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सुखार्थाः सर्वभूतानां मताः सर्वाः प्रवृत्तयः।
सुखं च न विना धर्मात्तस्माद्धर्मपरो भवेत्।।
(अ.हृ.सू.२.२०)

All activities of all living beings are for attaining pleasure. But pleasure cannot be obtained without dharma. Hence always observe your dharma.

Dharma is the rightful function vested in a structure. In human context it is the duty of a person. It varies with situations. Hence while a doctor is driving his car he is only a driver and not a doctor and his activities during driving are governed by traffic rules rather than medical books. Always identify your dharma in the context and adhere to it to obtain pleasure.

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Ayurvedic Management of Poly-Cystic Ovarian Syndrome

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Abstract

Polycystic Ovarian Syndrome (PCOS) is a faminine health problem that can affect menstrual cycle, fertility, hormones, insulin production, heart, blood vessels and appearance. It is the most common hormonal reproductive problem in women of child bearing age. In ayurvedic texts many diseases of female genitalia (*yonee-vyaapat*) and menstrual disorders (*aartava-dushṭi*) are mentioned which resemble the signs and symptomatology of PCOS. As PCOS is not directly mentioned as a single entity in ayurvedic treatises, we have to chalk out Ayurvedic pathophysiology of the disease by considering the ayurvedic principles. It will facilitate the treatment of this problem in ayurvedic lines. This article is an attempt to understand PCOS in Ayurvedic perspective and to treat the problem with ayurvedic principles and medicines.

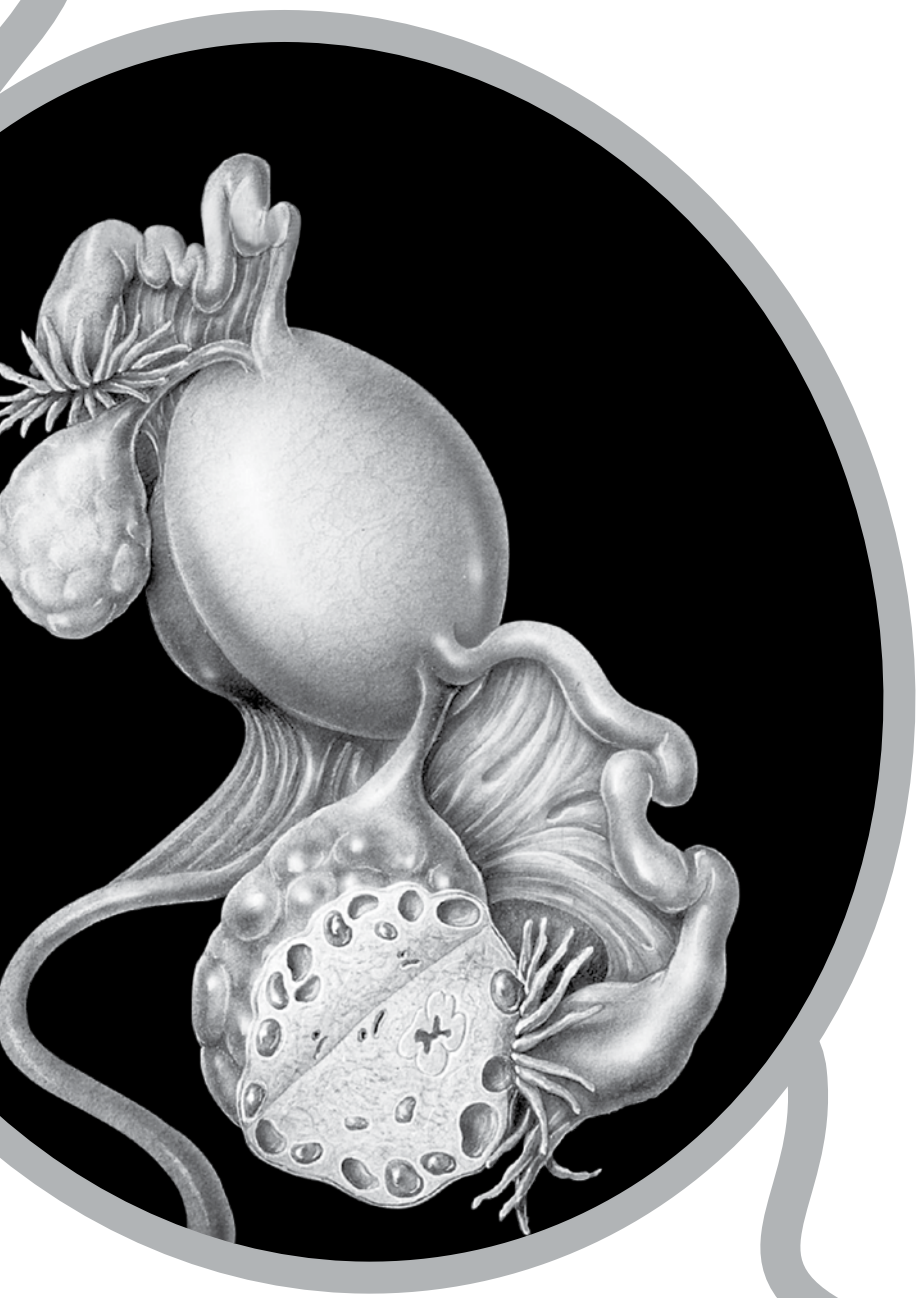
In women with PCOS three fold increased risk of endometrial carcinoma is reported. PCOS patients suffer from abortions and miscarriages. Hirsutism, acne and androgenic alopacia are the signs of hyper androgenism in PCOS.

Introduction

PCOS is an emerging problem among the women of reproductive age group. Although the treatment of PCOS seems simple and straight forward, living with PCOS is difficult and stressful. Many women seek explanations for their symptoms, only to be turned away by doctors, who do not take their complaints seriously or who explain their symptoms as simply a result of modern life. So it is quite necessary to understand the signs and symptomatology of the emerging disease of present scenaio both in modern and ayurvedic lines.

Definition

PCOS (Polycystic Ovarian Syndrome) is a disorder that is characterized principally by oligomenorrhoea or amenorrhea with clinical or laboratory evidence of hyperandrogenemia. Furthermore



it is now recognized that a significant proportion of overweight women with PCOS have hyperinsulinemia.

Etiology

1. Genetic- The underlying cause of PCOS is unknown. However a genetic basis that is both multifactorial and polygenic is suspected, as there is a well documented aggravation of syndrome within families.

2. Hypersecretion of Luteinizing Hormone (LH)- occurs in 40% women with PCOS. There are several hypotheses explaining this over secretion of LH. They are:

a. Increased pulse frequency of Gonadotropin Releasing Hormone (GnRH).

b. Increased pituitary sensitivity to GnRH.

c. Hyperinsulinemic stimulation of pituitary gland.

d. Disturbance of ovarian steroids and pituitary feedback mechanism.

e. Leptin also has to play a role here.

Signs and Symptoms

1. Menstrual dysfunction - It may range from amenorrhoea to oligomenorrhoea to episodic menometrorrhagia with anemia.

2. Hyperandrogenism - It is typically manifested clinically by hirsutism, acne and androgenic alopecia.

3. Endocrine Dysfunction

a. Insulin Resistance - It leads to acanthosis nigricans. This skin condition is characterized by thickened gray brown velvety plaques seen in area of flexures such as the back of neck, the axillae, the crease beneath waist and groin, thought to be cutaneous marker of insulin resistance.

b. Impaired glucose tolerance and type 2 Diabetes mellitus.

c. Dyslipidemia - The classic lipoprotein profile seen in PCOS is characterized by elevated low density lipoprotein

Caraka-samhitaa has suggesed that abnormal diet and mode of life, menstrual abnormalities, genetic abnormalities and idiopathy as the etiological factors of the diseases of the female genitalia.

triglyceride level and total cholesterol - high density lipoprotein ratios.

d. Obesity - Women with PCOS are more likely to be obese as reflected by elevated body mass index. This ratio reflects an android or central pattern of obesity which itself is an independent risk factor of cardiovascular disease.

e. Endometrial neoplasia - In women with PCOS three fold increased risk of endometrial carcinoma is reported.

f. Loss of pregnancy – Pregnant women with PCOS are known to experience an increased rate of early miscarriage compared with baseline rate of approximately 15% in general population.

g. Complication in pregnancy- Several pregnancy and neonatal complications are associated with PCOS. Women with PCOS have two to three fold higher risk of gestational diabetes, pregnancy induced hypertension, preterm birth and perinatal mortality, unrelated to multifetal gestation.

Investigations

- Sonography- Transvaginal sonography is specially useful in obese patients. Ovaries are enlarged in volume. Increased numbers of peripherally arranged cysts are seen.

- Serum values of LH - FSH is elevated greater than 3:1.

- Reversible oestradiol - oestrone ratio.

- Sex Hormone Binding Globulin (SHBG) level is reduced.

- Androstenedione is elevated.

- Raised serum insulin level or fasting glucose - fasting insulin ratio is <4.5.

- Laparoscopy - Bilateral polycystic ovaries are characteristic of PCOS.

Ayurvedic review

Some diseases of female genitalia and symptoms of menstrual disorders resemble PCOS

1. *Vandhya* (S.U.38.10) = sterile woman: - Susruta-samhitaa has mentioned amenorrhea or oligomenorrhoea as symptom of sterility. Other types of pains due to vaata also are associated with infertility.

2. *Arajaska* (C.Ci.30.17) = amenorrhic woman: - Caraka-samhitaa has mentioned that when pitta is situated in female genetalia and uterus and vitiates blood, the woman becomes extremely emaciated and discoloured. The patient is known as *arajaska*, Aacaarya Cakrapaani discribes amenorrhoea as a symptom.

3. *Lohita-kshaya* (A. S. U. 38.47. &A. H. U. 33.45) = oligomenorrhoea: - Ashtaanga-hrdaya has described *lohita-kshaya*. Due to vitiation of vaata and pitta the amount of menstrual blood is decreased, and the woman suffers from burning sensation, emaciation and discolouration.

Sterility is a vaata disorder, amenorrhoea is a pitta disorder and oligomenorrhoea is a vaata-pitta disorder.

PCOD can be correlated with –

4. *Granthyaartava* (C. Ci. 30.17, A. S. U. 38.47 & A. H. U. 33.45) = Nodular menses – It is caused by vitiation of vaata with kapha and has association of other features of both the humors.

5. *Ksheena-aartava* (C. Ci. 30.17, A. S. U. 38.47 & A. H. U. 33.45) = Oligomenorrhea – It is caused by pitta and vaata. In this condition menstruation is delayed and menstrual blood is scanty associated with pain in vagina. It also has the features of vaata and pitta.

6. *Nashtaartava* or *Anaartava* (S.Saa.2.4, A.S.Saa.1.24) – The humors obstruct the orifices of channels carrying menstrual blood arresting menstrual flow. This is not menopause but it is not discharged monthly.



Etiology of PCOS

The etiological factors of diseases of female genitalia are also the etiological factors of PCOS. Caraka-samhitaa has mentioned that –

a) Abnormal diet and mode of life

b) Menstrual abnormalities

c) Genetic abnormalities and

d) Idiopathy are the etiological factors of the diseases of female genitalia.

All these etiological factors resemble that of PCOS. Modern science has shown that PCOS is more prevalent in the obese. Abnormal diet and sedentary mode of life leads to obesity. Disorders of menstrual cycle, especially amenorrhea is the main factor causing PCOS. Genetic abnormalities can be justified by genetic relation of this disease. Yet modern medicine opines that the exact cause of the disease is still unknown i.e. the disease is idiopathic.

Pathogenesis

By taking into account signs and symptoms of the diseases of female genitalia, menstrual vitiation, oligomenorrhea and amenorrhoea and etiopathology we can draw an ayurvedic concept of etiopathogenesis of PCOS because its individual symptoms can be correlated to the above mentioned diseases.

Factors of pathogenesis

(*sa<u>m</u>praapti-gha<u>t</u>aka*)

1. Humor (*dosha*): - trihumoral with vaata predominence

2. Tissue (*dooshya*): - body fluid and blood (*rasa* and *rakta*)

3. Channel (*srotas*): - menstrual channel (*aartava-vaha-srotas*)

4. Bio-fire (*agni*) :- weak fire (*mandaagni*)

5. Vitiation of channel (*srotodusht<u>i</u>*): - obstruction (*sanga*) or extravasation (*vimaarga-gamana*)

6. Pathway of disease (*vyaadhi-maarga*): - external pathway (*baahya-roga-marga*)

7. Specific symptoms (*pratyaatma-laksha<u>n</u>a*): - Amenorrhea (*anaartava*), oligomenorrhea (*kshee<u>n</u>aartava*).

Ayurvedic management of PCOS-

By taking into account all the signs and symptoms we can recommend the following-

Diet and regimen

1. Reduce weight if the patient is over weight.

2. Select low glycemic index food. The low glycemic carbohydrates tend to have more fibers than high glycemic food e.g. breads, grains and cereals that are unprocessed.

3. Space out the carbohydrates during the day. This will cause fewer rises in blood sugar and insulin as compared to eating all carbohydrates at one meal.

4. Drink at least eight glasses of non caffeine fluid per day.

5. For the health of heart, limit foods high in saturated and trans-fats like fatty red meat, whole milk dairy, butter, chicken skin, fried foods, rich desserts etc. Select monounsaturated fats i.e olive oil, canola oil, nuts and omega 3 fats, flax seeds, nuts as these are heart friendly.

6. Exercise regularly.

7. Have fruits and vegetables at least five servings a day to increase immunity.

Yogic postures (*aasana*)

Practice breathing exercises (*praa<u>n</u>aayaama*) in a slow unhurried relaxed rhythm. The recommended exercises for PCOS are mild head cleansing (*kapaalabhaati*) , alternate nostril breathing (*anuloma viloma*), sea roar breathing (*Ujjayi*).

1. Corpse posture (*<u>s</u>avaasana*) two to three times every day will definitely help since PCOS victims are by and long, tense and stressed, so that they need plenty of relaxation.

2. Besides it, whole body posture (*sarvaangaasana*), fish posture (*matsyaasana*), semi-fish posture (*ardha-matsyaasana*), back elevated posture (*pa<u>s</u>cimottaa-na-asana)*, sun-salutation (*soorya-namaskaara*), camel posture (*usht<u>r</u>aasana*) and all backward bending postures are recommended.

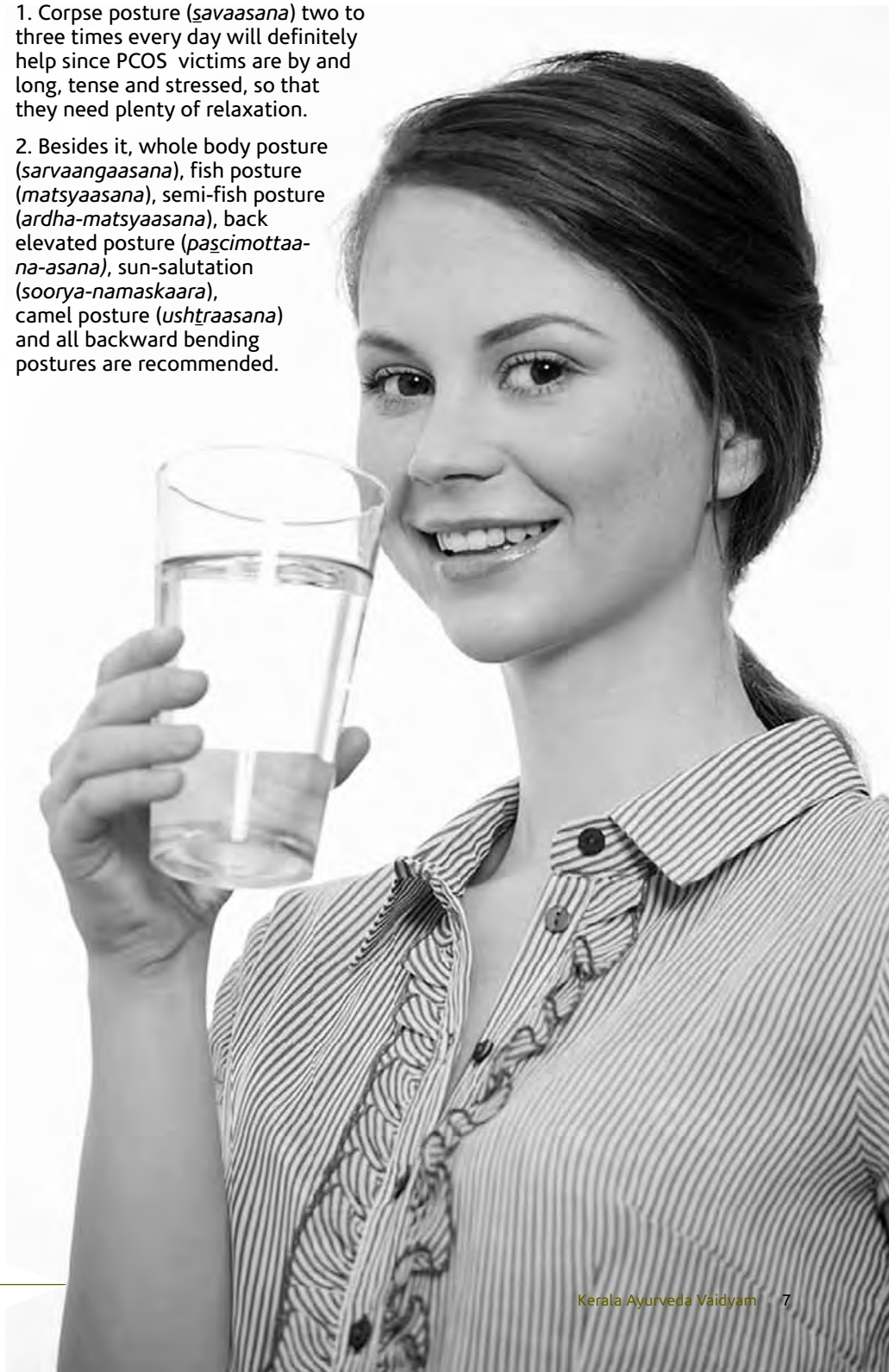
Five purificatory procedures

(Pa<u>n</u>jca karma)

