchakarma

Amrita School of Ayurveda

Vallikkavu, Kerala- 690525

Introduction

Ama Vata is a very common condition encountered in our day today practice. In Madhava Nidana Vijayarakshita says 'amena sahito vatah amavatah'. This means the Vata is in association with Ama is termed as Amavata. The virulent Ama circulates in whole the body propelled by the vitiated Vata.¹

Amavata is a disease in which vitiation of Vata Dosha and accumulation of Ama take place in joints. The concept of Ama is a unique one, Ama can be considered as improperly formed product of basic metabolic functions of the body, which is not homogeneous for the body. Whenever this Ama gets mobilized by Vata and gets localized in the body tissue or joints, can lead to production of pain, stiffness, swelling, tenderness etc. The features of Amavata are much identical to Rheumatoid Arthritis, an autoimmune disorder which causes chronic inflammatory and symmetrical polyarthritis. In Ayurveda, Nidana Parivarjana (avoidance of causative factors) is considered as the first and foremost line of management for any disease. Apart from that Shodhana plays a vital role in the Ama Nirharana. Various Sweda Karmas also shown beneficial effects in doing Ama pachana and controlling the Vata.

In the clinical practice it is found that Ama Vata is a Kruchra Sadhya Vyadhi. If it is in early stages we can get good controls over the disease.

Clinical understanding of Amavata**Etiology of Amavata²**

When we analyze the etiology of Amavata, most of the causative factors are directly related to Agni. Improper fasting, excessive intake of food, eating prior to digestion of previous meals, Improper food intake by means of Quantity and Quality, in take of unwholesome foods, un accustomed foods, un hygienic foods; food articles which are heavy to digest, imparts dryness to the body, cold in nature, induces constipation, causes burning sensation etc. are the common food related causes for the Amavata.

Improper administration of Virechana, Vamana and Snehana, which are having direct influence on the Agni Adhishtana also responsible for the condition.

Various Vihara like suppression of natural urges, awaken at night, improper bedding, exercise soon after intake of heavy - unctuous foods are found to be cause for the disease.

Apart from this various causes like mental agony, adverse seasons, non-suitable geographical area and conditions weakened due to various diseases are also responsible for the Amavata.

Samprapthi of Amavata

Ama produced due to various Nidana gets mobilized by Vata and reaches the Various Kapha sthana's. From there it gets Vidagda Avastha and circulated through the various Dhamani gets vitiated with all the three Doshas causing the obstruction of the channels and visualized in the form of sticky stools with various colors. In this stage it produces Heaviness of the cardiac region and produce weakness of the body. This is responsible for various other pathologies also. This Ama when attains suitable situation enters the Trika Sandhi producing the stiffness of the joints.

Here the word Trika Sandhi implies a wider meaning, it can be any joint where three bones are join together to form the joint. It can be shoulder girdle, Scapular region, Hip joint, Lumbo Sacral and Sacro iliac Joints.^{3,4}

Types and Stages of Amavata

Madhava Nidana mentions 7 types of Amavata based on the dosh involved⁵, Harita Samhita enumerates 4 types of Amavata like Vishtambi, Gulmi, Snehi and Pakvam based on the presentation. Here we are not discussing them in detail. Instead based on the clinical significance we can under stand the Amavata in to two, Sama Avastha and Nirama Avastha.

In Sama Avastha all the Ama Lakshana like Anga Marda, Aruchi, Alasya, Sarvanga Shotha, Gaurava, Jwara, and Indigestion associated with Pain will be seen. While in the Niramavastha, Dull Pain associated with occasional Pricking type of pain, shifting type of pain and localized swelling are seen.

These features help us to understand the condition and plan the treatment accordingly.

In the text Dhanvanthri, cardinal features based on the Dosha predominant are mentioned and this gives us a new insight for the better selection of the Upakramas. It says that redness along with burning sensation is seen in the Pittanubandha, pain is seen associated with Vata, Stimitata (as if the area is covered with a wet cloth) Heaviness and itching will be seen in the association of Kapha.

Amavata Spectrum of Diseases

Even though Rheumatoid Arthritis is the nearest entity of Amavata in the modern counterpart, we need not limit this to RA. If we analyze the symptom complex of Amavata

we can see many other conditions like Ankylosing spondylitis, Sacro ilitis, Enthesopathy etc. conditions, which can be brought under the purview of the broader understanding of Amavata. In clinical practice it is found that treatment principles of Amavata is found effective in the various above said conditions also.

Panchakarma Management

Before starting the Panchakarma treatment we need to assess the Sama - Niramata of the condition, Level of Agni drushti, Nature of shotha, Nature of Pain etc. this knowledge is essential for the proper planning and selection of the right procedure for the treatment.

Scope of Shodhana

When it comes to the Chikitsa it is better to under stand the Shodhana and Bahirparimarjana Separately. In the early stages of Amavata when Ama is present with severe Agni Dushti, Shodhana is not advisable. That's why in the initial stages we need to go for the Ama pachana internally and externally and when the patient is having good Bala proceed for the Shobhana, especially Vamana and Virechana.

For the purpose of Snehapana Deepaniya ghrita like, Indukantham Gritam, Shatphala grita, Guggulu Tiktaka Gritha, Sukumara Ghrita etc. can be used. In case of Amavata, attainment of Avara snigdhatata may be sufficient. Vamana Can is performed with the help of Madanaphala Yoga or Vatsaka yoga. For the purpose of Virechana, Eranda Taila preparations are always appreciable⁶.

Scope of Vasthi

When the patient is having less Bala and the presence of Ama is evident we can go for Vasthi Kalpana. Even if the patient is not having a strong Agni also we can go for Vasthi. There are various customized Vasthi Preparations aiming at Amavata for Ama Niraharana and Agni Vruddhi is mentioned in different chikitsa texts. Some of the common Vasthis which are Kshara Vasthi, Vaitarana Vasthi⁷, Takra Vasthi⁸, Churna Vasthi⁹, Erandamuladi Niruha Vasthi etc. These Vasthi can be selected and applied in various stages of Amavata. In the clinical practice it is found that various Vasthi yogas have definite role in the management of Amavata.

Role of Bahirparimarjana Chikitsa

Among the Bahirparimarjana Chikitsa Swede Modalities are very effective in doing Amapachana and to bring down the Vayadhi Mridutva. When we consider the Sweda therapies Tapa and Bashpa Sweda plays a vital role. In Pitta Anubhanda Avastha, Drava Sweda also beneficial.

In the early stages of Amavata where Ama is predominantly present and severe Agni dushti is found, tapa swedes like Valuka Sweda, Ruksha Churna Pinda Sweda, Karpasa beeja Pinda Sweda¹⁰, Dhanyamla Pinda Sweda¹¹, are beneficial. Dhanyamla Pinda Sweda is a procedure where the Ruksha Teekshna Churna is made in to Pinda are heated under the Bhashpa of Dhanyamla and applied. This is considered as more Ruksha in Nature. These Sweda therapies can be used as Upashaya for the diseases as well as Rukshana- amapachana before the Shodhana therapy.

Once the Amapachana is done we can opt for Snigdha Valuka Sweda by using the Nimba Taila, which is considered as a Ruksha Taila. In this condition application of Kottam chukkadi Taila, Visha Garbha, Maha Visha garbha taila, Saidhavadi and Maha Saindhavadi Taila are effective in managing the pain and reducing the Sthambha thus by increases the range of movement of the joints.

When Amavata is associated with Pitha and have the presentation of Shotha with Burning Sensation Dhanyamla Dhara is advisable as this help to bring down the Swelling and Burning sensation. Similarly Dashamula Kashaya Dhara also can be applied.

Lepa application

Lepa are beneficial to reduce the localized swelling and Pain. Agnikalka Lepa where wet and dry drugs having Ushna Teekshana properties are made in to paste and applied over the affected area shows significant reduction in Pain and swelling. Same lepa material can be given internally in small quantity to increase the Agni. Precaution to be taken that it should not be applied in Pitta Anubhandha conditions.

Similarly Kottamchukkadi churnam, Jadamayadi Churnam, Kola Kulathadi churnam etc. also can be used in Amavata.

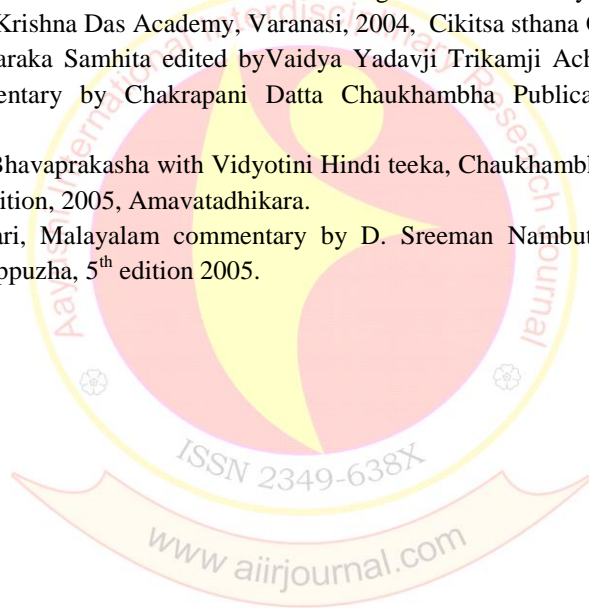
Conclusion

Even though Amavata is mentioned as a single entity in Ayurveda, it represents a wide spectrum disease of its modern counterpart. The Panchakarma modalities discussed here are applicable in these conditions and found clinically effective in bringing significant reduction in the disease progression.

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CLINICAL AND DIAGNOSTIC ASPECTS OF AMAVATA

Dr. S. Gopakumar MD

MD – Roganidana, MD – Kayachikitsa

Associate Professor

Govt Ayurveda College, Thiruvananthapuram, Kerala

Amavata is a systemic disease affecting mainly *Koshta* and *Sandhi*. The disease is characterised by the presence of *Saamadoshas* with systemic involvement. Status of *Agni* and presence of *Ama* make the disease so important in both diagnosis and management. *Amavata* initially manifest with a clinical phase of *Ama* stage then goes to a *Nirama* stage. The principal *Dhatu* affected is *Rasa*. Hence *Amavata* shares some of the features of *Amajwara*.

The *Nidanapanchakas* of *Amavata* are to be discussed in detail to unveil the clinical story behind the disease. *Mandagni* is the starting phenomenon of *Amavata*. *Kapha – Vata* dominant causative factors initiate the *Samprapti*. *Virudha aharas* suppress the functional status of digestive fire. They also suppress the immunity of the body. *Virudha aharas* have a strong etiological role in *Amavata*. Activities like excessive physical straining which can provoke *Vata* are relevant causes here. *Vata* take the *Ama* to the multiple sites of *kapha* in the primary stage of *samprapti*. As a result of this, multidimensional signs and symptoms manifest in the total body. The srotases become *Pichila guna* dominant leading to further boosting of *Ama* related pathological process.

The combination of *Vata – Kapha – Ama* makes the body painful with a general retardation of *jataragni*. Pain, heaviness and swelling are the cardinal contributions from the above mentioned *samprapti* factors. *Rasavaha srotodushti* is also very much relevant in this stage.

The thrika region is affected more with *stabdatha* and then the disease manifests with complete features. *Amavata* affects *Amasaya*, *Hridaya* and *Sandhi*.

The primary diagnosis is based on the following parameters

1. Features of *Ama*
2. Features of *Kapha – Vata samsarga*
3. Features of *Srotorodha*

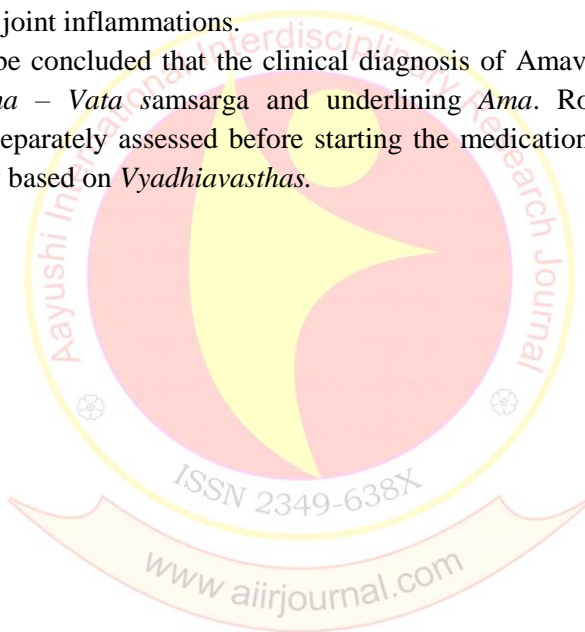
Angamarda, *Aruchi*, *Trishna*, *Alasya*, *Gourava*, *jwara*, *paka*, *Angasopha* are the common diagnostic features of *Amavata*. In the advanced cases, the pain becomes so severe that the patient feels restless. Almost all major and minor joints are involved with pain and swelling. Apart from the joint features, *Amavata* patients experiences severe abdominal pain in *ama* dominant stages. Disturbed sleep due to underlying *Vatakopa* and pain are also commonly seen. Clinical features elated to *koshta* like *Chardi*, *Vibandha* etc strongly

indicate the feeble status of *Agni*. In shot *Amavata* affects all the three *Rogamargas* with definite clinical picture.

In *Vata* dominant conditions, pain will be the prominent feature. *Sheeta guna* in the *Sandhi* will further aggravate *Vata* thereby leading to more painful episodes in *Amavata*. *Pita* conditions will have *Daha* and *Raga*. These are the direct indicators of paka in the stages of *Samprapti*. *Stabdatha* is seen in *Kapha* dominant clinical stages. Heaviness of body parts with itching is also seen in *Kapha* conditions.

The acute phase reactants of inflammation are generally increased in *Amavata*. Raised ESR suggests the presence of *Dhatupaka*. Investigations supporting the status of *Dhatupaka* and *Sopha* are helpful tools in diagnosis of *Amavata*. *Virudha aharas* lead to disturbances in *Agni* which can even lead to autoimmune pathologies. The misbehaving *Agni* destroys the normal components of the body. The same events are happening in autoimmune mediated joint inflammations.

Hence it can be concluded that the clinical diagnosis of *Amavata* is based on the status of *Agni*, *Kapha – Vata* samsarga and underlining *Ama*. Role of *Koshta* and *Rasadhatu* are to be separately assessed before starting the medication. The management options are completely based on *Vyadhiavasthas*.



AMAVATA- CASE STUDY IN ETIOLOGICAL VIEW**Vd. Mandar Keshav Bhanage**

MD (Panchakarma)

Asso. Professor, Dept. of Panchakarma

Ashvin Rural Ayurved College

Manchi Hill, Sangamner.

Vd. Deepa Mandar Bhanage

MD (Kaya)

Asso. Professor, Dept. of Swasthavrutta

Ashvin Rural Ayurved College

Manchi Hill, Sangamner.

Introduction

Amavata is a characteristic joint pain disease described in Ayurved. It is characteristic because all joint pains, except osteo arthritis, can be included in Amavata.

Ama is a half or undigested food juice caused by the weakened Agni. This weakening of Agni may occur by any cause.

Amavata is ama, vitiated by Vata and Other Doshas. It is also called as Rasavat.

Materials**Hetu- Etiological Factors**

Hetu is the most important factor in pathogenesis of any disease. It is the *driving force* of the disease. It also *directs* the disease as well as treatment also.

Hetu of Amavata can be classified in 3 types.

A- Ama productive i.e. Ama Utapattikara.

1. Viruddha Ahahra- The combination of food or habits which vitiates and the Doshas but do not expel them out of body are called Viruddha. There are 18 types of Viruddha described in texts.

2. Weakened Agni i.e. Agnimandya caused by any reason described in text causing all or any type Ajirna among the four Ajirnas , namely Ama, Vidagdha, Vishthabdha, Rasashesh.

B- Vataprakopaka-

1. Habits of eating, working, sleeping which disturbs or are *against the Biological clock*.

Also, Mental Stress in any form.

2. Person who do not exercise or do exercise in improper way.

C- Disease causing factor-

Like doing exercise after having heavy or oily food.

Pathogenesis or Samprapti-

Etiological factors A+B+C \implies Vitiating of Vata, Pitta, kapha \implies Joint Involvement including Lumbo Sacral joint, due to Disease Tendency \implies Severe joint pain, Swelling, Locking of joint, Fever, Anorexia \implies **Amavata**.

Amavata has been described as *Painful In All Disease*.

1. Methods of Treatment

According to Vagbhat and Charak, in any type of swelling (Shoth) , treatment depends upon the Hetu.

In Amavat, treatment depends upon the Hetu Sevana and Severity of Symptoms.

Here I am going to explain two different cases of Amavata in etiological view.

Discussion**Case No.-1**

Patient's Name- Javed **Age-** 55 yrs. **Gender -**Male. **Occupation-** Furniture Shop

Symptoms-

All Joint pains and swelling since 2 years.. These symptoms worsened since 10 days including anorexia, nausea, high grade fever, loss of appetite.

Hetu-

Despite having joint pains and swelling, patient used to have regularly heavy and oily food, Non veg. diet, bakery food, hoteling at least 4 days in a week. He used to have food at any time in a day. Also, He was not doing any exercise. His sleep timings were from 1 am to 11 am.

Treatment-

The disease progressed and worsened due to improper and heavy food habits. So the main choice of treatment was "Eating nothing i.e. Langhan."

He was kept on Anashna for 7 days. He was allowed to take only Musta Shunthi Siddha Ushna Jala and strictly bed rest.

His fever subsided in three days. His joint pain and swelling decreased considerably after 5 days. His appetite improved after 7 days. So he was allowed to take Yavagu, Pramathya. He was allowed to take Laghu ahar after 10 days. His sleep also improved.

After giving Pachana and Deepana with Lashunadi Vati, Musta churna and Yamak Snehan with Mahatikta ghrita + Dhanwantar tail, he undergone the treatment of Virechana. With all this course along with pathya, he became totally symptomless within 2 months.

Case No. 2-**Name-** Uddhav **Age-** 47 yrs. **Gender-** Male **Occupation-** Farmer**Symptoms-**

All joint pains, swelling, stiffness of joints , was unable to perform daily activities, loss of appetite, anorexia since 3 years. He was initially having ankle joint pain and swelling but symptoms worsened after he worked in the farm late night watering the crops.

Hetu-

Daily having Viruddha Ahara in the form of Milk mixed with other food, late night working in the water and mud, physical exertion after having food, eating bakery products daily.

Treatment-

The disease progressed due to improper food habits and improper working habits, which he could not avoid . So the choice of the treatment was Amapachana, Deepan first. Then Vata shaman , followed by Shodhana.

He was given Amapachaka vati, Yograj Guggule , Rasnapanchak Quath and Laghu Ahara yukta Langhana. He was allowed to have Mudga Yush, Yavagu, Laja etc. His symptoms reduced considerably within 20 days. His appetite improved. His stiffness of joint decreased upto 75 % . He was shifted to Pathya ahara gradually in 10 days.

So After 30 days he was given the treatment of Basti. Course was started with Sarvag Snehan with Sahachar tail, Sarvang Swedan with Dashmool and Nirgundi.

Alternate Matra and Niruha Basti for 8 days i.e. Yog basi was planned. Matra Basti of 50 ml included Sahacharadi Tail 20 ml+ Hingutriguna tail 20 ml+ Panchaguna tail 10 ml.

Niruha Basti included quath of Dashmool, Erandmool, Devdar, Rasna, Guduchi, Badar, Lemon grass, Kulatha and Punarnava. Proper Niruha Sanyojan with Madhu, Sainhav ,Sneha , Shatapushpa kalka, Quath was done while giving the Basti.

Orally , he was on Kaishor Guggule and Mahavat Vidhwansan ras .

After the Yog Basti course, patient became totally symptomless. All his joints became free and painless. Swelling disappeared and his appetite also improved. He was able to do all his work.

20 days after Basti , Patient was given Shodhana treatmen. Yamak Snehanpan of Mahatikta Ghruta+ Dhanwantar Oil for 7 days, Snehana Swedan followed by Virechana.

Today, after 4 months of Virechana , Patient is totally symptomless *without* any oral medicine. He has been advised to follow strict Pathya diet for one year.

Conclusion

In both these cases, Hetu was the main Director of Treatment. The words of our Ancient Guides, Gururs like, "*In short, treatment means Reversing The Course of Hetu*" help us time to time. Nidan Parivarjan i.e. Reversing of Hetu is the most important factor in the treatment.

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CONCEPTUAL STUDY OF SIDHMA & KITIBHA KUSHTHA IN COMPARISION WITH PSORIASIS & IT'S COMPLETE AYURVEDIC MANAGEMENT

S.G.Deshmukh *

*Principal & H.O.D.

Post Graduate deptt. Of Kayachikitsa
CSMSS Ayurved College Kanchanvadi,
Aurangabad (Maharashtra)

N.R. Nimbalkar

Assisstant professor

Post graduate dept of Kayachikitsa

Introduction

Ayurveda has carved a niche for itself in the treatment of diseases. The efficacy and usefulness of this holistic & ancient method of treatment has been proved beyond the doubt in recent time. The need of an hour is to further explore & propagate the vast potential of Aurveda.¹

Psoriasis is a chronic recurrent, intractable disease with worldwide distribution of almost 10% of all skin diseases. The illusion of treating psoriasis continues & limitations of conventional modalities & disillusionment with systemic modalities like liver scare of Methotrexate, Mutagenic potential of PUVA, skeletal toxicity of retionides & local & systemic side/toxic effects of corticosteroids necceciate search for newer & safer drugs.

In a paper published by the Journal of Investigative Dermatology in Jan 06, Dr. Helen S. Young and colleagues at the University of Manchester, in Manchester, UK, provide the first evidence that there are alterations in a gene involving the development of the vascular system that may contribute to psoriasis susceptibility. It has been previously observed that aspects of the vascular system, or blood vessel network in the skin, are altered in psoriasis. An essential regulator of vascular development produced by skin cells, called VEGF or Vascular Endothelial Growth Factor, is found in high levels in psoriatic skin lesions.²

Many basic Ayurvedic texts like Charaka, Sushruta & Vagbhata have explained Kusta as one of the Mahagada & this disease, which resembles with psoriasis. According to these references, psoriasis can be considered as vitiation of Vata & Kapha. Accumulation of low potency poison ama is the basic pathological changes taking place in the system. Irregular food habits, consumption of food stuff that can't be eaten together i.e. incompatible food, excessive intake of yogurt black gram, sea food sour & salted items etc. can activate the pathogenesis. Alcohol & tobacco will act as catylist here. Ayurveda do emphasize on the effect of stress in the pathogenesis of psoriasis.³

Possession of anything, which is made of silver, is identified as sign of wealth, but not silvery scales on the skin stimulating scales of fish. This obnoxious illness though not

contagious isolates the patients from their family & society, or else the patient himself hesitate to move with his society & family fearing of rejection.⁴

The reason of taking the shodhan & shaman the treatment to treat the disease is as follows,

Ayurveda aims at detoxification of the body or elimination of toxins from the body fluids. It is achieved by panchakarma treatment. As abhyanga, snehan, swedan, vaman, raktamokshan.

The selection of vamana, raktamokshan & Aarogyavardhini were taken into two groups because, the disease psoriasis is the external manifestation of the body's attempt to eliminate internal toxins that have accumulated in the lymphatics & blood strea by sleeping through intestinal walls.

According to Cayce, he is writer expalins that psoriasis begins in the intestinal tract. In particular, when intestinal walls where the duodenum meets the jejunum become thin & smooth, toxins that are normally excreted become reabsorbed in to the lymphatic system & invade in the blood stream. The body's eliminative system primarily the liver & kidney then try to filter out toxins. When the liver is overloaded, toxins are eliminated through the skin. When the kidneys are overloaded, the lungs try to eliminate the toxins & become congested. Sometimes resulting in bronchial asthma. In times as toxins accumulate, psoriasis begins.⁵

That is why there is selection of shodhana & shamana treatment. In this research work, the emphasis has been made to study following Aims & objects,

1. Effect of Vamana Karma in the management of Kitibh.
2. The use of Raktamokshan Karma by Jallauka.
3. To see the effect of Shodhana & Shaman therapy.
4. To see the comparative results in both the groups.

Methods & Materials

60 patients of kitibh having above sign & symptoms were selected for present study. After complete examination & investigations they were divided into two groups
Selection of Patients

The patients who sign and symptoms of the disease were taken for study from O.P.D. & I.P.D. of C.S.M.S.S Ayurvedic Rugnalaya.

Clinical history of patients was recorded in a specially prepared proforma.

Research Methodology

Sampling Method: After complete examination of all the patients were divided into two groups by simple random sampling.

Treatment Group: Present clinical study includes two groups i.e.

Gr I: Vamana & Aarogyavardhini vati Dose of Vati was 500mg B.I.D for 45 days.

Gr II: Jallaukacharan & Aarogyavardhini vati Dose of Vati was 500mg B.I.D for 45 days.

Grading for the assessment of severity of Kitibh.

1. Erythematous silvery scales

Patch size by Vernier Calliper B.T. & A.T.

2. Rounded with defined margins Thickness of the patch with the help of the

Spherometer

3. Kandu

(+) Mild

(++) Moderate

(+++) Severe

4. Another criteria for the study was the photographic criteria which before treatment & after treatment

Aims & Objectives:

In the present study, the emphasis has been made to study following aims & objectives,

1. To see the effect of Vamana Karma in the management of Kitibha (Psoriasis)

2. To see the use of Raktamokshan karma with the help of Jallauka.

3. To see the comparison between the Sidhma & Kitibha with special reference to Psoriasis.

4. To study the role of Arogyavardini vati with Shodhan chikitsa.

5. To study the effect of Shodhan & Shaman chikitsa in the management of Kitibha.

For this study, 60 known cases of psoriasis were selected randomly of either sex from O.P.D. of C.S.M.S.S. Ayurved rugnalaya.

The patients were divided into two groups i.e. Gr I & Gr II

Gr I Vamana & Aarogyavardhini vati

Gr II Jallaukacharan & Aarogyavardhini vati

Assessment of clinical results:-

Clinical assessment of the disease was made on relief in cardinal signs & symptoms of disease & is based on the reduction in severity of the disease. For every major symptom, scoring pattern was applied.

1. Cured: Patients who got relief in sign & symptoms above 75%.

2. Marked improvement: Patients who got relief in sign & symptoms above 50%.

3. Improvement: Patients who got relief in sign & symptoms above 25%.

4. Unchanged: Patients who did not gets any relief in sign & symptoms.

Criteria for selection of patients

The patients who were having following sign & symptoms were selected for the study,

Inclusive Criteria:

1. Shwetabh, Aarakta or snigdha Krishna Varna i.e silvery erythematous scales.
2. Mandlakriti, i.e rounded with defined margins.
3. Kandu i.e itching.

Exclusive Criteria:

1. Use of immunosuppressive medication within past two months.
2. Pregnancy.
3. Patient who cannot be monitored regularly.
4. Patient who are suffering from Psoriatic Arthritis.
5. Along with Psoriasis patients suffering from any other systemic illness like

Diabetes Mellitus, Hypertension, I.H.D

Objective Criteria:

1. Size of the patch with the help of Vernier Calliper
2. Thickness of the patch with the help of Spherometer.
3. Total no. of patches on the body.
4. Photographical criteria.

Duration of Treatment : The patients were treated for duration of 45 days in each group

In Group I the patients were treated on Vamana & Aarogyavardini vati. The duration of vamana was 3 times in 45 days & Aarogyavardini vati was given for duration of 45 days. The vamana was given with prior vardhaman snehapan & after sansarjan kram during the whole procedure. 1st vamana was on 9th day after snehapan, 2nd was on 27th day & 3rd was on 44th day.

The jallukacharan was done 4 times in 45 days & Aarogyavardini vati was given for 45 days. The jallukacharan was done with the help of prior snehapan.

Result & Discussion

It was observed that the no. of male was more affected than female. 81% male 18.33% female, considering marital status 81.66% patients were married & 18.33% patients were unmarried but there was no relation of marriage with the disease. Most of the patients were from 20 to 40 years of age group.

According to habitat the role of alcohol consumption in the patients was more. Most of the patients were educated but there is no relation between disease and education.

According to duration of the disease patient was suffering from mostly 1-5 yrs of duration, with relapse of the disease. The ratio of relapse of disease was more in 1-5 yrs age

group than 5-10 yrs age group. Positive history of hereditary found in patients mostly it was from maternal side.

The life of patients got disturbed when he suffers the episodes of the disease. The diseased person get relief in sign & symptoms after long treatment but the next episode of the disease is worse than the previous.

The ratio of attending the patients in the OPD was more in winter season i.e. Shishir Ritu.

While the patients were taking the modern prescribed drugs they were suffering from many side effects.

The patients were observing the relief in the sign & symptoms in the month of March i.e. March phenomenon. The patients were interested in taking the Ayurvedic treatment for the disease. They were more interested in taking Shaman chikitsa than Shodhan chikitsa.

The patients got much relief in sign & symptoms after the treatment & during the study there was no relapse seen in the patients.

Sittings of vamana therapy were more effective in relieving kandu i.e. itching. The thickness of patch i.e. scaling, the length of patch was relieved more in the jallukacharan group.

In moderate to severe form of disease, the effect of group I was more seen. Jallaukacharan treatment was more effective in localized patches & patches in big diameter.

The symptoms were reduced after taking vaman but there of patch in diameter.

In comparison, Group II was more effective than Group I. To show the relief to the patients the criterion was very effective as disease before treatment & after treatment.

After the completion of study the character of Sidhma did not resemble to psoriasis but the characters of Kitibha were similar. As we can state that Kitibha can be correlated with Psoriasis.

Abscondance rate was very negligible. Due to the disease the involvement of Manovaha strotas was seen.

The aggravation in sign & symptoms was seen tremendously increased in patients as the disease doesn't spread on the exposed areas to sunlight. These types of patches were seen when the patient was under stress or anxiety.

On the completion of study, there was no such a specific etiological factor, which would define the diagnosis of Psoriasis / Kitibha.

There were very few hematological changes observed during the study.

Effect of treatment on subjective & objective parameters of 30 patients in Gr I is

Sr. No	Parameter	Mean	S.D.	S.E.	t
1.	Vernier Calliper	18.9	14.42	2.63	6.5
2	Spherometer	1.17	0.83	0.15	7.8

3.	Kandu	1.3	0.87	0.15	8.6
4.	No.of Patches	1.36	0.94	0.17	8

It is revealed that in Gr I treatment is highly effective in reducing the Kandu & was moderate effective in reducing the other symptoms. On other symptom like redish lesion i.e erythematous patches of skin covered with silvery scales were reduced all these symptoms recorded significant in 45 days duration of Shodhan & Shaman treatment.

Gr II

Sr. No	Parameter	Mean	S.D.	S.E.	t
1.	Vernier Calliper	11.7	6.15	1.12	10.44
2	Spherometer	0.66	0.43	0.07	9.4
3.	Kandu	1.26	0.88	0.60	7.8
4.	No.of Patches	1.13	0.75	0.13	8.6

In Gr II there was significant result in thickness of patches, length of patches. The other symptom like Kandu, no.of patches was reduced.

There was significant result in both the group of the disease but more results were seen in GrII as compared with Gr I treatment. It can be concluded from the above discussion that Gr I treatment & Gr II treatment are useful in reducing the symptom of disease over the study period. The two treatment were compared for significant relief for the symptoms. This test is applied to unpaired data of independent observations made on individuals of two different groups to test the difference between means.

Comparison of subjective and objective parameter of Gr I & Gr II

Sr. no.	Parameter	Gr I		Gr II		't' cal	
		Mean	S.E.	Mean	S.E.	Gr I	Gr II
1.	Vernier Calliper	18.9	2.63	11.7	1.12	6.5	10.44
2.	Spherometer	1.17	0.15	0.66	0.07	7.8	9.4
3.	Kandu	1.3	0.15	1.26	0.16	8.6	7.8
4.	No.of Patches	1.36	0.17	1.13	0.13	8	8.6

The relief recorded after 45 dsays in Gr I & Gr II are presented in above table along with average relief with their S.E.

Above table shows that the relief in sign & symptoms of disease. As it indicates that kandu lakshan is more relived in the Vaman group.

Reduction in the length if the patch was more reduced in the Jallaukacharan group.

According to the thickness of the patch, it was reduced more effectively in the jallaukacharan group.

Total no. of patches was reduced in both the groupsw.

Summary & Conclusion

Kitibha (Psoriasis) is a troublesome problem for clinicians since a longer period.

No exact etiology, slow gradual or sudden progression of the disease & limited availability of treatment in modern sciences or non-availability of the effective treatment.

This study was aimed to see the role of Shaman & Panchakarma in the management of Kitibha.

The object of the study was to establish a safe, effective, economical therapy to treat the disease & prevent the relapse or to increase the duration of relapse in the patients.

Kitibha has mainly Vata-Kapha doshas, Twacha, Rakta, Lasika & mansa dhatu are dushyas & sarva Sharir twaka being the site.

This study of randomly selected 60 patients. Involvement of extensor surface of joints like elbow, knee, shin & erythematous silvery scales, involvement of presacral region was seen. Psoriasis arthritis was observed rare.

Recovery of kandu i.e. itching is very quick with Vamana & Arogyavardhini. Improvement was seen well in mild to moderate form of disease in Jallaukacharan Arogyavardhini group but not in severe form of Kitibha.

Up to average of 21.73mm, 1.6mm & 1.02 in Vamana & Arogyavardini group & 12.64mm, 1.41mm & 1.10 in Jallaukacharan & Arogyavardini group was seen.

Though erythematous silvery scales, itching was reduced significantly the patches those were seen after treatment in both group were not disappeared completely.

Vamana & Arogyavardini give best results in reliving kandu, patch thickness & Jallaukacharan gives best results in reliving patch size, no of patches, erythema after treatment.

Thus it is evident that Gr II treatment is more effective than Gr I in Psoriasis.

As far it was very difficult to find out the role of pathological investigations in treating the disease Kitibha (Psoriasis).

Occurance of disease was more in the Hemant and Shishir rutu followed by vasant.

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REVIEW ON AGNIKARMA

1.Vd. Maheshwar R Tagare 2 Vd Shivpal G. Khandizod 3.Vd.Bhairav Tawshikar

1. P.G Scholar Final Shalyatantra Ashvin Rural Ayurvedic college Manchi Hill Sangamner
2. Prof./HOD Dept. of Shalyatantra Ashvin Rural Ayurvedic college Manchi Hill Sangamner
3. Asso. Prof. Dept. of Kayachikita Ashvin Rural Ayurvedic college Manchi Hill Sangamner

Abstract

अग्निना यत् कुरुते कर्म...

Agnikarma, The procedure performed by using the Agni (HEAT) to cure the various disorders is known as Agnikarma. The therapeutic use of agni is described as Agnikarma. In Sushrut samhita sutra sthan chapter .12 Acharya Sushrut included this in the Anushastra i.e. parasurgical procedures. Agnikarma could be correlated to thermal cauterization.

Why Agnikarma ???

तद्गुणानां रोगाणामपुनर्भावाद्भेषजशस्त्रक्षारैरसाध्यानां तत्साध्यत्वाच्च su.su. 12/3

The disease treated with proper agnikarma has no chance of recurrence.

It cures the disease which are not treatable with medicine, surgery and kshar karma (chemical cauterization).

Key Words- Agnikarma, Anushastra, Vatavyadhi

INTRODUCTION

Agnikarma is mentioned as one of anushastra ,as it works quickly ,side effect is less, easy to administrate

Types of agnikarma Acharya sushrut described agnikarma of four types

1. Tvacha (Skin) 2. Mansa (Muscles) 3. Sira,,Snayu (vessels and ligaments, tendons)
4. Sandhi and Asthi (joints and bones)

But some other says only tvacha and mansa Types of Agnikarma

2. According to pattern of Agnikarma

Valaya (circular)

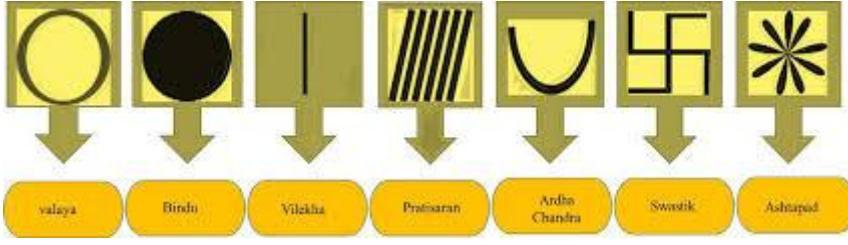
Bindu (pointed) .

Bilekha (straight)

Pratisaran (rubbing)

Some Acharya added some more shape like swastika,astapad etc.

The classification was done on the basis of shape of tip of shalaka as well as method of performing Agnikarma.



Instruments/ upkaran used in Agnikarma

पिप्पली अजाशकृद गोदन्त शर शलाका अस्तिगत

i.e. for vat kaphaj skin disorders. (su.su. 12/4)

जाम्बवौष्ठेतरलौहा, मांसगतानां

i.e. for vat kaphaj muscular disorders. (su.su. 12/4)

क्षौद्र गुड स्नेहाः सिरास्नायुसन्ध्यस्थिगतानाम्

i.e. For vat kaphaj disorders of vessels, ligaments, joints and bones.(su.su. 12/4)

Indication of Agnikarma

त्वङ्मांससिरास्नायुसन्ध्यस्थिस्थितेऽत्युग्ररुजि वायावुच्छ्रितकठिनसुप्तमांसव्रणे
ग्रन्थ्यर्शोऽर्बुदभगन्दरापचीश्लीपदचर्मकीलतिलकालकान्त्रवृद्धिसन्धिसिराच्छेदनादिषु
नाडीशोणितातिप्रवृत्तिषु चाग्निकर्म कुर्यात्) su.su. 12/10)

The pain aggravated by vata in tvacha , mans, sira, snayu, sandhi and asthi. Chronic wound having some hard elevated tissue. Cystic lesion, hemorrhoids, tumor, fistula, sinus lymphadenopathy, filarial, skin tag, hernia, joints disorders, to stop bleeding from cut vessels.

Contraindications

तत्राग्निकर्म सर्वर्तुषु कुर्यादन्यत्र शरद्ग्रीष्माभ्यां; तत्राप्यात्ययिकेऽग्निकर्मसाध्ये व्याधौ
तत्प्रत्यनीकं विधिं कृत्वा) su.su. 12/5) अथेमानग्निना परिहरेत् -पित्तप्रकृतिमन्तःशोणितं
भिन्नकोष्ठमनुद्धतशल्यं दुर्बलं बालं वृद्धं भीरुमनेकव्रणपीडितमस्वेद्यांश्चेति) su.su.
12/14)

All types of pittaj and raktaj disorders, patients with concealed bleeding, intestinal perforation, retain foreign body, weak, children , old age person, and patients with multiple wounds and who are not fit for swedana arma .

