



Clinical Research

Efficacy of *Ashwagandha* (*Withania somnifera* Dunal. Linn.) in the management of psychogenic erectile dysfunction

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Abstract

Erectile dysfunction (ED) has been defined as the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual performance. By 2025, men with ED will be approximately 322 million, an increase of nearly 170 million men from 1995. The present study was aimed to evaluate the efficacy of *Ashwagandha* (*Withania somnifera*) in the management of psychogenic erectile dysfunction. In this study, a total of 95 patients with psychogenic erectile dysfunction satisfying the DSM IV TR diagnostic criteria were selected, out of them 86 patients completed the course of treatment. In Trial Group, *Ashwagandha* root powder and in Control group, Placebo (Wheat powder) were given for 60 days. Treatment selection and its allocation were done by following computerized randomization plan. Criterion of assessment was based on the scoring of International Index of Erectile Function (IIEF) Scale. Paired and Unpaired t test were used for statistical analysis. In Trial group (n=41), 12.6% and in Control group (n=45), 19.11% of improvement was observed with the significance of ($P < 0.001$). There was no significant difference ($P > 0.05$) found in between the two groups. Both *Ashwagandha* and Placebo provided no relief (<25% improvement on IIEF) in psychogenic erectile dysfunction.

Key words: *Ashwagandha*, International Index of Erectile Function, placebo, psychogenic erectile dysfunction

Short Communication

Efficacy of certain yogic and naturopathic procedures in premature ejaculation: A pilot study

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ABSTRACT

Context: Premature ejaculation (PE) is the most common sexual disorder of young males. Even though there are number of treatment options available for PE, patient's satisfaction and drug side effects remain to be a problem. Non-pharmacological treatment options like *Yoga* and *Naturopathy* have been implicated in sexual fulfillment, pleasure and efficacy of some of these approaches has been established in previous studies.

Aim: To assess the efficacy of certain *yogic* and *naturopathic* procedures in the management of PE.

Materials and Methods: A total of 12 patients with PE satisfying the DSM IV TR diagnostic criteria were selected and allotted into two groups, *Yoga* group and *Naturopathic* group by following the randomization method. In the *Yoga* group, various *asanas*, *mudra*, *bandha* and *pranayama* were practiced 1 hour daily for 21 days. In the *Naturopathy* group, lower abdomen massage and steam bath, hip bath and *lingasnana*, mud pack on lower abdomen, and acupressure were done 1 hour daily for 21 days. Criteria of assessment were based on the scoring of *Premature Ejaculation Severity Index* (PESI). Statistical analysis was done by using paired and unpaired "t" tests.

Results: In the *Yoga* group ($n = 6$), 7.3% relief was observed ($P < 0.01$) and in the *Naturopathy* group ($n = 6$), 2.4% of relief was observed ($P > 0.05$) on the total score of PESI. There was no significant difference ($P > 0.05$) found in between the two groups.

Conclusion: Both *Yoga* and *Naturopathic* procedures didn't provide relief (<25%) on total score of PESI.

Key words: Naturopathy; premature ejaculation; premature ejaculation severity index; yoga.



Research Article

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ASHWAGANDHA IN PSYCHOGENIC ERECTILE DYSFUNCTION: ANCILLARY FINDINGS

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ABSTRACT

Erectile dysfunction has been defined as the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual performance. The present study was based on the ancillary findings of the main study (which was based on scoring of International Index of Erectile Function - IIEF) in Psychogenic Erectile Dysfunction (PED). The study main findings based on IIEF scoring reported, 12.6 % improvement in trial group (Ashwagandha - *Withania somnifera*) and 19.11 % improvement in control group (Placebo) ($P < 0.001$). Ashwagandha didn't provide relief in PED on IIEF scoring. The present ancillary findings are based on the measurement tools like, Erectile Dysfunction Severity Index (EDSI), Quality of Erections Questionnaire (QEQ) and Quality of Internet Mental Health Quality of Life scale (IMHQOL) on same sample, with same materials and methods and intervention as of the main study. The aim of this study is to evaluate the efficacy of Ashwagandha on EDSI, QEQ and IMHQOL. Two assessments were done before and after treatment, based on the scorings of EDSI, QEQ and IMHQOL. Paired and unpaired 't' test were used for statistical analysis. In trial group ($n = 41$), 10.52 % improvement on EDSI, 4.18 % on IMHQOL and 39.22 % on QEQ and in control group ($n = 45$), 11.20 % of improvement on EDSI, 5.95 % on IMHQOL and 45.74 % on QEQ was observed ($P < 0.001$). No statistically significant difference ($P > 0.05$) found in between the two groups on all the scales. Ashwagandha did not prove better than placebo on EDSI, QEQ and IMHQOL scales.

Keywords: Psychogenic Erectile Dysfunction, Ashwagandha, Placebo, EDSI, QEQ, IMHQOL, IIEF



Research Article

ROLE OF ASHWAGANDHA ON HEMATOLOGICAL, BIOCHEMICAL, SEMINAL PARAMETERS AND ON SERUM DHEA-S IN PSYCHOGENIC ERECTILE DYSFUNCTION PATIENTS

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ABSTRACT

Ashwagandha (*Withania somnifera* Dunal) has been known for its capability to improve endurance against stress, general resistance against infections, to slow down the ageing process, improvement of male sexual health and useful in disorders such as psychogenic impotence and unexplained infertility. The roots of which have been used as anti-stress agent, aphrodisiac and male sexual stimulant. Erectile dysfunction has been defined as the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual intercourse. The clinical study on Ashwagandha in Psychogenic Erectile Dysfunction (PED) earlier reported negative results and concluded that, Ashwagandha didn't provide relief in PED on various scales. The present article deals with the laboratory findings of this clinical study sample; to evaluate the efficacy of Ashwagandha on various hematological, bio chemical, seminal parameters and on serum DHEA-S (which were in normal range) in PED patients. Blood samples were collected and assayed for serum concentrations of DHEA-S, RBS, TC, TG, HDL, total protein, SGOT, SGPT, Hemoglobin, total RBC count, TLC and DLC. Semen samples were collected and measured on parameters like, liquefaction time, volume, motility and count. Patients found to have any abnormalities in the reports of above parameters were excluded from the study (to rule out organic pathology). All of these investigations were done two times, before and after the treatment. Paired and unpaired 't' test were used for statistical analysis. Ashwagandha didn't improve various hematological, biochemical, seminal parameters and serum DHEA-S which were already in normal range in the patients of psychogenic erectile dysfunction. The results were consistent with that of the clinical study which was also reported negative results earlier.

Keywords: Ashwagandha, Psychogenic Erectile Dysfunction, serum DHEA-S

A comparative study on *Naladadi Ghrita* in attention-deficit/hyperactivity disorder with *Kushmanda Ghrita*

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Background: Attention-Deficit/Hyperactivity Disorder (ADHD) is the most commonly diagnosed childhood psychiatric disorder. Children with ADHD have been found to have cognitive deficits, lower IQ, impaired social relationships with in the family and with peers as well as poor study skills and lower academic achievement. ADHD prevalence is estimated to be 5% for the Indian paediatric population. The persistence of these problems highlights the need for effective treatment. **Objective:** The main objective of the present study was to evaluate the comparative effect of *Naladadi Ghrita* with *Kushmanda Ghrita* in reducing the signs and symptoms of ADHD. **Materials and Methods:** A total of 20 subjects with ADHD satisfying the DSM-IV TR diagnostic criteria were selected and divided in to two groups by following randomisation method. Trial group received *Naladadi Ghrita* 5 ml twice a day and control group received *Kushmanda Ghrita* 5 ml twice a day for 1 month. Two assessments were done before and after the treatment. Criterion of assessment was based on the scoring of ADHD Rating Scale. Paired and unpaired 't'-test was used for statistical analysis. **Results and Conclusion:** *Naladadi Ghrita* and *Kushmanda Ghrita* both were effective on ADHD Rating Scale and they provided 35%, 38.68% of relief, respectively ($P < 0.001$). The difference in between the both groups was statistically insignificant ($P > 0.05$).

Key words: ADHD rating scale, attention-deficit/hyperactivity disorder, *Kushmanda ghrita*, *Naladadi ghrita*



Research Article

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A PILOT STUDY ON CERTAIN YOGIC AND NATUROPATHIC PROCEDURES IN GENERALIZED ANXIETY DISORDER

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ABSTRACT

Generalized Anxiety Disorder (GAD) is one of the most common anxiety disorders characterized by persistent worrying, anxiety symptoms, and tension. Most community-based studies place the prevalence in the range of 2 to 5 percent, with a lifetime prevalence as high as 8 percent. Even though previous studies on yoga and naturopathy in anxiety disorders proved effective, there lack proper methodology and they are not specifically focused at GAD. The aim of this study was to assess the efficacy of certain yogic and naturopathic procedures in the management of GAD. A total of 12 patients with GAD satisfying the DSM IV TR diagnostic criteria were selected and allotted in to two groups, Yoga group and Naturopathic group by following randomization method. In Yoga group, various asana's and pranayama were practiced one hour daily for 21 days. In Naturopathy group, full body massage and steam, diaphragmatic breathing and acupressure were done one hour daily for 21 days. Criteria of assessment were based on the scoring of Hamilton Anxiety Rating Scale (HARS). Statistical analysis was done by using paired and unpaired 't' test. In Yoga group (n = 6), 52.59 % relief was observed ($P < 0.01$) and in Naturopathy group (n = 6), 41.61 % of relief was observed ($P < 0.001$) on the total score of HARS. There was no significant difference ($P > 0.05$) found in between the two groups. Both Yoga and Naturopathic procedures are effective in the management of GAD. Even though Yoga and Naturopathy interventions proved effective on HARS total score of GAD, Yoga seems to be an attractive option because of its non pharmacological approach, cost effectiveness and international acceptance when compared to the other interventions.

Keywords: Generalized Anxiety Disorder; Hamilton Anxiety Rating Scale; Naturopathy; Yoga



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Research Article

AYURVEDIC MANAGEMENT OF MOTOR NEURON DISEASE: A CASE REPORT

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ABSTRACT

Motor neuron disease (MND) is a progressive condition characterized by degeneration of upper and lower motor neurons. The term Amyotrophic lateral sclerosis (ALS) is used synonymously with MND. As there was no clarity regarding Ayurvedic aspect of MND / ALS, a major diagnostic and management dilemma exists while approaching the case of MND. The present case report deals with the case of MND and its Ayurvedic diagnosis and management. Difficulty in differential diagnosis exists between the conditions like sarvanga vata, avrita vata and saama vata. Upashaya - Anupashaya pariksha is beneficial to solve the problem in differential diagnosis. Ashwagandha preparations, swedana and matra vasti procedures are found to be beneficial in the management of MND.

Key Words: MND, ALS, Sarvanga vata, Avrita vata, Saama vata, Ashwagandha



Research Article

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ROLE OF STROKE UNIT CARE WITH PANCHAKARMA IN THE MANAGEMENT OF STROKE: AN OBSERVATIONAL CASE SERIES

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ABSTRACT

The prevalence of stroke in India ranges from 40 - 270 per 100 000 population. Stroke patients who receive stroke unit care are more likely to get better relief than conventional care. Stroke unit care doesn't include Ayurvedic treatment in their protocol but it is common for stroke patient to seek help of alternative medicine especially Ayurvedic panchakarma therapies. The present study is an observational case series on stroke patients who received treatment at stroke unit care. The present study was planned to assess the role of stroke unit care along with panchakarma in the management of stroke. Total 15 stable stroke patients were observed for 14 days, who received internal modern medication, physiotherapy and speech and language therapy along with panchakarma. Total two assessments were carried out. First assessment was taken on the first day of starting panchakarma therapy along with standard stroke unit care. Second assessment was carried out after 14 days of first assessment. A criterion of assessment was based on the scoring of National Institutes of Health Stroke Scale (NIH SS) and Stroke Specific Quality of Life Scale (SS-QOL); Paired 't' test was used for statistical evaluation. Stroke unit care with panchakarma has provided 63.49 % relief ($P < 0.001$) on NIH SS and 77.6 % relief ($P < 0.001$) on SS QOL. Maximum number of patients (53.33 % and 40 %) got moderate improvement on NIH SS and SS QOL respectively. Stroke unit care with panchakarma seems to be beneficial and better option in the management of stroke.

Keywords: Panchakarma, stroke, NIH SS, SS QOL, stroke unit care



A PRELIMINARY PHARMACOGNOSTICAL AND PHYSICO-CHEMICAL EVALUATION OF ASHWAGANDHA AND PLACEBO TABLETS

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ABSTRACT

Ashwagandha (*Withania somnifera* Dunal) is one of the most commonly used medicinal plants in Indian Medicine for varied range of physical and psychological ailments. It is an important medicinal plant that has been used in Ayurvedic and indigenous medicine for over 3,000 years. Ashwagandha roots are a constituent of over 200 formulations in Ayurveda, Siddha and Unani medicine, which are used in the treatment of various physiological disorders. Previously several workers have characterized the roots of Ashwagandha pharmacognostically but till date no work has been done on standardization of tablets prepared with Ashwagandha root powder. The present study was planned to evaluate the Ashwagandha root powder pharmacognostically and to standardize the Ashwagandha tablets on various scientific parameters like organoleptic characters and physico-chemical parameters. Pharmacognostical evaluation of Ashwagandha root powder revealed Scaliform vessels, simple hair, pitted vessels, simple and compound starch grains and trichomes. Pharmaceutical analysis of Ashwagandha and placebo tablets showed, average weight of the tablet (565 mg, 593 mg), loss on drying (3 %, 5 %), hardness of the tablet (0.7 kg/cm², 0.6 kg/cm²), disintegration time (5 sec, 55 min), water extract (28.6 % w/w, 28.3 % w/w), alcoholic extract (4.5 % w/w, 1.72 % w/w) respectively and ash value of Ashwagandha tablet was 7.5 %. The present preliminary findings may useful for future studies dealing with Ashwagandha or placebo tablets.

Keywords: Ashwagandha, *Withania somnifera*, Pharmacognostical, Pharmaceutical, Ashwagandha tablets, Placebo tablets



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Research Article

A PRELIMINARY PHARMACOGNOSTICAL AND PHYSICO-CHEMICAL EVALUATION OF SARASWATA CHOORNA

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ABSTRACT

Saraswata choorna is an Ayurvedic medicine used in the treatment of psychosis, depression, low intelligence level, loss of memory etc; conditions. Saraswata choorna is mentioned in Bhaishajya ratnavali text in 'Unmada chikitsa'. Regular consumption of Saraswata choorna improves buddhi (higher mental functions), medha (intellect), dhriti (control over mind), smriti (memory power) and kavita shakti (poetic talent). The present study was planned to evaluate the ingredients of Saraswata choorna pharmacognostically and to standardize it on various scientific parameters like organoleptic characters and physico-chemical parameters. Powder microscopic features of all the ingredients of Saraswata choorna were equivalent to the standard profile. Pharmaceutical analysis of Saraswata choorna showed, loss on drying (13.88 % w/w), pH of 5 % aqueous solution (5.45), volatile oil content (1.25 % v/w), particle consistency (% of above 60 mesh - 80.53 % w/w), water extract (26.30 % w/w), alcoholic extract (21.0 % w/w) and ash value (12.33 % w/w). The present study would open up the doors to future workers in the field for identification and to check quality and purity of the Saraswata choorna.

Keywords: Saraswata choorna, Physico-chemical, Pharmacognostical, Pharmaceutical, Standardization



Book Review

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BOOK REVIEW ON YOGA CHANDRIKA

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hridaya in respect to its content and covering all the eight branches / specialties of Ayurveda. The disease described from 1st to 21st chapters of chikitsa sthana of Ashtanga hridaya have been undertaken in same order from chapter 3 to 24 of Yoga chandrika. Yoga chandrika being mainly a treatise on treatment (kayachikitsa) contains general principles of treatment, preparation of drugs, shodhana (purification) and shamana (pacification) measures. Little focus was given on pediatric problems and surgical procedures were totally excluded. Under the chapter 'Guhyamana chikitsa', short explanation of gynecological conditions has been given and the subject obstetrics was totally excluded. Rasayana (rejuvenating) and Vajikarana (aphrodisiacs) measures have been included. The word 'Tantra' was used instead of 'Chikitsa' for all eight branches of Ayurveda like, 'Kaya tantra' instead of 'Kaya chikitsa'. The order of dosha's mentioned as pitta, vata and kapha instead of vata, pitta and kapha. Yoga chandrika accepts only five rasa's by excluding lavana rasa. According to the editors, the book belongs to the time just prior to 'Bhava prakasha' i.e., around 14-15th AD. The editing and translation of manuscript in Hindi and English has been excellent. Appendix contains weights and measures, word numerals, formulations cited in the text, flora with botanical names and fauna explained in the text, minerals and metals and various

Randomised placebo controlled study on *Sarasvata choorna* in generalised anxiety disorder

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Background: Generalised anxiety disorder (GAD) is characterised by a pattern of frequent, persistent worry and anxiety, which is out of proportion to the impact of the event or circumstance that is the focus of the worry. GAD is associated with muscle tension, trembling, twitching, feeling shaky and muscle aches or soreness. Many individuals with GAD also experience somatic symptoms like sweating, nausea and diarrhoea. Epidemiological studies reveal that the prevalence rate of GAD in India is 5.8%. **Objective:** The main objective of the present study was to evaluate the efficacy of *Sarasvata choorna* in the management of GAD. **Materials and Methods:** In this study, a total of 114 patients with GAD satisfying the Diagnostic and Statistical Manual of Mental Disorders – Text Revision (DSM IV – TR) diagnostic criteria were selected and randomly divided; of these, 102 patients completed the course of treatment. In trial group, *Sarasvata choorna* and in control group, placebo (wheat powder) was given with the dose of 1 g thrice a day (i.e. 3 g/day) along with *madhu* (honey) and *ghrita* (cow's ghee) orally for 60 days. Fifteen days of follow up period was kept after treatment. Two assessments were done before and after treatment. Criterion of assessment was based on the scoring of Hamilton Anxiety Rating Scale (HAM-A). Paired and unpaired 't'-test was used for statistical analysis. **Results and Conclusion:** In trial group ($n = 51$), 51.1% improvement and in control group ($n = 51$), 47.67% of improvement was observed with the significance of ($P < 0.001$). No statistically significant difference ($P > 0.05$) was found in between the two groups. *Sarasvata choorna* did not provide better relief compared with placebo.

Key words: Generalised anxiety disorder, placebo, *Sarasvata choorna*



Case Report

AYURVEDIC MANAGEMENT OF BIPOLAR AFFECTIVE DISORDER WITH PSYCHOTIC FEATURES: A CASE REPORT

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ABSTRACT

Bipolar Affective Disorder (BPAD) is one of the world's ten most disabling conditions taking away years of healthy functioning from individuals who have the illness. The prevalence rate is approximately 1 % across all populations. The present article deals with a diagnosed case of BPAD with psychotic features came for Ayurvedic treatment. The Ayurvedic diagnosis of Pittaja unmada was made and virechana karma was done. Two assessments were taken before and after virechana on BPRS (Brief Psychiatry Rating Scale) and QoL.BD (The Quality of Life in Bipolar Disorder questionnaire). Patient showed improvement in 'hostility' and 'excitement' on BPRS and good improvement was observed in items like, 'Energy levels', 'physical wellness', 'refreshing sleep', 'satisfactory sleep', 'happiness', 'concentration' and 'memory' on QoL.BD. Virechana karma plays a key role in the management of pittaja unmada / BPAD. Virechana karma stabilizes mood by reducing manic episode symptoms and improves the quality of life of BPAD patients.

Keywords: Bipolar Affective Disorder, BPAD, Pittaja unmada, Quality of life, Virechana karma, Manic episode



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Research Article

AYURVEDIC MANAGEMENT OF STROKE WITH SPECIAL REFERENCE TO LEFT TEMPOROPARIETAL LOBE GLIOSIS: A CASE REPORT

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ABSTRACT

Stroke is the leading cause of adult disability. Sixty percent of survivors have disabilities in arm or leg use and up to one third of stroke survivors need placement in a nursing home or assisted living environment. The prevalence of stroke in India ranges from 40 to 270 per 100 000 population. The present article deals with a diagnosed case of hemorrhagic stroke presented as right sided hemiplegia with left temporoparietal lobe gliosis. The Ayurvedic diagnosis of pakshaghata was made and udwartana, nasya and kala vasti procedures were done. Two assessments were taken before and after treatment on National Institute of Health Stroke Scale (NIH-SS) and Stroke Specific Quality of Life Scale (SS-QOL). On NIH-SS, maximum relief was noticed in items like, facial palsy, temporal hemianopia, aphasia, dysarthria and improvement in right lower extremity functions. On SS-QOL, maximum relief was noticed in items like, language, mobility and vision. Vasti karma plays a key role in the management of stroke / pakshaghata. The recovery was promising and worth documenting.