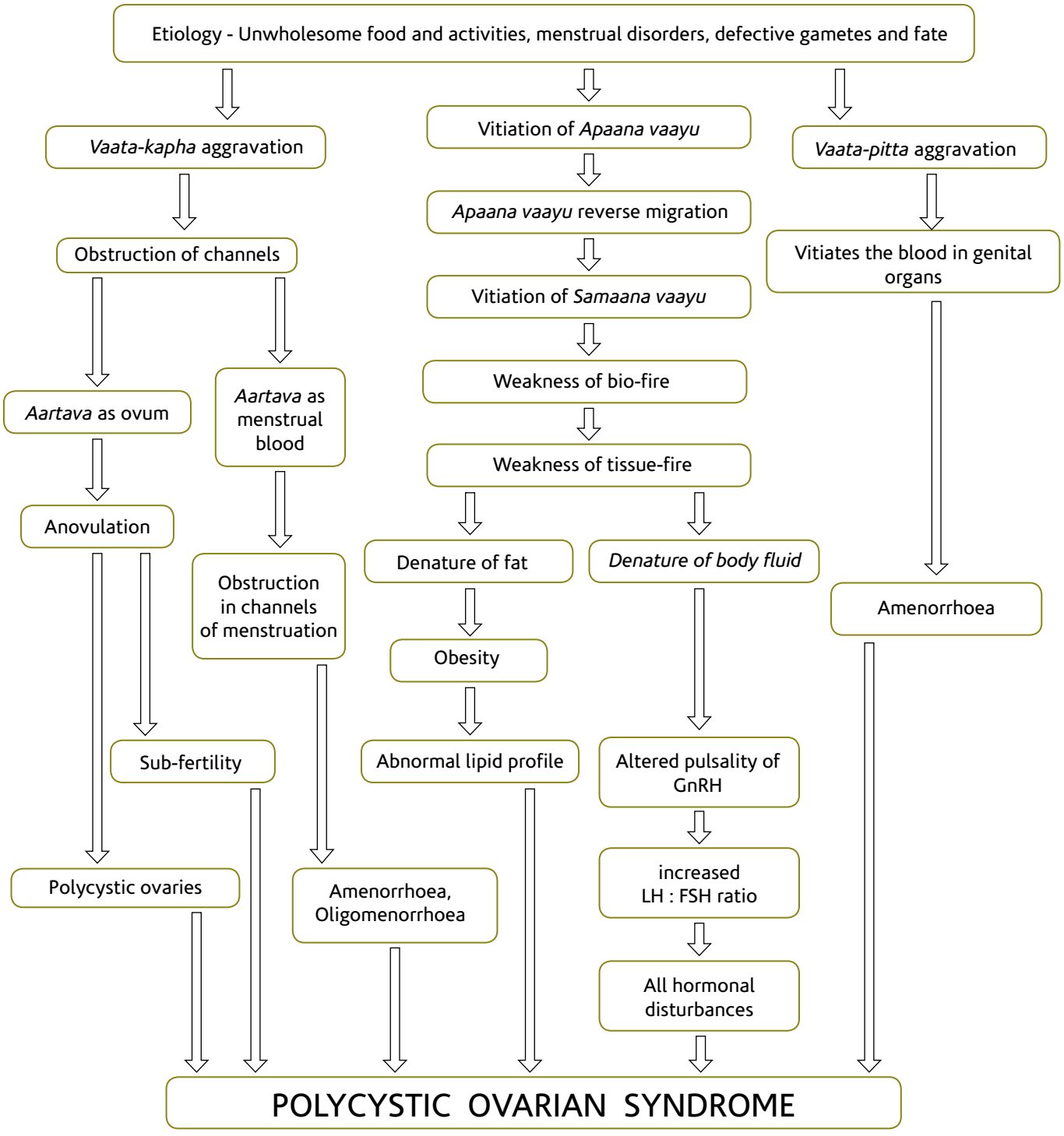
1. After oleation (*snehana*) and sudation (*svedana*) enema (*vasti*) is the best treatment for PCOS as the main causative factor of PCOS is vitiation of Vaata. So dose enema (*maatraa-vasti*) and uterine enema (uttara-vasti) are highly efficient to calm down vaata .

2. Oil massage (*abhyanga*) of whole body with oil that pacify vaata .

3. Sudation after oil massage.



PATHOGENESIS



Internal medicine

There is anovulation and multiple cyst formation in ovaries due to obstruction.

1. To clear obstruction

a. *Kaancanaara Guggulu*.

b. Decoction 1) *Cyclea peltata* (*paa<u>t</u>haa*), the three acrids (*tryoosh<u>n</u>a* – long pepper, black pepper and dry ginger), *Holarrhena pubescens syn. H. antidysenterica* (kurchi - *ku<u>t</u>aja*) or
2) *Cyclea peltata, Tribulus terrestris* (land-caltrops – *trika<u>nt</u>aka*) and *Holarrhena pubescens*.

c. Vaginal suppository - four castor oil packs per week for 1hour, upto six months.

2. To normalize metabolism

a. Indian myrrh, fennel, fenugreek, the three acrids, the three myrobalans (*triphalaa*) and *Terminalia arjuna* (*arjuna*) are useful for reducing excessive weight and obstructions.

b. Powder of *Saraca asoca* (*a<u>s</u>oka coor<u>n</u>a*), the ten roots (*da<u>s</u>amoola*), *Withania somnifera* (*a<u>s</u>vagandha*), *Asparagus recimosus* (*<u>s</u>ataavaree*), *Anethum sowa* (dill seeds – *<u>s</u>ata-*

pushpa), garlic, and *Yogaraja guggulu*, *Candraprabha vatee*, *Poornachandrodaya rasa* and *Kanyaalohaadi vatee* are beneficial.

Goal of these drugs are reducing circulatory androgens, optimizing ovarian function and supporting optimal endocrine function.

3. To Assist cleansing

Intake of powder of the three myrobalans helps to clean the bowel.

4. Regulate *Aartava Dhaatu*

a. Cold decoction made with black sesame seeds, *Cordia dichotoma* (sebesten – *selu*) and *Carum bulbocastanum* (caraway seeds – *kaaravi*) mixed with jaggery induces menstruation.

b. Use of powdered leaves of *Celastrus paniculatus* (climbing staff plant – *jyotishmatee*), ash from *Salsola baryosma* (*svarjikakshaara*), mustard, *Acorus calamus* (*vacaa*) and stem bark of *Pterocarpus marsupium* (Indian kino tree - *asana*) with cold water for three days induces menstruation.

c. Use of properly prepared decoction of black sesame seeds mixed with jaggery in the morning induces menstruation.

5. To Increase Sugar tolerance and Decrease Insulin resistance

a. ½ to ¾ tsp. of cinnamon with every meal helps to keep insulin and blood levels under control.

b. Take a paste made from 21 leaves each of *Azaridacta indica* (neem), *Aegle marmalos* (bael), and *Oscimum sanctum* (tulsi) at the time of breakfast to reduce insulin resistance.

c. Soak 1 tsp. fenugreek seeds at bed time in a cup of water and drink this water in empty stomach.

d. Bitter guord (*karela*) and *Gymnema sylvester* (*meshasrngee* – gurmar) reduces fasting and post prandial blood sugar without increasing insulin, appears to enhance tissue sensitivity to insulin.

e. Exercise enhances tissue sensitivity to insulin.

6. Nervines- To control the stress of amenorrhoea and infertility, organic withania roots, *Nardostachys jatamansi* (spikenard – *jataamaanci*) *Bacopa monnieri* (thyme leaved gratiola - *brahmi*), the ten roots etc. are helpful.

7. To combat infertility

a. *Phala ghrta*

b. *Brihatsataavaree Ghrta*

c. *Yogaraja-guggulu*

d. *Balaa taila, Satapushpa-taila, Naaraayana-taila, Sataavaree- taila*.

e. *Pooga-paaka*.

Summary

1. PCOS is an emerging problem among the women of reproductive age group leading to endocrine dysfunction and multiple signs and symptoms.

2. It should be properly investigated and diagnosed for effective management of the syndrome

3. There is no single disease entity which resembles PCOS in Ayurveda but by considering its signs and symptoms it is near to *vandhyatva, arjaskataa, lohitakshaya yonivyaapat or granthibhoota and ksheena aartavdushti* etc.

4. It is quite necessary to understand its pathogenesis according to Ayurvedic concepts for its effective management.

5. Dietary modifications, life style changes, *Panjcakarma*, Yogic postures and Ayurvedic medications are main stay of management of PCOS.

Conclusion

To treat the PCOS through Ayurveda it is necessary to understand its pathogenesis. Life style changes, balanced diet, weight reduction, *Panjcakarma*, Yogic postures along with ayurvedic medication are very promising in the management of PCOS. ■

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An insight into Topical Treatment (*bahirparimaarjana cikitsaa*) a novel perspective



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Success in treatment is the combined effect of acquaintance of textual knowledge and its judicious applications on patients. Treatment may be topical (*bahiḥ-parimaarjana*), systemic (*antaḥ-parimaarjana*) or by surgical intervention (*śastra-praṇidhaana*)

Among these three, *bahiḥ-parimaarjana* – topical oriented therapy is gaining more importance because of its manifold merits which play pivotal role both in health care and disease cure.

The concept of *bahiḥ-parimaarjana* is described in all the three major texts of Ayurveda but the description is more vivid in Caraka-saṃhita (C.Soo.11/55) and Aṣṭaanga-saṃgraha (A.S.Soo.12/6)

The Realm of Topical treatment

The topical treatment encompasses the following therapies

Application of oil (*abhyanga*) - process of application of fatty substances on the body.

Sudation (*svedana*) - inducing sweat with certain drugs, constructions or instruments

Powder pouch fomentation (*coorṇa piṇḍa sveda*) - sudation with dry or unctuous (*snigdha/ rooksha*) pouches containing medicinal powders.

Sand fomentation (*vaalukaa sveda*) - type of dry fomentation with pouch of sand.

Leaf-pouch-fomentation (*patra poṭalee sveda*) - fomentation with pouch of herbal leaves.

Lemon-pouch-fomentation (*jaṃbeera piṇḍa sveda*) - fomentation with pouch of chopped and fried lemon.

Rice-pouch-fomentation (*shaashṭika śaali piṇḍa sveda*) - sudation with pouches containing boluses of cooked rice. The rice is cooked with milk and decoction of sida roots (*balaa moola*).

Brick sudation (*ishṭikaa sveda*) - special sudation technique done with the help of brick. This is done on painful heels (*Vaatakaṇṭaka*).

Poultice (*upanaaha*) – a type of regional sudation by bandaging the







medicine with/ without heating it.

Body irrigation (*kaaya-seka*) - procedure in which warm oil or decoction is poured on the body or specific part for a stipulated period in a specific manner.

Immersion (*avagaaha*) – in this the patient is made to sit or lie in a tub containing medicated liquids.

Acetic irrigation (*dhaanya-aml̲a dhaaraa*) - body irrigation done with acetic liquid (*dhaanya-aml̲a*)

Milk steam (*ksheera baashpa*) - fomentation using the steam of boiling milk. The steam is directed towards the body part using a tube (*naad̲ee-sveda-yantra*).



Retention on knee (*jaanu vasti*) - modified unctuous fomentation (*snigdha sveda*) where warm fat is retained over the popliteal area of knee for a specific time.

Lumbar retention (*kat̲ee-vasti*) - local unctuous fomentation where warm oil is kept at lumbar area for a prescribed time.

Retention on neck (*greevaa-vasti*) - local unctuous fomentation where warm oil is retained on neck for a prescribed time.

Oiling the head (*s̲iro-abhyanga*) - applying medicated oil with proper massage on the scalp.

Irrigation on scalp (*s̲iro-seka*) - pouring medicated oil, medicated decoction, medicated butter milk or medicated milk on the forehead with proper frequency of oscillation, duration and distance.

Oil Pad on head (*s̲iro-picu*) - cotton plug dipped in oil or rolled with medicines to be placed on vertex, and immobilized with bandage.

Oil retention on head (*s̲iro-vasti*) – retention of lukewarm oil on scalp (head) for a prescribed period.

Mild massage (*sam̲vahana*) - applying gentle pressure on the affected body parts with palm according to the requirement

Massage with feet (*padaaghaata*) - applying pressure on the affected body parts with the sole of feet.

Medicated bath (*oushadha siddha snaana*) - bathing with medicated decoction. This is mainly indicated for new born, postnatal women and in certain skin diseases.

Wearing fragrant garlands (*gandha-maala-dhaaran̲a*) - wearing garland having fragrance for the maintenance of health.

Wearing gems (*man̲i-dhaaran̲a*) - wearing gems to eradicate certain ailments by warding off inauspicious influences.

Upward powder massages (*udvartana*)[*utsaadana* and *udgharshan̲a* are its modifications.] – application of medicated powder with or without any liquid media all over the body or a region (*ekaanga* or *sarvaanga*). This is done mainly to reduce fat and kapha. Usually the massage is hard and upwardly directed.

Coat (*lepa*) - application of paste made by mixing finely powdered drug with appropriate liquid. This is usually regionally applied (*ekaanga*) but can be done on the whole body (*sarvaanga*). There are different varieties of coating according to the purpose and nature of medicines. [*aalepa*, *pralepa*, *pradeha*, *mukhalepa*, *pratisaaran̲a* are modifications of *lepa*.]

Rice-paste (*anna-lepa*) - application of cooked rice prepared with medicinal decoction and milk on the body.

Retention of ghee on the eye (*netra tarpan̲a*) - type of *snehana/ pravicaaran̲a snehana* done with medicated ghee which is kept at ophthalmic region for the specific time. (*put̲apaaka* is a modification of this procedure.)

Collyrium (*an̲jjana*) - application of medicine to the lower eyelid margin.

Coating on lid (*vid̲aalaka*) – application of medicinal coat on the lid.

Pouch on lid (*pind̲ee*) – a small pouch of medicinal paste is placed on the eyelids.

Eye drops (*aas̲cyotana*) - instilling medicated liquid to the eyes.

Filling the ear (Ear-drops - *karn̲a-pooran̲a*) – medicinal liquid is applied and kept in the external auditory meatus for a specific time to treat the disorders of ear.

Gargling and oral retention (*kavala and gandoosha*) - keeping medicated liquid in the oral cavity with appropriate quantity for prescribed time.

Vaginal suppository or pad (*yonee picu*) - cotton plug dipped in medicated oil or rolled with drugs to be placed in side the vagina.

Vaginal douche (*yonee prakshaalana*) - washing the vaginal region with medicated decoction.

Caustic coat (*kshaara-lepa*) - application of alkaline coat on the affected area.

Local thermal cauterization (*sthaanika agni-karma*) - application of heat with certain instruments or heated drugs on affected part.

Critical Appraisal of Concept of Topical Treatment

According to Caraka-samhitaa (C.Soo.11.55), Vaagbhata (A.S.Soo.12.6), and Gangadhara's commentary on Caraka-samhitaa (C.Soo. 11/55) *bahih-parimaarjana cikitsaa* is the topical application of drugs such as application of oil (*abhyanga*), sudation (*sveda*), irrigation (*parisheka*), coating (*pradeha*) and pressurizing (*unmardana*). The text uses 'etc.' (*aadi*) giving room for the inclusion of other therapies like gargle (*kavala*), oral retention (*gandoosha*), retention on orbit (*netra-tarpana*), filling the ear (*karna-poorana*), vaginal pad (*yonee-picu*). In all these topical procedures the effect of medication or therapy is more local than systemic.

Modern science also opines that "the chemical agents may be applied to the skin or on mucus membrane for localized effects within the skin or on mucus membrane". The drugs used may be protective, adsorbents, demulcents, emollients and cleansing agents. These drugs may have astringent, irritant, rubefacient, vesicant, sclerosing, caustic, escharotic, keratolytic actions.

Topical treatment or external purification therapy includes various applications, fomentation, cautery etc. Though they are simple procedures, they have a say in ayurvedic therapy.

The term "*bahih-sparsanamaasritya*" (depending on external touch) of Caraka-samhitaa and Gangadhara as well as "*baahyatah suddikaaraka*" (externally purifying) of Vaagbhata could be compared to "topical application" having more local than systemic effect.

Pharmacokinetics and Pharmaco-dynamics of Drugs of Topical Treatment

According to Ayurveda, the drugs used topically in are getting absorbed into the skin through hair roots, sweat glands and capillaries (S.Soo.21.10).

The drugs used topically might get absorbed in to the skin with the help of *vyaana* and *praana* factions of vaayu and get metabolized by *bhraajaka-pitta* with indirect influence of kapha. (Dalhana on S.Soo.21.10).

According to modern pharmacology, the topically used drugs are metabolized by variety of enzyme systems of epidermis like CYPs, epoxidehydrolase, transferases such as N-acetyl-transferases and diverse enzymes including glucoronyl tansferases and sulfatases,

Many of the topical treatment modalities are very simple so that the patients or bystanders could learn their application easily. They could be executed as household medicines. Learning these practices will avoid the trouble of running to the clinic every now and then.

Factors affecting absorption & action of a topical drug

According to Ayurveda -

a) Direction – opposite *(pratiloma)* – Lepa; downward *(anuloma)* – *abhyanga*

b) Form

- Oil – lukewarm- Always
- Paste – Warm (kapha-vaata doshas & cold season); cold (pitta dosha & hot season)
- Powder - Fine – Always
- Liquid – Warm or cold

c) Duration – Dosha and disease specific

d) Additives – Fats, cow's urine, water, milk, honey etc.

d) Bandaging – Neither too tight nor too loose. – Avoid in burns and diabetic wounds

According to modern science:

a) Local Temperature - Raising the local temperature enhances penetration of the drug.

b) Form of Drug –

- For dry skin lesions – ointment or paste, promotes percutaneous absorption of the drug and thus ensures quick effect.
- In oozing skin lesions – drugs having astringent effect (potassium permanganate) help for the evaporation of water and brings out surface cooling and capillary constriction effects and thus reduces oozing.

c) Nature of the drug- The drug should have low molecular mass, adequate solubility in oil and water and high partition co-efficiency for better absorption.

d) Hydration of skin: Hydration of skin enhances drug absorption.

e) Vehicle: 1) ointment base is superior than base of cream or lotion.

2) Liposomes (different lipids) and micro-gels (polymers enhancing solubility of topical drugs) enhance penetration and diminish irritancy.

f) Thickness of the skin: Permeability is inversely proportional to the thickness of the stratum corneum (outer layer of the skin). Topical treatment has gained greater appreciation and esteem position in the field of pharmacotherapeutics. Its potentiality is clear in all the eight clinical branches of Ayurveda because of its incredible credentials.

If choice exists, between local and systemic therapies, both forms of treatment are equally effective, and then local treatment is always preferable to systemic. ■

Qualities of a student – An Ayurvedic perspective

Dr. T.R. Jayalakshmy
Editor, Kerala Ayurveda Vaidyam

In Ashtaanga-samgraha sootra sthaana 2nd chapter, the rights and duties of ayurvedic students and teachers are explained. A student of Ayurveda is bestowed with the right to select his own teacher. The teacher also has to adhere to certain criteria in selection of students.

A person who wish to study the science should have certain minimum qualities. The student should be attached and devoted to the preceptor. The qualities of a prospective student are enlisted below: -

Industry

Intelligence, good memory and ability

Physical and mental fitness without handicaps

Structurally and functionally normal and intact organs, especially face, nose, eyes and and other sense organs. Organs of phonation should be intact.

Smooth, unctuous and thin nails and healthy complexion

Celibacy – both mental and physical

Unaffected by happiness and sorrow

Courage

Good conduct

Strength and immunity

Physical, mental and verbal hygiene and reluctance to do unethical things.

Once selected the student will be on probation for six months and in this period he will be under surveillance and if found unfit he will be readily rejected. In short, the student should be totally healthy from the physical, mental, social and intellectual perspectives. Such a student should be taught by an expert teacher until he has completed all the portions of the science in its theory and practice.



Let us examine the practicability of these conditions in the present scenario.

All the above said conditions focus to a single objective. It is the wellness (*svaasdhya*) of the student.