Samyak dagdha lakshana (Features of perfect Agnikarma)

शब्दप्रादुर्भावो दुर्गन्धता त्वक्सङ्कोचश्च : त्वग्दग्धे कपोतवर्णताऽल्पश्वयथुवेदना
शुष्कसङ्कुचितव्रणता च :: मांसदग्धे कृष्णोन्नतव्रणता स्रावसन्निरोधश्च :
सिरास्नायुदग्धे रूक्षारुणता कर्कशस्थिरव्रणता च : सन्ध्यस्थिदग्धे) su.su. 12/8)

Pre / post procedure care

रोगस्य संस्थानमवेक्ष्य सम्यङ्ग्नरस्य मर्माणि बलाबलं च व्याधिं तथर्तुं च समीक्ष्य सम्यक्
ततोऽव्यवस्येद्विषगग्निर्कर्म) su.su. 12/12)

The careful examination of patients as well as disease is must prior to the Agnikarma procedure.

तत्र सम्यग्दग्धे मधुसर्पिर्भ्यामभ्यङ्गः| (su.su. 12/13)

The madhu (honey) and ghrita (Ghee) should be applied after the agnikarma procedure.

Procedure of Agnikarma

After complete examination of patient and taken written consent ,

- first identify the site of agnikarma.
- Injection T.T. 0.5 ml IM should be given as prophylaxis.
- Patients should be taken in proper position, must be in ease.
- After marking site, Clean the area with triphla kwath .

Take the red hot shalaka and touch the shalaka on identified marks for few seconds and withdraw it followed by immediate application of ghritkumari swaras (aloe vera pulp). Apply bandage after application of madhu + grita or pouring of haridra powder with triphla churna.

Patient should be advised to avoid wet that area up-to 24 hr.

Mode of Action of Agnikarma

वातादृते नास्ति रुजा न पाकःपित्तादृते नास्ति कफाच्च पूयः | (su.su. 17/12)

The diseases in which Agnikarma is indicated are due to vitiation of vata and kapha, so Agnikarma is considered as better therapy to pacify these doshas.

Due to Ushna, Sukshma, thikshna and Ashukari guna of Agni , it pacifies vitiated vata and kapha dosha. As per Acharya Sushrut basically anginkarm is used in two manner i.e. one for रोग उन्मूलन) diseases cure) and other for pain management.

First for the diseases cure we used is it in the assistance with surgery and for pain control we use it independently.

- Application of Agni (heat)—
- Raised Local temperature—

- Dilatation of local blood vessels
- Increased tissue perfusion –
- Clearance of accumulated metabolic waste ---
- Resolve inflammation Reduces pain

Conclusion

As we know Agnikarma in classical Ayurveda is a generalized therapeutic procedure, which can be useful in various disorders and also at an emergency. Although there are other procedures having similarities with Agnikarma, they can be consider as the same as Agnikarma, which are doing for some particular conditions. In the conventional systems also it is practicing for the same like arrest bleeding and save life. So it is an emergency as well as life saving procedure which is explained by our Acharyas by giving at most importance.

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P.G Scholar
Vd. Maheshwar R Tagare
Dept. of Shalyatantra
ARAC Manchi Hill Sangamner
Mb.9011646577
Email-tagare.16@gmail.com



SATVAVAJAYA CHIKITSA IN ARTHRITIS**Vd. Warungase Hiranman**Vice Principal, HOD & Professor, Department of Kayachikitsa
Ashvin Rural Ayurved College, Manchi Hill Tal: Sangamner**Introduction:**

The diagnosis of any form of arthritis including Osteoarthritis (OA), Rheumatoid arthritis (RA), Psoriatic arthritis, Ankylosing spondylosis, gout and fibromyalgia causes emotional distress and can have a negative effect on psychological health. The main symptom in arthritis is pain and living with daily pain is physically and emotionally stressful. In most cases this emotional distress subsides over time as psychological adaptation to the condition occurs. But some people develop more severe psychological distress that can result in significant additional disability and suffering.

Many studies have shown clearly that people with arthritis with the highest pain levels are the most likely to be anxious or depressed. The pain and loss of function associated with arthritis can contribute to depression. The comorbidity of depression and arthritis is a major problem compromising the health of significant peoples. Depression weakens a person's ability to deal and cope with pain and result in loss of productivity at work, deterioration of relationships with friends and family and sexual dysfunction.

Studies show that if depression, anxiety occurring with arthritis isn't treated, the treatment for arthritis itself can be less effective. Treating arthritis patients associated with depression and anxiety with Satvavajaya Chikista enable the patient and physician to manage the arthritis itself more effectively.

Satvavajaya Chikista:

Satvavajaya is that method of treatment through which one tries to bring the intellect (dhi), fortitude (dhrti) and memory (smrti) of the patient into proper condition. According to Ayurveda, 'volitional transgression (prajnaparadha)' is the main etiological factor of an illness and can be corrected through Satvavajaya. Charaka advises that patients with mental disorder should go to service of those who have specialized in treatment of such disorders. Charaka has used the word "Tadvidyaseva", which clearly confirms that there was availability of specialists of psychiatry in those days.

The Chikitsa in Ayurveda categorized into following types:

Daivavyapasraya: - It is a faith treatment derived mainly from Atharvaveda. It is used to cure the disease due to poorvajanmakrita papakarma by Mantraushadhi measures.

Yuktivyapasaraya: - This treatment is based on reasoning or necessary planning and hence is scientific or rational. The measures are advised based on fundamental principles of Ayurveda.

Satvavajaya Chikitsa: - Satvavajaya is aimed at control of mind or a method of retraining mind from unwholesome Arthas.

The definition gives a lot of scope for expansion i.e.

'Satvavajayah punah Ahitebhyo Arthebhyo Mano Nigrah'

Ahita: - Unwholesome to the other.

Artha: - Avoidance of Ati, Hina, Mithya yoga of chintya, vicharya, uhya, dhyeya and sankalpa should serve to cure the depression, anxiety associated with arthritis.

Mano Nigraha: Self control of mind is one of the most difficult tasks and warrants a perfect combination of desire, determination and dedication.

The self control of mind can be achieved by various ways:-

1. By regulating the thoughts process – *Chintya*
2. By replacing the ideas – *Vicharya*
3. By channeling the presumptions - *Uhya*
4. By polishing the objectives – *Dheya*
5. By proper guidance and advice for taking right decision – *Sankalpa*

Techniques of Satvavajaya:-

'Dhee Dhairyatmadi Vijnanam Manodoshushadham Param'

Dhee: – It is the intellect which helps us to differentiate between good and bad things; objectives and imagined dangers, thoughts and actions. For such patients one should give knowledge regarding facts, explain him regarding signs and symptoms of disease which he is suffering and differentiate from several other disorders which he doubts to be suffering from.

Dhairya: – Sense of patience, reassurance, encouragement is a form of supportive psychotherapy to make the patients accept the things without hostility and distress and helps to tolerate pain in arthritis.

Atmadi vijnana: – Knowledge of self.

These act both as preventive and curative aspect:-

Atma jnana- who I am, what is beneficial to me

Desha jnana – responsibility towards his society and nation

Kula jnana – Family and his relationship between them

Kala jnana – Season, Pathya, Apathya during this time

Bala jnana – Strength

Sadvritta:-

Good conduct for a healthy life; some of them are related to emotional and psychological aspects of life.

Dharaneeya vega: -

Control of certain mental urges. One should control the impulses of greed, fear, anger, vanity, jealousy which are beneficial to control the pain in arthritis.

All these above mentioned techniques of Satvavajaya can be categorized into:

1. Rational persuasions – (Dhairya, Sadvritta, Dharaneeya vega, Social health)
2. Methods based on deep understanding – Jnana, Vijnana, Smriti etc
3. Mental equanimity - Samadhi

Aims of Satvavajaya Chikitsa:-

1. To help individual to discriminate between thoughts and actions
2. To divert mind and make the person to involve with commitment in other activity.
3. To help individual to discriminate between objective and imagined dangers and to respond selectively to each.
4. To take out phobic thoughts by making awareness of subject knowledge and true facts.

Applied aspects of Satvavajaya can be summarized as –

1. Assurance
2. Replacement of emotions
3. Regulation of thought process
4. Retraining of ideas
5. Channeling of presumptions
6. Corrections of objectives and ideas
7. Proper guidance and advice for taking right decisions
8. Proper control of patience

Conclusion:

Satvavajaya is a typical approach which not only prevents the impairment of intellect, fortitude and memory but also brings them back to a normal state and plays a significant role in the maintenance of a balanced state between these 3 factors, ultimately leading to a happy and healthy state of mind of an individual.

Satvavajaya Chikitsa mentioned in Charak Samhita and it used as new concept of psychotherapy in Ayurveda. Although in modern era Satvavajaya Chikitsa is not practiced by many Ayurvedic physicians but there is a budding scope of its revival and development

into a suitable psychotherapeutic model to treat anxiety and depression associated with chronic disorders such as arthritis.

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THERAPEUTIC EFFECT OF BRAHMI & JATAMANSI SIDDHA TAILA SHIRODHARA ON MENTAL ILLNESS – A CLINICAL STUDY

Dr. Shreerang S. Chhapekar

Associate professor ,
Ashvin rural Ayurved college
Sangamner

Dr. Vrushali S. Chhapekar

Samaayu Ayurved Clinic,
Mahabal Area
Jalgaon, Maharashtra

Introduction –

In the huff & puff of life, every individual is confronted with mental illness. According to the state of mind, human life can be classified in two different ways. Firstly easy going, expected and favorable things to mind give feeling of satisfaction and happiness. On the other hand, some bad, unexpected and unwanted situations create negative approach of mind. Both these things are called as ‘sukha’ and ‘dukkha’ in Ayurved. To deal with these things, mental health is the need of hour.

In day to day routine, stress is unavoidable, unwanted and undesirable factor of our life. Besides running away from the stressful situations, stress management helps us to tackle with stress by easier and friendly ways. This can be achieved by Shirodhara – an ancient Ayurvedic healing practice. Mental illness, stressful situation and equilibrium status of mind can be easily maintained by shirodhara without taking internal medication.

Aims & objectives –

To observe the rate of response to Brahmi and Jatamansi siddha taila Shirodhara when used as a treatment of mental illness with the help of clinical parameters.

Review of literature –

A) Mental health

Mental health is a state of psychological and emotional well being of an individual. It can be referred as a capability of a person to function itself well. Mental health refers to feelings, thoughts and action of an individual specifically when a person faces stress and challenges in his life. Emotional and physical problems are due to absence of good mental health.

B) Mental illness

Mental health is the balance between all aspects of life like social, spiritual and emotional. It depends upon how we manage our surroundings and make choices in our life. If the function of status of equilibrium fails to maintain the balanced condition of mind, then the person is called as mentally ill.

a) Causes of mental illness

Following could be the causes of mental illness.

- i) Negative approach
- ii) Profession – Deadline, answerability, obeying orders of seniors, promotion etc.
- iii) Family – Requirement, health hazards and undesirable events etc.
- iv) Economic crisis
- v) Accidents, natural unavoidable events, death etc.

b) Diagnosis of mental illness

Human body is well equipped to deal with stressful situations but only up to certain levels. After that body ceases to function smoothly and starts giving signals. These symptoms are restlessness, increased irritability, feeling of anger, forgetfulness, indigestion, fatigue, mentally drained up condition, lack of ability to feel pleasure or enjoyment and mainly the impulse to run away and hide from situation and inability to come to decision which indicates that the person is mentally ill.

Also, it is important to recognize whether we are under stressful condition or out of it. Many times even if we are under the influence of mental illness, our body reacts internally as well as externally. We fail to realize that we are reacting under stress. This also happens when cause of stress is long enough for us to get habitual to that.

c) Pathophysiology of mental illness

It again depends upon the individual's nature. Like status of emotion and level of things during problem. Mental illness gives force to think about it. Mind deals with it by means of previous experience and intelligence. Then the answer is found for the problem. If the above said process fails to success, the equilibrium state of mind gets disturbed.

d) Signs and symptoms of mental illness

Following could be the signs and symptoms of mental illness.

- i) Fatigue, ii) Weakness, iii) Nausea, iv) Anorexia, v) Indigestion, vi) Headache, vii) Restlessness, viii) Lack of memory, ix) Lack of concentration, x) Insomnia, xi) Hypertension, xii) Depression, xiii) Body ache and chain of diseases.

Shirodhara

Providing understanding and guidelines for the balance in body, mind and spirit, Ayurved gives us Shirodhara therapy, a part of Panchakarma therapy to maintain good mental health.

a) Benefits of Shirodhara

- i) Ultimate mental and emotional relaxation therapy.
- ii) Beneficial for curing insomnia.

- iii) Prevents hair loss, premature greying and cracking of hair.
- iv) Nourishes and rejuvenates the body.
- v) Gives strength to neck, head and shoulders.
- vi) Invigorates the body and mind and stimulate cognitive memory.
- vii) Helps to relieve fatigue, tension, anxiety, anger, hypertension and stress.
- viii) It improves concentration, intelligence, confidence and self esteem.

Materials and Methods –

- A) Field of Research – Samaayu Ayurvediya Panchakarma Chikitsalaya & Research Center, Jalgaon, Maharashtra.
- B) Type of Research – A Clinical Study.
- C) No. of patients – 30
- D) Type of patients – Both male and female.
- E) Age group – 31 to 60 years.
- F) Preferred drug – Brahmi-Jatamansi siddha taila.
- G) Preferred karma – Shirodhara.
- H) Purvakarma – Sarvanga snehan, swedan.
(by Dhanvantaram taila, dashmool kwath)
- I) Duration – 15 days.

Inclusion criteria and Exclusion Criteria

Following were the criteria taken for the experiment

Inclusion criteria

- Patients being diagnosed for Mental Illness
- Age group between 31 to 60 years
- Patients who are working under stressful conditions

Exclusion Criteria

- Patients below 31 years and above 60 years of age
- Patients having Neurological problems
- Patients taking antipsychotic, anti epileptic and same kind of drugs
- Patients having any systemic problems for which any treatment is going on

Discussion

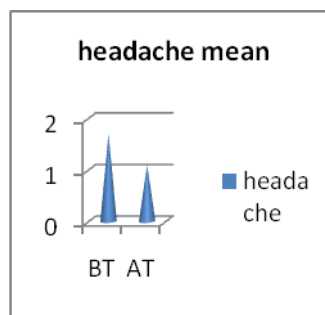
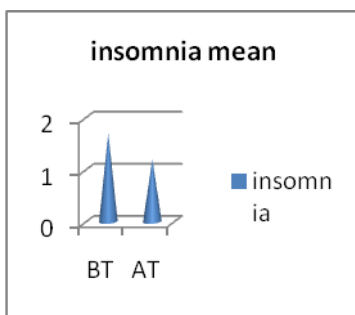
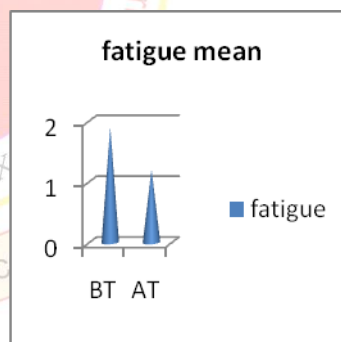
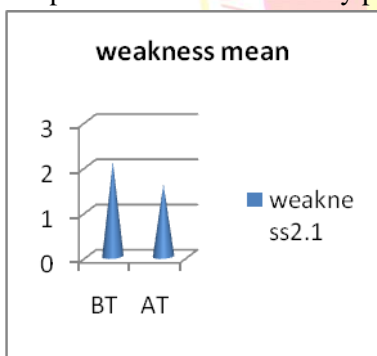
General Parameters-

1. The distribution of patients by age reveals the occurrence of the disease can take place at any age.
2. The sex did not reveal any specific relation with the disease occurrence.

- The distribution of the patients by occupation revealed that patients which were in service as a target completion and answerability were likely to be more suffered from Mental illness.
- Kroor koshtthi people revealed more incidence might be due to tendency of Pratilomit vayu.
- Patients having Madhyama and Avar Sattva affected more rather due to Manasabala.
- This is again not giving any specific result and relevance of disease in any particular Prakriti though incidence was more in Vatapradhan Prakriti.

Signs and Symptoms –

- Weakness and Fatigue were observed to reduce with markedly significant value after treatment
- Anorexia and Indigestion were again observed to reduce significantly after treatment
- Headache was again reduced with significance. Insomnia is reduced significantly but not relieved completely though patient showed better relief after treatment.
- Hypertension is reduced with significance but not relieved completely after treatment.
- All parameters were tested by paired t test and showed significant results.



Conclusion

The experiment clearly concludes that Brahmi Jatamansi siddha tail Shirodhara with Sarvang Snehan and Swedana as a Poorvakarma could be a remedy for Mental Illness without causing any complication and without any Internal Medication and may prove itself as a strong solution for these unanswered entities.

Being herbal preparation with taila, this Shirodhara can be used for long duration for the treatment of such type of disease since there was no Toxicity and Adverse Drug Reactions.

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ROLE OF MANAS BHAVA IN AMAVATA

Vd. Tagare Shraddha Ramesh¹,
PG Scholar,
Ayurved Samhita and Siddhant Department,
Dr. D.Y. Patil College of Ayurveda &
Research Centre, Pimpri, Pune.

Dr. Joshi Mrudula Vinayak²
Professor & HOD,
Ayurved Samhita and Siddhant
Department,
Dr. D.Y. Patil College of Ayurveda &
Research Centre, Pimpri, Pune.

Introduction-

Intense stinging type of pain and burning sensation at joints is the main feature in *Amavata*. **आमेन सहितः वातः आमवातः**।।

Involvement of *Ama* with vitiated *vata* is the condition called *Amavata*. The features of *Amavata* resembles with Rheumatoid arthritis, an auto immune disorder which causes chronic inflammatory and symmetrical polyarthritis. Severe pain just like a scorpion bite is the dominant feature of *Amavata*. Due to chronic *Hetusevan* it has chronic picture with multiple symptoms or sometimes only severe joint pain. With developing deformities *Amavata* shows various symptoms related to *Manas bhava*.

The mental factors involved yet not studied separately; hence this literary study is selected. In the etiopathogenesis, clinical features, treatment and *Pathyapathya*, along with *Shareerdoshas*, *manas bhava* plays important role.

Pain is the unpleasant feeling in this disease. So the involvement of *Manas bhavas* is there right from the beginning with the pain. This article gives emphasis on study of the involvement of *as Manas bhava* in *Amavata*.

Aims and objectives-

To study the role of *Manas bhava* in *Amavata*.

Materials and method-

Literary references collected from Ayurveda literature, analytically reviewed to understand the role of *Manas bhava* in *Amavata*.

Manas bhava in Amavata

Inspite of *Mandagni* (loss of appetite) is having food like *Viruddha ahar and cheshta* also not doing any exercise or doing exercise after having heavy fatty food. These are the reasons for *Amavata*. Analyzing the causes, in short, it is the *Pradnyaparadha* in *hetu* This *Pradnyaparadha* occurs when the three elements viz, *Dhee, Dhruiti, Smruti* gets affected due to excess *Rajas* –

Tamas doshas. The Dhruiti controls the mind. So in Amavata involvement of manas bhavas are seen.

Manas bhavas- in Samprapti-

The long term practice of these causative factors, *Ama* is produced and vitiation of tridoshas especially *Vata* is found. This *ama* is *guru, atipichhila gunayukta* and leads to

Alasya in patient. After the onset of pain, a typical discomfort like feeling makes the patients moral down.

Manas bhavas-in clinical features-

Angamarda- bodypain, *Aruchi*- loss of taste, *Trishna*- thirst, *Alasya*- lack of enthusiasm, *Gourav*-heaviness, *Klama*- tiredness without doing any work, *Apaka*- indigestion and fever, these are the other symptoms of *Amavata*.²

Along with the stinging type of pain, inflammation of the tissues around the joints following manas features are predominantly seen.

Utsahahani –

Demoralize state of mind, lack of enthusiasm; it is the discouragement state of mind. Courage is function of normal *udana vayu*. In this disease during the disease course the function of *udana vayu* is affected badly.

Vairasya –

Insipidity/having no interest or without power to excite interest or emotion, without attraction, uninteresting, dull, flat. It shows the vitiation of *Vata dosha*.

Atichinta –

Excessive worry affects the mental status badly. The moral of the patient goes very down. The positive hormones that help to recover from the disease may decrease due to this excessive worry. This excessive worry doesn't just affect the mental health, it also can wrick havoc on physical condition of the patient. In this disease chronic anxiety or depression develops due to exaggerated worry and tension.

Manas bhavas- in Chikitsa-

The first step of the treatment of *Amavata* is *Langhana*, then the use of *tikta katu ras* in medicines and diet. *Tikta katu ras*³ which corrects the anorexia or distress. Here also the *manas bhava* plays important role. The patient's good moral helps a lot. For the morning stiffness and pain, the *vaidya* have to do good counseling of patient. All the treatment regemine is focused on *Agnipradipti*. Since *Agni*⁴ is the *hetu* or *cause* for *Ojus*, *swasthya*, and *utsaha*. So in *chikitsa* of *amavata*, *manas bhavas* plays a vital role.

Impact of Manas bhava on developed deformity in Amavata-

The patient feel bad psychological experiences after the development of physical deformity as it affects his day to day normal functions and there by decrease quality of life. It gives psychological stress to the patient. And finally *Manodvega* with *shoka* starts. According to *Acharya Charaka*,

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Means depressed state of mind makes the disease more serious and complicated. To treat such patient, good co-operation by the patient is expected.

Result and discussion-

Accumulation of *dushta ama* and *vitiated vata* with tridosha involvement are the main culprit in *Amavata*. Right from the *hetusevan* to the complete treatment with *pathyapathya*, the *manas bhavas* plays a vital role. While treating the patients of *amavata*

the *chikitsa* has to correct the demoralized patient frequently. To encourage the patient in every visit becomes must for the regular follow up with *pathyapathya*.

With the advice of *pathyapathya* for *apunarbhava* (prevention of recurrence) according to the Ayurveda classics this disease can be control well. To avoid the *apathya* for instance curd, fried food, fish, milk, and milk products like paneer-cheeze etc. food which is *asatmya* (allergic to body), suppression of natural urges, the strong preparation of mind set of the patient is necessary .

Satvavajayachikitsa5 is very important for the follow up of *pathyapathya*. For this regular following of Ayurvedic lifestyle viz *dinacharya-ratricharya-rutucharya* and *sadvruttapalan6* is must. Thus *manas bhavas* plays a vital role in *Amavata*.

Conclusion-

- 1) *Amavata* has become very common due to miss use of the *aaharvidhividhan* i.e. indiscipline in diet and all daily routine. The grid to have more makes man more selfish. These are the some common causes found.
- 2) *Ama* is the undigested product of the ingested food .It along with the vitiated *doshas* creates the different symptoms in *Amavata*.
- 3) Everywhere in the disease process and in treatment part also *Manasbhavas* work hand in hand with *Sharirbhava*.
- 4) For the fast recovery and better life of patient, treatment of the *Manasbhavas* with *Satvavajaya* is must.
- 5) From all above the discussion *manas bhavas* plays a vital role in *Amavata*.

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1. VATA DOSHA AND SUTIKA PARICHARYA – A SCIENTIFIC STEP**Dr. S. M. Yennawar**Associate professor.
CSMSS Ayurved Medical College,
Kanchanwadi, Aurangabad

According to Ayurveda, a women who has recently delivered [i.e. after expulsion of foetus and apara (placenta)] is called as Sutika. Women during postnatal period (Sutikakal) becomes weak and emaciated due to excretion of moisture (kleda) and blood. Due to appearance of languidness in the body as a result of severe labour pain and exhaustion by constant bearing down effect, sudden unurge in Vata activity during and after parturition leading to metabolic vacuum in physiology.

Mostly Saman, Vyanand Apan Vata are vitiated due to pravhan (bearing down) and Rasa-Raktadhatukshya. It results into Agnimandya. Agni is the main responsible factor for all metabolic process in the body. Sutika will be deprived of Agni and Bala due to atirasa-raktaniruti and dhatushaithilya. If proper care and nourishment is not given it leads to various puerperal diseases.

The post-partum care (i.e. Sutikaparicharya) is generally designed to purify Vata and promote the function of both Pitta and Kapha simultaneously.

The unique procedure explained in Sutikaparicharya (i.e. Deepan, Pachan, Anuloman) Snehapan (Ghruta/Taila), Abhyanga, Parisheka, Snana, SukhoshnaJalpan, Udarpattabandhan, Yavagupan, Mansarasapan, diet and yoga can bring equilibrium in Jatharagni, Dhatwagni, vitiate Vata, Pitta and Kapha which in turn will help for the proper nourishment of Dhatus to bring them to the pre pregnant status.

Keywords: *Sutika, Sutikaparicharya, Vatadosha, Snehapan, Abhyanga, Udarpattabandhan.*

2. A CASE STUDY OF AMAVATA WITH AYURVEDA CLASSICAL TREATMENT**Dr Rahul Nayka,**Asst.prof (kriya sharir),
NCT ayurved college, amreli, Gujarat**Abstract**

Amavata is the particular type of disease which is the mentioned in Ayurveda since the period of Madhavakara (16th century A.D.). Amavata is the term derived from the words as Ama and Vata. The disease is characterized by various features like Sandhi

Shoola, Sandhi Shotha, Angamarda. A 40 year male patient presented with classic symptoms of Amavata came in KC opd with additional symptoms of hyperacidity. Rh factor positive with raised CRP, patient has symptoms since last 4 year and treated with ayurvedic classical treatment. After giving symptomatic relief for hyperacidity bahya snehana with mahavishagarbha taila was done followed by valukapottali swedana for 7 days. Along with bahya treatment internal deepan- pachana with panchakol piniya was done with vaitaran basti for 14 days. After basti karma internal medicine was continued for one month. In present paper detailed case study is discussed.

Key words- Amvaat, Valukapottali Sweda, Vaitarana basti

3.ROLE OF VISHA AND UPAVISHA IN KALPA (FORMULATION) USED IN MANAGEMENT OF AAMVATA

Dr. Arati Abhaya Shinde

MD Ayurveda (Agadtantra Evam Vyavhar
Ayurved)
Associate Professor,
Dr.D Y Patil College Of Ayurveda and
Research Centre, Pimpri, Pune 411018

Dr. Ashwin Ashok Shete

MD (Rasashastra and Bhaishajyakalpana),
MBA (HRM)
Assistant Professor,
Dr D Y Patil College Of Ayurveda and
Research Centre, Pimpri, Pune 411018

Abstract

Life style disorders are major issue in 21st century. Auto immune diseases are bigger challenges, like rheumatism, HLAB27, Chicken guinea etc. Aamvata is also considered in ayurveda as Nija vyadh i (like auto immune).

In Aamvata, aam and vata both get vitiated. Aam is nothing but undigested ahara revolving in body, causing various diseases. It acts as Visha (poison) for body. So it is said by Vagbhatta, it should be avoided like poison.

Pathology according to ayurveda of this disease can be explained as sammurchhana (Mixture) of vitiated Dosha (vata) with Aama.

As we know, Visha (Toxin and toxoids) are used in medicinal treatment to overcome various infectious diseases and life threatening conditions. Likewise ayurveda suggests treatment of Amavata with visha (poison i.e Vastanabh-Aconitum ferox) and upavisha (Erand- ricinus communis, Ahiphena-papavarus somniferous, Kuchala-Strychnous nuxvomica) yukta kalpa, which are mainly used, due to their properties like ushna, tikshna, sukshma etc. Visha kalpa are also used in aatyai kavasatha (Painful and serious condition) of amavata. Those visha kalpas, their actions and their therapeutic use are discussed in this research paper.

Key words: Aamvata, Visha, rheumatism, Strychnous nuxvomica, Ahiphena

4.ROLE OF PATHYA- APATHYA IN AMVATAVYADHI –CONCEPTUAL STUDY**Dr. Shital R. Rasane**

Associate professor

(Sanskritasamhitasiddhanta department,

Dr.D.Y.PatilAyurved College and Research centre, pimpri,pune.)

Abstract:-

Ayurveda has holistic and scientific approach in health management.It has given importance to diet and regimen as a part of treatment.There are some diseases,where following pathya and avoiding apathya is enough to cure the disease .The diet and regimen which is beneficial for body channels and gives happiness to the mind is known as pathya and opposite to that is known as Apathya.Amvata is one of the joint disorders,in which food & changing lifestyle plays a major role.Amai.e.undigested food and vatadosha are basic factors involved in Amvata.It produces with Symptoms likes and hishoola, sandhishotha, stabdhata, sandhivigrahaetc.Food with guru,snigdha, atidrava, pichhilaguna & viruddhaahara is responsible to produce Ama& aggravating kapha.so such type of food is apathya for Amvatapatients.puranshali,yava, kulatha,lashuna,sunthi etc. are suggested as pathya in Amvata.

Key words: Amvata, pathya, apathya, ama, kapha, vata

5. ROLE OF LANGHANA & PACHANA IN AAMVATA**Dr.Smita Vitthal Lokhande¹,**Associate Professor, Depart. Of
kayachikitsa, ADAMC, Ashta**Dr.Swapnil Sabgonda Patil²**Associate Professor, Depart. Of Rognidan &
Vikrutividnyana, ADAMC, Ashta**Abstract:**

Langhana is said to be first line of treatment in Aamvata as name of disease itself denote hetu is aam. After Langhana, Pachana is important to treat disease. Ayurveda has described Amavata as a chronic disorder with clinical manifestations of joint swelling, pain, and stiffness in the ankle, knee, hip joints, wrist, elbow, and shoulder. The worldwide incidence of RA ranges from 0.3 to 1.5%. Due to the irregular dietary habits & activities like doing exercise soon after consuming food etc leads to indigestion & formation of aama,further vitiated vata stimulates amrasa & takes this to kaphasthana like ura, kantha shiras etc. through raktvahini dhamani. Aama also mix with tridosh and finally beomes picchil & kleda. After reaching shleshmastahana & trksandhi due to similarity with kapha

its intensity increases & finally causes disease aamvata. As main samprapti of disease is following formation of aama. Langhan is considered as the best and foremost treatment of amavata. Langhan indicated for dosa pachan of mild dosa bala condition. Deepan- pachan increases the strength of agnibala of the patients by taking katu- tikta dravya and help to dosa pachan even in moderate stage of dosa bala. So while treating the disease langhana & pachana plays much important role as a first line of treatment

6. 'TOP DOWN APPROACH' METHOD IN UNDERSTANDING 'VIKALPA SAMPRAPTI' OF VAATA – VYADHI W.S.R. TO CHARAKA – SAMHITA.

Dr. Samarth P. Kotasthane

M.D. (Ayurveda), M.A. (Sanskrit)

Assi. Professor, TAMV, Pune, India – 410011

Tri – skandha Ayurveda is the characteristic feature of Charaka Samhita. Hetu (Causative Factors), Linga (Symptoms) and Aushadha (Treatment) describes all diseases in Samhita. The set of these Tri – skandha gives us complete knowledge of disease.

Samprapti (Path of formation of Disease) plays a key role in understanding disease as well as in deciding line of treatment. Charaka has explained various types of Samprapti, among them 'Vikalpa Samprapti' has its unique importance. It deals with 'Anshansh Kalpana' of a Dosha which is involved in the pathogenesis of that particular disease. 'Vikalpa Samprapti' gives emphasis on 'Guna' (Property) of that said Dosha, which is vitiated. In 'Top Down Approach' method, which start from a big entity and goes to lower level is the process of gaining the knowledge. Which is very resembles to 'Vikalpa Samprapti' concept from Ayurveda.

Understanding the process of vitiation of Vaata Dosha, while treating the Vaata Vyadhi is must. 'Vikalpa Samprapti' gives us thorough idea about vitiation of Guna of Vaata Dosha. With this complete understanding of Vitiated Dosha, one can do the treatment according to the property which is affected more. This leads to early, complete and irreversible cure of Vaata – Vyadhi.

7. CLINICAL EFFICACY OF PANCHAMULADI KAAL BASTI IN THE MANAGEMENT OF AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS**Dr. Pramod S. Mandalkar,**Associate Professors,
Department of Panchakarma, SMBT Ayurved College & Hospital,
Dhamangoan, Nashik, Maharashtra (India)**Abstract-**

Amavata has been a challenging problem to the medical field; it can be correlated with Rheumatoid Arthritis because several features are similar. All Doshas take part in the causation of the disease but Ama and vitiated Vata plays dominant role. Various treatment protocols are applied in this disease with partial success. Amavata is such a disease which continues to pose challenge to physician due to severe morbidity and crippling nature. It causes intolerable pain and severe deformities making the patient disable and bed ridden. Many research works have been carried out to solve this clinical enigma. But an effective, safe and less complicated treatment is still required for the management of Amavata. In present study Basti Chikitsa was selected for clinical trials, as Basti Chikitsa is the major treatment in Ayurveda which directly acts over the Vata Dosa. Also Basti especially Kshara Basti is main treatment for Amavata. So a clinical study was planned to evaluate the clinical efficacy of Panchamuladi Kaal Basti over Amavata. All clinical Nidanadi Ayurvediya parameters & American Rheumatoid Association guidelines were followed. In this Basti all ingredients are Katu-Tikta Rasa Pradhana, Ushna Virya, Amapachaka, Shothahara & Vatakaphashamaka properties and Kshara is also one of the ingredients of Basti Dravya, so it helps to destroy the Samprapti of Amavata. Before treatment & after treatment analysis was done & results were calculated statistically using paired 't' test. Results obtained are encouraging & indicate the efficacy of Panchamuladi Kaal Basti over Amavata exploring many aspects of this clinical entity.

8. AMAVAT- A CASE STUDY**Vd. Prashant A. Khade. (M.D.F.I.C.H.),**Asso. Prof. Samhita Dept.
Dr. D. Y. Patil Ayurved College & Research Centre, Pimpri, Pune-18.**Abstract :-**

Ayurveda gives prime importance to vatadosha in the pathogenesis of disease. Also Ama concept is very well described in texts and Ama is the product of decreased Agni i.e. Indigestion. It is very much important to recognise the Vyadhi (Disease) conditions and Samprapti (pathogenesis) to break the linkage in between vitiated Doshas and Dushyas. In present case a girl of 15 years had hetu of Vata vitiation and progressive pathogenesis

occurred. When she approached clinic every symptom of Ama was observed and major joints were showing oedema and restricted movements. Treatment was started with Aabhyantar, Bahya shaman chikitsa as well as Basti was planned. Shaman and Panchakarma treatments were done according to conditions. Patient showed marked changes, got relief and we were able to stop all medicines and treatment after seven months.

Keyword :-Ama, Vata, Aamvata.

9. ROLE OF MODERN THERAPY AND AYURVEDIC THERAPY IN SANDHIGATAVATA

Dr. Vikram Arun Shelavale PG Scholar

Guide - Dr. C. S. Hiremath

Hod – Dr. Hiranman Warungase.

Kayachikitsa department,

Ashvin Rural Ayurved Mahavidyalaya, Manchi hill,

Tal- Sangamner, Dist-Ahmednagar.

Abstract

A study on the role of modern therapy and the ayurvedic therapy in Sandhigataavata. Modern therapy which are used in orthopaedic practices based on symptoms suppression and drugs that cause many side effects have prompted people plagued by orthopaedic ailments to look for alternatives and holistic healing like Ayurveda. Several synthetic drugs or modern drugs introduced for the treatment of Sandhigataavata have good results but the side effects as drug dependence, drug resistance, sedation etc. also coexist. Ayurvedic treatment is entirely based on herbs, which have certain medicinal value and properties. Ayurvedic therapy being free from side effects provide rational means for the treatment of many internal disease which are otherwise considered incurable in others systems of medicine.

Keywords:-Sandhigataavata, Orthopaedic, Drug resistance, Side effects.

10. YOGRAJ GUGGUL IN PCOS - COCEPTUAL STUDY

Vd. Senhal S.Teware,

PG Scholar, Streerog-Prasutitantra Department

Vd. Kuntal Walunjkar, Guide,

Streerog-Prasutitantra Department

S.S.T. Ayurved College ,Sangamner

Abstract:-

Women with PCOS present with Amenorrhoea / Oligomenorrhoea, obesity, infertility and androgenic features. The conditions which are mentioned in various ayurvedic samhitas under different headings as Anartava, Nashtartava, Artavakshaya,

vandhya vonivyapt, Pushpaghni jataharini, Granthibhoot artavadushti , Srotodushti and Santarpanotha nidana can be compared with PCOS.

In Ayurveda we can treat PCOS according to ayurvedic principles of shodhan and shaman chikitsa. Yograj guggul is selected according to dosha- dushya dushti. It is tridoshaghna and rasayanpredominantly kapha-vataghna. Because of its srotorodhnashak properties it acts on affected srotasas improving menstrual abnormality, inducing ovulation , reduces obesity, insulin resistance and dyslipidemia. (Ref- Sarangdhar Samhita) Therefore, there is wide scope of research to find out Yograj guggul as an useful remedy for treatment of PCOS.

Keywords:- PCOS, Infertility, Artavakshaya, vataj disorder.

11. AMAVATA – A CONCEPTUAL STUDY

Dr . Arati Mane. (PG Scholar – Dept. of Dravyaguna)

UNDER GUIDANCE OF- **Dr .Balaji Pawar** (Guide - Dept. of Dravyaguna)

LRP Ayurvedic Medical Collage & Hospital Islampur .

Abstract-

Amavata is a painful condition which has been explained by Madhavkar. The disease initially manifests as a gut disorder with symptoms of indigestion and anorexia. As per Ayurveda, the word ‘Aam’ means toxic material generated as unwholesome product in the body due to weakening of digestive fire. This ‘Aam’ is then carried by ‘Vayu’ and travels throughout the body and accumulates in the joints, which is the seat of ‘Kapha’. As this process continuous, all the Joints are gradually affected, which results in Severe Pain and Swelling in the Joints. When ‘Pitta’ also gets aggravated, it causes Burning Sensation around the Joints. Later the disease is seen all the tissues, mainly bones, muscles and joints and multiple organs to cause a symptom complex. This condition is often compared to Rheumatoid arthritis of modern day. Some authors have also compared it to stages of gouty arthritis. The disease is formed due to vicious amalgamation of morbid Vata and ama.

Key words – Aam , Rheumatoid arthritis ,toxic material , Swelling in the Joints .

**12. A CASE STUDY ON AYURVEDIC MANAGEMENT OF AAMVATA
(RHEUMATOID ARTHRITIS)****Guide****Vd. Mukund M. More**

Ph.D (Ayurved)

SGR Ayurved college,solapur

PG Scholar**Vd. Vaishnavi N. Saka**

MD 2 nd yr(Ayurved)

SGR Ayurved college,solapur

Abstract –

Ayurveda has taken the foremost place in the management of crippling diseases, One of them is Aamvata which can be compared with Rheumatoid Arthritis due to its clinical appearance. Irregular dietary habits and activities like consuming food soon after exercise, heavy works etc leads to indigestion and formation of Aamras and takes to various kapha sthanas like oor, kantha, shir through raktvahini dhamanias. During the course aamras also mixes with tridoshas and finally becomes pichhil and kled. Even after reaching the shleshmasthanas, triksandhi etc regions due to similarity with kapha its intensity increases more and finally causes the disease Aamvata. Characterized by Angamard (body pain), thrishna (thirst), mandagni (poor appetite), gaurav (heaviness), apaka (indigestion), jwar (fever), shool (pain), shoth (swelling), graha (morning stiffness), restricted movements (kriyalpata) in joints. Aamvata is the second most commonest disorder seen in middle age people but nowadays childrens are also affected.

