Evidence Based Ayurvedic Practice

BASED ON CCRAS R&D CONTRIBUTIONS

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
DEPARTMENT OF AYUSH
Ministry of Health & Family Welfare, Govt. of India, New Delhi
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Central Council for Research in Ayurvedic Sciences
Department of AYUSH
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Ayurveda recommends individualized prescription of diet, lifestyle, medicines and therapies. To advocate preventive and curative measures each person has been identified on the basis of psychosomatic constitution in addition to the status of health. The diseases are classified according to psychological, physiological or extrinsic causes and are categorized on the basis of their prognosis such as curable, incurable. Therefore the thorough examination of the person, diagnosis of the disease including its severity and stage, understanding of his surroundings are very important before planning the health care measures.

The Central Council for Research in Ayurvedic Sciences (CCRAS) is an autonomous body of the Department of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy), Ministry of Health & Family Welfare, and Government of India. This is an apex body in India for the formulation, co-ordination, development and promotion of research on scientific lines in Ayurveda and Sowa-Rigpa systems of medicine. The Council has been carrying out several research studies through its peripheral institutes spread all over India for the last more than three decades. The findings of the research outcome are also disseminated through various Research Journals, Technical Reports, Monographs etc. This booklet “Evidence Based Ayurvedic Practice” is an effort to compile all such possible publications and present them in the form of a prescription for a particular disease condition, covering eighteen diseases.

The target users of this document are mainly qualified general practitioners of Ayurveda but it will be useful to the students, researchers, academicians also. The prescriptions mentioned in this booklet are limited to CCRAS research outcome only. Other than these, numerous prescriptions are prevalent in different regions, which are based on the textual references, experience of the physician and community practices. Therefore the service provider will have too many other treatment options and the physicians may plan the treatment as per their logical decision on
the basis of the need of the individual. Most of the medicines mentioned here are available in the market and the composition is provided for new combinations. While prescribing the medicines or procedures the general guidelines mentioned in the booklet may be followed by the qualified health care provider.

Over all, this document provides a selective list of certain prescriptions based on available research publications of CCRAS work. I acknowledge the efforts put in by all the contributors in bringing out this compendium and hope it will be useful to the users.

The Council places the record of appreciation for inputs and suggestions offered by Dr. Bharti, Assistant Director (Ay.), Dr. Sobaran Singh, Research Officer (Ay.-Scientist 4), Dr. B. S. Sharma, Research Officer (Ay.-Scientist 2) and Dr. Vinod Kumar Lavaniya, Research Officer (Ay.), CCRAS Hqrs. The assistance provided by Dr. Manjula and Dr. Savan, Senior Research Fellows is also acknowledged.

I am convinced that this endeavor assuredly pose markable impact in disseminating the merits of Ayurveda and research outcomes for their better utilization.

Prof. (Dr.) Abhimanyu Kumar
Director General
Central Council for Research in Ayurvedic Sciences
New Delhi
GENERAL GUIDELINES

• The prescriptions in this book should be judiciously used after proper diagnosis of the condition and understanding of the patient.

• The patients requiring specialized care should be immediately referred to the appropriate Ayurvedic or allopathic centers/service providers.

• In case of communicable diseases such as malaria and filariasis, the first and immediate choice of treatment should be antibiotics and the medicines mentioned in this document may be added on or used when the antibiotics are not effective.

• This document provides a selective list of medicines which are developed by the CCRAS through research. However, the physician may use the medicines which are easily available or well-known even though not mentioned in this book.

• The prescriptions are provided for the specific type/phase/symptoms of a particular disease in this document on the basis of classical reference, research outcome or the ingredients of the formulation. It is advised that the physician may choose single or combination of formulations or procedures as per the need.

• Dose and duration of the treatment though specified in the document, should be decided by the physician based on the clinical findings, tolerance and individual condition of the patient.

• Appropriate vehicle and method of use may also be judiciously decided by the physician, especially wherever not specified.

• Preparations may be used regularly for desired duration but in case of any discomfort or untoward effect the drug/procedure should be stopped immediately.

• The dose given in the booklet is for adult. For children \( \frac{1}{2} \) or \( \frac{1}{4} \) of this adult dose may be used.
GENERAL GUIDELINES

• The dosage may be adjusted with little alterations according to the tolerance and desire.

• The diet and lifestyle may be advised to the patients as per the need.

• The treatment including procedures like Ksharasutra and Panchakarma should be advocated only by the experienced registered practitioners.

• The references of the publication are given for each prescription and anybody interested in detail results of the clinical trials may log on to http://ayushportal.ap.nic.in or refer to the respective journals.

• These preparations may be used regularly for many days. But in case of any discomfort drug should be stopped immediately.

• Decoction should be prepared by boiling crushed/coarsely powdered drug in four parts of water and reducing to one fourth.

• Juice should be prepared by crushing/grinding the fresh drug with litter water if required and the juice should be expressed through a clean cloth or sieve.

• Paste should be prepared by crushing/grinding the drug very finely with desired liquid if required.

• In general, too spicy, salty, chilly, sour, preserved items, fried food, heavy, indigestible, too cold & hot, stale food and the food that do not suit the individual should be avoided.

• Irregular food & sleep habit and lack of physical exercise are the main causes for any disease and such practices should be avoided.

• Too much tea, coffee, etc. should be avoided. Tobacco, alcohol and drugs should not be taken.

• Mental stress should be tackled by recreation such as medication, prayer, sports, exercises, yoga & other activities of individual's choice.
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Evidence Based Ayurvedic Practice
**Background**

Anaemia is a global public health setback affecting both developing and developed countries with major consequences for human health as well as social and economic development. Anaemia is an indicator of both poor nutrition and poor health. It occurs at all stages of the life, but is more prevalent in pregnant women and young children. Iron Deficiency Anaemia (IDA) is the most common nutritional deficiency worldwide. Iron deficiency can arise either due to inadequate intake or poor bioavailability of dietary iron or due to excessive loss of iron from the body. The poor bioavailability of dietary iron is considered to be major reason for widespread iron deficiency. Some other factors leading to Anaemia are intestinal parasites (hookworm etc.) and Malaria.

According to Ayurveda, *Pandu* is characterized by pallor of the body which strikingly resembles with Anaemia of modern science. Correcting Anaemia often requires an integrated approach due to multifactorial nature of this disease, in order to effectively combat it. The contributing factors must be identified and addressed. In settings where iron deficiency is the most frequent cause, additional iron intake is usually provided through iron supplements. There are many age-old remedies for the treatment of this condition in Ayurveda.

**Intervention/ Approaches**

The following intervention/ approach are based on CCRAS research from published sources.

**In case of iron deficiency anaemia:**

Dhatri Lauha - 500mg twice a day after meal with warm water for 45 days.

**References**

MEDICINAL PLANTS USEFUL IN ANAEMIA (PANDU)

Amalaki (*Emblica officinalis*)

Dadima (*Punica granatum*)

Yashthimadhu (*Glycyrrhiza glabra*)

Vidanga (*Embelia ribes*)

Daruharidra (*Berberis aristata*)
Background
Bronchial Asthma (Tamaka Shwasa) is prevalent all over the world. It is characterized by chronic airway inflammation and increased airway responsiveness resulting in symptoms of wheeze, cough, chest tightness and dyspnoea. It is also functionally characterized by the airflow limitations usually reversed spontaneously or with treatment. The available treatment in modern medical science like bronchodilators, steroids even in the form of inhalers and leukotriene modifiers have made tremendous success in providing instant or symptomatic relief in Bronchial Asthma. But there is recurrent acute exacerbation & remissions and the treatment has many side effects like nausea, vomiting, tremor, huskiness of voice, disturbance of hypothalamus – pituitary – adrenal axis.