Why Ayurveda instructs these qualities for a student? When we study a science we will be subjected to various stress and strains of education. To withstand such difficulties we should have a good health profile. In the past, the total social set up had an out look to have perfection in every aspect of life; no matter whether it is education, profession, business, administration or any other walk of life. To complete the course of study satisfactorily the student should be healthy. He has to practise the lessons regularly until they are thorough enough and the preceptor get satisfied with his undoubtful knowledge. Education in ancient India was not time bound. In that time the overall development of technology was poor so that more physical exertion was required to fulfill the ambitions of people. For example, there was no external aid to correct the functional errors or structural anomalies of sense organs such as myopia, hypermetropia or hearing impairment etc. Sense organs are the gateways of acquiring knowledge. Only if they are intact the person is eligible to learn. This is the significance of physical wellness of a student.

Nowadays there are options to correct most of the sensory impairments to a remarkable extent.

According to Indian philosophy knowledge is acquired through four different ways. Only a quarter of the total pool of knowledge will be usually obtained from the preceptor, another quarter is gathered from colleagues. The third quarter is to be acquired by the student himself, and the final quarter will be accumulated naturally in due course. In every aspect of acquiring knowledge the student is the subject. In turn his health profile is the deciding factor. Irrespective of the advancement in technology and the changes in lifestyle of the people, the basic process of learning is not changing. The flow of knowledge is always from a higher gradient to a lower one.

On analyzing critically the prescribed criteria for the selection of students of Ayurveda, it is evident that the applicant should be screened thoroughly before invocation.

Studying is not just a process of collecting information. It is more superior. Collected information and acquired knowledge are to be screened rationally and arranged in proper order. Think about the underlying principles and practice regularly. If a student studies in this manner his mind will expand continuously and he can gather endless knowledge. This is the significance of mental wellness of a student.

Make use of the knowledge for the well being of mankind. Follow the code of conduct strictly. Such a scholar will be able to identify others with himself, and such a student will be the pride of the Guru, school and the society. ■

SAASTRA-MATHANAM

Subfertility may have many reasons. It may be due to ovulation problems, defects of uterus, block of the fallopian tubes, incompatability of semen and vagina, intact tough hymen, or even sexual ignorance. Problems of men such as impotence and defective spermatozoa also play a role. To find out the exact cause the doctor should have an insight of our treatises.



Subfertility

Subfertility is a less than normal capacity for reproduction. Infertility almost implies sterility. Hence nowadays the term subfertility is mostly used to mean the condition of having no children. This term provides hope that the problem can be corrected. Subfertility should be suspected if pregnancy does not occur even after a year of effective living together.

Subfertility is of two types – primary and secondary. Primary subfertility is total lack of pregnancy. In secondary subfertility the problem occurs after childbirth.

We get guidelines for examining subfertility in (A.H.Saa.1.8)

It is mentioned that the man and woman should have completed 20 and 16 years of age respectively and that

- the uterus (*garbhaasaya*) = the structure and function of the uterus
- the path (*maarga*) = fallopian tubes
- blood (*rakta*) = ovum, the female gamete
- semen (*sukla*) = spermatozoa or male gamete and semen proper
- wind (*anila*) = the pelvic faction of vaata termed *apaana vaayu* which is responsible for the expulsion of semen, menses, feces, urine and fetus and
- mind (*hrt*) should be pure to get a proper pregnancy.

All these are to be examined. According to Amarakosa, the famous Sanskrit thesaurus, *hrt* is the synonym of mind. Here *hrt* means mind as it is mentioned that a benevolent mental attitude is the prime factor for getting pregnant.

The testing of uterus includes excluding the deformity of uterus. Uterus may have many deformities. Positional deviations of uterus, underdeveloped uterus, very small uterus etc. are not conducive to pregnancy.

Fallopian tube may be infected. Two types of infections are important according to modern science.

1. Tuberculosis. It is rare now. Yet it is important as it will





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Saastra-mathanam (churning of science) is a discussion program conducted at Kerala Ayurveda Hospital, Aluva on all Tuesday afternoons except the 3rd Tuesdays. Padmasree Dr. K. Rajagopalan MBBS, DAM, FAIM is leading the discussions. Doctors of KAH, doctors of nearby KAL outlets and scientists of KAL participate in the discussion.

Mind has a say in sex and reproduction. Many cases of subfertility can be corrected by psychologic counselling and imparting of sex education to the couples.

cause adhesions inside the tube. This will obstruct the passage of the ovum through the tube.

2. Infection of the surrounding areas due to surgery. This also will affect the condition of the tube.

Analysis of semen

• Normal sperm count may be up to 120 million.

• The sperm count should be 40 million for fertilization. Yet even 20 million will suffice. It is not the count that counts. Other things such as motility are to be considered.

• Quantity of semen should be 3.5 ml. But even 3 ml may do.

• 80 to 90% of sperms should be motile. Average is 80%. Even 75% will do.

• Morphology of the 80% of sperms should be normal. There are many morphological aberrations like lack of head.

• There should be no pus cell.

There will be motile sperms, dead sperms and deformed sperms. Motile sperms are responsible for pregnancy. Motility is affected mainly by the mucous plug of the uterine cervix. There may be antisperm antibodies in this mucous. If so, we should correct it. In modern medicine correcting this is difficult. But we have ways and means. According to our science, *panjcakarma* are to be done. We can adopt simpler methods for this. Give internal unction in small doses for three or four days with *Kalyaanaka ghrta*. After this a mild sudation is given. Sometimes a hot water bath will suffice. Purification is limited to purgation. This is commonly done with *Avipatti-coornam*. Again unction is given. *Kalyaanaka ghrta* is mostly used. For those who have oligospermia, *Amrta-praasa* also is given. But it should not be given in obese persons. It will increase obesity. If the patient is suited, enema (*vasti*) is given. Usually *raaja-yaapana-vasti* is given.

By concept woman is fiery (*aagneya*) and man is moony (*saumya*). The reversal of this can cause subfertility. Even the change in pH will matter. Sperm is heat guided. It is seen that medicines used for increasing count decreases motility and vice-versa. Drugs that increase count may be unctuous (*snigdha*). When unctuousness increases motility will decrease. On the other hand drugs that increase motility are sharp. They reduce unctuousness and may reduce the count. Similarly, when we give Ciruvilvaadi decoction in piles we find that count is reduced and motility is increased. This is a clinical evidence for the concept. Tight fitting dress at waist will reduce spermatogenesis. Anything that increases the temperature of the body or the testes decelerates spermatogenesis.

Kerala Ayurveda have conducted a study on subfertility recently. The number of patients for the study is not sufficient. Yet we got some positive result from the study. The drug used was Promactil which contains Indian elm (*ciruvilva*).

In modern medicine there are tests to examine the endometrium etc. In Ayurveda such things are ascertained indirectly from the status of the menstrual flow and its nature. There are many details regarding such things. These were the things explained in the beginning. The main point is to note the menstrual flow, its periodicity, nature and abnormalities. The details are very important and we could infer about the condition of the ovum. Even in Caraka-samhitaa there is the reference of cells and their organelles. It is mentioned that "there are innumerable very minute parts in the

body. They are not perceivable with sense organs. The cause of the union, division, action and nature of these minute parts is vaayu"(C.S.Saa.7.17). Nature cannot be amended (*Svabhaavo nishpratikriyah*) The gamete (*beeja*), its organelles (chromosomes – *beeja-bhaaga*) and the part of the organelles (genes – *beeja-bhaaga-avayava*) are also mentioned (C.S.Saa.4.30). It is mentioned here that if the humors do not completely pollute the gamete, pregnancy could occur but according to the denaturing of the organelle or its part or parts there will be deformity in the fetus. This shows that there was ample genetic insight even at those periods.

If the menstrual blood contains black lumps, it is to be specifically noted. This condition is called coagulated menses (*grandhyaartava*). First, we should cure it by treatment. Ashtaanga-hrdaya mentions a specific decoction for it. In this formulation *vrkshaka* means *palaasa* (*Butea monosperma = B. frontosa*) [According to Arunadatta *vrkshaka* is *kutaja*.] If pus cells are there (*pooyaartava*) *Tiktaka ghrta* which combats pitta is ideal. *Mahaa-tiktaka ghrta* also may be given in the decoction of sida (*balaa*). Modern medicine prescribes antibiotics here.

In *ksheena-sukla*, modern medicine provides hormonal therapy. They give pituitary hormone, testosterone, bromocriptin etc. It is said that these are effective. For us, the powder of the cotyledons of common cowitch (*aatmagupta*, *kapikacchu*, cowhage = *Mucuna pruriens = M. purita*) is effective. Some formulations containing cowitch, withania (*asvagandha*) etc. are available in the market. These increase the count. If affordable, gold preparations (*svarna bhasma* etc.) may be given. It is found that semen itself contain traces of gold. *Saarasvata-arishta* is comparatively cheaper. *raaja-yaapana-vasti* is indicated here (A.H.K.4.37-43.).

Now, we shall consider two terms – oligospermia and azoospermia. They are important. There are three grades for oligospermia.

1. Mild oligospermia – 10 to 20 million.
2. Moderate 5 to 10 million.
3. Severe 5 million and below.

In oligospermia the count is reduced. The reduction in count may be due to various causes such as smoking, alcoholism, drug addiction, mental stress and lack of rest. In general, modern life style may cause oligospermia.

Subfertility is a treatable condition. Ayurveda can afford to provide good results in this case. We have to follow our treatises meticulously and judiciously in the treatment of subfertility.

It is said that varicocoele is the cause for 50% of male subfertility. If there is varicocoel, better resort to surgical correction. In varicocoele venous drainage and temperature regulation are impaired and optimal spermatogenesis is not possible.

In azoospermia there is no count at all. We should identify the cause of azoospermia. Azoospermia may be due to Pituitary cause. It may be due to the cells of the seminal vesicle or it may be due to the obstruction of the vas deferens.

First find out the cause. There may be curable conditions and incurable conditions. For this testicular biopsy is needed. It will differentiate between testicular failure and obstruction in the vas deferens. It also reveals whether the seminiferous tubules are normal and not stimulated by the anterior pituitary gland or whether they are incapable of function due to primary gonadal failure. Thus only after the testicular biopsy we could predict the prognosis.

High FSH (Follicle Stimulating Hormone) indicates primary gonadal failure.

Normal FSH level with azoospermia indicates obstructive lesion in the vas deferens or epididymis.

Low FSH indicates pituitary defect and need for FSH treatment.

There may be chromosomal abnormalities in some cases. To find out them chromosomal study is required. If there is chromosomal abnormality, treatment is very difficult. But research studies on such cases may be conducted.

In Ashtaanga-hrdaya (Saa. 1. 10 to 16) various vitiations of gametes by the humors are mentioned. This is a point of research. The color etc. of the semen collected may be examined from this perspective. Here the purification therapy is important.

Vaatikee is an important disease mentioned among vaginal diseases (*yoni-vyaapat*) (A.H.U.33. 28-31). Here *aayaama* is a sign. It means lengthening or dislocation of uterus (*sramsa*). There will be numbness, hyperaesthesia and pain in vagina. The menses blood will be frothy, dark brown (*aruna*) or black (*krshna*), scanty (*alpa*), thin (*tanu*) and non-unctuous (dehydrated, *rooksha*).



There will be uterine stasis (lack of uterine movements), roughness (*karkasa*) and there may be sound emerging from the uterus during menstruation. There will be pain in loins, flanks etc. The condition may cause growths such as fibroid (*gulma*) gradually. This is a degenerative condition of the uterus. As dislocation of uterus occurs the uterus will become a foreign body. (A.H.U.34.26).
There will be other signs of vitiation of vaata. The disease is mentioned in many other contexts. *Aticaranaa* is a variation of this disease caused by excessive coitus.



For fertilization, ovulation is a pre-requisite. Ovulation usually occurs 14 days before the next menses. This may vary.

Impotence (*shaandya/ klaibya*)

There is another topic called impotency (*shaandya*). In fact it also can be included in sub-fertility. The best classification of *shaandya* is given by Bhaava Misra. Seven types of *shaandya* are mentioned by him according to etiology. It includes sub-fertility due to psychic factors, diseases, weakness etc. From modern perspective this classification is scientific. The seven types are: -

1) Mental impotency (*maanasa klaibya*) – due to emotions such as fear, anger and grief, due mental trauma caused by substances and circumstances which are disliked etc.

2) Pittaja impotency (*Pittaja klaibya*) – caused by reduction of semen by the use of food etc. aggravating pitta.

3) Indulgence impotency (*Ativyavaayaja klaibya*) due to over indulgence in sex without aphrodisiacs (*vaajeekarana*), causing erectile impotence due to reduction of semen (*sukra-kshaya-hetuka*).

4) Penile disease impotency (*medhraja klaibya*) due to serious diseases of penis.

5) Vas section impotency (*veerya-vaahi-siraa-cchedaja klaibya*) as in vasectomy.

6) Celibacy impotence (*brahmacaryaja klaibya*) due to strong mental inhibition.

7) Congenital impotence (*Sahaja- klaibya*)

Of the above vas section impotency and congenital impotency are incurable. Treatable impotencies should be cured by removing the etiological factors.

In Caraka-samhitaa, four types of *shaandya* are mentioned (C.S.Ci.30. 154.). They are due to

1) defective gamete

2) erectile dysfunction

3) senility and

4) reduction of semen.

Susruta-samhitaa, in the definition of reproductive medicine (*vaajeekarana tantra*) itself, four types of defects of semen are mentioned. They are 1) scanty semen (*alpa-retas*), 2) polluted semen (*dushta-retas*), 3) reduced semen (reduced by excessive coitus (*ksheena-retas*) and 4) dehydrated semen (reduced count - *visushka retas*) and their treatments are also mentioned. Accordingly facilitating production in scanty semen (aapyaayana), clarifying (prasaadana) in polluted semen, increasing (*upacaya*) in reduced semen and generating (*janana*) in dry semen (lack of semen or spermatozoa) are the treatments.

It is mentioned that many diseases may occur due to sub-fertility such as uterine bleeding (*asrgdara*), hemorrhoids (*arsas*), fibroids (*gulma*) and neurological disorders (*vaata roga*) (A.H.U.33. 52). In Ashtaanga-hrdaya (U.34) *panjcakarma* treatment is mentioned with great importance both in the case of male and female sub-fertility.

Purified with these procedures the women will get pregnant as the gamete is not polluted. Sida (*balaa*) is considered as a wonder drug in generating and maintaining pregnancy(Cikitsaa-manjari – Garbhinee Cikitsaa 98). It can be administered with milk or without milk, with ghee or without ghee. Many cases have been saved with this drug. *Garbha-rakshaa gulikaa* of old physicians of Kerala contains mainly sida. It also contains some iron (*bhasma* or *annabhedi*) and cumins (*jeeraka*). *Sukumaaram Kashaaya, Kalyaanaka Kashaaya* and *Makaradhvaja vatee* has proved effective in multi-hormonal problems in connection with sub-fertility. Similarly, though mentioned in anemia *Daadima ghrta* is useful in sub-fertility. *Kalyaanaka ghrta, Phalasarpis, Sukumaara ghrta* etc. are also useful.

Kalyaanaka ghrta is mentioned in mental disease. How come it is useful in sub-fertility?

It acts at hormonal levels and the master gland of the body is pituitary. The ghee may be acting at that level. Among decoctions *Sukumaaram Kvaatha, Kalyaanaka kvaatha, Dhanvantaram kvaatha* and *Saptasaaram kvaatha* are important. In *Saptasaaram* dry coconut also should be added. Thus we find that there is effective treatment for subfertility in Ayurveda.

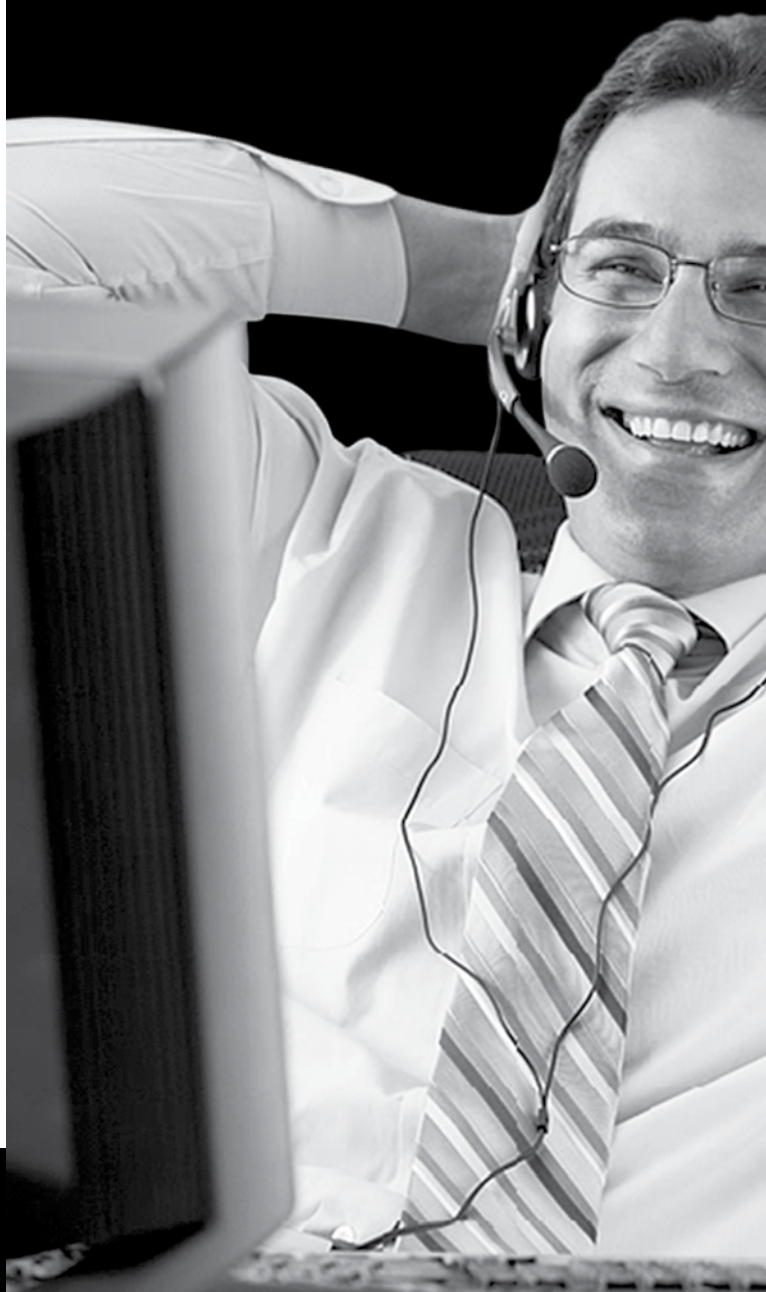
If properly diagnosed and treated good results can be attained by ayurvedic treatment in subfertility.■

Be an Energizer

Nandakumar

AGM, Marketing,
Kerala Ayurveda Limited

"Harmonious work is the back bone of every growing firm. The total crew of the firm should have a rhythm in their activities. This needs a healthy team work. For that each one should be healthy and energetic individually. Charge yourself with positive energy. Here are some tips to energize you."