Present case of 11 yrs old girl with chief complaints of jwar, sarv shool sandhi shool, kati shool, ubhay manibandh sandhigat, gulf sandhigat and padanguli shool, shoth. There was significant reduction in shool and graha of sandhis with in 1 month. Thus aam pachan, aam nirharhana, vatanuloman and basti helps in relieving the symptoms of Aamvata. So the present study deals with systemic review of Aamvata from all classics of Ayurveda and its management.

13. APPROACH OF AYURVEDA IN MANAGEMENT OF SANDHIGATA VATA**Vd. Amol V. Ghodke,**

PG Scholar, Kayachikitsa Department,

Vd. Shirish D. Parve,

Guide, Kayachikitsa Department,

Hon. Annasaheb Dange Ayurved College, Ashta

Abstract :-

Sandhigatavata is the commonest form of articular disorder which is very chronic condition of joint inflammation. It is one type Vatavyadhi which disabled the person in regular activities like walking, bathing, dressing etc. Allopathic treatment has its own limitation and knee replacement can't be better option to relieve from osteoarthritis in all conditions. It can be treated

bitterly by management mentioned in ayurvedic classics. Shula pradhanavedana is the cardinal feature of the disease associated with sandhishotha with vatapurnadrutusparsha. But it can not be tackled by any one of modalities like drug treatment only. So, this should be managed by multimodalities like chikitsa, panchakarma, pathapathya, Aharavihar etc. Many drugs like Ashtishrunkhala, Parijataka, Guduchi, Bhallatak, Shaliparni etc. are the best drug of choice in management of osteo-arthritis. So this paper is focusing on all the aspects of its management so that it can demolish this disease with its root.

Keywords :- Sandhigatavata, Vatavyadhi, sandhishotha, panchakarma, osteo-arthritis.

14. To Study The Effect of Acina Tablets in Amlapitta.

Dr. Hemant Ghuge.

M.D. (Scholar).

Kayachikitsa.

College – Siddhakala Ayurvedic College, Sangamner

Abstract -

Amlapitta is one of the commonest and earliest disease of today life. Though it is Described since kasayapa-Aacarya it is aggravated now a days. Now all Natural things are disappearing daily food habits. All Dusta Bhavas are consumed like food e.g. packed and Stored Food, Restaruant Food. Ie. Idali, Wada, Bhel, Cold and chilled Food. Ie. Cheez, Cold Drinks, Sandwiches etc. These all are Vidahi anna leading to dusata pitta Vruddhi and is not Sufficient there fore we are having Smoking, Gutakha, Tobacco, Drinks along with mental Stress.

Untoward interference with natural laws of the universe, non practice of daily and seasonal regimen, unawareness of preventive, promotive, prophylactic, home care etc. are making life of man more miserable. All this under the group of acid peptic disorders. Inout patient and in patient Departments we meet with Numbers of patients suffering from Amlapitta. Hyperacidity leads to gastric ulcers as well as duodenal ulcers, if not treated further complication i.e. perforation.

15. EFFICACY OF VAITARAN BASTI AND SIMHANAD GUGGUL IN AMAVATA

Dr. Ritu Wadhwa

Professor. Panchkarma

Dr. Jaya K. Ghore

Designation: Associate Prof. Panchkarma

D.Y.Patil School Of Ayurveda, Nerul, Navi Mumbai

ABSTRACT

Amavata is an autoimmune disease & compared with Rheumatic arthritis. Vaitaran Basti is indicated to control this disorder. To prove its efficacy in

Amavata 10 patients were selected with classical symptoms of Amavata from Panchakarma OPD of Dr.D.Y.Patil school of Ayurved & Research Institute Nerul. First & last Saindhavadi tail matra basti of 50 m.l. was followed by 8 no. of vaitaran Basti.Total 10 Basti was administered. Simhanad guggul 500mg. twice in a day for 30 days was advised as shaman aushadhi. The present clinical study has been undertaken to evolve the treatment procedure for aamavata to observe the efficacy of vaitaran Basti & simhaanad guggul. The study has revealed that patients got significant result in functional score & swelling. Patients had got very significant result in morning stiffness, pain,tenderness & grip. Since amavata is an autoimmune disease patient may require second course of the same patern.

Key words: Vaitaran Basti, Simhanad guggul, Amavata

16. STRUCTURAL CHANGES IN JOINTS IN CASE OF SANDHIGATWATA

Vd.Sagar R. Pimple,

Pg Scholar, Rachana Sharir Department

Vd. D.B.Naik,

Guide, Rachana Sharir Department
PDEA's. Ayurved College, Nigadi,Pune

Abstract:-

Sandhigatwat is the disease produce because of vitiation of vata dosh. In modern terminology we consider its correlation with inflammation of joint called as arthritis. Arthritis is the most common type of joint disease affecting most of the people in old age. Arthritis is an leading cause for joint disability. It is an degenerative disorder arise from the breakdown of hyaline cartilage in synovial membrane. There is also involvement of other joint structures in the arthritis like ligaments. Heberden nodes represents palpable osteophytes in the deep joint. Also inflammatory changes in joints are notable.

Keywords:-Sandhigatwat, Vata dosh, Arthritis.

17. LITERARY RESEARCH IN EXPLORING PRINCIPLES AND PRACTICE OF BHASRIKA PRANAYAM IN PAIN TOLERANCE IN AMAVATA VYADHI

Dr. Amale Deepali Jeetendra

M.D. (Rognidan) HOD And Professor ,
C.S.M.S.S. Ayurved College Kanchanwadi Autrangabad.

Pranayama consists of three phases: Purak, Kumbhak and Rechak. Pranayama are beneficial for the treatment of cardiopulmonary diseases, autonomic nervous system imbalances, and psychologic or stress-related disorders.

Bhastrika, is a term derived from the “bellow” in which the breath is actively blasted in and out in multiple ‘whooshes’ with forced abdominal contraction. Bhastrika produce central neuronal activation, to improve the speed of reaction and to produce a balance between the sympathetic and the parasympathetic aspects of the autonomic nervous system.

Amavata is a disease caused due to the vitiation or aggravation of Vayu associated with Ama. Vitiated Vayu circulates the Ama all over the body through Dhamanias, takes shelter in the Shleshma Sthana

Pain is an unpleasant sensation that the brain interprets after a peripheral lesion of nociceptive intensity. Nociception is the conscious perception of pain that has mechanical, thermal or chemical origin. Nociceptors are peripheral receptors. They represent the end segment of the unmyelinated and myelinated dendrites of sensitive neurons that make a cutaneous nerve. They have a very high excitability threshold. Pain perception can be modulated according to the emotional behavior. Physical exercise contributes to an increase of pain tolerance. Bhasrika Pranayam contribute at both physical and mental level as it is meditative and speed up autonomic nervous system. By practice of Bhasrika Pranayam, nociceptive information can be inhibited by stimulation of the opioid receptors found at presynaptic level in primary afferent neurons. The sensory signals that enter at spinal cord level inhibit the nociceptive signals through a non-opioid gate mechanism.

Key Words : *Bhasrika Pranayam, Pain tolerance, Amavata, Nociceptors.*

18.A CASE STUDY ON THE AYURVEDIC MANAGEMENT OF AMAVATA

Vd. Satish Digambar Urhe

Assit.professor Dept.of Panchakarma,
SMBT Ayurved college, Hospital & Post Graduate Research Institute.

Abstract:

When there is Improper digestion of food, toxins material are produced which is known as ‘Ama’ in Ayurveda. Amavata is correlate with Rheumatoid Arthritis in Modern science. It is an Autoimmune disease which causes inflammation in the Joints. Ama is produced due to Rasadhatwagni mandya. Ama is caused by Diwaswap, Sea food with milk.. etc . In present study a female patient of 37 yrs was complaining of Sarvang sandhi shula (Vrushik Dansh vat vedana), shoth, kriyakashtata, Aangamarda, Jwar..etc was diagnosed as Amavata. The Ayurvedic drug combination which include Aajmodadi churna, Musta, Shunti, Haritaki, Yograj Guggul...etc.Anupan- Koshna jal.Kala- Adhobhakt, was given for 60 days to manage ‘Amavata’. It was observed in clinical Assessment that the drug therapy

shows the significant relief in Sarvang sandhi shula, shoth, Jwar, Aangamarda. Hence, the combination of above drug is effective in the management of Amavata.

Key Words- Amavata, Rheumatoid Arthritis, Aajmodadi churna.

19.A CLINICAL STUDY ON EVALUATION OF EFFICACY OF DASHMULADI KWATHA IN THE MANAGEMENT OF GRIDHASI WITH SPECIAL REFERENCE TO SCIATICA

Dr.Madhavi Dattatray Gaikwad

Associate Professor (Rog Nidan Department)

CSMSS Ayurved College Kanchanwadi Aurangabad

Former PG student of R A Podar ayurved college worli Mumbai

Abstract

Changing of life style of human being has created several disharmonies in his biological system. With the advancement of busy, professional and social life, improper sitting posture in offices, factories, continuous exertion, jerking movements during traveling and sports, all these factors create undue pressure on the spinal cord and leads to low backache and sciatica. Sciatica is pain radiating through sciatic nerve trunk. It is mainly caused by compression of nerve root resulting from IVDP, osteophytes and canal stenosis. Chief symptom of sciatica is pain radiating from buttocks down to the leg. In Ayurveda Sciatica can be compared with Gridhasi. The present study comprised of 30 patients of Gridhasi selected from outdoor and indoor patient of R A Podar Ayurved College Worli Mumbai. Treatment included Dashmuladi Kwatha given with Eranda tail. Significant results were recorded in Gridhrasi, so it was concluded that trial formulation is quite effective in management of acute stage of Sciatica.

Keywords : Gridhasi, Dashmuladi Kwatha, Eranda tail

20. AYURVEDIC APPROCHED FOR AMAVATA- A CASE STUDY.

Author-

Dr. Jain Ankita Pravin

MD (Scholar) kayachikitsa dept

SGR Ayurved collage Solapur

Guide-

Dr. Vivek S. Chandurkar

Prof. and HOD of Kayachikitsa dept,

SGR Ayurved collage Solapur.

Abstract

Ayurveda is Preferred for the treatment of autoimmune and Life style disorders. Amavata is compared with rheumatoid arthritis (RA) on the basis of clinical similarity between the two. Pain in joint with Swelling is a cardinal feature of this disease. Though

various treatment protocols are available for the disease, but the expected results are yet to be achieved. Due to its world wide spread, much prevalence rate and lack of satisfactory treatment the disease had been chosen for the present clinical study.

Ayurveda Promises an excellent therapy for it. The present clinical trial was conducted to provide a safe, economical and effective therapy to the patient of amavata. Here a case report of a patient suffering from amavata, where a systemic treatment protocol, purely based on the principle of ayurveda was adopted. A 28 year old male patient, presented at the OPD of SSNJ Ayurved Hospital, Solapur. He has complaints of Pain and swelling in all joints with morning stiffness of his body. The principle of treatment of amavata includes Langhana, svedana, ampachana, agni deepana, virechan, snehapana and kshara basti. He was given langhana chikitsa in the beginning which includes valuka sveda, patra pottali svedana and kshara basti followed by virechana. Along with these treatment, internal medication and specific diet plans like pachana kashaya and uavagu were also given to the patient. There was remarkable improvement in the patient after treatment.

21 ANATOMICAL AND PATHOLOGICAL STUDY OF ARTHRITIS WITH SPECIAL REFERENCE TO DIFFERENT 'VATVYADHI'.

1.*Vd .Komal Vishnu Bhosale, 2.Vd.Rupal Shah

1.P.G Scholar ,Rachana sharir department ,Tilak Ayurved Mahavidyalaya,Maharashtra.

Abstract :

Arthritis is the major problem in almost all age group now-a-days and not only in 'Jara –

Avastha '(old age) .It may be traumatic or pathological .In this study, comparison of different type of arthritis on the basis of anatomical changes in joint at pathological level , which help to differential diagnosis between various type of arthritis at clinical level to avoid over investigation.As in Rhumatoid Arthritis ,there is the progressive destruction of joint and soft tissue may lead to chronic irreversible deformity eg 'Swan neck deformity' , 'Boutonniere deformity' ,etc . In Acute Rhematic Fever there is migratory assymetrical swelling of joint and it always affect large joint .In osteoarthritis all structure of joint undergoes pathological changes and osteophyte is an important radiological hallmark .In case of Gout ,attack of acute arthritis eventually leading to the formation of tophi .However , in Calcium Apatite Deposition Disease (CADD) ,apatite aggregate is synovial fluid in an extremely destructive chronic arthropathy.

22. AYURVEDIYA MANAGEMENT OF MULTIPLE SCLEROSIS DISEASE.**Vaidya, Varsharani Arjun Chaudhari,***Asso.Prof. Dept.of Kayachikitsa.**SMBT Ayu.coll.and Post graduate centre, Dhamangaon , Nashik.***Abstract**

Multiple sclerosis (MS) is a demyelinating neurological disorder which affects spinal cord & brain also it is said to be one of the non curable Autoimmune disease. Symptoms of MS include muscle weakness , lack of coordination between movements , slurred speech, tingling numbness , loss of sensation & visual changes. According to ayurveda we can correlate MS with Vatavyadhi . these all symptoms of MS are similar to lakshana of Vataprakopa - Vitiation of vata. Vatadushti occurred due to Asthi and Majjavaha strotodushti. In chikitsa of Asthi and Majjavaha strotodushti use of Tikta and swadu dravyas in the form of Basti , kshirapaka etc. is indicated (ch.su. 28/25-26) . So when we used Panchatikta kshirghrut Basti and Panchatikta ghrit Guggulu along with Pindaswedana therapy , it helps to patient to get relief from symptoms of MS. This ayurvediya therapy will definitely improves quality of MS patients life.

All details about topic and references will be explained in full paper presentation.

key words :-*Multiple sclerosis, Vatavyadhi, , Panchatiktakshirghrut basti, Panchatikta ghrit Guggulu , Pindaswedana.*

23 EFFECT OF AGNIKARMA IN THE MANAGEMENT OF SANDHIVATA (OSTEOARTHRITIS) – A CASE STUDY.***Tejas Kakade, **Dr Sadhana Misar,****PG Scholar, **MD (Ayu) Associate professor, Kayachikitsa Department, Mahatma Gandhi Ayurvedic College, Hospital Research centre, Salod (H)***Abstract :-**

Osteoarthritis (OA) is a chronic degenerative joint disease and is pervasive form of arthritis. It progresses slowly with usual signs and symptoms being pain, enlarged and deformed joints as well as limitation of the range of motion. It is a leading cause of disability affecting 60-70% of the population older than 60 years. Osteoarthritis can be considered as Sandhivata in Ayurveda. According to Charaka Samhita Chikitsa Sthana 28 Sandhigatavata is considered under Vatavyadhi . OA of knee joint comes under the inflammatory group which is almost identical to Sandhigata Vata with respect to etiology,

pathology, and clinical features. Agnikarma (therapeutic heat burn) is one which gives instant relief from pain by balancing local Vata and Kapha Dosha without any untoward effects.

Keywords :- Sandhivata, Agnikarma, Osteoarthritis.

24.THERAPEUTIC EFFECT OF BRAHMI AND JATAMANSI SIDDHA TAILA SHIRODHARA ON MENTAL ILLNESS – A CLINICAL STUDY

Vd. Shreerang Chhapekar

Department of Kayachikitsa
ARAC Manchi Hills, Sangamner,
Dist Ahmednagar, Maharashtra

Vd. Vrushali Chhapekar

Samaayu Ayurved Clinic,
4, shreyas, Behind SBI, Mahabal,
jalgaon, Maharashtra

Abstract

In present era, mankind is suffering with an unavoidable factor i.e. stress. Mental health, mental illness and stress management are therefore important factor in today's busy life. Shirodhara is an ancient Ayurvedic healing practice with the help of which, status of equilibrium of mind can be easily achieved without taking internal medication.

The present clinical study was conducted on thirty patients who were working under stressful situations. The objective of study was to observe the rate of response to Brahmi and Jatamansi siddha taila Shirodhara when used as a treatment of mental illness with the help of clinical parameters. The patients within the age group 31 to 60 years and diagnosed for mental illness were included and those who were taking antipsychotic, antiepileptic drugs and having systemic disorders were excluded for the study. Sarvanga Snehana with Dhanwantar taila and Swedana with Dashamoola kwatha were done as poorvakarma. The clinical parameters like fatigue, weakness, insomnia, headache, anorexia, hypertension etc. were observed before and after treatment.

All the symptoms were observed to be relieved significantly after treatment. No adverse drug reaction was found. So, Brahmi – Jatamansi siddha taila Shirodhara can be used as a powerful remedy for mental illness without using internal medication.

25. REVIEW ON SOME IMPORTANT MEDICINAL PLANTS USED IN AMAVATA (RHEUMATOID ARTHRITIS)

Dr. Santosh M Doifode,

Assistant Professor, Department of Dravyaguna,
Shri Gurudeo Ayurved College, Gurukunj Mozari, Dist. Amravati.

Abstract

Amavata is chronic and most common disease of modern era described in Ayurveda. It is a disease in which vitiation of Vata dosha and accumulation of Ama takes place in joints which stimulates rheumatoid arthritis (RA) in modern science. The suitable effective treatment of this disease is not available in the modern medicine till now. To understand commonly used medicinal plants for Amavata. All the references are taken from Ayurvedic literature, Researches, Journals of Ayurveda. Many medicinal plants are very effective in Amavata.

26. TO STUDY DRUGS OF VEDANASTHAPANA DASHEMANI

Vd.Vedanti Ashok Kulkarni

PG Scholar (Dravyaguna Vidgyan)
LRP Ayurved college, Islampur.

Vd. Kamal Naik

Guide &HOD (Dravyaguna Vidnyan)
LRP Ayurved college, Islampur.

In Ayurvedic literature drugs are classified into several groups on the basis of Common characteristics. Same drug can be found in more than one group and one drug itself may act in many different ways.

In Charaka Samhita Sutra Sthana 4th ch. (Shad virechana shadashriteeya adhyaya), 500 drugs (50 groups of 10 drugs each) have been described & assigned the term 'Dashemani'. Vedanasthapana Dashemani is one such group of ten drugs.

In Ayurvedic texts, various terms such as, Ruk, Ruja, Vedana & Shool are commonly used for pain, however, Further, it has been elaborated that out of Tridoshas, vitiated 'Vata' is the main causative factor responsible for all painful conditions. This vitiation of Vata occurs in two ways, viz. Dhatukshya janya Vata prakop and Margavarodh janya Vata prakop. Similarly, 'Ruksha' and 'Chala' Gunas (characters) of Vata are mainly involved in the manifestation of pain.

The aim of this study is to study vedanasthapana drugs. The drugs in vedanasthapana dashemani by its Ras, Virya, Vipak, constituents act on the vitiated Vata

which helps in relieving pain. Vedana/Ruk/Pain can be successfully treated by Ayurvedic formulations containing these drugs.

27. INTESTINAL WORM INFESTATION

VD. Tarekar. A. N.

HOD.Dept. Of Kaumarbhritya.
A R A C manchi hill.

VD. Mahesh Jadhav.

Guide. Dept.of kaumarbhritya.
Reader

Arjun. P. Rathod

P. G Scholar.

Abstract

Intestinal worm infestation have been considered a major public health problem throughout the world. In India this problem is More significant. It's More common in children comparative than adults, worm infestation hamper the growth and development of a children. It create malnutrition, Iron deficiency and impairment seriously because worm infection contributes significantly of a abdominal surgical emergency or may be cause of death.

Anti helminthic drugs produce gastro intestinal disturbances nausea n vomiting etc. Ayurvedic krimighana formulation are easy to administrate that is Triphaladhya Ghruta mention in bhaishyajja ratnavli which is krimivinashak. In most of patients,who are suffering from worm infestation have an vivarnata on the face. It's explain in ayurvedic text under the lakshana of purishaj krimi and also in rasavaha srotodusti lakshana. So it lead to deficiency of rasa dhatu. According to dhatu poshana nyaya if the rasa dhatu is not sufficient then other dhatu can't form properly and ultimate weak resistance and develops poor immunity.

28 PINDASWEDA(NAVARAKIZHI): A REJUVENATION BASED THERAPY OF AYURVEDA IN SANDHIGATVATA WITH SPECIAL REFERENCE TO OSTEOARTHRITIS.

PG scholar - Dr Ajitkumar Niranjana Sahu

2nd year M.D.(Kayachikitsa)(Sch) (MUHS)

Guide- Dr Geeta D Parulkar, M.D.(Chikitsa)(Mum), Phd (Mum)

Professor (Kayachikitsa)

College- R.A. Podar Medical College (Ayu), Worli, Mumbai-18

Background-

An Attempt has been made to critically study and analyze the Clinical efficacy of Ayurvedic Special therapy of Rasayana karya (i.e. Rejuvenation) in Sandhigatvata (can be

correlated to Osteoarthritis) named as “**Pindasweda (Navarakizhi)**”. Inducing perspiration by using heated round boluses of rice is referred as ‘Pindasweda’.

India has about 100million older persons (60+Age) accounting for 1/8th of World Geriatric Population with Females more than Males. Prevalence of Musculoskeletal disorders is 61% in India which includes Osteoarthritis, Rheumatoid Arthritis, Post traumatic Disabilities, Osteoporosis, Myelitis, Lumbar and Cervical Spondylosis etc. Among these, Osteoarthritis stands 2nd most common cause for Disability after Backache in India. After survey in OPDs and IPDs of M.A.Podar Ayurved Hospital in Mumbai, I came to know the importance about its Management as a ‘Rejuvenation External therapy of Pindasweda’, which strengthens the Muscles, Tendons and other soft tissues supporting the Musculoskeletal system of the body that reduces the chances of further abovesaid complication.

30 patients suffering from abovesaid ailments had undergone the said therapy everyday for 1/2 hour for 15days after Investigations and Physical Screening. The Koshna Pindas (Lukewarm Boluses) prepared by Shashtik Shaali Rice in decoction of Bala , Rasna, Dashamoolas and Dugdha were used for Swedana (Fomentation) after Snehana (Oleation).

Observations of this Clinical work taken up to show the inter-relationship between Panchakarma Purak chikitsa and Osteoarthritis. 70% patients relieved symptomatically in Sandhishoola(Joint pain), Snayushoola(Myalgia), Stambha (Stiffness of Joints) etc. with corresponding increase in their movements, which will be discussed in details in Full paper

It has been already proven that most of the ingredients used in Pindasweda are having predominantly Madhur-Tikta -katu rasas, Ushna virya and Katu vipakas, ultimately stimulate and strengthen the bones, muscles, tendons and innervating nerves through Pindasweda in these particular ailments.

29. REVIEW ON AAMVATA W.S.R. TO PATHYA APATYA

Dr.Akshata Tare .(PG Scholar – Dept. of Panchkarma)

Under guidance of –**Dr.Tanuja Gaikwad**. (Guide-Dept. of Panchkarma)

Late kedari Redekar Ayurvedic Medical Collage & Hospital Gadhinglaj.

Abstract -

Amavata is most common disease among various joint disorder and the changing life style, dietetic pattern are also being manifested as the increment in the number of patient day by day.

Mandagni and vata plays a major role in the aim stabddhata, sandhigaurav etc. Rheumatoid Arthritis in contemporary parlance on the ground of its similar sign and

symptoms. Here in this article, the diagnostic and treatment aspect are discussed using Ayurveda and contemporary literature. Ayurveda advocates healthy life style through ahara, vihara aushada and different kinds of karmas to prevent all type of disease. literature Chakradatta explored the line of treatment for Amavata as under – langhana, swedana, tikta, deepana and katu drugs, virechana, snehapana, sandhavadu anuvasan basti as well as kshar basti are praised for Amavata . Pathya and apathya are very much important for management of disease , because of this reason we focus on pathya and apathya in Amavata .

Key Words: Arthritis , stabddhata, sandhigaurav

30 “AMA VATA” – PANCHBHHAUTIC PERSPECTIVE

Vaidya Prashant Suru

On the onset, let me thank the Organisers to invite me to put forth my concept about “Amavata”. I will take this opportunity to pay sincere tribute to our Legendary Ayurved Guru **Brihat-trayi Ratna Vaidyaraj Atmaram Waman Datar Shastri**. He is the Pioneer of **Panchbhhautic Chikitsa Pranali** – a different stream of Ayurved. He established the system based on ‘**Panchbhhautic axiom**’.

‘Ama Vata’ is the disease of a Chronic pathogenesis. Its nature of “Madhyam marga’ – and painful symptoms, causes serious concern to mankind. The patient suffers a lot due to disease specific complaints. It is originated from Rasavaha srotas, but it vitiates other srotas such as Annavaha, Purish and Mutrva srotas as well. We, the Ayurved disciples are aware of the meaning of ‘AMA’.

The AMA is the main perpetrator and vitiated culprit dosha is Vata. Basic cause of AMA production is because of **Low** potent **AGNI**. “**JATHARAGNI DAURBALYA**” is the basic reason behind the pathogenesis. Vayu gets vitiated due to obstructive phenomenon. ¹

This samprapti takes place in slow process. Repeated Viruddha ahar – improper amalgamation of food and improper physical movements, especially after the oily, heavy and slimy food intake and wrong exercises are the responsible factors. ². We can observe; our recent life style and habitual food pattern leads to pathogenesis.

‘Ama’ avastha leads to obstruction in Akash Mahabhuta. ³ The obstruction causes Vata vitiation. Ama is predominantly obtained due to atypical Prithwi and Jala mahabhutas.

Though it sounds of Saam Vayu vitiation⁴, the samprapti has Saam Kapha symptoms⁵ as well. From oral cavity itself, Bodhak Kapha gets Saam avastha. Hence it is carried up to Kledak Kapha as well. Weak power of Ranjaka Pitta cannot digest it well and

the Ahara rasa becomes Saam. Further, with Sara – Kitta distribution; the wrong amalgamated Ahara rasa reaches to heart for nourishment of tissues and organs. Avalambak Kapha situated at heart gets vitiated. Cardiac involvement takes place in Samprapti. Avalambak Kapha is responsible to hold and strengthens all remaining four sub types of Kapha. Chinta is one of the causative factors for Mind and even increases Vata Vitiating. Prithwi and Jala Mahabhuta imbalance create situation for samprapti. Agni is weak and Vitiating Vayu and Akash Mahabhutas are responsible for further pathogenesis. Disease specific symptoms are observed at all levels. Body, mind and Soul are at unrest. Hence this disease is called as Monster disease. The chronic process of pathogenesis makes it difficult in severe stages. When Upadravas are observed, the vyadhi – condition gets Yapya to Pratyakhyeya and then Asadhya. According to Panchbhautic theory, the disease is curable in early stages and with prolong treatment.

In this brief text, I will not write all the signs and symptoms to avoid repetitions, but the collective effect is observed on Rasavaha srotodushti along with Annavaha, Purish, Swedovaha, Mutravaha srotasas as well.

*Due to Saam Ahar rasa, the vitiation take place at subtle Dhatu level. All the seven dhatus and **Oja** also get this Saam avastha. Organs of Agni sanstha - Predominantly Liver, Kidneys and Spleen along with Heart get structural and functional imperfections. These factors should be considered by Chikitsak. **The imbalance in Panch Mahabhutas causes Disease.**⁶*

As per the common pathogenesis given in Ama Vata, to avoid the causative factors, is the prime line of treatment.⁷

***‘To enhance and kindle the AGNI’- will be the Dictum**, in treatment of ‘Ama Vata’. Once ‘Ama’ is resolved with help of Langhan, Swedan, it will be easy to correct the Vata gati. Normally Saam doshas are not treated with Shodhan.⁸ Mrudu Sanshodhan – Virechan, Basti, and Dry swedan are recommended. We should consider the Mind effect as well.*

“Panchbhautic Chikitsa’ claims to treat Ama pachan, Vata anuloman and then Rasayan to systems and organs. In this line of treatment, Vaidyaraj Datarshastri advocated Dhanyak and Jeerak Phanta for detoxifying the body, Shwadanstradi Guggul, Phaltrikadi Guggul, Varangak kshara, Lashunadi vati and then Mahayograj guggul to achieve Rasayan effect.

In my presentation, I will present case studies and other practical aspects of treating Ama Vata. Thanks.

31. A REVIEW ON THE ROLE OF BHALLATAKA RASAYANA IN AMAVATA**Namrata Bhatt¹, Alok Kumar Srivastava²**M.D. Scholar¹, Professor²Dept.of Panchakarma, Rishikul Campus, Haridwar
Uttarakhand Ayurved University**Abstract**

Rheumatoid Arthritis is an auto- immune disorder primarily affecting the joints of hands , feet, wrists ,elbows, knees and ankles. Symptoms like angamarda ,shoonta anganaam and its ashraya in asthi and sandhi puts it equivalent to amavata in ayurvedic context. In Ayurveda, bhallataka products are used widely and particularly in the cases of diseases not amenable to treatment by modern medicines. Rasayana drug maintain the positive health status , restores oja by improving the vyadhikshamatwa shakti of the body .

Keywords- Amavata, mandagni, ama, Bhallataka, stiffness.

32. AN INTEGRATED APPROACH IN THE MANAGEMENT OF RHEUMATIC ARTHRITIS & ITS COMPLICATIONS –AN OVERVIEW**Dr. Govind V Shinde**

Professor & HOD.

Shalakya Tantra. CSMSS Ayurved college.

Kanchanwadi, Aurangabad.

Abstract : *In cases of complicated rheumatic arthritis there are not that much satisfactory answers in medicine. Help of Ayurvedic or contemporary medicines can be taken.*

In acute attacks-

Appropriate antibiotics like penicillin or erythromycin can be tried. Penicillin , Salicyllates, NASIDS are recommended.

If cardiac involvement is there (valvular involvement, cardiomegally) then digitalisation associated with diuretics are given, antihypertensives of ACE inhibitor group like enalapril, captopril are given to reduce preload.

In Ayurvedic medicine disease similar to rheumatic arthritis is termed as Aamvat and explanations are correlating with symptoms like shifting arthralgia- sanchari sandhi shool, palpitation – rhaddhrav, dyspnoeaon exertion – shrama shwas etc and medicines are helpfull in Aamvat are castor oil, guggul kalpa, ayurvedic diuretics like gokhru punarnava etc are given. Arjun acts similar to digitalis and strengthens myocardium, dry hot sand bags applied to joints called ruksha swed helps to relieve joint pain.

After all this treatment patient is not satisfactorily improving, cardiac manifestations become troublesome and patient has to go for very costly operative treatments like valvotomy, valvoplasty etc which are possible for just 1 to 2 % of patient population. At very few centres are having operative facility also these procedures are expensive not in reach of all victims. So every patient can't approach to these centres.

After experience of many cases of rheumatic arthritis with RHD, it was noticed that patients approach to doctors is in complicated conditions or after cardiac involvement where there are restrictions for the treatment. Many patients are treated by general practitioners symptomatically and they miss this condition. So these frontline soldiers of medical profession should be trained about this disease. Many times this disease is diagnosed accidentally. Many cases are detected at the time of labour, pregnancy becomes at risk for such females. Many ladies hide their problem from their husband or relative due to social burdens. Many times injections of Penidure helps to open such cases to family members of newly married ladies and clashes start from there. Medicines are not take

To prevent such late complications each and every c n properly in continuation due to such socio economic stigmas and disease worsens in such fellows. hild of sore throat, tonsillitis should go for throat culture and be treated with proper antibiotics like erythromycin, penicillin etc. Each and every case of shifting arthralgia should be thought in the direction of rheumatic arthritis, investigated and treated properly. After diagnosis condition of the disease and further complications should be explained to patients and relatives. There should be a prompt data of such cases at every PHC level and cases should be followed promptly.

People should be educated about child health, specifically this disease. Treatment of rheumatic fever or arthritis should be given free like tuberculosis, leprosy etc. Children of rheumatic disease should b shifted to well equipped centres and proper nourishment should be given at such centres. Government should maintain data of such patients, home counselling of patients and relatives by health workers should be done. Well equipped centres for this disease should be started at every district or regional level. , Labour of such patients should be attended by experts.

33. A CLINICAL STUDY ON AYURVEDIC PRINCIPLE MANAGEMENT OF RHEUMATOID ARTHRITIS

Dr. Anuja Naravanekar.(PG Scholar – Dept. of Panchkarma)
Under guidance of –**Dr. Tanuja Gaikwad.** (Guide-Dept. of Panchkarma)
Late kedari Redekar Ayurvedic Medical Collage & Hospital Gadhinglaj.

Abstract

Amavata is commonest disorder seen in middle age group .women are more affected by aamvat it was first described as an independent disease in MadhavaNidana. Though Ama and Vata are the predominant pathogenic factors but the disease represents

tridoshic vitiation. The affliction of Sandhis by Vatadi dosh association with Ama , reflects the equal role of both Dosh Dushya in the causation of this disease. Due to Agni daurbalya food is not digesting properly and it converts into apaachit aaharras. This apakva rasa is called as Aam. Aamavata is chractrised by angamard , aalasya, gaurav, trushna, klam, apak & jwar. It having pain migrate from one place to another In lateral stage it having vrushchik danshvata vedna with burning sensation. In modern science, it is correlate with rheumatoid arthritis. In this article patients treated with chakredatta chikitsasutra

Key words - *tridoshic vitiation , vrushchik danshvata vedna , angamard , aalasya.*

34. ROLE OF SUNTHI IN AAMVAT

Dr . Anupama Patil (Asst. Prof . Dept. of Dravyaguna)
LRP Ayurvedic Medical Collage & Hospital Islampur.

Abstract –

Aamvat is painful joint disorder affects musculoskeletal system , which is mostly found in female. The word aamvata having two components i.e. aam & vata. These two components contributes to morbidity of disease and diseased process of aamvata . Present era's hectic lifestyle, lack of exercise, faulty dietary habit like intake of unwholesome fast food, beverage, canned food, sedentary lifestyle, use of air conditioner etc have led to many digestive problems and one of them is mandagni, which results in production of Ama. Amavata is one of the disease which is emerging very rapidly today. Mandagni is the chief causative factor of aamvata . So, the primary target of treatment is to correct mandagni or to focus on digestion of aahar. So first aim in management of disease is suggested to be prevention of formation of Ama, its pachana by stimulating jatharagni which achieved by taking katu, tikta rasatmak and deepana, pachana guna prominent drug. because of this for this research we use deepan herbs like sunthi (zingiber officinalis Roxb.) having katu rasa is effective in handling premonitory condition of aamvta .

Key words – *Aamvat ,sunthi .*

35. AYURVED APPROACH OF ARTHRITIS**Dr. Uday K. Neralkar**

MD (Ayurved)

Prof. Panchakarma Dept.

CSMSS Ayurved College, Aurangabad

Abstract

According to Ayurved science Arthritis is joint disorder, which occur due to vishiated vatadosh. Vatprakop is due to dhatukshay & obstruction in doshas. The onset of disease is usually insidious with progressive joint involvement. In acute stage symmetrical peripheral polyarthritis is developed. Initially pain on movement in joints, early morning stiffness is found. As the disease progressed limitations of joint movement, joint instability & deformities are found. Swan neck deformity, spindling in interphalengial joints are usually seen in hands. systemic symptoms concern anorexia , weight loss , lymphadenopathy & nodules are seen.

Treatment-Snehan-Swedana, Upnah, Vidha karma, and Cauterization, Raktmokshan, Virechana, Herbal decoctions and raskalpas, Basti, panchakarma, Physiotherapy.

All rheumatic diseases are treated with various herbal medicines. Singal drug or mixture of drugs are used in arthritis. Some herbal names are mentioned here, it act like anti- inflammatory and analgesic activity. 1-Shallki (*boswelia serrata*) 2-Kundru (*boswellia fluribunda*) 3-Yashtimadhu (*glycyrrhiza gala bra*) 4-Rasna (*pluchea lanceolata-compositeae family*) and (*vanda roxburge-orchidaceae family*) 5-Pooshakarmool (*Inula racemosus*) 6-Nirgundi (*vitex negundo*) 7-Shunthi (*zingiber officinale*) 8-Rason (*allium sativum*) 9-Ashwagandha (*withania somnifera*) 10-Chopchini (*Iris germnica linn.*) 11-Methica (*Trigonella penugaecum*) 12-pimpalmoola (*piper longum radix*) 13-Erandmoola (*Ricinus communis*) 14-haritaki (*Terminalia chebula*) 15-Amalki (*Embilica officinalis*) 16-Bhibitaki (*Terminalia belerica*) 17-dashmoola 18-Bol (*commiphora myrrha*) 19-Nagkeshar (*Mesua ferrea*) 20-Gugulla (*commiphora*) 21-Ajmoda (*Carum roxburghianum*)

Good results depends upon treatment given by expert phisician after the complete examination of patient, as per prakurti parikshana and the systemic examination . Arthritis is curative disease but good and proper treatment, pathyapathya and proper physiotherapy is required for cure the disease.

36. AN OVERVIEW OF COMMONLY PRACTICIZED MEDICINAL PLANTS ON AMAVATA WITH THEIR MECHANISM OF ACTION.**Vd.Ashashri T. Shinde***Assistant Professor, Dept. Of Dravyaguna,
Yashwantrao chavan ayurved college, Aurangabad.**Abstract-**

Amavata is disease of Rasavaha strotasa & the outcome of Agnidushti, Amotpatti and Sandhivikruti which is characterized by Gatrastabdhatata resulted by the combined effect of excessively formed Ama and prakupita vata seated in triksandhi. In the context of amavata acharya madhava described different causes (Hetu) as like Guruhar, kandshak sevan, viruddha ahar, viruddhacheshhta, mandagni, avyayam, snigdha bhuktavata vyayam, vyavaya which created the samprapti of amavata. As sages of Ayurveda described chikitsa regimen for Amavata which includes Aushadha, Ahara and Vihar. For sampraptibhang the aushadha and aharadravya should be contradictory to hetu guna i.e the herbs used to treat the disease will act on sampraptighatak of disease which normalizes Agni, Metabolizes Ama, regulates vata, maintain healthy samndhi and Sandhistha shleshma. In this paper we discuss about the Commonly used medicinal plants as single drug or in combination with another as per their mechanism of action includes Eirandtail, Shunthi, guggulu, Musta, pippali, chitrak, nirgundi, shatpushpa, shallaki, yashtimadhu & Rasona.

37. Concept of Arthritis and Depression in Ayurveda: A Scientific review**Vd. Warungase Hiraman**Vice Principal
HOD & Professor
Department of Kayachikitsa
Ashvin Rural Ayurved College
Manchi Hill Tal: Sangamner

The diagnosis of any form of arthritis including Osteoarthritis (OA), Rheumatoid arthritis (RA), Psoriatic arthritis, Ankylosing spondylosis, gout and fibromyalgia causes emotional distress and can have a negative effect on psychological health. The main symptom in arthritis is pain and living with daily pain is physically and emotionally stressful. In most cases this emotional distress subsides over time as psychological

adaptation to the condition occurs. But some people develop more severe psychological distress that can result in significant additional disability and suffering.