Keywords: Stroke, Hemiplegia, Left temporoparietal lobe, Gliosis, Pakshaghata, Vasti



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Research Article

AYURVEDIC MANAGEMENT OF LUMBAR SPONDYLOSIS WITH SPONDYLOLISTHESIS: A CASE REPORT

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ABSTRACT

Lumbar Spondylosis (LS) is defined as degenerative condition affecting the discs, vertebral bodies and associated joints of the lumbar spine. Low back pain affects approximately 60 – 85 % of adults and LS is responsible for about 10 % of all the back pain conditions. The present article deals with a case diagnosed lumbar spondylosis with spondylolisthesis of L5 over S1 and got advised for surgery. The Ayurvedic diagnosis of kati graha was made and udwartana, patra pottali pinda sweda and yoga vasti schedules were prescribed. Two assessments were taken before and after treatment on Oswestry disability index and Roland-Morris disability questionnaire. Patient showed improvement of 52 % on Oswestry disability index and 47.8 % on Roland-Morris disability questionnaire. Vasti plays a pivotal role in the management of kati graha. Ayurvedic panchakarma procedures along with internal medicines give hope as non invasive intervention in the management of lumbar spondylosis with spondylolisthesis.

Keywords: Lumbar spondylosis, Spondylolisthesis, Kati graha, Oswestry disability index, Roland-Morris disability questionnaire, Low back pain



Case Report

AYURVEDIC MANAGEMENT OF CEREBRAL PALSY: REPORT OF TWO CASES WITH REVIEW OF LITERATURE

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ABSTRACT

Cerebral palsy (CP) is a common cause of childhood disability. It is defined as 'a group of non progressive but often changing motor impairment syndromes which are secondary to anomalies or lesions of brain arising in early stages of its development'. The prevalence of CP varies from 1.5 to 2.5 per 1000 live births. There was no clarity regarding the Ayurvedic aspect of CP. The present study reporting two cases of CP diagnosed and treated as per the lines of 'Phakka roga' according to Ayurveda. The Gross Motor Function Measure (GMFM) was used to evaluate the gross motor function. Total two assessments were carried out on the first day of treatment and on 30th day of treatment. The diagnosis of Phakka roga should be considered while approaching the case of CP. Agnimandya, amavastha and kaphavastha should be considered while planning the line of treatment in CP cases. The treatment modality of the present study is highly effective in relieving the signs and symptoms and reducing the disability in children with CP. Rookshana procedure like udwartana seems to be beneficial in reducing the spasticity along with improvement in agnimandya, amavastha and kaphavastha.

Keywords: Cerebral Palsy, Ayurveda, Phakka roga, GMFM, Udwartana, Agnimandya



Research Article

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EFFICACY OF SARASWATA CHOORNA ON QUALITY OF LIFE AND MANASIKA PARIKSHA BHAVA'S IN GENERALIZED ANXIETY DISORDER: ANCILLARY FINDINGS

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ABSTRACT

Generalized anxiety disorder (GAD) is characterized by a pattern of frequent, persistent worry and anxiety that is out of proportion to the impact of the event or circumstance that is the focus of the worry. The present study was based on the ancillary findings of the main study (which was based on scoring of Hamilton Anxiety Rating scale- HAM-A) in GAD. The main study findings based on HAM-A scoring reported, 51.1 % improvement in trial group (Saraswata choorna) and 47.7 % improvement in control group (Placebo) ($P < 0.001$). Saraswata choorna didn't provide relief in GAD on HAM-A scoring. The present ancillary findings are based on the measurement tools like, Internet Mental Health Quality of Life scale (IMHQOL) and Manasika Pariksha Bhava's (MPB) on same sample, with same materials and methods and intervention as of the main study. The objective of this study was to evaluate the efficacy of Saraswata choorna on IMHQOL and MPB. Two assessments were done before and after treatment, based on the scorings of IMHQOL and MPB. Paired and unpaired 't' test were used for statistical analysis. In trial group ($n = 51$), 35.17 % on IMHQOL, 21.19 % on MPB-PE (Positive emotions) and 36.10 % on MPB-NE (Negative emotions) whereas in control group ($n = 51$), 32.55 % on IMHQOL and 18.49 % on MPB-PE and 37.94 % on MPB-NE was observed ($P < 0.001$). No statistically significant difference ($P > 0.05$) found in between the two groups on both scales. Saraswata choorna did not prove better than placebo on IMHQOL and MPB scales in GAD.

Keywords: Generalized Anxiety Disorder, Saraswata choorna, Placebo, IMHQOL, Manasika Pariksha Bhava's



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Case Study

AYURVEDIC MANAGEMENT OF POST HYSTERECTOMY URGE AND STRESS URINARY INCONTINENCE: A CASE REPORT

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ABSTRACT

Incontinence of urine is clearly a very common occurrence in women and it is troublesome. The prevalence of incontinence among women with prevalence varying from 5% to 25% for women aged 15-64 years and 12% to 38% for women over 60 years. Hysterectomy is one of the causative factors for the development of urinary incontinence in women. The present article deals with a case of urge and stress urinary incontinence with rheumatoid arthritis and varicocity managed by Ayurvedic treatment. The Ayurvedic diagnosis of Mutraghata with Amavata was made and panchakarma procedures were done. Two assessments were taken before treatment and after follow up on RUIS (Revised Urinary Incontinence Scale). Patient showed good improvement in 'urgency', 'urine leakage on coughing and sneezing' and 'dribbling' on RUIS. The relief observed on RUIS was 56.25%. Udwartana and vasti were found useful in reducing varicocity, pedal edema and urinary incontinence.

Key Words: Urge and stress incontinence, Panchakarma, Vasti, Mutraghata, Revised urinary incontinence scale, Ayurveda



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Case Study

AYURVEDIC MANAGEMENT OF FIBROMYALGIA SYNDROME: A CASE REPORT

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ABSTRACT

Fibromyalgia (FM) is a chronic pain syndrome occurs more commonly in women. Its prevalence is estimated around 2% in the general population. Various pharmacological or psychological interventions are of little efficacy and the global prognosis of FM is poor. There was no clarity regarding the concept and management of FM according to Ayurveda. The present article deals with a case of FM managed by Ayurvedic treatment. The Ayurvedic diagnosis of Mamsagata vata with Vishada was made and panchakarma procedures were done. Two assessments were taken before treatment and after follow up on FIQ (Fibromyalgia Impact Questionnaire). There was 6.8% of relief on FIQ with two months of treatment. Ayurvedic panchakarma treatment found to be useful in the management of physical signs and symptoms of FM like pain, tenderness, stiffness, constipation, headache, fatigue etc; but it has not provided relief in psychological conditions like depression and anxiety associated with FM.

Key Words: Fibromyalgia, Ayurveda, Depression, Mamsagata vata, Fibromyalgia Impact Questionnaire, Vishada



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Review Article

OBSESSIVE COMPULSIVE DISORDER - 'SANGAMA GRAHA': AN AYURVEDIC VIEW

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ABSTRACT

Obsessive Compulsive Disorder (OCD) is a heterogeneous and multi dimensional disorder. Prevalence of OCD in general population is 2-3%. The main features of OCD are obsessions and compulsions. Obsessions are unwanted, intrusive, unavoidable, ego dystonic, frightening or violent thoughts and often impair quality of life. Compulsions are repetitive behaviors or mental acts such as washing, cleaning, checking, touching, counting, ordering, hoarding and rituals. The understanding of OCD in Ayurvedic terms is lacking. Obsessions are similar with ati, mithya or bhayanaka chintanam whereas compulsions resembles with cheshta vibhrama. The pathological features like, mano, buddhi, cheshta, sheela and achara vibhrama explained in unmada are also found in OCD. There is marked resemblance in between OCD and bhootonmada in terms of etiopathology, symptomatology, course & prognosis and the nature of disease. The Ayurvedic diagnosis of bhootonmada is suitable for OCD. Sangama graha resembles with the condition of Tourette's syndrome comorbid with OCD.

Key Words: Obsessive Compulsive Disorder, OCD, Sangama graha, Tourette's syndrome, Ayurveda, Graha roga



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Case Report

AYURVEDIC MANAGEMENT OF TRIGEMINAL NEURALGIA: A CASE REPORT

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ABSTRACT

Trigeminal Neuralgia (TN) is a unilateral disorder characterized by brief electric shock-like pains, abrupt in onset and termination, limited to the distribution of one or more divisions of the trigeminal nerve. The present article deals with a case of TN resistant to pharmacotherapy and came for Ayurvedic treatment to avoid surgery. The Ayurvedic diagnosis of Ardhavabhedaka was made and two assessments were taken before treatment and at the time of discharge on MPQ (McGill Pain Questionnaire). Ayurvedic treatments like nasya karma, ksheeru dhooma, ghrita pana, lepa and karma poorana were found to be useful in the management of acute pain episodes of trigeminal neuralgia; but they have not provided sustained pain relief. Karma poorana seems to be beneficial in the acute management of the pain episodes in trigeminal neuralgia. Without doing virechana and vasti like shodhana procedures, it is a big challenge to provide sustained pain relief in trigeminal neuralgia.

Key Words: Trigeminal neuralgia, Ayurveda, Nasya, Karma poorana, McGill Pain Questionnaire, Ardhavabhedaka



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Case Report

AYURVEDIC MANAGEMENT OF CHRONIC RHEUMATOID ARTHRITIS WITH MULTIPLE DEFORMITIES AND POTT'S SPINE: A CASE REPORT

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ABSTRACT

Rheumatoid arthritis (RA) is an immunologically driven long term condition and characterized by persistent joint inflammation. Spinal Tuberculosis (TB) or Pott's spine is the commonest extra pulmonary manifestation of TB, in which lower thoracic and lumbar vertebrae are the most common sites. Here we are reporting a chronic case of rheumatoid arthritis diagnosed as 'Amavata' (with 11 years history) with multiple deformities (boutonniere's deformity, z deformity, hallux valgus deformity, secondary osteoarthritis with fusion of all large and small joints, pott's spine), bed ridden, with no movement at any joint (unable to walk, sit, rotate and stand) and with no hope in conventional management, came for Ayurvedic treatment as last option. Continuous seven months of panchakarma treatment, patient was able to sit, relieved from pain and fever, improvement in general condition, reduced stiffness and initiation of movements at various joints (peripheral & central) and able to do her routine activities with minimum support along with improved quality of life. Even though deformities were not cured, there was marked improvement in the mobility of the joints and in stiffness. Ayurvedic panchakarma procedures, seems to provide tremendous relief even in chronic RA patients with deformities.

Key Words: Rheumatoid arthritis, Pott's spine, Deformities, Ama vata, Ayurveda, Panchakarma



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Research Article

EFFICACY OF AADHI NASHAKA CHOORNA (AYURVEDIC COMPOUND FORMULATION) IN OBSESSIVE COMPULSIVE DISORDER: AN OPEN TRIAL

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ABSTRACT

Obsessive Compulsive Disorder (OCD) is a heterogeneous and multi dimensional disorder. The life time prevalence of OCD in general population is 2-3%. It is the fourth most common psychiatric diagnosis. There is lack of sufficient data regarding Ayurvedic strategy of managing this condition. The present study was aimed to assess the efficacy of "Aadhi nashaka choorna", a compound Ayurvedic formulation, which contains Ashwagandha (*Withania somnifera* Linn), Kushtha (*Saussurea lappa* Clarke) and Vacha (*Acorus calamus* Linn). In present study, 27 patients with OCD, satisfying the DSM-IV Diagnostic criteria were selected. Aadhi Nashaka Choorna with a dose of 4.5 gm, twice a day, after food, along with honey was given to them orally for one month. One month after completion of treatment, follow up was done. Before treatment, after treatment and after follow up, total three assessments were done. Criteria of assessment were based on the scoring of Yale Brown Obsessive Compulsive Scale (Y-BOCS) and Yale Brown Obsessive Compulsive Symptom Checklist was used to identify symptoms. Paired 't' test was used for statistical evaluation. Aadhi nashaka choorna provided 24.66% of relief ($P < 0.001$) on Y-BOCS, which was considered as clinically not significant improvement.

Key Words: Obsessive Compulsive Disorder, OCD, Ayurveda, Ashwagandha, *Withania somnifera* Linn, Y-BOCS



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Review Article

INFANT ALCOHOL EXPOSURE - "BAALA MADATYAYA": AN AYURVEDIC VIEW

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ABSTRACT

Breast feeding is the safest and best method for nurturing and optimising infant growth and health. The risks of drinking alcohol while breast feeding, however are not well defined. Alcohol consumed by a lactating mother enters the breast milk and shows detrimental effects like deficit in motor development, reduced lactation performance and disrupted sleep-wake behavioural patterning in infants. 'Kashyapa samhita' is the only Ayurvedic text recognized and quoted the condition called 'Baala Madatyaya'. The present article explores the similarities between the condition of 'Baala madatyaya' explained in Ayurveda and 'Infant alcohol exposure through breast feeding / acute alcohol intoxication in infants'. Moorcha (loss of consciousness), Prajaagata (insomnia / sleep disturbances), Chhardi (vomiting, aversion to wet nurse / breast milk), Arati (restlessness), Bhrama (giddiness / disorientation), Vitraasa (fear), Udvega (anxiety), Trishna (excessive thirsty) are the signs and symptoms of 'Baala madatyaya' which are similar to infant alcohol exposure through breast milk.

Key Words: Infant alcohol exposure, Breast milk, Breast feeding, Baala madatyaya, Ayurveda, Kashyapa samhita



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Case Report

AYURVEDIC MANAGEMENT OF CHRONIC RHEUMATOID ARTHRITIS WITH BILATERAL HIP INVOLVEMENT: A CASE REPORT

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ABSTRACT

Rheumatoid Arthritis (RA) is a chronic inflammatory disease characterized by joint swelling, joint tenderness, and destruction of synovial joints and leads to severe disability and premature mortality. The hip joint involvement in RA patients may develop rapidly and leads to joint destruction and joint replacement. Here we are reporting a case of chronic RA with bilateral hip involvement came with severe pain, stiffness, weakness at both thighs and hips and got advised for surgery. The Ayurvedic diagnosis and line of treatment of 'Urustambha' was applied and found that, patient got relief from pain, fever, reduction in stiffness and weakness of thighs, improved range of motion at hip and knee joints and able to do her routine activities with minimum support along with improvement in quality of life after doing continuous panchakarma procedures like, udwartana, vasti and choorna pinda sweda for the period of more than five months. Ayurvedic panchakarma procedures especially udwartana along with internal medicines, seems to provide relief even for the patients who got advised for hip replacement surgery.

Key Words: Rheumatoid arthritis of hip, Hip replacement surgery, Urustambha, Udwartana, Ayurveda, Panchakarma



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Case Report

AYURVEDIC MANAGEMENT OF CERVICAL SPONDYLOTIC MYELOPATHY: REPORT OF TWO CASES WITH REVIEW OF LITERATURE

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ABSTRACT

Cervical Spondylotic Myelopathy (CSM) is a chronic, progressive, degenerative disease of the cervical spine which impairs patient's functionality and induces suffering with pain. Symptoms often develop insidiously and are characterized by neck stiffness, arm pain, numbness and weakness of the hands and legs. Here we are reporting two cases of CSM; one came with post surgical sequelae of anterior cervical decompression surgery and other opted Ayurvedic treatment to avoid surgery. Total two assessments were carried out before and after treatment. Criteria of assessment were based on Myelopathy Disability Index (MDI). Both the patients were diagnosed as 'Sarvanga vata' and panchakarma procedures like udwartana, patra pottali pinda sweda and vasti along with internal medicines were prescribed for the period of one month. Both the patients got good improvement on MDI (in case I – 55.5% and in case II – 33.3%). Ayurvedic diagnosis of Sarvanga vata or Avrita vata is suitable for CSM patients. Ayurvedic panchakarma procedures like vasti along with internal medicines are found to be useful in the management of post surgical sequelae of anterior cervical decompression surgery in CSM patients and also to postpone the surgery to whom it is indicated.

Key Words: Cervical Spondylotic Myelopathy, CSM, Sarvanga vata, Ayurveda, Myelopathy disability index, Panchakarma;



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Case Reports

AYURVEDIC MANAGEMENT OF ATOPIC ECZEMA: REPORT OF TWO CASES

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ABSTRACT

Atopic eczema (AE) is an inflammatory, pruritic, chronic, relapsing skin disease and it is one of the most common skin disease which affects up to 1-3% of adults in most countries of the world. The Ayurvedic equivalent of AE is 'Vicharchika'. The present case report deals with the two cases of AE came for Ayurvedic treatment. Both the patients have received panchakarma treatment followed by internal medicines for the period of one month. The efficacy of treatment was assessed on Eczema area and severity index (EASI). Before starting the treatment and after one month completion of treatment, total two assessments were carried out on EASI. Virechana and vasti are beneficial for the immediate relief of signs and symptoms in eczema. Ayurvedic internal medicines followed by shodhana procedures are effective for preventing the recurrence of eczema and to maintain the sustained relief after shodhana. Virechana karma is found to be beneficial in avascular necrosis of the hip joint.

Key Words: Atopic eczema, Ayurveda, Vicharchika, EASI, Avascular necrosis, Panchakarma



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Case Report

AYURVEDIC MANAGEMENT OF AMYOTROPHIC LATERAL SCLEROSIS: A CASE REPORT

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ABSTRACT

Amyotrophic lateral sclerosis (ALS) is the most common adult motor neuron disease and it is characterized by selective death of upper and lower motor neurons causing muscle atrophy, weakness and spasticity. The present report deals with a case of ALS diagnosed as kapha avrita praana, udaana and vyaana vata according to Ayurveda. Efficacy of treatment was calculated by using Amyotrophic Lateral Sclerosis Functional Rating Scale – Revised (ALSFRS-R). Before treatment, total score of ALSFRS-R was 17 and at the time of discharge the score was 29. Various panchakarma procedures like udwartana, sarvanga abhyanga, bhaspa sweda, shashtika shali pinda sweda and vasti were implemented along with internal Ayurvedic medicines. Good improvement was observed in items like 'speech', 'excessive salivation', 'deglutition', 'ability to walk', and 'shortness of breath'. No change was noticed in fine motor movements, tremors of both hands and in fasciculation of the tongue. Ayurvedic panchakarma therapy along with internal medication has provided promising results in present case.

Key Words: ALS, Ayurveda, Panchakarma, ALSFRS-R, Spasticity, Atrophy



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Case Report

AYURVEDIC MANAGEMENT OF POST TRAUMATIC ARTHRITIS OF KNEE: A CASE REPORT

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ABSTRACT

Joint injuries are becoming increasingly common in younger adults. The cascades of events that follow these joint injuries have been shown to increase the risk of post – traumatic osteoarthritis (PTOA) by 20-50%. Unfortunately, current treatments for joint injuries all too often fail to prevent the development of PTOA. Works on Ayurvedic management of acute knee injury with meniscus tears or anterior cruciate ligament tears are negligible. The present report deals with a case of acute knee injury with grade III meniscus tear managed by Ayurveda. Ayurvedic diagnosis of 'Agantuja sandhi vata' is made and to assess the efficacy of treatment 'Knee injury and Osteoarthritis Outcome Score (KOOS)' was used. Total two assessments were carried out, before treatment and after 3 weeks of treatment. Panchakarma procedures like Upanaha sweda (poultice sudation) and vasti (enema) were implemented. Upanaha sweda and vasti were found beneficial in reducing the swelling, pain, restriction of movements and for improving the quality of life in acute knee injury with meniscus tear.

Key Words: Acute knee injury, PTOA, Meniscus tear, Ayurveda, Panchakarma, KOOS



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Case Report

AYURVEDIC MANAGEMENT OF CHRONIC IDIOPATHIC URTICARIA: A CASE REPORT

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ABSTRACT

Chronic idiopathic urticaria (CIU) is defined as the occurrence of daily or almost daily, wheals and itching for at least 6 weeks, with no obvious cause. It is a major affliction causing severe disability. The present report deals with a case of CIU diagnosed as 'udarda' according to Ayurveda. Efficacy of treatment was calculated by using 'The chronic urticaria quality of life questionnaire (CU-QoL)' and 'Urticaria activity score (UAS 7)'. Total three assessments were done, before treatment, after virechana and after one month of virechana. Virechana karma is done followed by internal Ayurvedic medicines. There was complete relief in signs & symptoms of CIU, on both scales CU-QoL and UAS 7 immediately after virechana but the relief was not sustained for long time. Recurrence occurred after one month of virechana due to non following of dietary protocol, lifestyle changes which are advised to the patient. It seems that shodhana karma (purificatory procedures) followed by internal medicines along with diet plan and life style changes are essential for the complete recovery and also to prevent the recurrences in chronic urticaria patients.