In Ayurveda, the concept, etio-pathogenesis and treatment of Tamaka Shwasa have been described in detail. The clinical manifestations of Shwasa described in Ayurvedic classics have a striking similarity to the clinical manifestation of Bronchial Asthma. Many single and compound herbal and herbo-mineral preparations are mentioned in Ayurvedic classical text books.

Intervention/ Approaches
The following are some interventions/ approaches based on CCRAS research from published sources.

In case of excessive cough and breathlessness:¹
Kantakari Kwatha - 30ml thrice a day either alone or with honey.

In case of excessive cough with fever in the patients of Bronchial Asthma:²

1 Shirisha Twak Kwatha - 30ml thrice a day for 6 weeks.
2 Naradiya Laxmivilasa Rasa 500mg and Godanti Bhasma 1gm - thrice a day for 6 weeks.
3 Shwasa Kesari Tablet (Kantakari with Godanti Bhasma) - 1.5gm for 6 weeks.
In case of chronic asthma associated with severe breathlessness, chest congestion and cough not responding to conservative treatment:\(^3\)

Pippli Vardhamana Ksheera Paka with 250mg Samira Pannaga Rasa thrice daily for 6 weeks.

Shodhana Chikitsa (Snehana, Swedana, Vamana, Virechana).

References

MEDICINAL PLANTS USEFUL IN BRONCHIAL ASTHAMA (TAMAKA SHWASA)

Shirisha (*Albizia lebbeck*)

Dhattura (*Datura metel*)

Pippali (*Piper longum*)

Ardraka (*Zingiber officinale*)

Vasa (*Adhatoda vasica*)
Background
Cardiovascular disease (Commonly called heart disease) is a class of diseases that involve the heart, blood vessels (arteries, capillaries, and veins) or both. Although cardiovascular disease usually affects older adults, the antecedents of cardiovascular disease, notably atherosclerosis, begin in early life, making primary prevention efforts necessary from childhood. There is therefore increased emphasis on preventing atherosclerosis by modifying risk factors, such as healthy eating, exercise, and avoidance of smoking tobacco. Heart disease is essentially a clinical syndrome of characteristic chest pain produced by increased work of the heart and is usually relieved by rest.

In Ayurveda it is known as Hridroga. It is of several types depending upon the characteristic features of the pain. If the pain is acute, and of shifting nature, this is usually known as Vatika Hridroga. If it is associated with burning sensation, then it is called Paittika Hridroga. In Kaphaja Hridroga, the pain is usually very mild and it is associated with heaviness, nausea and cough.

Intervention/ Approaches
The following are some interventions/ approaches based on CCRAS research from published sources.

In case of angina (Vatika Hridroga):\(^1\)
Pushkara Guggulu - 2gm thrice a day for 6 months.

For prevention of atherosclerosis and control of hyperlipidaemia:\(^2\)
Guggulu (Commiphora wightii-crude drug) 12-16gm/day in divided doses with lukewarm water for 3 months.

References
MEDICINAL PLANTS USEFUL IN CARDIOVASCULAR DISEASES (HRIDROGA)

Arjuna (*Terminalia arjuna*)

Rasona (*Allium sativum*)

Dadima (*Punica granatum*)

Pushkaramula (*Inula racemosa*)
Background

Diabetes Mellitus (Madhumeha) is a group of metabolic diseases characterized by hyperglycemia which are caused due to reduced insulin secretion, decreased glucose utilization and increased glucose production. The secondary pathophysiological changes occur in multiple organ systems due to metabolic deregulation associated with Diabetes mellitus. The two categories of diabetes are type I or Insulin Dependent Diabetes Mellitus (IDDM) & type II or Non Insulin Dependent Diabetes Mellitus (NIDDM). Complete or near total insulin deficiency is found in type I. Type II Diabetes Mellitus is characterized by variable degree of insulin resistance, impaired insulin secretion and increased glucose production. The classical symptoms of Diabetes Mellitus are polyuria (frequent urination), polydipsia (increased thirst) and polyphagia (increased hunger).

Madhumeha has been vividly described in classical Ayurvedic texts. A number of predisposing and etiological factors and complications of this disease are described in great detail. According to Ayurveda, Madhumeha is a type of Prameha. All types of Prameha ultimately lead to Madhumeha. Sedentary life style, excessive sleep and over consumption of meat, fat rich food, milk & milk products, jaggery preparations etc. cause Prameha. The prevalence of the disease increases with the age and affects men and women similarly but is slightly greater in men > 60 years. Types II Diabetes Mellitus is increasing more rapidly due to obesity caused by faulty food habits and sedentary life style.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources

In early stage of Diabetes (pre diabetes to diabetes) associated with polyurea and fatigue:¹

Ayush 82- 5gm with 500mg pure Shilajit thrice a day.

Ingredients of Ayush 82:
- Karavellaka (Momordica charantia) Seed 1 part
- Jambu (Syzygium cumin) Seed 1 part
- Amra (Mangifera indica) Seed 1 part
- Gudamara (Gymnema sylvestre) Leaves 1 part
In early stage of Diabetes (pre diabetes to diabetes) associated with polyurea, polyphagia, poor concentration and fatigue:

Nishamalaki Powder - 1gm thrice a day with water along with meditation.

Nishamalaki contains equal parts of Amalaki (*Emblica officinalis*) and Haridra (*Curcuma longa*).

In pre diabetes associated with polyurea:

Combination of leaves of Bilwa (*Aegle marmelos*), Nimba (*Azadirachta indica*), Tulasi (*Ocimum sanctum*) along with Maricha Ghana Vati thrice a day with water.

In pre diabetes associated with polyurea and polyphagia:

Karavellaka (*Momordica charantia*) and Jambu seeds (*Syzyguim cumini*) Ghana Satva Vati – 1gm thrice a day with water.

General Measures-

- Regular monitoring of Blood Sugar.
- Dietary and lifestyle advice.

References

MEDICINAL PLANTS USEFUL IN DIABETES (MADHUMEHA)

Meshashringi (*Gymnema sylvestre*)

Jambu (*Syzygium cumini*)

Methika (*Trigonella foenum-graecum*)

Nimba (*Azadirachta indica*)

Amra (*Mangifera indica*)

Karavellaka (*Momordica charantia*)
DIABETES (MADHUMEHA)

Amalaki (Emblica officinalis)

Haridra (Curcuma longa)

Shilajatu (Mineral pitch)

Tulasi (Ocimum sanctum)
Background

Parinamashula mentioned in Ayurvedic literatures can be correlated to duodenal ulcer/peptic ulcer due to similarity in the symptoms i.e. the pain corresponding with the digestion of food. Peptic ulcers are a distinct breach in the mucosa of the stomach or first part of the small intestine, called duodenum or both. Helicobacter pylori are one of the most common causes of peptic ulcer. Ulcers can also be caused or worsened by drugs such as aspirin, ibuprofen, and other non-steroidal anti-inflammatory drugs. Abdominal pain and tenderness in the epigastric area are the main presentations. Ayurveda offers a wide range of drugs for this condition.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

For chronic patients of peptic ulcer who did not respond to Shamana treatment and when associated symptoms are of vata aggravation like abdominal pain:\(^1\)

Indukanta Ghrita for Snehana- The treatment consists of Snehapana, Sweda, Virechana Samsarjana and Shamana. Snehapana may be done for a maximum of 7 days or till samyak snigdha lakshanas are seen. Vashpa Sweda should be given for 3 days (8th to 10th day). Virechana may be given with Eranda Taila on 11th day, followed by Samsarjana Karma for 3 days (12th to 14th day). Respective Shamana medicines as per the requirement may be started after this.

