



SUSHRUTHA AYURVEDIC MEDICAL COLLEGE AND HOSPITAL

(Recognised by NCISM, Ministry of AYUSH, New Delhi, Affiliated to RGUHS, Bengaluru)

'A' Grade Accredited by QCI-NABET-MARBISM



In Collaboration With:

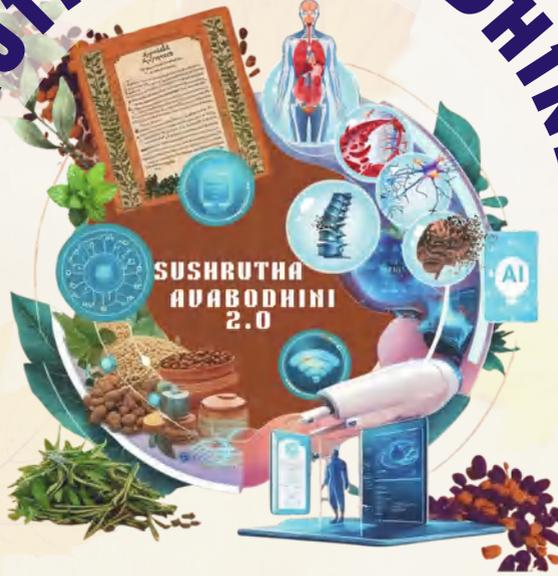
S-VYASA - Deemed to be University

&

Vishwa Ayurveda Parishad, Karnataka (VAP)



SUSHRUTHA AVABODHINI 2.0



National Conference on

**REVOLUTIONIZING DEGENERATIVE DISORDER CARE:
Intersection of Ayurveda, Technology and Innovation.**

 **6th & 7th December 2024**

SOUVENIR

**Prashanti Kutiram, Jodi Bingipura, Kallubalu Post,
Jigani Hobli, Anekal Taluk, Bengaluru - 560105**



9110659242



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for Indian System of
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Ministry of AYUSH,
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Prashanti Kutiram, Jodi Bingipura, Kalubalu Post,

Jigani Hobli, Anekal Taluk, Bengaluru - 560105

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ॐ श्री धन्वन्तरये नमः





About the Conference

Sushruta Avabodini 2.0 is a National Conference on Degenerative Disorders Care, organized by Sushruta Ayurvedic Medical College & Hospital, Bengaluru, in collaboration with S-VAYSA and Vishwa Ayurveda Parishad. This event brings together Ayurveda practitioners, researchers, and healthcare innovators to address the pressing global challenge of degenerative disorders through the unique lens of Ayurveda, integrated with modern technology and innovation.

For years, there has been a growing need for a dedicated platform to tackle the rising burden of degenerative disorders which continue to challenge conventional medical approaches. Sushruta Avabodini 2.0 serves as a unified forum to discuss innovative solutions, exchange knowledge, and establish Ayurveda as a significant system of care for managing these chronic conditions.

The conference is a two-day event scheduled for **December 6th and 7th** 2024 featuring keynote addresses, panel discussions, and scientific sessions by esteemed scholars of Ayurveda are the main attraction of this conference. Budding researchers will also have the opportunity to showcase their findings in parallel sessions. A special highlight of the event is an exhibition of innovative Ayurvedic products and technologies, emphasizing the synergy of traditional wisdom and modern advancements.

Sushruta Ayurvedic Medical College & Hospital is proud to host this milestone event, further solidifying its commitment to promoting Ayurveda and fostering collaboration among experts. The organizing team is working tirelessly to ensure that Sushruta Avabodini 2.0 becomes a benchmark conference, with more than 500 delegates from across the nation expected to participate.

Join us in redefining the care of degenerative disorders and celebrating the transformative potential of Ayurveda, innovation, and technology.





Sushrutha Ayurvedic Medical College & Hospital

Sushrutha Ayurvedic Medical College & Hospital is a pioneering institution renowned for its commitment to excellence in both Ayurveda education and healthcare. Established in 2002 and managed by the Yadalam Trust, the college is situated in the tranquil Prashanti Kutiram, a sprawling 100-acre campus located about 30 km from central Bengaluru, adjacent to the Bannerghatta National Park.

Over the years, countless aspiring Ayurvedic doctors have realized their dreams at this prestigious institution. Currently, around 500 students are enrolled, benefiting from a comprehensive and holistic educational experience. The college takes pride in its distinguished faculty, a team of highly skilled and knowledgeable academicians who are dedicated to delivering top-tier education and honing the clinical expertise of students.

The institution is well-equipped with modern laboratories, a vast library housing an extensive collection of books and journals, and a digital library that supports the academic needs of the students. The lush, green campus is home to a variety of medicinal plants, with three dedicated herbal gardens featuring over 500 species, including some rare varieties. These gardens serve as an invaluable resource for students, providing them with the opportunity to study and identify plants used in Ayurvedic medicine.

Sushrutha Ayurvedic Medical College & Hospital also operates an in-house pharmacy, which prepares a range of Ayurvedic medicines for both outpatient (OPD) and inpatient (IPD) treatment. This hands-on experience with Ayurvedic drug preparation further enriches the students' learning journey.

The institution runs a 120-bed hospital dedicated to the service of the community, where students receive practical training across all branches of Ayurveda. To ensure the comfort and well-being of its resident students, the college provides separate hostels for boys and girls, both on-campus and off-campus, with all necessary amenities.

The college has now achieved prestigious 'A' grade accreditation by NABET-QCI through MARBISM. With its robust educational framework and clinical exposure, Sushrutha Ayurvedic Medical College & Hospital continues to shape the careers of aspiring Ayurvedic professionals, empowering them to contribute meaningfully to the field of Ayurveda





S-VYASA (Deemed to be University)

S-VYASA (Swami Vivekananda Yoga Anusandhana Samsthana) is a renowned Deemed-to-be university, recognized by the Ministry of Human Resource Development, Government of India. VYASA (Vivekananda Yoga Anusandhana Samsthana) is the mother organisation of S-VYASA. It acquired the status of Deemed to be University in the year 2002, offering Bachelor's, Master's, Postgraduate, and Doctoral programs. It specializes in Yoga and its integration into holistic disease management. With an A+ accreditation from NAAC, S-VYASA is a global leader in Yoga and integrated healthcare.

Padmashri Dr. H.R. Nagendra, fondly known as the "Yoga Scientist," is indeed a pioneer in the field of yoga. His journey from NASA to academia embodies yoga's transformative power.

S-VYASA Campus is a Serene Oasis for Learning and Growth. Nestled within the tranquil surroundings of Prashanti Kutiram, the S-VYASA campus offers a unique, Gurukula-inspired environment that fosters holistic learning and growth. It also features advanced facilities like the Anveshana Research Laboratory, Holistic Wellness Centers, and schools of Naturopathy, Physiotherapy, and Nursing alongside. These cutting-edge facilities support our comprehensive approach to health and wellness, providing students with a rich, interdisciplinary learning experience, a nurturing environment that fosters creativity, professionalism, and practical skills.

Arogyadhama is an integrative medicine hospital with 350 bed inpatient treatment facility. It is integrated with Yoga, Ayurveda, Naturopathy, Physiotherapy, Acupuncture and Psychotherapy. Empowering Holistic Healing, this distinguished center utilizes innovative, research-backed self-healing techniques to treat patients from around the globe.





Vishwa Ayurveda Parishad

Vishwa Ayurveda Parishad (VAP) is a prominent organization dedicated to the promotion, preservation, and global awareness of Ayurveda. VAP provides a common platform for everyone connected with Ayurveda, be it an academican, clinician, student, manufacturers or medicinal plant harvester. The organization plays a significant role in the development of Ayurveda through various initiatives aimed at advancing education, research, and practice of this ancient Indian system of medicine. VAP strives to develop a sense of awareness, belonging & commitment towards Ayurveda and to inculcate the values of good clinical practice & ethics laid down by the great sages of Ayurveda.

It aims to advance the recognition, practice, and global integration of Ayurveda as a system of healthcare while ensuring its authenticity, scientific validation, and widespread application. This all has helped in the overall development of Ayurveda, and increased its popularity manifold among the general public. Vishwa Ayurveda Parishad (VAP) also works together with its Vichar Parivar group like Arogya Bharti, Ayurveda Vyaspeeth, Vigyan Bharti, Jignasa and Nasya to safeguard the interests of Ayurveda and its stakeholders by keeping close watch and timely interventions on health policies, rules and prevalent practices throughout India and worldwide.

Main activities

- Organizing health camps, Global Awareness Campaigns.
- Conducting Ayurkaushlam, Samyojanam, Lakshya, Charaka Tapasthalie.
- Personality and career building camps.
- Charaka Vananchal Swasthya Sewa Yatra.
- Publication of VAP journal & National essay competitions Goals and objectives.
- Declaration of Ayurveda as national health system & including Ayurveda in AYUSHMAN BHARAT project -PMJAY.
- Adequate budget allotment for development of Ayurveda and eradicate disparities in financial matters related to Ayurveda.
- Establishing at least one Ayurveda university and AIIA in every state for high quality education.
- To identify TRACES (Teachers, Researchers, Authors, Clinicians, Entrepreneurs and Social Reformers) working in the field of Ayurveda and bring them on a single platform to utilize their experience and knowledge for their further development.
- To identify all possible opportunities and utilize them to propagate and promote Ayurveda across globe. With these objectives VAP is working persistently towards the betterment of Ayurveda.





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Foreword



Dr. B. R. Ramakrishna

Pro Chancellor, S-VYASA - Deemed to be University;
Director & Professor of Emeritus, SAMC&H, Bengaluru;
Independent Director, NALCO, GoI, Bhuvaneshwar, Odisha;
President, Viswa Ayurveda Parishad, Karnataka (VAP);
Editor in chief, RGUHS Journal of AYUSH Sciences (RJAS),
Bengaluru.

“शरीर्यते अनेन इति शरीरम” – The body is in a constant state of decay. In the human body, degeneration and decline are natural processes, occurring every moment of our existence. However, when this gradual process accelerates unnaturally, it manifests as disease. Degenerative disorders are chronic, progressive conditions that disrupt the body's normal functioning, leading to the gradual deterioration of tissues, organs, and systems over time.

These disorders profoundly affect connective tissues, muscles, nerves, and vital organs. From neurodegenerative conditions such as Alzheimer's, Parkinson's, and Huntington's diseases to muscular dystrophy, degenerative osteoarthritis, and rare disorders like Friedreich ataxia and Marfan syndrome, the burden extends beyond physical impairment. It disrupts movement, balance, speech, breathing, and self-care, creating a ripple effect of emotional, social, and economic challenges.

While the exact causes of degenerative disorders often remain unclear, contributing factors range from genetics, aging, and lifestyle choices to environmental toxins, infections, and unknown triggers. Conventional treatments, including pharmacological interventions, surgery, antioxidant therapies, and exercise, focus on managing symptoms and slowing disease progression. However, the intricate nature of these conditions calls for innovative, integrated solutions—a space where **Ayurveda** offers a distinct and promising perspective.

Ayurveda, the ancient Indian system of medicine, perceives degeneration as a multidimensional imbalance, often aligning neurodegenerative disorders with **Vatavyadhi**, conditions rooted in the disturbed functioning of **Vata Dosha**. Its unique therapeutic actions—**Medhya (cognitive support)**, **Chakshushya (vision support)**, **Varnya (skin health)**, **Hrudya (cardiac support)**, **Twak Prasadakara (skin nourishment)**, **Vrana Ropana (wound healing)**,

and *Vayasthapana* (anti-aging)—emphasize regeneration, rejuvenation, and restoration. Ayurveda addresses not just symptoms but the core pathology, or *Samprapti*, of diseases. Its principles of *Vayasthapana* and *Urjaskara Rasayana* offer profound insights into preventing or delaying degeneration and promoting rejuvenation.

Recent research underscores the potential of Ayurvedic therapies. Treatments like *Panchakarma*, *Majja Prayoga* (bone marrow application) for pacifying Vata, and *Rasayana* therapies using medicinal plants such as *Withania somnifera* (*Ashwagandha*), *Bacopa monnieri* (*Brahmi*), *Centella asiatica* (*Madukaparni*), and *Mucuna pruriens* (*Kapikacchu*) show antioxidant, neuroprotective, and restorative properties.

Furthermore, integrating Ayurveda with modern advancements like **artificial intelligence, nano-formulations, gut-microbiome therapies**, and innovative diagnostic tools presents exciting possibilities for managing degenerative disorders. This synergy of traditional wisdom and modern science holds the potential to not only alleviate symptoms but also enhance overall quality of life.

This vision forms the foundation of **Sushruta Avabodhini 2.0**, a national conference jointly organized by **Sushruta Ayurvedic Medical College and Hospital, S-VYASA University**, and **Vishwa Ayurveda Parishad (VAP)**. Themed “**Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation**,” this event addresses one of the most critical health challenges of our time.