Many studies have shown clearly that people with arthritis with the highest pain levels are the most likely to be anxious or depressed. The pain and loss of function associated with arthritis can contribute to depression. The comorbidity of depression and arthritis is a major problem compromising the health of significant peoples. Depression weakens a person's ability to deal and cope with pain and result in loss of productivity at work, deterioration of relationships with friends and family and sexual dysfunction. Studies show that if depression occurring with arthritis isn't treated, the treatment for arthritis itself can be less effective.

Charaka quotes "VishadoRogavardhananam". Vishada is the foremost factor to worsen the disease condition. Treating arthritis patients associated with depression by the modalities as described in Ayurveda text enable the patient and physician to manage the arthritis itself more effectively. So, here a scientific attempt has been made to determine the exact connection between all types of arthritis and depression in Ayurveda.

Key Words: Arthritis, Vatvyadhi, Depression, Vishada, Mana

38. ROLE OF JALAUKAVACHARAN IN THE MANAGEMENT OF JANUSANDHIGATVATA

Dr. Amol Kumbharde.(PG Scholar - Dept.of Kayachikitsa)

Under Guidance Of - **Dr. Varsharani Chaudhari.**(Guide- Dept. of Kayachikitsa)
S.M.B.T. Ayurved College & Hospital ,Dhamangaon , Igatpuri , Nashik

Abstract –

As the advancement of busy, professional and social life, changing of life style of modern human being has created several disharmonies in the biological system. Now a days as peoples consumes Virudha and Vishamabhojana and also due to doing heavy works,leads to variety of vatvyadhi. Charak are divided vatvyadhi into Samanyaja and Nanatmaja group of diseases .Sandhigatvata is one of them.it is most occurring joint disease seen in old age. Because of sandhishool and sandhishoth , kriya-alpata or kriyahani like symptoms are produced. This is very much frustrating and embracing to the patient. Almost all persons by age 40 have some pathological and physiological changes in weight bearing joints. Almost 25% females and 16% males have symptomatic osteoarthritis. This study focus on ayurvedic management of janusandhigatvata.

Key words - janusandhigatvat, sandhishoth , kriya-alpata or kriyahani

39. AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS - A CASE STUDY**Vd. Ankush Haushiram Gunjal.***Assistant professor department of Kayachikitsa,
SMBT Ayurved College, Hospital And Post Graduate Research Institute ,
Dhamangoan , Igatpuri, Nashik.*

Ankylosing Spondylitis (AS) is a type of arthritis in which there is chronic inflammation of the spine and the sacroiliac joints. AS can be correlated with 'Asthi-Majja Gata Vata' as per Ayurvedic literature. In present case the diagnosis of AS has been made based on the combination of symptoms, physical examination findings, and imaging. ESR and C - reactive protein like acute phase reactants may be variably elevated in AS. The present case was diagnosed and treated according to 'Asthi-Majja Gata Vata'. The treatment course included Yogbasti, Patrapottali Sweda along with Ayurvedic medicines. The purpose of treatment was to alleviate symptoms, to reduce disability and to improve quality of life. Good improvement was found in irregular bowel evacuation, patient's posture got improved along with relief in low back ache and neck pain, duration of morning stiffness. On completion of 3 months of treatment duration the score on BASDAI was reduced. Patient's sleep, appetite and quality of life were improved. The patient got clinically improvement by internal medicines along with dietary restrictions and life style changes. Ayurvedic treatment seems to be promising in the management of AS without causing any adverse effects.

40. ROLE OF HERBAL REMEDIES FOR PACIFYING VATA IN AYURVEDA**¹Dr. Sonali Madanrao Shewale**

MD Scholar, Rasa Shastra & Bhaishjya
Kalpana.
Ashvin Rural Ayurved Mahavidyalaya,
Manchi Hill, Sangamner.

²Dr. Jyotee Badave

Professor, MD Rasa Shastra
Bhaishjya Kalpana, Rasa Shastra
Department,
Ashvin Rural Ayurved Mahavidyalaya,
Manchi Hill, Sangamner.

Herbas are useful allies when it comes to balancing the doshas. Ayurveda has a long history detailing the use of herbs and herbal combinations. Some General formulas based on traditional combinations of herbs are also used. Some common sign and symptoms of vata imbalance as nervousness, anxiety, panic, fear, tics, tremors, spasms, dry

or chapped skin, constipation, gas, bloating, dry, hard stools, low body weight, difficulty tolerating loud noises, interrupted sleep, scattered feeling etc.

To decrease vata, Ayurved has given dietary, lifestyle and herbal treatment strategies i.e. Routine, Warmth, Serenity, Nourishment etc. For a broad spectrum vata pacifying Dashmulkwath, Maharasnadi Kwath etc. to support mental calmness Jatamansi + Jhamasa+ Nishottar i.e. Bhrmhaari gana, to balance vata in the joints, nerves and muscles Bala, shatawari, Kapikachhu etc. to support healthy eliminations Erandbhrusht Haritaki, Erand tail, to support healthy weight gain Ashwagandha, Shatawari etc. for dry or chapped skin massage with Til tail, Kshir Bala tail, Chandan Balalakshadi tail these are especially useful for balancing vata.

41. AYURVEDIC MANAGEMENT OF GUILLAIN-BARRE SYNDROME: A CASE STUDY

Dr. Kavyashree C Sugar¹ Dr. Savitha H P² Dr. Manjunath Adiga³

¹P.G Scholar ²Associate Professor ³Associate Professor

Department of Manovigyana Evum Manasa Roga

Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan

Abstract:

Guillain-Barre syndrome is rare autoimmune disorder manifested due to the damage of peripheral nervous system. The disease is of insidious onset with loss of sensation, weakness of muscles and progressive paralysis of limbs. It is an acute generalized polyneuropathy affecting one to two out of one lakh people per year. More men than woman are affected, with the ratio of 1.25:1. A 27 year old male patient was reported with complaints of weakness, decreased sensation in both lower limbs, inability to walk, stand and sit, since one year with a past history of fever. Based on presenting symptoms, the condition was diagnosed as kaphaavruta vyana vata and according to which Vatavyadhi treatment was planned. Treatment included Aamapachana as well as Brihmanachikitsa along with shamanoushadhis. Post treatment improvement was observed in the patient with ability to sit, stand and walk without support. This case study aims on enlightenment on the treatment of Guillain-Barre syndrome through Ayurvedic protocol.

Keywords- Guillain-Barre syndrome, Kaphavrutavyana Vata, Vata vyadi chikitsa.

42. BALANCE VATA DOSHA WITH LIFESTYLE PRACTICES**Dr.Nitin Shivaji Gaikwad**Assistant Professor in Kriya Sharir Department,
SMBT Ayurved College & Hospital, Dhamangoan, Igatpuri, Nashik

Vatavyadhi gets the prime importance in Ayurvedic classic, though it was prevalent in ancient time but these days this is increasing with rising of technology. People used to go towards urbanization, utilized technology which instead of making life comfortable develops a busy life and people are away from maintaining the Dinacharya, Ritucharya, Sadvritta etc. which increases the rate of Vatavyadhi.

Although Vata is said to be dominant during the old age only, but in present in times, due to fast and busy life, stress, dietary habits, improper daily routine etc., vata is seen to be aggravated even in the young individuals.

Vata is one of three dosha, but the diseases of Vatavyadhi is more in number than Pitta and Kapha dosha & separate chapters of it is described. There are 80 types of Vatavyadhi, but it may be many according to its location. From this point it can be seen that the Vatavyadhi is really an important Vyadhi.

Ayurveda provides better solution in the forms of proper dietary management, lifestyle advises (Dinacharya & Ritucharya), Panchkarma, Medicaments and Rejuvenation (Rasayana) therapies.

Here we will explained the role of lifestyle practices to balance vata dosha for prevention of vatavyadhi.

Keywords- *Vatavyadhi, Dinacharya, Ritucharya, Panchkarma*

43. EFFECT OF SHORT TERM ORAL ADMINISTRATION OF TILA TAILA (SESAMUM INDICUM SEED OIL), IN SANDHIGATA VĀTA (OSTEOARTHRITIS) ASSOCIATED WITH STHULYA (OBESITY)-A CASE REPORT**Pallavi Dattatray Nikam****Lecturer, Department of Samhita and Basic Principles of Ayurveda,
S.M.B.T. Ayurved College and Hospital, Dhamangaon; M.U.H.S. Nashik**Abstract:-**

Obesity and osteoarthritis which are well described as sthaulya and sandhigata vāta respectively in āyurveda are major health problems in current era. In present paper, a case of female patient of age 51 years with presenting complaints of weight gain and

bilateral knee joint pain has been described which was treated as a case of obesity associated disease of obstructed vāta with oral administration of 40ml oil of Sesamum indicumL seeds, once a day for 10 days. After 10 days her weight, body mass index [BMI], bilateral knee joint pain, hunger and lipid profile values were decreased. Along with snigdha (unctuous) and uṣṇa (hot), Sesamum indicumL seed oil possesses sukṣma (~able to pass through very minute channels), tiksṇa (~penetrating) and vyavāyi (~able to enter quickly in circulation) properties according to āyurveda. Because of these properties it is indicated in both lean and obese in āyurveda for pacification of vāta and meda (fats). Probably it acted by removing obstruction of circulatory channels of vāta and correcting metabolism because of these properties. From this case study it can be concluded that, short term oral administration of Sesamum indicumL seed oil is helpful in reducing weight, BMI, knee joint pain and lipid profile values with increase of enthusiasm in obese patients of sandhigata vāta (osteoarthritis) without any adverse drug reaction or severe complications.

Key Words:- snehapāna, mārgāvarodhaja vātavyādhi, sesame, āyurveda

44.AAMVAT AND PANDU – DIFFERENTIAL DIAGNOSIS AND TREATMENT

Dr Amol N Deore

Shri Mehervishwa Ayurved panchkarma Clinic,
Aurangabad

While treating Aamvat or Asthi Sandhigat vikaar many times we assume certain things and treat according to it.As we get results,when you treat them as Vaatvikaar or Aamvaat then we see all asthisandhigat vikaar or aamvat in same ways and treat them but certain times we don't get results as diagnosis changes from patient to patient hence it is said Purusham Purusham Vikshya.Many symptoms seen in Aamvat are also seen in Pandu specially in Kaphaj Pandu so when we see patient with jointswelling,stiffness, pain,Heaviness,Lethargy,Giddiness and other 'Aam' related symptoms,we consider it aamvat and treat according to it.But we have to check it before treating that it is Pandu or Aamvat,because treatment differs according to it.Even though Saamanya chikitsa is somewhere same in both the diseases but we have to make certain changes.Before going on to treatment lets differentiate Pandu and Aamvat.Some similarities seen are swelling,puffiness,giddiness,Stiffness,Anorexia,Pain,Constipation but besides that some differences are seen like tachycardia,vertigo,Breathlessness,swelling,weakness all over the body,skin becomes pale etc. also we should check whether pain or ruja is limited to joint only or whole body,likewise swelling we should also check pattern of ruja like thrombing pain(oash,chosh) or cutting pain(tod),severity of weakness(bal),also see his mental status

does He/She feels fear, Anxiety, anidra, lack of confidence, irrelevant talks, less talk, feeling depressed etc. by checking all these symptoms we can differentiate it with Aamvat. Now We have sutra “ Gudhlinga vyadhi upshay anupshayabhyam || ” means after giving treatment you can observe whether its symptoms are reducing or getting relief or not getting relief so you can change the way of treatment.

In this case we can observe the following things – Does patient feel good after doing Langhan or symptoms get aggravated? Do you find after giving guggul kalp used in Aamvat increases symptoms? Do you find after swedan Patient feels more tired? Do you think his vertigo or giddiness increased or all the Aamvat chikitsa increasing his pain or not getting results then think for Pandu and make changes. After changing treatment using Deepan, Pachan, ras Rakta balya yog like loh , maakshik, mandur, shilajit, you will get results then you could think it as Pandu. So we can use 1) Navaayas laha 2) Poonarnava Mandoor 3) Taapyadi Loha 4) Shiva Gutika 5) Indraavan Yog 6) Phaltrikadi 7) Gomutra haritaki etc. So by using all this, you can treat patient who look like Aamvat. So think of Pandu once before you treat Aamvat.

45. EVALUATE THE ROLE OF A POLYHERBAL FORMULATION IN MANAGEMENT OF DIABETIC NEUROPATHY WITH SPECIAL REFERENCE TO PRAMEHAUPADRAVA

Dr Kumudine Sawale, Reader

Dept. of Kayachikitsa

Sidhakala Ayurvedic Mahavidyalay, Sangamner.

A prospective study was carried out among 120 diabetic patients. Polyherbal formulation was used to for diabetic neuropathy containing Manjistha, Ashwagandha, Shilajeet, Guggul and Kuchala.

Results: Among group A mean score of right median nerve was 47.07+ 5.07 and among group B was 50.66+ 4.8. p value was 0.0001 which shows significance. Among group A mean score of right ulnar nerve was 50.67 + 3.68 and among group B was 52.83+ 5.8. p value was 0.017 which shows significance. There is significantly decrease in sign and symptoms of pramehaupadrava and other sign and symptoms of diabetic neuropathy by modern.

Conclusion: As usage of herbal medicines is increasing worldwide, hence it can act as a medicinal boon at different stages of diabetes mellitus and also in complicated phases of diabetes mellitus.

46. MANAGEMENT OF AMAVATA WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS - A CASE STUDY

Darshana Chaure¹, Shaktijit Babar¹, Ashish Thatere², Prakash Kabra³

Designation : 1- P.G. Scholars, 2- Asst. Professor, 3- Guide, Prof. & Head

Department : Department of Kayachikitsa
Government Ayurved College & Hospital, Nagpur

Abstract

As per Harsh Mohan (2005) Rheumatoid Arthritis (R.A.) is a chronic multi system disease of unknown cause, though the most prominent manifestation of rheumatoid arthritis is an inflammatory arthritis of peripheral joints, usually with symmetrical distribution. Its systemic manifestation includes hematological, pulmonary, neurological and cardiovascular abnormalities.

The clinical presentation of Amavata, as described by Yogaratnakar (Amavata Niadan) closely resembles with rheumatoid arthritis. Amavata is a disease of chronic joint pain and body pain accompanied by swelling of some or all of the joints along with some generalized symptoms. In later stage more joints may be involved. Amavata is derived from word "Ama" and "Vata". The word Ama is the condition in which various ailments in system create toxic effects. The Ama along with Tridosha occupies Shleshmasthan (Asthisandhi) and results in painful disease named as "Amavata"

Keywords: Shodhan, Shamana, Svedana, Vaitarana Basti, Amavata, Rheumatoid Arthritis

47. ROLE OF SWARNA KALPAS IN THE EFFECTIVE MANAGEMENT OF VATA VYADHI

Dr. Aparna Nabhiraj¹, Dr. V. Shreeshananda Sharma², Dr. Jagadish Mitti³

¹Post Graduate Scholar, ²Reader & HOD, ³Professor, Department of Rasa Shastra & Bhaishajya Kalpana, JSS Ayurveda Medical College, Mysuru, Karnataka.

Rasa Shastra is not considered among Astanga of Ayurveda however, it has gained so much importance that it has become indispensable to Ayurvedic therapeutics. As per Rasa Manasa, Rasa Vidya can be broadly categorized into Dhatuwada, Dehawada and Chikitsawada. Swarna(Gold) being the noble metal is extensively used as a preventive and curative medicine in Ayurveda as it enhances strength and potency, promotes longevity, treats various diseases and combats the ageing process. Swarna is used as pure metal,

Bhasma and other dosage forms for all ages with different therapeutic applications. Though its use was very limited use in Bruhatrayis, with the development of Shodhana, Maranadi procesess of Rasa Shastra, its internal use in therapeutics has gained importance. Swarna is an ingredient in all forms of Rasaushadhis viz. Khalveeya Rasayana, Kupipakwa Rasayana, Parpati Kalpana and Pottali Kalpas. Among all the classics, Bhaishajya Ratnavali is the most comprehensive source of Swarna Kalpa. According to Madhavakara, any Asadharana Vyadhi caused by Vikrutha Vata can be referred to as Vata Vyadhi. Hence, Vata Vyadhi comprises a wide range of neurological, neuro-muscular, musculo-skeletal and degenerative disorders. In Rasa classics, there are many references of various Swrna Kalpas which are claimed to be very effective in treating different Vata Vyadhis. These Swrana Kalpas possess comparatively higher percentage of Swrana Bhasma. Hence, this paper is intended to analyse the Pharmacokinetics and Pharmacodynamics of Swrna Kalpas in Vata Vyadhis.

Key words: Swarna Kalpa, Vata Vyadhi, Khalveeya Rasayana, Kupipakwa Rasayana, Parpati Kalpana, Pottali Kalpas, Pharmacokinetics, Pharmacodynamics.

48 AAMVATA - A SINGLE CASE STUDY

Author

Dr. Yashashri A Vitonde

Assistant Professor,
Department of Kayachikitsa

CSMSS Ayurved Mahavidyalaya Kanchanwadi, Aurangabad

Co-author

Dr. A.K. Burley

Professor,
Department of Kayachikitsa

Abstract :

Aamvata is acute joint disorder which is compairable to Rheumatic arthritis. The disease hampers patients routine work by severe fleeting type joint pain, swelling at joints, fever with involvement of heart.

Aamvata aggrevates due to Aam & Vata dosha which circulates in the body through blood vessels & goes into shdeshma sthana Like Joints, Stomach, Heart, Head etc. The aim of our treatment is to detoxify Aam by giving Langhan, dry fomentation, basti & vata shamak aushadhi. In this study a patient 44 years female diagnosed as aamvata given above said treatment & successfully get relief without remission.

Key words: - Aamvata ,guggul, Aamvat, shooh ,shoth.

49. AMAVATA AND IT'S AYURVEDIC MANAGEMENT: A REVIEW**Dr Jayashree R Kolhe 1, Dr Vandana Pendse 2***1-PG scholar, Dept- Rasa & B.K, A.R.A.C Manchi hill.
2-HOD & Prof, Dept- Rasa & B.K, A.R.A.C Manchi hill.***Abstract:-**

Rheumatoid arthritis is an Autoimmune disease, Amavata is similer disease described in Ayurveda. In disease amavata, ama dosh is being directed in joints by vitiated vata dosh and affect the shlemak kapha. It was first described in Madhava Nidana. Main complaint of patient affected by Rheumatoid arthritis is pain, swelling in around the joints, stiffness & limited range of movements, other tissues and organs are also involved in patients with more extensive disease in the form of heart disease, respiratory complications etc. Many peoples in society are unaware about disease and its complications which is responsible for lifetime joint deformity. Ayurvedic preperations like Rasaushadhies as well as many herbal drugs are mentioned in the classics which are very effective in Amavata. Ayurveda can do a lot for preventing as well as treating the Amavata (Rheumatoid arthritis). This paper seeks to present A review on ayurvedic management of Amavata.

Keywords- Amavata, Rheumatoid arthritis, prevention, treatment, rasaushadhies, herbal drugs.

**50. AYURVEDIC MANAGEMENT OF POSTMENOPAUSAL OSTEOPOROSIS:
A CASE STUDY****Vd. Prashant S. Patil**

*Designation – Assistant Professor in Striroga Prasuti Department
S.M.B.T. Ayurved college, Hospital and Post Graduate Research Institute,
Dhamangaon, Igatpuri, Nashik.*

Abstract:

Postmenopausal osteoporosis have major health importance because it is associated with fractures. Clinical picture of osteoporosis is similar to the condition of Asthidhatukshaya described in Ayurveda. Prevention and early intervention can prevent osteoporosis. A female patient of age 55 yrs presented with complaints of Asthivedana, Katishoola, Shrama, Keshapatan etc. and investigated for BMD T value, Sr. calcium level, bone specific alkaline phosphatase level and was diagnosed as postmenopausal osteoporosis. The patient was treated with ayurvedic drug Shatavari Churna 6 gm and Pravalpishti 500mg per day po. for duration of 12 weeks with diet restriction. The Shatavari and Pravalpishti provide significant result on bone metabolism by preventing bone loss and enhancing bone formation. The result of ayurvedic management were encouraging as it has shown effect on both subjective and objective criteria.

51. CLINICAL EFFICACY OF MATRA BASTI AND VALUKA SWEDA IN THE MANAGEMENT OF VATA KANTAKA W.S.R TO PLANTAR FASCIITIS – A CASE STUDY

Dr.Preethi.B¹, Dr.Seetha Devi.P²

¹Post Graduate Scholar, ²Reader & HOD, Department of panchakarma,
JSS Ayurveda Medical college, Mysuru, Karnataka

Patient Name – Jyothi
108860

IP/OP – 23561 /

Age – 36yrs

DOA – 25\11\2017

Sex – Female

DOD- 3\12\2017

Place – Mysuru Occupation – Beautician

Marital Status – Married

Chief Complaint:- Intense sharp heel pain with the first couple of steps in the morning, especially after extensive walking or standing since 2years.

Associated complaint:- Stiffness, Swelling.

History of present illness- N/K/C/O DM, HTN. For this complaint patient had taken contemporary medicines on and off whenever pain was severe by time pain was reduced for few days after that again she had complaint of intense sharp heel pain for this she got admitted in our hospital for better management.

Previous History :- Nothing specific.

Personal History:- Diet-Mixed, Appetite-good, Bowels-regular, Micturation-regular Systemic Examination, FADI scoring, investigations were done.

Abhyanga, valuka pottali swed, ksheerbala tail matra basti was given along with chitrakadi vati and amruta guggulu DS. Markedly improvement was seen with reduced intense sharp heel pain, swelling and stiffness.

52. ROLE OF PANCHAKARMA IN THE MANAGEMENT OF MULTIPLE MYELOMA INDUCED OSTEOPOROSIS W.S.R TO MAJJA PRADOSHAYANYA ASTHIKSHAYA- A CASE STUDY.

Dr. Rashmi M¹, Dr Veena G Rao²

¹Post Graduate Scholar, ²Professor, Department of Panchakarma,
JSS Ayurveda Medical College, Mysuru, Karnataka.

Age: 66 years. Sex: Female Occupation: Home maker. Marital status: Married.

Chief complaints: Patient is K/C/O Multiple myeloma since 6 months, presents with a complaint of severe back (whole back) pain since 10 days.

Associated complaints: Generalized weakness, loss of appetite and weight loss since 6 months. Sleeplessness since 10 days and Constipation since 7days.

History of Present illness: Patient is N/K/C/O DM, HTN, gives a history of gradual onset of generalised weakness, body ache and weight loss of nearly 7-8 kgs in 6 months. After thorough investigations patient was diagnosed as suffering from Multiple Myeloma 6 months back. H/O Body ache & back pain i.e. the whole back from cervical to sacral region since 2 months. It got aggravated since 10 days as the patient started undergoing radiation therapy for Multiple Myeloma. She stopped radiation and got admitted here. At admission she was bed ridden with bed sores and severe back pain even unable to roll over the bed.

Posture – Supine over the bed, unable to move.

Gait – Unable to walk.

Spine - Tenderness all over the spine, maximum at L1, L2, L3.

Movements of the spine restricted due to pain.

- **Blood investigations. Bone marrow aspiration showing multiple myeloma PET SCAN with compression fracture of L1 Vertebral body with minimal retropulsion and an associated 1.5 * 0.9 cm soft tissue mass extending in to the anterior epidural space indenting on the thecal sac. Faint Osteolytic lesion involving the posterior aspect of D9 Vertebral body with associated 1.1 * 0.9 cm soft tissue mass extending in to the anterior epidural sac, indenting on the thecal sac. Faint Osteolytic lesion involving the posterior aspect of D9 Vertebral body with associated 1.1 * 0.9 cm soft tissue mass extending in to the anterior epidural sac, indenting on the thecal sac.**

Course of Treatment: Prushta basti with Murivenna taila , Sarvanga Dashamoola kashaya seka, Kukkutanda lepa, Bedsore dressing , Matra basti with Guggulu tiktaka grita 60ml along with shaman aushadhi was given for 20 days and patient was discharged with gandha taila and lakshadi guggulu as a treatment after it.

Conclusion: In this patient management of acute pain of L1 Vertebral fracture induced by Osteoporosis of Multiple Myeloma was done effectively with above treatment.

53. EFFECTIVE MANAGEMENT OF GRIDHRASI THROUGH PANCHAKARMA

Dr. Rashmi R¹, Dr. Seetha Devi P²

¹Post Graduate Scholar, ²Reader & HOD, Department of Panchakarma,
JSS Ayurveda Medical College, Mysuru, Karnataka

Ayurveda considers Vata to be the prime Dosha responsible for healthy and diseased status of an individual. Although Vata is said to be dominant during the old age, in present era due to fast and busy life, prolonged sitting posture in working place, improper sleep, dietary habits etc..Young individuals are also prone to suffer from Vatavyadhi. Gridhrasi is one of the most common disorders of Vata encountered in clinical practice. It is a Shoola Pradhana Vyadhi interfering the routine life characterized by

Stambha, Ruk, Toda and Muhurspandana in the posterior aspect of Sphik, Kati, Uru, Janu, Jangha and Pada in order and Sakthinkshepa Nigraha i.e. restricted lifting of the leg and when there is Kaphanubhanda there will be Tandra, Gourava and Arochaka. On the basis of symptoms it can be co-related to Sciatica of modern science. Sciatica has a life time incidence rate of 13 - 40%. Panchakarma is an indispensable branch of Ayurveda which provides fruitful treatment in the management of Gridhrasi. Hence an attempt is made to review the Panchakarma procedures which are effective in pain management and improves the quality of life in patients suffering from Gridhrasi.

Keywords: Vatavyadhi, Gridhrasi, Sciatica, Panchakarma.

54. ROLE OF BAHYA CHIKITSOPAKRAMA IN THE MANAGEMENT OF AMAVATA W.S.R TO RHEUMATOID ARTHRITIS- A CASE STUDY.

Dr. Shwetha M.S¹, Dr.Veena G Rao²

¹Post Graduate Scholar, ²Professor, Department of Panchakarma, JSS Ayurveda Medical College, Mysuru, Karnataka.

Patient name : Parvathamma

Age : 78 years

Sex: Female

Chief Complaint: *Shoola , Shotha and Stabdata in Sarva sandhi(ubhaya,kurpara, manibandha, janusandhi and gulpha sandhi) since 2 months.Associated symptoms: Alasya, Gowrava, Angamarda since 2 months.*

History of present illness: *Patient is N/K/C/O DM, HTN, gives a history of shoola , shotha and stabdata in Sarva sandhi since 10 years, aggravated since 2 months. Morning stiffness presented in Sarva sandhi for more than 1 hour. Stiffness was more in Knee joint. Limping gait +. For these complaint patient consulted many local hospitals took treatment but did not get any relief. Shoola and Shotha aggravates during winter season, morning hours and relieves on keeping hands and foot in hot water and by taking analgesics. For these complaints she got admitted in our hospital for better management.*

General examination like get, built, spine, pulse, BP, joint examinations were done. Blood investigations for RA factor was done which was positive.

Course of Treatment : *Considering the age, pathology and presentation of patient, Amapachana and Vatahara chikitsa was given.*

Panchakarma Treatment: *Sarvanga Dhanyamla Seka for 6 days, Sarvanga Shastika Shali Pottali Sweda, Ekanga Taila Seka to both knee joint, Ekanga Dashamoola Ksheera Lepa to wrist, elbow and ankle joint*

Shamanoushadis: *Amrita arista, Sudharshana Ghana vati, Gokshuradi guggulu, Tab. Pranada .*

In total all treatment together carried out for 12 days

After 12 days of hospitalization patient was discharged with Gandha taila 25 drops BD with hot milk before food, Amrita arista 15ml BD, Gokshuradi guggulu 2 BD, Sudharshana Ghana vati 2 TID, Tab. Pranada 1 BD for 1 month.

Conclusion: *In this patient Shoola , Shotha and Stabdata reduced moderately with above treatment.*

55.THE ROLE OF PANCHAKARMA THERAPY IN MUSCULOSKELETAL DISORDERS WITH SPECIAL REFERENCE TO VATAVYADHI

PG Scholar- Dr. Harshal Sharadkumar Thosar.

Guide/Hod- Dr. Rajesh Prabhakar Bholane.

*kaumarabhritya tantra department,
Siddhakala Ayurved Mahavidyalaya,
Tal- Sangamner, Dist-Ahmednagar.*

Abstract

The exact meaning of the word “Vatavyadhi” is “Vata Eva Vyadhi”. It indicates that Vata itself is a disease (Vijayraksita on Madhav NidDnana, 11th AD). Hence no one can be considered as healthy because Vayu has been called life and vitality (Charaka, 200 BC). The other definition “Vatat Vyadhi Vatavyadhi”, is also not suitable because according to this definition all the diseases in which Vata plays a major role as one of the causative factors may be included under the Vatavyadhi.

The collective meaning of Vatavyadhi indicates the specific disorders occurring due to the Vata Dosha. Due to various etiological factors, Whenever Vata Dosha (the humor called Vata in Ayurveda) gets vitiated it at first enters in all Srotases (the empty channels) of the body and then creates different types of Vata disorders described in classical Ayurvedic texts including Musculoskeletal disorders like Ardita (Facial Paralysis), Pakshaghata (Hemiplegia), Mansa Shosa/Kshaya (Muscular Dystrophy), Joint Disorders (SandhiVata, AmaVata, Vatarakta etc.), Asthi Shosa/Kshaya (Osteoporosis.), Myopathy etc. But when it is obstructed (Avrita) by various Dhatus, then mainly Mansa, Meda & Asthi Dhatus (various tissues) are affected as they are the main constituents of our body & the chief sites of Vata Dosha. As a result of these, Dhatu Kshaya (Degeneration of Skeletal & Muscle tissue) occurs, by which Nervous tissues supplying the affected parts lack proper nutrition & gets deactivated. This Pathophysiology leads to Musculoskeletal Disorders. The classical treatments in Musculoskeletal disorders, like various Panchakarma (five purification procedures in Ayurveda) therapies preceded by Snehana & Swedana which are used for relaxation as well as giving tone to the muscles & for promoting the blood circulation and Mriduvirechana with various Basti Karmas are very much beneficial which pacifies the provoked Vata Dosha, increases strength of the person,

maintains health & longevity. An attempt has been made to review the treatment procedures in Ayurveda with reference to Vatavyadhi.

56 AYURVEDIC MANAGEMENT OF CEREBRAL PALSY WITH THE HELP OF PANCHAKARMA THERAPY

Dr. Mahendrasing Dayalsing Patil
Pg Scholar-

Guide- Dr. Rajnish Meti
Hod- Dr. Mayank Maniyar
Kaumarbhrityantra Department
Parul Institute of Ayurveda Limbda
TAL- Waghodiya DIST- Vadodar

Ayurveda has a separate branch of clinical specialization concerning child healthcare known as Kaumārabhrtya. There is no one to one correlation available in Ayurvedic classics with CP, but there are many conditions and some causative factors linked to etiopathology for such type of disease condition described in many chapters in different texts. Some conditions which find an overlap of symptoms of CP include phakka (a kind of nutritional disorder), pāṅgulya (locomotor disorders), mūkatva (dumbness), jaḍatva (mental disorders), ekāṅgaroga (monoplegia), sarvāṅgaroga (quadriplegia), pakṣaghāta (hemiparesis), pakṣavadha (hemiplegia) etc., under the group of vātavyādhi (neurological disorders). Contributory factors like inappropriate rtu (ovulation cycle), kṣetra (uterus), ambu (amniotic fluid and foetal nutrition) and bīja (sperm and ovum), [9] dauhrdāvamanana [10] (neglect of urges during dauhrdastage of pregnant women), presence of garbhopaghātakarabhāva (substances which can cause defects or death of fetus), [11] incompatible garbhavṛddhikarabhāva (normal requisites for growth and development of fetus) [12] and improper Garbhiṅīparicaryā (antenatal regimen) may have undesirable effects on the fetus hampering its normal growth and development consequently leading to many diseases, deformities, and even death. Considering all the above, we have formulated an Ayurvedic therapy protocol to improve the condition of CP patients.

Cerebral palsy (CP) is the leading cause of childhood disability affecting function and development. CP is defined as a nonprogressive neuromotor disorder of cerebral origin. It cannot be correlated with any single disease or condition in Ayurveda, as it is a multi-factorial disease with clinical features of a wide variation. According to Vāgbhaṭa, it is classified in the disease categories of sahaḥja (hereditary) and garbhaja (congenital) and jātaja (psychosomatic) type of diseases. Of the many types and subtypes of CP, none has any known "cure." Here, an effort was made to treat a 3-year-old male child with spastic type of CP using multiple Ayurveda treatment modalities. At the end of 94 days of

treatment, Pañcakarma procedures along with internal medication resulted in 10–15% improvement in the overall effect of therapy.

57. SIGNIFICANCE OF SAMANYA VISHESH SIDHANTA IN AAMVATA

Student

Vd. Ajinkya Panditrao Patil

MD Kaumarbhritya (Balroga)

Hon.Shree Annasaheb Dange Ayurved

Medical College, Sangli.

Guide

Vd. Naresh kumar Babar

Associate Professor

MD Kaumarbhritya (Balrog)

Hon.Shree Annasaheb Dange Ayurved

Medical College, Sangli.

Abstract

Irrespective of the application of advances in modern science, many chronic diseases are increasing due to changing of lifestyle and food habits, in which Aamvata is one. It is clinically corrected with rheumatoid arthritis because of their similar clinical features. Due to weakness in Agni vitiated Aam and Vata lodge in Trika and Sandhi, leading to Shotha (swelling), Stabdhata (stiffness) in body and joints. These characteristics of disease hamper regular activities of patient.

It is very challenging to treat Aamvata due to its chronicity, incurability and morbidity. Modern medicine provides symptomatic relief but the underlined pathology remain untreated and also give rise to many side effects. As well as lots of research has been done in Ayurveda and other pathy, still there is no satisfactory result for Aamvata. So emphasis will be made to find out easy methods to cure the disease. So present study deals with systemic review of Aamvata on the basis of Ayurvedic principles like Samanya Vishesh Sidhanta.

58. AN AYURVEDIC APPROACH IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS

Dr Amol Abhale 1, Dr Manoj Kulkarni 2

1- PG scholar, Rasa & B.K dept, A.R.A.C Manchi Hill.

2- Reader & asso prof, Rasa & B.K dept, A.R.A.C Manchi Hill.

Abstract-

Amavata is a disease condition which is comparable with Rheumatoid Arthritis. Amavata is very common and painful disease for patients and our society. It was first described in Madhava Nidana. Non steroidal anti-inflammatory drugs, which have serious side effects and have limitation for long term use, hence there is need of drug with good effects and efficacy without side effects. So that this paper presents the management of Amavata (Rheumatoid arthritis) according to Ayurvedic approach.

Keywords- Amavata, Rheumatoid arthritis, Ayurvedic management.

59. ROLE OF AYURVEDA IN TREATING AMAVATA**Dr Mukund Chandile 1, Dr Manoj Kulkarni 2**

1- PG scholar, Rasa & B.K dept, A.R.A.C Manchi Hill.

2- Reader & asso prof, Rasa & B.K dept, A.R.A.C Manchi Hill.

Abstract-

Amavata was firstly described in Madhava Nidana. Amavata is compared with Rheumatoid Arthritis, which is one of the autoimmune disorder. The disease is a product of vitiation of tridosha through ama and vata are the initiating factors in the pathogenesis. NSAID'S have adverse effect on GIT and DMARD'S causes hepatic and renal suppression. Thus Ayurveda provides a safe and effective treatment of Amavata. This paper presents role of Ayurveda in treating Amavata.

Keywords- Amavata, Rheumatoid arthritis, Ayurvedic Treatment.

60. AYURVEDIC MANAGEMENT OF GHRIDHRASI WITH SPECIAL REFERENCE TO SCIATICA : A CASE STUDY**Dr.Samin Sheikh**Pg Scholar Kayachikitsa
R A Podar Ayurved Medical College**Guide****Dr Sunil Bhaskare**Asso Porofessor Kayachiktsa
R A PODAR Ayurved Medical College**Abstract :-**

Sciatica is the neuralgic pain that starts in the back and radiates along the posterior aspect of lower limb to heels. The lifetime incidence of this condition is estimated to be between 13% to 40%. Sciatica resembles the disease Ghridhrasi of Ayurveda, which is one among the 80 Nanatmaja Vata vyadhi.

The vitiated Vata dosha gets localised in the Sphika-kati (lumbosacral) region producing shooting pain which radiates along the posterior aspect of Uru Janu Jangha and Pada.

This study deals with the diagnosed case of Right Sided Sciatica. Ayurvedic diagnosis of Dakshina Pada Ghridhrasi was made and managed with Shodhana (Purification therapy) like Yoga basti and Panchaprasrutika Panchatikta basti along with Shamana (Alleviating therapy) and Sthanika Chikitsa like Agnikarma & Patrapinda Swedana. Patient was admitted for about 21 days and significant improvement was noticed in the symptoms of low back pain, pain radiating from right lumbar to right lower limb and difficulty in walking. At the end of the treatment, patient could do brisk walking with confidence.

61. AYURVEDIC MANAGEMENT OF GUILLAIN BARRE SYNDROME – A CASE STUDY

Vd. Pooja Sunil Kulkarni.

PG Scholar 2nd yr Kayachikitsa
PG Girls hostel R.A . Podar medical ayu
college worli , Mumbai

Guide - Vd. Meenakshi Rewadkar Kole.

MD AYURVED
Associate professor Kayachikitsa , R.A
Podar medical ayu college , Mumbai.

A 24 yr old male patient came to Kayachikitsa OPD of M.A.Podar hospital Mumbai with complaints of ubhayhastapada daurbalya and shula with chakramanakashtata. He was not able to stand up after sitting position. He was treated with allopathic medicines previously and diagnosed with GBS.

Line of treatment we have adopted was with pachan chikitsa for 7 days. He was given basti with eranda, dashamula, palash siddha kwath for strotoshodhan along with sarvang snehan swedan and patrapinda swedan. Shaman chikitsa was given with kaishor guggulu and rasnapanchak kwath. After 7 days brihan and rasayan chikitsa was started with chatusneha basti and pinda swedan for 14 days. Makardhvaja , abhrak bhasma and vishtinduk vati was given internally.

The outcome was very remarkable with patient able to walk on his own and he can easily stood up on his legs after sitting with almost no muscle weakness.

Key words – Guillain barre syndrome, ubhayhastapada daurbalya and shula , Chatusneha basti , Pinda swedan

62 AYURVEDIC MANAGEMENT OF VATARAKTA WITH SPECIAL REFERENCE TO GOUTY ARTHRITIS – A CASE STUDY

Vd. Tushar Lalit Deshpande.

MD Ayurveda

Gout is a common and complex of arthritis that can affect anyone. It is a disease in which there is defective metabolism of uric acid resulting in arthritis. Etiology and symptomatology of gout is very much similar to that of vatarakta in Ayurveda , involving mainly Vata and Rakta dushti.