When the patient complains of vata vriddhi lakshanas like gripping pain in the abdomen. Shamana is advocated if the patient is weak and contraindicated for Shodhana.\(^2\)

Indukanta Ghrita - 10gm twice daily orally for 60 days with milk.

Chronic ulceration with pitta dominated symptoms such as sour eructation, regurgitation, heartburn and when the patient is eligible for Shodhana:\(^3\)

Mahatiktaka Ghrita Snehana- The treatment consists of Snehapana,
Sweda, Virechana Samsarjana and Shamana. Snehapana may be done for a maximum of 7 days or till samyak snigdha lakshanas are seen. Vashpa Sweda will be given for 3 days (8th to 10th day). Virechana may be given with Eranda Taila on 11th day, followed by Samsarjana Karma for 3 days (12th to 14th day). Respective Shamana medicines as per the requirement may be started after this.

**Peptic ulcer with pitta dominated symptoms and if the patient is weak and cannot tolerate Shodhana therapy:**

Mahatiktaka Ghrita - 10gm twice daily orally for 60 days with milk.

**Patients with gastric or gastric/duodenal erosions with mild symptoms:**

Shatavari Madhuyashti Ghana Satva Vati - 1gm twice daily for 30 days.

**Patients having mild symptoms associated with erosions and for the patients who are prone to stress and anxiety:**

Amalaki Rasayana- 5gm twice daily for 30 days.

**References**

MEDICINAL PLANTS USEFUL IN PEPTIC ULCER (PARINAMASHULA)

Agnimantha (*Clerodendrum phlomidis*)

Shirisha (*Albizia lebbeck*)

Patha (*Cissampelos pareira*)

Bilva (*Aegle marmelos*)
**Background**

Epilepsy (*Apasmara*) is defined as a condition in which a person has recurrent seizures. Seizures are episodes of disturbed brain functions that cause changes in attention or behavior. It is a chronic neurological condition caused by abnormal cerebral nerve cell activity. More than 2 million people in the United States and over 50 million people worldwide suffer from epilepsy. The incidence of epilepsy is between 0.3 – 0.5 percent in different population throughout the world and the prevalence of epilepsy is roughly in the range of 5-10 persons per 1000.

According to Ayurveda, loss of *smriti* and loss of consciousness has been described to be the cardinal feature of the disease *Apasmara*. The *nidana* (causative factors) of *Apasmara* are *sharirika* (physical) like *ahara* (food) and *vihara* (lifestyle) and *manasika* (psychological). Signs and symptoms of *Apasmara* mentioned in Ayurveda are cardiac pain, visual hallucination, falling down, twitching of tongue and eyes, frothing salivation, tremors of hands and feet.

**Intervention/ Approaches**

The following are some interventions/ approaches based on CCRAS research from published sources

**In case of Kaphja Apasmara with poor learning capacity:**

i. Ayush 56 - 500mg for adult and 250mg for children thrice daily with water.

   Ingredients of Ayush 56:
   - Jatamansi (*Nardostachys jatamansi*) extract 1 part
   - Sunishannaka (*Marselia minuta*) extract 1 part

ii. Vachadi Yoga Ghana Satva Tablet - 500mg thrice a day for 6 months

**References**

1. CCRAS Research An Overview, CCRAS, Year: 2002, page-22-23
2. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India
MEDICINAL PLANTS USEFUL IN EPILEPSY (APASMARA)

Brahmi (*Bacopa monnieri*)

Vacha (*Acorus calamus*)

Jatamansi (*Nardostachys jatamansi*)

Sunishannaka (*Marsilea minuta*)
Background
Filariasis (Shlipada) is a vector borne parasitic disease caused by three nematode parasites viz., Wuchereria bancrofti, Burgia malayi and Burgia timori. Among them Wuchereria bancrofti is most common in India (98%). According to the estimates made in 1995 globally, there are nearly 1100 million people at the risk of Filariasis and there are 120 million cases of Filariasis. According to another study in India, the population exposed to the infection was 25 million in 1953 and 420 million in 1995. India is the largest Filariasis endemic country in the world. Now India contributes about 40% of the total global burden of Filariasis and accounts for about 50% of the people at risk of infection.

Filariasis was well known to ancient Indians by the name of Shlipada. It is described that the word Shlipada must be understood as an increase in the size of the foot. The word 'Shlipada' is derived from “shilavat padam shlipadam”, where the limb/foot becomes hard like stone.

Intervention/ Approaches
The following are some interventions/ approaches based on CCRAS research from published sources.

For patients of acute shlipada who have symptoms of swelling with fever: ¹

i. Ayush 64 Tablet- 1gm thrice a day with water for 2 weeks.
   Ingredients of Ayush 64:
   • Saptaparna (Alstonia scholaris) bark aqueous extract 100mg
   • Katuki (Picrorrhiza kurroa) root aqueous extract 100mg
   • Kiratatikta (Swertia chiraita) whole plant aqueous extract 100mg
   • Kuberaksha (Caesalpinia crista) seed powder 200mg

ii Saptaparna Ghana Vati - 1gm thrice a day with water for 2 weeks.

iii Nityananda Rasa - 1gm twice a day with water after meal for 2 weeks.

In early stage of pittaja shlipada associated with Fever: ²

Sudarshana (Crinum latifolium) Ghana Vati - 700mg thrice a day with water.
In case of chronic Kaphaja shlipada associated with excessive swelling:\textsuperscript{3,4,5}

i Sudarshana Churna - 3gm with warm water after meal thrice in a day for 30 days.

Punarnavadyarishta - 20ml with water twice in a day after meal for 2 weeks.

ii Sudarshana Ghana Vati - 500mg thrice a day after meal for 2 weeks.
Punarnavadyarishta - 20ml with water twice in a day after meal for 2 weeks.

iii Ayush 55 - 1gm with water twice a day after meal.

Ingredients of Ayush 55:
- Purified Mercury 1 part
- Purified Sulphur 1 part
- Lauha Bhasma 1 part
- Abhraka Bhasma 1 part
- Triphala 6 parts (each 2 parts)
- Shilajit 3 part
- Guggulu (\textit{Commiphera wightii}) 5 parts
- Chitrakmool (\textit{Plumbago zeylanica}) 4 parts
- Katuki (\textit{Picrorhiza kurroa}) 22 parts prepared in Nimba (\textit{Azadirachta indica}) Swaras

Punarnavadyarishta - 20ml with water twice in a day after meal.

iv Kanchanara Guggulu - 500mg with Gokshuradi Guggulu 500mg thrice daily along with lukewarm water after food for 4 weeks.

v Shlipadari Rasa - 250mg along with Punarnava, Triphala and Pippali churna 5gm twice daily with water after food for 30 days.