The significance of **Sushruta Avabodhini** lies in its creation of a collaborative platform, bringing together experts from Ayurveda, modern medicine, and cutting-edge technology. By fostering interdisciplinary discussions and advancing research, the conference seeks to harmonize ancient wisdom with contemporary science, laying the groundwork for holistic and innovative approaches to degenerative disorder care.

Sushruta Avabodhini aspires to be more than an academic gathering; it is a movement to inspire transformative change in healthcare, blending tradition with progress to serve humanity.

With deep appreciation for the vision and dedication of the organizers, I extend my best wishes for the grand success of **Sushruta Avabodhini 2.0**. May this conference become a landmark in revolutionizing degenerative disorder care, bringing hope and relief to millions around the world.

Preface



Dr. Alok Roy
Principal Prof & HOD,
Dept of Samhita Siddhanta,
SAMC& H, Bengaluru.

Sushrutha Avabodhini 2.0, a unique national conference taking place on **December 6th and 7th, 2024**, at the serene campus of **Prashanti Kutiram, Bengaluru**.

Ayurveda has always embodied the spirit of research, a tradition that traces its origins to ancient times. Charaka and other ancient Acharyas were not merely scholars; but were pioneering researchers of Ayurveda, deeply rooted in empirical observation and analysis. Charaka, a legend among them, dedicated his lifetime to research, culminating in the creation of the monumental *Charaka Samhita*. His visionary definition of *Siddhanta* –

‘सिद्धान्तो नाम स यः परीक्षकैर्बहुविधं परीक्ष्य हेतुभिश्च साधयित्वा स्थाप्यते निर्णयः’ - clearly establishes his profound commitment to rigorous inquiry and evidence-based conclusions.

The empirical methodologies and analytical insights recorded in classical texts like *Charaka Samhita* exemplify an extraordinary blend of philosophy and science. This deep-rooted scientific spirit is further reflected in philosophies adopted like the *Panchamahabhuta* (the five fundamental elements), *Samanya – Vishesha Siddhanta* and concept of *Paramanu* (atoms) of *Vaisheshika Darshana*. These ideas resonate with the foundational principles of modern physics and chemistry, highlighting the timeless nature of ancient Indian thought and its

alignment with contemporary scientific paradigms.

Sushruta Avabodhini 2.0 is a guiding light, bringing together esteemed voices from scholars of various fields working on Ayurveda, contemporary sciences, and technology. It fosters collaborations to ignite pathbreaking research, uniting the timeless wisdom of Ayurveda with cutting-edge technology and innovation. This synergy is essential, as modern allopathy alone often struggles to provide comprehensive care for degenerative diseases. Integrating these approaches can offer more compassionate, sustainable, and patient-centric care.

This seminar is not just a confluence of knowledge but a platform to inspire budding doctors, researchers, and practitioners to explore innovative solutions, contributing to societal transformation. May this gathering spark profound discoveries, foster enduring partnerships, and pave the way for a future where holistic, integrative healthcare becomes the norm.

Wishing all the participants and attendees an inspiring and transformative conference.

Let **Sushruta Avabodhini 2.0** be a resounding success.

From the desk of Medical Superintendent



Dr. Sanghamitra Patnaik,
Medical Superintendent,
Prof & HOD,
Dept of Panchakarma,
SAMC& H, Bengaluru.

Our journey from **Sushrutha Avabodhini-2022** to **Sushrutha Avabodhini 2.0**

It is a well-known truth that an educational Institute must constantly take measures to nurture scholarly environment, encourage innovation, and preserve knowledge. In Ayurveda, *Tadvidya Sambhasha Parishad* (seminars/conferences) serves this purpose by enabling knowledgeable individuals, researchers, and scholars to come together to discuss and exchange knowledge on various topics within Ayurveda and related fields.

Recognizing the importance of regular discussion on critical issues, the Sushrutha family felt a strong need for a biennial conference addressing pressing topics in healthcare. The challenging years of CORONA pandemic strengthened this resolve, resulting in conceptualization and crystallization of “**Sushrutha Avabodhini.**”

The first conference in this series, “**Sushrutha Avabodhini-2022**” a National Conference on Autoimmune Disorders, was held in December 2022 commemorating the completion of twenty years of our existence. The two-day event drew 575 participants, including students, scholars, and faculty, featured over 120 paper and 21 poster presentations. The event also marked opening of our new hospital block, a new *Aushadhi Vana* (medicinal garden) and a new academic block. Since then, much progress has been made, and our institution has grown and achieved numerous milestones including an ‘A’ grade award by Quality Control of India, placing it at number seven in Karnataka and number twenty-one in India. This was a collective effort of the students and faculty members backed by the firm and constant support of the management.

During the academic years 2022-2024, our college and hospital made substantial strides in research, academics, and extracurricular accomplishments both by the students and faculty as well. We have served around one Lakh patients on OPD basis and around five thousand patients in IPD. Besides regular OPD & IPD, several free health camps were organised by various departments covering Anganwadi/ School children, aged population, women. In association with Lions Club, Bangalore, we are conducting monthly health camps for general public. These activities have made a huge impact on the lives of general public in around 50

villages in the vicinity of our institute.

The progress of any institute is marked by the research output and its contribution to the existing knowledge. In the previous two years around 30 staff publications in indexed journals, and 25 collaborative projects involving both staff and students, which include RGUHS funded and CCRAS funded SPARK projects. One of our PG Scholar has bagged CCRAS PG-STAR funding for her MD Thesis. Many self-funded projects by Sushrutha faculty are also going on. Regular IEC meetings are being held, with multiple studies registered in the Clinical Trials Registry of India (CTRI). Faculty members also represented the institution at national and international conferences, contributing their expertise as resource persons. A six-day Continuing Medical Education (CME) program on Panchakarma held in March 2024, sponsored by the Ministry of AYUSH, Government of India. Many guest lectures have been organised by different departments which has engaged our faculty and also intellectually stimulated them

Our institution continues to uphold a remarkable standard of academic excellence across all levels of the BAMS & MD programs. The results for the various batches of the last two years have been outstanding, showcasing a high success rate and exceptional achievements. A total of 72 students have secured distinctions and bagged ranks at university level. These achievements underscore the institution's commitment to nurturing high academic standards and fostering a culture of excellence among its students.

NCISM has introduced many measures for the skill development in students. Keeping abreast with the current reforms, our institute has setup a Clinical Skill Laboratory (Yogya Skill Lab), and a Sanskrit Club which will help many a student to explore the hidden world of Sanskrit literature.

Our students excelled in various extracurricular activities in 2022-2024. Highlights include a Best Poster Presentation award at a national seminar, first place in a state-level short film competition, and second place in a national essay contest on "Yoga and Ayurveda in Preventing Lifestyle Disorders." At an inter-college event, one student won the quiz, while others earned prizes for essay writing. Two students secured first place in multiple national video-making competitions on Ayurveda, and one student won first place in a national slogan contest on "Ayurveda and Social Wellbeing." These achievements showcase the talent and dedication of our students.

Overall, the years 2022-2024 were marked by academic excellence, research breakthroughs, and vibrant extracurricular participation at our institution, setting new benchmarks for achievement and growth.

From Editor's desk



Dr. Champa Pant,
Professor & HOD, Department of Kaumarabhritya,
Chief Co-ordinator,
Sushrutha Avabodhini Souvenir Committee,
SAMC&H

It brings me immense pride to present the souvenir of '*Sushrutha Avabodhini 2.0*', a national conference organized by the Sushrutha Ayurvedic Medical College and Hospital in collaboration with S-VYASA University and Vishwa Ayurveda Parishad (VAP), scheduled for December 6th and 7th, 2024.

The '*Sushrutha Avabodhini*' conference is curated as a biennial platform, and this year it is based on the transformative theme: "*Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation.*" The visionary approach of the conference this year by integrating the age-old wisdom of Ayurveda with cutting-edge technologies, paves the way for a multidisciplinary approach to the management of degenerative disorders.

The souvenir of the '*Sushrutha Avabodhini 2.0*' conference is the result of the teamwork and dedication of all the committees involved, supported by the steadfast encouragement of the management. The creation of this souvenir would not have been possible without the unwavering efforts and hard work of the souvenir committee members, who played a pivotal role in conceptualizing, designing, and compiling this publication. Their commitment to excellence has been vital in documenting this milestone and creating a valuable resource for attendees and the broader community.

Thank you for your dedication and for going above and beyond to make Sushrutha Avabodhini 2.0 a memorable and impactful event.

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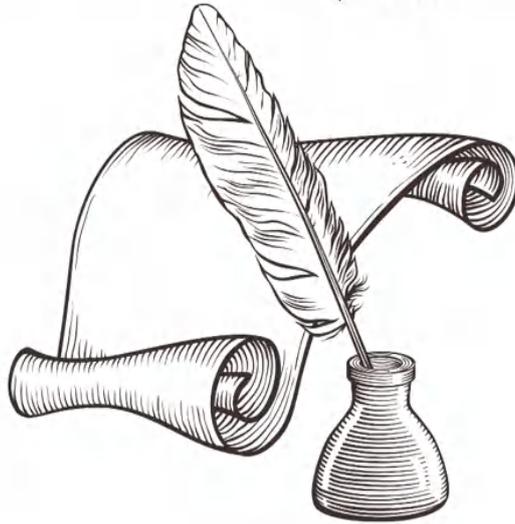
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Program Schedule

Day 1 - 06.12.2024 (Friday)		
8:00 AM - 9:00 AM	Registration & Breakfast	
9:00 AM - 9:15 AM	Maithri Milan	
9:15 AM - 10:00 AM	Dhanwantari Pooja & Procession to Samskruthi Bhavan.	
10:00 AM - 11:30 AM	Inauguration of Sushruta Avabodhini 2.0	
11:30 AM - 12:00 PM	Tea Break	
12:00 PM - 1:30 PM	Keynote Address Dr. Shivarama Varambally Professor, Dept. of Psychiatry Former Head of Dept. of Integrative Medicine, NIMHANS, Bengaluru	
1:30 PM - 2:30 PM	Lunch Break	
2.30 PM - 3:30 PM	Dr. Ashwini Godbole Associate Professor, University of Trans-Disciplinary Health Sciences and Technology, Bengaluru	Medhya Rasayana in cognitive wellness with special reference to Degenerative Disorders
3:30 PM - 3:45 PM	High Tea	
4:00 PM - 6:00 PM	Paper Presentations – Teaching Faculty / Ph.D / Post Graduate Scholars	
6:00 PM - 7:00 PM	Cultural Extravaganza	
7:30 PM - 9:00 PM	Dinner	
Day 2 - 07.12.2024 (Saturday)		
8:00 AM – 10:00 AM	Poster Presentation – Undergraduate Students	
10:00 AM - 11:30 AM	Dr. T N Sathyaprabha HOD, Department of Neurophysiology NIMHANS, Bengaluru	Application of Cardiac Autonomic Function tests on Neuropsychiatric Disorders in Ayurveda Research
11:30 AM – 1:00 PM	Dr. Pangala Muralidhara R Bhat Chief Physician (RAV Guru) Sudhanva Healthcare	Diagnosis of Degenerative disorder through Modern invasive techniques and Management from Ayurvedic Perspective
1:00 PM - 2:00 PM	Lunch Break	
2:00 PM – 3:00 PM	Dr. Bhupender Singh Principal Technical Officer, Central Research Facility, Indian Institute of Technology, New Delhi	Mass Spectrometry and its applications in Degenerative Disorders.
3:00 PM - 3:30 PM	Panel Discussion	
3:30 PM - 4:00 PM	High Tea	
4:00 PM to 5:00 PM	Valedictory Ceremony	

Messages





ಥಾವರ್ಚಂದ್ ಗೆಹ್ಲೋಟ್
थावरचंद गेहलोत
THAAWARCHAND GEHLOT
Governor of Karnataka

No. GS 371 MSG 2024

Message

*I am delighted to learn that, **Sushrutha Ayurvedic Medical College and Hospital, in collaboration with S-VYASA University and Vishwa Ayurveda Parishad (VAP)** is organizing Sushrutha Avabodhini 2.0, a pioneering national conference on the theme "Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation," scheduled to take place on December 6th and 7th, 2024.*

This year, Sushrutha Avabodhini 2.0 is dedicated to understanding and improving the management of degenerative disorders, which exert a crippling effect on society. The conference's unique strength lies in its integration of artificial intelligence, advanced technology, and Ayurveda, offering a multidisciplinary approach.

With heartfelt appreciation for the organizers' dedication and vision, I extend my best wishes for the grand success of Sushrutha Avabodhini 2.0.