A 31 Yr old male patient came to opd having complaints of Ubhay Gulfa sandhi shula and shotha , ubhay padatala daha with chankramana kashtata. He was investigated for raised serum uric acid level and diagnosed with Gouty arthritis. He stopped all allopathic medicines from 6 months on his own.

He was treated with Guduchyadi kwath niruha basti containing Guduchi , kokilaksha , amalaki , yashtimadhu , padmaka , manjishtha , Chandana and daruharidra for 14 days. Result received was very remarkable in joint pain and swelling as well as drop in serum uric acid level.

Key Words – Gouty arthritis , Vatarakta , Guduchyadi kwath basti , Serum uric acid level

63 MANAGEMENT OF RHEUMATOID ARTHRITIS THROUGH AYURVEDA

Dr. A.S.kalukhe

Lecturer

Department of Panchkarma

Ashvin Rural Ayurved College, Manchi-heel, Sangamner.

Rheumatoid Arthritis (RA) is an autoimmune chronic inflammatory disease, in which the immune system of the body attacks its own tissue i.e cartilage and synovial membrane. As the disease progresses, the inflamed synovium invades and damage the cartilage and bone of the joint. In its typical form it is symmetrical, destructive and deforming poly-arthritis affecting small and large synovial joints with associated systemic disturbances. In Ayurveda, RA can not be correlated with one single disease entity in Ayurveda. According to clinical features RA is correlated with Amavata. It is a disease of Rasavaha strotas. Amavata is the outcome of Agnidushti, Amotpatti and Sandhi vikruti. Management of Amavata considered as a Amavastha and Niramvastha with medicine and panchkarma with out side effects, whereas non-steroidal anti-inflammatory drugs and disease modifying anti-rheumatic drugs causes during the treatment. This Ayurveda therapy which normalize Agni, metabolizes Ama, regulates Vata and maintain healthy sandhi and sandhista shleshma will be the supreme one for this disease.

Keywords- Rheumatoid Arthritis, Amavata, Amavastha, Niramvastha, Panchkarma.

64. ANATOMICAL AND PATHOLOGICAL STUDY OF MANYASTAMBHA (CERVICAL SPONDYLOSIS) WITH SPECIAL REFERENCE TO 'VATVYADHI'.

1.*Vd Jagannath Prakashrao Choudhari, 2 Vd Saroj Patil

I.P.G Scholar , Rachana Sharir department ,

Tilak Ayurved Mahavidhyalaya , Maharashtra.

Abstract:

In Ayurvedic classics Manyastambha described as Manyaha kriyahani and also Kaphavruta Vata in the pathogenesis of Manyastambha. It can be correlated with cervical spondylosis in modern medicine. It is a degenerative condition of cervical spine that most likely to be caused by age related changes in inter vertebral discs. It may cause pressure on nerve roots with subsequent pain or paraesthesia in upper limbs. Margavrodhjanya Vata Prakopa cause Kshaya (degeneration) of Asthi, Snayu, it leads to anatomical changes in

Manya region. Anatomical and pathological changes in Manyastambha are described in detail. **Keywords:** Manyastambha, cervical spondylosis, neck pain

65. PATHYA-APATHYA IN AMAVATA

Dr Madhav Borude,

Lecturer, Dept of Swasthavritta,

Ashvin Ayurveda college, Manchi hills, Ahmednagar

Abstract-

Amavata is described by Madhavacharya in Madhava Nidana and its line of treatment is described by Chakradatta. Amavata broadly resembles Rheumatoid Arthritis is an extremely debilitating condition. The major influence and causation of Amavata is related to autoimmunity which is triggered by mithya ahar- vihar, and Mandagni. The healthy body as well as the disease is nothing but the outcome of Ahara(diet) and vihara(lifestyle). Ahar (diet) and Vihar (lifestyle) are the key modalities of prevention and management of diseases in Ayurveda. As Amavata is chronic in nature food, lifestyle and medicine have influence on relieving and aggravating its symptoms. Diet given in amavata should ignite the digestive fire (Agnideepan), enhance digestion of undigested material (amapachana), should be carminative (vatanulomaka), and should pacify vata (vatashamaka).

Hence in present paper detailed pathya ahara and apathy ahara mentioned in ayurveda classical books is discussed.

Keywords- Amavata, Pathya, Apathya, Rheumatoid arthritis

66. QUERCETIN LOADED NANOEMULSION BASED GEL FOR RHEUMATOID ARTHRITIS TREATMENT: FORMULATION, CHARACTERIZATION AND IN VIVO EVALUATION

Jayanti P. Gokhale*^a, Hitendra S. Mahajan^a, and Sanjay S. Surana^b

^aDepartment of Pharmaceutics,
R.C. Patel Institute of Pharmaceutical Education and Research, Shirpur, Maharashtra, India

^bDepartment of Pharmacognocny,
R.C. Patel Institute of Pharmaceutical Education and Research, Shirpur, Maharashtra, India

Abstract:

Objectives: The aim of the present investigation is to develop nanoemulsion (NE) based formulation for the topical delivery of Quercetin (QCT), a polyphenolic flavonoid, in order to ensure maximum therapeutic effect on rheumatoid arthritis (RA).

Methods: NE was developed by spontaneous emulsification technique through the Box-Behnken experimental design approach. The ratio of 15:6:6 with oil (arachis oil + oleic acid), surfactant (tween 20) and co-surfactant (PEG-400) were selected respectively for the development of the formulation. Optimized formulation was characterized for average globule size, zeta potential, entrapment efficiency and morphology (transmission electron microscopy). Cytotoxic study and effect on TNF- α was carried out on HIG-82 synoviocytes and in RAW264.7 cells respectively. For the ease of application, QCT-NE was incorporated into the gel base and final formulation was evaluated for pH, rheology, texture profile analysis, stability study, drug release and skin permeation studies. In vivo activity was carried out using Complete Freund's adjuvant (CFA) induced arthritic model and the effect of the formulation on RA was evaluated by measurements of paw volume, arthritis score and haematological parameters such as rheumatoid factor (RF), C-reactive protein (CRP), red blood cells (RBCs), white blood cells (WBCs), erythrocyte sedimentation rate (ESR) and hemoglobin (Hb).

Results: The average globule size, polydispersity index, zeta potential and drug content of optimized nanoemulsion was found to be 136.8 ± 1.2 nm, 0.265 ± 0.3 , -25.4 ± 1.7 mV and 90.7 ± 1.9 % respectively. The study reveals that QCT-NE has no toxic effect on synoviocytes and strong inhibitory effect on LPS induced TNF- α production observed in RAW 264.7 cells. QCT-NE gel demonstrated suitable rheological behavior with excellent texture profile and enhanced drug permeation as compared to plain QCT gel. Furthermore, the gel was found to be non-irritant and showed maximum inhibition of paw edema in CFA induced rats over 24h in contrast to plain QCT gel.

Conclusion: In conclusion, The QCT- NE gel formulation serves as effective topical treatment strategy for the treatment of rheumatoid arthritis.

Key words: Quercetin, nanoemulsion, rheumatoid arthritis, gel

67. CLINICAL STUDY OF AYURVEDIC MANAGEMENT IN CHICKUNGUNIA

Dr Deepa Bhanage (M.D. Ayu)

Asso Professor, Swasthavrutta dept
Ashvin Rural Ayurved College, Manchi Hill

Dr Mandar Bhanage (M.D.Ayu)

Asso Professor, Panchakarma dept
Ashvin Rural Ayurved College, Manchi Hill

Abstract-

The objective was to determine the effect of Ayurvedic medicines in Chickungunia. Chickenguniya is a viral disease (Genus- Alfa virus) which is transmitted to humans by infected mosquitoes. Patients having symptoms like high fever , joint pain, swelling, headache, muscle pain, nausea, fatigue were selected for treatment and asthimajja yog, guduchi Ghana and mahasudarshana yog was given to them as a treatment. Oral treatment

was given for 15 days for 405 patients. Significant results were observed during research work. This remedy is proved very useful in chickenguniya and may help in other epidemic conditions.

Key words: ayurvedic management, chickenguniya,

68. ROLE OF BASTI CHIKITSA IN THE MANAGEMENT OF AAMVATA

Dr. Neha Chavhan.(PG Scholar-dept. of Kayachikitsa)

Dr. Smita Lokhande.(Guide - dept. of Kayachikitsa)

Abstract –

Amavata is a disease in which improperly metabolized by product known as Ama, produce due to hypo-function of Agni or mandagni, become core cause of disease which is transverse and get deposited in different part of the body mainly sandhi .By vitiated vata. Ama may be nutritionally un important, but immunologically powerful in evoking strong immune response, as it is vijatiya or foreign substance to the body, this results in formation of antibodies by the defense cells of body. The Ama and antibody then interacts each other to form an immune complex, which is deadly combination. It gets deposited in tissue and produce symptoms of Amavata. Madhavakara was pioneer to describe Amavata as a disease entity in medieval period text Madhav Nidana, Its clear cut description is not found in Brihatrayi through references regarding Amavata was found in hidden form. According to madhavkar basti chikitsa shows best results in management of aamvata. For this study we take group of 10 patients of aamvata treated with vaitaran basti ,valuka swead and kaishore guggulu as a shaman chikitsa .

Key words – Ama , mandagni ,immune response ,

69.ROLE OF AYURVEDA IN MANAGEMENT OF PAKSHAGHAT VYADHI W.S.R TO HAEMORRHAGIC HEMIPLEGIA.

1) Vd. Pranali Thote

MD (scholar) kayachikitsa dept
SGR Ayurved collage, solapur

2) Vd Vivek Chandurkar

Prof. and HOD of Kayachikitsa dept,
SGR Ayurved collage, solapur

Abstract

Pakshaghat is Nanatmaja vatvyadhi and results because of vataprakopa. It affects sira and snayus of on half of the body and face. the main cause of pakshaghat is vitiated

vata dosha. The aim of study was to evaluate the effect of ayurvedic treatment in the case of pakshaghat.

A 25 years old gentleman had H/O road traffic accident on 24/4/18 results in closed head injury with diffused axonal injury and fracture of shaft of right humerus fracture. He is recovered and got operated for fracture of humerus. He was on ventilatory support. Patient was febrile due to laryngitis, tracheal culture showed the growth of bacterias. Appropriate antibiotics given, tracheostomy done. MRI Brain shows tiny foci of bleed in vermis, right cerebellar lobe. This case diagnosed as haemorrhagic hemiplegia.

Now patient b/b his relatives at S.S.N.J Ayurveda hospital, Solapur with C/o Dakshin hast-paad kriyalpata and Gauravata, Aspashta vaakta, Chalankashata, Gilankashtata, jivha gauravata since 5 months. case is diagnosed as pakshaghat vyadhi. Patient is treated with integral approach of Ayurveda, treatment given for this vyaadhi is aampachan, agnideepan balya praptikar chikitsa, snehapurvak virechan is given internally (abhyantar chikitsa), sarvang abhyang, shashtik shaali pind sweda, shirodhara, jivha-vedhan, bruhan and shodhan nasya karma alternatively, jivhavedhan, jivha-nirlekhana given baahyata (externally). The aim of study was to evaluate the effect ayurved.

70. CLINICAL EVALUATION OF PANCHATIKTAGRUT GUGGULU IN THE MANAGEMENT OF GRIDHRASI W.S.R.SCIATICA

Dr.Rohini Narayan Nagargoje

Dept.Of Rognidan S.M.B.T.Ayurved College N Hospital Dhamangaon

Gridhrasi vyadhi has Ruka (pain), Toda (pricking sensation), Stambha (stiffness) and Muhuspanadana (twitching) in the Sphika (Gluteal Region), Kati (Waist), Prishtha (Low Back), Uru (Thigh), Janu (Knee), Jangha (Calf) and Pada (Foot) respectively. Sciatica has spinal nerve irritation and is characterized by pain in the distribution of sciatic nerve which begins from buttock and radiates downwards to the posterior aspect of thigh, calf and to the outer border of foot. About 40% cases of low back pain are considered under the umbrella of sciatic syndrome.

Aim: Clinical Evaluation of Panchatiktagrut Guggulu in the management of Gridhrasi.

Materials and Methods: A total of 40 patients of Gridhrasi were registered and Panchatiktagrut Guggulu 2 tablet (500 mg each) twice a day was administered after meal with lukewarm water for 30 days.

Results and Conclusions: About 55 % of the patient improved moderately while mild improvement was observed in 45% of the patients. The drug has shown better effect on patients of Vata Kaphaja type of Gridhrasi in comparison of Vataja type of Gridhrasi.

Keywords: Gridhrasi, sciatica, Panchatiktagrut Guggulu

71. TO STUDY THE THERAPEUTIC EVALUATION OF KALA BASTI IN THE MANAGEMENT OF KATI-SHOOL (LUMBAR SPONDYLOSIS).**Vd. Ravindra S. Phadol.**
Assi. Prof. of Panchakarma.**Abstract-**

Today, in this fast life Kati Shool i.e. low backache is a very common disorder that troubles people in their day-to-day life. People suffering from this disorder complains about moderate to severe low backache. The main cause of Katishool can be disc bulge, slipped disc, spinal stenosis, Spondylolisthesis, Spondylosis. Most of the people neglect it at initial stage. As the severity increases people seek for cure. There is wide range of treatment modalities which includes conservative treatment, surgical treatment and physiotherapy. In present case study we worked on Katishool w.s.r. to spondylosis. Patient was treated with one course of Kala Basti. Classics of Ayurveda have plenty of references related to Katishool. Katishool can be effectively treated with wide range of panchakarma treatment. Among panchakarma basti karma is considered as Ardhachikitsa. Basti are of many types depending on numbers, ingredients and needs. Kaala basti is one among them. In Kala Basti, 16 Basti are given in total. The patient recovered remarkably and could do all his routine activities.

Keywords- katishool, spondylosis, kaala basti.**72. MANAGEMENT OF PATHYA APTHYA IN AAMVAT****Dr. Neetii Girbide.** (PG Scholar –Dept. of Chhaya Avum Vikiran Vigyan)
LRP Ayurvedic Medical Collage & Hospital Islampur**Dr. Dinkar Shete** (Guide

Dept. of Chhaya Avum Vikiran Vigyan)

Abstract-

Aamvat is most common joint disorder mostly found in female , It is chronic inflammatory auto immune joint disease . Sandhishool ,sandhishoth and sandhistabdhdhata, are the predominant features of aamvata . Vruschikdamshvat vedana is prtyatmak lakshan of aamvat. This is very distressful condition . laghan , ruksha swead ,basti are the used for management of aamvat . Usage of Ushna, Tikta, Katu, Deepana, Laghu Ahara and Ushna Vihara helps to allviate the symptoms of aamavata . ushnoudak, rason, shigru jangalmansa are vishesh pathyakar in aamvata. Langhan potentiates the Agni, which helps

to digestion the causative factor Ama and normalizing the symptoms like Guruta, Praseka, Alasya, Aruchi etc.

Key words - Vruschikdamshvat vedana , Deepana , Langhan.

73. DIAGNOSTIC ASPECTS OF AAMVATA

Dr .Nitin Misal. (PG Scholar

Rognidan & vikruti vidnyan)

LRP Ayurvedic Medical Collage & Hospital Islampur .

Dr. Sandip Patil (Guide

Rognidan & vikruti vidnyan)

Abstract –

Madhavkar explain Aamvata in its samhita .It is one of the painful joint disorder. In modern science it can be correlated with rheumatoid arthritis . Aamvata is more common in women . It is mostly produced at the age of 20 -40. More than one million people are physically impaired due to rheumatic disorders and one fifth of these are severely disabled. It comes under auto immune disease. Roop , purvaroop are helps to diagnosis of aamvat. Also helps for management of chikitsa In aamvat symptoms signs and tikshnavegi jwar, anagagaurav, angamarda, joint stiffness etc . of aamvat are mainly produce due to rasavaha srotodushti . Aamvata is more common in women.

Key words – tikshnavegi jwar, anagagaurav, angamarda, joint stiffness .

74. OSTEOMYLITIS

Dr Priyanka B Varpe.

Osteomyelitis is infection in the bone or bone marrow. Where the inflammation of bone cause by infection generally in leg arm or spine .it is a serious infection which can leads in to divasting complication. If untreated, it may destroy the joint and infection may spread to part of body. It can occur in children, infants and adult. There are three way of infection

- 1) **Bacterial**- they travel to blood stream and spread to bone which is called as blood born infection
- 2) **Open wound**-direct infection as by penetrating wound.
- 3) **Local extension** –direct extension of infection from adjacent area infrequently involving jaws and skull, is more common mode of infection spread.

Two conditions- which are produce significant pathological lesions in bone namely pyogenic osteomyelitis and tuberculous osteomyelitis

There are two types of osteomyelitis

** suppurative osteomyelitis and * non suppurative osteomyelitis*

Pyogenic osteomyelitis –suppurative osteomyelitis is usually caused by bacterial infection. *Staphylococcus aureus, Streptococci, E. coli, Pseudomonas Klebsilla* are etiological agents that may cause osteomyelitis.

Clinically, the child with acute haematogenous osteomyelitis has painful and tender limb, fever, malaise and leucocytosis accompanying the bony lesion.

Tuberculous osteomyelitis- rare occurs in developed countries. The tubercle bacilli *M.tuberculosis* reach the bone marrow and synovium by haematogenous infection.

75. COMPREHENSIVE REVIEW OF LITERATURE ON AMAVATA

***Vd. Pankaj M. Gahunge**

*Assistant Professor, Dept. Of Samhita, Sanskrit & Siddhant,
Yashwantrao Chavan Ayurved College, Aurangabad.

Abstract-

Nearly all diseases as per the Ayurvedic view have their origin from amavata. Even one of the synonyms of vyadhi - amaya indicates it. The foremost step after intake of unwholesome diet and daily regimen is vitiation of agni and this malfunctioning agni produces ama. Amavata was first described as an independent disease in Madhava Nidana. It is a disease of Madhyama Roga Marga as it affects Sandhis and Hridaya Marma. Though Ama and Vata are the predominant pathogenic factors but the disease represents Tridoshic vitiation. The affliction of Sandhis by Vata dosha in association with Ama, reflects the equal role of both Dosha and Dushya in the causation of this disease. Moreover, the chief pathogenic factors, being contradictory in nature possess difficulty in planning the line of treatment. In this paper we will discuss in detail about the literature review on amavata.

76. CONCEPTUAL STUDY OF USHNA GUNA IN PAIN MANAGEMENT OF AAMAVATA W.S.R TO SWEDANA AND AGNIKARMA

Vd. Madhavi Reshma B. **Vd.M.P.ThakareVd.E.E.Mojes**

*PG(Scholar)**Asso. Professor***Professor/Head of Kriya Sharir Dept.
Government Ayurved College, NAGPUR-24

Abstract

Throbbing Pain is the major complaint of Aamavata patient. Therefore, the patient immediately shifts toward pain killers in episode of pain though he is taking Ayurvedic

treatment. So there is a social need to put forth the Ayurvedic Management to relieve this pain, since society is unaware of side effects caused by those pain killers. According to Ayurveda the main cause of Pain is vitiation of Vaata Dosha. In Aamavata, Vaata Dosha gets vitiated when it involves with Aam formed in body. So this article deals in relieving severe pain felt in Aamavata Vyadhi with Ushna Guna dominant modules of Ayurveda like Swedana and Agnikarma. As Ushna Guna helps both in Pachana of Aam and acts as an instant pain reliever.

Keywords- Pain, Aamavata, Vaata Dosha, Ushna Guna, Swedana, Agnikarma

**77. TO EVALUATE THE EFFECT OF ASTHAPADA PANCHALOHA SHALAKA
AGNIKARMA IN THE PAIN MANAGEMENT OF GRIDHRASI W.S.R TO SCIATICA:
A CASE STUDY**

Dr. V G Bhagyashree¹

P.G Scholar¹

Dept of Shalya Tantra

GAMC and Hospital, Bengaluru

Dr. P. N. Shilpa²

Associate Professor²

Abstract:

Gridhrasi is one of the “Nanatmaja Vyadhis of Vata”. Sedentary lifestyle, improper sitting posture, continuous and over exertion, jerky movements during travelling and sports, produce structural abnormality in spinal cord. Vata is the prime dosha in the causation of Gridhrasi. The vitiated Vata dosha get localized in the sphik, Kati region. Occasionally it will be associated with kapha producing Vata kaphaj Gridhrasi. Gridhrasi is shooplradhan vyadhi. The pathognomonic sign of sciatica is radiating pain from low back to foot. both medical and surgical interventions are available but there are no satisfactory results. We have found in classic Ayurvedic literature that Agnikarma is one of the treatments of Sciatica (Gridhrasi). Purpose of the study was to evaluate the efficacy of Agnikarma therapy performed by Asthapada panchaloha shalaka in case of Gridhrasi. Hence in this case study 48 yrs female patient reported with sign and symptoms with Ruk, Toda, Stambha and Muhu Spandana in the Sphika, Kati, Uru, Janu, Jangha and Pada and Sakthikshepanigraha. After Agnikarma, we got marked improvement in signs and symptoms of Sciatica within couple of hours and also found moderately improvement in various clinical test of Sciatica like SLR, Cross SLR, Local tenderness.

Keywords: Gridhrasi, Agnikarma, Sciatica.

78. A REVIEW ARTICLE ON PATHOPHYSIOLOGY OF AMA WITH SPECIAL REFERENCE TO AMAVATA**Dr.Payal.D.Gaikwad¹****Dr.Sampada.S.Sant²**¹PG Scholar,Department of Kriya Sharir,Government Ayurved College Nanded²H.O.D of Kriya Sharir Department,Government Ayurved College,Nanded

Ama is one of the 5 main reasons which are responsible for pathogenesis of disease. Ama is responsible for manifestation of almost all the diseases like Apaka, Alaska, Amavata ,Anaha in which Amavata is most common chronic joint disease which is spreading now a days. In Amavata as ama gets accumulated in joint leads to restriction of movements of joints, pain, tenderness, swelling in affected joint. Ama means undigested food which stays inside our body and causes many diseases. Due to hypo functioning of Agni proper digestion of food doesn't takes place leading to formation of Ama. Food which is not properly digested, remains in the stomach whether half digested and stays there for sometime after it starts moving in channels of body and creates obstruction (Strotorodh) and produces symptoms like pain and stiffness in body. Major purpose of this article is to create awareness about reasons and pathophysiology of Ama production. Ama is major factor for production of Amavata. Now a days Amavata is most common health issue of society.

79. CASE CONTROL STUDY TO EVALUATE EFFICACY OF BALADI GHANA VATI AND HINGU CHURNA IN UDAVARTINI YONIVYAPADAName of Author :**Dr.Pranjali.R. Jagtap**Name of Guide: **Dr. Arjun Narute**

Ayurveda emphasizes on prevention of disease rather than cure disease.Udavartini Yonivyapada with synonyms as Udavrta and udavratra is vataj yonirog2.Udavrtta (painful upward movement of vata), mala avrodha (obstruction to passing flatus & faces), adhman (distension of abdomen) and agninasha (loss of appetite) are symptoms of suppression of apan vata vega. As apan vata suppression causes udavrta which is the main cause of Udavrtini Yonivyapada.in which prakupita vata with viloma gati and thus vata shaman with its prakupita gati / anuloma gati will solve the problem. This is an attempt to explore for safe and efficient ayurvedic treatment modalities for prakupit vata. Hingu churna is for vata anulomana⁷ and Baladighana vati for vedana shaman .Aim and objectives:To evaluate efficacy of baladi ghana vati and hingu churna in udavartini yonivyapada .Material and methods:It is case control study.Total sample size for study is 80 which is divided in two groups.Group A: 40 patients treat with hingu churna and baladi Ghana

vati.GroupB: this is control group 40 patients consider from gynecologist which is contemporary standard care.Results: We do study on patient's which shown reduction of symptoms during menstruation.

Conclusion:Baladi Ghana vati with hingu churna is highly effective in udavartini yonivyapada and has no associated side effects.

80. A RANDOMIZED CONTROL TRIAL TO STUDY THE EFFICACY OF SHRIPARNYADI PICHHA BASTI AS COMPARED TO YASTIMADHU GHRUTA BASTI IN THE MANAGEMENT OF PARIKARTIKA

Dr. Sanjaykumar Dhonde

(M.S.)Shalya Tantra Dept.

Associated Prof.& Guide

Ashvin Ayurved Collage Manchi Hill Sangamner

Abstract:-

Ayurveda is science of life . which includes preventive as well as curative parts. All Aacharyas of Ayurveda gave importance to preventive part though Ahar ,Vihar, Dinacharya ,Rutucharya Palan & If gone wrong in this routine that is pradnyaparadha which results in various diseases then it requires curative treatment of that .

A Healthy Digestive system & proper excretion of fecal matter daily is the key of total health but due to changing today's life style, improper diet ,sedimentary jobs , travelling, fast food ,night jobs, heactic workload most of peoples could not take care of their health. They suffers from various digestive diseases & Ano rectal diseases Acharya Sushruta explained about guda roga & Parikartika is main among those according to Sushruta Dushta vata & pitta causes Parikartika which can co-relate with Fissure in Ano . A tear of skin of lower part of Anus with burning Pains, constipation & Bleeding.

Symptamatic modern treatment can't give permanent results & Surgeris has it's own limitations ,complications & Recurrence for avoid this recurrence there is granthokt pichha basti is probable, parkartika nashak pichha basti is selected from Cha.Ci.15/10 for study.

A Pilot study open randomised carried out at Ashvin Rural Hospital & results are magical & tremendous as pichha basti not only release all signs in Parikartika within 21 days .

81. AYURVEDIC MANAGEMENT OF AMAVATA- A CASE STUDY**Rashmi Patekar,***Assistant Professor, Department of Dravyaguna Vigyana,
Netra Chikitsa Trust Ayurveda College, Amreli, Gujarat.*

Amavata is second common joint disorder. It is correlated with the symptoms of Rheumatoid Arthritis due to its clinical appearance. Ama and Vata are the two chief pathognomonic factors involved in disease Amavata. Ama is Guru, Snigdha, Sthira, Sthula and Picchila while the Vata have the properties like Laghu, Ruksha, Chala, Sukshama and Vishada. The properties of both are on opposite pole of each other. Only the sheeta guna is common to both. These are the things which come in across while treating the Amavata, because any measure adopted will principally oppose one another. So a very careful approach can only benefit the patient. The line of treatment laid down by Chakrapani denotes firstly the Pachana of Ama, then restoration of Agni and finally control of Vata dosha. Here an attempt is being made to substantiate these principles.

A female patient of age 40 years came in the opd of NCT, was given a combined treatment of internal and external medicines. She was advised langhan (fasting therapy) and given deepan (inducing digestive fire) chikitsa using drugs having tikta-katu rasa for ama pachana. Simhanad guggul, Maharasnadi Kwath and nimbamritadi taila were also given as a part of Abhyantar Chikitsa (Internal medicine). In Bahya (External Medicine) chikitsa, Mahavishagarbha Taila and Valuka Pottali Swedana were used. Medication resulted in marked improvement of overall symptoms after 30 days.

Keywords: *Amavata, Deepan therapy, Nimbamritadi taila, Maharasnadi Kwath, Valuka Pottali Swedana*

82. CLINICAL STUDY OF GRIDHRASI W.S.R. TO SCIATICA AND ITS MANAGEMENT BY VATARI GUGGULU AND YOGABHYASA.**Vd. Avinash Madhav Deshmukh,***Associate Professor Rognidan & Vikriti Vigyan Department,
C.S.M.S.S. Ayurved Mahavidyalaya, Aurangabad, Maharashtra.*

Excessive travelling and abnormal standing, sitting postures or lifting of weight wrongly, many cases are found having Sciatica - Gridhrasi.

Sciatica refers to pain that radiates along the path of the sciatic nerve, which branches from lower back through hips and buttocks and down each leg. Typically, sciatica affects only one side of the body. Sciatica occurs when a herniated disk, bone spur on the spine, spinal stenosis compresses part of the nerve. This causes inflammation, pain and often some numbness in the affected leg.

Although the pain associated with Sciatica can be severe, most cases resolve with non-operative treatments. People who have severe sciatica that's associated with significant leg weakness, bowel, bladder changes may require surgery. Risk factors for Sciatica are old age, obesity, occupation requiring wt lifting, driving, twisting of back, sitting/ standing for hours and Diabetes.

In this study 30 patients having symptoms of Gridhrasi were studied by dividing them into two equal groups of 15 patients each. One group was given Vatari Guggulu and other group was given Vatari Guggulu along with Yogabhyasa for 2 months. During selection of patients, patients having severe symptoms like weakness of the limb, uncontrolled Diabetes mellitus were avoided. Yogabhyasa included Prarthana, anti rheumatic series of small joints followed by Bhujangasana, Shalabhasana, Setubandhasana and Adhomukha Shwanasana. After which Yognidra and Anulom Vilom Pranayama.

It was found that patients who were treated with Vatari Guggulu and Yogabhyasa were relieved significantly while patients treated with Vatari Guggulu were relieved moderately.

Keywords: Gridhrasi, Sciatica, Vatari Guggulu, Yogabhyasa

83. OVERVIEW ON AMAVATA W.S.R. TO NIDANPANCHAK

Dr. Reshma Bichchal.

(Pg student -Dept. of Agadtantra)

L.R.B.P. Ayu. Med. Collage & Hospital Islampur

Dr .Santoshi Mane

(Reader -Dept. of Agadtantra)

Abstract-

Reduced mankind's activity in present days, giving birth to many diseases, most common among them being diseases affecting the joint. The changing life style of human being by mean of dietetic Habits and environment has impact on jatharagni and joint problem resulting in to amavata. In amavata joint comes swollen, with painful and stiff along with symptoms of ama. It is debilitating diseases in view of its chronicity and complications. Therefore, it has taken the foremost place among the joint disorder. It continues to pose challenge to physician due to severe morbidity and crippling nature and complaining the maximum loss of human power making it a biggest worldwide burning problem irrespective of races. It is can be correlated with rheumatoid arthritis an inflammatory auto-immune disorder .It is commonest among chronic inflammatory joint disease. In this article we have to studied nidan panchak of aamvat.

Key words - auto-immune disorder, chronicity, jatharagni, inflammatory joint disease .

84. REVIEW OF PARPATI KALPANA W.S.R TO GANDHASHM PARPATI RASA**¹Dr Abhijit Ashok Pujari**MD Scholar,Rasa Shastra & Bhaishajya
Kalpana
Ashvin Rural Ayurved Mahavidyalaya,Manchi Hill,Sangamner**²Dr Vandana Pendse**Professor,MD Rasa Shastra & Bhaishajya
Kalpana,Rasa Shastra Department

Parpati rasayanas are one among the murchita paradeeya aushadha yogas, which are therapeutically effective and qualitatively supreme formulations owing their lesser dose, more palatability, long shelf life. Apart from different miraculous therapeutic effect of parada indicated in different form of rasaushadhis, the most common use of parpati form of rasaushadhi is for Grahani roga. Gandhashm parpati rasa is considered as a herbo-mineral unique formulation, in which gandhaka shodhana is done in different herbal swarasa dravyas, and finally Gandhashm parpati rasa gets the quality of curing many ama originating diseases like Grahani, Durnama ,Ama shoola, Bhasmaka, Amavata, Jalodara, Gulma etc. as well as it acts as a rasayana and it cures the Vali, Palita disorders, which are major burning problems now a days.

At this stage it is the responsibility of ayurvedic scholars to show our positive quality and caliber in treating the diseases with quick results, which is easy to prepare, economical and not having any side effects, at the same time we have to satisfy the modern advanced standards of drug pharmacopeia like analytical study, pharmaceutical study etc.

85. AMAVATA – A CASE STUDY**Dr.Rinku.R.Karda**, P.G.Scholar,
Kayachikitsa Dept, V.A.M College,
Amravati.**Dr.V.H.Wankhade**,
Asso Prof. & H.O.D, Kayachikitsa Dept.,
V.A.M College, Amravati.**Abstract**

Amavata is a disease condition which is comparable with Rheumatoid Arthritis in modern medicine. In disease Amavata, ama dosha is being directed into joints by the vitiated Vata dosha (Vyana Vayu) and affects the Shleshma dhara kala (may be similar to synovial tissue inflammation), resulting in effusion and swelling of joints. Due to this restriction of movement and persistent unendurable pain confined patient to bed with limited working area. Approximately 0.05% of total adult population i.e. 2.5 million adults of India are victim of these ailment. A female patient aged 35 years suffering from same was treated according to the line of treatment mentioned by Chakradatta. Langhan,

Deepan-pachana with rasnasaptaka kwath, valukapottali sweda, virechana by eranda bhrishtha haritaki and vaitaran basti was conducted. Total duration of treatment was 45 days. Given treatment showed marked improvement in sings and symptoms.

Key Words : Amavata, Deepana, Pachana, Vaitarana basti.

86. ROLE OF INDUKANT GHRITAM MATRA BASTI IN SANDHIGAT VATA

¹**Dr Sachin Machhindra Satpute**

MD Scholar, Rasa Shastra & Bhaishajya

Kalpana

Ashvin Rural Ayurved Mahavidyalaya, Manchi Hill, Sangamner

²**Dr Jyotee Badave**

Professor, MD Rasa Shastra & Bhaishajya

Kalpana, Rasa Shastra Department

Sandhigata Vata stands one among the commonly encountered Vata vikaras in clinical practice. It is kastasadhya as it involves the madhyama rogamarga and occurs in later decades of life. The signs and symptoms include sandhi vedana, sandhi stabdata, sandhi shotha and sandhi atopa.

Osteoarthritis in modern parlance is a degenerative articular disorder mainly of the weight bearing joints, which limits every day activities like walking, climbing, standing, making the individual crippled. There is steady raising in prevalence from age 30 such that by 65, 80% of people have radiographic evidence of OA, though only 25 to 30% are symptomatic.

Basti is mentioned as a choice of treatment for Vatavyadhi. Indukanta ghrita is useful for Matra Basti as it is indicated in Vatamaya. Also Indukanta ghrita has been explained in Sahasra Yoga Ghrita Prakarana.

87.ROLE OF PANCHKARMA IN JANUSANDHIGATA VATA

Vd.Apeksha Sushil Umalkar (P.G Scholar in Panchkarma)

Vd.Ravikumar B. Patil (Guide)

Vd . Alakananda D.Kulkarni (HOD PK Dept in ADAMC Ashta)

Annasaheb Dange Ayurvedic Medical College, ashta ,dist –Sangli, Tal- Walwa.

Abstract –

Sandhigatvata is one of the vatavikara. The term of sandhigatvata is formed by two words sandhi means joints and vata means one of the Dosha of the body. It is most common disease. Osteoarthritis of knee joint is more prevalent in indian population In Indian prevalence is 22% to 39%. It is mostly seen in age group 40 to 70. Both male and female are affected. According to modern treatment gives analgesic, non steroidal and anti inflammatory drug and surgical approach. But Ayurvedic gives Bahya chikitsa- snehan , swedan- Baspa sweda, Pinda sweda, Churna pinda sweda, Patra pinda sweda ,Shashtika

shali pinda sweda, Dhara, Janubasti, Sandhi pichu, Lepa, Upanaha, Udwarthana. Raktamokshan.Abhyantara chikitsa- senhan,virechana, basti- matra basti, anuvasana basti.
Key Words-Janusandhigatavata, Osteoarthritis of knee jt, Snehan, Swedan, Raktamokshan, Basti.

88. AAMVATA – A DISTRESSING JOINT DISORDER

Dr. Sandip kale.

(Dept. of - Shalakyatantra Netraroga)

Yashawant Ayurved College, PGT & RC, Kodoli ,Tal – Panhala, Dist - Kolhapur

Dr.Chandrashekhar Mule

(Dept. of - Shalakyatantra Netraroga)

Abstract –

According to modern science Aamvata can be correlated with rheumatoid arthritis. R.A. is an inflammatory auto-immune disorder. The lives of more than one million people are physically impaired due to rheumatic disorders and one fifth of these are severely disabled. According to W.H.O The prevalence aamvata is 0.3%. Aamvata is more common in humid atmosphere and less prevalence in hot atmosphere. Aamvata is more common in women . Some condition like Abortion, Miscarriage, Post-partial disorders, Anemia etc. may lead to disease Rheumatoid Arthritis Aamvata is mostly produced at the age of 20 -40. onset of aamvata is between 25-50 years .Females are more prone than males. wearing wet clothes, getting wet in rain, sleeping over cold/ moist/wet floor etc. this habits plays important role in production of aamvata

Key words - auto-immune disorder, Miscarriage, Post-partial disorders ,

89. PAIN MANAGEMENT IN AMAVATA WITH SPECIFIC REFERENCE TO RHEUMATOID ARTHRITIS- A CASE STUDY

Shaktijit Babar¹, Darshana Chaur¹, Ashish Thatere², Prakash Kabra³

¹ P.G. Scholars, ² Asst. Professor, ³ Guide, Prof. & Head

Department of Kayachikitsa

Government Ayurved College & Hospital, Nagpur

Abstract

Rheumatoid Arthritis is a chronic multi-system disease of unknown cause, though the most prominent manifestation of Rheumatoid Arthritis is an inflammatory Arthritis of peripheral joints, usually with symmetrical distribution. Rheumatoid Arthritis is a common disease having peak incidence in 3rd to 4th decade of life.

The male female ratio is 1:3. The non-steroidal anti-inflammatory, immune modulators or some time steroids relieve the pain, but patients have to face side effects. As well as by the time disease advances contracture and disability develops.

This condition resembles with Amavata in Ayurved. Amavata is derived from word “Ama” and “Vata”. The word Ama is the condition in which various ailments in system create toxic effects. The Ama along with Tridosha occupies Shleshmashana (particularly Asthisandhi) and results in painful disease named as “Amavata”. Langhan, Svedan, Shodhan and Shaman had been depicted for treating Amavata. A case recorded and was treated in our institute. Results obtained are encouraging which are presented in full paper.

Key words: Amavata, Vaitaran Basti, Jalokavcharana & Shaman.

90. EFFICACY OF CHAKRADUTTA CHIKISTHA SUTRA IN THE MANAGEMENT OF AAMVATA

Dr . Supriya Sangale (Asst. Prof . Dept. of Panchkarma)
LRP Ayurvedic Medical Collage & Hospital Islampur.

Amavata is a very distressing disease among joint disease. It occurs throughout the world in all climates and ethnic groups. Treatment provides symptomatic relief but the underlined pathogenesis is unchecked due to absence of effective drugs. There is no curative treatment found till today. Various treatment modalities are being used in ayurveda for the management of RA, like swedan, virechana, basti and internal medicines. However ayurveda advocates use of particular line of treatment for the management. Till date more than 215 P.G. leveled of work have been conducted all over India in various ayurvedic institutes. The efficacy of the drugs in this disorder was considered particularly due to its anti-inflammatory, analgesic, anti-inflammatory, analgesic, anti rheumatic, diuretics, antimicrobial and immune modulator activities. It is found that the trial of Chakradutta Chikistha Sutra reduced inflammation, pain, heaviness of the body, stabdhata and increased mental status and sleep.