Key Words: Chronic idiopathic urticaria, Ayurveda, Virechana, Quality of life, life style, dietary protocol



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Case Report

AYURVEDIC MANAGEMENT OF PALMO-PLANTAR PSORIASIS: A CASE REPORT

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ABSTRACT

Palmo-plantar psoriasis (PPP) accounts for 3-4% of all psoriasis cases, produces significant functional and social disability. It is the second most common type of psoriasis followed by chronic plaque type psoriasis. PPP is a variant of psoriasis which is resistant to many forms of treatment. The present report deals with a case of PPP with diabetes mellitus diagnosed as 'Vipadika' according to Ayurveda. Efficacy of treatment was assessed on the scoring of 'Psoriasis area and severity index (PASI)' and. Total two assessments were done, before treatment and after 6 weeks completion of treatment. Virechana karma is done followed by internal Ayurvedic medicines with dietary restrictions and life style changes. In present case, the patient got clinically meaningful improvement. Itching, scaling, thickness, fissuring and pain during walking / working got reduced after virechana. Sleeplessness and constipation were completely relieved. There was 72% improvement found on PASI (PASI 72), which shows that Ayurvedic management is beneficial in the management of PPP.

Key Words: Palmo-plantar psoriasis, Ayurveda, PASI, Psoriasis area and severity index, Diabetes, PPP



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Case Study

AYURVEDIC MANAGEMENT OF SCHIZOPHRENIA: REPORT OF TWO CASES

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ABSTRACT

Schizophrenia is characterized by disturbances in thought, verbal behavior, perception, affect, motor behavior and relationship to the external world. A good number of patients opt Ayurvedic treatment to get rid of the side effects of anti psychotic medication and also for better quality of life. The present study deals with two cases of Schizophrenia diagnosed and treated as per the lines of 'Pittaja unmada (case I) and Kaphaja unmada (case II)' respectively according to Ayurveda. The Positive and Negative Syndrome Scale (PANSS) was used to evaluate the efficacy of treatment. Total two assessments were carried out before treatment and after completion of 6 weeks (case I) and 8 weeks (case II) of treatment. Case I came with positive symptoms, not undergone shodhana (purificatory procedure), not received hospitalized treatment and stopped anti psychotic medicines abruptly and left against medical advice. Case II, came with negative symptoms, undergone virechana karma (therapeutic purgation) and his anti psychotic medicines were tapered under observation (hospitalized). Case II got complete relief on PANSS. Panchakarma procedures along with internal Ayurvedic medicines provided promising results for successful tapering of anti psychotic medication and also for better management of Schizophrenia.

Key Words: Schizophrenia, Positive symptoms, Negative symptoms, PANSS, Ayurveda, Panchakarma

Attention Deficit Disorder: Anavasthita Chittata

Prasad Mamidi*, Kshama Gupta*

Abstract

Attention deficit disorder (ADD) is one of the most common neurobehavioral disorders. It is first diagnosed in childhood and its symptoms often last in to adulthood. A person with ADD often avoids, dislikes, or does not want to do things that take plenty of mental effort for a long period of time. Till date there is no clear understanding about etiopathology, symptomatology and management of ADD in terms of *Ayurveda*. There is scarcity of literature on this topic in *Ayurveda*. The present article aims at better understanding of an *Ayurvedic* view of ADD. According to *Ayurveda* and *Yoga*, it is a well established fact that, *vata* influences the mind. *Vata* disturbance can cause instability of mind / wandering mind. *Anavasthita chittata* is a psychiatric condition caused by *vata prakopa* which resembles with ADD. *Dhriti vibhramsha* is the underlying pathological process of *Anavasthita chittata* which resembles with inattention of ADD. According to *Hatha yoga pradipika*, movement of *praana* leads to instability of mind. When *praana* is without movement, mind will also become steady. By this (steadiness of *praana*) the *yogi* attains steadiness of mind and should thus restrain the *vayu* (air)'. *Vata shamana chikitsa* of *Ayurveda* and meditation techniques of *Yoga* individually or together may provide satisfactory results in the management of ADD. There is a similarity found between ADD and *Anavasthita chittatvam*.

Keywords: Attention Deficit Disorder; ADD; Anavasthita Chittata; Meditation; Ayurveda; Yoga.

Ayurvedic Management of Dermatographism

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Abstract

Dermatographism is a type of urticaria which literally means writing on the skin. Dermatographism can also be called as 'Skin writing' or 'Dermographism' or 'Dermatographic urticaria'. Dermatographism is seen in 4-5% of the general population. It is more common in young adults but it can appear at any age. Dermatographism is characterized by symptoms of itching, rash and wheals which are induced by scratching, stroking, tight or abrasive clothing or other personal wear. Rubbing, minor pressure or any form of physical stress to the skin may also initiate lesions. No previous works are available regarding the efficacy of *Ayurveda* in the management of 'Dermatographism'. The present report deals with a case of 'Dermatographism' diagnosed as '*Udarda*' according to *Ayurveda*. Efficacy of treatment was assessed on the scoring of 'Dermatology life quality index (DLQI)' and. Total two assessments were done, before treatment and after two months completion of treatment. Internal *Ayurvedic* medicines like, '*Aragwadha amritadi kashaya*', '*Ayaskriti*', '*Varanadi kashaya*' and '*Dashamoola hareetaki*' were prescribed with dietary restrictions and life style changes. In present case, patient got 75% relief on DLQI within two months of *Ayurvedic* treatment in dermatographism. *Ayurvedic* treatment seems to be promising in the management of Dermatographism.

Keywords: Dermatographism; *Ayurveda*; DLQI; Dermatology Life Quality Index; *Udarda*; Urticaria.

Ayurvedic Management of Tinea Cruris

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Abstract

Tinea infections are fungal infections of the skin which are the most common skin conditions worldwide. 'Tinea cruris' otherwise known as 'Jock itch' is an infection in the groin, perineal and peri-anal area. It can present unilaterally or bilaterally with a red, raised and active border. *Trichophyton rubrum* and *Epidermophyton floccosum* are the most common organisms causing 'Tinea cruris'. The present report deals with a case of 'Tinea cruris' diagnosed as '*Mandala kushta*' according to *Ayurveda*. Efficacy of treatment was assessed on the scoring of 'Dermatology life quality index (DLQI)' and. Total two assessments were done, before treatment and after follow-up. *Virechana karma* is done followed by internal *Ayurvedic* medicines with dietary restrictions along with life style changes. In present case, the patient got 'clinical cure' with good improvement in itching, dryness/scaling, redness/inflammation and also in discomfort after *Virechana*. *Ayurvedic panchakarma* treatment followed by internal medicines seems to prevent recurrence / relapse with high cure rate, short duration of action and without any adverse effects.

Keywords: Tinea Cruris; *Ayurveda*; DLQI; Dermatology Life Quality Index; *Mandala Kushta*; Fungal Infection.

“*Urustambha*” – Aortoiliac occlusion with Metabolic syndrome?

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Abstract

Urustambha is a grave condition, in which the patient's thighs become painful, numb and immobile. *Urustambha* is a disease which is not amenable to *panchakarma* (five evacuative procedures) treatment. Till date, there is no clear understanding of the concept of *Urustambha* and its clinical application. This article is aimed to understand the concept of *Urustambha* and its correlation with relevant modern pathology or disease. *Urustambha* is a lifestyle disease and it is commonly seen in higher socioeconomic status. *Urustambha samprapti* resembles with atherogenesis. *Diva swapna* and *raatri jaagarana* explained in *Urustambha nidaana* may indicate obstructive sleep apnea (OSA). Clinical presentation of *Urustambha* may be unilateral or bilateral or both. *Charaka's* version of *Urustambha* indicates vascular pathology like “aortoiliac occlusion” with an underlying “metabolic syndrome (MS),” whereas *Sushruta's* version of *Urustambha* indicates inflammatory pathology of spinal cord like “acute transverse myelitis” or “inflammatory myelopathy” or “infectious myelitis.” Principles of *Urustambha* are applicable for the prevention and management of the conditions like atherosclerosis, MS, OSA, aortoiliac occlusion, diabetes mellitus, obesity, cardiovascular pathology, acute myelopathy and other ischemic and inflammatory spinal diseases.

Key words: Aortoiliac occlusion, atherosclerosis, metabolic syndrome, myelopathy, obstructive sleep apnea, *Urustambha*

Gas gangrene in *Sushruta samhita*

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Abstract

Gas gangrene is a rapid spreading infective type of gangrene of the muscles characterized by collection of gas in the muscles and subcutaneous tissue. Gas gangrene is caused by clostridial infection (*Clostridium perfringens*/*Clostridium welchii*) due to the fact that it is also called as “clostridial myonecrosis.” *Sushruta samhita* is one of the three *Brihat trayee* (major classical *Ayurvedic* texts) and it belongs to the surgical school founded by *Dhanvantari*. The present article deals with the reference of gas gangrene-like condition in *Sushruta samhita*. There is a reference regarding muscular wounds which are characterized by gas and crepitations and considered as fatal in *Sushruta samhita*, *Sutra sthana*, 28th chapter named “*vipareetaavipareeta vrana vigyaneeeyam*.” The wounds which make harsh, groaning, and sparkling sounds; those located in skin and muscle emit air with sound are fatal. Gas and crepitations were considered as fatal signs in muscular wounds according to *Sushruta*. The earliest record of gas gangrene and its fatal outcome is found in *Sushruta samhita*.

Key words: *Ayurveda*, *Clostridium perfringens*, *Clostridium welchii*, gas gangrene, *Sushruta samhita*, wound

Original Article

Guru, Vriddha, Rishi and Siddha Grahonmaada: Geschwind Syndrome?

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ABSTRACT

Background: “*Bhuta vidya*” (Ayurvedic psychiatry) is one of the eight branches of *Ayurveda*. The person afflicted with *bhuta/graha* gets *grahonmaada/bhutonmaada* and he will exhibit superhuman abilities or qualities without any known/visible etiopathology. Among the 18 types of *bhutonmaada*s explained by *Vagbhata*, “*Guru, Vriddha, Rishi and Siddha grahonmaada*” (GVRSG) is one. Till date, there is no clear understanding about etiopathology, symptomatology, and management of GVRSG. No works have been conducted on this topic. **Aim and Objective:** The present article aims at better understanding of GVRSG. **Discussion:** Geschwind syndrome is characterized by hypergraphia, hyper religiosity, hyposexuality, circumstantiality, and intensified mental life. People like *Guru, Vriddha, Rishi*, and *Siddha* in ancient India are known to have qualities such as, “knowledge,” “teaching,” “moralistic,” “disciplined,” “religious,” “ethical,” “experienced,” “having super natural powers,” “counselor,” “guide,” and “following celibacy,” which resembles with the symptomatology of Geschwind syndrome such as, hyper-religiosity, hypergraphia, hyposexuality, emotional lability, grandiosity, and obsessive-compulsive like symptoms. **Conclusion:** There is marked similarity found between GVRSG and Geschwind syndrome and *Ayurvedic* diagnosis of *Guru, Vriddha, Rishi*, and *Siddha bhootonmada/grahonmada* is suitable for Geschwind syndrome.

KEYWORDS: *Ayurveda, bhutonmaada, Geschwind syndrome, hyper-religiosity, hypergraphia, hyposexuality*

Original Article

Kaphaja Unmada: Myxedema Psychosis?

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ABSTRACT

Unmada (a broad term which denotes various psychiatric problems under one umbrella) is a major psychiatric illness described in all *Ayurvedic* classics which is characterized by deranged mental functions. The etymological meaning of *Unmada* is “a state of disturbed mental functions.” *Kaphaja Unmada* is one among the five types of *Unmada*, which is caused by the aggravation of *Kapha dosha*. The description of *Kaphaja Unmada* is available in all classical texts of *Ayurveda* along with its symptomatology. Previous works have correlated “*Kaphaja Unmada*” with “depressive disorder”/“depression”/“major depressive disorder.” The symptomatology of *Kaphaja Unmada* and depressive disorder is 70% similar, but some of the signs and symptoms of *Kaphaja Unmada* such as *laala sighanaka sravanam*, *swapna nityata*, *svayathuranane*, *shukla stimita malopadigdha akshata*, *naari priyata*, *chhardi*, *balam cha bhukte*, *ushnasevi*, *nakhadi shauklyam*, *kasa*, and *raatrau bhrisham* are not seen in depressive disorders and they denote hypersomnia, puffiness of face, pernicious or megaloblastic anemia, hypersexual behavior, vomiting, nocturnal and postprandial aggravation, cold intolerance, depression, and dementia conditions which are due to the underlying hypothyroidism instead of depression only. These signs and symptoms can be explained in a better way when *Kaphaja Unmada* is compared with myxedema/hypothyroidism with depression. The present study considers that *Kaphaja Unmada* is more similar with hypothyroidism with depression/myxedema madness/myxedema psychosis than primary depression/typical depression alone.

KEYWORDS: *Kaphaja Unmada, Ayurveda, Hypothyroidism, Depression, Myxedema psychosis, dementia*

Shukra Dhatugata Jwara - Rabies Encephalitis ?

Abstract

Jwara (fever) is considered as most important among all diseases in *Ayurveda* as it afflicts the *shareera* (body), *indriya* (sense organs) and *manas* (mind). *Shukra dhatugata jwara* is characterized by '*Stabdha shepha*' (rigidity of penis/erections/priapism), '*Shukra moksha*' (excessive discharge of semen/spontaneous ejaculation) and '*Maranam prapnuyanti*' (leads to death). Till date there is no clear understanding of *Shukra dhatugata jwara* and no works have been conducted on this topic. The present article aims to explore the condition of '*Shukra dhatugata jwara*'. *Shukra dhatugata jwara* resembles with Rabies encephalitis (RE). RE is one of the oldest communicable diseases known to man. Transmission to humans is mainly through bites of infected rabid dogs, cats, bats, and other wild animals with case fatality rate approaching 100%. The untreated disease presents as a progressive encephalomyelitis, which is invariably fatal. Rabies can present with a wide variety of clinical symptoms, ranging from hyper excitation and phobic spasms to coma and flaccid paralysis. The characteristic features of *Shukra dhatugata jwara* resembles with Rabies encephalitis with clinical presentation such as priapism/penile hyper excitability, spontaneous ejaculation, fever and ultimately leading to death. Reference of the condition like Rabies encephalitis is described in *Ayurvedic* texts under the domain of *Shukra dhatugata jwara* so many centuries earlier.

Keywords: Rabies encephalitis; *Shukra dhatugata jwara*; *Ayurveda*; Fever; Priapism; Spontaneous ejaculation

Review Article

Volume 7 Issue 2 - 2017

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Ayurvedic Management of Unilateral Decompressive Craniectomy and Cranioplasty Sequelae - A Case Report

Abstract

Stroke is the leading cause of disability and more than half of the stroke survivors will end up severely impaired. The prevalence of stroke in India ranges from 40 to 270 per 100 000 population. Like any other surgical procedure, decompressive craniectomy is not without risk and cranioplasty also carries its own risks. Some of the complications arising out of these surgeries may require additional surgery which further increases the risk to the patient for neurological deterioration or death. The present article deals with a diagnosed case of post hemi craniectomy sequelae clinically presented as left sided hemiplegia, focal seizures/myoclonic jerks and irritable mood. The Ayurvedic diagnosis of pakshaghata was made and various panchakarma procedures were implemented along with internal Ayurvedic medicines. Two assessments were taken before and after treatment on NIH-SS (National Institute of Health Stroke Scale) and SS-QOL (Stroke Specific Quality of Life Scale). There is 57.1% relief on NIH-SS and 83.5% improvement found on SS-QOL in present case. Ayurvedic panchakarma procedures and medicines were found effective in the management of post hemi craniectomy sequelae. The recovery was promising and worth documenting.

Keywords: Hemi craniectomy; Decompressive craniectomy; Stroke; Ayurveda; Pakshaghata; Focal seizures

Case Report

Volume 7 Issue 5 - 2017

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Sama Sannipata Jwara- Sepsis, SIRS, MODS, Septic Shock and Delirium

Abstract

Jwara (fever) is considered as 'lord' among all diseases according to Ayurveda because of its power to afflict the body, mind and senses. Jwara may be a symptom of some other disease or can occur as an independent disease. Many types of jwara have been described in Ayurvedic classical texts. There are 13 types of sannipataja jwara (fever caused by the vitiation of all three doshas) among them 'Sama sannipata jwara (SSJ)' (where all the three doshas are equally dominant). The present article is based on SSJ, as till date there is no clear understanding about this condition and various confusions are prevailed on this topic. Previous works have compared SSJ with 'Still's disease' and 'Dengue fever' but the present study has a different view. The similarity between SSJ and 'sepsis/septic shock/systemic inflammatory response syndrome (SIRS)/multiple organ dysfunction syndrome (MODS)/septic encephalopathy/delirium' is explored in the present article. *Karnamoola shotha* which is the complication of *sannipata jwara* denotes a condition of mastoiditis leading to meningitis and death. There is profound similarity between SSJ and sepsis syndromes in terms of pathological progression, symptomatology and prognosis. Reference of the conditions like sepsis syndromes is described in *Ayurvedic* texts under the domain of *Sannipata jwara* many centuries before.

Keywords: Sannipata jwara; Ayurveda; Sepsis; Septic shock; SIRS; MODS; Delirium

Review Article

Volume 8 Issue 2 - 2017

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Rutumati Lakshanas-Estrus Signaling In Humans

Abstract

Rutu is the period of ovulation in a female and '*Rutu kala*' denotes the peak fertility period in women. '*Rutumati*' is the woman who is in peak fertility period (from the 4th day of the menstrual cycle to 15th day of the menstrual cycle in healthy women). According to '*Sushruta samhita*', *peena vadana* (fat/fleshy/round face), *prasanna vadana* (bright /cheerful/attractive face), *praklinna atma, mukha, dwijaam* (humid /moist body, face, gums/oral cavity), *nara kaama* (interested in men), *priya katha* (interested in listening stories), *srasta akshi, kukshi moordhajaam* (flaccid/lax eyes, trunk and head), *sphurati bhuja, kucha, shroni, naabhi, uru, jaghana and sphichaam* (shining/quivering/expansion of shoulders, breasts, hips & loins, umbilicus/abdomen, thighs, vulva/mons veneris and buttocks), *harsha* (pleasure/delighted) and *autsukya* (eagerness/desire/excitement) are considered as *Rutumati lakshana's*. These *Rutumati lakshana's* are getting proved by latest research and there is a striking similarity found between *Rutumati lakshana's* and functions of estrogen hormone/human estrus/follicular phase/peak fertility period in women. Women have been thought to possess no distinctive sexuality during the fertile phase of their menstrual cycle. Abundant evidence now indicates that they do. Ancient *Ayurvedic* sages were able to detect ovulation in females by observing the various physiological and behavioral cues which occur during peak fertility. This supports the view that human ovulation is not concealed.

Keywords: Estrus; *Rutumati lakshana*; *Ayurveda*; Fertility; Ovulation; Estrogen

Review Article

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Ayurvedic Management of Deep Vein Thrombosis with Stroke and Hypothyroidism - A Case Report

Abstract

Deep vein thrombosis (DVT) is the third most common vascular disease, after ischemic heart disease (IHD) and stroke and it is a silent killer. It affects approximately 0.1% of persons per year. Various treatment modalities and drugs of western medicine such as surgical interventions, urokinase, streptokinase or tissue plasminogen activators to dissolve the blood clots have their own limitations and side effects apart from being expensive. The present report deals with a case of DVT with 'Stroke' & 'Hypothyroidism' diagnosed as '*Ekanga shotha*' / '*Raktavrita vata*' & '*Pakshaghata*' according to Ayurveda. Various Ayurvedic panchakarma procedures and internal medicines have provided promising results especially in reducing the swelling (of left lower limb caused by DVT), decreasing the severity of thrombosis (from complete thrombosis to partial in proximal superficial femoral vein and common femoral vein) in deep veins, managing various associated conditions like hypothyroidism, hypercholesterolemia, hypertension, stroke in a better way and also improving quality of life without causing any adverse effects in present case within two months of Ayurvedic treatment. Ayurvedic treatment seems to be promising in the management of DVT with stroke and hypothyroidism.