References
MEDICINAL PLANTS USEFUL IN FILARIASIS (SHLIPADA)

- Saptaparna (*Alstonia scholaris*)
- Katuki (*Picrorhiza kurroa*)
- Kiratatiktaka (*Swertia chirata*)
- Punarnava (*Boerhavia diffusa*)
Background

Fistula-in-ano (Bhagandara) is a track which opens deeply in the anal canal or rectum and superficially on the skin around the anus. Sometimes, the track may have a single opening which is called as sinus. Generally, this track develops from ano-rectal abscess (Bhagandara Pidika) that burst spontaneously or after inadequate incision. An anal fistula may occur with or without symptoms. There may be intermittent swelling with pain, discomfort and discharge of pus in the perineal region. This track does not heal usually due to fecal contamination, presence of unhealthy granulation and lack of rest to the part. This is a purely surgical condition but surgery has lot of complications and recurrence rate is also quite high after surgery.

Ksharasutra, a para surgical procedure and a unique technique advocated by Ayurveda is described in Sushruta Samhita. Ksharasutra is a medicated thread prepared by wetting the cotton thread with latex of Snuhi (Euphorbia nerifolia) and smearing it in the powder of Haridra (Curcuma longa) and Apamarga (Achyranthes aspera) kshara followed by drying in specially designed cabinet.

Intervention/ Approaches

Ksharasutra procedure mentioned in the classical texts of Ayurveda was further developed after standardization and tried on large number of patients. The same approach is mentioned here for the treatment of fistula-in-ano. However, this procedure should be advocated by a qualified and experienced physician/surgeon only.

Ksharasutra procedure

With all aseptic precautions the Ksharasutra with the help of a probe should be introduced from external opening of fistula to the orifice inside the rectal canal and the two ends of the thread should be tied. Every week the old thread should be replaced by a new one by rod and reel method. The wound should be dressed with medicated oil/ghee and T-bandage should be applied. Patient should be advised to have sitz bath with warm water after each defecation. This should be repeated till the fistulous tract is fully open. Later, the wound management should be done till the complete healing.
The conservative medicines will be given for the management of pain and for soft passage of stool as per the need.

References


MEDICINAL PLANTS USEFUL IN FISTULA-IN-ANO (BHAGANDARA)

Snuhi (*Euphorbia neriifolia*)

Apamarga (*Achyranthes aspera*)

Shatapushpa (*Foeniculum vulgare*)

Swarnapatri (*Cassia angustifolia*)
Background
Haemorrhoids or Piles (Arsha) are common anorectal diseases which arises from the congestion of the internal and/or external venous plexuses around the anal canal. Haemorrhoids are of two types, external and internal. The external Haemorrhoids occur outside the anal verge and are often painful when accompanied by swelling and irritation. The internal Haemorrhoids occur inside the rectum and are usually not painful but may bleed when irritated. Sushruta has described fourfold method for the treatment of Arsha, which are Bheshaja, Kshara, Agni and Shastra. Bheshaja i.e. medical or conservative treatment includes various Ayurvedic medicines which are mild laxative, styptic, anti-inflammatory in action. The topical application or enema of oil and ghee preparations is also recommended.

Intervention/ Approaches
The following are some interventions/ approaches based on CCRAS research from published sources.

For the piles associated with constipation, loss of appetite and inflammation but without bleeding:¹
Kravyadi Rasa - 500 mg thrice a day for 21 days.
Kasisadi Taila Vasti - 10 ml ½ an hour before defecation for 21 days.
Triphala Churna - 5 gm at bed time for 21 days.

When the Haemorrhoid is associated with constipation and bleeding:²
Kankayana Vati - 500 mg thrice a day for 21 days.
Kasisadi Taila Vasti- 10 ml ½ an hour before defecation for 21 days.
Triphala Churna- 5gm at bed time for 21 days.

For the chronic Piles associated with bleeding and inflammation but without constipation. The combination is also useful in anemic and weak patients.³
Kankayana Vati - 500 mg thrice a day for 21 days.
Kravyadi Rasa - 500 mg thrice a day along with Abhayarishta 15 ml for 21 days.
Kasisadi Taila - 2ml before defecation (local application) for 21 days.
For chronic, 2nd and 3rd degree Piles which are not responding to conservative medicines:

- Ksharasutra ligation as per the requirement, assessed by the qualified doctor.
- Kankayan Vati - 500mg thrice a day for 21 days.
- Triphala Churna- 5mg at bed time for 21 days.

References


MEDICINAL PLANTS USEFUL IN HAEMORRHIOIDS (ARSHA)

Maricha (Piper nigrum)  Chitraka (Plumbago zeylanica)

Arka (Calotropis procera)  Haritaki (Terminalia chebula)

Bibhitaki (Terminalia bellerica)
LIGATION OF KSHARSUTRA IN HAEMORRHOIDS
HEMIPLEGIA (PAKSHAGHATA)

Background

Pakshaghata (Hemiplegia) is one of the major neurological disorders manifested as inability to move the group of muscles of either left or right side of the body. According to modern terminology, Hemiplegia is usually the sequel of cerebro-vascular disorders or stroke and most cerebro-vascular diseases are manifested by the abrupt onset of a focal neurologic deficit. The clinical manifestations of stroke are highly variable because of the complex anatomy of the brain and its vasculature. Other features are weakness, decreased movement control, clonus, spasticity, exaggerated deep tender reflexes and decreased endurance. Hemiplegia is the leading cause of disability resulting into enormous socio economic implications.

The terms Paksaghata, Paksavadha and Ekanga-roga are synonyms of the same disease and are used in classical treatises in various contexts. Charaka included it in the classification of Nanatmaja Vyadhi due to predominance of Vata Dosha. The disease affects the Madhyama Roga Marga (Marma and Asthi Sandhi) and disrupts the functions of Sira (blood vessels), Snayu (ligaments) Kandara (tendon) etc. The modern life style, dietary habits, lack of proper exercise, injudicious way of physical activities and mental stress and strain are said to have definite role in the occurrence of Paksaghata.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

Patients having paralysis /weakness of both limbs, muscle rigidity, numbness and body ache: ¹,²

i. Samirapannaga Rasa - 250mg along with honey twice a day for 14 days.
   Abhyanga - 50ml Nirgundi Taila for 14 days.
   Swedana- Shashtikashali Pinda Sweda for 14 days.

ii. Ekangavira Rasa- 250mg along with honey twice a day for 14 days.
   Abhyanga - 50ml Masha Taila for 14 days.
   Swedana- Shashtikashali Pinda Sweda for 14 days.

Patients having cerebral edema, muscles stiffness and body pain: ³,⁴

i. Dhanvantharam Gutika- one tab along with 60ml Bhadraravayadi
HEMIPLEGIA (PAKSHAGHATA)

Kvatha thrice a day.
Abhyanga - 50ml Brihat Masha Taila for 14 days.
Swedana- Shashtikashali Pinda Sweda for 14 days.

ii Ekangavira Rasa- 125mg along with nirgundi (*Vitex negundo*) Patra Swaras thrice a day.
Abhyanga - 50ml Brihat Masha Taila for 14 days.
Swedana- Shashtikashali Pinda Sweda for 14 days.

Patients having body pain and muscles weakness and not responding to other treatment:

Snehapana- Murchhita Tila Taila for 7 days.
Swedana- Vaspa Sweda for 3 days.
Virechana- Eranda Taila for one day.
Samsarjana karma- 7 days.
Abhyanga-Brihat Masha Taila for 7 days.

Asthapan Vasti with
- Eranda mula (*Ricinus communis*) Kwatha – 600ml
- Tila (*Sesamum indicum*) Taila – 180ml
- Satahwa (*Anethum sowa Kurz*)– 24gm
- Honey – 180ml
- Saindhava Lavana -12gm

Nasya with Kshirabala Taila thrice a day for 7 days.