Some people become leaders, no matter what their chosen path is, because their positive energy is so uplifting. Even in tough times, they always find a way. They seem to live life on their own terms even when having to comply with someone else's requirements. When they walk into a room, they make it come alive. When they send a message, it feels good to receive it. Their energy makes them magnets attracting other people.

Just plain energy is a neglected dimension of leadership. It is a form of power available to anyone in any circumstance. While inspiration is a long-term proposition, energy is necessary on a daily basis, just to keep going.

Three things characterize the people who are energizers.

1. A relentless focus on the bright side.

Energizers find the positive and run with it. A state government official in a state who doesn't like government, overcomes that handicap through her strong positive presence. She dispenses compliments along with support for the community served by her agency, making it seem that she works for them rather than for the government. She greets everyone with the joy generally reserved for a close relative returning from war. I can see eyebrows of skeptics starting to rise, but judging from her success, people love meeting

with her or getting her exclamation-filled emails. She is invited to everything.

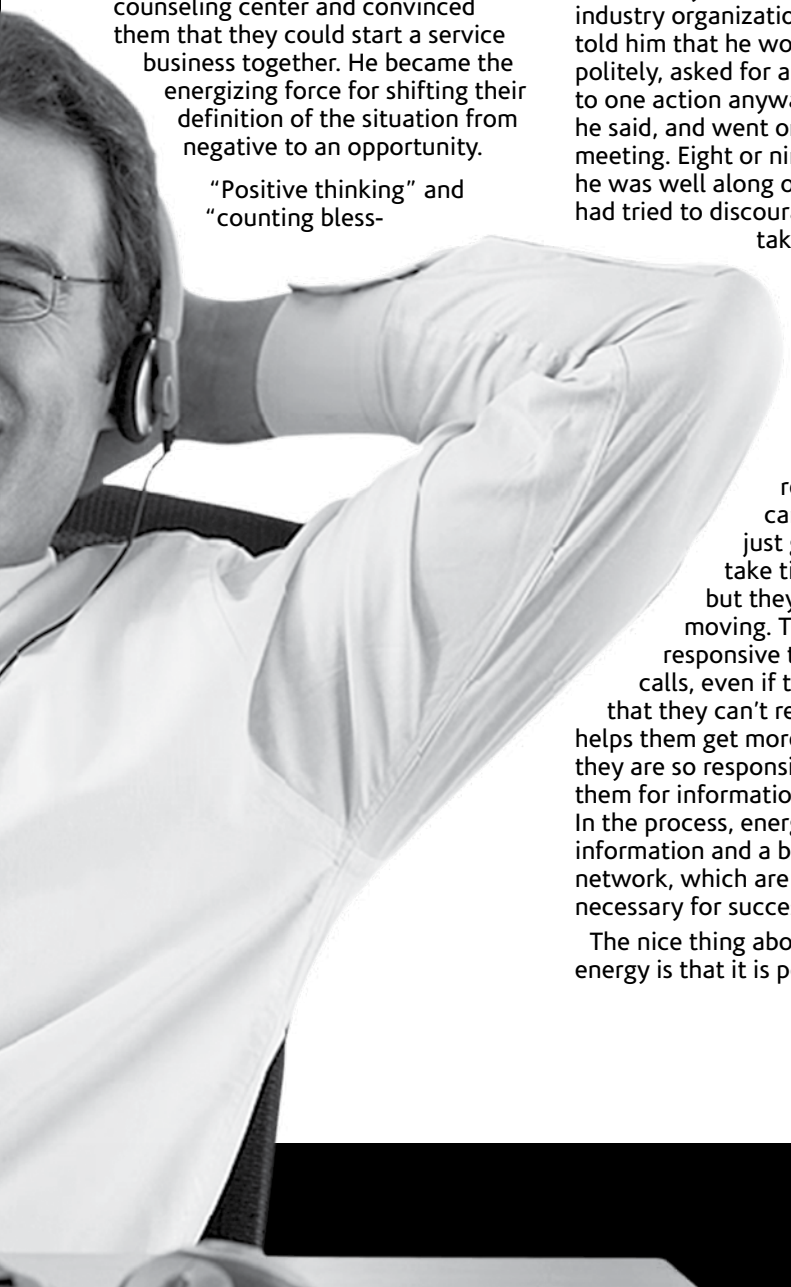
The payoffs from stressing the bright side can be considerable.

2. Redefining negatives as positives.

Energizers are can-do people. They do not like to stay in negative territory, even when there are things that are genuinely depressing. For example, it might seem a stretch for anyone to call unemployment as "a good time for reflection and redirection while between jobs," but some energizers genuinely stress the minor positive notes in a gloomy symphony. A marketing manager laid off by a company hit hard by the recession, saw potential in people he met at a career counseling center and convinced them that they could start a service business together. He became the energizing force for shifting their definition of the situation from negative to an opportunity.

"Positive thinking" and "counting blessings" can sound like naïve cliches. But energizers are not fools. They can be shrewd analysts who know their flaws and listen carefully to critics so that they can keep improving. Studies show that optimists are more likely to listen to negative information than pessimists, because they think they can do something about it. To keep moving through storms, energizers cultivate thick skins that shed negativity like a waterproof raincoat sheds drops of water. They are sometimes discouraged, but never victims.

An entrepreneur who has built numerous businesses and incubated others had a strong personal mission to raise national standards in his industry. He began that quest by meeting individually with the heads of major industry organizations, all of whom told him that he would fail. He nodded politely, asked for a small commitment to one action anyway, just as a test, he said, and went on to the next meeting. Eight or nine meetings later, he was well along on a path everyone had tried to discourage him from taking.



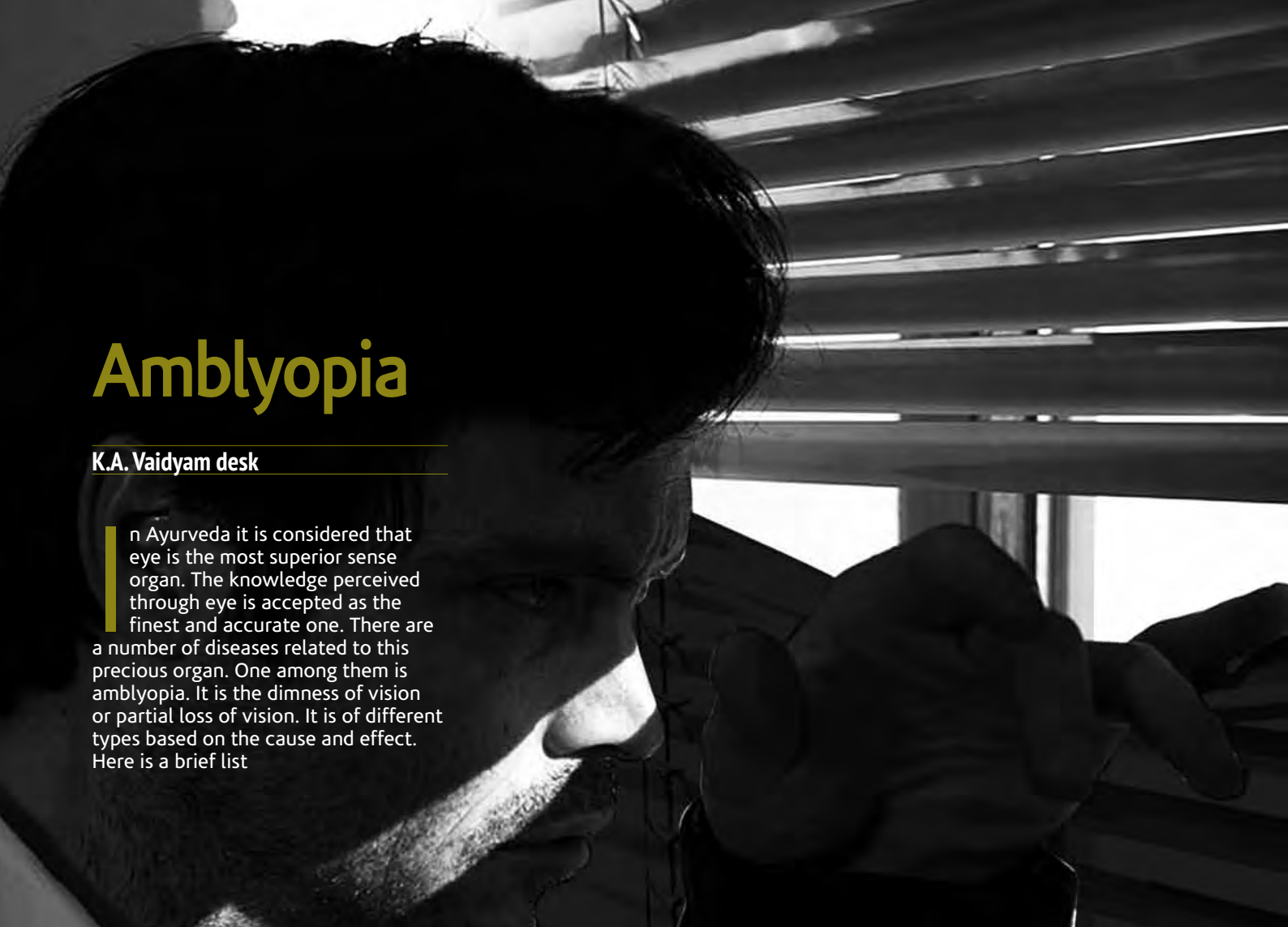
3. Fast response time. Energizers don't dawdle (waste time)

Energizers don't tell you all the reasons something can't be done. They just get to it. They might take time to deliberate, but they keep the action moving. They are very responsive to e-mails or phone calls, even if the fast response is that they can't respond yet. This helps them get more done. Because they are so responsive, others go to them for information or connections. In the process, energizers get more information and a bigger personal network, which are the assets necessary for success.

The nice thing about this form of energy is that it is potentially abundant, renewable, and free. The only requirements for energizers are that they stay active, positive, responsive, and on mission. Are you an energizer?

15 Tips to energize your life

- When you feel stressed take 10 deep breaths, focus on your breathing.
- Exercise at least 30 minutes a day.
- Stop drinking soft drinks and drink only water.
- Drink green tea instead of coffee.
- Sleep at least 8 hours a night.
- Surround yourself with positive and supportive people.
- Do one thing special for yourself every day.
- Eat fruits in your breakfast and vegetables in your lunch and dinner.
- Say a prayer or affirmation when you wake up or go to sleep.
- Read one inspirational book every month.
- Listen to your favorite song.
- Eat breakfast daily. It will increase your energy and increases your productivity at work.
- Don't be busy for lunch. Researchers agree that performance scores plunge when people miss lunch.
- Have an Attitude of gratitude.
- Take a short break throughout the day. Get up from your chair and take a walk. Stop looking at the computer screen, Stretch. Take a drink of water. Short breaks help you refocus and energize. ■



Amblyopia

K.A. Vaidyam desk

In Ayurveda it is considered that eye is the most superior sense organ. The knowledge perceived through eye is accepted as the finest and accurate one. There are a number of diseases related to this precious organ. One among them is amblyopia. It is the dimness of vision or partial loss of vision. It is of different types based on the cause and effect. Here is a brief list

- Amblyopia alcoholica – dimness of vision as a result of alcohol poisoning.
- Amblyopia exanopsia – dimness of vision from non use, occuring in the young as a result of cataract, refractive errors of high degree etc., which prevent accurate focusing on retina.
- Anisometrophic amblyopia – a functional amblyopia resulting from a marked difference in refractive errors.
- Color amblyopia (dichromatism) – partial color blindness: a form of defective color vision in which only two primary colors are seen and the spectrum is separated by an achromatic band.
- Eclipse amblyopia – solar or eclipse blindness; a macular photochromatism consequent to watching solar eclipses with inadequate protection; the condition is due to the burning action of thermal rays.
- Hysterical amblyopia – a manifestation sometimes of hysteria.
- Nocturnal amblyopia – nyctalopia (night blindness)
- Nutritional amblyopia – amblyopia resulting from lack of B-complex constituents, thiamin, riboflavin, niacin or vitamin B12. This condition is irriversible in prolonged deficiency.
- Receptor amblyopia – a result of retinal hemorrhages at birth.
- Strabismic amblyopia – a cortical suppression of central vision to aviod diplopia and confusion.
- Toxic amblyopia – chronic retrobulbar optic neuritis caused by tobacco, alcohol liquors, wood alcohol, lead, quinine, arsenic and certain other poisons.
- Uremic amblyopia – loss of sight without apparent lesion of the retina, sometimes occuring during an attack of uremia.

Ayurveda point out the significance of prevention of diseases through out the treatises. In this case also prevention is more important. The reasons for the occurrence of different types of amblyopia can be prevented if the people are aware about it. Ayurvedic physicians should give such an awareness to the public. At the same time we can offer some or other sort of ophthalmic therapies also. They are simple and cost effective like

- Irrigation of eyes with decoctions, example decoction made out of three myrobalans (*triphalaa kvaatha*)
- Retention of medicinal ghee over the eyes (*netra-tarpa<u>n</u>a*)
- Nasal medication (*nasya*)
- Applying medicinal pad on the bregma (*picu*)
- Collyrium (*anjjana<u>m</u>*)

As ophtalmology is much developed in Ayurveda we can handle such cases more effectively. Remember, eye is the most precious sense organ. ■

The perfect blend

Dr. Manmohan. R

Medical Superintendent,
AyurvedaGram, Bengaluru.



There has always been more mysticism associated with the teachings of the East which was (and is) construed more ancient than the teachings of the West. Societies and communities since thousands of years were heavily dependent on that mysticism, which closely bordered on the superstitious. In fact some of those like the patriarchal and caste dominated societies in India, gained tremendously from such beliefs when they went to any extremes to have these engraved deeply in the psyche of the masses so that their vested interests were satisfied.

Like any ancient scriptures on the Eastern half of the globe, the Vedas and Upanishads of India have a wealth of knowledge to offer the humanity. A good part of that knowledge is shrouded in the mystic realms even in this age of nanotechnology because no one knew the basis behind a specific discovery or invention made at that time (read five thousand years ago) and how it worked. Or was it the fact that no one bothered to deduce how it worked? Which I believe is the truth considering the hesitancy and reluctance we accord in finding scientific explanations for questions like how, which and why related to such knowledge.

It is heartening to see in the last decade the government of India as well as the private entrepreneurs evincing interest in securing the knowledge-base provided by ancient seers and have started scientific evaluation of such knowledge partly to preserve the cultural ethos and partly to satisfy the need of modern mankind that is desperately on the lookout for techniques of living that is more self-sustaining and environment friendly. Practitioners of Ayurveda do have a major role to play in this scenario. The study of Ayurveda is no longer an Indian pastime. It has been slowly coming to the forefront of alternative medical systems in Europe, US, UK and elsewhere. It is only a matter of few years before it evolves into The Alternative and later becoming available the world over in its integrated version with the Allopathic system.

Those Ayurvedic practitioners and organizations who fail to see this transformation unfolding would find themselves relegated to the sidelines of mainstream Ayurveda. Kerala Ayurveda Limited has established its niche in this canvas by associating and integrating itself with a host of authentic medicinal systems across the globe and aiming at the frontier where Ayurveda will be synonymous with complete wellness. Constant exposure to new scientific developments the world over and an infinite passion to integrate such knowledge so as to be available for the needy as and when they need it is the motto that is helping us to surge ahead and be noticed. It is for no other reason that AyurvedaGram, the premier hospital based wellness centre of the company, was selected for Excellence in Integrated Wellness Provider category for 2010 by Alexandria – Frost & Sullivan. And it is for no other reason that all the four Kerala Ayurveda Academies in the US are running full for the Ayurvedic Wellness Counselor and Ayurvedic Wellness Practitioner courses for the season.

Four students from our academies in the US visited AyurvedaGram in Bangalore and our hospital in Aluva, Kerala in August – September as part of their 21 day intensive training period in India. Kathy Jo Staheli, Melissa Chavon, Dr. Christian Jorge Dellapiane and Manohar Raj Saini were the first group of the ensuing lineup of students who will be studying and experiencing traditional Ayurveda and Yoga at AyurvedaGram and at our hospital in Kerala.

29 year old Kathy Jo Staheli is an occupational therapist from Santa Cruz, California and came along with her 9 year old son Eliaz. Melissa Chavon (25) from Seattle has completed the AWC course of KAL, USA. She is a professional acupuncturist and is working with the East West Books. Dr. Christian Jorge Dellapiane, 45, is a practicing allopathic doctor from Buenos Aires. Manohar Raj Saini (39) is a software engineer with a multinational company and is from Sunny Vales, California.

It is the beginning of a voyage that would be blending the pristine knowledge as originated in the undiluted thoughts of the Ancient mind substantiated and validated by the technological developments of the Modern world to provide an integrated form of wellness to the aspiring millions around this planet. ■

To have 200-250 clinics in next few years: Kerala Ayurveda

In an interview with CNBC-TV 18's managing editor Udayan Mukherjee, Ramesh Vangal, Chairman, Kerala Ayurveda, spoke about the latest happenings in his company and sector.

Here is a verbatim transcript of the exclusive interview with Ramesh Vangal on CNBC-TV18.

How big is the business now of your ayurveda hospitals and clinics?

It is about ₹ 50 crore worldwide and we have about half of that abroad. The main thrust of this business for me has been in terms of understanding the category over the last three years. We feel pretty good about the opportunities, going forward.

Is the thrust going to be in the Indian market or largely through the overseas subsidiaries? Where do you see the bigger opportunity?

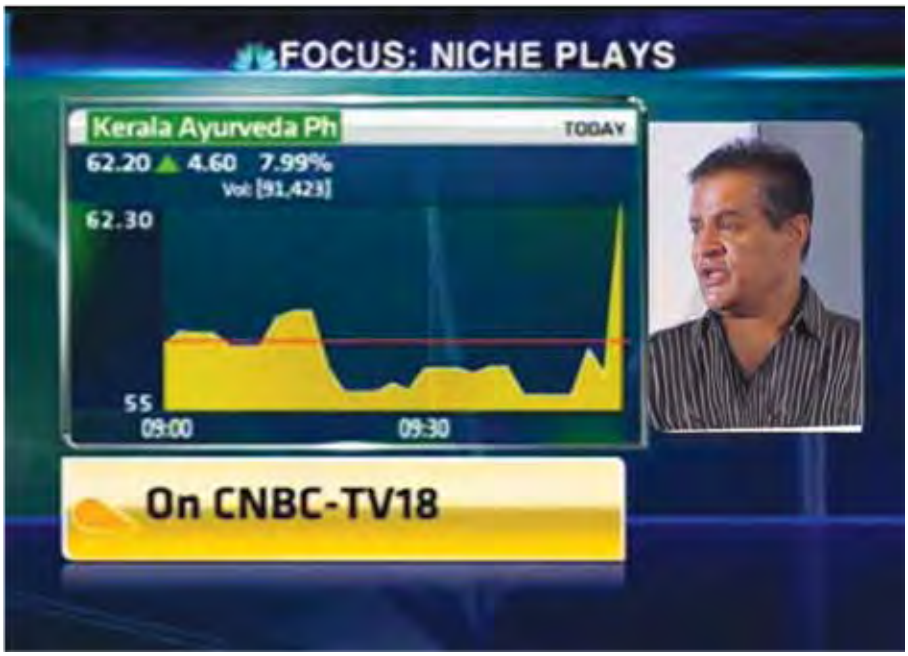
I think in both because India is the base. Let me give you an explanation. I think there is a growing disaffection with the side effects of medicines, at least of allopathic medicine. So, you have a very strong basic core value in terms of Ayurveda, which is intrinsic to our culture.