Keywords: Deep vein thrombosis; DVT; Hypothyroidism; Stroke; Panchakarma, Ayurveda

Case Report

Volume 9 Issue 2 - 2017

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Review Article

***Paryakula Drishti* of *Unmada*: Deficits of Smooth Pursuit Eye Movements and Anti-saccades in Schizophrenia**

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ABSTRACT

Bhuta vidya (Ayurvedic psychiatry) is one of the eight specialties of *Ayurveda*. *Unmada* is a broad term which includes various psychiatric disorders described in modern psychiatry. The classification, etiology, pathogenesis, signs and symptoms, prognosis, and treatment of *Unmada* are available in all *Ayurvedic* classical texts. Abnormal eye movements such as “*Paryakula drishti*” (abnormal eye movements which denotes excitement or confusion or agitation)/“*Chakshusho aakulata*” (abnormal eye movements denotes confusion or perplexity)/“*Chakshusho aswasthatvam*” (abnormal eye movements) and “*Chakshushoscha apasarpanam*” (abnormal tracking) are mentioned among various signs and symptoms of *Unmada*. In *Ayurveda*, till date, no studies have been conducted, and no focus has been given on these abnormal eye movements of *Unmada*. The present study aims at understanding of these abnormal eye movements mentioned in *Unmada* with the help of modern research and literature. Abnormal smooth pursuit eye movements, decreased pursuit gain, increased saccadic frequency, increased anticipatory saccades, and anti-saccade errors are well-documented in schizophrenia patients. It seems that ancient Indian *Ayurvedic* sages had tremendous observational and clinical skills by which they were able to detect abnormal eye movements in the patients suffering from various psychiatric disorders thousands of years before. Various abnormal eye movements such as smooth pursuit eye movements deficits, abnormal saccadic eye movements, and other abnormal eye movements in schizophrenia resembles with “*Paryakula drishti/Chakshusho aakulata/Chakshusho apasarpanam*” of *Unmada*. Currently available research based on abnormal eye movements in schizophrenia supports the *Ayurvedic* view.

KEYWORDS: *Anti-saccades, Ayurveda, Paryakula drishti, Unmada, schizophrenia, smooth pursuit eye movements*

Ayurvedic Management of Ankylosing Spondylitis–A Case Report

Abstract

Ankylosing spondylitis (AS) is a chronic, systemic, inflammatory disease which affects primarily sacro-iliac joints and spine. AS is a gradually progressive condition over several years until structural damage manifests clinically as sacroiliitis, loss of spinal mobility, extra-articular symptoms, peripheral arthritis and reduced quality of life. Various *panchakarma* procedures and internal *Ayurvedic* medicines have been proved beneficial in the management of AS. The present report deals with a case of 'Ankylosing spondylitis' with 'Beta thalassemia' came to our care for *Ayurvedic* treatment. Patient was diagnosed as having '*Asthi-majja gata vata*' according to *Ayurveda* and treated with various *panchakarma* procedures and internal medicines for 6 months. A criterion of assessment was based on the scoring of 'Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)'. Total two assessments were carried out before and after 6 months of treatment. Patient has showed good improvement on BASDAI (80% relief). Improvement was found in signs and symptoms like, fatigue/tiredness, neck/back/hip pain, tenderness and intensity as well as duration of morning stiffness. *Ayurvedic* treatment seems to be promising in the management of AS without causing any adverse effects.

Keywords: Ankylosing spondylitis; *Asthi-majja gata vata*; *Panchakarma*; *Ayurveda*; Bath ankylosing spondylitis disease activity index; BASDAI

Case Report

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Premature Ejaculation – What *Ayurveda* & *Yoga* can Offer?

Abstract

Premature Ejaculation (PE) is defined as ejaculation before the completion of satisfactory sexual activity for both partners. '*Shukragatavata*' is a pathological entity of *Ayurveda* similar to premature ejaculation. The present article is aimed to find out various formulations or practices available in ancient Indian erotic literature, *Ayurveda* and in *Yoga*. *Ayurvedic* management of premature ejaculation consists of various herbal and herbo-mineral formulations, external applications over lower abdomen or all over the body, wearing different amulets made by herbs, psychotropic herbal drugs for reducing performance anxiety, various techniques elaborated in ancient Indian erotic literature to fasten the orgasm in female partner and also use of *shukra stambhaka* drugs to improve control over ejaculation. *Vasti* is an important *panchakarma* procedure and an ideal choice in the management of premature ejaculation. Various *yoga* practices are also described to get control over ejaculation and among them '*vajroli mudra*' is an important one.

Keywords: Premature ejaculation; *Ayurveda*; *Yoga*; *Vajroli mudra*; *Panchakarma*; *Vasti*

Review Article

Volume 9 Issue 6 - 2017

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Review Article

Gandharva Grahonmada: Bipolar Disorder with Obsessive-compulsive Disorder/Mania?

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ABSTRACT

Gandharva grahonmada (GG) is one among 18 types of *bhootonmada* or *grahonmada*. *Bhootonmada* comprises a vast category of psychiatric problems which are assumed to be caused by affliction of evil spirits or super natural powers or extra terrestrial forces or idiopathic factors. The present study aims at better understanding of GG and its clinical applicability to the present day psychiatry practice. GG is characterized by *Chandam/Teekshnam* (anger/aggressiveness/irritability/hostility/violence), *Saahasikam* (risk taking behaviour/agitation/increased psychomotor activity), *Gambheera and Adhrushya* (grandiosity / agitation), *Nrutyantam, gaayantam, mukha vaadyaani kurvantam* (dancing, singing and playing music), *Pulina vanaantaropasevi, hrishtaatma, prahasati, haasya kathanuyogam* (engaged in pleasurable activities/euphoria), *Snaana, maalya, anulepana, dhoopa, gandha ratim* (flamboyant appearance / obsessive compulsive symptoms), *Shringaara leelaabhiratim* (hyper sexuality), *Rakta vastram* (wearing red colour garments), *Paana ratim* (alcohol abuse), *Svaachaaram* (virtuous conduct), *Chaarur chaalpa shabdam* and *alpa vyavahaaram* (hypomania/mixed episode/mania with depressive symptoms) etc features. These features of GG show similarity with mania or hypomania or bipolar disorder (BD) comorbid with obsessive compulsive disorder (OCD). *Samrambha grahonmada* and *hasana grahonmada* are two subtypes of GG which also resembles with mania. '*Samrambha grahonmada*' resembles with 'irritable/aggressive mania' whereas '*hasana grahonmada*' denotes 'grandiose / elated mania'.

KEYWORDS: Ayurveda, bipolar disorder, Gandharva grahonmada, hypomania, mania, obsessive-compulsive disorder

Ayurvedic Management of Acute Food Induced Anaphylactic Reaction - A Case Report

Abstract

Some foods are known to cause toxic effects and adverse reactions in some individuals. The list of foods implicated in anaphylactic reactions is unlimited and any food protein is capable of causing an anaphylactic reactions. Food anaphylaxis is an allergic syndrome manifested by an abrupt onset of symptoms within minutes to hours after ingesting a food. Anaphylaxis is recognized by cutaneous, respiratory, cardiovascular and gastrointestinal signs and symptoms occurring singly or in combination. The only proven therapy for food induced allergic reactions is the strict elimination of the suspected food or allergen. It is very difficult to follow strict elimination especially in India where prepared food is a complex mixture. Studies on food allergy are still in infancy in India. Studies are lacking in the prevention and management of acute food induced anaphylactic reactions with *Ayurveda*. Various allergic conditions can be correlated with '*Sheeta pitta*', '*Udarda*' and '*Kotha*' etc diseases explained in *Ayurvedic* texts. The present case report deals with a patient of acute food induced anaphylactic reaction managed by *Ayurvedic* drugs. *Sanjeevani gutika* and *Haridra khanda* at the initial/early stages of food induced anaphylactic reaction seems to be beneficial in preventing anaphylactic shock or further aggravation of condition. These *Ayurvedic* drugs seem to be promising in the emergency management of acute food induced allergic reactions.

Keywords: Food allergy; *Ayurveda*; Anaphylactic reaction; Anaphylactic shock; *Sanjeevani gutika*, *Haridra khanda*

Case Report

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Review Article



Some efficacious *Ayurvedic* panchakarma procedures in children with cerebral palsy

Abstract

Cerebral palsy (CP) is defined as a non-progressive neuromotor disorder of cerebral origin. Motor disorders of CP are accompanied by disturbances of sensation, perception, cognition, communication and behavior. In *Ayurveda*, there is no single condition/disease which exactly show similarity with CP. Most of the authors considered CP as vata vyadhi. Various Panchakarma procedures like *Udwartana* (medicated powder massage), *Sarvaanga abhyanga* (full body massage with medicated oil), *Baashpa sweda* & *Naadi sweda* (steam bath) and *Vasti* (oil and decoction enemas) etc are found to be beneficial in the management of CP in children. Present study is focused on *panchakarma* procedures which are commonly used and found effective in children with CP. *Udwartana* opens the minute channels and improves blood as well as lymphatic circulation. *Udwartana* is *kapha*, *vata* *hara* and removes *aavarana* or *srotorodha*. It provides a platform for further procedures like *abhyanga*, *swedana* and *vasti*. *Sarvaanga abhyanga*, *baashpa* & *naadi sweda* reduce spasticity (especially scissoring phenomenon), improves flexibility of joints, improves circulation and reduces pain. *Vasti* is the major treatment for CP and it improves gross as well as fine motor functions, provides nourishment, improves overall general condition and quality of life in children with CP.

Keywords: *panchakarma*, *ayurveda*, cerebral palsy, *vasti*, *sweda*, *nasya*

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Review Article

Vetaala Grahonmada: Parkinson's Disease with Obsessive-Compulsive Disorder?/Autoimmune Neuropsychiatric Disorder?

Prasad Mamidi, Kshama Gupta

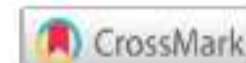
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ABSTRACT

Bhoot vidya (ayurvedic psychiatry) is one of the specialties of *Ayurveda* and it deals with various psychiatric conditions caused by affliction of evil spirits or mythological personalities. *Unmada* (a broad term which consists of various psychiatric problems) is a major psychiatric condition described in *Ayurvedic* classical texts and it is characterized by deranged mental functions. *Bhootonmada* is caused by affliction of evil spirits or supernatural powers or extraterrestrial forces. *Vetaala grahonmada* (VG) is one among the 18 types (*deva, asura, rishi, guru, vruddha, siddha, pitru, gandharva, yaksha, rakshasa, sarpa, brahma rakshasa, pishacha, kushmanda, nishada, preta, maukirana, and vetala*) of *bhootonmada*. Till date, there were no studies available on VG, and the present study aims at better understanding along with the clinical applicability of VG. VG is characterized by *Satyavaadinam* (truthfulness/honesty), *Parivepanam* (tremors), *Dhoopa gandha maalya ratim* (fond of perfumes and garlands), and *Ati nidraalum* (excessive sleepiness). Parkinson's disease (PD) is traditionally regarded as a movement disorder. Behavioral and psychological symptoms or neuropsychiatric syndromes associated with PD are frequent. They include anxiety, depression, psychosis, sleep, sexual and impulse control disorders, apathy, and cognitive dysfunction. The various features of VG have shown similarity with PD comorbid with obsessive-compulsive disorder (OCD) and excessive daytime sleepiness. VG also has shown similarity with various other conditions such as "autoimmune neuropsychiatric movement disorders." VG has shown similarity with a comorbid condition of PD with OCD.

KEYWORDS: Movement disorders, neuropsychiatric, obsessive-compulsive disorder, Parkinson's disease, Vetaala grahonmada

Review Article



An open label pilot trial of Abhaya Ghrita in autistic disorder

Abstract

Autism is a developmental disorder characterized by impaired social interaction, communication, repetitive behaviors and restricted interests. Autism spectrum disorders (ASD) is a clinically defined behavioral syndrome that manifests in early childhood. In India prevalence rate of ASD is 1.2%. There is a little evidence of any 'cure' for Autism. There is lack of sufficient data regarding *Ayurvedic* strategy of managing this condition. The present study was aimed to assess the efficacy of "*Abhaya ghrita*", which contains *Brahmi* (*Bacopa monnieri*), *Kushta* (*Saussurea lappa Clarke*), *Vacha* (*Acorus calamus Linn*), *Pippali* (*Piper longum Linn*) etc herbs. In present study, 10 patients with 'Autistic disorder', satisfying the DSM-IV-TR (Diagnostic and statistical manual for mental disorders) diagnostic criteria were selected. *Abhaya ghrita* (with a dose of 5-10ml) has been given orally twice a day for three months. Total three assessments were taken, before starting treatment, after completion of treatment and after follow up. Criteria of assessment were based on the scoring of 'Indian scale for assessment of Autism (ISAA). Paired 't' test was used for statistical evaluation. *Abhaya ghrita* has provided 10.69% of relief on ISAA, which was considered as clinically unsatisfactory.

Keywords: autistic disorder, autism, autism spectrum disorders, *ayurveda*, *abhaya ghrita*, indian scale for assessment of autism

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A CLINICAL STUDY ON THE ROLE OF *GUGGULU VATAKA* IN THE MANAGEMENT OF *SANDHIGATA VATA* (OSTEOARTHRITIS)*

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ABSTRACT

Indroduction: Osteoarthritis is the most common articular disorder which begins asymptotically in the 2nd and 3rd decades and is extremely common by above age 70yrs. Almost all persons by age 40 have some pathologic change in weight bearing joint. 25% females and 16% males have symptomatic OA. The disease Osteoarthritis may be regarded as a reward of longevity. It seems man has paid price for standing on hind limbs in form of osteoarthritis of weight bearing joints of the body. The disease Arthritis causes work disability. It limits everyday activities such as walking, dressing, bathing etc., thus making individual handicapped. No treatment is available which can prevent the disease process. **Aims:** To know the effectiveness of

Guggulu Vataka in the management of *Sandhigata Vata*, to study the etiology, pathogenesis and symptomatology of *Sandhigata Vata* according to ayurvedic science. **Materials and methods:** Total 30 patients of *Sandhigata Vata* were treated with *Guggulu Vataka* 1 gm thrice per day with luke warm water. The results were assessed in terms of clinical recovery, symptomatic relief, and joints function improvement along with assessment of pain, swelling, crepitus, stiffness control with clinical examination. **Results:** Significant improvement was observed in all the cardinal symptoms of *Sandhigata Vata*. Statistically significant improvement observed. **Conclusion:** This study highlights the significance of traditional herbal remedy in non-communicable diseases such as *Sandhigata Vata* which can be used as

Review Article

Deva shatru/Daitya/Asura grahonmada: Antisocial/Narcissistic/Borderline Personality Disorder?

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ABSTRACT

Asura grahonmada (AG) is one among 18 types of *bhootonmada*. *Deva shatru* and *daitya grahonmada* are used synonymously for AG. *Bhootonmada* is a broad category which comprises of various psychiatric or neuropsychiatric problems and they are assumed to be caused by affliction of evil spirits. Till date, no studies have been conducted on AG, and it is an under-explored topic in ayurvedic psychiatry field. The present study is focused on better understanding of AG and its clinical applicability. The present study aims at better understanding of AG along with its clinical applicability. AG is characterized by *Jihma drishtim* (crooked/dishonest/cruel/deceitful look), *Dushtaatmaanaam* (deceitful/exploitative/unlawful), *Krodhanam* (aggressive/hostile/impulsive), *Atruptam* (unsatisfied/unpleasant), *Sasweda gaatram* (sweating), *Deva, braahmana, guru dveshinam* (arrogant/grandiose/envious/negative emotionality), *Nirbhayam & Shooram* (reckless behaviour/impulsive), *Abhimaaninam* (grandiosity), *Vyavasaayinam* (violent/unlawful/firmness/persistence), '*Rudro aham*', '*upendro Aham*', '*skandho aham*', '*vishaakho aham*' *bhaashamaanam* (grandiosity), *Vikruta vaacham* (hostility/verbal aggression), *Asakrit hasantam* (laughing frequently/affective dysregulation), *Sura amisha ruchim* (fond of alcohol and meat) and *Dantai, nakhai himsantam* (violent/physical aggression). The clinical picture of AG shows similarity with various psychiatric conditions such as antisocial personality disorder, narcissistic personality disorder, borderline personality disorder, bipolar disorder (BD), and comorbidity among these conditions.

KEYWORDS: *Antisocial personality disorder, Ayurveda, bipolar disorder, borderline personality disorder, Daitya grahonmada, narcissistic personality disorder*

Review Article

Yaksha grahonmada: Bipolar Disorder with Obsessive-compulsive Disorder?

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ABSTRACT

Yaksha grahonmada (YG) is one among 18 types of grahonmada/bhootonmada. *Bhootonmada* is a broad category which includes various psychiatric and neuropsychiatric conditions, and they are assumed to be caused by the affliction of evil spirits. Till date, no studies have been conducted on YG, and the concept, as well as clinical applicability of YG, is still not explored. The present study is focused on better understanding of YG and its clinical applicability. YG is characterized by *Asakrit haasya rodana* (frequent changes of mood/rapid cycling/emotional lability), *Asakrit swapna* (hypersomnia/sleep disturbances), *Nritya, geeta, vaadya, paatha, kathaa ratim* (fond of music, artistic, and creative activities), *Annapaana ratim* (increased appetite), *Snaana, maalya, dhoopa, gandha ratim* (fond of garlands, bathing, perfumes, etc.), *Vipulta, trasta, rakta nayana* (reddish, tired eyes with abnormal eye movements), *Druta mati/Druta gati* (agitations/restlessness/increased psychomotor activity), *Rakta vastra ratim* (fond of red color dresses/flamboyant), *Sagarvam mattamiva gachhantam/kasmai kim dadaamin vaadinam* (grandiosity), *Bahu bhaashinam* and *alpa vaak* (pressure of speech and psychomotor retardation/social withdrawal), *Stree lolupam* (hypersexuality), *hrushtam/tushtam* (euphoria/positive mood), *Avyatham* (reduced pain intensity), *Ati balinam* (excessive energy), *madya priyam* (alcohol abuse), *amisha priyam* (fond of meat), *rahasya bhaashinam* (revealing secrets/pressure of speech), *Chalitaagra hastam* (stereotypy or mannerisms of hands), *dvijati vaidya paribhaavinam* (hostility), *Sutejasam, shubha gandham, alpa rosham, sahisnu* (various obsessive-compulsive features), etc., features. The clinical picture of YG shows similarity with bipolar disorder (BD) associated with obsessive-compulsive disorder. Various obsessive-compulsive features along with features of mania and depression are seen in YG symptomatology.

KEYWORDS: *Ayurveda, bipolar disorder, mania, obsessive-compulsive disorder, Yaksha grahonmada*

Review Article

Deva grahonmada: Interictal Behavior Syndrome of Temporal Lobe Epilepsy?/Obsessive-compulsive Disorder with Mania?

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ABSTRACT

Deva grahonmada (DG) is a type of grahonmada (psychiatric disorders with unknown etiopathology). DG is one among the 18 types (*deva, asura, rishi, guru, vruddha, siddha, pitru, gandharva, yaksha, rakshasa, sarpa, brahma rakshasa, pishacha, kushmanda, nishada, preta, maukirana, and vetala*) of grahonmada. *Grahonmada* is caused by affliction of evil spirits or super natural powers or extraterrestrial forces. The present study aims at better understanding of DG and its clinical significance. DG is characterized by features such as *Phulla padmopamukham* (charming/bright/gracious face), *Varchasvinam* (active/energetic/vigorous), *Saumya drishtim* (pleasant or auspicious look), *Akopianam* (peaceful), *Gambheera* (calm/composure/dignified/grandiosity), *Apradhrushya* (invincible/not to be vanquished/grandiosity), *Alpa vaak, sweda, vit, mootra* (diminished speech, sweat, feces, and urine), *Bhojana anabhilaashinam* (not interested in food), *Deva, dvija, guru bhaktam* (following rituals/hyper-religiosity), *Shuchim* (excessive hygiene), *Anidra* (decreased need for sleep/sleeplessness), *Samskruta vaadinam* (refined/sacred speech), *Chiraat aksheeni nimiliyantam* (staring), *Dadhi, ksheera, sura abhipraayam* (fond of milk, yoghurt, and alcohol), *Shukla maalya, ambara, sarita, pulina priyam* (fond of white garments, garlands, and engaged in pleasurable activities/euphoria), *Nistandri* (energetic), *Vara daayinam* (offering boons/grandiosity), *Surabhi* (pleasant smelling), *Santushta* (happy/ecstasy/euphoric), and *Avitatha prabhaashi* (speaking truth). These features of DG have shown similarity with various psychiatric or neuropsychiatric conditions such as “interictal behavior syndrome (IBS)” of “temporal lobe epilepsy (TLE)” and/or “obsessive-compulsive disorder (OCD)” and/or “Mania” and/or “Psychosis.” DG has shown similarity with IBS of TLE and/or OCD with mania.