2.12.24

(Thaawarchand Gehlot)



SIDDARAMAIAH

CHIEF MINISTER

No: CM/PS/344/2024



VIDHANA SOUDHA
BENGALURU - 560 001

Date : 27-11-2024

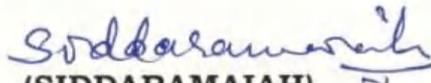
MESSAGE

I am pleased to learn that the **Sushrutha Ayurvedic Medical College and Hospital Prashanthi Kutiram, S-VYASA Campus** Bengaluru is organizing a **National Conference on Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation.**

Sushrutha Ayurvedic Medical College and Hospital is committed to integrate the timeless wisdom of Ayurveda with the transformative power of modern technology and innovation. Degenerative disorders pose significant challenges to healthcare globally, and it is only through collaborative efforts that we can pave the way for more effective, sustainable, and patient-centric solutions.

I hope that the souvenir which is being brought out on the occasion will contain articles on the research innovation, and holistic approaches to care. I believe that the conference will strive to transform healthcare and make a meaningful difference in the lives of those affected by degenerative disorders.

I wish the Conference all success.


(SIDDARAMAIAH)

Dr. H R Nagendra
The Chancellor, Swami Vivekananda Yoga Anusandhana
- Samasthana (S-VYASA), Deemed to be University
Bengaluru-560004.

वैद्य राजेश कोटेचा
सचिव

Vaidya Rajesh Kotecha
Secretary



भारत सरकार
आयुष मंत्रालय
आयुष भवन, 'बी' ब्लॉक, जी.पी.ओ. कॉम्प्लेक्स,
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Government of India
Ministry of Ayush
Ayush Bhawan, B-Block, GPO Complex,
INA, New Delhi-110023
Tel. : 011-24651950, Fax : 011-24651937
E-mail : secy-ayush@nic.in

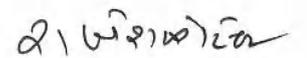
MESSAGE

I feel delighted to learn about '**Sushrutha Avabodhini 2.0**', a groundbreaking Conference on "*Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology and Innovation*" organized by Sushrutha Ayurvedic Medical College and Hospital, Bengaluru, Karnataka on December 6-7, 2024 at Prashanti Kuteera, S-VYASA campus, Bengaluru.

Degenerative disorders, including conditions such as Arthritis, Alzheimer's, Parkinson's and cardiovascular diseases, pose a significant burden on individuals and healthcare systems worldwide. As the global population ages, these disorders are becoming more prevalent, making it essential to explore comprehensive, sustainable approaches to care. Ayurveda, with its holistic perspective and deep understanding of the body's natural balance, offers immense potential in addressing the root causes of these conditions. By focusing on prevention, personalized care and the integration of evidence based practices, Ayurveda provides promising solutions to not only manage but also mitigate the progression of degenerative disorders.

As we confront the global challenge of degenerative disorders, this conference presents an invaluable opportunity to explore innovative solutions and inspire transformative approaches in healthcare. I am confident that the discussions and deliberations during this conference will play a key role in revolutionizing the care of degenerative disorders, ultimately leading to better outcomes for individuals and communities worldwide.

I wish you all a successful and enriching event.


(Rajesh Kotecha)

11th November, 2024



Dr. H. R. Nagendra
Chancellor,
S-VYASA – Deemed to be University

My dear Brothers and Sisters,

We bring greetings on the occasion of this national conference on “Revolutionizing Degenerative Conditions through the Integration of Ayurveda, Technology, and Innovation.” This theme reflects a timely and vital focus, bringing together ancient healing wisdom and modern scientific advancements to address NCDs, most challenging health issues of our time.

Degenerative conditions not only affect individual lives but place a significant burden on healthcare systems globally. Ayurveda, with its holistic approach and deep understanding of the body’s natural rhythms, offers a wealth of knowledge that is increasingly relevant in this context. Coupling this with cutting-edge technology and innovative research paves the way for novel therapeutic strategies that can transform lives.

As we gather to explore, discuss, and innovate, I encourage all participants to embrace a collaborative spirit. Let this event inspire fresh ideas, strengthen partnerships, and lead to breakthroughs that will benefit patients and enrich the field of integrative healthcare. Together, we have the potential to set new standards for treating degenerative conditions and enhancing well-being.

Congratulations to the organizers, awardees, and participants. May this conference be a landmark in advancing our shared mission of health and healing.

With Love,

A handwritten signature in Devanagari script, which reads "नगेंद्रः" (Nagendra).

Dr H R Nagendra



॥ आयुषे सर्वलोकानाम् ॥

वैद्य जयंत देवपुजारी
सभापति
VAIDYA JAYANT DEOJUARI
Chairman



भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग
भारत सरकार
NATIONAL COMMISSION FOR INDIAN SYSTEM of MEDICINE
Government of India

MESSAGE



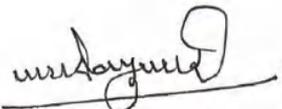
I am pleased to know that **Sushrutha Ayurvedic Medical College and Hospital**, Bengaluru is organizing “**Sushrutha Avabodhini 2.0**”, a groundbreaking national conference on “**Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation**” schedule on 6th & 7th December, 2024 at Prashanti Kuteera, S-VYASA (SAMC&H) to promote the Indian System of Medicine.

The focus on revolutionizing degenerative disorder care resonates deeply with the vision of sustainable and holistic healthcare. The platform offered by **Sushrutha Avabodhini 2.0** is a testament to the importance of interdisciplinary collaboration in achieving breakthroughs in patient care. I am confident that the insightful discussions, research presentations, and exchange of ideas at this conference will inspire new pathways to address pressing healthcare challenges.

On this occasion, the organizer is planning to bring out Souvenir, marking the scientific contributions of the national conference. I wish the “**Sushrutha Avabodhini 2.0**” a great success and it will make an important contribution to the cause of the system.

I extend my heartiest wishes to the organizer and I am sure that national conference will be a grand success.

New Delhi
21.11.2024


Vaidya Jayant Deopujari



डॉ. श्रीनिवास प्रसाद बूदूरु
अध्यक्ष, आयुर्वेद बोर्ड
Dr. Sreenivasa Prasad Buduru
President, Board of Ayurveda



भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग
आयुष मंत्रालय, भारत सरकार
National Commission for Indian System of Medicine
Ministry of Ayush, Govt. of India

D.O. No.31-E/President.BOA/2024

Dated.-27.11.2024

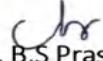
MESSAGE

"Greetings from NCISM"

I am glad that, Sushrutha Ayurvedic Medical College and Hospital, is organizing Sushrutha Avabodhini 2.0, a ground breaking national conference on " **Revoluationizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation**" on 06th and 7th December, 2024 at Prashanti Kuteera, S-VYASA Campus, Bengaluru.

I hope and wish, that this Conference will focus and deliberate upon such issues and bring out implementable protocols.

My best wishes to the organizers for grand and fruitful success of the event.


Dr. B.S Prasad
President, Board of Ayurveda,
National Commission for Indian System of Medicine,
New Delhi

कार्यालय: प्लॉट नं. 19, पहली और दूसरी मंजिल, ब्लॉक-IV, धन्वन्तरि भवन, मार्ग नं. 66, पंजाबी बाग (पश्चिम), नई दिल्ली-110026
Office: Plot No. 19, 1st & 2nd Floor, Block-IV, Dhanwantari Bhawan, Road No. 66, Punjabi Bagh (West), New Delhi-110026
दूरभाष/Phone:- 011-25221001, www.ncismindia.org, president.boa@ncism.org



ರಾಜಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru

Dr. M.K. Ramesh
M.S., FRCS.
VICE CHANCELLOR

Message

I am happy to learn that the Sushrutha Ayurvedic Medical College & Hospital, Bengaluru is organising the Sushrutha Avabodhini 2.0, on 6th and 7th December 2024 at Prashanti KutiraM, S-VYASA Campus. The theme of this conference **"Revolutionising Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation"** is very relevant for the present and future directions that the healthcare management needs.

It is a profound opportunity for the Ayurveda professionals to gather for this conference dedicated to transforming care for degenerative disorders through the combined strengths of Ayurveda, cutting-edge technology, and innovative thinking. Degenerative disorders, whether neurological, musculoskeletal, or age-related, present complex challenges that strain both healthcare systems and the lives of countless individuals. Today, as we explore this critical intersection, we stand on the cusp of a new era in healthcare, one that holds the promise of holistic, personalized, and integrative approaches.

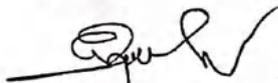
Ayurveda, with its centuries-old wisdom and emphasis on balance, offers valuable insights into the long-term management of degenerative diseases. Its focus on prevention, lifestyle, and individual constitution provides a foundation that complements modern therapeutic approaches. When Ayurveda is paired with the latest advances in technology, including AI-driven diagnostics, precision medicine, and wearable health devices, the potential for innovative, effective care increases significantly.

Furthermore, the power of digital health technologies allows us to make personalized, preventive care accessible to a larger population. Through AI and machine learning, we can customize Ayurvedic treatments and create patient-specific care protocols that harness the strengths of traditional knowledge and modern analytics.

This conference is not just about exploring these themes; it's about building actionable frameworks and fostering collaborations. We must aim for integrative solutions that prioritize both the patient's quality of life and evidence-based outcomes. Let us commit to a unified vision of revolutionizing degenerative disorder care, one that honours ancient wisdom, embraces innovation, and leverages the best of both worlds for sustainable healthcare solutions.

I wish the conference a grand success.

Bengaluru
Dated: 12.11.2024


Dr. M.K. Ramesh
Vice Chancellor

4th 'T' Block, Jayanagar, Bengaluru - 560 041
Tel : +91-80-29601926 Fax : +91-80-29601987 Email: vc@rguhs.ac.in Website : www.rguhs.ac.in

ಆಯುಷ್ ಇಲಾಖೆ

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಧನ್ವಂತರಿ ರಸ್ತೆ, ಆನಂದರಾವ್ ವೃತ್ತದ ಹತ್ತಿರ, ಬೆಂಗಳೂರು - 560 009.

DEPARTMENT OF AYUSH

Dhanwantari Road, Near Anandarao Circle, Bangalore - 560 009.



Phone : 080-22876553

080-22877484

Fax : 080-22340139

email : directorayush@gmail.com

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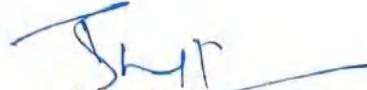
Message

I am happy to know that Sushrutha Ayurvedic Medical College and Hospital in association with S-VYASA University and Vishwa Ayurveda Parishad (VAP), is organising **Sushrutha Avabodhini 2.0**, a ground breaking national conference on **“Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation,”** on December 6th and 7th, 2024, at Prashanti Kuteera, S-VYASA Campus, Bengaluru.

Degenerative disorders have become a burning problem, significantly affecting millions of lives worldwide. The social, financial and emotional burden of degenerative disorders on the patients, their families, and the healthcare systems is immense. With the global aging population on the rise, there has never been a more critical moment to foster innovative approaches that blend the ancient wisdom of Ayurveda with modern scientific advancements. **Sushrutha Avabodhini 2.0** will serve as a platform to explore these possibilities, inspiring collaborations that bridge tradition and technology.

It is encouraging to know that this conference will bring together some of the most respected voices in Ayurveda, science and technology to address the urgent global challenge of degenerative disorders. The scientific contributions made during the conference and valuable outcome of this conference will be documented in the conference souvenir

I am certain that this conference will contribute immensely in the field of Ayurveda. I extend my heartiest wishes to the organizers and wish them a grand success.


Commissioner
Department of Ayush
Government of Karnataka



Dr. SHRIDHARA B.S.
M.D. (Ayu)

Joint Director
Department of AYUSH, Govt. of Karnataka
Dhanvantari Road, Near Ananda Rao Circle, Bengaluru – 560009
E-Mail : jdayushme@gmail.com

Dated: 22.11.2024



MESSAGE

It fills my heart with pride and hope to see *Sushrutha Ayurvedic Medical College and Hospital*, in collaboration with S-VYASA University and Vishwa Ayurveda Parishad (VAP), organizing *Sushrutha Avabodhini 2.0*—a visionary conference on “Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation,” on December 6th and 7th, 2024, at the tranquil Prashanti Kuteera, Bengaluru.

Degenerative disorders touch millions of lives, bringing immense emotional and financial strain to patients and their families. As our global population ages, the urgency to find compassionate and innovative solutions grows ever stronger. *Sushrutha Avabodhini 2.0* stands as a beacon of hope, uniting the timeless wisdom of Ayurveda with the promise of modern technology and innovation.

I am deeply moved by the dedication of the organizers to create a space where tradition meets progress, fostering collaborations that can transform lives. Bringing together esteemed voices from Ayurveda, science, and technology, this conference ignites the spirit of unity and shared purpose in tackling one of today’s most pressing health challenges.