Key words - swedan, virechana, basti, inflammation, heaviness, pain

91. NIDANPANCHATMAK VIEW OF AAMVATA

Dr . Swapnali Dombe. (Asst. Prof . Dept. of Rognidan & vikruti vidnyan)
LRP Ayurvedic Medical Collage & Hospital Islampur

Aamvata is important disease of madhyamagat rogamarga as it affects sandhis and marma.Aamvat first described by madhavkar . Through” Ama” and” vata” are the predominant pathogenesis factors of aamvata. But the disease represents Tridosandshic

vitiation. The affliction of sandhis by vata dosha is associated with ama reflects the equal role of both dosha and dushya in the causation of the disease. They are contradictory in nature and thus possess difficulty in planning the line of treatment. In this article we studied nidanpanchak of amavata. Nidana Panchaka is the combination of five parameters, which are used in the diagnosis of a disease. They are Nidana, Purvarupa, Rupa, Upashaya and Samprapti.

Key words - sandhis and marma, Tridosandhic vitiation, nidanpanchak

92. A CASE STUDY OF AMAVATA WITH COMBINED AYURVEDIC TREATMENT

Swati Ugale,

lecturer, dept of Dravyaguna,
Ashvin Ayurveda Rural Ayurveda College, manchi hills, Ahmednagar

Amavata is the particular type of disease which is mentioned in Ayurveda since the period of Madhavakara (16th century A.D.) under the category of Vata-Kaphaja disorders. Amavata is the term derived from the words as Ama and Vata. The Ama when combines with Vata dosha and occupies Sleshma sthana (Asthi, Sandhi) results in painful disease Amavata. The disease is characterized by various features like Sandhi Shoola, Sandhi Shotha, Angamarda. Acharya Chakradatta had described the line of treatment of Amavata i.e. Langhana (fasting therapy), Swedana (fomentation therapy), use of drugs having Tikta Katu rasa (bitter and pungent taste), deepana (kindling digestive fire) property, Snehapana (oral intake of Ayurvedic medicated ghee), Virechana (purgation therapy), Vasti (enema) etc. In the present case study, the treatment of a female patient having amavata is done with combined intervention of Langhana, Swedana, Dravyas having Tikta Katu rasa, deepana properties for Samana purpose, snehapana and Virechana. The combined intervention includes externally valukasweda and patrapottali sweda, internally Amrutottar kashaya, simhanada guggulu, Indukantam grita and sukumara eranda tail. The given treatment modalities showed marked improvement in the patient's signs and symptoms.

Keywords- Amavata, patrapottali sweda, simhanada guggulu, deepana, pachana.

**93.TO STUDY THE ROLE OF VATA AS A CAUSATIVE FACTOR IN STREE ROGA
AND ITS CLINICAL MANAGEMENT- A CONCEPTUAL STUDY**

Dr. Medha D. Paithankar

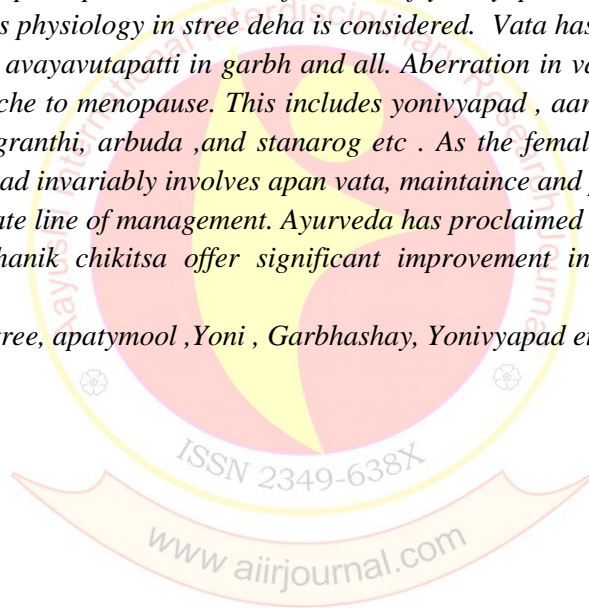
Associate professor

Dept Stree Rog Prasuti Tantra

CSMSS Ayurved Mahavidyalaya, Aurangabad

Woman is a backbone of society .In this 21st century lots of modernisation taken place but due to this life style modification many diseases are indirectly invited by human being. Stree is considered as apatyamool. Ayurveda recommends shuddha yoni and garbhashaya which helps to prevent the manifestation of yonivyapad. Vata constitutes the driving factor so far as physiology in stree deha is considered. Vata has major role to play right from conception avayavutapatti in garbh and all. Aberration in vata can manifest as disorders from menarche to menopause. This includes yonivyapad , aartavyapad ,pradar, vandhyatva, yonirog granthi, arbuda ,and stanarog etc . As the female genital tract and samprapti of yonivyapad invariably involves apan vata, maintaince and pacification of vata will be most appropriate line of management. Ayurveda has proclaimed that shodhan along with shaman and sthanik chikitsa offer significant improvement in the lakshanas of yonirogas.

Key words – Vata , Stree, apatymool ,Yoni , Garbhashay, Yonivyapad etc.



94. JUVENILE RHEUMATOID ARTHRITIS**Dr. Pravin G. Patil**

Pg(Balrog Dept.)

Lrp Ayurved College, Islampur

Abstract

Juvenile rheumatoid arthritis (JRA) is the most common form of childhood arthritis with current treatment protocol of oral medication along with physiotherapy as a main stay. According to ayurveda, Vitiated Vayu circulates the Ama all over the body through Dhamanias, takes shelter in the Shleshma Sthana (Amashaya, Sandhi, etc.), producing symptoms such as stiffness, swelling, and tenderness in small and big joints, making a person lame. The symptoms of Amavata are identical to rheumatism, which include rheumatoid arthritis and rheumatic fever. It is observed that rheumatism is an autoimmune disorder.

Despite vast range of NSAIDs, immunosuppressive agents, corticosteroids etc., the complete remission of this disease is still not possible. The symptoms of disease Aamavata in Ayurvedic classics have similarity with rheumatism as well as JRA in Paediatric age group. Improvement observed with Ayurvedic treatment is a good hope for the management of this ailment and new-fangled research area.

Key words: Juvenile rheumatoid arthritis, Ayurvedic Management, Aamavat

95. A SCIENTIFIC APPROACH TOWARDS PAIN IN UDAVARTA (PRIMARY DYSMENORRHEA) THROUGH AYURVEDA**Diksha Narendra Singh**

*M.S. Second Year,

Department of Prasuti and stree roga,

S.M.B.T. ayurveda college and post graduate institute, Dhamangaon

Dr. Vijay Nawale**Abstract:-**

In today's world dysmenorrhoea is emerging as a burning issue as the population of dysmenorrhoeic women is increasing day by day. This is explained as an udavartini yoni vyapad in Ayurveda. The main clinical feature of udavartini is rajah krichhrata (painful mensuration). It affects approximately 50-60% of women of reproductive age. But there is lack of effective medicament till date. There is a need to solve this emerging problem. Panchakarma therapy offers a ray of hope for udavartini. Also, ayurvedic herbals offer potential management which is proved beyond doubt in solving the problem

successfully. The aim of the posture is to focus the management of this problem in present scenario.

Keywords: Dysmenorrhoea, Menstruation, Ayurveda, Udavartini

96. A CASE STUDY ON AMAVATA

Vd. Bhairav B. Tawshikar¹, Vd. Yashashree B. Kulkarni²

1. Associate Professor, Kayachikitsa Dept. Ashvin Rural Ayurved College, Manchi Hill,

2. PG Scholar, Rognidan Dept. C.S.M.S.S. Ayurved College, Aurangabad.

Amavata is one of the commonest disorders caused by the impairment of Agni (digestive fire) formation of Ama (bio-toxin) and vitiation of Vata Dosh. Amavata is produced mainly due to the vitiation of Vata along with the formation of Ama. The Ama combines with Vata Dosh and occupies Shleshmasthan (Asthisandhi) which results in "Amavata".

Amavata can be correlated with Rheumatoid Arthritis due to similarities of clinical features. Rheumatoid Arthritis is an autoimmune disease causing a chronic symmetrical polyarthritis with systemic involvement. The management in Modern science includes the use of NSAID's, DMARD's immunosuppression therapies, long term use of which leads to many side effects. Ayurveda treats it in a natural way without any side effects. Acharya Chakradatta mentioned Chikitsa Siddhanta for management of Amavata, which consists Langhana, Swedana, use of drugs having Tikta, Katu Rasa and Deepana, Virechana, Snehapana Vaitaran Basti, Shastishali- Pinda Sweda. These procedure help in Vatashamana, Amapachan, Strotoshodhana. By using this Chikitsa Siddhanta case of Amavata was successfully treated. Marked improvement was observed in signs and symptoms after treatment. No any side effects was found during the treatment.

Keywords : Amavata, Ama, Rheumatoid Arthritis, Shastishali-Pinda Sweda, Vaitaran Basti,

97. EFFECT OF ROHITAKARISHTA ON SPEENOMEGALI

VD. Manisha K . Dawre

MD Rachana Sharir Department of Rachana sharir GAC Osmanabad

VD. Laxmi Bhangada Barela

MD scholar (Rachana Sharir) Rachana Sharir Department of Rachana sharir GAC Osmanabad

Splenomegaly is defined as enlargement of the spleen measured by size or weight. The spleen plays a significant role in hematopoiesis and immunosurveillance. The normal sized spleen abuts the stomach, colon, and left kidney A normal sized spleen measures up to 11 cm in craniocaudal length. A length of 11 cm-20 cm indicates splenomegaly, and a

length greater than 20cm is definitive of massive splenomegaly. The normal weight of the adult spleen is 70 g-200 g, spleen weight of 400 g-500 g indicates splenomegaly and spleen weight greater than 1000 g is definitive of massive splenomegaly.

According to Ayurveda Acharya Charka, and Bhaisyaajja rattanavali mention Rohitakarishtha is spleen protective medicine in Ayurveda, it reduces the toxins developed due to viral, bacterial or parasitic infection. It improves the production of lymphocytes (white blood cells), it specifies low – grade inflammation of the spleen, it opens the blockage occurring in the enlarged spleen and restores its normal function. Rohitakarishtha pacifies kapha dosha and pittadosha

98. PREPARATION OF KSHAR SUTRA USING RASAUSHADHI & ITS CLINICAL APPLICATION IN BHAGANDARA

Dr. Vijay R. Kabadi
(P.G.Scho.) Shalya Tantra Dept.

Dr. Sanjay Kumar Dhonde
(M.S.) Shalya Tantra Dept.
Associated Prof. & Guide
Ashvin Ayurved Collage Manchi Hill, Sangamner

Abstract:-

The term research consists of 2 parts, Re-Again & Again. Search-To finds out something in following process.

Search for superiority or problem- Person / Obs –Again & Again / Phenomena / Collection of data / Analysis of Data = Conclusion

Thus, Research = to investigate/ to find out/ to examine

In this modern era .The word “Research” has got vital importance because research based knowledge is the key for development of scientific work .Searching, Learning & Acquiring the new superior knowledge is continuous process.

Sushruta is father of modern surgery .he not only gave gift of surgeries but also mentioned many karma's & Chikitsasidhhant. In modern era many surgeries describe by sushruta give fruitful results as it's described.

Ksharkarma & Ksharsutra is one of them Ksharsutra is being practiced from ancient time to global era for management of Ano rectal disorder fistula in Ano & it's till permanent choice of treatment for fistula in Ano due to it's no recurrence rate. I think it's God's Gift for word & it's A precious gem in the crown of Shalya Tantra.

But in practice of Kshar sutra some points come ahead & a search from beginning start take that a search is only for compare & check superiority we read literature & found, collect some more knowledge of Kshar sutra also found reference from Ras Aushadhi & in Preparation of Kshar Sutra using Ras Aushadhi like **Gandhak** Bhav Prakashnigantupurvardh shlok No.111, Ras Ratna Samuchay, **Tankana** Ras Tarangini no.23, **Kangshi** Rastarangini No.11, **Madhuchishta** (Beewax) Bhavprakashnigantupurvardh Shlok No.30 etc. May open a new path in the treatment of Ano rectal disorders keeping this in mind a pilot study carried out in Ashvin Rural Hospital.

99. PATHYA APATHYA IN AAMVATA: A LITERARY REVIEW**1. Shweta R.Aswar¹, Sushil V. Chawre², Prakash R.Kabra³**¹. PG Scholar, ².Assistant Professor, ³Professor and Head of Department
Department of Kayachikitsa
Government Ayurved College, Nagpur
Government Ayurved College and Hospital, Sakkardara, Nagpur 440024**Abstract:**

Charaka explained that Aahar vihar which is not harmful to Strotasa (paths of the body) and also give happiness to the mind is known as Pathya and opposite to that is known as Apathya. The entities have their effects according to Matra (~Dose), Kala(~time), Kriya(~preparation), Bhumi(~place), Deha(~Bodyconstitution), Dosha(~Pathology) and Guna(~properties). Pathya plays an important role in prevention as well as cure of disease.

Aim: To study classically mentioned Pathyapathya of Aamvata.

Materials and Method: References are taken from Ayurvedic Texts and Internet.

Observation and Result: Mostly Dravya includes in Pathya of Aamvata are Tikta Rasatmak (~Bitter taste) and Laghu Gunatmak which helps in Aama Pachana. Apathya are having properties of obstruct the Rasavaha sira and Aam Utpatti because of their Guru, Snigdha and Picchil Guna.

Conclusion: Pathya agreeable to the mind and senses promote Tusti(mental satisfaction), Urja(mental strength) and Sukhopabhogata as a results of which the strength of disease gets diminished. Pathya Apathya not only prevents the disease also plays major role in management of Aamvata which helps to prevents complication of Aamvata.

100. A MULTIMODAL INTERVENTION OF MANSAGATAVAAT WITH SPECIAL REFERENCE TO MYOSITIS – A CASE STUDY**Vd.Punamkumari R. Thakur¹ Vd.V.J.Tiwari² Vd.Kalpna Gholap³**¹. P.G 2nd Year Panchkarma department,
Yerla Ayurvedic Medical College and Hospital, P.G. Institute, Kharghar, navi Mumbai.². Professor, Yerla Ayurvedic Medical College and Hospital,
P.G. Institute, Kharghar, navi Mumbai.³. Associate Professor, Yerla Ayurvedic Medical College and Hospital,
P.G. Institute, Kharghar, navi Mumbai.

Background : Myositis is a disease of group called idiopathic inflammatory myopathies. Myositis is associated with a modest degree of creatinine phosphokinease (cpk) elevation. Myasthenia, pain, swelling, fatigue are the most common myositis symptoms. In Ayurveda

same can be understood as Mansagatavaat vyadhi showing lakshanas of toda(throbbing pain), shrama(fatigue), gaurav(heaviness), mansabala kshaya (muscle weakness).

Objective : To develop a satisfactory treatment protocol for myositis in today's era. The main stream treatment such as immunosuppressive and corticosteroids are not upto mark for the desired relief in symptoms and also leading to permanent disability.

Method : Various upakrama were used for the treatment such as langhan for pachana initially. Patrapottali sweda, Maasha pinda sweda, Baladi Yaapana Basti and Jaloukavcharan.

Observations : A remarkable relief was seen in the symptoms and cpk levels were alleviated upto 539 U/L, which was 1609 U/L before the panchakarma treatment.

Conclusion : Therefore by using different Ayurveda treatment modalities such as langhana, swedana, basti , myositis can be cured. This would prevent getting into further complications such as chronic weakness and disabilities.

Key Words : mansagatavaat, myositis, panchakarma, yaapana basti, maashapinda, sweda, cpk level.

101.VARIOUS ASPECT OF ATISARA AND ITS AYURVEDIC MANAGEMENT

VD. Tarekar Anupama B. VD. Ravikumar Dinkarrao Pophale

Professor M.D (Kaumarbhritya) M.D scholar (Kaumarbhritya)

Dept of Kaumarbhritya

A.R.A.C. Manchi Hill Sangamner

Abstract

Atisara (Diarrhea) is one of the major disease scattered word widely, especially in tropical and sub-tropical countries. The medical science paid significant attention towards the curbing of this problem. The prevalence of Atisara is high in children especially age 4 to 8years, may be due to the unhygienic condition and contamination due to the infectious organism. Ayurveda considered Balatisara as Diarrhea in children and have mentioned various treatment modalities for the prevention of Atisara. Amratakadhi churna is such formulation used in Ayurveda for the management of Balatisara.

The literature mentioned that these formulations control vitiation of the Strotasa initially and Deepana, Pachana and Grahi properties of these drugs relieved Annabhilasha, Avipaka, Arochaka, Atidrava mala, Atibahu mala. The traditional text of Ayurveda described that use of such Ayurvedic formulation control Agnimandya and reduces production of Ama which is main pathological factors of Atisara. The research investigation proved that use of these drugs in Atisara helped in digestion of Ama and in

the improvement of Agni due to their Pachana and Deepana effect. This article presented various aspects of Atisara and its Ayurvedic management.

102.DHATKI PUSHPA CHURNA IN THE MANAGEMENT OF SWETAPRADARA

Guide. **Vd.Arjun Mahipati Narute.** Student **Vd. Irfana Begum Qamruddin Khan M.S (Ayu.),**
M. S. Scholar (Prasuti-tantra Streerog)
Department of Prasuti-tantra and Stree-roga, A.R. A. C. Manchi Hill Sangamner

Abstract

The global popularity of Ayurveda is enhancing due to the increased flow of clinical research works irrespective of the subject. One such work added to the basket is the administration of Dhataki pushes churna in Shweta Pradara (leucorrhoea). A very common gynecological problem faced by almost 75% of the women is Shweta pradara. It can be correlated with leucorrohea. It is caused due to the increase in the kapha dosha and is characterized by a discharge from the genital tract of the female reproductive system. It is often associated with some organisms, metabolic and hormonal disturbances which are responsible for the disease.

Dhataki pushpa churna is classically mentioned for the treatment of pradara. It acts on the Artavaha srotas (blood channels) of females & is shleshmahara in guna (property to reduce the kapha dosha).

In allopathic medicine this problem is always managed with antifungal, antibiotics and some time it managed hormonal therapy approach and prefer to undergo hysterectomy. According to our science the major cause of this disease is prakupit kapha and for this kapha saman chikitsa will solve the problem. Hence the study on

103. EFFECT OF MADHUTAILIK BASTI MENTIONED AND VIDANGADYAM LAUHA IN MADHUMEHA (TYPE 2 DIABETIS)

Vd. Bhairav Tawshikar
M.D (kayachikitsa)

Vd. Jyotsna Jaywant Adate
M.D scholar (kayachikitsa)

A.R.A.C Manchi hill, Sangamner A.R.A.C Manchi hill, Sangamner

Abstract

Madhumeha is one of the four types of vatika Prameha characterised by passage of excessive quantity of urine having quality similar to Madhu. Madhumeha is a disease of mootravaha srotasa having kapha dominancy which can be correlated with diabetes

mellitus type 2. It is a santarpanotha vikara. The main causes of Prameha are lack of exercise, improper food habits and excess food intake which falls in the category of ushna, snigdha and guru gunas. Foods that increase kapha, meda and mootra are the etiological factors for Madhumeha. Most important symptoms of Madhumeha are prabhuta mutrata, pipasavriddhi, kshudavriddhi, kara-pasa tala daha, atisweda, daurbalya.

It is one of the major and chronic diseases which the world is facing. Many allopathic drugs are indicated but results are not much satisfactory. Ayurvedic preparations can major role in Madhumeha. Madhutailik Basti mentioned by Vagbhat Samhita and Vidangadyam Lauha is a formulation mentioned by Chakradatta are selected for the management of Madhumeha due to tridoshghnata and also the mehaghna properties are potent enough to combat this disease condition. These drugs play important role in reducing the symptoms and to treat the root of cause.

104. A SYSTEMATIC REVIEW : ROLE OF YOGA TO MAINTAIN HEALTH

Vd. Rachana.Chandrakant Aware

Asst.professor(Swasthavritta)

SMBT Ayurved college,Dhamangaov,Nashik

Abstract:

Both the sciences of Yoga and Ayurveda have evolved from the same philosophy, culture and country. They look at the human being from the same holistic angle. Ayurveda is the science of life or longevity. Yoga is the science of linking the individuals self with the universal self.

Yoga tries to expand the narrow, constricted, egoistic and personality to all pervasive, eternal and blissful state of reality. Ayurveda consider life a psycho-spiritual as well as somatic phenomenon.

Basically, it aims at ending all suffering and maintaining health, so that every individual can achieve all four goals of life viz. Dharma, Artha, Kama and Moksha. The aim of Yoga is mainly to achieve the complete Health.

Mental stress, diabetes, hypertension, and cardiovascular disease are fast growing epidemics consequent to changing lifestyles accompanying globalization and modernization.

Although yoga originated in India thousands of years ago, it was introduced to western world in 19th century. In the past few decades, it has been the subject of research as a therapeutic measure in mental stress, obesity, diabetes, hypertension, dyslipidemia, coronary heart disease, and chronic obstructive pulmonary disease.

Yoga is effective in prevention as well as management of lifestyle related diseases and stress-induced disorders. A systematic review based on previous research studies who has demonstrated beneficial effects of yoga in lifestyle related diseases and depressive disorders. The study supports the potential of yoga as a complementary treatment of lifestyles related diseases and depressive disorders.,detailed will be discussed durning presentation.

Key words: Yoga, Health.Disease.

105. A SYSTEMIC REVIEW OF MANYASTAMBHA AND ITS NIDANPANCHAK

Vd. Soniya Raghunath Koli

Vd. S. G. kulkarni Prof. and HOD

Yashwant Ayurvedic college P.G.T. & R.C Kodoli.

Abstract

Nowadays vatavyadhi is the common disease which is easily found in todays practice. In samhita there are 80 nanatmaja vyadhi described. The Manyasthambha is one of these nantmaja vatavyadhi. Which can mainly correlated with cervical spodylosis because of having same clinical feature. Other synonyms are arthritis of the neck, or cervical osteoarthritis. Cervical spondylosis is a condition that causes deterioration of vertebrae, disc & ligament in the neck or cervical spine. Most of people experience degenerative changes as they get older, this condition is present in more than 90% of people aged 60 and older, but now due to sedentary life style, stress, travelling, excessive use of computers, long periods of sitting postures, shift duties and improper food habits middle age group also experienced cervical spondylosis. The symptoms are severe neck pain, stiffness and restricted movements. These are seen in both acute and chronic condition. The present study deals with the detail causes of manyasthambha according to Ayurvedic classics and its nidan panchak which is very important to proper diagnosis and treatment of the manyastambha.

Key words - Manyasthambha, Nidanpanchak.

106. EFFICACY OF DASHMULABALADI CHURNA IN MAN- AGEMENT OF GRIDHARASI**Vd. Shreerang.S. Chhapekar**

Associate Professor

M. D. Kayachikitsa

A.R. A. C. Manchi Hill Sangamner

Vd. Tushar Balasaheb Khairnar

M. D. Scholar

Department of Kayachikitsa

Abstract

Vatavyadhi is one of the most prevailing health problems in our day to day clinical Practice and Gridhrasi is one among them. It is characterised by burning, stinging or numbing pain that is felt in the buttock, thigh, leg and or foot. It may or may not be associated with low back pain. Gridhrasi seems to occur in both type patient having sedentary occupation as well as those doing heavy work.

In modern science there is no particular treatment on sciatica, only analgesic and anti inflammatory drugs are given and have more side effects and so it is not permanent treatment. And surgery is more expensive so it is not affordable for common people.

So a study was designed to evaluate the efficacy of Dashmulabaladi churna in management of Gridharasi. Objectives of the study were to study the efficacy of Dashmulabaladi churna. in the management of Gridhrasi.

107. A REVIEW ON ANATOMICAL AND PATHOLOGICAL CHANGES IN KATISHUL(LOW BACK PAIN) WITH SPECIAL REFERENCE TO LUMBAR SPONDYLOSIS.**1.*Vd. Savita M.Potewar, 2.Vd.sarika chopde**

I.P.G. Scholar, Rachana sharir department,

Tilak Ayurved mahavidhyalay,Maharashtra.

Abstract-

Ayurveda is the science of life which is based on entities like Dosha, Dhātu, Mala. Tridosha are responsible for the buildup of body and mind. Among which Vata is most important, which controls all the entities of body and keeps the all the functions of body in equilibrium. But when it get vitiated due to various causative factors due to Ahara(dietary habits), Vihara(fast & busy life style in present days, heavy weight lifting, stress, prolong continue same posture in working), it also vitiated to other dosha and dushya and causes Vyadhi(disease). When the vyadhi generated by vata only, then it is names as Vatavyadhi. Vata is strongest dosha of body and it is responsible for the origin, existence and destruction of all living beings. So that the Vatavyadhi also a complex and complicated

disease. Now days Vatavyadhi is the most prevalent disease due to changing life style. Generally Vata is dominant in old age but but in present days it aggravated in young individuals also due changing life style. According to place and body parts it has many types. Katishula (low back pain) is one of the type of vatavyadi. Shula is the cardinal feature of vata. It is the disorder of joints and adjacent tissue of lumbar region. In this article focused on the changes found in anatomical structure at kati (lumbar region) in lumbar spondylosis.

Key Words- Ayurveda, Vatavyadhi, Katishula, lumbar spondylosis, life style.

108. A RANDOMIZED CONTROLLED TRIAL TO COMPARE EFFICACY OF AMAVATA PRAMATHINI

Vd. Bhairav Tawshikar

M.D. Kayachikitsa

A.R.A.C Manchi Hill, Sangamner

Vd. Pratiksha Moharir

M.D Scholar (Kayachikitsa)

A.R.A.C Manchi Hill, Sangamner

Abstract

Amavata is particular type of disease that is mentioned in Ayurveda since the period of Madhavkar, under the category of Vata-Kaphaja disorder. According to Ayurveda, Ama is caused due to malfunctioning of the digestive and metabolic mechanism. Vata is the chief functional operator of the all types of voluntary or involuntary movements of body.

Vitiated Vata Dosha along with Ama is termed as Amavata. It indicates the propulsion of Ama by vitiated Vata throughout body getting lodge in Sandhithana (joint areas) producing Amavata. Amavata is such a disease of chronic joint pain and body ache, accompanied by swelling of some or all of the Synovial joints. Angamarda (Body pain), Aruchi (Loss of taste), Trishna (Thirst), Alasya (Lack of enthusiasm), Gourav (heaviness), Klama (Tiredness without doing work), Apaka (Indigestion) and Fever. Amavata can be correlated with Rheumatoid Arthritis The prevalence of RA increases between 25-55 yrs of age.

Chakradatta was first to describe in the treatment for Amavata. He gave Basti chikitsa especially Vaitaran Basti is considered as the chief treatment regimen for Amavata and Amavata Pramathini Vati is a formulation which is prescribed to treat Amavata. The description of Amavata Pramathini Vati is found in Bhaishajya Ratnavali. Amavata Pramathini Vati is a formulation of five drugs Kalmishora, Arkamula, Shuddha Gandhaka ,

Lohabhasma and Abhrakbhasma. These drugs play significant role in reducing the symptoms and to treat the Amavata. The drugs have VataKaphaghna property which reduce Vata and Kapha Doshas from the body and reduces the symptoms of Amavata.

Keywords: Amavata, Rheumatoid Arthritis, Amavata Pramathini Vati, Vaitaran Basti.

109. PATHYA AND APATHYA IN AMAVATA**Dr Ashvini Ajit Bhilare¹,****Dr. Parag Deshmukhe²**

IP.G.Scholar Kayachikitsa,

2Associate Professor, Department Of Kayachikitsa,

Hon.Shree.Annasaheb Dange Ayurved Medical Collage Ashta, Sangali.

As we consider today's life of human being, there is rapidly increasing diseases. Due to change in life style, pollution, increase fast food intake the immunity of person is going decreased.

Ayurveda is very useful for healthy life style. In Ayurveda treatment is important but also life style and diet is also important. Only medicine is not bring the desired therapeutic effect without Pathya. Pathya is helpful to maintain health of healthy person and helpful to cure diseases.

Amavata is diseases which is mentioned in Ayurveda. Amavata is characterized by many sign and symptoms like sandhi shool, sandhi shota etc. in Ayurveda explain importance of Pathya-Apathya.

Keyword- Amvata, Pathya- Apathya, Life style.

110.ROLE OF ANSHANROOPI LANGHANA FOLLOWED BY SHAMANA AND ANOOLOMANAIN AMAVATA - A CASE STUDY**Ambika R. Bhagyawant****Rajan B. Kulkarni**

(P.G. Scholar Kaychikitsa)

(H.O.D Kaychikitsa)

A.S.S. Ayurved Mahavidyalaya ,Nashik-03

Abstract -

Amavata is the commonest disorder seen in young age group which affects quality of life and patient becomes dependent on others for day to day simple activities. The sign and symptom of Amavata can correlate with Rheumatoid arthritis according to modern medicine. In modern medicine there is not any satisfactory and safe treatment which can remove the disease completely.

In Ayurveda according to our classic Anashanaroopi Langhana (fasting), Deepana - Pachana (Appetizer, Digestive and Carminative), Samshodhana (Different Purifications) are suggested. Anshanaroopi Lamghana in addition, create hunger reflex in patients resulting in enhanced production of internal corticosteroids which provide relief through the reduction of inflammation. After Langhana, Shamana chikitsa and then anoolomana is a beneficial treatment in Amavata. The aim of this study was to evaluate the efficacy of Anshanroopi Langhana followed by Shamana and Anoolomana in the Management of Amavata. Root cause of Amavata is Ama, so we can treat the disease from root by this treatment.

Hence we are presenting a case study of Amavata treated with Anshanroopi Langhana followed by Shamana and Anoolomana.

Key word - Amavata, Anshanroopi Langhana, Ama, Shamana, Anoolomana.

111. A COMPARATIVE STUDY IN DIAGNOSIS OF AAMVATA AND VATARAKTA - AN AYURVEDIC APPROACH

Dr Rutika Vijay Adhikari

2nd year MD, Sharir kriya

Dr Ravindra P. Bhurke

Assistant professor, Sharir kriya

R.A.Podar medical college (ayu) worli, Mumbai

Abstract :

Aamvata and Vatarakta both the diseases are caused by vitiated vata dosha. But the hetu and samprapti of both the diseases are different , which are necessary for the diagnosis of disease and further management. Since both the diseases have some similarities in symptoms, many a times their diagnosis is made wrong, which can aggravate the condition of disease viz if one has diagnosed aamvata as vatarakta, giving snehan will increase aama and thereby more vitiation of vata dosha. Similarly if one has diagnosed vatarakta as aamvata, giving rukshan chikitsa will increase vata dosha and rakta dushti also. Hence it is necessary to have a conscience while diagnosing aamvata and vatarakta based on their hetu and samprapti. This paper is an illustration of ayurvedic approach in diagnosis of aamvata and vatarakta.

112. PREVENTION OF AMAVAT THROUGH YOGA

Dr. U.J. Shirke

Associate Professor

Dr D.Y. Patil College of Ayurved and Research centre, Pimpri, Pune

Amavat is mentioned in Madhavanidana as a special disease entity Ama as well as Vata plays a predominant role in the pathogenesis or samprapti of this disease. There was a time when rheumatoid arthritis (RA) was considered as a disease of the old people. But things have changed now. Many of the younger generation too are falling prey of this disease. And women seem to be vulnerable to this disease. One of the causes for this disorder is lack of stretching and joint exercises. The disease Amavat is a most remarkable problem in the society in modern era.

Ayurveda says that, Prevention is better than cure. Many problems can be completely prevented but not many can be completely cured. Also prevention is cheap and easy but cure can be terribly expensive and painful.

Amavat can be prevented with the help of yoga. Stretches and joint exercises should be a part of fitness regimen from an early age. Prayer, exercises of stretching and rotations, breathing exercises, relaxation have beneficial effect to prevent Amavat.

Key words – Amavat, prevention, yoga

113. ELABORATION OF SAMPRAPTI OF AMVATA W.S.R DOSHA STHANAS

Vd. Ashwini A. Misal,

PG Scholar, Kayachikitsa Department
S.S.T. Ayurved College, Sangamner.

Vd. Dere Nilesh ,

Guide, Hod,Prof. Kayachikitsa Department

Abstract :-

Nidana(Etiology), Purvaroop(Prodromal Symptoms), Lakshanas (Symptoms), Upashaya and Samprati (Pathogenesis) are the Nidanpanchaka i.e. the dagnostic tools for any disease. Samprati i.e. Pathogenesis is the process of understanding of development of disease by the vitiated doshas which are constantly circulating in the body. „Amavata“ is the disease explained by Madhava acharya in “Madhavanidhana”. He devoted a full chapter(25th) of amvata in dealing the etiopathogenesis of disease in systemic manner.

In amvata, two important factors causing samprati are ama and vitiated vatadosha. Ama is undigested food material toxin which forms due to hypofunction of agni. Ama is of apakwa, guru, anekavarni, snigdha, durgandhi, picchil, tantumat properties and cause pain. Vata is pradhan among three doshas controls body movements and help in moving other dosha, dhatu and mala. Ama spread in the body due to vitiated vatadosha.

Vitiated vatadosha spread ama all over the body especially in kapha sthanas. Kapha which has five types located in different sthanas in body according to their function. Ura , Kantha, Shir, Parva, Amashaya, are different sthanas of kapha. Ama and vitiated vayu produces different systptom in these sthana in samprati amavata vyadhi e.g.Ura it produces Hridaurbalya, in kantha Gilayu vridhhi, in Shir shirogaurava, in Amashaya Agnimandya and jwara etc.

As said by acharyas “ Samprativilghatanamevachikitsa” so, at first physician must understand sampratichakra of disease to plan proper chikitsa. Elaboration of samprati of aamvata with dosha-sthana anshaansha kalpna and Ashraya-ashrayibhava helps in proper diagnosis and further management of disease e.g. Rasagata ama- Guda, Shunthi yoga, Raktagata ama- Tapyadilauha, Guduchi etc. to give better quality of life to patient.

Keywords:- Amvata, Nidanpanchaka, Vatadosha, Samprapti.

114. CONCEPTUAL STUDY OF AMAVATA AND IT'S NIDAN PANCHAK**Dr . Pallavi .T. Pawar,****Dr.C.S.Majgonkar****Dr.P.D.Londhe**

P.G.Scholar, Dept.of Kayachikitsa ,

Guide

H.O.D.Of Kayachikitsa

S.C.M.Aryangla Vaidyak Mahavidyalaya ,Satara.

Amavata is disease of Rasavaha strotasa.it is generally compaired with Rheumatoid Arthritis. Amavata is disease of locomotar system.It is chronic type of disease.Due to tremendous pain in amavata's patient daily life get disturbed,also the morbidity of disease disturbs routine work of patient.

Amavata is outcome of Aganidushti ,Amotapatti and Sandhivikriti.Amavata develops due to dushti or prakop of ama as well as Vata dosha.The reason behind this disease is due to change in life style and improper dietary habits like spicy food,irregular timing of meal, over eating etc.causes aganimandya and it leads to production of Ama.all these faulty eating habits are almost always accompanied with faulty vihara like improper or over exerise ,excessive travelling ,late night parties etc. these are causes of vitiated vata.The vitiated vata carries ama to the all over body especially the kapha sthan and produce symptom like sandhishoth ,sandhishula ,stabdhat (stiffness) .

Amavata is particular type of disease which is mentioned in ayurveda since the period of Madhavnidan under the category of vatakaphaj disorder.So to understand amavata in today's era it's very important to go into details about hetu ,samprapti, purvrupa ,rupa ,upashaya i.e nidanpanchak of amavata from our ancient samhita.

Keyword :- Amavata,Nidanpanchak i.e hetu,samprapti,purvarupa,rupa,upashaya of amavata.

115. ASSESSMENT OF DURVADI LEPA CHIKITSA IN DADRU ROGA W.S.R TO FUNGAL [TINEA] INFECTION- A CASE STUDY**Dr. Ravindra B. Atram**

Assistant Professor of Kayachikitsa,

Ashvin ayurveda college Manchi hill, Sangamner.

Superficial fungal infection of the skin is a major health problem and is associated with morbidity due to chronic itching and inflammation of skin. Superficial fungal infections of skin are caused mainly by dermatophytes. Superficial dermatophytic infection has been classified according to site of involvement. They affect 20%-30% of the world population and carries significant morbidity due to chronic itching and reduce quality of life. The classic presentation of dermatophytosis is that of an annular or ring-shaped red scaly plaque with central clearing, often associated with severe pruritis. Till today, there is no satisfactory management of the skin disorder is available in modern medical science.

From the Ayurvedic perspective, the disease can fall under the Dadru Kushtha. The drug and procedure mentioned in Dadru Kushtha Chikitsa were followed for tinea fungal infection and showed significant results. This article present a case reports in which tinea may be successfully managed with Ayurvedic treatment.

Key Words: Dadru, Tinea(Fungal infection), Durvadilepa.

116. PATHYA- APATHYA IN AMAVATA (RHEUMATOID ARTHRITIS)

Dr.Abhijit Bajirao Bombale, Dr. Bhairav Tawshikar, Dr. Hiranman Warungase

Kayachikitsa department,
Ashvin Rural Ayurved Mahavidyalaya, Manchi hill,
Tal- Sangamner, Dist-Ahmednagar.

Abstract

Ayurvedic treatment, diet plays an important role in improving the joint health & to keep control on swelling & pain, since Ayurveda believe that the root cause of rheumatoid arthritis lies in impaired digestion & metabolism the rheumatoid arthritis diet is also targeted to improve the same.

Ayurveda advise to include following food item to be included in rheumatoid arthritis as Garlic, Buttermilk, Pepper, Barley, Drumstick tree, Bitter gourd (improve digestion very low in calories & good source of vitamin B12 & it is good detoxifying agents.)

Hot water-beneficial to improve digestion & helps to bring lightness to joints & improve flexibility.

Keywords:- Rheumatoid arthritis, Diet, Swelling, Digestion, Metabolism.

117. EFFICACY OF KSHAR KARMA IN THE MANAGEMENT OF HYPERGRANULATION TISSUE OF THE WOUND

Dr. Premdip R. Rahane, Dr. P. K. Ambure, Dr. Shivapal Khandizod

Shalya Tantra department,
Ashvin Rural Ayurved Mahavidyalaya, Manchi hill,
Tal- Sangamner, Dist-Ahmednagar.

Abstract

Purpose:- *The aim of study was to apply the ancient basic principle of the efficacy of kshar karma for the management of hypergranulation of tissues on the wound which are usually present by secondary intention in the wound. **Method:-** All the information source was taken from susrutha samihita, few articles about the management of hypergranulation tissue and strengthen with the experience which has been done at our ano-rectal and dressing*

uint of shalya department. **Result:-** based on practical experiences in handling the case of hypergranulation of tissues at our Institutes, the result was almost at the status of always succeed to scraped out the overgranulation tissue and replaced it with a clean wound. As the effect of kshar karma, which is to excise , scrape and cauterize the overgranulation tissues. **Conclusion:-** Kshar karma is proved to be effective in the management of hypergranulation tissue on the wound. Supported with good care in dressing off the wound, maintaining the hygiene and control the moisture content surrounds the wound.