KEYWORDS: *Deva grahonmada, interictal behavior syndrome, mania, obsessive-compulsive disorder, psychosis, temporal lobe epilepsy*

Review Article

Rakshasa grahonmada: Antisocial Personality Disorder with Psychotic Mania?

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ABSTRACT

“*Bhuta vidya*”/“*Graha chikitsa*” is one among the eight specialties of *Ayurveda*. This specialty deals with the mode of affliction by evil spirits and making offerings to various *grahas* (supernatural powers/extraterrestrial forces/evil spirits) such as *deva*, *pishacha*, *gandharva*, *yaksha*, *rakshasa*, etc., for cure of diseases originating from their malignant influence. *Acharya Vagbhata* has described 18 types of *bhootomada* (psychosis caused by affliction of *grahas*). “*Rakshasa grahonmada*” (RG) is one among those 18 types. In *Ayurveda*, till date, the concept of *grahnomada* as a whole or individually is under explored. The present study aims at better understanding of RG in particular with modern research and literature support. RG is characterized by *krodha drishti*, *bhairavaasya*, *bhrukuti udvahantam* (anger, aggression, violent), *tvaritam abhidhavantam*, *ruvantam*, *sambhramam*, *praharantam* (agitation, impulsiveness, restlessness, hyperactivity), *nashta nidra* (sleeplessness), *nisha vihaari* (wandering at nights), *anna dveshinam* (aversion to food), *shooram* (grandiosity, violent, aggressive), *nirlajja* (disinhibition), *ati balinam* (excessive energy levels), *stree priyam* (hypersexuality), *madya priyam* (alcoholic/substance abuse), *rakta*, *amisha priyam* (food cravings to nonvegetarian items), *deenam* (depressed), *shankitam* (suspicious/paranoid), *akasmaat rudantam*, *hasantam* and *gaayantam* (inappropriate behavior) and *nirarthakam paribhashanam* (irrelevant speech) etc., features. These features of RG are similar to the condition of “antisocial personality disorder” (ASPD) comorbid with “psychotic mania.” RG is similar to ASPD comorbid with other conditions such as mania, schizophrenia, and substance abuse.

KEYWORDS: Antisocial personality disorder, Ayurveda, mania, Rakshasa grahonmada, schizophrenia, substance abuse

Review Article

Brahma Rakshasa Grahonmada: Borderline Personality Disorder?/ Tourette Syndrome – Plus?

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ABSTRACT

Brahma rakshasa grahonmada (BRG) is one among 18 types of *bhootonmada* (psychiatric problems caused by the affliction of evil spirits or super natural powers or extraterrestrial forces or idiopathic). *Acharya Charaka* and *Vagbhata* have described this condition. The present study aims at better understanding of BRG and its clinical significance. BRG is characterized by *Haasa nritya priyam* (engaged in jocularity and dancing/euphoria/mania/hypomania), *aakroshinam* (verbal abuse), *pradhaavinam* (hyperactivity/pacing/running), *deva dvija bhishak dveshinam* (negativistic, defiant, disobedient, hostile behavior toward authority figures) *mantra veda shastra abhidayinam* (religious obsessions/praying compulsions), *kaashta shastraadhibhi aatmaanam ghnantam* (self-injurious behavior), *Chhidra prahaarinam* and *vaidya randhraanveshinam* (exploding nature/aggressiveness/assaulting/low frustration tolerance/rage attacks), “*bho*” *shabda vaadinam* (making sounds like “bho”/vocal tics), *parusham* (lack of empathy/cruelty), *raudra cheshtam* (hostile/antisocial behavior), *sheeghra gaaminam* (hyperactivity/pacing/running/impulsivity), etc., features. These features of BRG show similarity with various psychiatric/neuropsychiatric conditions such as borderline personality disorder (BPD), disruptive behavior disorders (DBDs) which include oppositional defiant disorder and conduct disorder and Tourette syndrome (TS)-plus (comorbid condition of TS with attention-deficit hyperactivity disorder [ADHD], obsessive-compulsive disorder [OCD], and other behavioral disorders). BRG is similar to BPD or TS-Plus (TS + ADHD + OCD+DBD).

KEYWORDS: Attention-deficit/hyperactivity disorder, borderline personality disorder, *Brahma rakshasa grahonmada*, disruptive behavior disorders, obsessive-compulsive disorder, Tourette syndrome



SATVAVJAY & DAIVAVYAPASHRAYA CHIKITSA: BOON TO MANAS VIKARA'S

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ABSTRACT

Satvavjay chikitsa helps by regulating the thought process, by replacing the ideas, by channelling the presumptions, by polishing the objectives, by proper guidance & advice for taking right decision. Ayurveda is a spiritual science, having divine roots. As per the Ayurvedic texts Brahma, the Lord of Creation himself first imparted the knowledge of Ayurveda. It was practiced by the Devatas first and then passed down to 'Bhu-loka' to relieve mankind of all sufferings. The term Daiva vyapashraya is concerned with all the unknown circumstances, which are beyond the purview of reasoning. In Ayurveda, Deva has been used in the various senses like unknown past deeds, etc. The evils of past life karmas cannot be cured by the

scientific methods of medicine because the diseases so happened are related to past deeds. As Ayurveda accepts purva janama, it is rational need to devise methods, which can effectively deal with Daivakrut diseases. Charaka says Karma that has done in Punarjama is considered as Daiva. The diseases that are caused by such an effect are known as Daivakrta. These Daivavyapashraya methods create confidence and remove the fear and pessimistic tendencies. It may in some way indirectly help the patient in gathering confidence. It works at the level of mind and thereby influence the body. Ayurveda explains the spiritual therapy for the mental disease in a unique way. It acts through vibrations which stimulates the cosmic consciousness to heal so its direct effect is invisible.

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NISHAADA GRAHONMADA: BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA? / FRONTOTEMPORAL DEMENTIA? / HEBEPHRENIA?

NISHAADA GRAHONMADA: DEMANSIN DAVRANIŞSAL VE PSİKOLOJİK BELİRTİLERİ? / FRONTOTEMPORAL DEMANS? / HEBEFRENİ?

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Abstract

Nishaada grahonmada (NG) is one among 18 types of bhootonmada / grahonmada (psychiatric problems caused by the possession of evil spirits or super natural powers or extra terrestrial forces). Description of NG is found in 'Ashtanga samgraha' and 'Ashtanga hridaya' (Ayurvedic classical texts written by Vriddha Vagbhata and Vagbhata). In 'Ashtanga samgraha', 'Kaakhorda grahonmada' (KG) term is used synonymously for NG. The description of both NG and KG is similar. NG is characterized by Nagnam dhaavanam (nude or naked appearance / sexual disinhibition), gruheetva kaashta loshtaadi bhramantam (aggressiveness / restlessness / wandering / impulsivity / agitation), cheera vaasasam & trina vibhooshanam (inappropriate or bizarre clothing / disorganized behaviour), ulhrasta drishtim (abnormal eye movements), parusha abhidaayinam (hostile speech / verbal aggression), smashaana shunya rathya nishevanam (staying alone / social isolation / staying at inappropriate places), tilaanna madya maamsa sakta drishtim (fond of sweets prepared with sesame, alcohol and meat) etc clinical features. Till date no studies have been conducted on NG and the concept as well as clinical application of NG is not clearly understood. The present study is focused to understand NG in a better way by correlating it with the modern psychiatric condition. Clinical features of NG shows similarity with various psychiatric / neuropsychiatric conditions like, BPSD (Behavioral and psychological symptoms of dementia), FTD (Frontotemporal dementia) and Hebephrenia.

Keywords: nishaada grahonmada, behavioral and psychological symptoms of dementia, frontotemporal dementia, hebephrenia, ayurveda, kaakhorda grahonmada

Özet

Nishaada grahonmada (NG), 18 çeşit bhootonmada / grahonmada (kötü ruhlara veya süper doğal güçlere veya dünya dışı güçlere sahip olmanın neden olduğu psikiyatrik sorunlar) arasında yer almaktadır. NG'nin tanımı 'Ashtanga samgraha' ve 'Ashtanga hridaya' (Vriddha Vagbhata ve Vagbhata tarafından yazılan Ayurvedik klasik metinler) 'de bulunur. "Ashtanga samgraha" da, "Kaakhorda grahonmada" (KG) terimi NG için eş anlamlı olarak kullanılmıştır. NG'nin ve KG'nin tanımları benzerdir. NG Nagnam dhaavanam (çıplak veya çıplak görünüm / cinsel disinhibisyon), gruheetva kaashta loshtaadi bhramantam (saldırganlık / huzursuzluk / dalgınlık / dürtüsellik / ajitasyon), cheera vaasasam ve trina vibhooshanam (uygunsuz veya garip kıyafet / düzensiz davranış), ulhrasta drishtim (anormal göz hareketleri), parusha abhidaayinam (hostil konuşma / sözel saldırganlık), smashaana shunya rathya nishevanam (yalnız / sosyal izolasyon / uygunsuz yerlerde kalma), tilaanna madya maamsa sakta drishtim (susam, alkol ve et ile hazırlanan tatlılar) vb. klinik özellikler ile bağdaştırılır. Bugüne kadar NG ile ilgili herhangi bir çalışma yapılmamıştır ve NG'nin kavramı ile klinik uygulaması açık bir şekilde anlaşılmamıştır. Bu çalışma, NG'yi modern psikiyatrik durumla ilişkilendirerek daha iyi anlamaya odaklanmıştır. NG'nin klinik özellikleri, BPSD (demansin davranışsal ve psikolojik belirtileri), FTD (Frontotemporal demans) ve Hebephrenia gibi çeşitli psikiyatrik / nöropsikiyatrik durumlarla benzerlik göstermektedir.

Anahtar Kelimeler: nishaada grahonmada, demansin davranışsal ve psikolojik belirtileri, frontotemporal demans, hebephrenia, ayurveda, kaakhorda grahonmada

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***Uraga grahonmada*: Extrapyraxidal movement disorder?/ Tourette syndrome-plus?**

Prasad Mamidi, Kshama Gupta

Abstract:

Uraga/Sarpa/Bhujaga grahonmada (UG) is one among the 18 types of *bhootonmada*. *Bhootonmada* denotes a category of psychiatric/neuropsychiatric conditions assumed to be caused by affliction of evil spirits (*bhuta/graha*). Till date, no studies have been conducted on UG and it is unexplored. The present study is focused on the better understanding of UG and its clinical applicability. UG is characterized by features of *Krodhanam* (aggressiveness/impulsivity), *Nishwasantam* (hyperventilation/anxiety/phobia), *Bhramantam* (agitation/restlessness/hyperactivity), *Trasyantam* (startle response/hyperekplexia/anxiety/phobia), *Raktaaksha* (red eyes/Kayser–Fleischer rings), *Stabdha drishtim* (prolonged staring/abnormal eye movements), *Jihwa lolayantam/Srikkinyau lihaan* (facial tics), *Sarpavat prasarati/Adhomukha shaayinam* (athetosis/chorea/motor tics/opisthotonus), *Chalam/Vakra gamanam* (gait abnormalities), *Ksheera, ghrita, guda*, and *madhu priyam* (craving for sweets), *Snaana maalya priyam* (obsessive-compulsive features), *Gaatraani kampayantam* (tremors/motor tics/seizures), *Dantai khaadantam* (self-injurious behaviors/oromandibular dystonia/bruxism), *Nidraalu* (hypersomnia/excessive daytime sleepiness), etc.. The clinical picture of UG shows similarity with various “extrapyramidal movement disorders” and also with “Tourette syndrome-plus.”

Keywords:

Ayurveda, extrapyramidal movement disorder, obsessive-compulsive features, tics, Tourette syndrome, *Uraga grahonmada*

Review Article

Preta Grahonmada - Catatonia?

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ABSTRACT

Unmada (a broad clinical entity which includes various psychiatric problems) is a major psychiatric condition described in *Ayurvedic* classics, and it is characterized by deranged mental functions. *Unmaada* is classified into two groups, *doshajaunmaada* (occurs due to vitiation of humors inside the body) and *bhutonmaada* or *grahonmaada* (not related to vitiation of humors and not caused by the factors inside the body). *Bhootonmada* is caused by the affliction of evil spirits or supernatural powers or extraterrestrial forces. *Preta grahonmada* (PG) is one among 18 types (*deva, asura, rushi, guru, vruddha, siddha, pitru, gandharva, yaksha, rakshasa, sarpa, brahma rakshasa, pishacha, kushmanda, nishada, preta, maukirana, and vetala*) of *grahonmada*. Till date, no studies have been conducted on PG, and the present study aims at better understanding of PG along with its clinical utility. PG is characterized by *Pretakriti, cheshta*, and *gandha* (appearance, behavior/activities and emitting odor-like dead body), *Trinacchedinam* (purposeless activities), *Bheetam* (fear or anxiety), and *Aahaaradveshinam* (aversion to food). Catatonia is a complex neuropsychiatric syndrome characterized by a broad range of motor, speech, and behavioral abnormalities. “Waxy flexibility,” “posturing,” and “catalepsy” are among the well-recognized motor abnormalities associated with catatonia. Catatonia is characterized by the features such as stupor, catalepsy, waxy flexibility, mutism, negativism, posturing, mannerisms, stereotypy, agitation, grimacing, echolalia, and echopraxia. Other common symptoms are motor resistance to simple commands, posturing, rigidity, automatic obedience, and repetitive movements. The features of PG have shown similarity with “Catatonia.” There is profound similarity found between PG and Catatonia.

KEYWORDS: *Catalepsy, catatonia, neuropsychiatric, Preta grahonmada, Unmada, waxy flexibility*

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Review Article

Maukirana grahonmada – Psychiatric Manifestations of Graves' Hyperthyroidism and Ophthalmopathy?

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ABSTRACT

Bhuta vidya (Ayurvedic psychiatry) is one of the eight specialties of *Ayurveda*. It deals with various psychiatric conditions caused by the affliction of evil spirits. *Unmada* (a broad term which consists various psychiatric problems) is a major psychiatric condition described in *Ayurvedic* and it is characterized by deranged mental functions. “*Bhutonmada*” (psychiatric conditions of idiopathic nature) is a type of *unmada* caused by the affliction of “*bhoota*”/“*graha*” (evil spirits or supernatural powers). *Maukirana grahonmada* (MG) is one among 18 types (*deva, asura, rushi, guru, vruddha, siddha, pitru, gandharva, yaksha, rakshasa, sarpa, brahma rakshasa, pishacha, kushmanda, nishada, preta, maukirana, and vetala*) of *bhutonmada*. Till date, there were no studies available on MG and the present study aims at better understanding along with clinical applicability of MG. MG is characterized by *Ugravaadinam* (agitation/aggression/verbal abuse), *Rakta, trasta netram* (reddish and tired eyes), *Yaachantam annam* (begging food), and *Yaachantam udakarm* (begging water). It is very difficult to understand MG based on these few *lakshana's* (signs and symptoms). Graves' disease (GD) (hyperthyroidism) with ophthalmopathy has shown similarity with MG. GD associated with hyperthyroidism and ophthalmopathy has shown marked similarity with MG. MG is having similarity with GD and Graves' ophthalmopathy.

KEYWORDS: *Ayurveda, Graves' disease, hyperthyroidism, Maukirana grahonmada, ophthalmopathy, psychiatry*

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Review Article

Pancha Indriya Buddhi: Association Cortices

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ABSTRACT

Ayurveda considers *Buddhi* (intellect/cognition) as a separate entity which works in collaboration with the *Manas* (mind). *Buddhi* provides confirmative knowledge after proper analysis. *Buddhi* is considered as the organ of perception. *Pancha indriya buddhis* (*Chakshu buddhi*, *Shrotra buddhi*, *Ghraana buddhi*, *Rasana buddhi*, and *Sparshana buddhi*) are the basic intelligence or knowledge which are responsible to generate *pancha indriya gnana* (knowledge related to five sensory organs). In Ayurveda, till date, no studies are available on *Pancha indriya buddhis*. *Pancha indriya buddhi* and their clinical significance have been underexplored. “*Chakshu buddhi*” helps in seeing and perceiving different objects with different shapes, colors, and sizes. *Chakshu buddhi*’s functions resemble with the functions of visual association area of the brain. “*Shrotra buddhi*” helps to hear and understand the sounds as well as speech and its functions resemble with the functions of auditory association area. “*Ghraana buddhi*” helps to perceive or identify different types of smells, and its functions are equivalent to the functions of piriform cortex, amygdale, and orbitofrontal regions of the brain. “*Rasana buddhi*” helps to perceive taste, and its functions are similar to insula/operculum or anterior temporal lobe. To perceive the stimuli of touch and to recognize the objects by touch ‘*Sparshana buddhi*’ is essential. The functions of *Sparshana Buddhi* are equivalent to sensory association cortex. Functions of *Pancha indriya buddhis* resemble with the functions of association cortices of the brain and the pathological states of *indriya buddhis* denote different types of Agnosia.

KEYWORDS: *Agnosia, association cortices, Ayurveda, brain, cognition, Pancha indriya buddhi*

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KUSHMANDA GRAHONMADA: PARANEOPLASTIC NEUROLOGICAL SYNDROME WITH TESTICULAR CANCER

KUSHMANDA GRAHONMADA: TESTİS KANSERİ İLE PARANEOPLASTİK NÖROLOJİK SENDROMLAR

Kulama Gupta*, Prasad Mamidi**

Abstract

Unmada (is a broad term which includes various psychiatric conditions) is characterized by deranged mental functions. 'Bhutonmada' (psychiatric conditions of idiopathic nature) is a type of unmada caused by affliction of 'bhuta' / 'graha' (evil spirits or super natural powers). Kushmanda grahonmada (KG) is one among 18 types of bhutonmada. Till date there were no studies have been conducted on KG and the present study aims at better understanding of this condition (KG) along with its clinical utility. KG is characterized by various signs and symptoms like Bahu pralaapam (excessive talking / irrelevant speech / logorrhoea), Ugra vaakyam (verbal abuse / aggression / irritability), Vilambita gatim (slow movements / hypokinesia), Krishna vadanam (hyperpigmentation of face) and Shoona pralamba vrishanam (huge scrotal / testicular swelling). It is very difficult to understand KG based on these few lakshana's (signs & symptoms) described in Ayurvedic texts. KG is a psychiatric condition associated with huge scrotal swelling. Various conditions like 'Paraneoplastic neurological syndromes' (PNS), 'Testicular adrenal rest tumors' (TART), Testicular cancer with brain metastasis', 'Paraneoplastic limbic encephalitis' (PLE), 'Paraneoplastic cerebellar ataxia' (PCA) and other scrotal swellings with psychiatric manifestations resembles with KG.

Keywords: paraneoplastic limbic encephalitis, testicular adrenal rest tumors, paraneoplastic cerebellar ataxia

Özet

Unmada (çeşitli psikiyatrik koşulları içeren geniş bir terimdir), dengesiz zihinsel işlevlerle vasıflandırılmıştır. 'Bhutonmada' (idiyopatik doğanın psikiyatrik koşulları), bhuta' / 'graha' (kötü ruhlar ya da süper doğal güçler) 'in neden olduğu bir unmada türüdür. Kushmanda grahonmada (KG), 18 çeşil bhutonmada'nın arasında bulunmaktadır. KG üzerine bugüne kadar herhangi bir çalışma yapılmamıştır ve bu çalışma, klinik durumu ile birlikte bu durumun (KG) daha iyi anlaşılmasını amaçlamaktadır. KG, Bahu pralaapam (aşırı konuşma / ilgisiz konuşma / logorhoea), Ugra vaakyam (sözü istismar / saldırganlık / sinirlilik), Vilambita ağ geçidi (yavaş hareketler / hipokinezi), Krishna vadanam (yüzün hiperpigmentasyonu) ve Shoona gibi çeşitli belirtiler ve semptomlarla ilişkilendirilmektedir. Ayurvedik metinlerde anlatılan bu birkaç laksana'ya (işaret ve semptom) bakarak KG'yi anlamak çok zordur. KG, büyük skrotal şişlik ile ilişkili bir psikiyatrik durumdur. 'Paraneoplastik nörolojik sendromlar' (PNS), 'Testis adrenal rest tümörleri' (TART), beyin metastazı ile Testis kanseri', 'Paraneoplastik limbik ensefalit' (PLE), 'Paraneoplastik serebellar ataksi' (PCA) ve diğer skrotal şişlikler gibi çeşitli durumlar psikiyatrik belirtileri olmaktadır. KG, "PLE"yi özel referans vererek "PNS" ile benzerlik göstermektedir.