Patients having paralysis/weakness of both limbs, difficulty in walking, rigidity/flaccidity, burning sensation, numbness and pain:

Snehapana- Ksheerabala Taila for 7 days.
Swedana- Vashpa Sweda for 3 days.
Virechana- Eranda Taila for one day.
Vastikarma- Yogavasti for 8 days.
Anuvasana Vasti - Ksheerabala Taila.
Niruha Vasti - Dasmoola Kwatha.
Nasya- Ksheerabala Taila for 7 days.
HEMIPLEGIA (PAKSHAGHATA)

References

HEMIPLEGIA (PAKSHAGHATA)

Lauha Bhasma

Chitraka (Plumbago zeylanica)

Krishna Dhatura (Datura metel)

Gokshura (Tribulus terrestris)

Gandhaka (Sulfur)

Krishna Abhraka (Biotite mica)
HEMIPLEGIA (PAKSHAGHATA)

Bilva (*Aegle marmelos*)

Kantakari (*Solanum xanthocarpum*)
SHASTIKSHALI PINDA SWEDA
HEMIPLEGIA (PAKSHAGHATA)
Background

Hypertension is sustained elevation of resting blood pressure; systolic, diastolic or both. Usually, no symptoms develop unless hypertension is severe or long-standing. Tests may be done to determine cause, assess damage, and identify other cardiovascular risk factors. Treatment involves lifestyle changes and drugs. Hypertension becomes common with age; the age-related increase in BP may seem innocuous, but higher BP increases morbidity and mortality risk. Hypertension may develop during pregnancy also.

In Ayurveda, the disease *Vyanabala Vaishamya* seems to be a result of the *Vaishamya/ Vikriti* of *Vyanavata*. *Vata* is responsible for the regulation of other *dosha* (*Pitta* and *Kapha*). In the pathological state also it has double path of vitiation viz. *Dhatukshaya* and by *Avarana*. Though a direct disease condition comparable to hypertension is not mentioned in the classics, its symptomatology is found in the chapters of *Vata Vyadhi, Prameha, Hridroga* etc.

Classification of Hypertension

Table: JNC 7* Classification of Blood Pressure in Adults

<table>
<thead>
<tr>
<th>Classification</th>
<th>BP (mm Hg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt; 120/80</td>
</tr>
<tr>
<td>Pre-hypertension</td>
<td>120-139/80-89</td>
</tr>
<tr>
<td>Stage 1</td>
<td>140-159 (systolic) or 90-99 (diastolic)</td>
</tr>
<tr>
<td>Stage 2</td>
<td>&gt;160 (systolic) or &gt; 100 (diastolic)</td>
</tr>
</tbody>
</table>

* JNC = Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

In case of essential Hypertension associated with headache, fatigue, giddiness and insomnia:

i. Arjuna Vachadi Yoga - 250-500mg thrice a day for 3 months.
ii. Chandraprabha Vati, Shweta Parpati and Punarnava Mandoora 500mg each thrice daily with water for 6 weeks.

**In case of Essential Hypertension with giddiness and insomnia:**³
Tagaradi Churna - 3-6gm twice a day for 6 months.

**In case of Essential Hypertension with restlessness and Pitta predominance:**⁴
Ushiradi Churna - 3-6gm twice a day for 6 months.

**References**

MEDICINAL PLANTS USEFUL IN HYPERTENSION (VYANABALA VAISHAMYA)

Ushira (*Vetiveria zizanioides*)

Sarpagandha (*Rauwolfia serpentina*)

Vacha (*Acorus calamus*)

Tagara (*Valeriana wallichii*)
Background
Malaria (Vishama Jvara) is one of the most prevalent vector borne disease. Malaria is a protozoal disease caused by infection with parasites of the genus plasmodium and transmitted to man by certain species of infected female Anophelese mosquito. The incidence of malaria worldwide is estimated to be 300-500 million clinical cases each year and Malaria is estimated to kill between 1.1 and 2.7 million people worldwide each year. It is mostly caused by Plasmodium falciparaum. In India, during 2003 about 1.65 million cases were reported with 943 deaths and there were 0.7 million cases of P. falciparum malaria.

In Ayurvedic literature Malaria fever is known as Vishama Jvara (intermittent fever) and many drugs are prescribed for its treatment.

Intervention/ Approaches
The following are some interventions/ approaches based on CCRAS research from published sources. However, in malaria the first and immediate choice of treatment should be antibiotics and the medicines mentioned in this document may be added on or used when the antibiotics are not effective.

For the patients of Plasmodium Vivex Malaria:¹,²

Ayush 64 tablet:
- For adult – 2 gm with honey thrice a day for 1 week.
- For children (5-12 yrs) - 1 gm with honey thrice a day for 5-7 days.
- For infants (below 5 yrs) 500mg with honey thrice in a day for 5-7 days.

Ingredients of Ayush 64:
- Saptaparn (Alstonia scholaris) bark aqueous extract 100mg
- Katuki (Picrorhiza kurroa) root aqueous extract 100mg
- Kiratatikta (Swertia chirata) whole plant aqueous extract 100mg
- Kuberaksha (Caesalpinia crista) seed powder 200mg
MALARIA (VISHAMA JVARA)

References

MEDICINAL PLANTS USEFUL IN MALARIA (VISHAMA JVARA)

Kiratatiktaka (*Swertia chirata*)

Bhumyamalaki (*Phyllanthus niruri*)

Sudarshana (*Crinum latifolium*)

Kalmegha (*Andrographis paniculata*)
OBESITY AND LIPID DISORDERS (MEDOROGA)

Background
Obesity (Medoroga) is a condition in which there is excessive accumulation of fat in the body. It is defined as a state of excess adipose tissue mass and is generally assessed on the basis of body mass index. Obesity is more common among women. Globally the disease is prevalent in about more than 300 million adults worldwide (WHO World Health Report, 2003). In India, obesity is increasing at an alarming rate with morbid obesity affecting about 5% of the Indian population. People having 'android obesity' (abdominal fat distribution) are at increased risk from those having 'gynoid obesity' (peripheral fat distribution around the body).

As per Ayurvedic concept, the excess accumulation of fat causes pendulous movement of buttocks, belly etc. The obese person will suffer the shortening of life span, difficulty in physical activity, difficult copulation, general weakness, body odour, excess of sweating, excessive appetite and thirst.

Intervention/ Approaches
The following are some interventions/approaches based on CCRAS research from published sources.

For obese patients with hypercholesterolaemia and excessive sweat:
Arogya Vardhini Vati - 720mg in divided doses for 3 months.

For obese patients with weakness and dyslipidaemia:
1. Combination of Vacha (Acorus calamus) and Katuki (Picrorhiza kurroa) in equal ratio - 1gm thrice a day with luke warm water.
2. Triphala Shodhita Guggulu - 1gm thrice a day.

References
MEDICINAL PLANTS USEFUL IN OBESITY AND LIPID DISORDERS (MEDOROGA)

Amalaki (*Emblica officinalis*)  
Haritaki (*Terminalia chebula*)  
Bibhitaki (*Terminalia bellerica*)

Shilajatu (Mineral pitch)  
Katuki (*Picrorhiza kurroa*)

Latakaranja (*Caesalpinia crista*)
Background
Paraplegia describes complete or incomplete paralysis affecting the legs and possibly also the trunk, but not the arms. It is impairment in motor or sensory function of the lower extremities. It is usually caused by spinal cord injury or a congenital condition such as spina bifida that affects the neural elements of the spinal canal. The area of the spinal canal that is affected in paraplegia is either the thoracic, lumbar, or sacral regions. The extent to which the trunk is affected depends on the level of spinal cord injury. Paraplegia is the result of damage to the cord at the level of T1 and below.