May this event inspire profound breakthroughs and heartfelt connections that propel the field of Ayurveda forward. My warmest wishes to all the organizers, participants, and attendees—may *Sushrutha Avabodhini 2.0* be a resounding success and a testament to the power of collective passion and ingenuity.

With sincere regards,

Dr Shridhara B.S



Dr. Manjunath N K
Vice Chancellor,
S-VYASA Deemed to be University,
Bengaluru

Date: 12th November 2024

Esteemed Colleagues and Delegates,

I extend a warm invitation to all scholars, researchers, educators, students, and advocates of yoga and Ayurveda to participate in the Sushruta Avabodhini 2.0, National Conference on “**Revolutionizing Degenerative Disorder Care: Intersection of Ayurveda, Technology and Innovation**” scheduled to take place on December 6th -7th 2024 in collaboration with Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) Deemed to be University and Vishwa Ayurveda Parishad (VAP).

Degenerative diseases are increasingly recognized as a significant threat to global health, influencing the lives of millions and adversely affecting their quality of life. These conditions are characterized by the gradual deterioration of organ and tissue functions, frequently linked to the aging process, although they can manifest at any age. In the current era, characterized by longer life expectancies and emerging health challenges, it is vital to gain a deeper insight into degenerative diseases.

The combination of Yoga and Ayurvedic treatment has proven to be effective in addressing degenerative diseases. Yoga promotes the establishment of a healthy and positive lifestyle, while Ayurveda focuses on preventive measures. By harnessing the principles of these ancient sciences, it is possible to eliminate the fundamental causes of various physiological and psychological disorders.

This National Conference will act as a catalyst for the speakers, policymakers and delegates to conceive ideas for achieving integration of all conventional and complementary systems of medicine to enhance immunity, endurance and competitive minds to become good academicians and research scholars.

I envision this conference as a key opportunity to share the concepts, philosophies and values of S-VYASA, helping to advance health education globally and support peace in today's chaotic environment. I want to thank all the organizers and co-organizers of this conference for their hard work and dedication and wish this conference a grand success.

With warm regards,

Dr. Manjunath N K

Prof. Gopal C. Nanda, Ph.D, D.S.



Chairman
Empowered Committee AYUSH
Dept. of Health & F.W. Govt. of Odisha
Bhubaneswar

Ref. Seminar 24

Date 12th Nov 24

MESSAGE

I feel pleasure to write few lines for the 2 days national Seminar on Sushruta Avabodhini 2.0 organised by Sushruta Ayurvedic medical college & Hospital, Jigani, Bengaluru on the topic Revolutionizing degenerative disorders care.

" श्रियते अनुद्विन शीयते इति श्रीरश्मि ॥

The process of degeneration continues always in the body but is known when diagnosed. Several formulations and procedures have been elaborated in our age old Ayurvedic treatises with possible preventive measures alongwith management which are yet to be explored from the hidden treasure.

I hope the seminar would provide a lot of research innovations by the scientists scholars on various aspects of the theme.

I wish all success with divine blessings.

G. Nanda

Res. Lee Garden, Plot No. 74-B, Divya Vihar, Road No. 3, Samantaraypur,
Bhubaneswar- 751002, Khurda, Odisha, Email: vdgnanda@gmail.com, Mobile: 9437278511



विश्व आयुर्वेद परिषद Vishwa Ayurved Parishad



www.vishwaayurveda.org

(Registered Under Societies Registration act 1860-Reg.No.-420/97-98)

Registered Office- 1/2311/231, Viramkhand, Gomti nagar, Lucknow-226010 (U.P)

Camp Office-36 krishn leela vihar, lalbag Nagori Bera, Jodhpur, Rajasthan Pin 342304

(A Non-Government Voluntary Organisation Dedicated for Re-establishment of Ayurveda to its Past Glory)

Prof. Govind Sahay Shukla

National President

I am delighted to extend my warmest greetings to the organisers, participants, and attendees of the National Conference, Sushruta Avabodhini 2.0, hosted by Sushruta Ayurveda Medical College and Hospital, Bangalore.

The conference theme, "Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation," showcases a pioneering approach to tackling degenerative disorders.

By integrating Ayurveda's timeless principles with modern technology and innovation, this conference embodies the spirit of collaborative progress in integrative healthcare.

I applaud the organizers, faculty, and participants for their foresight and commitment to exploring innovative solutions.

May this conference foster insightful discussions, collaborative partnerships and groundbreaking advancements in Ayurveda.

I wish the event resounding success and hope it paves the way for a healthier and more holistic future.

Warm regards,

Prof. Govind Sahaya Shukla
National President
Vishwa Ayurveda Parishad



Dr. H.R. Dayananda Swamy

Managing Trustee, Yadalam Trust,
Director, Finance and Administration,
S-VYASA Deemed to be University, Bengaluru

November 15, 2024

Message

It is with great pleasure and a deep sense of appreciation that I extend my warmest congratulations to Sushrutha Ayurvedic Medical College & Hospital (SAMC&H) on the occasion of *Sushrutha Avabodhini 2.0*, a pioneering national conference centered on the theme "*Revolutionizing Degenerative Disorder Care: The Intersection of Ayurveda, Technology, and Innovation.*" This conference, taking place on December 6th and 7th, 2024, represents a landmark endeavor to explore and innovate new frontiers in the field of degenerative disorder management.

The theme of this conference holds profound relevance in today's world, where degenerative disorders pose significant health challenges worldwide. Integrating Ayurveda's ancient wisdom with modern technological advancements offers an exceptional opportunity to address these challenges through holistic and sustainable approaches. By bridging the gap between traditional and modern healthcare systems, we can pave the way for revolutionary therapeutic solutions, enhancing the quality of life for countless individuals.

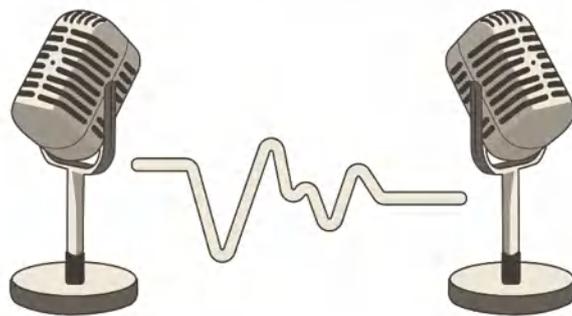
Sushrutha Avabodhini 2.0 exemplifies a visionary commitment to bringing together thought leaders, researchers, practitioners, and students from diverse disciplines. Such collaboration fosters a knowledge-sharing platform that is essential to advancing the cause of integrative healthcare in India and beyond. The intersection of Ayurveda, technology, and innovation presents boundless possibilities, and this conference promises to yield valuable insights that will contribute to the global healthcare landscape.

On behalf of Yadalam Trust and S-VYASA University, I applaud SAMC&H for its dedication to Ayurvedic education and research, and I wish all participants, presenters, and organizers a highly successful and impactful conference. May the ideas and connections formed here lead to transformative advancements in healthcare.

With best wishes

Dr. H.R. Dayananda Swamy

Plenary Talks



MEDHYARASAYANA FOR COGNITIVE WELLNESS



Dr. Ashwini Godbole

Associate Professor,
Ayurveda Biology and Holistic Nutrition,
University of Trans-Disciplinary Health Sciences and Technology
(FRLHT), Bengaluru.

Abstract:

Cognitive wellness is a central factor for maintenance of high quality of life in all age groups. Our research involving community based clinical and model organism-based experimental studies, showed correlation between nervous system health, ageing and other physiological factors.

From the data from the community based clinical research, we have observed correlation between age, Prakriti and cognition. Additionally, positive effect of Ayurvedic nootropics, especially *Brahmi Ghrita*, on cognition of the participants of different age groups from Indian urban community was also observed.

In *Caenorhabditis elegans* models, *Brahmi Ghrita* showed anti-ageing effect as reflected in the lifespan extension and the expression pattern of the insulin pathway and oxidative stress related genes.

The findings of the research provide leads for use of *Medhyarasayana* for cognitive wellness and plausible prevention of age-related decline in nervous system function.

APPLICATION OF CARDIAC AUTONOMIC FUNCTION TESTS ON NEUROPSYCHIATRIC DISORDERS IN AYURVEDA RESEARCH

1. Dr. T N Sathyaprabha, Professor, Department of Neurophysiology, NIMHANS, Bengaluru.
2. Dr. Umesh C, Assistant Professor, Department of Integrative Medicine, NIMHANS, Bengaluru.
3. Dr. Kishore Kumar R, Professor and HOD, Department of Integrative Medicine, NIMHANS, Bengaluru.



Dr. T N Sathyaprabha,
Professor,
Department of Neurophysiology,
NIMHANS, Bengaluru.

The intersection of modern medical diagnostics and traditional Ayurvedic principles offers a unique platform for integrative medicine. One promising area of this interdisciplinary approach is the application of Autonomic Function Tests (AFT) in *Ayurveda* research. AFT, which include heart rate variability (HRV) analysis, baroreflex sensitivity, and tilt-table tests, provide objective measures of the autonomic nervous system's (ANS) regulation of cardiac functions. These tests can help bridge the gap between the subjective assessments commonly used in Ayurveda and the objective data required for scientific validation.

According to *Ayurveda*, *Hridaya* (heart) is the seat of *Manas* (Mind) which is influenced by both physical and emotional factors. Being the controller of manas the status of *Vata Dosha* (~ Neurological activity) in the body affects the activity of *Hridaya*. Most of the sympathetic activity simulate *Vata Dosha* functions. Hence, AFT could serve as a marker of *Hridaya* and *Vata Dusti* which is the hallmark in many neuropsychiatric disorders. Ayurvedic therapies and specific herbal formulations, are believed to enhance HRV by promoting relaxation and reducing stress.

Studies at NIMHANS on neuropsychiatric disorders with Ayurveda interventions suggest significant decrease in psychopathology, increase in vagal tone, decrease in sympathetic tone and reduced cortisol levels in depression patients. In another study *Ayurveda* intervention was found to be safe and, showed improvement in the balance in patients with

progressive degenerative cerebellar ataxia. In a study on ischemic stroke patient's add-on Ayurveda intervention showed statistically significant improvement in cardiac autonomic and baroreflex sensitivity (BRS) parameters. In Generalized Anxiety Disorder (GAD) patients *Manasamitra Vataka* was effective in the managing GAD with comorbid generalized social phobia and addition of *Shirodhara* reduced the daytime sleepiness.

The application of cardiac autonomic function tests in Ayurveda research represents a significant step towards integrative medicine. By providing objective measures of autonomic regulation, AFT can validate the efficacy of traditional Ayurvedic practices and enhance their acceptance in the scientific community. This interdisciplinary approach not only enriches our understanding of Ayurveda but also paves the way for more personalized and effective healthcare solutions. As the fields of Ayurveda and modern medicine continue to evolve, the integration of diagnostic tools like AFT will play a crucial role in advancing holistic health and well-being.

DIAGNOSIS OF DEGENERATIVE DISORDER THROUGH MODERN INVASIVE TECHNIQUES AND MANAGEMENT FROM AYURVEDIC PERSPECTIVE



Dr. Pangala Muralidhara R. Bhat

B.A.M.S, M.D. (Kayachikitsa),

Consultant Ayurvedic Physician | Professor | Researcher,

Sudhanva Healthcare, Rajarajeshwari Nagar, Bangalore.

Abstract:

A degenerative disease is a condition that alters the cell/tissues/organ structure or function over time. This may lead to cell death, disability or loss of function.

Some of the common degenerative diseases are related to nervous system, musculoskeletal system, cardiovascular system etc. The causes of these diseases are not clearly known. Some of the factors related to this is include - aging, wear and tear of body, improper diet and lifestyle choices, genetics etc. Sometimes, these factors may trigger or worsen the degenerative process.

Blood tests and genetic tests are helpful to diagnose certain degenerative conditions. Computed tomography (CT) scans, magnetic resonance imaging (MRI scans) and other imaging tests are often very important in diagnosing these conditions.

Some degenerative diseases can be cured, but others can be palliatively managed. Treatment can help in slowing the progression of the disease or just symptomatically managed.

Ayurveda understands these degenerative diseases based on its own way of pathological understanding (*Nidana Panchaka*). *Dosha* or *Dhatuvaishmya* is involved in all disease process. For example, in *Jwara*, at *Poorvarupa* stage itself, the degenerative process starts due to *Dhatu Paka* leading to *Mamsa Apachaya* - which in turn causes *Dourbalya*. The stages like *Punaravartaka Jwara*, *Jeerna Jwara* indicate degeneration at deeper levels involving impairment in multiple organs.

The degeneration in most diseases is usually because of *Vata* vitiation, which happens either because of *Shuddha Vatajajanya* or due to *Avaranajanya Vata Prakopa*.