Anahtar Kelimeler: paraneoplastik nörolojik sendromlar, paraneoplastik limbik ensefalit, paraneoplastik serebellar ataksi

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ORIGINAL ARTICLE

An Open Label Pilot Study of Kalyanaka Ghrita in the Management of Obsessive Compulsive Disorder

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ABSTRACT

Objective: Obsessive-compulsive disorder (OCD) is the fourth most common psychiatric disorder and it interferes with interpersonal relationships, academic achievements, and work. OCD is characterized by obsessions and compulsions. Obsessions are thoughts which are unwanted, intrusive and unavoidable whereas compulsions are repetitive behaviors or mental acts such as washing, cleaning, checking, touching, counting etc. Till date there is no proven drug or therapy in Ayurveda to manage OCD effectively. OCD is considered as '*Bhutonmada*' according to Ayurveda. The present study was conducted to assess the efficacy of "*Kalyanaka ghrita*" in the management of OCD.

Methods: In present study, 10 subjects with OCD, satisfying the DSM-IV Diagnostic criteria for OCD were selected by simple random sampling method. *Kalyanaka ghrita* was selected as a trial drug and it is administered with a dose of 10 ml, twice a day on empty stomach for the period of two months. One month after completion of treatment, follow-up was done. Before treatment (1st day), after treatment (60th day) and after follow-up (90th day), total three assessments were done. Criteria of assessment were based on the scoring of Yale Brown Obsessive Compulsive Scale (Y-BOCS). Paired t-test was used for statistical analysis.

Results: Effect of therapy based on total score of Y-BOCS has shown 20.4% relief ($p < 0.001$) after completion of treatment period and 44.21% ($p < 0.001$) after follow-up. Mild improvement is found in 90% subjects while 10% had moderate improvement. **Conclusions:** *Kalyanaka ghrita* has provided clinically significant improvement in OCD.

Keywords: Obsessive-compulsive disorder, OCD, Ayurveda, *Kalyanaka ghrita*, Yale-Brown obsessive compulsive scale

Case Report



Sjögren's syndrome-trishna predominant amavata? A case report

Abstract

Sjögren's syndrome (SS) is one of the three most common autoimmune systemic diseases. The pathogenesis of SS is still unknown. SS often has an insidious onset, a variable course, and a wide variety of clinical manifestations, making the diagnosis difficult or delayed. SS can present either alone (Primary Sjögren's Syndrome - pSS) or in association of an underlying connective tissue disease, most commonly 'Rheumatoid Arthritis (RA)' or 'Systemic Lupus Erythematosus (SLE)' (Secondary Sjögren's Syndrome - sSS). Clinically the hallmarks of SS are kerato-conjunctivitis sicca (dry eyes) and xerostomia (dry mouth), or named sicca complex. SS occasionally coexists with other systemic autoimmune diseases, such that SLE and RA. Treatment goals of SS includes, palliative management of symptoms, preventing complications and immunosuppressive agents. Ayurvedic concept of SS is obscure and studies are lacking in this area. Things have become difficult for an Ayurvedic physician to evaluate and manage the cases of SS due to lack of literature. The present case report deals with a patient of sSS (associated with RA) came for Ayurvedic treatment. The diagnosis of 'Amavata' has been made and treated accordingly. 'Trishna' mentioned in 'Amavata' seems similar to 'xerostomia' or 'sicca' of Sjögren's syndrome. The diagnosis and line of treatment of 'Amavata' is suitable to manage the condition of 'Secondary Sjögren's Syndrome' (sSS) especially when it is associated with 'Rheumatoid Arthritis'. Ayurvedic treatment looks promising to manage Sjögren's syndrome and its complications.

Keywords: ayurveda, amavata, autoimmune disease, rheumatoid arthritis, sjögren's syndrome, systemic lupus erythematosus

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Review Article

Bhutonmada's of Harita Samhita: An Explorative Study

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ABSTRACT

"Harita" was a sage of great antiquity, and he was contemporary of "Agnivesha." "Harita" has composed a treatise named "Harita samhita" based on the teachings of his preceptor "Punarvasu Atreya." "Bhoota vidya" (demonology/psychiatry) is explained in 55th chapter of the third *sthana* (section) of "Harita samhita." The etiology, number of *graha's* (demons), their description, and treatment aspects are explained differently in "Harita samhita" from other texts. Previous works have demonstrated that various *bhutonmadas* or *grahonmadas* have shown similarity with different psychiatric or neuropsychiatric conditions. The present article explores different "*bhutonmada's*" / "*grahonmada's*" (disease caused by the possession of demons) explained in "Harita samhita" along with their clinical significance in the present day *Ayurvedic* psychiatry practice. *Bhutonmada*/grahonmada is a psychiatric condition characterized by abnormal behavior in terms of exhibition of strength, energy, valour and enthusiasm, defects in perception, retention and memory, abnormality of speech, and abnormality in perceiving self and environment. Ten *grahas* (*aindra*, *agneya*, *yama*, *nairruta*, *varuna*, *maaruta*/*vaayu*, *kubera*/*yaksha*, *sira*, *grahaka* and *pishacha*) and clinical features due to their affliction are described in "Harita samhita." *Grahonmadas* explained in *Harita samhita* have shown similarity with various psychiatric and/or neuropsychiatric conditions.

KEYWORDS: *Ayurveda*, *bhutonmada*, *grahonmada*, *harita samhita*, *neuropsychiatry*, *psychiatry*

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REVIEW ARTICLE

VARNA SWAREEYAM OF CHARAKA INDRIYA STHANA - AN EXPLORATIVE STUDY

Abstract:

Charaka samhita (an ancient Indian textbook of medicine) has global recognition and most commonly referred text by *Ayurvedic* scholars and practitioners. It is having eight sections and *Indriya sthana* is one among them. *Indriya sthana* deals with various fatal signs and symptoms which denote imminent death and prognostication of life expectancy in the patients who are at end-of-life stages. *Varna swareeyam indriyam* is the first chapter among 12 chapters of *Indriya sthana* and it deals with various fatal signs and symptoms pertaining to skin colour and voice which denotes imminent death. The present study is aimed to explore the contents of '*Varna swareeyam indriyam*' chapter and to analyse their role and potential in contemporary clinical prognostication. Concepts such as the role of various factors related to the formation and development of human personality, definition and classification of '*Arishta lakshanas*' (fatal signs & symptoms indicates imminent death), physiological skin complexions, skin discolouration's, voice disorders and their prognostic significance, and various prognostic factors (which are having the potential of standard prognostic tools or models) are mentioned in this chapter. Most of the conditions mentioned in this chapter are acute, life threatening, and have poor prognosis such as cyanosis, skin pigmentation disorders, dysphonia, carcinomas, transient ischemic attack, hemiplegia, paraplegia, spinal cord injury, neuromuscular and neurodegenerative conditions, autonomic neuropathies, auto-immune diseases, and various inflammatory & infectious skin conditions etc. Further research works are required to substantiate the opinions or clinical experiences mentioned in this chapter in terms of their validity, reliability, generalizability and clinical applicability in contemporary medical practice.

Key Words: Autoimmune disease, Carcinoma, Discolouration, Dysphonia, Neurodegenerative diseases, Neuromuscular disorders

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REVIEW ARTICLE

PUSHPITAKAM OF CHARAKA INDRIYA STHANA - AN EXPLORATIVE STUDY**Abstract:**

Pushpitakam indriyam is the name of the second chapter of *Charaka samhita* (an ancient Indian textbook of medicine), *Indriya sthana* (one among the eight sections of *Charaka samhita*, which deals with prognostic aspects). *Indriya sthana* of *Charaka samhita* consists of various fatal signs and symptoms which denote imminent death and prognostication of life expectancy in dying patients. *Pushpitakam indriyam* deals with various fatal signs and symptoms pertaining to body odour and taste which denotes imminent death. The present study is aimed to explore the contents of '*Pushpitakam indriyam*' chapter and to analyse their role and potential in contemporary clinical prognostication. *Arishta lakshanas* (fatal signs & symptoms indicates imminent death) are variable quantitatively, qualitatively, in their mode of onset, course and manifestation etc. Classification of *Arishta lakshanas*, biases or CDRs (cognitive dispositions to respond) in decision making process while analysing *arishta lakshanas* and importance of debiasing strategies are mentioned in this chapter. Various physiological and pathological body odours and their prognostic significance is the main content of this chapter. Various prospective, longitudinal cohort studies are required to substantiate the association between *arishta lakshana's* and impending death. The association between *arishta lakshana's* and impending death should be studied on various parameters like 'Odds ratio', 'Sensitivity', 'Specificity', 'Positive and Negative likelihood ratio' etc. Various technological advances like 'E-nose', 'Byoshu', 'Gas chromatography', 'Gas chromatography with mass spectrometry' etc can be used to standardize the *Arishta lakshanas* pertaining to body odour. Further research works are required to substantiate the claims made in this chapter.

Key Words: *Arishta lakshana*, Bias, Body odour, *Charaka Samhita*, *Indriya sthana*, Prognosis

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REVIEW ARTICLE

PARIMARSHANEYAM OF CHARAKA INDRIYA STHANA – AN EXPLORATIVE STUDY

Abstract:

Samhitas are considered as highly codified store houses of ancient wisdom. The *Charaka samhita* (an ancient Indian textbook of medicine written thousands of years before), as available in its present form consists of 'Sthanas' (sections) and 'Indriya sthana' (section which deals with prognosis) is one among them. *Indriya sthana* deals with various fatal signs and symptoms which denote imminent death and prognostication of life expectancy in the patients who are at end-of-life stages. *Indriya sthana* of *Charaka samhita* contain 12 chapters and 'Parimarshaneeyam indriyam' is the 3rd chapter of *Indriya sthana*. 'Parimarshaneeyam indriyam' chapter contains various *arishtha lakshanas* (fatal signs and symptoms which indicates imminent death) which can be elicited by touch or palpation. Various clinical conditions (surgical and ophthalmological) and methods of diagnosing them by using palpation were described in this chapter. The present study is aimed to explore the contents of this chapter and to analyse their role and potential in clinical prognostication. Concepts such as medical ethics & etiquette regarding palpation are mentioned in this chapter. Various pathological technical terms like 'Aspandanm' (absence of pulsations), 'Darunatvam' (stony hardness or induration), 'Kharatvam' (sclerosis or lichenification or scaling), 'Asat bhava' (atrophy), 'Sramsas' (subluxations), 'Bhramsha' (dislocations), 'Swedanubandha' (hyperhidrosis), 'Sweda stambha' (anhidrosis), 'Mamsa shonita veeti bhava' (cachexia/ sarcopenia /atrophy), 'Sheetam' (hypothermia), 'Stabdham' (rigidity / spasticity), 'Chyuta' (prolapse), and 'Skanna' (clotting) etc are mentioned in this chapter along with *arishtha lakshanas* related to eyes which are having profound clinical importance. The concepts mentioned in this chapter needs to be standardized. Further research works are required to substantiate the opinions or claims mentioned in this chapter.

Key Words: Atrophy, Hypothermia, Induration, Rigidity, Sclerosis, Spasticity

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REVIEW ARTICLE

INDRIYAANEKAM OF CHARAKA INDRIYA STHANA- AN EXPLORATIVE STUDY

Abstract:

'Indriyaaneekam indriyam' is the name of the fourth chapter of *Charaka samhita* (an ancient Indian textbook of medicine), *Indriya sthana* (one among the eight sections of *Charaka samhita*, which deals with prognostic aspects). *Indriya sthana* of *Charaka samhita* consists of various fatal signs and symptoms which denote imminent death and prognostication of life expectancy in dying patients. *Indriyaaneekam indriyam* deals with various fatal perceptual abnormalities which denote imminent death. The present study is aimed to explore the contents of 'Indriyaaneekam indriyam' chapter and to analyse their role and potential in contemporary clinical prognostication. Various illusions, hallucination and perceptual abnormalities related to sensory organs have been explained in this chapter which are having prognostic significance. Various *arishta lakshanas* (fatal signs and symptoms which denote imminent death) explained in this chapter denotes distortion of perception and cognition, illusions, and hallucinations due to an underlying latent or subclinical pathology at CNS (central nervous system) and/or PNS (peripheral nervous system). Manifestation of *Arishta lakshanas* explained in this chapter is due to 'Indriya buddhi vihhrama' (Agnosias) and pathology at the level of 'Indriyavaha or manovaha or buddhi vaha srotas' or at the seat of 'Indriya buddhi'. Conditions like 'Visual perceptual distortions' (VPDs), 'Neurocognitive disorders' (NCDs), concepts of 'Neuroplasticity', 'Synesthesia', and 'Phantom perception', 'Organic psychosis', and 'Extra sensory perception' (ESP) etc are mentioned in this chapter. Further research works are required to substantiate the clinical experiences mentioned in this chapter in terms of their validity, reliability, generalizability and clinical applicability in contemporary medical practice and also to establish the association between the manifestations of *arishta lakshanas* with death.

Key Words: Agnosia, Illusions, Neurocognitive disorders, Neuroplasticity, Organic psychosis, Visual perceptual distortions

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REVIEW ARTICLE

PURVARUPEEYAM OF CHARAKA INDRIYA STHANA- AN EXPLORATIVE STUDY**Abstract:**

Charaka samhita is the most authoritative and comprehensive compendium of *Ayurvedic* literature touching almost each and every aspect of health care. Though this treatise being the oldest available literature of *Ayurveda* (estimated to be documented in 200 BC), is truly a versatile classic. *Indriya sthana* deals with various fatal signs and symptoms which denote imminent death and prognostication of life expectancy in the patients who are at end-of-life stages. *Indriya sthana* of *Charaka samhita* consists 12 chapters and '*Purvarupeeyam indriyam*' is the 5th chapter of *Indriya sthana*. '*Purvarupeeyam indriyam*' chapter contains various *arishta lakshanas* (fatal signs and symptoms which indicates imminent death) pertaining to prodromal features of various diseases. This chapter deals with *arishta lakshanas* pertaining to premonitory signs and symptoms of various disease conditions which are having prognostic significance. The present chapter also deals with the concepts like physiology and classification of dreams, auspicious and inauspicious dreams, and *arishta lakshanas* pertaining to dreams. The present study is aimed at reviewing the concepts available in '*Purvarupeeyam indriyam*' chapter and also analyse their role and potential in contemporary clinical prognostication. Prospective controlled studies and longitudinal prospective and retrospective cohort studies are required to establish the facts mentioned in this chapter. Various technological advances like fMRI (functional magnetic resonance imaging), Polysomnography, sleep studies, and EEG (electro encephalography) etc should be incorporated to study different dreams mentioned in this chapter and their role in prognosis. Analysis or interpretation of dreams mentioned in this chapter needs to be explored and standardized. Further research works are required to substantiate the opinions or claims mentioned in this chapter.

Key Words: Analysis of dreams, fMRI, EEG, Interpretation of dreams, Polysomnography, Sleep studies

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REVIEW ARTICLE

KATAMANI SHARIRIYAM OF CHARAKA INDRIYA STHANA- AN EXPLORATIVE STUDY

Abstract:

'Katamani shaririyam indriyam' is the name of the sixth chapter of *Charaka samhita* (most popular text of an ancient Indian traditional medicine or *Ayurveda*). *Indriya sthana* (one among the eight sections of *Charaka samhita*, which deals with prognosis). *Indriya sthana* of *Charaka samhita* deals with various fatal signs and symptoms (*Arishta lakshanas*) which denote imminent death and also estimating survival time frames in dying patients. *Katamani shaririyam indriyam* deals with various fatal conditions which denote imminent death. The present study is aimed to explore the contents of 'Katamani shaririyam indriyam' chapter and to analyse their role and potential in contemporary clinical prognostic practices. Various conditions such as 'Oesophageal carcinoma', 'Barret's oesophagus', 'Gastrooesophageal reflux disease' (GERD), 'Chronic diarrhoea', 'Intestinal tuberculosis', 'End stage renal disease' (ESRD), 'Chronic kidney disease' (CKD), 'Renal tuberculosis', 'End stage liver disease' (ESLD), 'Cirrhosis of liver', 'Distal myopathies', 'Coeliac disease' (CD), 'Chronic obstructive pulmonary disease' (COPD), 'Lung cancers', 'Acute & chronic glomerulonephritis', 'Protein losing enteropathy' (PLE), 'Cancer cachexia', 'Tetanus', 'Hypoglycemic shock', 'Sarcopenia', 'Dementia', 'Delirium', 'Malabsorption syndrome', 'Acute myelocytic leukemia' (AML), 'Inflammatory bowel disease', 'Intestinal obstruction', 'Tropical sprue', 'Crohn's disease', 'Ulcerative colitis', 'Lower gastrointestinal bleeding' (LGIB), 'Plummer-Vinson syndrome' (PVS), and concepts of comorbidity, multimorbidity etc have been explained in this chapter which are having prognostic significance. Further research works are required to substantiate the clinical findings mentioned in this chapter and also to establish the association between the manifestations of *arishta lakshanas* with death in different disease conditions as mentioned in this chapter.

Key Words: Cancer, Cachexia, Dementia, Delirium, End stage liver disease, End stage renal disease

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REVIEW ARTICLE

PANNARUPEEYAM OF CHARAKA INDRIYA STHANA- AN EXPLORATIVE STUDY

Abstract:

Ayurveda has been serving the mankind since ages with holistic approach. *Ayurveda* has advised to treat only curable conditions. *Ayurveda* suggests the physicians to strictly avoid treating the incurable conditions. To estimate the prognosis of diseases *Ayurveda* has described '*Arishta lakshanas*' (fatal signs and symptoms which denotes imminent death). '*Indriya sthana*' (one among the 8 sections of *Charaka samhita*) of *Charaka samhita* deals with prognostication of life expectancy or estimating survival time frames and alerts the physician towards early identification of fatal conditions based on '*Arishta lakshanas*'. *Indriya sthana* consists 12 chapters and '*Pannarupeeyam indriyam*' is the 7th chapter of *Indriya sthana*. '*Pannarupeeyam indriyam*' chapter contains various *arishta lakshanas* (fatal signs and symptoms which indicates imminent death) pertaining to '*Chhaya*' (complexion), '*Pratichhaya*' (shadow) and '*Prabha*' (radiance or lustre or aura). The present study is aimed to explore the various concepts mentioned in this chapter and also their prognostic significance in present era. Estimating prognosis by examining the pupillary reflections, shadows and mirror images are the unique contributions of *Ayurveda*. Though these techniques are cost effective, non-invasive and simple, they should be tested on sensitivity, specificity and accuracy etc various statistical parameters. Research works are required to standardize and to measure various *Ayurvedic* skin parameters (*Snigdghata*, *Rukshata*, *Kharata*, and *Ghanata* etc) mentioned in this chapter by using various sophisticated instruments. Various life threatening conditions like 'Hepatic encephalopathy', 'Central vertigo', 'Hypercatabolic syndrome', 'Status epilepticus', 'Hypovolemic shock', 'Hemorrhagic shock', 'Delirium', 'Oculogyric crisis', 'Cachexia', 'Carcinomas', 'Mumps', 'Bell's palsy', 'Buried penis' and 'Sarcopenia' etc are mentioned in this chapter. Further research works are required to substantiate the clinical findings quoted in this chapter.

Key Words: Bell's palsy, Hepatic encephalopathy, Hypercatabolic syndrome, Mumps, Oculogyric crisis, Shock

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REVIEW ARTICLE

AVAAKSHIRASEEYAM OF CHARAKA INDRIYA STHANA - AN EXPLORATIVE STUDY

Abstract:

According to *Ayurveda* (an ancient Indian traditional system of medicine), death won't occur without the prior manifestation of '*Arishta lakshanas*' (fatal signs and symptoms which indicates imminent death). '*Arishta lakshanas*' are the red flag signs and symptoms which can be seen in dying patient. The physician should not treat the patient possessing '*Arishta lakshanas*'. '*Avaak shiraseeyam indriyam*' is the name of the 8th chapter of '*Indriya sthana*' (one among the 8 sections of *Charaka samhita*, deals with prognostic aspects) of '*Charaka samhita*' (popular ancient *Ayurvedic* textbook of medicine). The present chapter deals with various '*Arishta lakshanas*' which leads to death immediately or within three or six days. The present study is aimed to explore the various concepts mentioned in this chapter and also their prognostic significance in present era. Various conditions such as 'Grave's ophthalmopathy', 'Sensory and autonomic neuropathies', 'Saddle nose', 'Tumours of head and neck', 'Cutaneous flushing due to neuroendocrinal diseases', 'Dental flourosis', 'Rickets', 'Bulbar palsy', 'Neuromuscular disorders', 'Ilypovolemic shock', 'Status epilepticus', 'Delirium', 'Trichotillomania', 'Bruxism', 'Self injurious behaviours', 'Tourette's syndrome', 'Catatonia', 'Negative symptoms of schizophrenia', 'Septic shock', 'Oropharyngeal dysphagia' and 'Pheochromocytoma' etc are explained in this chapter which are fatal and having poor prognosis even today. This chapter also states the momentary or transient or fluctuating nature *arishta lakshanas* and alerts the physician to detect them whenever they manifest. Further research works are required to substantiate the clinical findings quoted in this chapter. The association between *arishta lakshanas* and death due to different disease conditions as mentioned in this chapter should be tested on various statistical parameters like sensitivity, specificity, positive and negative predictive values, false positives, and false negatives etc.