Paralysis or weakness of both lower limbs occurs in Pangu. It is Vata predominant disease and limping movement (Vikalagati) is the literal meaning of Pangu, where both the lower limbs are involved. Specific Nidana of Pangu has not been mentioned, because it is mentioned as one of the disorder of vitiated Vayu. Hence the factors, which are responsible for the vitiation of Vayu can be considered as the Nidana of Pangu also.

Intervention/ Approaches
The following are some interventions/ approaches based on CCRAS research from published sources.

In case of changed muscle tone, diminished muscle power and disturbed urinary bladder and rectum functions: ¹
- Ekangavira Rasa -125mg and 5-10ml Eranda Taila along with milk thrice a day for 60 days.
- Abhayanga- 50ml Mahamasha Taila for 60 days.

Patients of Vata dosha predominance in pathogenesis: ²
- Snehapana -50ml Sahacharadi Tailam on first day and should be increased 50ml on consecutive days for 7 days or till Samyak Snigdha Lakshana.
- Swedana- Vashpasweda for 3 days.
- Virechana - 20-30ml Eranda Taila.
- Samsarjana Karma (for 2 days) - Should take light food (as gruel of green gram).
Shamana Chikitsa
Sahacharadi Tailam - 10ml twice a day.
Sahacharadi Kashaya - 60ml thrice a day.
Sahacharadi Tailam - 20-40ml for abhyanga.
All these Shamana Chikitsa should be given for next 5 days.
Yogavasti - 5 Sneha Vasti and 3 Kashaya Vasti.
> Sneha Vasti- 240ml of Sahacharadi Tailam on 1st, 3rd, 5th, 7th and 8th day.
> Kashaya vasti- on 2nd, 4th, 6th day with
  • Sahacharadi Tailam - 240ml
  • Shatapushpa (*Anethum sowa*) - 30gm
  • Honey - 240ml
  • Sahacharadi Kashaya - 480ml
  • Saindhava Lavana - 15gm

Shamana Chikitsa
Sahacharadi Tailam - 10ml twice a day for next 34 days.
Sahacharadi Kashaya - 60ml thrice a day for next 34 days.
Sahacharadi Tailam - 20-40ml for abhayanga for next 34 days.

Patients of Vata-Pitta dosha predominance in pathogenesis, pain while walking, diminished muscles power and increased ESR:

Gorochanadi Gutika - 250mg thrice a day along with milk for 60 days.
Ashwagandha (*Withania somnifera*) Churna - 4gm thrice a day along with milk for 60 days.
Abhyanga - 40ml Balashwagandhalakshadi Taila every day for 60 days.

Patient having degenerative changes in nerves and chronic cases where muscles weakness is more prominent:

Snehapana - 50ml Prabhanjana Vimardanam Tailam on first day and should be increased 50ml on consecutive days for 7 days or till Samyak Snigdha Lakshna.
Swedana - Vashpa Sweda for 3 days.
Virechana – 20 to 30ml Eranda Taila.
Yogavasti - 5 Sneha Vasti and 3 Kashaya Vasti.

- Sneha Vasti- 240ml of Prabhanjana Vimardanam Tailam on 1st, 3rd, 5th, 7th and 8th day.
- Kashayavasti on 2nd, 4th, 6th day with
  - Prabhanjan Vimardanam Tailam 240ml
  - Honey - 240ml
  - Kwatha - 480ml
  - Satapushpa (*Anethum sowa*) - 30gm
  - Saindhava Lavana- 15gm.

References

2. A Monograph - Management of Khanja and Pangu with Panchakarma, CCRAS, Year :1999
3. A monograph on Clinical Studies of Certain Ayurvedic Formulations in the Management of Paraplegia (Pangu), CCRAS, Year :2010
MEDICINAL PLANTS USEFUL IN PARAPLEGIA (PANGU)

Vacha (*Acorus calamus*)
Masha (*Vigna mungo*)
Laksha (*Laccifer lacca*)
Shobhanjana (*Moringa oleifera*)
Sarala (*Pinus roxburghii*)
Shatavari (*Asparagus racemosus*)
MEDICINAL PLANTS USEFUL IN PARAPLEGIA (PANGU)

Bala (Sida cordifolia)

Tila (Sesamum indicum)
PSORIASIS (KITIBHA)

Background
Psoriasis is a common chronic non-infectious inflammatory skin disease. It is characterized by erythematous sharply demarcated papules and rounded plaques covered by silvery micaceous scale. In Psoriasis, main abnormality is of increased epidermal proliferation due to excessive multiplication of cells in the basal layers. There are five types of Psoriasis – Plaque, Guttate, Inverse, Pustular and Erythrodermic. The most common type is Plaque Psoriasis in which red and white hues of scaly patches appears on the topmost layer of the epidermis which gives it a silvery white appearance. Psoriasis causes skin redness and irritation.

As per Ayurvedic concept, Kitibha is classified under Kshudra Kushtha. In Ayurveda the causative factors of skin disease are elaborately classified. Continued practice of Apathya Ahara and Vihara vitiates the dosha & dhatu and causes Kitibha.

Intervention/ Approaches
The following are some interventions/approaches based on CCRAS research from published sources.

Patients having itching, burning sensation, irritation and skin findings with more erythema: 1

1. 777 Oil - 10 ml per day in two divided doses with milk.
2. External Application of 777 Oil - apply the oil over the lesions after bath and expose to the early morning sun light for 5 to 10 minutes. The oil is left to remain on the body till the next day and the process is repeated daily.

In moderate psoriasis patients where only scaling of skin (Silvery skin) and itching are prominent: 2,3

1. Nimbidin Capsule - 100mg thrice a day. Nimbin is a compound isolated from Nimba (Azadirachta indica).
2. External application - 1gm Nimbidin mixed with 100mg coconut oil.
PSORIASIS (KITIBHA)

ii  Panchanimba Lauha Churna - 2gm twice a day for 3 months.
    Kamadudha Rasa -250mg twice a day for 3 months.
    Haridra Khanda -3gm twice a day for 3 months.

Psoriasis associated with bacterial and fungal infection: 4, 5
i  Kaishora Guggulu - 500mg-1000mg twice a day.
    Kanchnara Guggulu - 500mg-1000mg twice a day.
    Arogyavardhini Vati – 125mg-250mg twice a day.
    All above said medicines should be given with Laghu
    Manjishthadi Kwatha (Kwatha churna 25gm to make decoction)
    External application -Kajjalikodaya Malhara

ii  Arogyavardhini Vati - 500mg thrice a day for 3 months.
    Kaishora Guggulu Vati - 1 gm thrice a day for 3 months.
    External application - Chakramarda (Cassia tora) Taila thrice a
    day for 3 months.

Chronic and recurrent patients who do not respond to conservative

treatment: 6
    Snehapana - Mahatiktaka Ghrita for 7 days.
    Swedana - Mridu Swedana for one day.
    Yamana - Mridu Vamana for a day.
    Samsarjana - Light diet.