The main problem, like in any business, is to get the model right. The model for us is three fold. It's academy, product and its services. In Ayurveda, the way we are looking at it, is Kerala style Ayurveda which is differentiated in all the incredible India is basically pure because Kerala has never been invaded. If you look at the form of this Ayurveda, it is both products and services. The much advertised form of Ayurveda prevalent in India is products and services, of course with yoga and *praaṉaayaama*. But if you look at products and services, the core issue in the industry is absence of purity, absence of standards. If you look at the bane of any western representation on Ayurveda, it is mostly impure.

So, what we have done in the last three years is invest deeply behind creating a core foundation of strength in purity and then in research. Purity is crucial because that is you are putting inside. The research is crucial because you are validating Ayurveda to modern pharma standards. Once you have those two things done I am pretty confident that there is going to be tremendous reception in India and also in the United States and elsewhere.

In United States, we have seen tremendous interest in the whole concept as people are tiring of allopathy. So, I believe that Ayurveda done properly is a core alternative medicine system to allopathic medicine. Probably good because if the US cannot afford its medical care system, there is no way a country like India or for that matter China or most countries in the world can afford to pay the same amount of money what allopathy demands.

It seems like a scalable idea, but you have not seen scaled it up to this potential size yet, it is fairly a small business in terms of revenues. By when do you see a significant scale up happening?



I think it is about now because I will give you a reason. If you scale up, you have to have a differentiation. You look at standards in an industry which does not exist, so we need to establish standards. We are pretty close to doing that and offering an industry wide standard base, which we are in the process of beginning with a discussion with government on. Once you have those standards, if you say *Triphalaa*, what is *triphalaa*, what are the three herbs inside, are the herbs the way they should be, is the finger print of the herbs correct? That is the kind of precision we want on the purity.

Once you have got that right, the next thing you will want to know is does it work. You need to make a claim and these claims are not just what I say or somebody else will say, it is something that has to be backed up and supported by FDA. So, we are effectively embarked on creating a worldwide network to be able to establish claims at the level acceptable to you as FDA. Because if you can meet USFDA then you have a worldwide franchise to take these products all the way through. It takes time because you do not want to scale up a model until you are a 100% certain that you are differentiated and you have a value in a particularly interesting category which despite its excitement has a fair degree of skepticism because of the purity and efficacy. .

By when do you think this process of standardization will come through enabling you to scale up and what is your scale up plan?

Our scale of plan is two fold. As of now we have about five-six formulations which have done first level of medical testing, pharma style testing and it is worth. We are surprised at the power of these traditional ayurvedic remedies. So, we are not looking at changing the ayurvedic remedy too much, but of more getting the basis. The scale up is two fold.

In India, we have about 30 clinics. Clearly, we have to multiply that many fold. A clinic basically offers the integrated model that we are following, which is both the products, but also the oil treatments and so on. In that regard, we are very scalable because we have for now on Friday our AyurvedaGram Resort in Bangalore was voted the wellness provider of the year by Frost & Sullivan. That is a good example or an indication of the kind of capability that we have. So, we will role out that concept of a resort, but equally into a bunch of clinics. I would hope in the next few years we will have 200-250 of these clinics operating, besides a solid product base which goes through doctors.

On the other hand, we are looking actively at an OTC range, which is effectively going into the market. It is where your scale up is going to be. If we look at the comparisons with us, we are not really speaking either FMCG or medicinal, but a combination of both. If you look at the kind of research we are doing, we are doing pharma style research in an ancient base. But the advantage is once you get system right, you got a lot of particularly strong remedies from the past from 6,000 years and it works. I can tell you why I got into this business is because I found myself changing comprehensively as I adopted Ayurveda into my day to day life. ■

AyurvedaGram heritage wellness centre, now "Alexandria-Frost & Sullivan integrated wellness service provider company of the year,2010"

The best practices Award from Alexandria-frost & Sullivan as the "integrated wellness service provider company of the year 2010" recognizes and acknowledge AyurvedaGram Heritage Wellness Center for the dedication and commitment of the organization that is devoted towards holistic healing and wellness.





"I am delighted that AyurvedaGram is the Integrated Wellness Service Provider Company of the year. This would help improve our efforts to reach out to the people who are in need of wellness solutions for better health and living".

*(**Mr.Ramesh Vangal,** Chairman, Kerala Ayurveda Ltd., September 2010)*

Alexandria-frost & Sullivan 2010 India Excellence in Healthcare Awards seeks to recognize companies and individuals that have pushed the boundaries of excellence-rising above the competition and demonstrating outstanding performance across India in the year 2009-10.





Alexandria-frost & Sullivan 2010 India Excellence in Healthcare Award recipients honoured at a Gala ceremony in Mumbai.

What are excellence In Health awards?

Excellence in Healthcare Awards are presented to companies in the Life Science/Healthcare sectors, demonstrating best practices in a variety of regional and global markets. The awards recognize the superior planning and execution as exhibited in the areas of product launches, strategic alliances, distribution strategies, technological innovations, customer service, strengthening of delivery services and mergers & acquisitions. A host of other crucial factors such as leadership, strategy, growth, service, innovation, integration marketing and financial performance are also considered as part of the Award evaluation criteria.
The companies that are commended as Excellence Award recipients are those with the diligence, perseverance, and dedication required to develop a successful business plan and excel in the increasingly competitive marketplace.

The Alexandria-Frost & Sullivan 2010 India Excellence in Healthcare Awards act as a boost for organizations not only because of the recognition they bring, but also in terms of industry standing.

AyurvedaGram Heritage Wellness Centre's Commitment to Wellness

The award of Integrated Wellness Service Provider Company of the year 2010 is a testimony company's vision to furthering the acceptance of alternative medicine, like Ayurveda, worldwide, by providing products and services that are authentic,pure and meet global standards.

Anayst Quotes Frost&Sullivan

"AyurvedaGram has made it a point to adopt the most modern technologies prevalent in the sector to provide its customers with a memorable and rejuvenating experience"

"AyurvedaGram has also tied up with many government, non-government and private organizations for research, education and increasing its reach to common people.

FROST & SULLIVAN



Frost & Sullivan, the growth partnership company, enables clients to accelerate growth and achieve best-in class positions in growth, innovation and leadership. The company's Growth Partnership Service provides the CEO and the CEO's growth Team with disciplined research and best-practice models to drive the generation and implementation of powerful growth strategies.

"Some of the prominent tie-ups of AyurvedaGram are with cryo - stem research on Muscular Dystrophy, Vydehi Institute of Medical Sciences & Research Centre for managing Chemotherapy related complications aided by Ayurveda, partnered with the largest Naturopathic University in the US to impart Ayurvedic education and therapeutic practices for the American Population"

Frost & Sullivan leverages over 45 years of experience in partnership with Global 1000 companies, emerging businesses and investment community from 40 offices on 6 continents.

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www.ayurvedaacademy.com / www.ayurvedaonline.com ■



Ms. Remya M.B.

The Best Taxonomy Paper

We are happy to inform that our R&D persons, Ms. Remya M.B & Mr. Manu Somanath, presented two papers in the UGC sponsered National seminar on Conservation and sustainable utilization of red listed medicinal plants of Western Ghats, on Sept.2, 2010 at New Man College, Thodupuzha.

Ms. Remya's paper was on 'Pharmacognostical standardization of *Koduveli (Plumbago rosea)* and comparison with its related species, *Plumbago zeylanicum*.' Mr. Manu made the presentation on 'Standardization and antibacterial activity of a polyherbal formulation - Renogest (for Urinary tract infection) and one of its ingredient - *Plumbago rosea*'. Congratulations to both.

We are proud to announce that Ms. Remya's paper was adjudged as the best taxonomy paper and got the prestigious Prof. Manilal award.

Inauguration

Kerala Ayurveda Clinic at Edappaly, Kochi









First batch of HPA students of Kerala Ayurveda Academy with faculties

Industrialists from US visiting KAL



Industrialists from China visiting KAL herbal garden





www.keralaayurveda.biz

RELIEVES CRAMP, STIFF MUSCLE, SWELLING & JOINT PAIN





FREE FROM SKIN IRRITATION

Indication :
Arthritis, Rheumatic pain, backache, mascular cramps, myalgia, lumbago, sciatica, sprain, joint pain of any origin and all kinds of musculo skeletal pain.

Composition :
- Asteracantha longifolia *(Kokilaksha)*
- Alpinia galanga *(Raasna)*
- Strychnos nuxvomica *(Karaskara)*
- Santalum album *(Chandana)*
- Tabernaemontana dichotoma
- Cymbopogon citratus *(Bhustrina)*
- Cedrus deodara *(Devadaru)*
- Sesamum oil *(Tilataila)*

Mode of application :
Apply 5-10 ml. on the affected part

Presentation :
Packed in 30 ml. and 60 ml. bottles.

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MUSCLE RELAXANT - HERBAL OIL

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An interesting case of encephalitis is detailed here. The patient exhibited extreme psychotic symptoms and was suffering amnesia. Appreciable degree of relief was attained at the time of discharge and the patient is now gradually returning to normalcy.

Case of the bimonth

Name : Mrs. Nair, 76yrs, Female

OP No : 15324, IP No : 7193

DOA: 03-08-10, DOD: 18-08-10

Presenting complaints

Weakness and reduced movements of both lower limbs; inability to sit upright. Difficulty in opening the right eye. Generalized edema all over the body. Irritable nature, anger, mood swings and altered memory. Bowel-bladder incontinence

Duration: 2 months

History of presenting complaints

Known diabetic, known hypercholestremic. Was apparently normal. 2 months back she contracted herpes infection followed by encephalitis. Even though the clinical symptoms of encephalitis like severe headache, nausea, redness of both eyes with watering etc had relieved to an extent when she was presented in this hospital, her alertness and mental stability were highly fluctuating. Moreover, she had weakness and restricted movements of hip and both legs accounting to inability to sit upright and walk. She opted for Ayurvedic treatment since her condition was not improving even after the herpes infection was subdued by allopathic treatment.

History of Past Illness and Treatment History

Varicella infection — Chicken pox during early youth.
Hypertension — Detected 3 years before.
Diabetes mellitus -14 yrs (Mirtacin(?), insulin injection 18U----0---15U a/f
Post Herpetic Encephalitis

Gynaec history

Chronic cervacitis with erosion;
Ca Endometrium- Surgically managed 5 years back. Laparo-hystero-salpingo- oophorectomy was done - 5 years back
Menopause: at the age of 51yrs

Eight point examination:

- Pulse: *Vaatika*
- Urine: Normal
- Stools: Neither hard nor loose
- Tongue: No coating
- Voice: Normal
- Touch: Cold
- Eyes : turbid, Inability to raise the right eyelid
- Build: Stout

Ten point examination

Pollutables : Food essence (*rasa*)

Region : Geographical - Common
Body - Brain, Pelvis and feet

Strength: Disease - moderate
Patient - low

Time: Rainy season
Bio-fire: Normal

Constitution: Kapha Pitta

Age: Old age

Mental strength : weak
Compatibility : Compatible to all tastes

Diet : Mixed diet

Hunger and appetite: Moderate
Digestive power: Moderate

Examination of channels

The symptoms indicate that the channels of food essence, blood and mind are involved in the pathology.

Humor: Tri humoral

Raw filth (*aama*) : Present

General Examination:

Conscious. Time place orientation is altered along with mood swings and inability to retain and recollect events. Long term memory is intact. She is mostly non-co-operative.

PICCLE: N

Vital Signs:

Pulse: 80/ min., rhythmic, voluminous, seady. No radio femoral delay or blood vessel thickening.
Blood Pressure: 160/90 mm of Hg
Respiratory Rate: 16/ min.
Temperature: 98.8 F

Systemic Examination:

Central Nervous System:

Higher Mental Functions (Glasgow Coma Scale): 13/15 (Confused and inappropriate verbal response)

Abbreviated Mini Mental State Examination: 5/10	
Question Score	
What is your age? (1 point)	1
Time to the nearest hour (1 point)	1
Address recollection. (1 point)	0
Year (1 point)	1
Name of the hospital (1 point)	0
Recognizes 2 people (1 point)	0
Date of birth (1 point)	1
Recollection of past date (1 point)	1
Name the prime minister(1 point)	0
Count backwards from 20 down to 1. (1 point)	0

Deep tendon reflexes:

Knee jerk; Rt: +++ ; Lt ++
Ankle jerk: Rt: ++ ; Lt ++
Biceps jerk: Rt: ++ ; Lt ++
Cranial Nerves: Ptosis of Right eyelid- Occulomotor involvement

Locomotor Systems:

Lower limb:
Strength: 3/5
Tone: No flaccidity, rigidity or spasticity
Bulk: Normal
Range Of Movements: All movements of hip and lower limb were difficult and restricted.

Cardio Vascular System: NAD

Respiratory System: NAD

Gastro Intestinal Tract: NAD

Skin: NAD

Urogenital: NAD

Gyenecological:

Chronic cervicitis with erosion

Pathway of disease: Middle path

Seat of disease: Body and mind

Provisional Diagnosis: Edema (*Sopha*)

Diagnosis: Encaphalitis (*Mastishka-adhishthita sopha*)

Previous investigations:

08/06/10

USG Abdomen:

Left Kidney: smooth; size reduced; increased cortical echopattern suggestive of chronic pyelonephritis.

CT Brain:

Lacunar infarct of left ganglionic region. Cerebral atrophic changes. Normal Pressure Hydrocephalus

Lab Investigations:

Biochemistry: 04/08/10

S.Glucose(F): 180mg/dl;
S.Creatinine: 0.8mg/dl;
B.Urea: 21mg/dl;
S.Bilirubin: Total: 0.5mg/dl; Differential: 0.2mg/dl;
SGOT: 26U/L;
SGPT: 29U/L;
Alk.Phosphatase: 48U/L

Biochemistry: 07/08/10

S.Glucose(F): 175mg/dl

Biochemistry: 11/08/10
S.Glucose(F): 140mg/dl;
B.Urea: 18mg/dl;
S.Creatinine:0.8mg/dl
Sodium: 133meq/l;
S. Potassium: 4.9meq/l
Hormones:
Thyroid function test
T3:130ng/dl;
T4: 9.16µg/dl;
TSH: 1.27mlU/ml

Medicines:

1. ***Candanaadi* decoction** (B.R., *mastishka cayaapacaya Cikitsaa*/ Indicated for *mastishka hraasa*) 15ml at 10 am. Symptoms of encephalitis were relieved and mental faculty progressed well in 5 days. Gradually lower limbs regained strength and mobility. After 2 weeks, she walked with support

2. ***Kalyaanaka* decoction** (Sahasrayogam) 15ml at 4 pm since it was specifically indicated for fever, psychosis, diabetes, stuttering, promotion of life span and stregth. It wards off inauspiciousness and evil spirits. [Irrelevant and circumlocutory speech reduced and she could recollect events and recognise people well.]

3. ***Kalyanaka coornam*** 1tsp with lukewarm water once daily.

4. ***Candraprabhaa* tab.** (B.R.) with *Kalyaanakam* decoction to regulate the diabetic status and augment the kidney functions since she has uncontrolled diabetes mellitus and pyelonephritis.

5. ***Maanasa-mitra-vataka*** (Tab) (Arogya-kalpa-drumam) 1 HS, to relieve anxiety and insomnia.

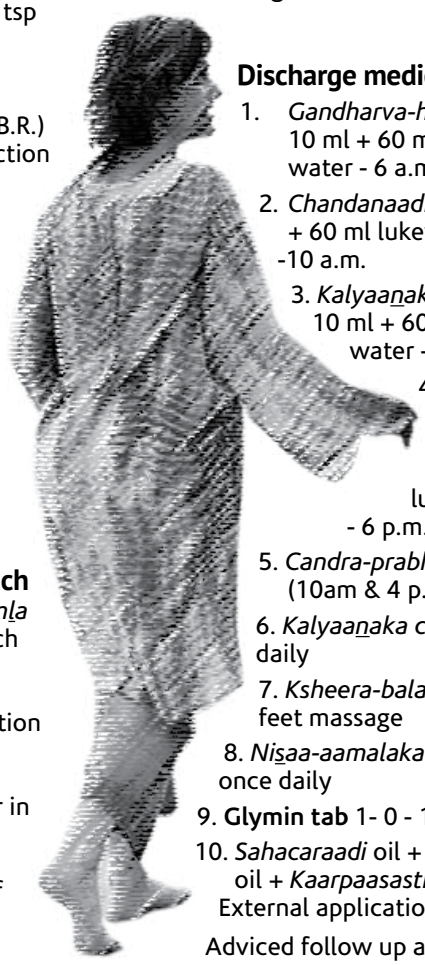
Therapy:

1. Full body acetic pouch fomentation (*dhaanyamla kizhi*) for 5 days with each therapy for 30 minutes. [The hot, sharp and light properties of acetic solution along with the vaata mitigating property of *Kola-kulatthaadi* powder in the pouch helps in digestion of *aama*, facilitates purification of channels and downward movement of vaata.

2. Powder pouch fomentation (*coorna sveda*) with *Kola-kulatthaadi* powder is done in lower limbs for 11 days.

Progress of the patient:

During the first couple of days after admission, the patient was highly irritable, short tempered and non-co operative. She could not sit upright or even walk by herself. Toilet habits were defective and at times she even smeared fecal matter over her body. She was still retaining some symptoms of post herpetic encephalitis like headache, redness of eyes etc. These symptoms reduced by the second day. Slowly she became more adaptive and her alertness improved considerably. After about 5 days, she could sit upright without any support, all by herself. Besides she responded to the therapy and medicines quite well and could walk with support after one week. By this time her irritable nature and short temper was relieved and her recollection and memory improved fairly. After 16 days of hospitalization, on the day of discharge, she could walk normally without any support and the demeanor became cordial and she felt generally better. She was discharged on 18-08-2010



Discharge medicines

1. *Gandharva-hastaadi* decoction 10 ml + 60 ml lukewarm water - 6 a.m.
2. *Chandanaadi* decoction 10 ml + 60 ml lukewarm water -10 a.m.
3. *Kalyaanaka* decoction 10 ml + 60 ml lukewarm water - 4 p.m.
4. *Mahaa-manjishthaadi* decoction 10ml + 60 ml lukewarm water - 6 p.m.
5. *Candra-prabhaa vati* 1- 0 - 1 (10am & 4 p.m.)
6. *Kalyaanaka coorna* 1tsp once daily
7. *Ksheera-bala 101* - Face and feet massage
8. *Nisaa-aamalaka coorna* 1tsp once daily
9. **Glymin tab** 1- 0 - 1
10. *Sahacaraadi* oil + *dhanvantaram* oil + *Kaarpaasasthyaadi* oil - External application

Adviced follow up after 2 weeks. ■

Know more about Men-O-Pause and Related Problems



Dr. Jacob Jayan.B BAMS., M.D.