Key Words: Bruxism, Catatonia, Neuromuscular disorders, Schizophrenia, Tourette's syndrome, Trichotillomania

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REVIEW ARTICLE

YASYA SHYAVA NIMITTEEYAM OF CHARAKA INDRIYA STHANA - AN EXPLORATIVE STUDY

Abstract:

'Charaka Samhita' is the most revered and followed classical text of *Ayurveda* (an ancient Indian traditional system of medicine has been in practice since ages) considered as the treasure trove of the basic principles of *Ayurveda* and a rich literary source for academic, clinical and research activities. To estimate the prognosis of diseases *Ayurveda* has described '*Arishta lakshanas*' (fatal signs and symptoms which denotes imminent death). '*Indriya sthana*' (one among the 8 sections of *Charaka samhita*) deals with prognostication of life expectancy or estimating survival time frames and alerts the physician towards early identification of fatal conditions based on '*Arishta lakshanas*'. *Indriya sthana* consists 12 chapters and '*Yasya shyava nimitteeyam indriyam*' is the 9th chapter of *Indriya sthana*. The present study is aimed to explore the various concepts mentioned in this chapter and also their prognostic significance in present era. Clinical examination of the sputum, faeces and semen are the unique features of this chapter. Assessing prognosis by giving meat soup (trial and error method), and *arishta lakshna*'s related to various diseases like *Vatavyadhi* (neurological conditions), *Apasmara* (Epilepsy), *Kushtha* (skin diseases), *Rajayakshma* (tuberculosis / chronic debilitating respiratory tract disorders), *Gulma* (neoplastic conditions / acute abdomen), *Shopha* (oedema), *Udara* (ascites) and *Madhumeha* (diabetes) etc are mentioned in this chapter. Most of the conditions mentioned in this chapter are related to 'Cancer induced cachexia' (CIC), 'Shock', 'Delirium', 'Advanced stages of dementia' and other 'Chronic, debilitating conditions' commonly seen at the end stages of life. Further research works are required to substantiate the clinical findings quoted in this chapter.

Key Words: Cancer induced cachexia, Dementia, Delirium, Epilepsy, Neurological conditions, Shock

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REVIEW ARTICLE

SADYO MARANEYAM OF CHARAKA INDRIYA STHANA- AN EXPLORATIVE STUDY

Abstract:

'Indriya sthana' (one among the eight sections of 'Charaka samhita', which deals with prognostic aspects) deals with the estimation of survival time frames or 'Ayu' (life span) of the diseased person based on the 'Arishta' (fatal signs and symptoms which denotes imminent death). 'Arishtas' are the fatal signs of death which definitely occurs in diseased person before death. 'Indriya sthana' is dedicated for the identification of 'Arishta lakshanas' and estimation of prognosis. 'Indriya sthana' consists 12 chapters and 'Sadyo maraneeyam indriyam' is the tenth chapter of 'Charaka Indriya Sthana'. Various 'Arishta lakshanas', which leads to death within a short span of time are mentioned in this chapter. The word 'Sadyo' denotes death within 3 days or 7 days. Most of the conditions explained in this chapter are 'Carcinomas', 'Vascular lesions', 'Acute abdomen' and 'Hypovolemic shock' etc emergency conditions which are having poor prognosis. Further research works are required to substantiate the clinical findings quoted in this chapter. Various pain assessment questionnaires and disease specific quality of life scales etc can be implemented or used to standardize or to assess the 'arishta lakshanas' mentioned in this chapter. Ayurvedic scales or questionnaires for specific diseases should be developed for academic, clinical and research purposes. The association between arishta lakshanas and death due to different disease conditions as quoted in this chapter needs to be tested on various statistical parameters like sensitivity, specificity, positive and negative predictive values, false positives, and false negatives etc.

Key Words: Acute abdomen, Carcinoma, Emergency conditions, Hypovolemic shock, Pain, Quality of life

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REVIEW ARTICLE

ANU JYOTEYAM OF CHARAKA INDRIYA STHANA - AN EXPLORATIVE STUDY

Abstract:

The *Charaka samhita* (an ancient Indian textbook of medicine written by *Agnivesha*, edited and elaborated by *Charaka* & *Dridhabala*), as available in its present form consists of 8 '*Sthanas*' (sections) and '*Indriya sthana*' (section which deals with prognosis) is one among them. '*Indriya sthana*' deals with prognostication of life expectancy or estimating survival time frames and alerts the physician towards early identification of fatal conditions based on '*Arishta lakshanas*'. *Indriya sthana* of *Charaka samhita* consists 12 chapters and '*Anu jyoteeyam indriyam*' is the 11th chapter of *Indriya sthana*. '*Anu jyoteeyam indriyam*' chapter contains various *arishta lakshanas* which leads to death within a certain period of time (3 months or 6 months or one year). Some unique concepts like medical ethics & etiquette and hygienic precautions for the physician, '*arishta lakshanas*' related to bad fortunes and the definition of '*arishta lakshanas*' etc are explained in this chapter. The present study is aimed to explore the contents of this chapter and to analyse their role and potential in clinical prognostication. Most of the conditions explained in this chapter denote advanced stages of dementia and delirium. Some conditions mentioned in this chapter denote trichotillomania, neurodegenerative, neuromuscular and autoimmune diseases. Description of pathological features like '*Asomatognosia*', '*Autotopagnosia*', '*Motor apraxia*', '*Agnosia*', '*Prosopagnosia*', '*Hallucinations*', '*Finger agnosia*', '*Anger in a dying patient*' and '*Exploratory procedures*' (EPs) etc are unique of this chapter. Prospective longitudinal cohort studies, retrospective cohort studies, cross sectional studies or surveys, and observational type of studies are required to substantiate the claims made in this chapter. '*Positive predictive value*' of '*Arishta lakshanas*' mentioned all over '*Indriya sthana*' needs to be calculated.

Key Words: Agnosia, Delirium, Dementia, Exploratory procedures, Hallucinations, Trichotillomania

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REVIEW ARTICLE

GOMAYA CHOORNEEYAM OF CHARAKA INDRIYA STHANA- AN EXPLORATIVE STUDY

Abstract:

'Charaka samhita' is the oldest available literature of Ayurveda (estimated to be documented in 200 BC) and it is truly a versatile classic. 'Indriya sthana' (one among the eight sections of 'Charaka samhita', which deals with prognostic aspects) consist the description of 'Arishta lakshanas' (fatal signs and symptoms which denotes imminent death) which definitely occurs in a diseased person before death. 'Indriya sthana' consists 12 chapters and 'Gomaya choorneeyam indriyam' is the last chapter of 'Charaka Indriya Sthana'. The present work is aimed to explore the contents of the 'Gomaya choorneeyam indriyam' chapter and also to analyze their rationality & prognostic significance in present era. This chapter deals with various 'Arishta lakshanas' related to auspicious or inauspicious features related to 'Doota' (care giver or messenger or informer), good & bad omens (occurs on the way to the patients house or at patients house) and their effect on prognosis, medical ethics and brief summary of the whole 'Indriya sthana'. Most of its content is related to 'Jyotishya or Nimitta or Shakuna shastra' (subject which deals with astrology and fortunes). Description of opportunistic infections such as 'Malassezia' in immunocompromised patients, Parkinson's disease, Dementia, Cachexia, Delirium, and concepts like 'Infrared thermography' or 'infrared imaging' or 'thermal imaging' are quoted in this chapter. 'Dootadhikara' section consist the description of caregiver's role, positive and negative attributes and their influence on prognosis, caregiver role strain or burden, and complexities between caregiver, care recipient (patient) and physician. Basic foundations related to various concepts like 'Positive or health psychology' and 'Psychoneuroimmunology' etc can be seen in this chapter. Further research works are required to substantiate the clinical findings quoted in this chapter.

Key Words: Caregiver, Dementia, Delirium, Parkinson's disease, Positive psychology, Psychoneuroimmunology

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Neurological conditions in Charaka Indriya Sthana - An explorative study

Abstract

Ayurveda is a traditional Indian system of medicine and 'Charaka samhita' has been the most popular referral treatise for Ayurvedic academicians, clinicians and researchers all over the world. 'Indriya sthana' is one among the 8 sections of 'Charaka samhita' and it comprises of 12 chapters which deals with prognostication of life expectancy based on 'Arishta lakshanas' (fatal signs and symptoms which indicates imminent death). Arishta lakshanas are the fatal signs which manifests in a diseased person before death. Various neurological conditions are mentioned throughout 'Charaka Indriya sthana' in a scattered way. The present study attempts to screen various references pertaining to neurological conditions of 'Charaka Indriya sthana' and explore their rationality, clinical significance and prognostic importance in present era. Various references related to neurological conditions like, 'Neuropathies', 'Neuro-ophthalmological disorders', 'Neurocognitive disorders', 'Neuromuscular disorders', 'Neurodegenerative disorders', 'Lower motor neuron syndromes', 'Movement disorders' and 'Demyelinating disorders' are mentioned in 'Charaka Indriya sthana'. The neurological conditions mentioned in 'Charaka Indriya sthana' are characterized by poor prognosis, irreversible pathology, progressive in nature and commonly found in dying patients or at the end-of-life stages. It seems that neurological conditions mentioned in 'Charaka Indriya sthana' have clinical applicability and prognostic significance in present era also. Further studies are required to substantiate the clinical findings mentioned in 'Charaka Indriya sthana'.

Keywords: demyelinating disorders, neurocognitive disorders, neurodegenerative disorders, neuromuscular disorders, neuro-ophthalmological disorders, neurovascular disorders

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Review Article

Pittaja Unmada: Hyperthyroidism with Mania?/Psychotic or Irritable Mania?

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ABSTRACT

“*Bhuta vidya*” (Ayurvedic psychiatry) is one of the eight branches of *Ayurveda* (an Indian system of medicine) and it deals with the management of various psychiatric disorders. *Unmada* (a psychiatric disorder) is characterized by deranged mental functions and it is classified into five types (*vataja*, *pittaja*, *kaphaja*, *sannipataja*, and *agantuja*). “*Pittaja Unmada*” (PU) is one of the five types of *unmada* described in all major *Ayurvedic* texts and it comes under “*Doshaja Unmada*” (psychiatric disorder which occurs due to the aggravation of *doshas*) category. Scientific literature on PU is scarce and the present study is focused to explore this condition. The etiopathology of PU seems to induce systemic inflammatory sequelae and also autoimmune reactions which again may lead to the manifestation of autoimmune thyroid disease or Graves’ disease (GD). Signs and symptoms of PU can be classified into two groups, psychological and physiological. The psychological and physiological features of PU have shown similarity with conditions like manic episode, bipolar disorder (BD), GD, thyrotoxicosis and hyperthyroidism. PU is similar to “psychotic mania” or “mood disorder with psychotic features” or “manic episode due to general medical condition” or “BD comorbid with hyperthyroidism or GD”. PU or “bipolar affective disorder” can be managed successfully by “*Virechana*” followed by internal medicines.

KEYWORDS: *Bipolar disorder, Graves’ disease, hyperthyroidism, mania, Pittaja Unmada, Unmada*

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Review Article

Vataja Unmada: Schizophrenia or Dementia or Mood Disorder with Psychosis?

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ABSTRACT

Unmada (a broad term which includes different psychiatric conditions under one umbrella) is characterized by the derangement of *manas* (mind), *buddhi* (cognitive functions), *samgna gnana* (orientation), *smriti* (memory), *bhakti* (interests), *sheela* (character/personality), *cheshtha* (psychomotor activity/behavior), and *achara* (conduct). *Unmada* is classified into five (*vataja*, *pittaja*, *kaphaja*, *sannipataja* and *agantuja*) types, and “*Vataja Unmada*” (VU) is one among them. The description of VU is available in all major *Ayurvedic* classical texts, and it comes under “*Doshaja*” (psychiatric disorder which occurs due to the aggravation of *doshas*) category. Studies or scientific literature on VU has been lacking, and the present work is focused on to explore this condition. The etiopathology of VU denotes deficiency of various nutritional factors such as vitamins, minerals, omega-3-fatty acids, amino acids, and antioxidants. Lacking or deficiency of these nutritional factors leads to structural and/or functional damage and degeneration of the brain (neurodegenerative or demyelinating pathology) which ultimately leads to the manifestation of different degenerative psychiatric disorders. The clinical picture of VU resembles various psychiatric or neuropsychiatric conditions such as “disorganized schizophrenia” or “hebephrenia” or “catatonia” or “dementia” or “bipolar disorder with psychotic features” or “mania with psychotic features,” or “organic or secondary psychoses.” VU is a treatable condition, and it can be managed successfully by “*Panchakarma*” procedures along with internal medicines.

KEYWORDS: *Catatonia, dementia, disorganized schizophrenia, organic psychosis, unmada, Vataja Unmada*

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Publication: 21-08-2020

Sadyo maraneeyam of Bhela indriya sthana - An explorative study

Abstract

Bhela samhita is an Ayurvedic (Indian system of medicine) treatise written by 'Maharshi Bhela' (belongs to 1000-2000 BC). Maharshi Bhela was the student of popular preceptor 'Acharya Punarvasu Atreya' and colleague of 'Agnivesha' (author of the popular Ayurvedic text 'Charaka samhita'). Bhela samhita consists of 8 sections and 120 chapters. 'Indriya sthana' is one of the eight sections of 'Bhela samhita' which comprises 12 chapters. 'Bhela Indriya sthana' deals with prognostic aspects. 'Sadyo maraneeyam indriyam' is the fourth chapter of 'Bhela indriya sthana' which contains the description of various emergency conditions with high mortality rates. The word 'sadyo maraneeyam' denotes an immediate death caused by various emergency conditions. Though previous works have explored 'Charaka indriya sthana', studies on 'Bhela indriya sthana' are lacking. The present work is aimed to explore the contents of 'Sadyo maraneeyam indriyam' of 'Bhela indriya sthana'. Various emergency conditions such as coronary artery disease, cardiovascular disease, acute coronary syndrome, Granulomatosis with polyangiitis, increased intra-cranial pressure, abdominal compartment syndrome, cancer cachexia, increased intra-abdominal or intra-pelvic pressure due to benign or malignant tumours, prostate cancer, neurosyphilis with saddle nose and ocular manifestations, gastro-duodenal perforation or ulcer, perforation of peptic ulcer, acute abdomen, inflammatory bowel disease, ulcerative colitis, Crohn's disease, lower gastrointestinal bleeding, upper gastrointestinal bleeding, colon cancer, proctalgia fugax, disseminated intravascular coagulation, idiopathic thrombocytopenic purpura, Henoch-Schönlein purpura, coagulation disorders, cardiac cachexia, coma, shock, pulmonary cachexia, acute respiratory distress syndrome, and chronic obstructive pulmonary disease etc are documented in this chapter by 'Maharshi Bhela'. 'Maharshi Bhela' has provided a list of signs & symptoms or clinical features of emergency conditions having poor prognosis.

Keywords: bhela indriya sthana, bhela samhita, charaka indriya sthana, charaka samhita, indriya sthana, emergency conditions

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Review Article



Dementia, delirium & neuropsychiatric conditions in *Charaka indriya sthana*

Abstract

Charaka Samhita is the oldest and most authentic treatise on *Ayurveda* (an ancient Indian system of medicine). *Indriya sthana* (prognostic medicine) is one among the eight sections of *Charaka samhita* and it deals with prognostic aspects. *Arishta lakshanas* are the signs and symptoms which indicates imminent death. Various psychiatric and neuropsychiatric conditions are mentioned throughout '*Charaka Indriya sthana*' in a scattered form. Dementia and delirium are commonly seen at terminal stages or at the end-of-life. As *indriya sthana* deals with terminal illnesses or end-of-life stages, there is a hypothesis that description of conditions like dementia and delirium may be traceable in '*Charaka indriya sthana*'. The present study attempts to screen various references pertaining to psychiatric and neuropsychiatric conditions of '*Charaka Indriya sthana*' and explore their rationality, clinical and prognostic significance in present era. Dementia, Delirium and neuropsychiatric conditions of '*Charaka Indriya sthana*' have been explored in the present study. 'Dementia' and 'Delirium' are the two most common conditions found through out '*Charaka indriya sthana*'. Various references related to other psychiatric and neuropsychiatric conditions like, 'Hallucinations', 'Trichotillomania', 'Bruxism', 'Nail biting', 'Impulse control disorders', 'Major depressive disorder', 'Catatonia' and 'Negative symptoms of Schizophrenia'. The psychiatric/neuropsychiatric conditions mentioned in '*Charaka Indriya sthana*' are characterized by poor prognosis, having irreversible underlying pathology, chronic, progressive and debilitating in nature and commonly found in dying patients or at the end-of-life stages. It seems that psychiatric conditions mentioned in '*Charaka Indriya sthana*' have clinical applicability and prognostic significance in present era also. Further studies are required to substantiate the clinical findings described in '*Charaka Indriya sthana*'.

Keywords: *Charaka samhita*, delirium, dementia, *Indriya sthana*, neuropsychiatric disorders, schizophrenia

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Review Article



Purva rupeeyam of Bhela indriya sthana - An explorative study

Abstract

Maharshi Bhela was a direct disciple of 'Acharya Punarvasu Atreya' and he has composed a compendium, known as 'Bhela samhita'. Bhela Samhita is one of the prominent texts of the samhita period of Ayurveda (100 BC-400 BC) and it consists of 120 chapters divided among 8 sections. 'Indriya sthana' (which deals with prognostic aspects) is one among the eight sections of 'Bhela samhita' which comprises of 12 chapters. 'Purva rupeeyam' is the sixth chapter of 'Bhela indriya sthana', having 17 verses dealing with various signs and symptoms seen at the prodromal stage of diseases and leads to death at later stages. Proper knowledge of the conditions explained in 'Purva rupeeyam' chapter enables the physician to detect life threatening diseases at earlier or prodromal stages which further helps in clinical prognostic decision making. Studies on 'Bhela indriya sthana' have been lacking and the present work is aimed to explore the contents of 'Purva rupeeyam' (sixth chapter) of 'Bhela indriya sthana'. Various conditions such as internal haemorrhage, Cancer-related fatigue, chronic fatigue syndrome, congestive heart failure, multiple system atrophy, upper respiratory tract infections and their complications, severe mental illness, organic psychosis, schizophrenia, gelastic seizures, progressive primary aphasia, acute myocardial infarction, non-cardiac chest pain, gastroesophageal reflux disease, anaphylactic shock, diabetes and its complications, malabsorption syndrome, cachexia, sarcopenia, anorexia, vascular malformations, arteriovenous malformations, hemangiomas, idiopathic facial nerve palsy, black hairy tongue, central and peripheral cyanosis, tetanus, head and neck carcinomas and life threatening infections, liver cirrhosis, end-stage renal and liver disease, hepatorenal syndrome, hepatic encephalopathy with visual hallucination and non-beneficial treatment at end of life stages are documented in this chapter by 'Maharshi Bhela'. Further research works are required to substantiate the clinical findings mentioned in this chapter.