The management according to *Ayurveda* is based on its core principle at physical, psychological and spiritual levels. The diet, life style and different kind of palliative, cleansing and rejuvenative treatments play a major role in preventing, curing or managing the degenerative process.

Shodhana followed by *Rasayana* therapies is the most ideal method to adopt in such conditions.

MASS SPECTROMETRY APPLICATIONS IN DEGENERATIVE DISEASE RESEARCH: AN ANALYTICAL PERSPECTIVE



Dr. Bhupender Singh
Principal Technical Officer,
Central Research Facility,
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Abstract:

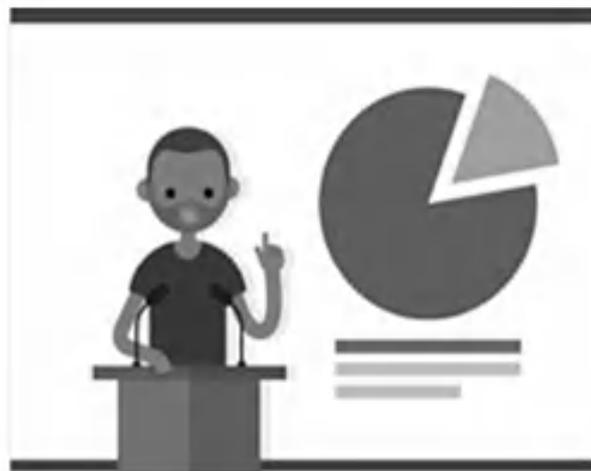
Mass spectrometry (MS) has emerged as a pivotal analytical tool in the study of degenerative diseases, offering unprecedented insights into disease mechanisms, progression, and potential therapeutic interventions. This review examines the transformative role of MS-based techniques in understanding degenerative disorders through multi-omics approaches. High-resolution mass spectrometry enables precise identification and quantification of disease-specific biomarkers, protein modifications, and metabolic alterations associated with neurodegeneration and other degenerative conditions. Recent technological advancements have facilitated the analysis of complex biological matrices, allowing for the detection of subtle molecular changes that precede clinical manifestations. The integration of MS with other analytical platforms has revolutionized our understanding of protein aggregation, post-translational modifications, and metabolic dysregulation in conditions such as Alzheimer's, Parkinson's, and other degenerative disorders. This analytical approach provides crucial insights into disease pathogenesis, potentially leading to earlier diagnosis and more effective therapeutic strategies. The application of MS in degenerative disease research represents a significant advancement in precision medicine, offering new possibilities for personalized treatment approaches and disease monitoring.

Keywords: Mass spectrometry, degenerative diseases, proteomics, metabolomics, biomarker discovery, molecular diagnostics

This abstract combine technical depth with accessibility, highlighting the significance of mass spectrometry in degenerative disease research while maintaining scientific rigor.



Oral Presentation Abstracts



ORAL PAPER PRESENTATION ABSTRACTS

1. UNIQUE MANAGEMENT OF *VISHWACHI* BY *BASTI CHIKITSA* W.S.R. TO CERVICAL SPONDYLOSIS (A DEGENERATIVE DISORDER) - A SINGLE CASE STUDY

Dr. Manjunath H. Dundi, Associate Professor, Department of Dravyaguna, SBSS Krishna Ayurvedic Medical College & Hospital, Sankeshwar

Abstract: Introduction: *Basti* is one of the *Panchakarma* treatments, primarily indicated for *Vata Vyadhi*. *Vishwachi* is a condition explained under *Vata Vyadhi*. The prevalence of cervical spondylosis is 13.76%. In this case, the efficacy of *Basti* (*Sahacharadi /Guggulu Tikta-Ksheera Basti*) administered at a dose of 50 ml daily for 15 days, followed by *Tikta-Ksheera Basti* for 7 days at a dose of 50 ml, showed significant results. **Materials and Methods:** A 37-year-old male patient with no medical history of DM (Diabetes Mellitus) and HTN (Hypertension), complaining of loss of strength, radiating pain in the right upper limb, and restricted neck movements for one week, was treated with a unique *Basti Karma*. **Results:** After treatment, the patient experienced marked relief from pain, and an improvement in the range of motion was observed. **Discussion:** In contemporary medical science, this condition can be correlated with cervical spondylosis, a degenerative disorder of the cervical spine. Current treatments, including muscle relaxants, NSAIDs, and corticosteroids, provide only temporary relief from pain, with surgery often being the last resort. However, surgery carries risks, including complications and potential permanent disability. *Acharya Charaka* has emphasized that *Basti* is the principal treatment for all *Vata Vyadhis*. Since *Vishwachi* is a condition classified under *Vata Vyadhi*, the unique *Basti Karma* provided to this patient yielded promising results. **Conclusion:** *Basti* is the primary procedure to follow for all *Vata Vyadhis*. In the present era, with hectic lifestyles, a unique method of *Basti* treatment that can be administered at home offers a convenient solution for patients and can effectively alleviate pain related to *Vataja* disorders. Therefore, offering this unique approach to *Basti* treatment at the OPD level can significantly benefit patients.

2. ACQUIRED HEPATOCEREBRAL DEGENERATION AND AYURVEDA - AN EXPLORATORY REVIEW

Dr. Harshitha Sathyakumar, PhD Scholar, Sri Kalabhiraveshwara Ayurvedic College & Hospital, Bengaluru

Abstract: Acquired hepatocellular degeneration (AHD) is an under-diagnosed neurological condition found in many forms of advanced liver disease especially those with portosystemic shunting which are either surgically or spontaneously induced. Persistent chronic liver disease has an estimated 17% prevalence in the population. 21% of cirrhotic patients exhibited parkinsonism with or other extrapyramidal symptoms. Specific areas of the brain such as the basal ganglia, are more likely to be injured from Liver failure. AHD consists of a symptom complex which includes movement disorders, cognitive dysfunction and neuropsychiatric symptomatology. *Ayurveda*, the traditional Indian system of medicine, offers unique insights and potential therapeutic approaches for managing liver-related ailments, including AHD. *Ayurveda* posits that AHD results from prolonged liver dysfunction leading to an accumulation of toxins (*ama*) in the body. This accumulation can cause neurological symptoms due to the effects on the brain and nervous system. The treatment strategy focuses on *Shodhana* (detoxification), *Pathya Prayoga* (Dietary regimen specific for Liver disorders) *Rasayana* (rejuvenation) therapies aimed at restoring liver health and preventing further neurological decline. Conventional therapies can lead to complications such as drug-induced liver injury or require costly interventions like transplantation, which may not be accessible to all patients. Moreover, there is a growing concern about the long-term effects of pharmacological treatments on liver health and overall well-being. A study involving patients with liver cirrhosis demonstrated significant improvements in clinical parameters like liver function tests,

prothrombin time, and overall quality of life after undergoing *Ayurvedic* treatments like *Nityavirechana* (daily therapeutic purgation) and specific herbal formulations. These interventions resulted in significant enhancements in health status ($p < 0.001$) across multiple time points. This review aims at exploring integration of safe and standardized *Ayurvedic* practices to add valuable alternatives or adjuncts to conventional therapies in managing AHD.

3. SCOPE OF AYURVEDA IN NEURODEGENERATIVE DISORDERS

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Abstract: *Ayurveda* the ancient holistic science of India in treating neurological disease since its inception. Neurological diseases in *Ayurveda* described mainly in context of *Vata Vyadhi*. Vitiating of *Vatadosha* causes imbalance and disharmony in human system leads to neurological disorder. *Ayurveda* plays a very important role in the prevention of different neurodegenerative diseases like Parkinsons, Alzheimer, Huntington disease. Some effective herbs used in the management of Neurological disorders are *Ashwagandha*, *Bala*, *Brahmi*, *Guduchi*, *Kapikacchu*, *Mandukaparni* etc. The bioactive components present in the above-mentioned drugs are responsible for underlying therapeutic response. In Parkinsons disease, studies have shown that *Kapikacchu* protects the death of dopaminergic neurons in substantia nigra. *Ashwagandha* exhibits strong antioxidative property in toxin induced Parkinsons disease. *Guduchi* prevents progressive neurodegeneration by its antioxidative, anti-inflammatory property. Bioactive components of *Brahmi* belong to alkaloids, saponins, having potential role in neuroprotection. *Ayurvedic* treatment for neurological diseases will aim to rectify *Vata* imbalance. *Panchakarma* also helps in treatment of neurodegenerative diseases. In this paper effort has been made to analyse different treatment for neurological problems described in *Ayurveda* and recent advancement of *Ayurvedic* clinical research shows that so many incurable neurological problems can be successfully treated by *Ayurvedic* medicines and *Panchakarma* therapies.

Keywords-*Ayurveda, Vatavyadi, Panchakarma*

4. ROLE OF AYURVEDA IN THE MANAGEMENT OF RETINITIS PIGMENTOSA – A CASE STUDY

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Abstract: Introduction: Retinitis Pigmentosa (RP) or Primary Pigmentary Retinal Degeneration is group of inherited degenerative disease that cause progressive damage to the retina, specifically affecting the photoreceptors cells. The prevalence of RP is approximately 1:4000 worldwide and 1:600-750 in Southern and Central India. Nyctalopia, visual field loss, central vision loss, colour vision defects and photopsia are the clinical features of RP. In *Ayurveda*, it can be correlated to *Kaphavidagdha Drishti*. **Case Report:** A 11-year-old male child with a prior diagnosis of Retinitis pigmentosa was admitted in JSSAMH, Mysuru. He reported with c/o bilateral blurring of vision for both distant and near vision since 7 years, also associated with difficulty in reading, writing and identifying different colours. **Intervention:** For above complaints, he was treated with *Nasya Karma*, *Basti*, *Netra Seka*, *Netra Tarpana*, *Padaabhyanga* and *Shamana Oushadis*. **Result:** There was improvement in visual acuity, patient was able to identify dark colours and no appreciable changes were noted in fundus photography. **Conclusion:** As it is a chronic degenerative retinal condition, it is necessary to focus on many variables. The *Ayurveda* treatment protocol aims at slowing down the disease process. There was significant improvement in subjective symptoms and thereby improving the quality of life.

5. INNOVATIVE APPLICATIONS OF VIRECHANA AND BASTI IN MANAGING DEGENERATIVE DISORDERS: AN AYURVEDIC PERSPECTIVE

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Abstract: Introduction: Degenerative disorders, including osteoarthritis, neurodegenerative diseases, and intervertebral disc degeneration, are prevalent challenges, particularly in aging populations. Conventional treatments often manage symptoms without addressing the root causes. *Ayurveda*, with its emphasis on holistic care, offers solutions through *Panchakarma*, a cornerstone of its therapeutic system. This paper focuses on the efficacy of two *Panchakarma* therapies: *Virechana* (therapeutic purgation) and *Basti* (medicated enema). These interventions aim to detoxify the body, balance *Doshas*, and rejuvenate tissues, addressing the fundamental causes of degeneration. **Methods:** Classical *Ayurvedic* texts such as *Charaka Samhita* and *Sushruta Samhita* were reviewed to explore the theoretical foundations of *Virechana* and *Basti*. Emphasis was laid on their systemic cleansing and nourishing properties, particularly in relation to *Vata Dosha* -the key factor in degenerative disorders. Selected clinical studies and case reports were analyzed to demonstrate efficacy, with a focus on their outcomes in managing conditions like osteoarthritis (*Sandhigata Vata*), neurodegeneration, and spinal disc degeneration. **Results:** The study found that *Virechana* and *Basti* significantly alleviate the symptoms of degenerative disorders. *Virechana*: By removing *Ama* (toxins) and excess *Pitta Dosha*, *Virechana* reduces systemic inflammation, enhances *Agni* (digestive fire), and promotes *Dhatu Shuddhi* (tissue purification). Clinical cases showed improved digestion, reduced pain, and decreased stiffness. *Basti*: Recognized as *Ardha Chikitsa* (half of all treatments), *Basti* restores balance to *Vata Dosha*, nourishes *Asthi Dhatu* (bone tissue), and strengthens *Majja Dhatu* (nervous tissue). Types like *Anuvasana Basti* (oil-based) and *Niruha Basti* (decoction-based) demonstrated marked improvements in mobility, joint health, and neurological stability. The combination of these therapies led to better mobility, pain reduction, and enhanced quality of life in individuals with degenerative conditions. **Discussion:** *Virechana* and *Basti* align seamlessly with the *Ayurvedic* approach to degeneration, which focuses on detoxification, pacification of *Vata*, and tissue rejuvenation. By addressing the root causes of degeneration, these therapies go beyond symptomatic relief. For geriatric care, these interventions hold immense promise in improving mobility, cognition, and overall well-being. Classical references such as “*Basti is Ardha Chikitsa*” (*Charaka Samhita*) highlight its unparalleled role in managing *Vata*-related conditions. *Virechana*, by enhancing *Agni* and clearing *Srotas* (microchannels), optimizes nutrient assimilation and tissue repair. **Conclusion:** The integration of *Panchakarma* therapies like *Virechana* and *Basti* into modern healthcare offers a cost-effective, non-invasive solution for degenerative disorders. Their emphasis on cleansing and rejuvenation can significantly alleviate the burden on healthcare systems while improving the quality of life, particularly in the elderly population. Further research and clinical trials are needed to establish their efficacy and incorporate them into mainstream therapeutic practices.