References

1. A Monograph on Clinical and Experimental Studies on the Efficacy of 777 oil, a
    Siddha preparation in the treatment of Psoriasis, CCRAS, Year :1987
2. Effect of Nimbidin in Psoriasis –A case report Journal of Research in Ayurveda and
    and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt.
    of India.
4. A Clinical study on Kitibh (Psoriasis)-Journal of Research in Ayurveda and Siddha,
and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India.

MEDICINAL PLANTS USEFUL IN PSORIASIS (KITIBHA)

Ela (Elettaria cardamomum)

Chakramarda (Cassia tora)

Haridra (Curcuma longa)

Danti mula (Baliospermum montanum)

Katuki (Picrorhiza kurroa)

Trivrit (Operculina turpethum)
MEDICINAL PLANTS USEFUL IN PSORIASIS (KITIBHA)

Gairika (Red ochre)  Vidanga (*Embelia ribes*)
EFFECT OF 777 OIL ON PATIENT OF PSORIASIS

Before treatment

After treatment
RHEUMATOID ARTHRITIS (AMAVATA)

**Background**

Rheumatoid Arthritis (Amavata) is an autoimmune inflammatory disease that causes pain, swelling, stiffness, destruction and functional disability in the affected joints. It is defined as a chronic multisystem disease characterized by persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution with a potential to cause cartilage destruction and bone erosions. Rheumatoid Arthritis affects all races throughout the world and it is 3 times more common in women than men. Generally, it occurs during the fourth and fifth decades of life but people of any age can be affected.

According to Ayurveda, the main cause of the disease is formation of Ama due to Agnimandya. The general principles of treatment of this disease in Ayurveda lay emphasis on stimulating and normalizing the impaired Agni by the use of Langhana, Deepana, Pachana, and Katu, Tikta Rasa predominant drugs (for the correction of digestion and metabolism). For detoxification Swedana (sudation), Virechana (therapeutic purgation) and Vasti (therapeutic enema) are recommended.

**Intervention/ Approaches**

The following are some interventions/ approaches based on CCRAS research from published sources.

**In case of chronic Amavata patients, who are not responding to conservative medicines:**

**Deepana Pachana**
- Vettumaran Gutika 1 tablet thrice a day for 14 days
- Bala Guduchyadi Kwatha 40ml thrice a day for 14 days.

**Snehana** – Indukanta Ghrita for 7 days (till attaining Samyak Snehana).

**Swedana** – Vashpa Sweda for 3 days.

**Vamana Karma by using Vamana Yoga**
- Madana Phala (*Randia dumetorum*) -10gm
- Pippali Churna (*Piper longum*) -5gm
- Saindhava Lavan - 2.5gm
- Honey - 20gm
- Milk – 3Litres.
Samsarjana Karma – beginning with liquid diet, gradually change to normal diet.

**In case of acute condition of Amavata associated with pain and inflammation:**

i. Shunthi Guggulu [Shunthi (*Zinziber officinale*) and Guggulu (*Commiphora wightii*) in equal parts] - 2gm thrice a day with warm water.
   External application - Dashanga Lepa and Baluka Sweda.

ii. Shunthi Guggulu - 4gm thrice a day with warm water for 6 weeks.
    Baluka Sweda for 6 weeks.

**In case of chronic Amavata associated with pain, inflammation and gastro-intestinal disturbances:**

Mahayogaraja Guggulu - 1gm thrice a day.
Vaishwanara Churna - 3gm twice in a day after meal.
Simhanada Guggulu - 500mg at bed time.

**In case of early stage of Amavata associated with pain, inflammation and gastro-intestinal disturbances:**

Ashwagandha Churna - 3gm thrice a day with water for 6 weeks.
Eranda Taila - 15ml at bed times for 6 weeks.
Baluka Sweda daily for 6 weeks.

**In case of chronic Amavata associated with pain, inflammation, stiffness and degenerative changes in joints:**

Shallaki (*Boswellia serrata*) 1 part + Suranjana (*Colchicum luteum*) 1 part - 500mg thrice a day with warm water for 6 weeks.

**In case of acute condition of Amavata associated with severe pain and inflammation:**

Rasonadi Kwatha - 25ml thrice a day for 6 weeks

Ingredients of Rasonadi Kwatha
- Shunthi (*Zinziber officinale*) - 25gm
- Rasona (*Allium sativum*) - 25gm
- Nirgundi (*Vitex negundo*) - 25gm
RHEUMATOID ARTHRITIS
(AMAVATA)

- During acute inflammation
  Dashanga Lepa and Baluka Sweda for external application.
- During pain
  Pippalimula Churna 3gm and Vishtinduka Vati 500mg.

In chronic condition of Amavata associated with stiffness and joint deformity:

i  Yogaraj Guggulu - 1gm thrice a day for 6-8 weeks.
   Vatagajankusha Rasa - 250mg thrice a day for 6-8 weeks.
   Maharasnadi Kwatha - 50ml thrice a day for 6-8 weeks.

ii Shunthi Guduchi Kwatha - 50ml thrice a day for 6-8 weeks.

In chronic condition of Amavata associated with pain, gastrointestinal disturbances and joint erosion / osteoporosis:

Shunthi(Zinziber officinale) + Guggulu(Commiphera wightii) + Godanti(Gypsum) Bhasma (in the proportion of 1:2:1) - 2gm thrice a day with honey for 6 weeks.

In chronic condition with pain, stiffness, gastrointestinal disturbances and joint deformity, when other treatment is not responding:

Pippali Vardhamana Ksheera Paka - on empty stomach in the morning for 6 weeks (Start with one crushed Pippali for Ksheera Paka on first day and add one more Pippali every day up to 4 days thereafter reduce one pippali every day upto next 3 days.Same procedures may be followed for remaining 5 weeks).

Sameera Pannaga Rasa - 250mg thrice a day with honey for 6 weeks.

Snehana - Indukanta Ghrita for 7 days (till attaining Samyak Snehana).

Swedana - Vashpa Sweda for 3 days.

Vamana Karma one day using Vamana Yoga containing
- Madanaphala (Randia dumetorum) -10gm
- Pippali Churna (Piper longum) -5gm
- Saindhava Lavana - 2.5gm
- Honey - 20gm
- Milk – 3Litres.
RHEUMATOID ARTHRITIS
(AMAVATA)

Samsarjana Karma – beginning with liquid diet gradually change to normal diet.

In case of severe pain in joints:¹⁰
Nirgundi patra + Panchkola Churna prakshepa Pinda Sweda for 6 weeks.

References


MEDICINAL PLANTS USEFUL IN RHEUMATOID ARTHRITIS (AMAVATA)

Rasna (Pluchea lanceolata)  Rasona (Allium sativum)

Shallaki (Boswellia serrata)

Nirgundi (Vitex negundo)  Bala (Sida cordifolia)
MEDICINAL PLANTS USEFUL IN RHEUMATOID ARTHRITIS (AMAVATA)

Guggulu (Commiphora wightii)

Madana Phala (Randia dumetorum)
Background

Sciatica refers to pain, numbness and tingling of lower limb resulting from injury or compression of sciatic nerve. The pain of sciatic nerve originates from lower back and radiates towards buttocks, back of thighs, below the knee up to the foot. The pain is usually get worse on prolonged sitting, standing and walking and relieved by lying down. The sciatica mostly affects the early and middle aged peoples, heavy weight lifters and persons who are engaged in the occupations in which continuous pressure on back is used. The common causes of sciatica are herniated disc, spinal stenosis, spondylolisthesis, piriformis syndrome, osteoarthritis, osteoporosis and sometimes during pregnancy. As the sciatica is considered as a manifestation of underlying diseases, the line of treatment is to treat underlying cause which irritate/compress the sciatic nerve. Besides this, bed rest, physiotherapy, analgesics and muscle relaxants are being used. Sometimes surgical intervention may be required.