Keywords: bhela indriya sthana, cachexia, end-of-life stages, end-stage liver disease, end-stage renal disease, indriya sthana

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Doota adhyaya of Bhela indriya sthana - An explorative study

Abstract

'Maharshi Bhela' belongs to *samhita* period (100 BC - 400 BC) and he has composed an *Ayurvedic* treatise known as '*Bhela samhita*'. *Bhela samhita* is divided into 8 sections and 120 chapters. *Indriya sthana* is one among the 8 sections of '*Bhela samhita*' and it comprised of 12 chapters. Like '*Indriya sthanas*' of other ancient *Ayurvedic* texts, '*Bhela indriya sthana*' also deals with *arishta lakshanas* (fatal signs and symptoms) and other prognostic aspects. '*Doota adhyaya*' is the 8th chapter of '*Bhela indriya sthana*' which comprises of 16 verses dealing with estimation of prognosis based on the characteristic features of caregiver (*doota*). Estimating prognosis based on the phenotypic characteristics of caregiver is the unique contribution of *Ayurveda* and '*Maharshi Bhela*' has allotted a separate chapter for this in '*Indriya sthana*' (*doota adhyaya*). The contents of '*doota adhyaya*' are unique and needs further in-depth exploration. Previous works conducted on '*Charaka indriya sthana*' and '*Bhela indriya sthana*' have explored various neglected concepts having prognostic importance. Studies on '*Doota adhyaya*' of '*Bhela indriya sthana*' have been lacking and the present study is aimed to explore the contents of this chapter in terms of their prognostic significance. Thousands of years ago, '*Maharshi Bhela*' has identified and documented concepts like caregiver burden & distress, factors determining the impact of caregiving on caregivers, desirable or positive personality characteristics of a caregiver and their influence on prognosis and role and impact of geographical, cultural, economic, social and personality characteristics of a caregiver on caregiving and prognosis of a disease condition of the patient or care recipient. Concepts of '*Jyotishya shastra*' (astrology) and '*Nimitta*' or '*Shakuna shastra* (astrology of omens)' were also incorporated in assessing the prognosis. Further works are required to establish the facts mentioned in this chapter.

Keywords: Caregiver, *Charaka indriya sthana*, Caregiver burden, Caregiver distress, *Doota*, Prognosis

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Review Article

Mumurshiyam of Bhela Indriya Sthana: An Explorative Study

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Abstract

Similar to "*Agnivesha tantra*" (popularly known as "*Charaka samhita*"), "*Maharshi Bhela*" has composed an *Ayurvedic* treatise known as "*Bhela samhita*." *Bhela samhita* consists of 8 sections (*sthana*) and 120 chapters (*adhyaya*). "*Indriya sthana*" is one of the eight sections of "*Bhela samhita*" and it comprises 12 chapters. "*Bhela Indriya sthana*" deals with estimating life span and various prognostic aspects. "*Mumurshurindriyam*" is the third chapter of "*Bhela indriya sthana*." The word "*mumurshu*" denotes a dying person and the chapter "*mumurshurindriyam*" contains the description of various signs and symptoms seen in the patients with terminal illness or end-of-life stages. Although previous works have explored "*Charaka indriya sthana*," studies on "*Bhela indriya sthana*" are lacking. The present work is aimed to explore the contents of "*Mumurshurindriyam*" (third chapter) of "*Bhela indriya sthana*." "*Murmushurindriyam*" chapter contains the description of conditions which are commonly seen during end-of-life stages. Various concepts/conditions such as end-of-life dreams and visions, deathbed communications, near death experiences, out-of-body experiences, visual hallucinations, delusions, dementia, delirium, organic psychosis, central auditory perception disorder, age-related hearing loss, late life psychosis, lower gastrointestinal bleeding, colon cancer, inflammatory bowel disease, end-stage renal disease, chronic kidney disease, diabetic ketoacidosis, central diabetes insipidus, spontaneous rupture of urinary bladder, myiasis, and medical etiquette are documented in this chapter by "*Maharshi Bhela*." "*Maharshi Bhela*" has provided a list of signs and symptoms or clinical features in this chapter based on which questionnaire or screening methods can be developed, which can be used in prognostic research. Further research is required to substantiate the claims made in this chapter. The present study paves the path for future research directions.

Keywords: Bhela indriya sthana, Bhela samhita, Charaka indriya sthana, Charaka samhita, Indriya sthana, Maharshi Bhela

Review Article



Gomaya churneeyam of Bhela Indriya Sthana - An explorative study

Abstract

'Maharshi Bhela' is one among the six disciples of 'Acharya Punarvasu Atreya' and he has composed a treatise known as 'Bhela samhita'. Bhela samhita is having 8 sections and 120 chapters. Indriya sthana is one among the 8 sections of 'Bhela samhita' deals with prognostic aspects. Among 12 chapters of 'Bhela indriya sthana', 'Gomaya churneeyam' is the 9th chapter which comprises of 21 verses dealing with various emergency conditions having poor prognosis. The contents of 'gomaya churneeyam' are unique and further in-depth exploration is required. Previous works conducted on 'Charaka indriya sthana' and 'Bhela indriya sthana' have explored various hidden concepts having both clinical and prognostic significance. Studies on 'gomaya churneeyam' of 'Bhela indriya sthana' have been lacking and the present study is aimed to explore the contents of this chapter in terms of its prognostic significance. Various conditions like seborrheic dermatitis in an immunocompromised patients, extra pulmonary tuberculosis, nasopalatine duct cyst, age related macular degeneration, oral malignant melanoma, trigeminal autonomic cephalgia, lateral medullary syndrome, periodontitis, autonomic dysreflexia, systemic lupus erythematosus, limbic encephalitis, temporal lobe epilepsy, congenital erythropoietic porphyria, white spot lesions, sub conjunctival haemorrhage, chronic kidney disease, end-of-life dreams and visions, fever of unknown origin and chronic widespread pain associated with mortality have been documented in 'Gomaya churneeyam' of 'Bhela indriya sthana'. Further works are required to establish the facts documented in this chapter.

Keywords: bhela indriya sthana, bhela samhita, charaka indriya sthana, end of life stages, indriya sthana, prognosis

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Review Article

Ayurlakshaneeyam of Bhela Samhita- *Indriya Sthana*: An explorative study

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Abstract

Bhela Samhita is one of the prominent treatises of Ayurveda. *Indriya Sthana* is one among the eight sections of Bhela Samhita and it comprises 12 chapters. *Ayurlakshanam Indriyam* (ALI) is the first chapter of B *Indriya Sthana*. Though it consists of various unique concepts, it is modestly explored or unexplored till date. Previous works have explored various clinical conditions present in “*Charaka Indriya Sthana*”; these have prognostic significance and clinical applicability in the present era also but such types of studies are lacking in “*Bhela Samhita-Indriya Sthana*.” The current work is aimed at exploring the contents of ALI of “*Indriya Sthana*.” ALI deals with the estimation of life expectancy and age-specific mortality based on some anthropometric or phenotypic characteristics. Most of the content is unique and not explained in any other Ayurveda classical texts. Various conditions such as craniofacial anomalies/ disorders, multi-malformed infants, infant/ neonatal mortality, synophrys, mental retardation (MR), congenital, chromosomal, genetic syndromes/ conditions, neonatal intensive care unit (NICU) conditions, newborn cry-based diagnostic systems (NCDs), spina bifida (SB), hydrocephalus, congenital talipes equinovarus (CTEV), hypertrichosis, malnutrition, calculation of life expectancy based on various anthropometric indices (e.g., length and breadth of fingers, palms, ears, nose, forehead, and thighs), and phenotypic biomarkers and personality traits that are positively associated with centenarians have been documented in this chapter. *Maharshi Bhela* has provided techniques that are inexpensive, simple, noninvasive, highly accurate, and suitable for low- or middle-income countries for estimating life expectancy as well as for diagnosing hidden diseases. Though further research is still required to substantiate the claims made in this chapter, the current study paves the path for future research directions.

Keywords: Anthropometric indices, *Indriya Sthana*, Bhela Samhita, *Charaka Indriya Sthana*

Review Article

Vishesha or Upa Grahonmadas: Various Psychiatric and Neuropsychiatric Conditions

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ABSTRACT

Bhutavidya (Ayurvedic psychiatry) is one among the eight specialties of *Ayurveda* (an ancient Indian system of medicine). *Bhutavidya* deals with the diseases (psychiatric or neuropsychiatric) caused by “*bhuta*” or “*graha*” (idiopathic factors) and their management. *Unmada* (broad term which includes various psychiatric conditions) is a disease characterized by deranged mental functions. “*Bhutonmada*” (psychiatric conditions caused by idiopathic factors) is a type of *unmada* caused by affliction of “*bhuta*” or “*graha*.” Eighteen types of *bhutonmada* are explained in *samhita*’s (ancient *Ayurvedic* texts). Previous works have explored these 18 *grahonmadas* and compared them with various psychiatric and neuropsychiatric conditions. *Vishesha* or *Upa grahonmadas* are the subtypes of these 18 *grahonmadas*, and their description is found only in “*Ashtanga sangraha*” (*Ayurvedic* textbook of medicine written by *Vridhha Vagbhata*). Description of 16 “*Vishesha*” or “*Upa grahonmadas*” is available in “*Ashtanga sangraha*.” Till date, no studies have been conducted on *Vishesha grahonmadas*, and the present study aims at exploring *Vishesha grahonmadas* with contemporary psychiatric conditions. *Ayurvedic* literature related to “*Vishesha grahonmadas*” has been collected from major classical *Ayurvedic* texts and from their commentaries. Electronic databases “Google” and “Google Scholar” have been searched to find out the relevant studies using appropriate keywords. Sixteen *Vishesha grahonmadas* explained in *Ashtanga sangraha* have shown resemblance with various psychiatric and neuropsychiatric conditions such as mood disorders, schizophrenia, frontotemporal dementia, Tourette’s syndrome, extra pyramidal movement disorders, temporal lobe epilepsy, autism, personality disorders, Parkinson’s disease, and attention-deficit/hyperactivity disorder. The contemporary perspective of ancient psychiatric concepts as demonstrated in the present article provides new insights and paves way further studies.

KEYWORDS: *Ayurvedic psychiatry, Bhutavidya, Bhutonmada, Unmada, Upa grahonmada, Vishesha grahonmada*

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Chaaya adhyaya of Bhela indriya sthana - An explorative study

Abstract

Background: *Bhela samhita* is an ancient *Ayurvedic* textbook of medicine composed by 'Maharshi Bhela'. 'Maharshi Bhela' is one among the six disciples of 'Acharya Panarvasu Atraya' and colleague of 'Maharshi Agnivesha' (author of *Charaka samhita*). *Bhela samhita* consists of 120 chapters and 8 sections. *Indriya sthana* is one among the 8 sections of '*Bhela samhita*', which consist the description of '*Arishtha lakshanas*' (fatal signs and symptoms, which indicates an impending death). *Bhela indriya sthana* consists of 12 chapters and '*Chaya adhyaya*' is the name of the 10th chapter.

Purpose: The contents of '*Chaya adhyaya*' are unique and least explored. No studies have been conducted on '*Chayaadhyaya*' of *Bhela indriya sthana* till date. Previous works on '*Charaka indriya sthana*' and '*Bhela indriya sthana*' have explored their prognostic potential and clinical utility. The present study is aimed to explore the prognostic significance of the contents of '*Chaya adhyaya*' chapter of '*Bhela indriya sthana*'.

Methods: Various databases have been searched to collect relevant data regarding *Ayurvedic* and contemporary medical literature by using appropriate keywords. Only full text articles published in English language were considered.

Results: Various concepts or conditions such as estimating prognosis based on the abnormal body shadows, visual perceptual distortions with an underlying organic brain diseases, streptococcal sore throat and its fatal outcomes such as septic shock, systemic inflammatory response syndrome and multiple organ dysfunction syndrome, temporal arteritis with bilateral temporal necrosis, ophthalmic manifestations and renal failure, extra-pulmonary tuberculosis, gastroesophageal reflux disease and its complications, carcinomas, hematemesis and/or hemoptysis with fatal outcomes, upper gastrointestinal bleeding, perforation of visceral organs, thermoregulatory disorders, central cyanosis with intracranial pathology, diarrhoea predominant irritable bowel syndrome, protein energy malnutrition, hepatocellular carcinoma, cirrhosis of liver and characteristics of an expert physician having profound knowledge in prognostication are documented in this chapter.

Conclusion: The conditions or concepts documented in '*Chaya adhyaya*' of '*Bhela indriya sthana*' possess great prognostic significance.

Keywords: *bhela indriya sthana*, *bhela samhita*, *charaka indriya sthana*, *charaka samhita*, *indriya sthana*, prognosis

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Review Article

Pishacha grahonmada – Frontotemporal Dementia with Vitamin B₁₂ Deficiency?

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ABSTRACT

Description of 18 types of *bhutonmada* or *grahonmada* (psychiatric diseases caused by idiopathic factors) has been documented by *Maharshi Vagbhata*. *Pishacha grahonmada* (PG) is one among those 18 types. No works are available on PG till date. The concept of PG and its clinical application is unclear due to the scarcity of published literature on this topic. The aim of the present study is to explore the condition of PG in terms of contemporary psychiatric literature. *Ayurvedic* literature pertaining to “*Pishacha grahonmada*” has been collected from major classical *Ayurvedic* texts and their commentaries. Electronic databases have been searched to find out the relevant psychiatric and/or neuropsychiatric conditions which are similar to PG by using relevant keywords. PG is characterized by clinical features like *Aswashta chittam* (feeling uneasy), *naikatra tishtantam* (unable to sit at one place), *paridhaavinam* (wandering/pacing/running), *dayita nritya geeta haasa ucchishta ratim* (hypomania or mania like features), *madya maamsa ratim* (fond of eating meat, alcohol abuse), *shunya nivaasa ratim* (staying alone/social withdrawal), *nirbhartsanaat* (threatening others), *deena shankita vadanam* (depression with suspiciousness), *nakhai aatma vapushi likhantam* (self-injurious behavior with nails), *nashta smriti* (memory loss), *baddhaabaddha bhaashinam* (irrelevant speech), *akasmaat rudantam* (crying suddenly), *dukhaani aavedayamaana* (sharing his sorrows to everyone)/*dukhaani aavedayamaana* (unable to feel pain), *uddhvasta* (nakedness), *rooksha deha and swara* (rough emaciated body and voice), *durgandham/ashuchi* (unhygienic), *rathya chaila trina aabharanam* (gross abnormal behavior), and *bahvaashinam* (hyperphagia). “*Nashta smriti*” is the unique symptom of PG and it denotes memory impairment commonly seen in conditions like dementia. The clinical features of PG have shown similarity with “Frontotemporal dementia” associated with malnutrition and/or Vitamin B₁₂ deficiency. The present study provides inputs for future research works.

KEYWORDS: *Bhutonmada*, *depression*, *frontotemporal dementia*, *grahonmada*, *Pishacha grahonmada*, *Vitamin B12 deficiency*

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Review Article

Pitru Grahonmada: Vitamin B₁₂ Deficiency-Induced Neuropsychiatric Manifestations?

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ABSTRACT

“Unmada” is a broad psychopathological entity of *Ayurveda* that includes various psychiatric and neuropsychiatric conditions. *Pitru grahonmada* (PG) is one among 18 types of *bhutonmada* or *grahonmada*, and it is caused by affliction of “*pitru graha*” (an evil spirit or super natural power or extraterrestrial force or an idiopathic factor). Previous studies have established the similarity between *grahonmadas* and different psychiatric and neuropsychiatric conditions. No studies have been conducted on PG till date. The aim and objective of the present study is to explore PG with the help of contemporary psychiatric literature. *Ayurvedic* literature related to PG has been collected from major classical *Ayurvedic* texts and from their commentaries. PG is characterized by features such as “*Aprasanna drishtim and Apashyantam*” (vision loss or abnormalities), “*Chala netra pakshmaanaam*” (abnormal eye movements), “*Shankitekshanam*” (suspicious looks), “*Apasavya vastram*” (confusion or memory loss or disorientation), “*Deena vadanam*” (depression), “*Anannabhilasha or Arochaka or Avipaaka or Alpaagni or Manda paavaka*” (various gastrointestinal tract abnormalities), “*Pratihata vaacham or Skhalat vaacham*” (speech abnormalities), “*Nidraalu*” (excessive sleepiness), “*Samsushka taalukam*” (oral manifestations of Vitamin B₁₂ deficiency), “*Shaantaatma*” (catatonia or depression or reduced psycho-motor activity) and “*Tila, guda, maamsa, and paayasa priyam*” (cravings for sugar and meat). These features of PG have shown striking similarity with Vitamin B₁₂ deficiency-induced neuropsychiatric conditions. PG has shown similarity with various neuropsychiatric manifestations induced by Vitamin B₁₂ deficiency which needs to be established by further studies.

KEYWORDS: *Bhutonmada, depression, grahonmada, neuropsychiatry, unmada, Vitamin B₁₂ deficiency*

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Review Article

Vishesha or Upa Grahonmadas: Various Psychiatric and Neuropsychiatric Conditions

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ABSTRACT

Bhutavidya (Ayurvedic psychiatry) is one among the eight specialties of *Ayurveda* (an ancient Indian system of medicine). *Bhutavidya* deals with the diseases (psychiatric or neuropsychiatric) caused by “*bhuta*” or “*graha*” (idiopathic factors) and their management. *Unmada* (broad term which includes various psychiatric conditions) is a disease characterized by deranged mental functions. “*Bhutonmada*” (psychiatric conditions caused by idiopathic factors) is a type of *unmada* caused by affliction of “*bhuta*” or “*graha*.” Eighteen types of *bhutonmada* are explained in *samhitas* (ancient *Ayurvedic* texts). Previous works have explored these 18 *grahonmadas* and compared them with various psychiatric and neuropsychiatric conditions. *Vishesha* or *Upa grahonmadas* are the subtypes of these 18 *grahonmadas*, and their description is found only in “*Ashtanga sangraha*” (*Ayurvedic* textbook of medicine written by *Vridhdha Vagbhata*). Description of 16 “*Vishesha*” or “*Upa grahonmadas*” is available in “*Ashtanga sangraha*.” Till date, no studies have been conducted on *Vishesha grahonmadas*, and the present study aims at exploring *Vishesha grahonmadas* with contemporary psychiatric conditions. *Ayurvedic* literature related to “*Vishesha grahonmadas*” has been collected from major classical *Ayurvedic* texts and from their commentaries. Electronic databases “Google” and “Google Scholar” have been searched to find out the relevant studies using appropriate keywords. Sixteen *Vishesha grahonmadas* explained in *Ashtanga sangraha* have shown resemblance with various psychiatric and neuropsychiatric conditions such as mood disorders, schizophrenia, frontotemporal dementia, Tourette’s syndrome, extra pyramidal movement disorders, temporal lobe epilepsy, autism, personality disorders, Parkinson’s disease, and attention-deficit/hyperactivity disorder. The contemporary perspective of ancient psychiatric concepts as demonstrated in the present article provides new insights and paves way further studies.

KEYWORDS: *Ayurvedic psychiatry, Bhutavidya, Bhutonmada, Unmada, Upa grahonmada, Vishesha grahonmada*

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Review article



Yasya shyaaveeyam of bhela indriya sthana - an explorative study

Abstract

Ayurveda is an ancient Indian traditional system of medicine has been in practice since thousands of years. *Maharshi Bhela* was one among the six disciples of *Acharya Pinarvasu Atreya* (great preceptor of *Ayurveda*) and colleague to *Maharshi Agnivesha* (author of *Charaka Samhita*). *Maharshi Bhela* has composed *Bhela Samhita* which contains 8 sections (*Sthana*) and 120 chapters (*Adhyaya*). *Indriya Sthana* is one among the eight sections of *Bhela Samhita* and it comprises of 12 chapters. *Bhela Samhita Indriya Sthana* (BSIS) deals with prognostic aspects and contains the description of various emergency conditions associated with poor prognosis. *Yasya Shyaaveeyam* (YSV) is the fifth chapter of BSIS contains the description of terminal illnesses and / or end-of-life stages. Studies on BSIS have been lacking and the present work is aimed to explore the contents of YSV of BSIS. Various conditions such as Wilson's disease (WD), IgA vasculitis, Henoch-Schönlein Purpura (HSP), allergic purpura, consequences of increased intra-abdominal pressure (IAP) and intra-thoracic pressure, abdominal and pelvic malignancies, abdominal compartment syndrome (ACS), disseminated intravascular coagulation (DIC), chorea, auto-immune chorea, neuroacanthocytosis, polycythemia with chorea, Simmond's disease, pituitary cachexia, erythromelalgia, red ear syndrome (RES), red scrotal syndrome (RSS), acute myocardial infarction (AMI), gastroesophageal reflux disease (GERD), non-cardiac chest pain (NCCP), cachexia, sarcopenia, malnutrition, hypercatabolism syndromes, acute abdomen, upper gastrointestinal carcinomas, paradoxical heat sensations, scieropia, glaucoma, achromatopsia, organic brain diseases, pharmacokinetic and pharmacodynamic alterations of drug actions in terminal illnesses, sensory deficits and abnormal perceptions, dementia, delirium, and non-beneficial treatment (NBT) at end of life (EOL) stages are documented in this chapter by *Maharshi Bhela*. The present study paves the path for future research directions.

Keywords: *Bhela Samhita*, Cachexia, Chorea, Dementia, Delirium, *Indriya Sthana*;

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