Assistant Professor,
Government Medical College,
Alappuzha.

Men-o-pause means permanent cessation of menses due to ovarian failure. Though this definition sounds like that of a disease, it is a natural phenomenon . Men-o-pause is an important time of transition in a woman's life. This is actually a retrospective diagnosis because we make this diagnosis once a woman misses regular periods for a period of one year. Average age of menopause is 47.5 years in Indian women as the life expectancy has gone to 71 years.

In India more than 71 million people are above the age of 60 years and the number of menopausal women is about 43 million. Projected figures in 2026 have estimated the population in India to be 1.4 billion, people over 60 years will be 173 million and menopausal population 103 million.

Inadequate understanding of menopause and its consequences, both in lay persons and health care providers are creating problems in handling this life event properly. The increasing morbidity and mortality in the rest one third of a women's precious life also pose health problems. In this era of female empowerment all over the world in various fields, a comprehensive care that a woman need in her later years of life is emerging as a need of the hour. A multidisciplinary team approach will be the best option and "Ayurveda" can definitely contribute in the current scenario.

Pre menopause is two years before menopause (cessation of periods) and perimenopause is 5 years before and 1 year after menopause. (Clinical features of approaching menopause start during this period). In more simpler terms, this is the period during which a woman adjusts to a diminishing and then absent menstrual flow.Physiologic changes such as hot flushes, night sweats and vaginal dryness may be associated in this period. The average age at menopause is 51 years in western women and 48 +/- 2years in Indian women. Premature menopause means attaining men-o-pause 10 years earlier than the expected age and may be due to premature ovarian failure. They may have some genetic

Menopause is a natural phenomenon. It is an important time of transition in a woman's life. Inadequate understanding of menopause, both in lay persons and health care providers is creating problems in handling this life event properly.

or autoimmune cause, very rarely some acquired causes also. Any female undergoing surgical removal of uterus along with ovaries due to some unavoidable reason can develop these symptoms very early because of sudden drop in sex hormone levels.

There is no objective reason or evidence that cessation of ovarian functions is associated with severe emotional disturbance or personality changes. Even then, mood changes towards depression and anxiety can occur at this time . Moreover major other life events may coincide during this period such as divorce, death of a near one, departure of children, or even midlife identity crisis. In the inner self, they have a sense of the loss of youth. Altogether these will aggravate or exacerbate the symptoms.

The major physical manifestations seen in this category of women are irregular menstrual periods in which they have anovular cycles with irregular cycle length and occasionally they even develop menorrhagia (profuse uterine bleeding). Later flow is reduced gradually and still later long cycles with scanty periods occur. Following this they will develop missed periods or minor spotting. If there is no menses for a period of one year, the women can be labeled to be in men-o-pause. Any woman who develop bleeding after one year of complete cessation of menstrual periods has to be investigated as this may be the first manifestation of genital tract malignancy such as endometrial carcinoma.

Hot flushes are another important symptom which occur in more than 80% of women attaining menopause. This means, they develop feelings of intense heat over the trunk and face with flushing of the skin and sweating. This symptom can be correlated well to ovarian insufficiency and can develop even before the cessation of menses. This is attributed to the pulsatile release of Gn rh (Gonadotropin-releasing hormone) from hypothalamus and the spillage of impulse to the nearby temperature regulating center is responsible for this unbearable symptom. Hot flushes are more pronounced in the early evening, especially on sunny days, following hot foods, drinks or during periods of tension. They develop sleeplessness resulting in fatigue next day.

Psychological symptoms seen may range from simple anxiety or depressed mood, irritability, mood swing, insomnia, poor concentration, decreased memory and lack of energy. Those who are already having some psychiatric illness will have a different course after menopause.

Vaginal atrophy is manifested as excessive dryness, thinning of mucosa, decreased lubrication and they will develop pain during sexual contact. Because of this pain they avoid sexual contact which will further deteriorate the situation and the diameter of the introitus decreases further due to shrinkage.

Urogenital symptoms include frequency, urgency, nocturia, stress incontinence and urge incontinence. They also develop recurrent attacks of urinary tract infection and intense itching in the genital tract.

Osteoporosis (loss of bone strength) occur as a late sequel of menopause and is characterized by low bone mass and micro architectural deterioration of bone tissue leading to enhanced bone fragility and increased fracture risk. Fracture hip is one such entity. Morbidity and mortality will be high once they sustain a fall, developing a fracture. Such patients should be subjected to a bone scan to determine if there is any osteopenia. Osteopenia can be picked up by bone mass density estimation by a dexa scan T score between T 1.0 -2.5 (medium risk) If it is less than 2.5 there is high risk. Those who develop fractures having a score less than 2.5 will be at very high risk.

Cardiovascular risk is equal in both sex after menopause. This shows the importance of estrogen in supporting the cardiovascular system of a woman. The effect of ovarian hormones is not ony on the cardiac function but also on carbohydrate and lipid metabolisms. So if the person already have some cardiovascular risks like hypertension, diabetes, obesity or any significant illness, chance of getting an adverse cardiac event is very high. Dietary regulation, exercise and preventive strategies are very much important in these situation. Effective lifestyle interventions will definitely play a key role in reducing the cardiovascular mortality.

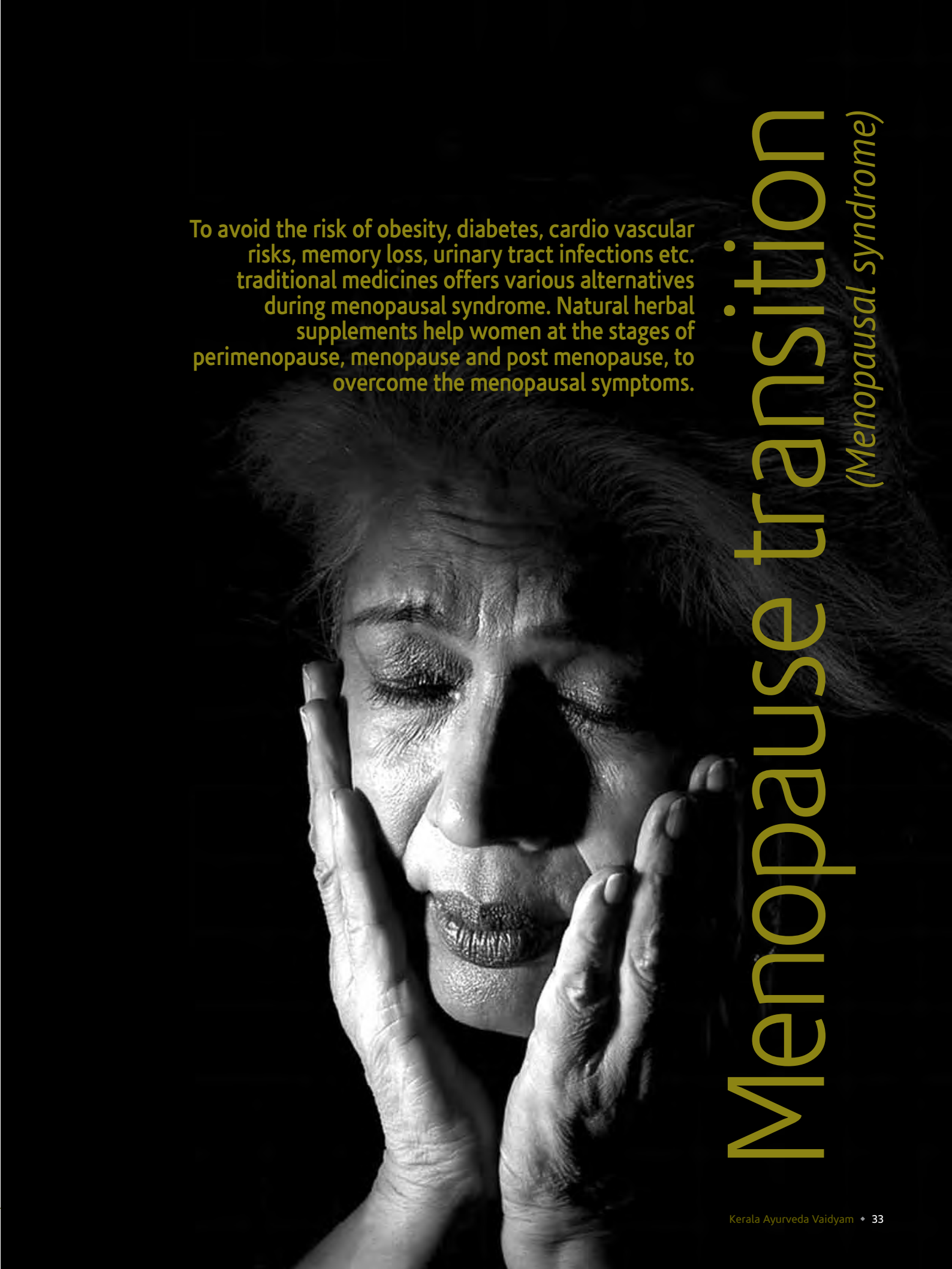
Obesity and related problems will deteriorate after menopause, because females gain weight around the peri menopausal period. Their metabolic rates will come down but they usually do not control food intake. Associated other hormonal problems such as hypo-thyroidism may also contribute. Lack of activity is a major factor contributing weight gain.

Neurological problems if already present will take a different course after menopause because of the effects of sex steroids in the normal brain functions. Menopausal status or hormone replacement therapy may influence symptoms or progression of other neurological disorders. This include migraine headache, decreased sleep, epilepsy, stroke, Parkinson disease as well as multiple sclerosis.

General principles of managing menopausal symptoms include adequate nutrition, healthy life style modification by doing regular exercise and taking strategies to prevent cardiovascular morbidity and osteoporosis. Most women believe that the leading cause of death in women is cancer. But the truth is that cancer is the second leading cause, the first being cardiovascular disease, especially after menopause. The presenting symptoms are also little different from that of males. Women have different health care seeking behavior in comparison to men. Often they neglect major warning symptoms. Making proper awareness is more important because women are resistant to menopause related treatment. They will undergo medical attention only when the symptoms are unbearable. Identification and modification of risk factors are very critical. The preventive strategies planned should be individualized as usually practiced in holistic medical systems like Ayurveda. Convincing them about the treatment is very much crucial because such treatments are not only ameliorating the menopausal symptoms but also reducing the subsequent health risks attributable to it. Motivate them by telling "Do it for your children and your grandchildren". ■

Menopause transition
(Menopausal syndrome)

To avoid the risk of obesity, diabetes, cardio vascular risks, memory loss, urinary tract infections etc. traditional medicines offers various alternatives during menopausal syndrome. Natural herbal supplements help women at the stages of perimenopause, menopause and post menopause, to overcome the menopausal symptoms.



Dr. Jolly C.I.,
Dr. Sarala Samuel &
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Menopause is the permanent cessation of menstruation and it occurs in every women, once in their lifetime. This happens due to the loss of ovarian follicular function. It is observed that, this phenomenon occurs after 12 months of amenorrhea. So there are enough indications for its occurrence. For an average Indian woman, the menopause starts by 50 years of age. There is a change of pace as you enter into a new phase in life. It causes lot of discomforts as well as challenges. Women often lose self confidence and get demoralised during these days. Getting motivated at all times is what keeps us moving.

Perimenopause refers to the time period preceding menopause, when menstrual cycle irregularity increases, until the first year after the cessation of menses. Although the peri & post menopausal periods have similar symptoms, the physiology and clinical management of the two periods differ. In modern medicine, low dose oral contraceptive have became a therapeutic mainstay in perimenopause, whereas post menopausal hormone therapy (HT) has became a common method of symptom alleviation after menstruation ceases.

During perimenopause, ovarian mass and fertility declines sharply after the age of 40 years. Depletion of primary follicles, a process that begins before birth occurs steadily until menopause. While in perimenopause, folicular stimulating hormone (FSH) level rise due to altered folliculogenesis, with transistion into menopause, estradiol level falls markedly, whereas estrone level is relatively preserved. FSH level increase more than that of leuteirizing hormone (LH).

The symptoms we notice generally are abnormal cycles of mensus and it may be associated with irregular bleeding also. In certain cases, some perimenopausal women experiences classical postmenopausal symptoms like hot flushes, night sweats, insomnia, vaginal dryness, mood swings or depression. Symptoms intensity, duration and frequency are highly variable.

The diagnosis tests are mainly the FSH and estradiol levels. FSH level can also assess fertility. Levels of less than 20 IU/ml, 20 to 30 IU/ml and more than 30 IU/ml measured on day 3 of the cycle indicates a good indication for achieving pregnency too.

In modern system, the options available are HRT (hormone replacement therapy) as well as mixing low dose of combined oral contraceptives. Static doses of estrogen and progesterone can eliminate vasomotor symptoms and restore regular cyclicity. There are both benefits and risks associated with post menopausal HT (hormone therapy). The benefits are definite improvement and increase in bone mineral density and decrease in fracture. The risks involved are endometrial cancer, breast cancer and venous thromboembolism.

Pharmacology:

Estrogens present in females have their physiological functions. They are essential in the development of female reproductive tract and secondary sex characters. They provide stimulation of the proliferative phase of endometrium. They have metabolic effects and provide cardio-protection. They take part in the maintenance of the integrity of the skeleton in women of reproductive age. (Menopausal women suffer from osteoporosis). Basically there are 3 types of estrogens.

a) Natural estrogens (Estrodiol, Estrone & Estriol)

b) Semi synthetic estrogens (Ethinyl estradiol and mestranol)

c) Synthetic estrogens (These are steroids, mestranol, progesterone etc.)

Mechanism of action:

Estrogens bind to the nuclear estrogen receptors in estrogen responsive tissues. Estrogen has a positive effect on bonemass and directly regulates the osteoblast. Nausea, vomiting and anorexia are commonest adverse effect of HRT. Being weak in anabolic action, given in along period can cause sodium and water retention. Excess intake can cause odema and tenderness of breasts.

Nature has given us the treasure of many herbal remedies for various chronic diseases. India has a rich source of medicinal herbs and some of them are rare significant medicinal plants together which can serve the community. It is a well known factor that some of these herbs are more potent than synthetic drugs used in menopausal syndrome.

Phytoestrogens:

These are natural product compounds such as isoflavones and lignans present in plants. These are obtained from soya, flax seed, Asoka, Asparagus, Vitis etc. They are converted in the intestine to compounds with estrogenic activity of estradiol. Phytoestrogens have been promoted for the use of post menopausal women for prevention of osteoporosis, breast cancer and ischemic heart diseases.

Contraindications of HRT in menopausal women:

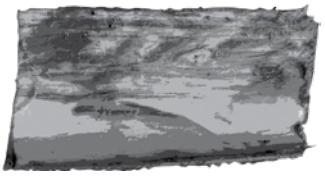
It can cause vaginal bleeding, endometrial or breast carcinoma, chronic impairment of liver functions, family hyper triglyceridemia, uncontrolled hypertension, thrombophelitis etc. For prevention of the above ailments phytoestrogens have been promoted in menopausal women.

Herbal remedies :

The current scenario is rather different. To avoid the risk of obesity, diabetes, cardio vascular risks, memory loss, urinary tract infections etc. traditional medicines offers various alternatives during menopausal syndrome. Natural herbal supplements help women at thestages of perimenopause, menopause and post menopause, to overcome the menopausal symptoms. Ayurvedic preparations like *Aṣokaariṣhṭam, Sukumaram kvaatha, Sukumaara ghṛta* etc. and herbs like *Saraca asoca, Symplocos racemosa, Asparagus racemosus, Boerhaavia diffusa, Vitis vinefera, plumbago rosea, Vitex agnus-castus* etc. take you through menopause with ease, safety and without the involvement of hormonal or surgical therapies. The naturally occuring phytoestrogens in these herbs lowers the hormonal level in the blood stream.

Medicinal plants which are active for their therapeutic use has less and minimum side effects. Nature has given us the treasure of many herbal remedies for various chronic diseases. India has a rich source of medicinal herbs and some of them are rare significant medicinal plants together which can serve the community. It is a well known factor that some of these herbs are more potent than synthetic drugs used in menopausal syndrome.

Every herb has some potential, unless explored, it can never be recognized. Believe in ayurvedic herbs. These herbs are not just anything, but has some extraordinary effects. ■



Sarca asoca - Inner



Symplocos racemosa - bark



Sarca asoca - Bark



Asparagus racemosus - Roots

Yogaacaarya Rajeev M. P.
Kerala Ayurveda Ltd.

In classical Yoga Saastra no special yogic postures or procedures for women are mentioned. Yet, according to masters of yoga women should start yoga practice at the age of 13 to 16 years. This is the period when physical and mental changes occur in her to prepare her for childbearing. The good routines practices leaned at this age aid to achieve healthy body and mind. Such activities will also provide firm foundation for the whole future life.

In general, due to the hormonal changes occurring in a girl at about puberty that manifest as physical and mental changes effect menarche and further regular menstruation occurs. In the youth, i.e., childbearing age, she conceives, delivers, nurtures and rears children. In old age the ability to reproduce gradually reduces and menstruation is stopped. This permanent cessation of menstruation is termed menopausal. Thus there are three important periods in the life of a woman.

Of three stages utmost physical and mental support is needed in the last phase. Though these changes are natural the changes that occur in the old age require special attention. According to Ayurveda, old age (*jaraa*) is a natural transformation. Yet, this phase causes certain amount of additional mental tension in women. The cause of this is menopause and consequent problems. The libido and aversion to sex is not equal in old men and women. The hormonal changes in women are sharper. The effects of these hormonal changes are inevitable. Hence to face the



Yoga is not only for men. Women also can reap the benefits of yoga. There are specific yogic postures, breathing exercises and other yogic procedures suitable for women. They are detailed here with their indications. Yoga practices suitable for specific diseases of woman are also suggested.