Keywords:- Hypergranulation , Kshar karma, Wound.

118. AYURVEDIC MANAGEMENT OF PALMO-PLANTAR PSORIASIS: A CASE REPORT

Dr Pallavi Kanase.

Assistant Professor, Department of Kriyasharir,
Ashvin Ayurveda College, Manchi Hill, Sangamner.

Abstract:

Psoriasis is an autoimmune disease affecting the skin and the joints. palmo-plantar psoriasis(PPP) a type of psoriasis which accounts for 3-4 percent of all psoriasis cases. It is caused by many factors including stress, severe sunburn, chemical and physical irritants, allergens, skin infections, etc. According to Ayurveda; it can be correlated with vaipadika which represents with “pani-padasputanam tivavedanam”. In present case report 40 years female patient presented with raised dry blackish, silvery patches with fissures on bilateral palms and soles; with itching, scaling, thickness, fissuring and pain. Efficacy of treatment was assessed on the scoring of ‘Psoriasis area and severity index (PASI)’ Total four assessments were done, before treatment, two visits in between and after 8 weeks completion of treatment. Patient got significant improvement with only internal regimen. There was 77.5% improvement found on PASI (PASI 77.5), which shows that Ayurveda deals with management is beneficial in the management of Palmo-plantar psoriasis.

Key Words: Palmo-plantar psoriasis, Ayurveda, PASI.

119.UDAVARTINI YONI VYAPAD (PRIMARY DYSMENORRHOEA) AND AYURVEDIC MANAGEMENT

Dr.Yogita Dilip Dere

PG Scholar

Dr. Joyti Badevar

Streerog avum prasutitantra department,
L. K. R. Ayurveda Mahavidyalaya ,Gadhinglaj ,
Kolhapur

Abstract

In today's world dysmenorrhoea is emerging as a burning issue as the population of dysmenorrhoeic women is increasing day by day. This is explained as an udavartini yoni

vyapad in ayurveda. According to Ayurveda, the clinical entity characterized by pain, difficult expulsion of menstrual blood due to upward movement of rajas (menstrual blood) propelled by vitiated vata. The upward movement is called as Udavrittam. The main clinical feature of udavartini is rajah kricchrata (painful menstruation). It affects approximately 50-60% of women of reproductive age. But there is lack of effective medicament till date. There is a need to solve this emerging problem. Panchakarma therapy offers a ray of hope for udavartini. Also ayurvedic herbals offer potential management which is proved beyond doubt in solving the problem successfully. The aim of the posture is to focus the management of this problem in present scenario.

Keywords: *Dysmenorrhoea; Menstruation; Ayurveda; Udavartini.*

120. A CRITICAL REVIEW ON ROLE OF AAHAR IN AAMVATA

Dr. Pooja Babanrao Pawar
GAC Nanded

Abstract

Aamvat is initially manifest as a gut disorder with various symptoms of indigestion and anorexia. Nowadays Aamvat is can be correlated with Rheumatoid arthritis (RA) on basis of its clinical sign and symptoms.

Aamvata as a separate clinical entity was first described in detail by acharya madhakara in his famous literature madhavnidanam.

The disease occurs due to vicious amalgamation of morbid vata and aam. Rheumatoid Arthritis (RA) is autoimmune disease that causes chronic inflammation of the joint as well as in other organs in body.

In ayurveda the main chikitsa upkrama for aamvata is aam dosha pachan and further aam visha nishkashan chikitsa through ayurvedic drugs and diet management.

Diet for Aamvata should ignite the digestive fire (Agnideepan) enhance digestion of undigested materials (Aampachan) should be laxative (Vatanulomaka) should decrease Vata (Vatashamaka).

Hence, This study mainly focused on role of Aahara, virudha Aahara, Pathya apathy in Aamvata.

Keyword- *Aamvata*

121. EFFECT OF AGNIKARMA WITH PANCHADHATU SHALAKA IN SANDHIGATAVATA WITH SPECIAL REFERENCE TO KNEE JOINT PAIN.**Dr. Ujjwala Suryakant Rajmane.**

(P.G. 1st year Kayachikitsa)

Associate Professor Department of Kayachikitsa.

Shree Saptashrungi Ayurved Mahavidyala and Hospital, Nashik.

Dr. Kavita S. Patil

(M.D. Kayachikitsa)

Sandhigataavata is one of the Vata Vyadhi characterized by the symptoms such as Sandhi shoola (joint pain) and Sandhishopha (swelling of joints). Osteoarthritis (O.A.) which is a degenerative joint disorder representing failure of the diarthrodial (movable synovial lined) joint. O. A. of knee joint comes under the inflammatory group which is almost identical to Sandhigataavata described in Ayurveda with respect to etiology, pathology and clinical features. Agnikarma is an ancient medical technique of treatment derived from Indian medicine in Ayurveda. The word Agnikarma is made up of Agni and Karma which means application of heat which involve procedure using a metal rod i.e. Shalaka in aseptic manner. Almost all Ayurvedic text has described Agnikarma as anushastra. Agnikarma (therapeutic heat burn) is one which give instant relief from pain by balancing local Vata and Kapha dosha without any untoward effects. Hence the paper presentation effects the procedure of Agnikarma in Sandhigataavata with special reference to Knee joint pain.

Keywords: Sandhigataavata, Agnikarma, Panchadhatu Shalaka.**122. EFFECT OF LEKHANIY GHANVATI IN THE MANAGEMENT OF HYPERLIPIDEMIA :A CASE STUDY****Dr. Ravikiran Chandrashekar Naikawadi,**

P.G.Scholar, Department of Kayachikitsa

S.C.M. Aryangla Mahavidyalay, Satara.

Dr. P. D. Londhe

Guide- H.O.D. of Kayachikitsa.

Hyperlipidemia is emerging big problem in present society, which is now increasing day by day because of sedentary life style of people, consumption of junk food, aerated cold drink & high level of stress are further deteriorating the condition. Hyperlipidemia is a major cause in major illness such as HTN, Obesity, acute MI, IHD, CCF & DM-2. Previous studies of hyperlipidemia shows that reduction of fractions of lipids levels reduce rate of morbidity in individual with DM-2, HTN, CAD. In Ayurveda hyperlipidemia shows close resemblance with medoroga as per Ayurveda. Lekhaniy gana is specifically indicated in Ayurved literature for management of medoroga. In current case study 54 yrs female K/C/O DM type 2 came with gross elevation of total Cholesterol, triglycerides, LDL, VLDL levels. Lekhaniy ghanvati with proper pathya ahar was advice to

patient for 2months. Highly significant reduction was observed in total cholesterol level, triglycerides, LDL, VLDL levels. Detail results & observation will be discussed at the time of paper presentation.

Key words : hyperlipidemia, lekhaniy ghanvati, medoroga.

123. FREE RADICAL CONCEPT IN AMAVATA

1. Dr. Sagar Subhashrao Sadar

MD Scholar Kayachikitsa

Ashvin Rural Ayurved College & Hospital, Manchi Hill

2. Shreerang Chhapekar

Reader, Kayachikitsa

A free radical is an atom or molecule that contains one or more unpaired electrons and discontended with such a conformation will try to seek stability either by donating its electron to other molecule or acquiring an extra electron from adjacent molecules. Sajathiya and vijathiya sanyoga vibhaga is the process of paka occurring in the paramanus which made clear by the Peelu paka vada. Further the chain of free radical production is clear by the "Swabhavoparamavada". The free radicals can be compared with that of the Ama. In the present clinical understanding the Amavata is compared with the disease Rheumatoid arthritis and the role of free radical in causing the rheumatoid arthritis has been established. Much importance is given to Ama in the manifestation of disease in Ayurveda which simulates the Free Radicals. A correlation between Ama and Free radicals seems to be strongly possible. However a relationship confirmation at clinical and experimental level is urgently required.

124. MENOPAUSE, A REVIEW W.S.R. TO OSTEOPOROSIS

Vd. Harsha T. Pardeshi ,

Pg Scholar, Streerog-Prasutantra

Department

S.V.N.H.T's Ayurved College , Rahuri.

Vd. Pramod B. Belhekar,

Guide, Hod, Prof.

Streerog-Prasutantra Department

Abstract:-

It is a condition mostly found after menopause between the age group of 40-55 yrs. Normally bone formation (osteoblastic activity) and bone reabsorption (osteoclastic activity) are in balance depending on many factors. Following menopause there is loss of bone mass by about 3-5%/yr. This is due to deficiency of oestrogen. Osteoporosis is a condition, where there is reduction in bone mass but bone mineral to matrix ratio is normal. Following menopause there is decline in collagenous bone matrix resulting in osteoporotic changes. Post menopausal women runs a high risk for bone fracture due to Osteoporosis. Osteoporosis may be primary (type 1) due to oestrogen loss, age, deficient nutrition or hereditary. It may be secondary (type 2) due to endocrine abnormalities or medication. It may lead to back pain, loss of height and kyphosis. In Ayurveda, many aacharyas have mentioned the symptoms like asthisaushiriyata, dhatukshaya in

rajonivruttijanya awstha. Here, it can be treated with Shankhpushpi syrup, Sarpgandhaghanvati, Pushpadhanva ras, Gerifort etc...

Keywords:- *Harmonal changes, Menopause, Osteoporosis.*

125. AYURVEDIC PERSPECTIVE OF ARTHRITIS

Vd.Kavita B. Jadhav, Pg Scholar,
Kayachikitsa Department
S. M .B. T. Ayurved College, Dhamangoan

Vd. Swapnil Padate, Guide,
Kayachikitsa Department

Arthritis as per Ayurveda is a disease involving the vitiated vata doshas in one or the other from though the other doshas-pitta and kapha are also invariably involved being disturbed in varying proportions. The main dhatus afflicted are rasa-rakta, mamsa and ashti. When these tissues are afflicted by one or more of the above said doshas with predominance of vata arthritis manifested. Agni dushti, ama, improper food and activities etc. are also factors. In Ayurveda arthritis can be classified into 3 types i.e. ama vata, vata rakta and sandhigata vata while modern science describes the several types such as Inflammatory arthritis, Rheumatoid arthritis, Degenerative arthrities. Whatever may be the from of arthritis they produce pain and disability.

Ayurveda has wonderful remedies for arthritis alike other diseases but the treatment of arthritis can be initiated only after complete understanding of the ailment in detail and after a thorough examination of the patient.

Keywords:- *Arthritis, Vata dosha, Sandhigata vata, Ama vata,*

126. A CONCEPTUAL STUDY AND PRACTICAL APPROACH OF MAHAYONIVYAPAD W.S.R TO UTERINE PROLAPSE

Vd. Komal A. Bachkar,
PG Scholar,
Streerog-Prasutitantra Department
S.S.T. Ayurved College ,Sangamner.

Vd. Wagh Sonal,
Guide, Hod,Prof.
Streerog-Prasutitantra Department

Abstract :-

Mahayonivyapad is one of the yonivyapad mentioned in Ayurveda. Mahayoni can be correlated with uterine prolapse .The descent of uterus is known as uterine prolapse and mahayoni is the condition where garbhashaya mukh becomes vivrutta(dilatation of orifices of uterus and vagina). Causative factors of mahayoni are very similar with that of uterine prolapse .prevalence of prolapse has increase due to repeted pregnancy, chronic disease that increase the intra-abdominal pressure like chronic constipation, chronic cough and obesity. It is a condition that limits day to day activity and psychologically affects the patient. Mostly seen in post menopausal women but in india prolapse is seen at earlier age

an in any other part in the world. Younger women are also being affected because of sedentary lifestyle leading to obesity and constipation. In ayurvedic grandhas ,conservative treatment like yoni pichu is mentioned rather than hysterectomy. In modern medicine, treatment is vaginal pessary which causes side effect like foul smelling vaginal discharge, ulceration in vagina and dyspareunia. Operative procedure like Manchester fothergill procedure may lead to cervical impotence and final option is hysterectomy but in younger patient who want to conceive , hysterectomy is not advisable, where we can use ayurvedic treatment. The aim of this paper is to overview the practical implication of hetu, lakshana and treatment of mahayoni. Literature review would include ayurvedic literature and related modern texts. So there is wide scope to find out safe and potent remedy from Ayurveda by keeping a practical approach towards mahayoni yonivyapad.

Keywords- yonivyapad, mahayoni, uterine prolapsed

127. A CASE STUDY OF LUMBOSACRAL SPINAL STENOSIS W.S.R. TO KATIGATAVATA

Neetu Narayan Pardeshi

P G Scholar Department of Shalyatantra
R. A. Podar Ayurved Medical College Worli,
Mumbai – 400018

Dr. C. D. Jagdhane

Associate Professor Department of
Shalyatantra
R. A. Podar Ayurved Medical College
Worli, Mumbai – 400018

Abstract :

Spinal stenosis is abnormal narrowing of spinal canal. Stenosis of the spine is a common category of spinal disease in which there is decrease in the volume of spinal canal resulting in compression of the neural elements. The disease is classified into two types : congenital and acquired. This review is focused on acquired degenerative spinal stenosis. The patient in whom symptoms develop usually complains of pain in lower part of buttock, back and lower extremities. Along with some neurological manifestation like numbness, burning, weakness etc. The description about Katigatavata is not available as a separate disease entity in any Ayurvedic text. It is mentioned as one of the eighty Nanatmajvata Vyadhi in Charaksamhita. Acharya Charak stated the treatment of Asthipradoshaja Vyadhi with Kshirbasti containing Tiktadravya. A 34 years female patient diagnosed with lumbosacral spinal stenosis was treated with Yogabasti followed by Panchatiktaghruta Kshirbasti. The response to the treatment was recorded and therapeutic effects were evaluated through symptomatic relief. The clinical symptoms were significantly reduced after this treatment.

Keywords: Katigatavata, Asthipradoshaj Vyadhi, Lumbosacral spinal stenosis, Panchatiktaghruta Kshirbasti, Yogabasti.

128. ROLE OF PUNARNAVADI GUGGULU YOG & KSHAR BASTI IN THE MANAGEMENT OF AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS

Dr.Madhura Jadhav,

Dr. S. P. Shinde

Dr.P.D. Londhe

P.G. Scholar, Deptt. Of Kayachikitsa Lecturer Dept. of Kayachikitsa Prof. & HOD Dept.Of Kayachikitsa
SCM Aryangla Vaidyak Mahavidyalaya, Satara

Abstract:

Joint disorders are a vital & disturbing problem all over the world. Rheumatoid Arthritis is the most disastrous among all joint problems. Intensity of the disease is so severe that it affect near about all the joints of body & man become helpless to do his daily works.

Symptoms of Amavata closely resemble Rheumatoid Arthritis. Unlike Modern science which offers only symptomatic treatment Ayurveda aimed at treating basic cause i.e. vitiated Ama & Vata. So a clinical trial aiming at to find economic, effective & safe treatment was held. Total 60 patients showing classical symptoms of R.A. as per American Rheumatism Association & Amavata as per Ayurvedic classics were selected & divided in 3 groups, one receiving Punarnavadi Guggulu Yog (Punarnavadi Guggulu+Sameerpannag rasa+Godandi Bhasma), other was Ksharbasti group & in Last group both Yog & Basti was administered & comparative study was done. Assessment was done on improvement in symptoms as well as laboratory parameters. Highly significant results were obtained in Joint pain, Swelling & Joint Stiffness showing efficacy of Trial drug. Details will be presented at paper presentation.

Key words: Ksharbasti, Punarnavadi Guggulu Yog, Amavata

129. A ROLE OF MATRA BASTI IN THE MANAGEMENT OF OSTEOARTHRITIS (SANDHIGATAVATA)

Vd.Rajshree R. Kothawade,

PG Scholar, Kayachikitsa Department,
S.M.B.T. Ayurved College, Dhamangaon

Vd. Amol Karale, Guide,

Kayachikitsa Department,

Abstract:-

In Ayurveda the disease sandhigatavata similar with osteoarthritis. Sandigatavata is described under Vatavyadhi in all ayurveda classical text. Osteoarthritis (O.A) also called degenerative joint disease which is characterized by progressive deterioration and loss of articular cartilage accompanied by proliferation of new bone and soft tissue in and

around involved joined. It has two different types. Primary (Idiopathic) OA: No underlying cause is apparent. Secondary OA:

A predisposing factor is present such as trauma, metabolic disorder or other bone/joint disease, congenital abnormality. In ayurveda Matrabasti is given to the patients of Sandhigatvata where Basti is appropriate treatment for Vatavyadhies. Basti has properties like Vatadoshaman, Balaprada, Vataroganashak.

Keeping this view in mind started enema therapy of patients of sandhigatvata (osteoarthritis) and found useful results.

Keywords:- Osteoarthritis, Sandhigatavata, Matrabasti.

130. PAIN MANAGEMENT BY PATRA-POTTALI SWED : A REVIEW

Dr.Prasanna D Rangari¹ Dr.Abhinandan Patil² Dr.Sanjay Patil³

1- P.G. Scholar 2-Asso Professor and Guide 3- Head of Department

Department of Kayachikitsa

LRPAyurvedic Medical College& Hospital, Islampur, dist.Sangli.

Abstract

As we all know lifestyle diseases are more common as nations get to be more industrialised, among all these diseases rheumatic conditions are more common. We often meet such patients in our day to day practice.

Pain is that condition which discomfort individual's lifestyle, it effects on work. Analgesics and steroids are only line of treatment oftenly used in allopathy practice to manage pain. Meanwhile above treatment often associated with complications and side effect like constipation, acid peptic disorder, renal insufficiency, dependency and intolerance of drug.

According to Ayurveda pain is condition developed due to imbalance of Vaatdosha, so our primary target in Pain management is to pacify Vaatdosha. In Ayurveda we can manage the pain by various treatments and modalities with least complications. Charaka has described Sweda as treatment in different Vaatvyadhi.

Patrapottalisweda helps in strengthening the muscles, bones and tissues. It is helpful in circulation of blood, reducing pain, stiffness and inflammation.

We can perform Patrapottalisweda locally or all over body, as it is easy to perform we can use it in day to day practice. Though this method is simple and effective still we need detail study of Patrapottalisweda.

Key words :- Patrapottalisweda, Vedanasthapana.

131. EFFICASY OF DIET (PATHYA_APATHYA) IN MANAGEMENT OF AMAVATA**Vd. Nikhil Yuvraj Ahirrao**

B.A.M.S.M.D.(Scholar)

(Kaumarbhritya)

Hon. Shri. Annasaheb Dange Ayurved Medical College,

Post Graduate & Research Center, Ashta, Tal. Walwa, Dist. Sangli

Vd.A. J. Bharamgonda

M.D. (Kaumarbhritya)

Reader

Abstract

Ayurvedic treatment, diet plays an important role in improving the joint health & to keep control on swelling & pain, since Ayurveda believes that the root cause of rheumatoid arthritis lies in impaired digestion & metabolism the rheumatoid arthritis diet also targeted to improve the same.

Ayurveda advise to include following food item to be included in rheumatoid arthritis as-Garlic, Buttermilk, longpepper, Barley, horse gram, Drumstick tree, Bittergourd (improve digestion very low in calories & good source of vitamin B12. It is good detoxifying.)

Hot water-beneficial to improve digestion & helps to bring lightness to the joints & improve flexibility.

132. CLINICAL STUDY ON THE EFFECT OF VAITARANA BASTI AND CHOORNA POTTALI SWEDA IN AMAVATA WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS IN ADOLESCENTS**Vd.Kavita K. Fadnavis**

Asst. Prof. –Kaumarbhritya Dept.

CSMSS Ayurved College, Aurangabad.

Amavata is a disease difficult to treat and need longer time to get treated. It occurs mainly due to derangement of agni resulting in production of ama which circulates in body with the help of vayu and gets located in sandhi (joints) causing pain, stiffness and swelling over the joints.

According to modern science, Rheumatoid arthritis is considered as an autoimmune disorder which consists symmetrical deforming small and large joint polyarthritis, often associated with systemic disturbances. There is no complete cure available for R.A.; only Disease Modifying Anti Rheumatoid Drugs (DMRDs) are used to reduce the symptoms which further may lead to various side effects.

Amavata resembles to Rheumatoid Arthritis (R.A.) which is a chronic autoimmune disease that causes inflammation and deformity of joints. It is a common disorder with varied clinical signs and symptoms related to multiple anatomical sites, both articular and extra articular. Therefore we can assume Amavata as Rheumatoid Arthritis.

In this modern era, due to change in life style, busy schedule and junk food, people are prone to various types of diseases. It is observed that adolescents are especially indulged in intake of various junk foods and life style changes; therefore they are more prone to various types of autoimmune diseases and Rheumatoid Arthritis is one of them.

Acharya Chakrapani in the book "Chakradatta" mentioned that Vaitarana Basti is specifically very useful in the patients of Amavata. In Keraleeya Panchakarma, Choorna Pottali Sweda which is a type of Ruksha Sweda is widely used for the treatment of Amavata.

In this study, combined effect of Vaitarana Basti and Choorna Pottali Sweda is seen in the patients of Amavata especially adolescents. Thus effective control of Amavata can be achieved with the help of Panchakarma in all age groups.

Keywords- Amavata, Rheumatoid Arthritis, Vaitarana Basti, Choorna Pottali sweda.

133. CLINICAL EVALUATION AND THERAPEUTIC EFFECT OF HERBAL DRUGS ON AMAVATA (RHEUMATOID ARTHRITIS)

Vd.Pooja R. Pardeshi, Pg Scholar,
Kayachikitsa Department

Vd.Swapnil Padate,
Guide, Kayachikitsa Department
S. M .B. T. Ayurved College, Dhamangoan

Abstract:-

Due to modernization and fast life, everybody is busy and living a stressful life. Change in lifestyle of modern human being has created several disharmonies in his biological system. Due to weakness in agni, adhya rasa becomes immature and improperly metabolised substance called as Ama. And this ama produce stiffness, tenderness, swelling in joint i.e Amavata which can be correlated with rheumatoid arthritis. Although numerous treatment for rheumatoid arthritis have been identified, they suffer from various drawbacks, such as lack of efficiency, excessive side effect and high cost. Usually, treatment of arthritis requires treatment of the patient for their entire lifetime ,and so these drawbacks are significant high cost. So there is need of use of herbal drug such as Guduchi , Shunthi, Guggul etc. to treat Amavata , because many researcher true this drug efficacy. so these paper focus clinical evaluation and therapeutic effect of herbal drug on amavata.

Keywords:- Amavata, Herbal drug, Rheumatoid arthritis.

134. PREVENTION AND MANAGEMENT OF SANDHIGATA VATA W.S.R. OF OSTEOARTHRITIS**Vd. Pramod B. Kondawale,**
PG Scholar, Shalya Tantra Department.
S.M.B.T. Aturved College And Hospital, Dhamangaon**Vd. Datta Kumawat,**
Guide, Shalya Tantra Department**Abstract:-**

In Ayurveda Sandhivata gets its entity in the chapter of Vata Vyadhi which obviously are co-related with neuro muscular disorder including disease of the joint. Ayurveda recommends healthy life style through Aahara, Vihara, Aushadh, Different kinds of karmas to prevent all kind of disease. Sandhivata is a disease described under Vata Vyadhi and resembles osteoarthritis in respect to etiology & clinical features.

Osteoarthritis is a chronic degenerative joint disease and is pervasive form of arthritis. Osteoarthritis/Sandhigata vata is most common cause of joint pain. It is leading cause of disability affecting 60-70% of the population older than 60 years. Significant numbers of persons from this age group also report with symptomatic presentation of osteoarthritis of Knee.

Keywords:- Sandhivata, Osteoarthritis, Vatavyadhi.

135. Role of Ahara in the Management of Sandhigatavata (Osteoarthritis)**Dr.Seema Narayan Paikrao**
MD Scholar, Kayachikitsa.**Dr.Bhairav Tawshikar**
MD Kayachikitsa,
Reader Kayachikitsa Department,

Ashvin Rural Ayurved Mahavidyalaya, Manchi Hill, Sangamner.

Osteoarthritis (OA) is a predominantly degenerative disease that involves peripheral joints in which there is damage to cartilage as well as overgrowth of the bone. The ultimate aim of Ayurveda is preservation of health and management of the diseased people. Ayurveda gives special attention to individual peculiarities such as Prakriti, Satmya, Sara, Samhanana and so on while dealing with the patients.

Ahara, Nidra and Brahmacharya are recognized as the three Upastambhas essential for the smooth running of life. Among the three Upastambhas, Ahara is considered as the best sustainer of life (Vrittikaranam Sreshtam). Acharya Susruta described that body as well as food are mainly constituted by five mahabhutas. Body is the product of Food and Food is harbinger of Happiness and Suffering. All the dietary articles are composed of Panchamahabhutas and the Tridoshas/biohumors are the biological derivatives of these five Mahabhutas. A balanced diet in Ayurveda is planned in relation to the known Panchabhautic composition and Tridoshic impacts in the living body. Ahara and Vihara significantly affect one's overall health and the upsurge of metabolic and degenerative diseases are the result of adaptation of modern life style. Showing the importance of food Acharya Charaka says that food sustains the life of all living beings;

and complexion, clarity, good voice, longevity,genius, happiness, satisfaction, nourishment strength and intellect are all conditioned by food.

136 ROLE OF PANCHAKARMA IN LIFESTYLE DISORDERS

Vd. Swapnil Kasar

PG scholar, Ras and Bk dept.
ARAC, Manchi Hill.

Vda. Jyotee Badave

Professor, Ras Bk dept.
ARAC, Manchi Hill.

A new breed of disease, which is affecting people from all age group, is nothing but the lifestyle disorder. Lifestyle disorders mean the disorders which are caused partly due to person behavior and partly due to other factors like age, race and gender and hereditary. Lifestyle disorder is a major burning problem in today's scenario. It includes obesity, arteriosclerosis, hypertension, heart diseases, IBS, COPD, stroke, diabetes mellitus, tobacco and nutrition-induced cancers etc.

Ayurveda i.e. science of life, with its daily and seasonal regimen, dietary management, lifestyle advises, Panchakama like detoxification and bio-purification procedures, medication rejuvenation therapies provide solution for prevention and management of lifestyle disorders. Ayurved with its holistic and individual specific approach makes a wonderful option in lifestyle disorder.

Panchakarma (i.e. vamana, virechana, basti, nasya and raktamokshana) which not only eliminate the disease causing toxins but also revitalizes the tissue is a ray of hope for lifestyle disorder. Vamana (emesis) is a helpful procedure in asthma, diabetes, hypothyroidism, obesity, lymphatic congestion and other kaphaja disorder etc. Virechana (purgation) is mainly indicated for skin disorders, jaundice, various GI diseases, epilepsy, hypertension and other pittaja condition. Basti that involves administration of medicine through anal route is highly beneficial for rheumatism, gout, osteoporosis, gynecological disorder, seminal disorder etc. other vataja disorder. Nasya (nasal medication) greatly beneficial in CNS disorder, facial palsy, cervical spondylosis, sinusitis, migraine and other urdwajatrugata vikara. Raktamokshana (blood letting therapy) is helpful in skin disorder like urticaria, herpes, leucoderma etc. raktapradoshaja vikar.

After vital analysis of the benefits of panchakarma procedures in a wide range of disorder it could be infer that panchakarma plays a remarkable role in the preventive and curative aspect of lifestyle disorder.

**137. EFFICACY OF JALAUKAVACHARAN IN THE MANAGEMENT OF
OSTEOARTHRITIS (SANDHIVATA)****Vd. Roshan S. Dhale**PG Scholar, Panchakarma Department.
S.M.B.T. Ayurved College , Dhamangaon.**Vd. Pramod Mandalkar M.D.(Ayu.)**

(Asso. Professor, Dept. Of Panchakarma)

Abstract

Osteoarthritis (degenerative joint disease) is the most common joint disorder. It typically affects cartilage. The uppermost layer of cartilage breaks down and wears away. Osteoarthritis is of two types, primary (idiopathic) and secondary. In idiopathic osteoarthritis, the most common form of the disease, no predisposing factor is apparent. Secondary OA is pathologically identical from idiopathic OA but is attributable to an underlying cause. In Ayurveda the disease Sandhivata resembles with osteoarthritis which is described under Vatavyadhi. The NSAIDs are the main drugs of choice in modern medicine which have lots of side effects and therefore are not safe for long-term treatment. Raktamokshan, i.e. Jalaukavacharan is one of the ancient and important parasurgical procedures described in Ayurveda for treatment of various diseases. Jalaukavacharana has gained greater attention globally, because of its medicinal values. The saliva of leech contains numerous biologically active substances, which have anti-inflammatory as well as anesthetic properties. Keeping this view in mind started leech therapy in the patients of osteoarthritis and found encouraging results.

Keywords :- Osteoarthritis, Jalaukavacharan.**138 . SINGLE HERBAL DRUGS IN THE MANAGEMENT OF ASTHIKSHAYA
(OSTEOPOROSIS): A REVIEW****Vd. Sneha K. Awale**PG Student Dravyaguna Dept.
APM'S Ayurved Mahavidyalaya,
Sion, Mumbai.**Dr. Ashok D. Ramteke**HOD And Prof. Of Dravyaguna Dept.
APM'S Ayurved Mahavidyalaya,
Sion, Mumbai.**Abstract :**

Ayurveda is a "Divine science" due to its origin as well as its incredible strength. According to Ayurveda dosha, dhatu and mala are responsible factors for utpatti, sthiti and laya of human body. The function of dhatu is dharana of the sharira (body). Among the dhatu, asthidhatu is responsible for maintenance of structural frame work of the body. According to the principles of ashrayaashrayibhava, asthidhatu is the seat of vata dosha and inversely related to each other. Increase of vata is the main factor responsible for asthikshaya. According to Acharya Charak vatavridhhi is due to margavarodha and

dhatukshaya which further lead to ashikshaya. According to WHO, osteoporosis is a “progressive systemic skeletal disease characterized by low bone mass and micro architectural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture”. Though different treatment modalities are commonly used in modern medicine, there is no treatment which has satisfactory improvement without side effects. The present study was taken to analyze the fundamental concept of asthikshaya and to find out single herbs beneficial for it. The current study reveals that drugs like guduchi, samanga, vacha, ashwagandha etc. possess kaphavatashamak properties which helps in breaking the pathogenesis by clearing and nourishing the srotas. Drugs like yashtimadhu, priyangu, vidarikanda, shatavari etc. have vatapittashamak, balya, brimhan properties works directly on dhatukshaya. Drugs from classical texts along with commonly used in practice have been analyzed in context of asthikshaya.

Keywords: *Vata doṣha, Asthi dhatu, Asthi kṣaya, Ashrayashrayibhava.*

139. LITERARY REVIEW OF USE OF SHADDHARAN CHOORNOR VACHADIGANAIN AMASHAYAGATA VATA

Dr. Sneha Lxman Shelar Co-Author-**Dr. Santoshi Rane, Dr. Ashok Ramteke.**

Vatavyadhisare included under the category of Mahagada because of their complex and complicated pathophysiology, clinical features, complications and treatment. Amashaygata vata is due to vitiatedvatain Amashaya. It is responsible for many diseases like Trishna, Chardi, Shwas, Kas, Visuchika , Udgar etc. Thevatavyadhi chikitsa comprises the principles like Awarana-Bhedan, Shodhan, Shaman and Brumhana. Bhruhatrayihas mentioned chikitsa of amashaygata vata in vatvyadhi chikitsa prakaran. In Ashtang Hridayachikitsashtan (Vatavyadhichikitsaa.A.H.chi.21/14)

Vagbhatahas specifically mentioned shaman chikitsa after Vamanin Amashaygata Vata which includes Shaddharanchoornaor Vachadigana. In this literary review, an Attempt has been done to evaluate the mode of action, awastha nurup selection of both The medicines in Amashaygata vata.

Keywords- *vatavyadhi, amashaygata vata, mahagad, shaddharanchoorn, vachadigana.*

140. SAPEKSHA NIDAN OF AAMVATA

Dr.Yogesh Bhalchandra Mhatre

PG Student ,²nd year MD
Sanskrit Samhita and Siddhanta
R.A.Podar medical (Ayu)college,Mumbai

Dr.Manoj Nimbalkar

Asso.Professor,
Sanskrit Samhita and Siddhanta
R.A.Podar medical (Ayu) college, Mumbai

Abstract :

Aamvata is a disease caused due to the vitiation or aggrevation of Vayu associated with Aama. Vitiated Vayu circulates the Aama all over body through Dhamanies, takes shelter in ShleshmaSthana producing symptoms such as stiffness, swelling and tenderness in small and big joints. Aamvata is a disease which is difficult to cure and one of the challenging disease for the clinicians due to it's incurability, complications and morbidity. Most of the symptoms of Aamvata are identical to Sandhigata Vata,Vata Rakta, Kroshtuk Shirsha, Abhyantar Phiranga, Vatakantaka etc. It creates confusion in the diagnosis of disease. Hence it's differential diagnosis with symptoms of various disease is very important. This presentation is focusing for conceptual clarity of amavata with the help of basic principles mentioned in Ayurvedic Samhita. This paper highlights the diagnostic criteria of aamvata in elaborative manner.Sapeksha nidana or Differential diagnosis plays a role in arriving at an exact decision between diseases presenting a similar clinical feature.To get clear idea regarding disease amavata,comparative studies of symptoms of similar diseases will be presented in seminar.

141. IMPORTANCE OF MANAS BHAVA IN AMAVATA

Vd. Shraddha Ramesh Tagare

P.G. Scholar
Dr. D.Y. Patil College of Ayurveda and
Research Center, Pimpri. Pune-18

Vd. Mrudula V Joshi

HOD Sanskrit Samhita Siddhant dept.
Dr. D.Y. Patil College of Ayurveda and
Research Center,Pimpri. Pune-18

Abstract

The treatment, etiological factors ,symptoms of Amavata are well explain in Ayurveda.Only due to clinical resemblance Amavata is correlated with Rheumatic Arthritis. Vitiation of vata dosha and involvement of Ama are the basic factors of Amavata. Due to the long term practice of causative factors ,Amavta also has chronic picture with developing deformities. Right from the beginning involvement of mental factors are seen in Amavata

According to Acharya Ckarak Body and mind follows each other

शरीरम् हि खलु सत्त्व अनुववधीयते!! च.शा

The mental factors involved are yet not studied in amavata hence this study has been selected.

For the actual treatment and prevention of amavata the proper treatment of manas bhava are important. In the etiopathogenesis of disease along with the physical doshas, manas bhavas plays the important role. If it is studied or evaluated carefully the treatment become very easy.

Severe pain just like scorpion bite is dominant feature in amavata, Due to severe pain patient loses his mental strength. Therefore during the treatment co operation of patient is very important for fast and complete recovery.

Along with the proper treatment, advice of ayurvedic lifestyle i.e Dincharya , Rutucharya and Sadavruttapalan the complete cure state of health is achieved with proper counseling and regular follow up of achar rasayan this amavata can be controlled and healthy lifestyle achieved.

This is nothing but the Achar Rasayan in vyadhi chikitsa of Amavata

142. ROLL OF BASTI IN VANDHATWA (FEMALE INFERTILITY)

Vd. Varsha D. Thoke,

Pg Scholar, Streerog-Prasutitantra Department
S.S.T. Ayurved College ,Sangamner.

Vd. Amit Shinde,

Guide, Streerog-Prasutitantra Department

Abstract :-

Vandhyatva (infertility) has been long standing problem since ancient period but it is most burning issue now a days because of improper lifestyle & stress. According to Ayurveda injury to artav-vaha srotas results in Vandhyatva (infertility). Maithuna asahishnuta (Dysparunia) and artavnasha (Amenorrhoea). A disorder of Vata causes Yoni roga. Abeejotsarga (Anovulation) is mainly due to vata dushti.

Basti is the most effective treatment of vatadosha or vata disorders. So it may act on Anovulation. It increases strength of reproductive system present it katisthana which is sthana of apanvayu. Also it increases strength of reproductive organs.

Both shaman and shodhan chikitsa is mentioned for infertility in ayurvedic texts. But it is need of time to categorize and evaluate the efficacy of this treatment especially basti with respect to various factors of infertility. In this study , references related to basti in vandhatva from ayurvedic samhitas were searched and analyzed for proper utilization in prevention and cure of infertility.

Key words – Vandhyatva, vatadosha, Basti, vata dushti, infertility

143. ROLE OF NASYA IN MANAGEMENT OF INFERTILITY OF WOMEN**Vd. Shital S. Waghmare,**

PG Scholar, Streerog-Prasutitantra Department

Vd. Milind Hirave,Guide , Streerog-Prasutitantra Department
Annasaheb Dange Ayurved College , Ashta.**Abstract**

God has gifted women with a unique phenomenon of giving rise to offspring. In today's hectic and materialistic culture, modern women have to manage multiple tasks leading to stress which in turn affects the normal functioning of female reproductive system. The transformation of girl to being a lady and the lady being a mother is blissful journey called womanhood. However , certain endocrinological disturbance hinders the natural course of the journey, affecting the ability to live healthy both physically and mentally, also affecting the ability to conceive. Infertility manifest itself as either inability to become pregnant or inability to carry pregnancy to live birth. Prevalence of primary infertility in India has increased due to changes in lifestyle, eating habits and daily stress. According to WHO Prevalence is between 3.9% and 16.8% infertility in women is mainly cause due to disturbance in HPO axis and HPA axis lead into hormonal level variations. According to Ayurveda classics," Nasa hi shiraso dwaraam " . nasa is considered to be a gateway of shiras and nasya is one such Panchakarma procedure which has got the ability to act through olfactory hypothalamus, pituitary, pathway and regulating the normalcy of hypothalamic- pituitary- ovarian axis and hypothalamic- pituitary- adrenal axis. Henceforth an effort is made to explain role of Nasya in regulating HPO & HPA axis in the management of infertility in women.

Keywords:- Primary Infertility, Lifestyle, Stress, Panchakarma, Nasya.**144. RAKTAPRADAR W.S.R MENORRHAGIA ITS AYURVEDIC MANAGEMENT****Vd. Snehal R. Kale,** PG Scholar,Streerog-Prasutitantra Department
Annasaheb Dange Ayurved College , Ashta.**Vd. Dilip Katare,** Guide,

Streerog-Prasutitantra Department

Abstract

Since the evolution of life women has been placed on extreme worship place due to her ability of "janani". The preparation of motherhood starts with puberty and with menopause. In this period women may suffer from different gynecological disorder

affecting child bearing capacity. Raktapradar is the most serious gynecological condition. Excessive menstrual or intra menstrual bleeding.

So many preparation have been mentioned in our classical texts for management of Raktapradar, by considering the factor such as age ,parity, and desires of patient with regard to contraception, future pregnancy etc. which are non-hormonal, non-surgical and most effective without side effect.

Keyword: Janani, Raktapradar, Menopause Hormonal, pregnancy.