Keywords: *Panchakarma*, *Virechana*, *Basti*, Degenerative Disorders, *Vata Dosha*, *Ama*, Osteoarthritis, Neurodegeneration, *Ayurveda*, Geriatric Care.

6. MANAGEMENT AND PROPHYLACTIC APPROCH IN ALZHEIMERS DISEASE - WITH INTEGRATION OF TRADITIONAL WISDOM

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Abstract: Introduction: Dementia is a broad term used to describe a significant decline in cognitive abilities that interferes with daily life. Among its various types, Alzheimer’s disease (AD) is the most common, responsible for over two-thirds of dementia cases in individuals

aged 65 and older. AD is a neurodegenerative disorder characterized by a gradual onset and progressive decline in cognitive and behavioural functions, such as memory, language, comprehension, attention, reasoning, and judgment. While conventional treatments offer limited efficacy, are often associated with side effects, and may face issues of patient compliance, there is growing interest in exploring alternative therapeutic approaches. Herbal and traditional remedies from *Ayurveda*, are being actively researched for their potential benefits. These natural approaches may provide a safer alternative with minimal side effects compared to conventional allopathic treatments. **Materials And Methods:** Different articles and published literature works are reviewed from classical literature, Pub Med, Ayush dhara, research gate, google scholar etc, and the conclusions are drawn based upon the insights and understandings. **Results:** Single and compound *Rasayana* drugs and modalities of *Ayurveda* are postulated to exhibit their potential role in AD via several mechanisms such as nutritive, regenerative, immune modulatory, and adaptogenic, which also signifies their action at the subcellular level. *Rasayana* drugs act inside the human body by modulating the neuro-endocrine-immune systems, strengthen host-defence mechanism, provide a rich source of antioxidants, reestablish youth, strengthen memory, and improve intellect and cognitive power, thereby contributing to improved intellect and overall mental health. **Discussion:** *Ayurveda* offers a holistic approach to managing brain disorders like Alzheimer's disease (AD) by combining both non-pharmacological and pharmacological treatments. Non-pharmacological methods include spiritual healing practices such as *Daivavyapashraya Chikitsa* (mantra therapy) and *Satvavajaya Chikitsa* (Psychotherapy, Counselling, *Yoga*, and Meditation), which help improve mental resilience and emotional balance. On the pharmacological side, *Yuktivyapashraya Chikitsa* involves rational medicinal treatments using herbal and mineral formulations tailored to each individual. *Rasayana* therapy, another key aspect of *Ayurveda*, aims to increase longevity, enhance physical strength, improve the senses, boost language abilities, and enhance memory. By promoting a regulated lifestyle, a wholesome diet, emotional support, *Rasayana* treatments, and psychotherapies, *Ayurveda* seeks to slow the progression of neurodegenerative diseases and improve the overall quality of life for patients with AD. **Conclusion:** Despite significant advancements in modern medicine, its success in treating neurodegenerative disorders remains limited, in order to provide a better quality of life for those suffering from AD a holistic approach to care is the need of the hour.

7. UNRAVELING AVASCULAR NECROSIS (AVN): AN AYURVEDIC PERSPECTIVE

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Abstract: The gradual decline in tissue or organ integrity and function leads to degenerative diseases. Conversely, avascular necrosis is triggered by the interruption of blood supply, stemming from diverse etiological factors, resulting in tissue necrosis. Osteonecrosis, a prevalent degenerative condition, typically affects the femoral head, knee, talus, and humeral head, leading to necrosis. The rising incidence of osteonecrosis is attributed to various factors, including: Chemotherapy, Radiotherapy, Thermal injuries, Adverse effects of steroids and analgesics. *Ayurveda* prioritizes the prevention and management of degenerative disorders, aligning with its fundamental principle: '*Swasthasya Swasthya Rakshanam*'. However, modern lifestyle factors and disregard for traditional guidelines outlined in *Ayurvedic* classics lead to imbalance in *Dosha*, *Dhatu*, *Malas*. *Rasa* and *Rakta* Dhatus dysfunction, driven by *Vata Dosha* imbalance, contributes to Avascular Necrosis of the bone. This disrupts nutrient supply and bone tissue development, leading to degenerative bone disorders. This disruption hinders proper *Asthi Dhatu* development, resulting in *Asthi Dhatupradoshaja Vikaras*. Given the high prevalence and poor prognosis of Avascular Necrosis, understanding its pathogenesis from an

Ayurvedic perspective is crucial. This perspective highlights the importance of addressing *Doshic* imbalance, tissue nourishment, and lifestyle modifications.

Keywords- Avascular necrosis, Degenerative diseases.

8. AN AYURVEDIC MANAGEMENT OF AVASCULAR NECROSIS – A CASE STUDY

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Abstract: Avascular Necrosis (AVN) is a progressive degenerative condition of bone, caused by interruption to the blood supply. AVN is especially common in the hip joint. Disease has very poor prognosis in modern orthopaedic practice. On contrary Ayurvedic treatment provides long term relief and stops the progression of disease without any drawback. Here we present a case of a 34 years old male patient suffering from AVN for the last four months. The patient had pain in left hip joint which was gradually radiating to left lower limb. The patient also felt difficulty in cross-legged, sitting, squatting and standing position. The *Ayurveda* diagnosis of the case was established as *Asthimajjagata-Vata*. Both *Shamana* and *Shodhana Chikitsa* was Started, Pt received treatments for 15 days and 10 days respectively and was treated with *Sarvanga Abhyanga*, *Taila Dhara*, *Kala Basti*, *Upanaha* for 15 days, *Matra Basti*, *Upanaha* was continued for next 8 days. *Ayurvedic* oral medications prescribed for 3 months which included *Vasa Guduchyadi Kashaya*, *Rasna Saptaka Kashaya*, T, *Viscovas*, *Guggulu Tiktaka Ghrita*, *Lakshadi Guggulu*, *Cardorium plus*, *Ospo C*, *M2 Cal CQ*, *Shilajatwadi Loha 500 mg*, and *Ashwagandha Churna* were advised to the patient. MRI scans of bilateral hip joints after 25 days of treatment revealed changes in AVN grade, with the left hip joint transitioning from Mitchell's class C to Mitchell's class A. After 3 months of treatments, there was no difficulty in sitting or standing position; the patient only experienced mild difficulty in the crossed leg position. The study suggests *Ayurvedic* treatment may effectively manage AVN Symptoms.

Keywords: Avascular necrosis (AVN), *Asthi-Majjagata Vata*, *Kala Basti*, *Upanaha*, *Taila Dhara*, *Sarvanga Abhyanga*, *Matra Basti*.

9. SCOPE OF YAPANA CHIKITSA (AYURVEDIC PALLIATIVE TREATMENT) IN MUSCULAR DYSTROPHY IN CHILDREN: FEW EXPERIENCES

Dr. Champa Pant, Professor and HOD, Department of Koumarabhritya, SAMC&H, Bengaluru.

Abstract: Introduction: Muscular dystrophies (MDs) are a heterogenous group of genetic disorders characterized by progressive muscular degeneration resulting in muscle weakness, wasting, eventual loss of muscle function and associated complications. The genetic mutations in muscular dystrophies have diverse patterns of inheritance, pathophysiological mechanism, onset timing of symptoms, rates of muscle degeneration, and prognosis. Presently, there is no cure for MDs, and interventions such as physiotherapy, medications, assistive devices, and surgery are used to address specific challenges associated with muscle weakness. **Material and Methods:** Here we report four paediatric cases suffering from various types of muscular dystrophies (congenital MD, Limb girdle MD, Duchenne's MD, Emery Dreifuss MD) who received palliative Ayurvedic treatment in our hospital. Keeping *Balapanchakarma* (Bio-purificatory measures) therapy mainstay of treatment, oral medication, *Rasayana* (Rejuvenation), and range of motion exercise were given. For each case individualized treatment protocol was designed according to the need. **Results:** Repeated sessions of *Abhyanga*, *Swedana*, *Basti*, *Nasya* coupled with oral medication and *Vyayama* had helped in providing symptomatic relief, pain reduction, improvement in range of motion, gait and muscle strength and function in these children. **Discussion:** In Ayurveda MDs can be classified as *Adi Bala Pravritta Vyadhi* (congenital) occurring due to *Beeja Bhagavayava Dusti* (genetic mutations) leading to *Mamsa Dhatu Kshaya* (muscular degeneration). *Sahaja Vyadhis* (Congenital diseases) caused by *Bijadushti* are considered incurable and managed by *Yapayana*

(palliative treatment). In MDs progressive *Mamsa Kshaya* (muscle degeneration) results in *Vata Prakopa* manifested by *Shosha* (emaciation), *Sankoch* (contracture), *Stambha* (Stiffness), *Karmahani* (loss of function) and *Shula* (pain). The pathophysiology has been understood by different scholars in the light of *Avarana*, *GataVata* and *Kha-Vaigunya*. Considering involvement of *Vata Dosha* and *Kshyatmaka Vikriti* of *Mamsa Dhatu*, various *Basti Kalpana* using *Vrimhana* (nourishing), *Rasayana*, *Balya Oshadhi* (Strengthening drugs) were very effective in providing symptomatic relief in these patients.

10. UNRAVELING KARNA BASTI'S POTENTIAL IN PRESBYCUSIS- A CONCEPTUAL STUDY

Dr. Gopika A, 2nd Year PG Scholar, Department of *Shalaky Tantra*, Government Ayurveda Medical College, Bengaluru

Abstract: *Vardhakyajanya Badhirya* (presbycusis) being described as age related hearing loss affects worldwide. A person with hearing impairment makes them feel frustrated, lonely and depressed, making it the third most common chronic condition after arthritis and hypertension among elderly. According to WHO, nearly 1.2 billion people will be over the age of 60 years consequently, the prevalence of age related auditory and vestibular dysfunction will increase by 2025. In classics of *Ayurveda*, impaired hearing has been described as *Karnabadhirya* under the heading of ear diseases. *Acharya Charaka*, *Sushruta* and *Bhavaprakasha* has mentioned *Karna Basti*. *Karna Basti* is a type of *Bahya Snehana* which helps in pacifying the vitiated *Doshas*. *Karna Tarpana*, *Karna Taila* or *Karna Poorana* is used synonymously with *Karna Basti*. It is not only useful in treatment of diseases occurring in the ear, but also works on the adjacent areas like face, head region etc by improving the blood circulation of that particular area. Atrophic changes associated with aging occur throughout the auditory system from the hair cells of the cochlea to the auditory cortex in the temporal lobe of the brain which is due to *Vata Dosha Pradhanya* and *Snehana* is *Sreshta Karma* for *Vatashamana*. Hearing loss can be improved with hearing aids but its exorbitant price renders it inaccessible to the general populace. Hence *Karna Basti* is an alternative as it is cost effective, minimal adverse effects, non-invasive procedure and is customizable.

11. PARKINSON'S: AN AYURVEDIC PARADIGM

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Abstract: Parkinson's disease, a debilitating neurodegenerative disorder, affects substantia nigra neurons, causing dopamine deficit and motor/ non-motor symptoms. Tremors, rigidity, bradykinesia, postural instability, cognitive decline, and mood disturbances characterize this condition. From an *Ayurvedic* perspective, Parkinson's aligns with *Kampa Vata*, resulting from qualitative derangement of *Vata Dosha*. *Acharya Charaka* described *Kampa* as one of 80 *Vataja Nanatmaja Vyadhi*. *Basavarajeeyam* outlines cardinal features: *Hastapadatala Kampa* (hand/foot tremors), *Dehabhramana* (body tremors), *Nidrabhanga* (Sleep disturbances) and *Matikshina* (Memory loss). *Udavarta* and *Avarana Samprapti* of *Vata-Kapha Dosha* offer a novel pathophysiological understanding. Research suggests gut microbiota's role in Parkinson's, with suspected inflammation triggered by microbes contributing to disease development. *Ayurvedic* management follows a bottom-up approach: *Koshta* (gut health) revitalization and *Chikitsa* protocols: *Deepana-Pachana*, *Shodhana*. Addressing gut health, digestion, metabolism, and systemic purification to balance *Vata Dosha* and alleviate Parkinson's symptoms. This paper highlights the potential benefits of the *Ayurvedic* paradigm in Parkinson's disease management, offering a holistic and innovative approach.