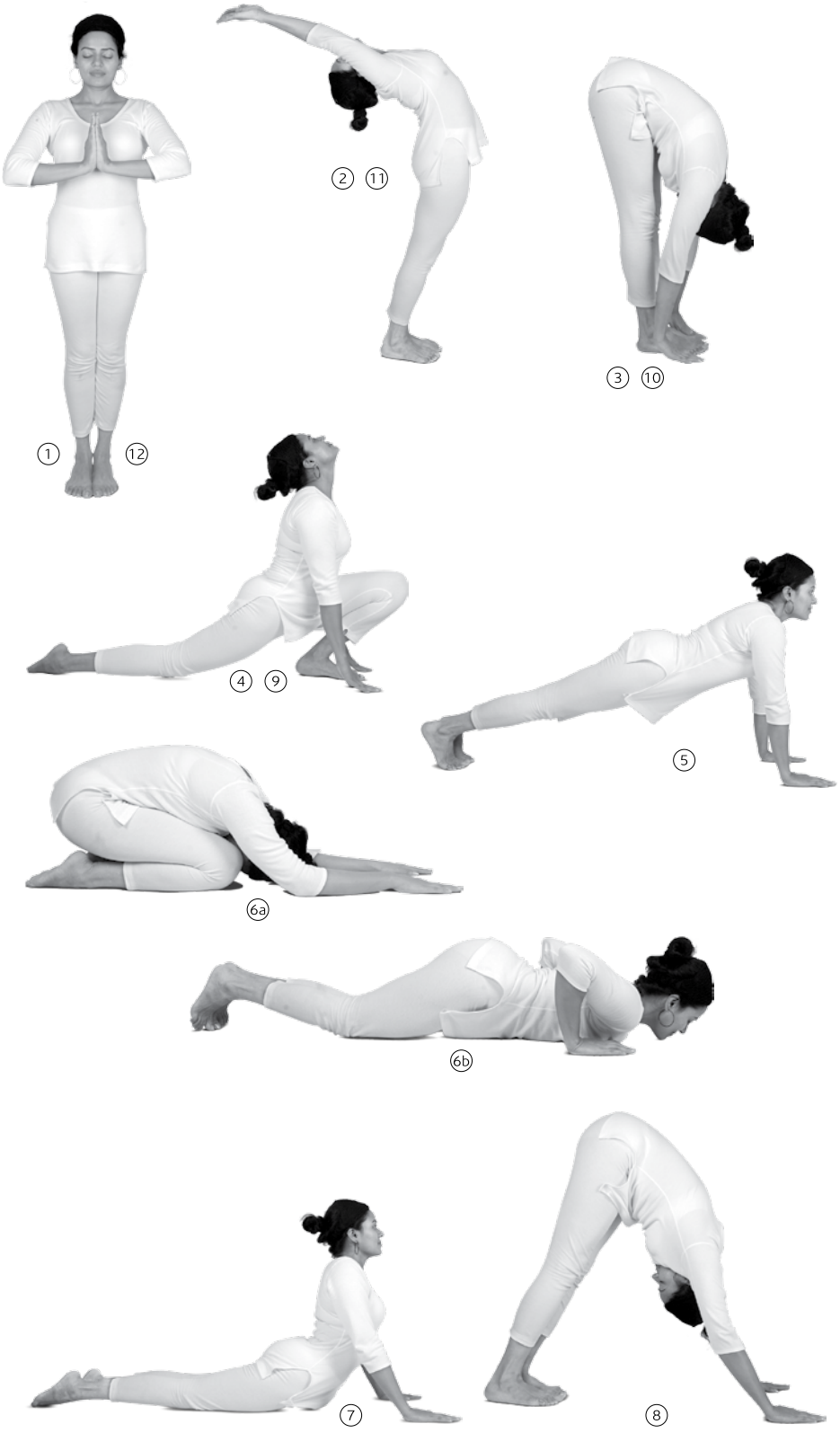
Yoga for Women

changes occurring in the old age, the women should get well prepared from the adolescence itself.

Daily yoga practice at this stage is most important. Due to accelerated social changes, women too are earning members now. They too work and share the financial burden of the family. Hence they are no more able to keep the sedentary lifestyle etc. prescribed by Ayurveda to be followed during their periods. Such lifestyle changes have long standing deleterious effects. Old age is the time allotted for rest at the end of a busy active life. But unfortunately the adverse effects of the irregular life torment the women in the old age.

Model: Riena Maria | Photo: Anil Kumar R

Sun salute
(*soorya-namaskaara*)



Phases of Menopause

There are three stages for menopause. They are the pre-menopasual stage, menopause and post or peri-menopasual stage.

Pre-menopasual Stage

In most women this phase starts after 40 years of age. According to the differences in regions and climate, there may be some changes, effecting decrease or increase of the year of onset of this phase. Yet we can identify a universal similarity in the physical and mental changes occurring in this period. These are excessive anger, grief, high mental tension for even trivial problems, frequent physical and mental difficulties and obesity. The main cause of these changes is hormonal variation. That is why psychic and somatic changes occur. There is no apt method to control these changes and regulate the mind and body other than yoga. Yoga practice provides firmness, enthusiasm and health to the body and gives lightness, freedom and clarity to the mind. The decalcification and bone degeneration occurring at this stage is prevented to a certain extent by yoga. The bony joints become looser and their movements become freer. The mental tension occurring in this phase often affects the functions of other glands and impairs them. Thyroid gland is affected most. His will lead to hypothyroidism and obesity.

The sun salute is a single yoga practice capable of compensating all these defects. Going through the 12 steps of this procedure, the positive energy flow arouses the six cycles of the body (*shaṭ-cakra*) and corrects the course of *praaṇa*. As this yoga practice is done in open air at the time of sunrise, we obtain many healthy elements from the nature. Along with sun salute, breathing exercise (*praaṇaayaama*) and meditation are also to be practiced. These two mainly improve mental health.

Some specific yogic postures suitable for ladies of this age group



Triangle posture
(*trikonaasana*)



Hand-foot posture
(*paada-hastaasana*)



Half cyclic posture
(*arddha cakra-aasana*)
- Thyroid function correction



Back elevated posture
(pascimottaanaasana)
- Mid abdominal muscle strengthening, thyroid stimulation



Camel posture
(*ushtra-aasana*)



Half fish-king posture
(*arddha- matsyendra-aasana*) - Systemic problems, hormonal fluctuations, diabetic mellitus and cholesterol



Snake posture
(bhujanga-aasana)



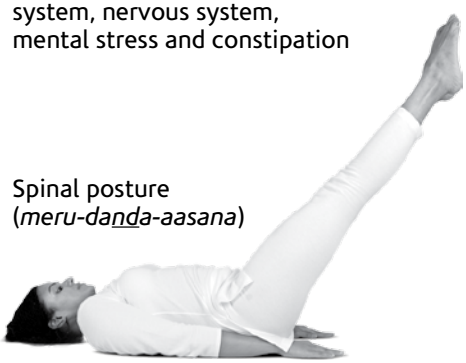
Semi Butterfly posture
(*ardha-salabhaasana*)



Docile diamond posture
(*supta-vajraasana*) - Strengthening uterine muscles, digestive system, nervous system, mental stress and constipation



Plough posture
(*halaasana*)



Spinal posture
(*meru-danda-aasana*)



Cyclic posture (*cakraasana*) - Hormonal regulation, back bone strengthening



Whole body posture
(*sarvaanga-aasana*)
- for all systemic and psychic problems

Breathing exercises

(*praa<u>n</u>aayaama*)

1. Pleasure filling breathing exercise (*sukha-pooraka praa<u>n</u>aayaama*)

2. Cleansing breathing exercise (*naa<u>d</u>ee-<u>s</u>uddhi-praa<u>n</u>aayaama*)

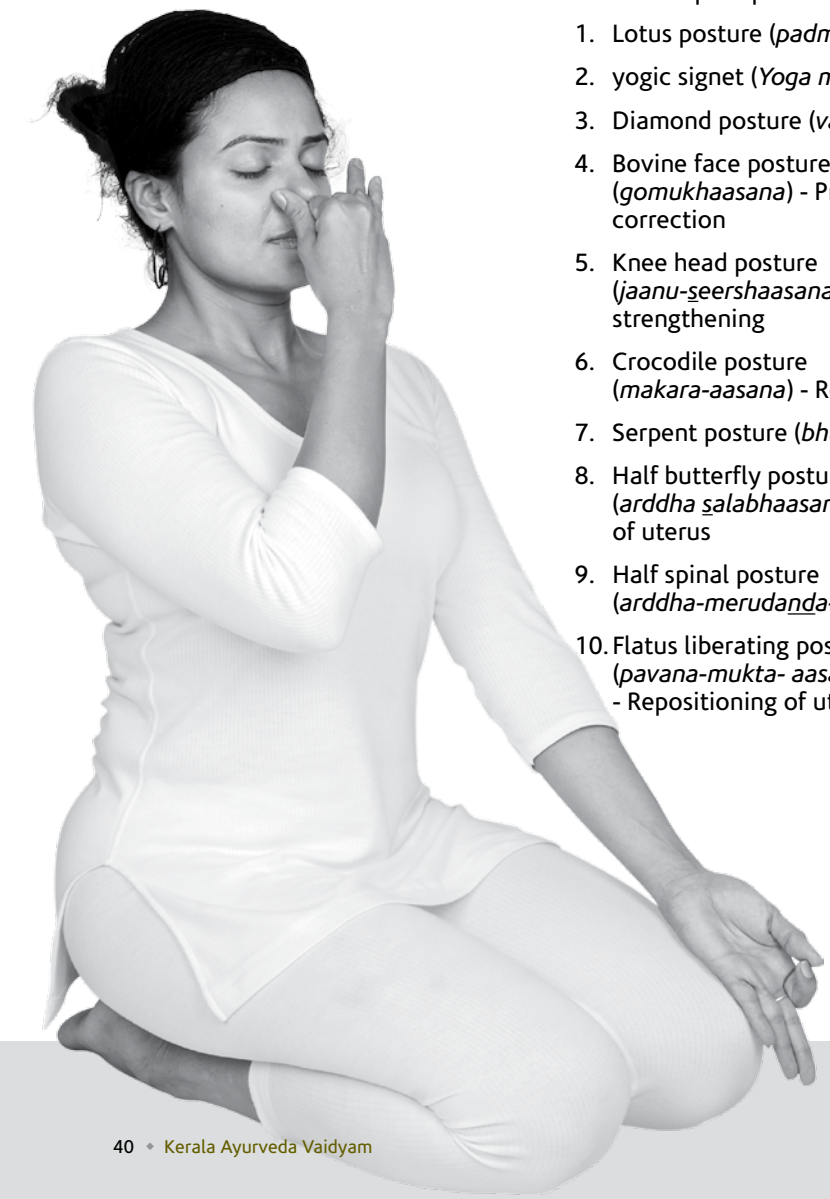
3. Great breathing exercise (*mahat praa<u>n</u>aayaama*)

4. Beetle breathing exercise (*bhraamaree praa<u>n</u>aayaama*) – *makaara* chanting, tension relief

5. *Omkaara* breathing exercise (*om-kaara praa<u>n</u>aayaama*) – tension relief

Yogic procedures *(Kriyaah)*

1. Cephalic cleansing (*kapaala bhaati*) – The base cycle (*svaadhish<u>th</u>aana cakra*) stimulation, detoxification



Meditation *(Dhyaana)*

1. Complete meditation (*poor<u>n</u>a dhyaana*)
2. Meditation of six cycles (*shad-cakra dhyaana*)

Uterine prolapse

One of the major structural impairment is the prolapse of uterus. Yogic postures like whole body posture (*sarvaangaasana*) and serpent-posture (*bhujangaasana*) will strengthen the ligaments and muscles of and around the uterus. These yogic postures improve the blood circulation to the internal organs of the pelvis. Almost all yogic postures mentioned here can be practiced to prevent the chance of uterine prolapse and to cure it. Some yogic postures having specific effects on uterine prolapse are given below.

1. Lotus posture (*padmaasana*)
2. yogic signet (*Yoga mudraa*)
3. Diamond posture (*vajraasana*)
4. Bovine face posture (*gomukhaasana*) - Prolapse correction
5. Knee head posture (*jaanu-<u>s</u>eershaasana*) - muscle strengthening
6. Crocodile posture (*makara-aasana*) - Relaxing posture
7. Serpent posture (*bhujanga-aasana*)
8. Half butterfly posture (*arddha <u>s</u>alabhaasana*) - Positioning of uterus
9. Half spinal posture (*arddha-merudana<u>n</u>da-aasana*)
10. Flatus liberating posture (*pavana-mukta- aasana*) - Repositioning of uterus
11. Whole body posture (*sarvaanga-aasana*) - Repositioning of uterus sudden effect
12. Fish posture (*matsyaasana*)

Meditation

1. The base cycle (*moolaadhaara*) meditation
2. The sacral cycle (*svaadhish<u>th</u>aana*) meditation

Hot flushes

Another complication of menopause is hot flushes. It is caused by hormonal variations.

Yogic posture

Sun salute (*soorya-namaskaara*) will increase blood circulation. It results in warming up of the body and induces sweating. Sweating removes toxins from the body and evaporation of the sweat cools down the body.

Breathing exercise (*praa<u>n</u>aayaama*)

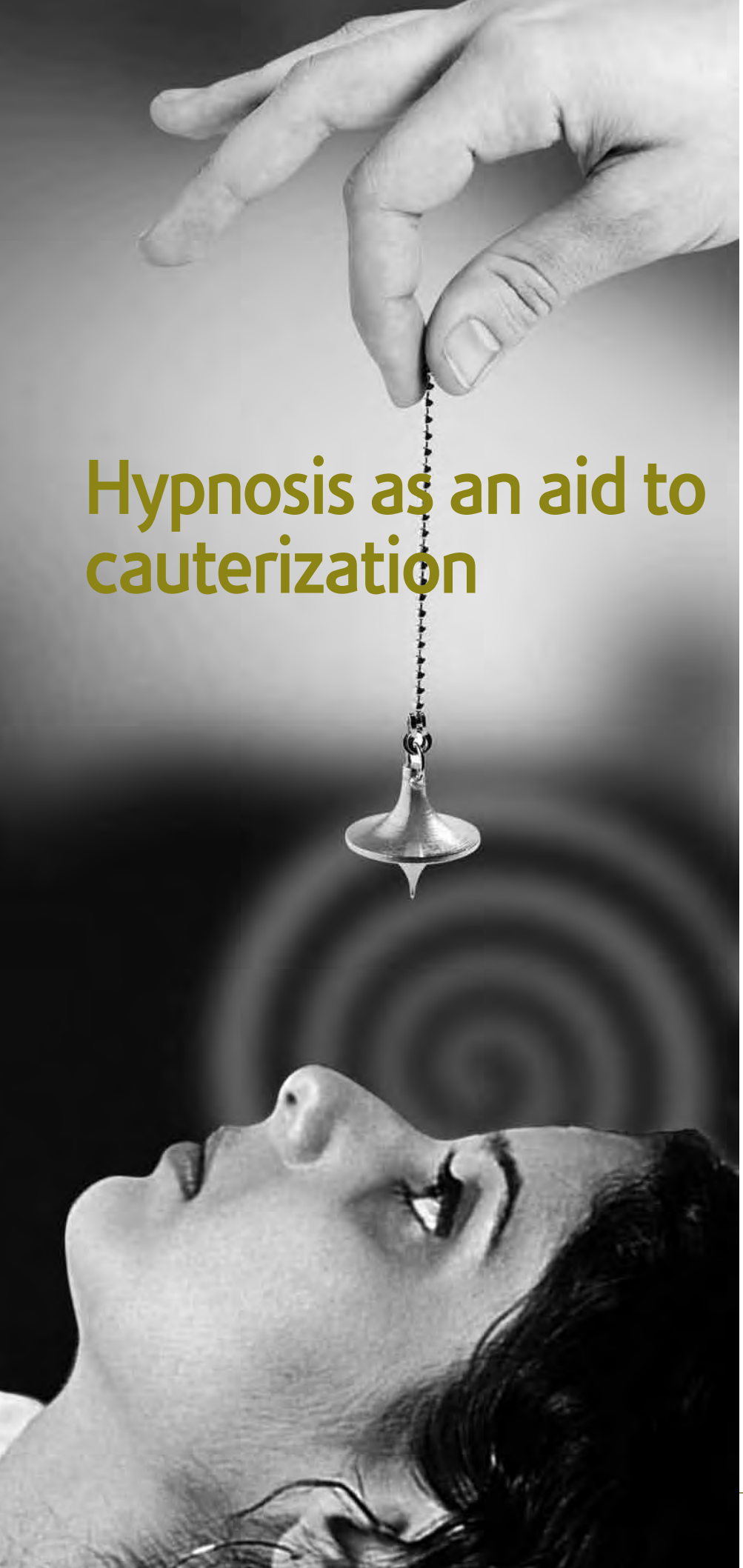
Cooling breathing exercises like refrigerent breathing (*<u>s</u>eetalee*), hissing breathing (*seetkaaree*) and teeth lock breathing (*sadantee*) are other good options to regulate the body temperature. These will cool down the internal organs and the body as a whole. It will also cool and stimulate the nervous system and control hormone levels.

Meditation

Meditation of the sacral cycle (*svaadhish<u>th</u>aana*) and the brow cycle (*aaj<u>n</u>jaa cakra*) will cool the body.

Conclusion

We have seen that yoga can help you to control the problems of menopause and their consequences. You will have to consult a yoga expert to choose the postures and practices most suited for you and your problem and to guide you how to execute them in the most scientific manner. Practicing yoga without proper guidance is not advisible. ■



Hypnosis as an aid to cauterization

Since the period of Susruta there is a gradual downfall of surgery. Lack of effective anesthetic drugs is said to be one of the prime causes for this down fall. This article suggests that hypnosis can effectively substitute anesthesia and avoid anesthetic accidents.

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Abstract: hypnosis is defined as a mental state resembling a sleep like condition which is induced by psychological suggestion. In the present study alkaline cauterization *(kshaara-karma)* and thermal cauterization *(agni-karma)* were performed under the influence of hypnosis. The patients tolerated the procedure well without the use of anesthesia. The procedure has shown encouraging results.

Keywords: *kshaara-karma*; *agni-karma*; hypnosis; anesthesia

The period of Susruta is considered as the golden era in history of Ayurveda. Considering his exemplary surgical skills he has been recognized as Father of Surgery.

His outstanding contributions in the field of surgery are abdominal surgery, plastic surgery, lithotomy, organ

transplantation etc. But astonishingly in his treatise, Susruta-samhitaa, there is no detailed description of anesthesia. Since the period of Susruta there is a gradual downfall of surgery. Lack of effective anesthetic drugs is said to be one of the prime causes for this down fall.

The type of anesthesia used in those days is yet understood completely. Before performing some procedures there is mention of giving food to the patient so that he can sustain the pain. There is also mention of giving alcoholic beverages to the patient, provided he has the habit of consuming alcohol. At another instance while performing craniotomy there is mention of using a drug called *sammohini* for inducing anesthesia and *sanjeevani* for resuscitation. But the exact identity of these drugs is still unknown. Sometimes one might feel that they were using the technique of hypnosis.

In recent times ayurvedic surgery is in a phase of revival. Thanks to Susruta's parasurgical procedures. Susruta has enriched ayurvedic surgery by induction of various parasurgical procedures like alkaline (chemical) and thermal cauterizations, blood letting etc. By these parasurgical procedures same benefits are obtained as those of surgical procedures, but with minimum invasion. All these parasurgical procedures are being practiced in many ayurvedic centers as well as by ayurvedic practitioners.

For the practice of these parasurgical procedures some type of anesthesia is very essential. The benefits of these procedures are not fully utilized due to the lack of effective ayurvedic anesthetic drugs. To overcome this draw back, this author has performed these procedures after hypnotizing the subject.

The alkaline cauterization is used in treating piles *(arsas)* piles treated by applying sharp alkali *(teekshna kshaaralepa)* as well as by alkaline thread *(kshaara-sootra)*. alkaline threading procedure is used in the treatment of piles, anal fistula *(bhagandara)* and other fistulae *(naadee vrana)*. Thermal cauterization is used in surgical as well as in non-surgical conditions. Surgical conditions are external piles *(bahya-arsas)*, warts *(tvagarsas)* and cones *(kadara)*. Non-surgical conditions are join pain (arthralgia) — sandhi-soola and lumbago *(katee-soolaa)*. Amongst five types of blood letting, briusing *(pracchaana)* is a more painful procedure and hence is performed under the influence of hypnosis.