145. ROLE OF SWASTHVRITTA IN THE PREVENTION OF NON-COMMUNICABLE DISORDERS W.S.R. TO STHAULYA (OBESITY)

Vd.Uday K. Karande, Pg Scholar,
Swasthavritta Department
L. R .P. Ayurved College, Islampur

Vd. Rahul Nakil , Guide,
Swasthavritta Department

Abstract

As per world health organization (WHO) report currently half a billion people (12% of the world total population) are considered obese. Obesity is a vexing problem in the economies. For developing countries like India obesity is becoming public health priority. India is one of the capitals of diabetes and cardiovascular disorders. A way of living in present lifestyle which includes altered food habits, sleep pattern, stress , strain , working environment, pollution leads to various life style disorders like obesity, hypertension, cardiovascular accidents (CVA-stroke), diabetes mellitus and tobacco-alcohol-nutrition induced cancers, Arthritis etc. A healthy lifestyle promotes wellbeing, building are proper maintaining of healthy bones, muscles and joints as well as helps in controlling weight. It increases self-esteem; confidence reduce stress, strain and promotes physical, mental, social and spiritual well-being. The aim of swasthavritta is to maintain the good health of healthy person and to get rid of the disease of diseased person. Disease is the result of disturbance in homeostasis of Tridosha , Saptadhatu , Agni and Mala. This topic will cover different modalities stated in Swasthavritta like Dincharya, Rutucharya, Vyayam, Aahara, Yoga, Sharir Shodhana etc. for prevention of Sthaulya.

Keywords:- Obesity, Arthritis, Tridosha, Vyayam, Yoga .

146. YOGA- A BOON TO PCOS

Vd. Yugandhara More, Pg Scholar,
Streerog-Prasutitantra Department
S.S.T. Ayurved College ,Sangamner.

Vd. Wagh Sonal,Guide,
Hod,Prof. Streerog-Prasutitantra Department

Abstract :-

PCOS is a syndrome hampering reproductive health of a women. It is associated with various symptoms also a variability in clinical picture. Thus it is called as pco syndrome. Thus this variability is due to different factors influencing vata dosha in different ways resulting in different pathologies. Pcos is the syndrome which is not directly mentioned in samhitas but has its glimse. Pcos can be tremed as manifestation of various factors such as agni vikara etc. thus various samprati are created like aavarana, dhatu kshaya leading to syndrome. This can be compared to vriddhi roga by sushrut or bradhna and named as antaphala vriddhi. But cardinal symptoms are two-one is regular/ oligo menstruation and other is multiple unruptured follicles on the periphery of the cortex in the ovary thus seen in USG. Biochemically it indicates multisystem involvement. Different factors involved like doshas, dushyas, various nidans, lifestyle changes, affect variably with variable manifestation. Best on this, condition can be classified as satarpan and apatarpanjanya roga. Obiviously, line of management is severly affected thus alternat treatment is strongly expected. The current available treatment modalities have their own side affected which further more affected the distribute endocrine system. Variable etiologies, different factor involved and also other associated condition and respective treatment expect along with yagasanas and meditation techniques applicable for this condition are also dealt with.

Keywords: PCOS,vatadosha,yogasana,meditation,antaphala vriddhi

147. EFFECT OF MRUDDARSHRUNGADYA MALHAR IN THE MANAGEMENT OF PARIKARTIKA W.S.R.FISSURE IN ANO

Vd.Rohan S.Patil M.S.Shalya Tantra Scholar
Ashvin Rural Ayurved College,Manchi Hill
Guide-**Vd.Sanjay Kumar Dhonde** M.S (Shalya Tantra)
Reader ,Arac,Manchi Hill

Abstract—

Fissure in ano has been and still is being the most common anal pathology. Also in recent times, it has come up to be a pandemic disease. Thus like common cold (coryza) it has become a very common entity, that affects a large percentage of civilization at least once, or more at some stage of their life span. In Ayurveda, Parikartika disease closely

resembles with Fissure in ano of modern medicine in its signs and symptoms. To treat the fissure there is need of some medicinal formulation which should be easier to apply and cost effective, safe and short term, so we made an effort to evaluate the effect of Mruddarshrungadya malhar in the management of parikartika. In classical text of rasa tarangini Mruddarshrungadya malhar is quoted as a 'GUDAMAYHAR'.

A clinical trial was conducted on a group of 30 patients diagnosed with Acute Fissure in ano. Patients were selected randomly irrespective of their religion, race, occupation, sex etc. They were administered, a herbal formulation Mruddarshrungadya malhar for local application on ulcer and monitored at every 07 days interval during the study period. Symptoms of Fissure in ano like Pain, Bleeding, and Burning sensation were observed over the treatment. Till date this formulation shows very good results.

148. CLINICAL EFFICACY OF AYURVEDIC FORMULATIONS RAJAHPRAVARTINI VATI AND KANCHANAR GUGGULU WITH LIFESTYLE MODIFICATION IN THE MANAGEMENT OF POLYCYSTIC OVARY SYNDROME (PCOS)

Dr. Vishakha Pachore
Ashwin Ayurved College
Manchi hill, Sangamner

Abstract

PCOS is a common health problem which occurs across mature girls and women. PCOS is believed to be caused by hormonal imbalance. Although in India PCOS has surfaced during last decade but had spread like epidemic. To add to the challenge most of Women are unaware of this condition. Statistics suggest that PCOS affects around 10 to 15% women in India while in metro cities it affects more than 20% women. Major impact of PCOS is temporary loss of fertility and difficulty in getting pregnant. Nearly 70% of women with PCOS have reportedly faced major challenge in getting pregnant.

Terminology of PCOS is used for a condition with multiple problems like irregular or absence of menstrual periods, infertility, unwanted hair growth on face, severe acne, weight gain, thinning of scalp hair and many more.

Although the exact cause of PCOS is unknown, but major reason to be believed amongst doctors is modern lifestyle. PCOS is also observed in families so it can be linked to genetics. Modern Lifestyle factors which effects into PCOS are eating high calorie food, vital nutrient deficient food, sedentary lifestyle, lack of exercise and high stress level. All these leads to weight gain amongst women. Weight gain causes imbalance of hormone which affect your menstrual periods. All these conditions can be successfully controlled with simple lifestyle changes.

**149. AYURVEDIC APPROACH TO THE PREVENTION AND MANAGEMENT OF
AMAVATA ALONG ASTHISOUSHIRYA IN THE PATIENTS LONG TERM USE OF
ANTI RHEUMATIC DRUGS - SINGLE CASE STUDY**

Dr. Amol M. Badarkhe

Assistant professor

Dept. Of Kayachikitsa

CSMSS Ayurved college , Kanchanwadi, Aurangabad.

Abstract :

Ayurveda is an ancient health science which explains the equilibrium of Dhatu "Dhatu Samyam Arogata" which depends on the Tri-dosha. Out of Tri dosha Vata dosha is most important. Disturbed equilibrium of these causes vata vyadhi.

In present Era Vata vyadhi are most prevalence diseases. Among which Amavata is very common in society. Amavata is firstly explained in Madhav Nidana(Ma.Ni. 25) . It is roga of madhyam marg affecting Sandhi and Hridya marma.causing Sandhi Shool Shotha, Kriyalpata, Jwar, Sparshsahatva. According to modern medicine signs & symptoms of Amavata is known as the Rheumatoid Arthritis. Disease modifying anti rheumatoid drugs DMARD Causes the early osteoporotic changes the patients after long term use. So the shodhan and shaman chikitsa including the deepana pachana for aam, dry fomentation, Vasti, vata shamak drugs, pitta shamak dravya for jwar, and asthiposhak drugs to prevent the calcium depletion in patients. The study was done on the patients for 6 months with proper diet and the treatment along with the physiotherapy.

Keywords: Amavata, DMARD'S , osteoporosis, shoth, shool, Asthiposhan, Rasaushadhi , Exercise.

**150. ROLE OF SNEHANA (ABHYANG) AND BASTI IN PREVENTION
OF GERIATRIC DISORDERS**

Vd. Prashant Jugal Soni

Aurangabad.

Ayurveda,an ancient science,explained three Avasthas of life (baalyavastha,Taarunyavastha and Vruddhavastha.) and predominance of kapha dosha , pitta dosha and vaat dosha respectively in the above mentioned avasthas. means most of the diseases that children suffer are predominantly of kapha adhikya,same ways,most of the vyadhis that old age persons suffer are predominantly of vaat adhikya.

Geriatric Disorders :We will give an eye towards Some of the common geriatric disorders are karn badhira(deafness),Asthila Vruddhi (Benign Prostate hypertrophy), Kamp vata(Parkinson's disease),sandhigat vata(Dhatukshay janya),sleep disorders,Aantra rukshata leading to Bowel inhabits,cataract etc. vitiated vata dosha is the main factor behind all these disorders.

*In Today's era,considering our lifestyle,dietary inhabits,working style,sleep apnoeas,stress level etc we are running very fast and ahead of time and getting older in very less age that means every one of us is facing at least single problem mentioned above by the age of 45 yrs that should not be the case and at same time we all are in search of measures to avoid these problems.modern medical science is paying much attention towards this emerging problem.Ayurveda has proven itself in this special segment of geriatric disorders some thousand years before.Ayurveda has explained basic things to overcome these Vata vitiated disorders like **Snehana** – it includes internal consumption of sneha dravya(Ghrut/oil etc) as well as external application of luke warm medicated oil (We call it Abhyang) that we usually undergo during deepawali only,but if we keep this as a regular practise we definitely will be able to cope up with all these problems.Bala taialam, bala ashwagandhadi tailam.Narayan tailam,sahacharadi tailam,chandan bala lakshadi tailam, etc are some of the oils that we can use depending on Prakruti,vyadhi and kaal etc.*

Basti – Ayurveda explained this karma as “Ardha chikitsa” for vata disorders.many of us undergo this chikitsa upkram when we suffer from vata vitiated disorders or when vaidya suggests us for our other problems but in reality We should undergo this karma regularly once a year in Varsha rutu,to avoid occurrence of all these vata induced Geriatric disorders.

Rasayan Chikitsa : Ayurveda has also elaborated this chikitsa to overcome all these problems explained very properly in Charak samhita.if we regularly take basti chikitsa along with Snehana,swedana, follow rasayan chikitsa,manage proper nutritional habits,avoid wrong lifestyle ,We definitely will be able to avoid these geriatric problems to a good extent though we can not completely get away with it.....

151. JUVENILE IDIOPATHIC ARTHRITIS (JIA) A REVIEW WITH SPECIAL REFERANCE TO ‘AMAVATA’

Vd Swati Badhe ,

P.G Scholar, kaumarbhritya department ,
Ashvin Rural Ayurved College , Sangamner.

Vd. Anupama Tarekar

Professor and H.O.D. kaumarbhritya department ,
Ashvin Rural Ayurved College , Sangamner.

Juvenile idiopathic Arthritis is a type of arthritis that causes joint inflammation and stiffness for more than six weeks in a child aged 16 or younger . Inflammation causes

redness, swelling, warmth, and soreness in the joints, although many children with JIA do not complain of joint pain .Any joint can be affected, and inflammation may limit the mobility of affected joints. JIA is of systemic, oligoarthritis, polyarthritis, psoriatic types. Sign and symptoms ,diagnostic methods and treatment is described in detail.

Keywords : Juvenile idiopathic arthritis, Amavata

152 . TO STUDY THE ROLE OF PACHAN CHIKITSA IN THE MANAGEMENT OF AAMVATA

1)Vd.Alka D.Mhatre 2)Vd.Mahesh Jadhav 3)Vd.Subhash B. Jamdhade

PG Scholar, final year PG Scholar, 1st yr Associate professor and Guide
Kayachikisa Dept. DMMAYurvedacollege, Yavatmal

Aamvata is the disease caused due to vitiation of ama and vata. In the causes, agnimandya play the very important role in the Production of the ama. Vitiating vata circulates the ama all over the body through dhamañies. During circulation in the body ama again gets vitiated and ama have varna prapti and atipichhilata like symptoms. Take shelter in the shleshmashana (amashaya, sandhi, shira, ura, kantha, hridaya, Specially in sandhi and trikpradesha.) then produced the symptoms like swelling, stiffness and tenderness in small and big joints.

From the annavahastrotas the samprapti of thea amavata start and then extend through madhyam rogmarg. Pachan occurs due to ruksha, laghu, ushna, teekshnaguna. Pachandravya digest the ama. Due to hypofunction of the agni ama is produced. From the aahar rasa then rasa dhatu and the no formed. But here the proper dhatu formation is not take place due to ama production from aahar rasa and the dhatu production mechanism is disturbed.

Materials And Method:—Is base donmadhavanidana, ayurveda Literature and research paper.

Result:— Pachan chikitsa is very useful in Aamvata.

Discussion:—Ruksha, Tikshna, Laghu, ushna etc dravyas are used in pachan of ama in the management of aamvata.

Keyword :—Agnimandya, Ama, pachakdravya, Amavata

153. STUDY OF EVALUATION OF CARDIOVASCULAR RISK IN THE PATIENTS OF RHEUMATOID ARTHRITIS- AN OBSERVATIONAL STUDY**Dr. Somadatta Kulkarni**Ph .D. scholar
HOD, kayachikitsa,
shree saptashringi ayurved college, nashik.**Dr. Shrikant Deshmukh**Ph.D. Guide
Dean, faculty of ayurved, MUHS, Nashik,
Principal, CSMSS ayurved college, HOD,Kayachikitsa

Inflammatory clinical conditions are increasing day by day. As we all know that the threat of non-communicable disorders is becoming more and more worst. There are many inflammatory conditions like rheumatoid arthritis, myocardial infarction, obesity, pcos etc.

One percent of people are affected by rheumatoid arthritis worldwide. According to ICMR India itself has 0.75% of people are under treatment for R.A. Some of these people are at risk for cardiovascular disorders.

Metabolic alterations are seen in patients of R.A. Chronic inflammatory cytokines spread a message of inflammation to proinflammatory cells. These proinflammatory cells are targeted by inflammatory cytokines and diseases are developed e.g. R.A, IHD, etc.

Lipids play very important role in the nutrition of body cells. High density lipoproteines are responsible for the protection of coronary arteries. when HDL is decreased and LDL is increased in the body. This dyslipidemia can harm the coronary arteries to develop inflammation. Inflammatory changes are noted in the form of plaque formation. These plaques are very harmful and sometimes they can occlude the arteries of heart to develop myocardial infraction.

We must keep watch on atherogenic index in the patients of R.A. We started this research project to study the cardiovascular risk in the patients of R.A. s

Key words- *Rheumatoid arthritis, cardiovascular risk, dyslipidemia, inflammation.*

154. CONCEPTUAL STUDY OF UDAVARTA AS A HETU OF HRUDROGA (HEART DISEASES) WITH SPECIALREFERENCE TO CHARAKSAMHITA**Dr.Ashwini Kumar Patil**Asistant professor
Dr.D.Y.PatilAyurvediccollege and research centerPimpri Pune-18

TrisutraSiddhant is base of Ayurvedic treatment principles. Hetu(causitive factor) play an important roll in this TrisutraSiddhant. The pathogenesis of any disease can be change with this causative factor. and also the first and foremost principle of ayurvedic

treatment is NidanParivarjana (eliminating the disease specific cause). Hence Nidana of Hridroga must be considered significantly. According to Vagbhata all diseases arises from 'Veg-Vidharana' (suppression of natural urges) and 'Veg-Udirana' (premature initiation of natural urges). Out of many mentioned causes of Hridroga, 'Vegvidharan' may be the significant cause as it is mentioned in HridrogNidana

Presently world is facing many severe health disorders, Hridroga is one of them. It can be correlated to cardiovascular disease which is now one of the most common causes of mortality. This presentation explains how Ayurvedic concept of udavarta as a causative factor for heart diseases resembles with symptoms of modern cardiovascular diseases and how the concepts of Ayurveda can help to prevent heart disease and how the care of heart should be taken through holistic way.

Key words -Hrudroga, Udavarta, Vega vidharana ,hetu

155. ARSHA AND AYURVEDA MANAGEMENT

Dr Ravikiran D. Kuchekar
(PG Scholar , Shalyatantra Dept)

Dr Sanjaykumar Dhonde
(Reader, Shalyatantra Dept)

Abstract

Arsha have been known to mankind for long time and are one of the commonest disease to affect human beings. In this century our day to day life has turned to be very fast and people don't have much time to look after their own health. According to study paper by researchers, India Jason estimated 40,723,288 patient suffering from piles every year. In present modern science many treatment modalities are available but recurrence rate is high. According to acharya shushruta management of gudarsh arsha is done by 4 ways, aushadhi chikitsa is one of it. In Bharat bhaishajya Ratnavali Arsha chikitsa adhyaya katutumbyadi Lepa is described on Bhaiya Arsha. The treatment is Non invasive, easy to implement, don't need any hospitalization. To prove simple affordable and effective management of Arsha this beneficial to patient.

156. INCREASED RATE OF HYSTERECTOMY IN WOMEN UNDERGOING SURGERY FOR OSTEOARTHRITIS OF KNEE**Dr. Ashwini Arjun**
(PG scholar, Strirog
&Prasutitanra Dept)Guide
Dr. Vidya Sarode
(HOD & Professor, Strirog
and Prasutitanra Dept)**Dr. Maheshwar Tagare**
(PG scholar,Shalyatanra
Dept)**Abstract**

We performed a case controlled study to determine whether previous gynecological surgery is associated with severe osteoarthritis (OA) of the knee, the hip or the spine, as well as mild OA of the knee. Patients who underwent surgical treatment for OA were defined as having severe OA. Patients with knee pain and radiographic grade 2 OA in a tibiofemoral joint on the Kellegren and Lawrence scale were defined as having mild knee OA. An increased rate of hysterectomy was observed in the severe knee OA group after adjustment for age and number of children or even after adjustment for body mass index. Hysterectomy In this group was most often performed for myoma uteri. Patients with mild knee OA tended to have previous hysterectomy. From the results, we speculate that certain subsets of OA often take a progressive course might be related to hysterectomy.

157. INFERENCE OF AGNIKARMA CHIKITSA IN DAY TODAY PRACTICES**Dr. Anantkumar Shekokar**¹,
Professor & HOD, Dept of Shalya tantra ,
S.V.N.H.T's Ayurved Mahavidyalaya, Rahuri Factory,**Dr. Kanchan Borkar**
Associate professor,
Dept of Shalya Tantra,
S.V.N.H.T's Ayurved Mahavidyalaya, Rahuri Factory.**Abstract**

In Ayurvedic science even though there are varieties of modalities aiming at cure of vatavyadhi But Agnikarma is one of them which is complete treatment with devoid of recurrence.

Agnikarma has been explained as one among the Anushastra. Amongst all Ayurvedic classics have describe the use of Agnikarma in curing different disorders as Pradhankarma. Mere utilization of Agnikarma which is counted in Anushastra, Upayantra and Shashtiupakram provides Shalyatantra the unique position amongst the eight faculties of Ayurveda.

Amongst Anushastra Karma Agnikarma is unique because of its simple technique and optimum result. By this technique various disease are treated successfully without

recurrence. Vatavyadhi is one such disease where Agnikarma is indicated. In reference to Chikitsa of vatavyadhi, Acharya Sushruta and Dalhana mentioned Agnikarma procedure. There are four types of Agnikarma i.e. Valaya (circular), Bindu (dotted), Vilekha (linear) and Pratisaran (flat designs).

Most of Vatavyadhi is being treated by Agnikarma procedure because it's Chedana, Bhedana, Lekhana Shulhara and parasurgical properties acts conspicuously. Only Agnikarma therapy has a property to destroy the pathology in the deeper structure where Shalaka plays an important role. Agnikarma cures all the Vataja and Kaphaja disorders as Ushna Guna of Agni is opposite to that of Vata and Kapha Doshas.

According to Ayurveda, every Dhatu (tissue) have its own Dhatvagni and when it becomes low, disease begins to manifest. In this condition, Agnikarma works by giving external heat there by increasing the Dhatvagni which helps to digest the aggravated Doshas and hence cures the disease. The local thermo therapy may increase tissue metabolism which may leads to excretion of the unwanted metabolites and toxins. Heat may stimulate lateral spino-thalamic tract (STT) which leads stimulation of descending pain inhibitory fibres (DPI) which release endogenous Opioid peptide which bind with opioid receptors at substantia gelatinosa rolandi which inhibit release of P-substances (pre-synaptic inhibition) and blockage of transmission pain sensation occur.

In the process of Agnikarma, transferring of therapeutic heat to Twak Dhatu (skin) and gradually to deeper structure was done with the help of a red hot Panchadhatu Shalaka in the form of Ushna, Tikshna, Sukshma, Laghu, Vyavayi and Vikashi guna. Ushna Guna performs two functions, First by stimulating (Utkleshana) Dhatvagni, Sama Dhatu are digested and secondly Ushna Guna dilates the channels of Srotas. Due to it Srotavarodha removed, which was formed by Dosha-Dushya Samurchhana in Kha-vaigunya at Dhatu and consequently rendered relief in symptoms of Shotha and Shoola.

After Agnikarma, the Ushna (hot) Guna of Agni pacifies the Shita (Cold) Guna of Vayu and reduced the pain in the case of vatavyadhi. Acharya Charaka described that Agni is the best treatment for Shoola (pain). Ushna Guna of Agni helps to stabilize the movement of Vata, which provide relief from shoola.

In the present study the Agnikarma procedure is critically analyzed as counter irritation theory and vasodilation theory to suggest standard guideline. For this procedure the efficacy of Agnikarma procedure on vatavyadhi such as sciatica, corn, tattoo removal, Mole, Hypertrophy of tissue, Warts, papilla, paronchiya, trigeminal neuralgia, planter fasciitis, Oseteo arthritis, Lumber pain, Proplase intra vertebral Disc, rehabilitation after fracture treatment and trigger finger was assessed to evolve a swift, simple, safe, easy, Time consuming, and effective and hazard free remedy.

158. THERAPEUTIC APPROACH OF RASAUSHADHI IN AMAVATA

Dr.Nishant Ingle, PGscholar,
Dept of Rasashastra & bhaishajyakalpana,
L.R.P.A.M.C.,Islampur.

Dr. Satwashil Desai
Asso prof,Dept of Rasashastra &
bhaishajyakalpana, L.R.P.A.M.C.,Islampur.

Abstract

Amavata caused due to generation of ama an disassociation with vitiated Vata dosha addeposition in joints. Amavata is disease of Rasavahastratasa it is generally compared with Rheumatoid arthritis.Rheumatoid arthritis is an autoimmune inflammatory disorder.There is branch inAyurveda called“Rasashastra”

which describes the use of metals, minerals and poisons after purification with their actions on chronic and complicated diseases.The main advantage of rasaushadhi (herbo-metalo-mineral formulations) is its potency and effectiveness.

Rasaushadhies are usually tasteless, odourless and requires very less amount of dose.In Amavata agnimandya is there so rasaushadhi shows more effect than other aushadhikalpanas.

Keywords- *Amavata, Rheumatoid Arthritis, Rasashastra, Rasaushadhi.*

159. OBESITY INDUCED OSTEOARTHRITIS

Vd.Sahebrao U. Imade ,
Pg Scholar, Kayachikitsa Department
L. R. P. Ayurved College, Islampur

Vd. Ashutosh Patil ,
Guide, Kayachikitsa Department

Abstract:-

Weight plays an important role in joint stress so when are very over weight it puts stress on their joint, especially their weight bearing joint like knee and hips , But its not just the extra weight on joint that's causing damage. The fat itself is active tissue that create and release chemicals, many of which promote inflammation this chemicals can influence development on osteoarthritis. Obesity as well as several other factors in the lifestyle is associated osteoarthritis. Some of this joint activity, lack of exercise is also associated with Obesity and muscle weakness is common in Obesity as well.According to Sushrut Acharya Upadrava of Medoroga include “vata- vikara” .Ayurveda emphasized Sandhigatvat under title vata vyadhi.

Keywords: *Osteoarthritis,Obesity,Vata -vikara,Sandhigatvat ,Vatavyadhi*

160. MALNUTRITION IN LIGHT OF AYURVEDA

Vd. Sayali S. Vora ,
Pg Scholar, Kaumarbhritya Tatra Department
Annasaheb Dange Ayurved College , Ashta.

Vd. Naresh Babar,
Guide, Kaumarbhritya Tatra Department

Abstract

In Ayurveda the main 3 important pillars are Ahar, Nidra and Brahmacharya. Ahar (food) is essential for all the human beings to live healthy and disease free life. It provides energy, protein, essential facts, vitamins and minerals for normal function of our body. Most of the health problems occur due to lack of nutritious diet. That's why balance diet is important for proper nutrition to work effectively. Malnutrition is the major problem in all developing countries including India. Malnutrition or malnourishment is a condition that the diet causes health problem. It may involve calories proteins, carbohydrates, vitamins or mineral deficiency. Not enough nutrients are called under nutrition or under nourishment while too much is called as over nourishment. There are two main types of under nutrition protein-energy malnutrition and dietary deficiencies. Malnutrition is caused by the lack of balance diet or by disorders of digestive system. In Ayurveda, Karshya is described which is similar to under nutrition. Similarly disease such as Parigarbhika, Phakka, Balashosha, and Shuska revati describe by various Acharya can also be co-related to under nutrition. In Ayurveda, various therapeutic management such as Shodhan and Shaman are described for treatment of malnutrition.

Keywords:-Malnutrition, Karshya, Phakka, Balashosha, Shodhan-Shaman.

161.ROLE OF NASYA IN MANAGEMENT OF INFERTILITY OF WOMEN

Vd. Shital S. Waghmare,
Pg Scholar, Streerog-Prasutitantra
Department
Annasaheb Dange Ayurved College , Ashta.

Vd. Milind Hirave,
Guide, Streerog-Prasutitantra Department

Abstract

In today's hectic and materialistic culture, modern women have to manage multiple tasks leading to stress which in turn affects the normal functioning of female reproductive system. The transformation of girl to being a lady and the lady being a mother is blissful journey called womanhood. However , certain endocrinological disturbance hinders the natural course of the journey, affecting the ability to live healthy both physically and mentally, also affecting the ability to conceive. Infertility manifest itself as either inability

to become pregnant or inability to carry pregnancy to live birth. Prevalence of primary infertility in India has increased due to changes in lifestyle, eating habits and daily stress. According to Ayurveda classics, " Nasa hi shiraso dwaraam " . nasa is considered to be a gateway of shiras and nasya is one such Panchakarma procedure which has got the ability to act through olfactory hypothalamus, pituitary, pathway and regulating the normalcy of hypothalamic- pituitary- ovarian axis and hypothalamic- pituitary- adrenal axis. Henceforth an effort is made to explain role of Nasya in regulating HPO & HPA axis in the management of infertility in women.

Keywords:- Primary Infertility, Lifestyle, Stress, Panchakarma, Nasya.

**162. UDAVARTINI YONI VYAPAD (PRIMARY DYSMENORRHOEA)
AND AYURVEDIC MANAGEMENT**

Pg Scholar- **Dr.Yogita Dilip Dere.**

Guide - **Dr. Joyti Badevar**

Streerogavumprasutantra department,
L. K. R. Ayurveda Mahavidyalaya,
Gadhinglaj ,Kolhapur.

Abstract

In today's world dysmenorrhoea is emerging as a burning issue as the population of dysmenorrhoeic women is increasing day by day. This is explained as an udavartini yoni vyapad in ayurveda. According to Ayurveda, the clinical entity characterized by pain, difficult expulsion of menstrual blood due to upward movement of rajas (menstrual blood) propelled by vitiated vata. The upward movement is called as Udavritam. The main clinical feature of udavartini is rajah kricchrata (painful menstruation). It affects approximately 50-60% of women of reproductive age. But there is lack of effective medicament till date. There is a need to solve this emerging problem. Panchakarma therapy offers a ray of hope for udavartini. Also ayurvedic herbals offer potential management which is proved beyond doubt in solving the problem successfully. The aim of the posture is to focus the management of this problem in present scenario.

Keywords: Dysmenorrhoea; Menstruation; Ayurveda; Udavartini.

**163. STUDY OF HRUDVIKRUTI IN AMAVATA W.S.R. TO
RHEUMTOID ARTHRITIS****Vd.Shital B. Jadhav,**Pg Scholar, Kayachikitsa Department
L. R .P. Ayurved College, Islampur**Vd. Sanjay Patil,**

Guide, Kayachikitsa Department

Abstract:-

There are 107 Marmas mentioned in Ayurveda. The concept of Trimarma is unique concept because any traumatic injury to them leads to instant death. Hridaya is origin of Rasavaha, Pranavahastrotasa as well as it is site of Atma, Chetana, Mana, Oja, Sadhaka Pitta, Avalambaka Kapha, Prana and VyanaVayu.

The mortality and morbidity due to heart disease is increasing day to day. Amavata is most common disease in india and Hrudvikruti is Prayrudhalakshana of Amvata. It is said that amavata leaks the joints and bites the whole heart. radiological and 2 D echo finding suggest that amavata produce structural changes in heart. The change in size of heart that is increase size of left atrium, cardiomegaly. The valvular changes are seen in mitral valve.

Keywords: Hridaya, Amavata, Marma, Hrudvikruti.

164. CLINICAL EVALUATION OF AGNIKARMA IN MANAGEMENT OF GRIDHRASI**Vd.Ashish S. Thorat,**PG Scholar, Kayachikitsa Department
Ashwini Ayurved College, Tumkur**Vd. D. V. Anand,**

Guide, Kayachikitsa Department

Abstract:-

Gridhrasi (Sciatica) is one of the nanatmaja Vatavyadhi caused by aggravated Vatadoshas. This disease is characterized by symptom like radiating pain (Ruja) beginning from sphik radiates upto the pada through the posterior aspect of kati, prusta, janu, jangha Pradesh; stiffness, cramps which makes the patient difficult to walk; hampering the daily routine of the individual. Patients depends on painkillers which was temporary action. Pain is gridharasi caused by irritation of sciatic nerve. Agnikarma is the procedure indicated by Aacharya in vatavyadhi. Sushrut mentions agnikarma as superior most than other therapeutic procedures as it gives instant relief in pain. Procedure of agnikarma was conducted on patient having classical sign of gridhrasi. Data was collected & observation were made while treatment, there was a highly significant reduction in the parameters like pain, walking distance, stiffness, SLR test seen in the study. Thus, management of gridhrasiby agnikarma gives instant relief in pain, stiffness, improves range of motion.

Keywords: Vatavyadhi, Gridhrasi, Agnikarma, Sciatica

165. MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS) WITH VIRECHANAKARMA**Vd. Shital Satav,**PG Scholar, Kayachikitsa Department
Ashwini Ayurvedic College, Tumkur**Vd. H.M. Harisha,**

Guide, Kayachikitsa Department

Abstract:-

Amavata is a disease in which vitiation of VataDosh and accumulation of Ama take place in joints, which simulate rheumatoid arthritis (RA) in modern parlance. Ama is a maldigested product, which is not homogeneous for the body. Whenever that Ama gets localized in the body tissue or joints, it can lead to production of pain, stiffness, swelling, tenderness, etc., in the related joints.

The features of Amavata are much identical to RA, an autoimmune disorder which causes chronic inflammatory and symmetrical polyarthritis. In Ayurveda, NidanaParivarjana (avoidance of causative factors) is considered as the first and foremost line of management for any disease. Virechanakarma is a Shodhana process (biological purification of the body) to balance the vitiated Dosh in general and Pitta Dosh in particular. Hence, this study included both the treatment modalities, i.e. NidanaParivarjana and Virechana karma to manage Amavata effectively.

Key words: Amavata, Vata Dosh , rheumatoid arthritis, Virechanakarma

166. ROLE OF AHARAON MANAS**Dr.Pratiksha Mukund Sadanapurkar**M.D. Scholar Kayachikitsa
Ashvin Rural Ayurved College & Hospital, Manchi Hill.**Dr. Shreerang Chhapekar**

Guide, Reader, kayachikitsa

In Ayurveda Ahara is considered 1st among the Trayopastambha (Ch. Su. 11/35). The present review is intended to highlight the ayurvedic aspects of significance of Ahara in relation to Mental Health. Ayurvedic concept of Ahara emphasizes good physical Strength, intellect, complexion, cheerfulness etc(Ch.Su. 27/349-350). The body is directly connected to mind and whatever factors influences the body, influences the mind too & vice versa (Ch. Sh. 4/36). The food which we consume is Panchabhautik in nature. There are three qualities of manas(mind)- Satva (responsible for Purity);Rajas(responsible for aggressiveness and temptation)& Tamas (responsible for ignorance) (Ch. Sh. 4/34).The Concept of Manas in Ayurveda is explained in three sections- 'Dhi'(intellect), 'Dhruti'(Retaining Power) and 'Smruti'(Memory).For Proper Functioning of these, following doshas should be balanced for 'Dhi' Vatadosha,for 'Dhruti' Pitta Dosh and for

'Smruti' Kaphadosha .If these three are incordinated it leads to a condition called Pradnyaparadha(intellect errors).

Now let's see the relation of Panchamahabhuta with triguna → Akash-satva,Vayu - Rajas, Agni-satva + rajas, Jala-satva+ Tamas, Pruthvi -Tamas. As explained by Acharya Charaka, these different mental personalities have different dietary choices Like Satvik – Vrataparam, shuchim, Jitatma ;Rajasik – Atimatraahara , Amishapriyam , Mahashanam , Vikrutaaharashilam,aharakamam ; Tamasik – Jugupsitaaharaparam , Toya kamam , AharaLubdham (Ch. Sh. 4/36-39).The relationship of shad rasa with mental factors are also well described in ayurveda for example Madhura rasa-shadendriyaprasadana, Amla rasa-Mana Bodhayati, etc (Ch. Su. 26/ 42-43). Many disease have been associated with AharatmakNidan in Ayurveda such as, Unmad-viruddha, dushta Bhojnani (Ch. Chi. 9/4); Apasmaram-Ahita,AshuchiBhojnani (Ch. Chi. 10/4); Shokaj Atisar-Malin Ahara; Dvishtarthaj Cchardi-Ashuchi,puti,amedhyabibhatsagandha Ashana (Ch. Chi. 20/18),etc. The evidence from modern science also accepts the influence of food in mental health and disease. Proper diet according to place, time & occupation of a person is certainly helpful for stabilizing the physical & psychological activities.

Key words :Ahara,Triguna,Mana,Mental Health.

167. CLASSICAL REVIEW ON VATAJ SHIRSHOOLA

¹**Dr.Tushar Dilip Suryavanshi**

MD Scholar Kayachikitsa

Ashvin Rural Ayurved College & Hospital, Manchi Hill

²**Dr. Shreerang Chhapekar**

Reader, Kayachikitsa

Shirshool is described in Ayurveda not only as the Symptom of Many Disease but Also as an independent disease entity as Shiroroga.According to Acharya Charak, Due to Nidana Dhatukshaya occurs. Starting from rasa Dhatukshaya to all Dhatukshaya and its ultimately leads to Vata Prakopa. Due to Kha-Vaigunya prakupit vata leads to sthansanshrya in Raktavaha Strotas of Shirah i.e Head region.

Vatik Shirshool caused by Mental factors can be correlated with tension type Headache as excessive weeping, grief, fear and terror have also been attributed in its Pathogenesis. In this disease the Mansika Hetu like Tension, Anxiety, Depression produces Vatika Shirshoola in Nanatmaja vikara As Shiroruk, Shankha Bheda And Lalata Bheda which Are the main Symptoms of vatika Shirshoola

Treatment point of view, the etiological factors which produce headache should be avoided. Commonly rest, countenance without stress, avoiding the holding of the natural urges, controlling the mind are very helpful. Also other Aharaja and Viharaja Hetus should be avoided. With the help of Nidan parivarjan the vitiated Doshas should be brought to their Normal state by help of Aushadhi Chikitsa based on Samanya vishesh Sidhdhant.

168. CLINICAL EVALUATION OF ASHWAGANDHA SIDHA KSHIRA IN NIDRANASH**Vd. Kaustubh Bathe**

M.D. Scholar, Kayachikitsa

Vd. Hiranman N. Warungase

M.D ManasRoga. H. O. D Kayachikitsa

Ayurveda is life science introduces Trayopstambh i.e. Ahar, Nidra, Brahmacharya, these three are supportive pillars of life which are essential for mental and physical health of individual. In Ayurveda Nidranasha is one of the type of nanatmajvaatVyadhi. Nidranasha is the term commonly used to denote the state of reduced or disturbed sleep. Insomnia can be correlated with Nidranasha detailed in Ayurveda. Conventional care for the same is limited to barbiturates and anxiolytics which have a reputation of being addictive and heavily implicated with concurrent side effects like prolonged drowsiness, nausea and fatigue. We will assess the effect this Ashwagandha Sidha Kshira on 05 patients has been taken from OPD of Kayachikitsa. The trail is been carried out for 21 days. And the follow up is been taken on 22nd day. The significant changes are seen in patients after the clinical trial.

Key Words: Nidranasha, Insomnia, Ashwagandha

169. TO STUDY THE EFFICACY OF YASTHIMADHUSHIDHHA TAIL IN MANAGEMENT OF GARBHINI UDAVARTA FOR SHAMANA OF APAN VAYU DUSTI**Dr. Pallavi Ashok Chandanshiv**

B.A.M.S. M.S.(Prasuti Tantra Stree Roga), Ph.D.
Scholar.Assistant Professor at,
Prasuti Tantra Stree Roga Department in
CSMSS Ayurved Mahavidyalaya & Rugnalaya ,
Aurangabad.

Guide: Dr. Mangesh Patil

Affiliation: PG, PhD Guide and
Associate Professor at YMT Ayurvedic
Medical College,
Kharghar, Navi Mumbai.

Abstract:

Purpose: Anti natal care is a period which can be certainly co-related with Garbhini Paricharya explained in Ayurveda. In third trimester Garbhini suffers from constipation which causes Apan Vau Dusti, indirectly it causes backache which can be converted in to premature labour pains, So to overcome this problem I selected "Yasthimadhushidhha Tail " for Garbhini Udavarta. Yasthimadhushidhha Tail contains Yasthimadhu which is very effective on Vata Dusti, indirectly it relief the pain, Yasthimadhu also acts as prajastapana and also garbha posak. Rasa of Yasthimadhu is Madhur in Rasa, Vipak- Madhur, Virya- Sheet, Guna-Guru, Snigdha and Doshagnata - Vatapittagna and Kaphavardhak. In Garbhini Paricharya Acharya Charaka has

mentioned that in 8th month madur aushadhi siddha Taila matra basti should be given. Basti has higher absorption rate than oral drugs and also cheaper than modern drugs. To avoid side effects of modern medicine, I conducted this clinical trial.

Aim: "To study The efficacy of Yasthimadhushidhha Tail in management of Garbhini Udavarta for Shamana of Apan Vau Dusti."

Design: Open Randomized Controlled Trial. *Materials and Methods:* The study was conducted on 30 Garbhini in 3rd trimester. They were randomly divided into 2 groups. In group A Yasthimadhushidhha Tail was given for 7 days and in group B standard preparation of Cap Duvadilan R40 was given for 7 days. The observations were analyzed and evaluated by using statistical methods (Student's test).

Result: The results obtained proved that group A shows better results than group B. In Group A, 60% patients were found with marked improvement & 40% were significantly improved. While in Group B, 51.14% patients were improved & 35.71% got marked improvement & 7.14% patients were significantly improved.