In Ayurveda, Gridhrasi (Sciatica) is considered as one of the important Vata Vyadhi (neurological disorders). The disease is characterized by stiffness, pain and pricking sensation initially at the hip and gradually radiating towards waist, back, thigh, knee and calf region along with frequent pulsation at these sites. Two types of Gridhrasi have been described viz. Vataja and Vatajakaphja. In both the main vitiated dosha is Vata.

Intervention/ Approaches

The following are some interventions/approaches based on CCRAS research from published sources.

In case of tenderness of sciatic nerve and stiffness: 1

Nirgundi Ghrita - 10ml with 60ml Nirgundi (Vitex negundo) Kashaya once in a day (at 6. am for 45 days).
Suddha Guggulu (Commiphora wightii) - 1gm with 60ml Nirgundi Kashaya twice a day (at 12.00 pm and 6.00 pm) for 45 days.
Abhyanga - Nirgundi taila for 45 days.
In case of early stage of sciatica where pain is radiating to back of the leg up to toe:

- Hingutriguna Taila – 10ml to 15 ml thrice a day for 21 days.
- Dashamula Bala Kwatha – 20ml thrice a day for 21 days.
- Swedana - Nirgundi Patra Pinda Sweda twice a day for 21 days.

In case of severe pain with disturbed gait due to pain and difficulty in move the leg or foot:

- Trayodashanga Guggulu - 2gm thrice a day with warm water for 2 days.
- Vishatinduka Vati - 250mg thrice a day with warm water for 21 days.
- Abhyanga - Nirgundi Taila.
- Swedana - Patra Pinda Sweda for 21 days.

In case of severe pain, tingling sensation & numbness, stiffness and muscles weakness:

- Snehapana - Nirgundi Ghrita from 1st to 7th day.
- Swedana - Vashpa Sweda from 8th to 10th day.
- Virechana - On 11th day.
- Samsarjana - Light diet from 12th to 13th day.
- Shamana treatment-
  - 10ml Nirgundi ghrita with 60ml Nirgundi Kashaya once a day (at 6 am) from 14th to 18th day.
  - 1gm Shuddha Guggulu with 60ml Nirgundi Kashaya twice a day (at 12.00 pm and 6.00 pm) from 14th to 18th day.
- Abhyanga- Nirgundi Taila from 14th to 18th day.
- Yoga Basti - 5 Anuvasana and 3 Niruha vasti
  - Anuvasna vasti- Nirgundi Taila on 19th, 20th, 22nd, 24th and 26th day.
  - Niruha vasti- Nirgundi Kashaya on 21st, 23rd and 25th day.
- Shamana treatment - same as for 14th to 18th day from 27th to 45th day.

In cases of excruciating pain with discomfort in walking:

- Abhyanga- Mahavishagarbha Taila for 15-20 minutes.
- Swedana- Nadi Sweda with Rasna Saptaka Kwatha for 20 minutes.
**SCIATICA (GRIDHRASI)**

Siravedha- It should be stopped when total amount of blood letting becomes about 50-100ml.

ii Abhyanga - Mahavishagarbha Taila for 15 days.
Swedana - Nadi Sweda with Rasna Saptaka Kwatha for 15 days.
Shuddha Kupilu Beeja Churna (Strychnos nuxvomica) - 50mg twice a day for 15 days.
Yograj Guggulu - 2 tablets thrice a day for 15 days.

**References**

1. The role of Sodhan Therapy in Gridhrasi - Select research papers on safety and efficacy of Panchakarma, CCRAS, Year :2008
4. The role of Sodhan Therapy in Gridhrasi - Select research papers on safety and efficacy of Panchakarma, CCRAS, Year :2008
MEDICINAL PLANTS USEFUL IN SCIATICA (GRIDHRASI)

Babbula (*Acacia arabica*)

Brahati (*Solanum indicum*)

Ajwain (*Trachyspermum ammi*)

Ashwagandha (*Withania somnifera*)

Kupilu (*Strychnos nuxvomica*)

Punarnava (*Boerrhavia diffusa*)
MEDICINAL PLANTS USEFUL IN SCIATICA (GRIDHRASI)

Guduchi (*Tinospora cordifolia*)

Aragwadha (*Cassia fistula*)
SCIATICA (GRIDHRASI)
Background
Urolithiasis (Mutrashmari) is the condition where stones are formed or located anywhere in the urinary system. Urinary stones are typically classified by their location or by their chemical composition (calcium containing, struvite, uric acid, or other compounds). Main symptom is the pain most commonly felt in the flank, lower abdomen and groin. Renal colic can be associated with nausea, vomiting, fever, blood or pus in the urine and painful urination. In Ayurveda a number of drugs are mentioned to treat Mutrashmari.

Intervention/ Approaches
The following are some interventions based on CCRAS research from published sources.

Small stones associated with burning micturition:¹
Palasha (Butea monosperma) Kshara - 1gm thrice daily for 60 days.

For all types of urinary stones including large stones:²
Pashana Bheda (Bergenia ciliata) - 1gm tablet thrice daily for 60 days.
Gokshuru (Tribulus terrestris) Kwatha Ghana Satwa Vati - 1gm thrice daily for 60 days.

Large stones associated with urinary tract infection and dysuria:³
Shweta Parpati - 1gm thrice daily along with 50ml Pashanabheda (Bergenia ciliata)-Gokshuru (Tribulus terrestris) Kwatha.

Small stones associated with urinary tract infection with or without dysuria:⁴
Shweta Parpati - 1gm thrice daily with 50ml Kulattha (Dolichos biflorus) Kwatha (prepared from 50gm powder).

Large stones associated with urinary tract infection:⁵
Shweta Parpati - 1gm thrice daily with Pashanabheda (Bergenia ciliata), Gokshuru (Tribulus terrestris), Kulattha (Dolichos biflorus) Kwatha 50ml (prepared from 2gm powder each).
References


3-5. Clinical studies of certain Ayurvedic formulations in the management of Mutrashmari (Urolithiasis), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India, 2008.
UROLITHIASIS (MUTRASHMARI)

MEDICINAL PLANTS USEFUL IN UROLITHIASIS (MUTRASHMARI)

Pashanabheda (*Bergenia ligulata*)

Gokshuru (*Tribulus terrestris*)

Palasha (*Butea monosperma*)

Kulattha (*Dolichos biflorus*)

Sphatika (Potash alum)
# List of Patents (Processes and Drugs) Granted for CCRAS

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<td>A process for the production of an Extract useful in the treatment of Bronchial asthma from <em>Mesua ferrea</em> Linn. Seeds</td>
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<td>A process for the production of a Sodium Salt of a natural 2-methyl chromone isolated from the pods of <em>Cassia siamea</em></td>
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### List of Drugs for which Technology was transferred to Industry by CCRAS

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<td>AYUSH KVM Syrup</td>
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<td>Report on Screening of Single Herbal Drug Extracts for Potential Anti-Cancer Activity (E)</td>
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## List of Publications of CCRAS/Department of AYUSH

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### CDs OF DEPARTMENT OF AYUSH

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*S-Sanskrit  
*H-Hindi  
*E-English