Keywords: Parkinson's disease, *KampaVata*, Gut microbiota, *Shodhana*.

12. ANCIENT WISDOM FOR MODERN EYES: THE AYURVEDIC APPROACH TO CATARACT

Dr. Amrutha K, 2nd year PG Scholar, Department of Shalakya Tantra, Government Ayurveda Medical College, Bangalore.

Abstract: A cataract can steal your sight, obscuring the world around you. Cataract is the opacity/ loss of clarity of any part of the lens/ its capsule, hindering the passage of light to the retina. Cataract develops slowly, often without noticeable symptoms in the early stages. As the condition advances, usually after the age of 40/50, they can significantly impair vision and hinder routine activities. Cataract is much common in Diabetes patients. Global warming and ozone depletion also increase exposure to UV radiation which leads to greater incidence of Cataracts. Some medications like corticosteroids and some Glaucoma medications affect in Cataract. According to National Blindness and Visual Impairment Survey 2015-2019, Cataract contributes to 66.2% of blindness and 71.2% of visual impairment in the population above 50 years in India. Individuals aged 60-79 were most commonly affected, followed by those aged 40-59. Nuclear Sclerosis is the most prevalent cataract type (NS- 65.2%), followed by Posterior Subcapsular cataract (PSC-43.4%) and Cortical Cataract (CC-24.6%). The most common mixed Cataract type is NS+PSC (39.8%). Cataracts are blinding millions of people worldwide. Cataract surgery can restore sight to millions, making it the most effective treatment for preventable blindness. Ancient *Ayurveda* literature elaborate that the Cataract is almost equal to the 'Kacha' when Premature Cataract (*Timira*) leads to Mature Cataract (*Kacha*) due to unavailability of treatment at the early stage. The lieu of surgical intervention, authentic *Ayurvedic* texts detail therapeutic protocol designed to inhibit the progression of Cataracts. *Kachayapana Anjana* is one of the therapeutic protocols mentioned in *Ashtanga Hridaya*. The *Lekhaneeya* and *Kaphagna* properties of *Kachayapana Anjana* have the action of *Samprapti Vighatana* (breaking the pathology of Cataract) of *Kaphaja Kacha* and can be considered as potential intervention that could delay the progression of Cataract.

13. ROLE OF PANCHAKARMA IN PROGRESSIVE SUPRANUCLEAR PALSY

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Abstract: Progressive supranuclear palsy is a rare neurodegenerative disorder that affects walking, balance, eye movements and swallowing. The disease results from the damage of cells in areas of the brain that control body movement, coordination, thinking and other important functions. Progressive supranuclear palsy also is called Steele-Richardson-Olszewski syndrome. Deterioration of cells in the brainstem, cerebral cortex, cerebellum and basal ganglia — a cluster of cells deep within the brain — is what causes the coordination and movement issues of progressive supranuclear palsy. Symptoms of progressive supranuclear palsy include A loss of balance while walking and tendency to fall backward can occur very early in the disease. An inability to aim eyes properly. People with progressive supranuclear palsy may not be able to look downward. Or they may experience blurring and double vision. Not being able to focus the eyes can make some people spill food. They also may appear disinterested in conversation because of lack of eye contact. In *Ayurveda* we can correlate Progressive Supranuclear Palsy with *Sarvanga Vata*, management being *Panchakarma* procedures [*Shirothalam*, *Matra Basti Agni Chikitsa Lepa*, *Shirobasti* etc.] and *Shamana Chikitsa*. In this presentation, 58 yrs old male patient came with complaints of Reduced strength in both lower limbs since 8 months, Stiffness in neck region, fully slurred speech with associated complaints of Drooping of eyelids, Excessive tears in eyes, Difficulty in swallowing. Based on MRI Report and presenting symptoms treated with *Shirothalam*, *Agni Chikitsa Lepa*, *Shirobasti*, *Matra Basti* and along with *Shamana Chikitsa*. Patient got significant improvement in his condition.

Keywords: Progressive Supranuclear Palsy, *Sarvanga Vata*, *Panchakarma* treatments.

14. ROLE OF PLANT BASED RASAYANAM IN RELATION TO ANTI-OXIDANTS PROPERTIES IN PREVENTION OF DEGENERATIVE DISORDERS -A CONCEPTUAL APPROACH

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Abstract: *Ayurveda* has disease prevention and promotion approach which involves role of *Manas*, *Sharira* and *Atma*, the balance state of three leads to health promotion, The Holistic approach of *Ayurveda* treatment is gaining increasing acceptability all over the world in today's era. In Ancient era our *Acharyas* has mentioned certain dietary and lifestyle regimes to arrest delay aging and rejuvenation of the body *Dhatus*. This rejuvenation and revitalizing therapy are known for a major role in management of degenerative disorders which hallmarks the ageing of an individual. It can be well prevented and mitigated with regular use of herbs into form of *Rasayanam* which has anti oxidative properties on various degenerative disorders. Oxidation's reaction of normal metabolism leads to extensive damage to DNA, protein and lipids which leads to major contribution in origination of degenerative disorders of aging like cardiovascular diseases, immune system decline, neurodegenerative disorders, cataracts etc. Some plant-based antioxidants like vitamin E, vitamin C, flavonoids and polyphenols compounds can play a major role in combating the degenerative disorders as it fights the free radicals thus reducing the oxidative injury triggered by poor dietary habits, long term co morbidities, stress and pollutants. Currently most of the degenerative disorders are not curable but its manageable. In this review a major consideration has been taken to inculcate the plant based *Rasayan Chikitsa* in prevention and management of degenerative disorders as certain plants mentioned in *Samhitas* in *Ekari (Ekamoolika) Dravya* form has antioxidative properties that reduces the oxidative stress due to metabolism of the body thus diseases management with *Rasayanam* therapeutics can aim towards sustaining the quality of life.

15. MANAGEMENT OF MOTOR NEURON DISEASE THROUGH AYURVEDA: A CASE STUDY

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Abstract: Motor neuron disease (MND) is a progressive condition characterized by degeneration of upper and lower motor neurons. The term Amyotrophic lateral sclerosis (ALS) is used synonymously with MND. ALS with multifocal onset might exhibit muscle stiffness and muscle weakness of upper and lower limbs, muscle twitching, atrophy, falling/tripping, slurred speech, difficulty in swallowing and loss of dexterity. In *Ayurvedic* context *Kaphavruta Udana Vata* can be correlated with MND. We present a case study of 40-year-old male individual diagnosed with MND, was admitted thrice to our hospital in the month of June 2022, January 2024 and October 2024 for a period of 10, 8 & 7 days respectively and is under regular follow up. The subject was managed with *Sarvanga Udvartana*, *Sarvanga Abhyanga* followed by *Sarvanga Dhara*, *Shastika Shali Pinda Sweda*, *Ksheeradhuma* and *Yoga Basti* along with oral medications during and after course of treatment. The analysis of signs and symptoms done with the help of Amyotrophic Lateral Sclerosis Functional Rating Scale [ALSFRS -R] which was 33 before treatment, which increased to 40 after treatment. The results of treatment were effective in managing the signs and symptoms and there by improving the quality of life of individual. This study provides effective management of MND through *Ayurvedic* treatment modalities.

Keywords: Motor Neuron Disease, Amyotrophic lateral sclerosis, *Kaphavruta Udana Vata*, *Abhyanga*, *Yoga Basti*, *Shastika Shali Pinda Sweda*.

16. MANAGEMENT OF DEGENERATIVE DISORDERS W.S.R TO EYE AND ENT-BIRDS EYE VIEW ON SENILE IMMATURE CATARACT

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Abstract: Introduction: Degenerative diseases are a growing concern for global health, affecting millions of people and having a significant impact on patients' quality of life. Senile Cataract is one such condition making it tough for the patients to even carry out their daily routine. In *Ayurveda*, considering the signs, symptoms and histological changes in the lens, different stages of senile cataract may be compared to *Kaphaja Timira*, *Kacha* and *Linganasha*. Hence, the treatment mentioned therein can be adopted. **Materials and methods:** *Ashtanga Hridaya Samhita*, 'Comprehensive Ophthalmology' by Khurana, Various Research and Review articles are referred in the work. **Results:** Senile immature cataract can be managed with *Kaphahara* and *Rasayana Chikitsa* along with *Pratipurusha Siddhanta*. **Discussion:** In *Ayurveda*, *Rasayana Chikitsa* for degenerative disorders starts in the *Purva* or *Madhyama* *vaya* itself. The pathophysiology in cataract also supports the same, chronic involvement of oxidative stress in the lens. So, in the prevention aspect, *Rasayana* can be adopted. It can also be done by incorporating the *Pathya Ahara* and *vihara* advised for *Netra Rakshana*. Once the pathology sets in, it can be managed by adopting the protocol of *Timira*, *Kacha* and *Linganasha Chikitsa* suitable for the condition. The various treatment modalities mentioned like *Snehapana*, *Virechana*, *Nasya* and *Tikshna Anjana*, *Tarpana*, *Seka*, etc., help in counteracting the condition. Although the *Pramukha Dosha* involved in the senile cataract is *Kapha*, there may be associated doshas involved in the *Samprapti*. Hence the concept of *Pratipurusha Siddhanta* holds a prime position in addition to *Kaphahara Chikitsa*. Also, as it is a *Jaraja Vyadhi*, *Rasayana Chikitsa* also has equal significance. So, in nutshell, the combination of *Kaphahara*, *Rasayana Chikitsa* along with *Pratipurusha Siddhanta* approach would be beneficial for managing Senile immature cataract.

17. AYURVEDIC MANAGEMENT OF GRIDHRASI WITH SPECIAL REFERENCE TO SCIATICA: A CASE STUDY

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Abstract: *Gridhrasi* is one of the most common disorders of *Vata*, which closely resembles with sciatica, which is characterized by pain or discomfort associated with sciatic nerve. The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in the nonworking population. Contemporary science has limitations giving short-term relief in pain or surgical intervention with side effect. The aim of this study was to access the efficacy of *Ayurvedic* management including *Shodhana* and *Shamana Chikitsa* in *Gridhrasi*. It is a single case study. A 57-year-old man who was already diagnosed with a diffuse bulging of intervertebral disc in L2-L3, L3-L4, L4-L5, L5-S1 approached to *Ayurvedic* hospital and was treated with *Panchakarma* treatment including *Kala Basti*, *Kati Basti*, and *Sarvanga Abhyanga*, *Patra Pinda Pottali Sweda* along with *Shamana Chikitsa*. The treatment was continued for consecutive one month. Symptomatic assessment of patient was carried out after one month and satisfactory outcome was there and overall quality of life of patient was significantly improved. The aforementioned therapy gives significant relief in the symptoms of *Gridhrasi* thus improving the quality of life of patient.

Keywords: *Gridhrasi*, *Kala Basti* and *Shamana Chikitsa*, Sciatica

18. SUCCESSIVE AYURVEDIC MANAGEMENT OF NEUROMUSCULAR DISORDER WITH SPECIAL REFERENCE TO DUCHENE MUSCULAR DYSTROPHYIN PEDIATRIC- A CASE REPORTS

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Abstract: Duchenne Muscular Dystrophy is an inherited X-linked recessive disorder. Females will typically be carriers for the disease while males will be affected. This occurs in people without a known family history of the condition. Duchenne Muscular Dystrophy, in *Ayurveda* can be considered the entities like *Astimajjagatavata* and *Pakkha Roga* **Introduction:** Duchenne Muscular Dystrophy, a progressive neuromuscular disorder, a worsened form of muscular dystrophy. Early initiation of treatment in the course of this disease can help a lot in reducing future disability and prolonging survival. Treatment is generally aimed at controlling the onset of symptoms to maximize the quality of life since there is no curative treatment. In *Ayurveda* there is no specific entity which correlates to Duchene Muscular Dystrophy but can be considered the concept of *Astimajjagatavata* and *Pakkaroga* because majority clinical features mimics as that of Duchenne Muscular Dystrophy. In this Clinical study enlightening about 2 cases of Duchenne Muscular Dystrophy *Ayurvedic* management was followed in terms of *Sarvanga Abhyanga Musthadi Yapana Basti* followed by *Shamana Yogas* like *Ajamamsa Rasayana*, *Balarishta*, cap Bontone. **Materials and Methods:** *Sarvanga Abhyanga*- With *Bala Ashvagandha Taila* for 16 days, *Basti: Musthadi Yapana Basti*, *Basti* pattern: *Kala Basti* (10 *Anuvasana* and 6 *Niruhabasti*) *Anuvasana Basti* with –*Mahamasha Taila*- 50ml, *Niruha Basti-Musthadi Yapanasiddha* around- 250ml. *Shamanayoga: Ajamamsa Rasayana* 1tsp before food along with *Ksheera*, *Balarishta* 3tsp with equal water after food, Cap- Boonton 1bd after food. Treatment duration: 16days, Follow up: 16 days, Total study duration: 32days. **Keywords:** Duchenne Muscular Dystrophy (DMD), *Astimajjagatavata*, *Pakkaroga*, *Musthadiyapanabasti*.