Hypnosis is defined as a mental state resembling a sleep like condition which is induced by psychological suggestion. It is characterized by extreme responsiveness to suggestion, aquity of intelligence and heightened stimulation of imagination. hypnosis has various therapeutic effects. It relieves anxiety and worry hence is used as effective psychotherapy. hypnosis is time-tested and has analgesic effect.

There are three popular methods of inducing hypnosis. They are:-

1. By vocal suggestions of the hypnotist

2. By self-hypnosis i.e., response of mind to own suggestions

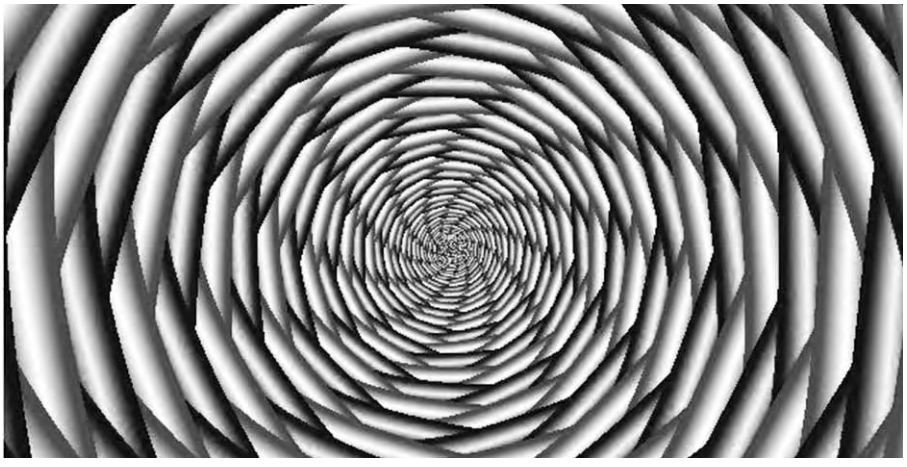
3. By the technique of fascination

The vocal method is used in this work for inducing hypnosis. There are three stages of hypnosis. They are:-

1. The lethargic stage

2. The cataleptic stage

3. The somnambulistic stage



The procedures are performed in the third stage.

In minor as well as major surgeries like haemorrhoidectomy, amputations, cholecystectomy, hysterectomy, caesarean section and extraction of teeth, hypnosis is successfully employed. Thus hypnosis is a time tested method of anesthesia and analgesia. The properties of hypnosis are being successfully used by this author while performing parasurgical procedures.

In the present study 10 patients for alkaline cauterization and 10 patients for thermal cauterization were selected randomly. Before starting the procedures, the patient was subjected for hypnosis by an expert hypnotist. Then the procedure was done. It was observed that under the influence of hypnosis the patients were cooperative. No pain was felt during the procedure and postoperative condition was also satisfactory. The results obtained by this method were similar to that of procedures conducted under anesthesia.

Following are the advantages of hypnosis, observed during this study:-

1. Systemic side effects of the anesthetic drugs can be avoided.

2. Patients having allergy/sensitivity to anesthetic drugs are best suited.

3. Patients having organic problems with high risk of anesthesia can undergo surgery by this method.

4. By hypnosis, patient in post operative period will be cheerful with minimum pain.

5. Hypnotism promotes rapid healing in post operative period.

6. Surgeon can speak with the patient while performing surgery.

Certain disadvantages also were observed during the procedure.

They are:-

1. No person can be hypnotized against his will.

2. Sometimes more time is required to hypnotize.

3. Fear due to superstitions of the subject.

4. Hypnosis may fail just like any other clinical method.

The procedure has shown encouraging results. Still it needs detailed study to achieve more accuracy and proficiency in performing parasurgical procedures under the influence of hypnosis. ■

Utterings that do not matter

Dr. C. R. Agnives
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Many think that if we say that castor oil is a purgative, the statement is not ayurvedic and is allopathic. So ayurvedic scholars tend to say that *eranda taila* is *sara*. This statement cannot be understood by the average international community as the terms *eranda taila* and *sara* are not familiar to them.

Whenever Ayurvedic elite speak about matter, or drug action, they usually adhere to the pharmacological categories of Ayurveda and repeatedly stress the importance of clinging on to them rather than explaining things in terms of modern pharmacology. They feel that something vital will be lost if we talk of the action of drugs, food and drinks in modern lines. Hence many think that if we say that castor oil is a purgative, the statement is not Ayurvedic and is allopathic. So Ayurvedic scholars tend to say that *eranda taila* is *sara*. This statement cannot be understood by the average international community as the terms *eranda taila* and *sara* are not familiar to them. If we want to globalize Ayurveda we will have to speak in a language comprehendible by the world and not in a cryptic language understood only by experts. In fact, *eranda taila* is nothing but castor oil. The *sara* property of castor oil is nothing but the ability to cause purgation. Hence this author feels that there is nothing unethical or nonscientific in stating that "castor oil is a purgative" and the statement is well within the knowledge bank of Ayurveda.

Wherever there are discussions on Ayurvedic research, especially drug research, there are proud statements that we should have our own methodology of ayurvedic research which is align from the modern pharmacological research. Those who advocate 'pure' ayurvedic drug research emphasize the need to explain things according to ayurvedic pharmacological categories viz. taste (*rasa*), property (*guna*), potency (*veerya*), metabolic effect (*vipaaka*), special principle (*prabhaava*) and action (*karma*). Many want us to probe back to the existential configuration (*panjcabhoota* constitution) of the matter to find out the probable action of the drug. These opinions are prompted by the love for Ayurveda and a serious misunderstanding that facts in Ayurveda can be expressed only in Sanskrit terms. To this author such a stand is invalid simply because a rose will be as beautiful as it is now in any other name. So are ideas and their terms. If you can convey the idea with another term, even from another language, the science will not be hurt in any way.

But those who are accustomed to use Sanskrit terms as the identification mark of Ayurveda will find it difficult to accept other terms in place of Sanskrit terms as they feel that something is lost by doing so. I have heard many a time that using English equivalents for Sanskrit terms will damage the image of Ayurveda as these English terms will cause confusion. To this author, English terms are no more confusing than Sanskrit terms. Scientific terms always work under definition irrespective of the fact that they have verbal equivalents in common language. Hence in the computer language a mouse is never misunderstood as a rodent though the word mouse is conventionally used for a very common rodent. So will be fire or bio-fire to designate the digestive agent in a living being. It is a metaphor based technical term in biology. So is the case of *agni* in Sanskrit. In Ayurveda it is a technical term. But in kitchen the term 'fire' is used in a non-medical parlor and so far no one is confusing the bio-fire with the fire of stove even if the term fire or *agni* is used in both cases. All Sanskrit terms used in Ayurveda work under specific definitions and even when the words are identical the terms could be different according to the context. For example, in the first chapter of the first part of Ashtaanga-hrdaya, the word *rasa* is used as two different technical terms one meaning 'taste' and the other meaning the 'essence of ingested food which has turned into the first tissue'. Though the word is identical no one has till date confused the first tissue with taste of substances.

In the background of the above contention, in this article, the author dares to use English equivalent terms to denote the pharmacological categories in the ensuing description. In the last issue we have concluded that these principles deserve a closer observation. Let us examine these principles now.

1. Taste *(rasa)*

Of all the properties that dictate the action of a drug, taste was considered as the foremost and sure index of drug action. We find that when all the other pharmacologic principles are dealt together in a chapter, our treatises have devoted a separate chapter for discussing the taste. This proclaims the importance of taste as a pharmacological principle. Initially it was thought that we can explain the action of drugs by simply knowing its taste. Later it was understood that taste is not a very dependable mark of drug action and treatises warn us about the danger of considering taste as the sole cause of drug action (C.Soo.26.51). Treatises have gone to the extent of differentiation of tastes and taste combinations. Sixty three variations of tastes and 57 combinations of the tastes are detailed (A.H.Soo.10). After all these hairsplitting exercises on tastes our seers are satisfied that all these theoretical exercises will not aid us much in determining the drug action. On the contrary, in many cases it is the drug action that dictates the taste. For example what is the taste of gold? We are unable to appreciate the taste of gold by gustatory perception. Hence we infer it. The taste of gold is inferred as sweet. Gold is included in the group of sweet substances. Here the index of taste is drug action and taste is not the index of drug action.

First we tried to illustrate the action of drugs on humors. Of the six tastes the first three namely sweet, sour and salty are considered to increase kapha and decrease vaata. The remaining three viz. bitter, acrid and astringent tastes increase vaata and decrease kapha. Pitta increases by the use of sour, salty and acrid tastes and decreases by the use of sweet, bitter and astringent tastes. This is the general consensus that we have arrived at. Unfortunately the drugs are unaware of such an agreement made by Ayurvedic seers and they act individually according to their own nature. This is the drawback of many human theories. We should admit that the nature is not dictated by our rules of cause and effect, but we are deriving hypotheses and theories on the basis of our observations on nature. Invariably our observations have limitations, however observant, intuitive and imaginative we are. When observations have limitations, our conclusions have unlimited possibilities of error. So we have to append a list of provisions to every rule

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that we make. We have to enumerate exceptions for our theories and when exceptions are the rule, the rule tends to be invalid. Thus our seers tell us that though sweet increases kapha wheat, green-gram, aged-rice, barley, meat of animals of arid regions, honey and even sugar does not do so (A.H.Soo.10.33). So, many of the sweet substances that we eat regularly do not increase kapha. We have such exceptions for all the other tastes too.

We tried to correlate other pharmacological principles with taste expecting that such hidden principles could be traced by knowing the taste. Taste is perceivable. Other pharmacological principles are to be inferred. Our initial attempt was to use the perceptible taste as the clue to identify imperceptible principles and finally the unknown drug action. But our seers have concluded that pharmacologic principles are inferred from drug action (S. Soo. 46.514). Suṣ-ruta-saṃhitaa has gone to the extent of stating that a thousand arguments on principles
cannot convert a constipating drug to cause purgation (S. Soo. 40.21).

We find that, though rarely, new drugs are added to the pharmacopoeia of Ayurveda. This process of addition is not a new thing. Scanning through the history of ayurvedic pharmacology, we can prepare a pretty long list of additions of drugs after the period of compendia (*saṃhitaa kaala*). Later authors have tried to provide the descriptions of such additions in Ayurvedic terms. Even in the last century accredited experts of pharmacology have attempted this practice by framing Sanskrit verses to explain new drugs. It is again the matter of language.

Anything uttered in Sanskrit is apparently classical and any classical information can be incorporated into the corpus of Ayurveda. That is why those who were exposed to modern medicine tended to translate the knowledge into Sanskrit and labeled it as Ayurvedic. Pratyaksha Śaareera (Perceptible Anatomy) by Gananaath Sen Sarasvati, Aṣṭaanga-Śaareera and Bṛhat-Śaareera of Vaidyaratnam P.S. Vaarier are telltale examples of this phenomenon. This is not limited to Anatomy. In the field of pathology the Siddhanta-Nidaana (Theory of Pathology) by Gananath Sen Sarasvati presents Sanskrit descriptions of certain disease not described in former Ayurvedic treatises. The information regarding the new diseases is frankly borrowed from modern medicine. This author appreciates the earnest efforts of past luminaries to add new information to Ayurveda against a gradient of conservatism that staunchly held that Ayurveda is complete in itself and nothing new is to be added to it to pollute the sacred knowledge. Hence those who want to add new information to Ayurveda had to smuggle new ideas into Ayurveda concealed and covered by Sanskrit. As students of Ayurveda, many of us erroneously believed that Dr. Gananath Sen Sarasvati is as old as Caraka or Suśruta as we had to learn the Sanskrit verses he wrote about bones etc. Clearly this was due to the lack of historical insight. But historical insight is still feeble in Ayurvedic students and many practitioners and any thing written in Sanskrit is taken for granted as archaic.

Time has changed. I don't think that there exists a group of people who holds that nothing new can be incorporated into Ayurveda. But there are still people who think that Ayurveda should be in Sanskrit lest its purity will be lost. This author is not addressing such a mass. This article is directed to those who think that science can be intelligibly expressed in any good language. In attempting to express Ayurveda in English or so we will have to first define the technical terms. Since this important factor is missing we feel that translations of terms into English or Russian might spoil the sense of the terms.

Let us come back to judgment of drug action with taste. Caraka-saṃhitaa and Aṣṭaanga Hṛdaya has warned us that the action of all drugs cannot be guessed from their taste. There are many valid exceptions to the general rules regarding taste and drug action. In fact many drugs that we commonly use today are exceptions. This makes

the whole contemplations for assessing drug action from taste invalid.

The reader may now tend to think that the whole pharmacological information available in our accredited treatises is invalid. No. The available information is valid. The information is compiled by keen observation, experimentation and clinical application of drugs through centuries and hence is time tested. We were discussing about new drugs to be added to the Ayurvedic pharmacopoeia. Here considering the taste as an index of drug action may go wrong. So we will have to assess the drug action using some other valid means.

According to Ayurveda there are six tastes. They are sweet, sour, salty, bitter, acrid and astringent. Of these, modern science is not very happy about acrid and astringent tastes as according to them there are no special taste buds for their appreciation. In Ayurveda the existence of taste bud is not the criterion for the classification of tastes. It is mentioned that as there are six seasons there are six tastes, one for each season (A.S.Soo.18.3,4). The natural variation of existents in the plants during seasons tends to change their taste. It is true. But can we extend this idea to the extreme? I think that it is not feasible. Even though seasons make slight changes in tastes, red chilly will remain acrid in all seasons.

2. Properties

When we come to treatment, properties of the drug are very important. Of the twenty general properties some are more important. Heaviness, lightness, unctuousness, dryness, coldness, hotness, sluggishness and sharpness are the most important properties. You can identify that these properties are in opposing couples. For example heaviness and lightness are opposites and are relative. If a substance is heavy it is not light.

In treatment we employ these properties to increase and decrease humors. For example, to reduce vaata we use heavy, unctuous, hot and sluggish substances. To combat pitta we have to use heavy, cold and sluggish substances. To reduce kapha we use light, hot, dry and sharp substances. But here also there are problems. All drugs do not obey the general rules of the properties. Sida (*balaa*) is cold, but it reduces vaata. Fish is hot but it increases kapha. Hence we cannot always depend on the properties to infer the drug action. Relation between tastes and properties also may be bizarre. We expect sweet substances to be heavy. But many sweet substances like glucose and pop-rice (*laajaa*) are light.

3. Potency

There are two views about the potency of substances. There those who consider that the potency of any material is to be assessed by its action. For example emetics have emetic potency purgatives have purgative potency, so on and so forth. Here potency happens to be just another name for action and hence consideration of potency reveals nothing new.

More popular view is to attribute potency with property. At first eight properties were selected as potencies. These eight properties are heaviness etc. mentioned above. Again these eight are grouped into two viz. the hot group and the cold group. Heaviness, unctuousness, sluggishness and coldness come under the cold group and lightness, dryness, sharpness and hotness come under the hot or fiery group. It is convincing to grossly classify substances into two viz. hot and cold as substances are either exothermic or endothermic. In terms of biology we may say that substances are either anabolic or catabolic. Nevertheless potency also cannot be counted as a sure index of drug action.

4. Metabolic effect

Metabolic effect of drugs is of three types. They are sweet, sour and acrid. They increase kapha, pitta and vaata respectively. Though these are named as tastes, they are not real tastes. They are the end metabolic effects of foods and drugs. They cannot be directly perceived from the substances. They are inferred from the end action of the substances. Hence we are not able to infer the action of drugs from metabolic effect.

5. Special potency

In spite of the above contemplations, we find that individual substances exhibit very special actions. For example though licorice and grapes are similar in taste, property etc. grapes are laxative whereas licorice is not. Hence we have to consider that there is something extra in the grapes causing laxative effect. This extra factor is called special potency (*prabhaava*). Since special potency acts over all the other pharmacological principles it has a decisive role in drug action. In fact, special potency nullifies all the above pharmacological principles. The majority of substances used in treatment have special potency. The concept of special potency in fact renders all our pharmacological principles invalid to a major extent.

Substances of strange origin

Over and above all these principles there are instances where the existential composition of some substances are strange so that its various pharmacological principles are not in agreement. For example if a substance is sweet, it should be unctuous, cold and heavy. But some sweet substances are light and dry. It is considered that such substances have strange combination of existents (*panjcabhoota*). These substances do not obey our general rules of pharmacology.

Conclusion

We have seen that all the pharmacological principles of Ayurveda are insufficient in inferring the drug action and most of them are inferred from drug action. Hence all the mutterings on adhering ayurvedic principles in identifying drug action are futile. What matters is drug action and the easiest method to assess drug action of new drugs is to conduct animal experiments and clinical evaluation as practiced in modern pharmacology. There is nothing wrong if modern medicine also uses the same method. ■

Of all the properties that dictate the action of a drug, taste was considered as the foremost and sure index of drug action. Later it was understood that taste is not a very dependable mark of drug action and treatises warn us about the danger of considering taste as the sole cause of drug action

Bonesetter Soup

Ingredients

1. Bonesetter stem - 1 foot long (skinned and chopped)
2. Carrot (small) - 2 (skinned and chopped)
3. Boiled cow's milk - 3-4 table spoons (45-60ml) – cream removed
4. Cooked green gram - ½ cup
5. Butter - ½ teaspoon
6. Corn-flour
7. Turmeric (powder) - 1 pinch
8. Salt
9. Black pepper (powder)

(Quantity of items 5-9 variable according to need.)

Preparation

Cook well items 1and 2. Add the cooked green gram and grind in a blender (mixie). Heat up the butter in a frying pan on low fire. Add the corn-flour and heat to golden color. Add the ground mixture and boil. Add the turmeric powder and remove the pan from stove. Add the milk and stir well. Before consuming add salt and pepper according to requirement. Consume warm.

Uses

The soup is good for the health of bones. It may be prescribed to patients with fractures and osteoporosis.

Bonesetter Chutney Powder

Ingredients

1. Bonesetter stem – 1 foot length
2. Scraped Coconut kernel – of one coconut
3. Dried red chilly –10 nos
4. Ginger –50 g
5. Curry leaf – 3 leafs
6. Tamarind – 10 g
7. Asafetida – 2g
8. Salt – sufficient quantity

Preparation

Scrape and mince the bonesetter stem. Mix with coconut scrapings. Grate the ginger and add to the mixture. Fry items 1-5 in a dry frying pan. Just before the coconut becomes golden color, add tamarind and asafetida and continue frying to golden color. Stop heating. Remove from stove and allow cooling to room temperature. Add salt and dry grind in a blender. The chutney can be used as a side dish with meals.

Note: -

Bonesetter is a creeper. It is also commonly known as edible-stemmed wine and adament creeper. Its scientific name is *Cissus quadrangularis* Linn. = *Vitis quadrangularis* (Linn.) Wall. ex Wight. It belongs to the family vitaceae. This reduces kapha and vaata and increases pitta. It is known in Sanskrit as *vajra-vallee* and *asthi-srmkhalaa* and in Hindi as *hat-jod*. Though good for the bones this soup may not be prescribed for continuous use as bonesetter contains calcium oxalate. ■



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