19. ANCIENT WISDOM MEETS MODERN RELIEF BY ALCHEMY IN HAEMORRHOIDS

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Abstract: Introduction: 2nd degree Internal haemorrhoids are common anorectal disorder. Which prolapse with straining and retract spontaneously, often require intervention due to pain, bleeding, and discomfort. Among various types of *Kshara*, *Apamarga kshara* is commonly used due to perennial herb and being wide availability. But *Jimutaka* is not explored much & also one of the type of *Koshataki* mentioned in drugs used in preparation of *Pratisaraniya Kshara*. since it has *Lekhana* and *Tri Doshakhna Gunas*. Hence this study aim to evaluate the clinical effectiveness and safety of *Jimutaka Pratisaraniya Madhyama Kshara* application in treating 2nd-degree internal haemorrhoids. **Methods:** Patient with 2nd degree internal haemorrhoids who consented to *Kshara Karma* treatment. *Kshara* was applied topically to the hemorrhoidal mass. The treatment duration was for 1 day, with observation on 0, 3rd, 7th, 14th and 21st day. Data on pain, bleeding, and mass per Anum were collected and analysed. **Results:** *Jimutaka Pratisaraniya Madhyama Kshara* application found significant symptomatic relief, by the second week without major adverse effects. **Discussion & Conclusion:** The study demonstrates that *Madhyama Jimutaka Kshara* application is an effective, minimally invasive, cauterizing action & major positive clinical outcome with minimal side effects in 2nd degree internal haemorrhoids especially for patients seeking non-surgical options.

Key words: *Arshas*, 2nd degree internal haemorrhoids, *Madhyama Jimutaka Pratisaraniya Kshara*

20. DHATTURA TRANSDERMAL PATCH A NOVEL MODALITY IN THE MANAGEMENT OF ANKLE SPRAIN – A SINGLE CASE STUDY

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Abstract: Introduction: Sprains are said to be the most common sports injuries and the ankle is the second most probable joint to sustain it. The symptom of ankle sprain is pain, swelling and limited range of movement. *Dhattura* leaf extract is well known for its analgesic and anti-inflammatory action on external application. *Acharya Sushruta* has advocated *Alepa* with *Asthisandhaniya dravyas* for the management of *Bhagna*. The transdermal absorption of medications can be used to explain the mode of action of *Lepa Karma*. *Dhattura* Transdermal-Patch is adopted here as the novel alternative method in treating pain owing to its Analgesic effect, longer shelf life, easy application, self-administration and convenient by all means, retaining the essence of *Ayurveda*. **Methodology:** A subject with a case of ankle sprain on whom *Dhattura* Transdermal-Patch was applied for a period of 7 days. Subject was observed and analysed throughout using subjective and objective parameters. **Result:** After treatment, complete relief of symptoms was observed in the period of 7 days. After 21 days the Range of movement of the ankle was restored to normal. **Discussion and conclusion:** - Ankle sprain is an injury to the ligaments of the ankle which may lead to chronic instability of the ankle joint if not treated at the earliest. *Dhattura* Transdermal-Patch owing to its ingredients provides, *Shophahara*, *Vedanasthapaka* properties along with joint immobilisation, thus resulting in the healing of ankle sprain in the current case.

Keywords: Pain, Ankle sprain, *Dhattura* Transdermal-Patch, Immobilisation.

21. HARNESSING AYURVEDA THROUGH NITYA SEVANIYA AUSHADHA'S: THE INTERSECTION OF FUNCTIONAL FOODS AND NUTRACEUTICALS

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Abstract: Introduction: *Ayurveda* emphasizes a holistic approach to health, integrating body, mind and spirit. It views health as a dynamic balance of the body (*Dosha- Dhatu-Agni-Prasanna Aatma*).¹ Degenerative disorders such as osteoporosis, osteoarthritis, Alzheimer, cardiovascular diseases and diabetes, often result from imbalances in these systems, where the body's natural ability to regenerate and maintain balance is compromised. Functional foods and Nutraceuticals are emerging trends in science. They offer health benefits beyond basic nutrition to body. Now a days functional foods are known to regularise the metabolism, improve health, prevent diseases or even aid in managing specific health conditions² In *Ayurveda*, *Aushadha* (Herbal Medicines) are classified into two categories majorly³ Those intended to treat specific disease (Roganut) and those aimed at preventing the manifestation of disease. Degenerative disorders are conditions that progressively damage cells, either rapidly or slowly, depending on the underlying triggering factors. These disorders require ongoing monitoring and support to promote tissue regeneration (Recovery or Regrowth) at an accelerated rate and also needs to address or stop the mechanisms that are responsible for degeneration. This paper discusses about scope for functional foods acting on w.s.r to Osteoporosis. **Materials and Methods:** Osteoporosis is a condition characterised by decreased bone density and weakened skeletal structure, leading to an increased risk of fractures especially with aging. It results from an imbalance between bone formation and resorption, influenced by key factors like calcium, vitamin D, Magnesium, and Phosphate, which are essential for bone health. Calcium supports bone strength, while vitamin D aids in calcium absorption and muscle function. *Pravala*, *Mukta*, *Guduchi*, *Shigru* etc. are the natural sources for calcium and *Kukkutanda Twak* for phosphorus combination of these if converted into functional foods has lot of scope for preventing osteoporosis. **Discussion:** If Functional foods are derived from *Ayurvedic* herbs and minerals, gives a possibility of managing degenerative disorders like osteoporosis effectively. Such converted functional food forms if consumed daily in the management of degenerative disorders, they not only provide basic nutrition but also provides sustainable and preventive solution for supporting tissue regeneration as well as assist

in preventing tissue degenerative process. Many researches have already proven the therapeutic efficacy of *Pravala*, *Mukta* & *Kukkutanda Twak* in the management of osteoporosis, conversion of same minerals in its natural forms along with additional herbs like *Guduchi*, *Asthishrunkala*, *Shigru* etc can help in regularise bone metabolism and potentially prevent bone loss. **Conclusion:** In spite being established centuries ago, *Ayurveda* is forced for global recognition and scientific validation time to time to be accepted in modern era. Similarly, dosage forms or *Ayurveda*, their composition etc require timely upgradation according to its present needs without compromising fundamental principles. Integration of fundamentals of Functional foods in *Ayurveda* is an opportunity for a global directive to manage degenerative disorders effectively. Such Innovative attempts not only expand *Ayurveda* industry globally but also provides a platform for all science to integrate and manage osteoporosis effectively.

22. APPLICATION OF RASAYANA AND PROPHYLAXIS IN DEGENERATIVE DISORDER W.S.R TO ALZHEIMER'S DISEASE

Dr. Harshitha KJR, GAMC

Abstract: Introduction: “*Sarvamanya Parityajya Shariram Anupalayeth*” the protection and promotion of health in terms of physical and mental health has been a prime motto of *Ayurveda*. Change in lifestyle (*Ahara* and *Vihara*) has influenced the incidence of Degenerative disorder. One such disease is Alzheimer's with high incidence and prevalence rate. 5 million new cases occur every year and 25 million people in the world are currently affected with Dementia. The risk of developing the disease increases with age. Hence in the present scenario *Rasayana* can act as the need of the hour. Due to various pharmacological and therapeutic action of *Rasayana Dravya*, it evidences a wide range of preventive and curative action in this neurodegenerative disorder. **Materials and methods:** Collection and compilation from various classical texts and online sources. **Results:** The neuroprotective, antioxidant, immune modulatory, adaptogenic property of *Rasayana Dravya* like *Medhya Rasayana*, *Amalaki Rasayana* enhances the memory, improves the sensory and cognitive functions. **Discussion:** Research studies show that, *Rasayana Dravya* constitutes vitamin c, tannins, alkaloids, phenolic compounds and flavonoids, which may have anti-oxidant and immunomodulatory properties. Studies also suggest that intake of *Rasayana Dravya* improves memory and learning, increases dendritic spine density and enhances metabolic activity in Alzheimer's disease. Moreover, studies also establish that age-associated cognitive decline that begins with the transition from young to middle age can be averted if these formulations are administered at young age, thus indicates the protective and prophylactic role of *Rasayana* in neurodegenerative disorders like Alzheimer's.

Keywords: Alzheimer's, Neurodegeneration, *Rasayana*, Antioxidant, degenerative disorder, *Amalaki*, *Medhya Rasayana*.

23. GHEE AS A PROPHYLACTIC MEASURE IN DEGENERATIVE DISORDERS

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Abstract: Introduction: Degenerative disorders go as a disease in which the function or structure of the affected tissues or organs changes for the worse over time. Osteoarthritis, Osteoporosis, and Alzheimer's disease are examples. They are seen mostly in aging population, and are characterized by progressive cell and tissue degradation. Ghee has been a traditional component in Indian diet. *Ayurveda* gives a greater importance for Ghee/*Ghrita*, in diet as well as in treatment of diseases. It is advised to include ghee in one's diet on a regular basis. *Ghrita* is known for its beneficial effects like improving *Smruti*, *Medha*, *Agni*, *Bala*, *Aayu*, etc in *Ayurveda* and antioxidant, anti-inflammatory, and neuroprotective properties in contemporary science. This review examines the prophylactic potential of ghee in the prevention of degenerative disorders. **Materials and Methods:** A literature review to assess studies on the

composition of ghee and its effects on degenerative disorders was done in both *Ayurveda* and contemporary science. Studies from PubMed, ScienceDirect, and other databases were analysed. **Results:** Studies shows that ghee is composed of bioactive compounds like conjugated linoleic acid, butyric acid, and fat-soluble vitamins (A, D, E, and K), which is important in reducing oxidative stress and inflammation. They have shown potential effect in modulating pathways associated with degenerative disorders. **Discussion:** Ghee helps in maintaining the cellular integrity suggesting a promising role in the prevention of degenerative diseases. Thus, antioxidant and anti-inflammatory properties of ghee, and its positive effects on lipid metabolism⁴, ghee may provide basis for breaking the disease progression. Ghee also has Anticancer activity, Nootropic activity, improves digestion, etc as mentioned in *Ayurveda*. In this presentation an honest attempt is made to gather regarding ghee as a prophylactic measure in Neurological disorders.

Keywords: Ghee; *Ghrita*; Degenerative disorders; Prophylaxis; Prevention

24. INNOVATIVE PANCHAKARMA APPROACH: EFFICACY OF SNIGDHA PINDA SWEDA IN THE MANAGEMENT OF JANUSANDHIGATA VATA

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Abstract: Introduction: Degenerative disorders primarily affect the nervous system, muscles, joints, and certain organs, and can lead to physical and cognitive decline. Degenerative disorders will affect bones, joints, and muscles, often causing pain, stiffness, and decreased mobility. Osteoarthritis is the degeneration of joint cartilage and underlying bone, leading to joint pain and stiffness. It can be understood as *Sandhigata vata* in *Ayurveda* which falls under broad term *Vatavyadhi*. **Materials and Methods:** A review of *Ayurvedic* and modern medical literature was conducted, examining the clinical presentation of osteoarthritis. *Sandhigata Vata*, and the mechanisms underlying *Pinda Sweda*. This technique involves the application of heated medicinal boluses, *Pruthaka* (Beaten rice) which is processed with *Ksheera* (*bharjana*), wrapped in cloth and applied to affected joints. The heat and processed *pruthaka* work to balance *Vata Dosha* and promote tissue health. **Results:** *Keraliya Pinda Sweda* has been found to effectively reduce joint pain, stiffness, and inflammation. The warmth and medicinal properties of the boluses improve blood circulation, reduce *Vata Dosha*, alleviate pain, enhance muscle flexibility, and support joint lubrication and repair. **Discussion:** Degenerative disorders, particularly osteoarthritis, are characterized by chronic joint pain, stiffness, reduced mobility, and structural degeneration. These symptoms closely align with the *Ayurvedic* concept of *Sandhigata Vata*, attributed to aggravated *Vata Dosha* in the joints. *Keraliya Pinda Sweda*, an effective Panchakarma therapy is effective in managing these conditions. This study aims to evaluate the therapeutic potential of *Keraliya Pinda Sweda* in alleviating joint degeneration symptoms.

Keywords: Degenerative disorder, *Janu Sandhigata Vata*, osteoarthritis, *Keraliya Pinda Sweda*.

25. AYURVEDIC MANAGEMENT OF DEGENERATIVE MYOPIA – A CASE REPORT

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Abstract: Introduction: Pathological/ degenerative /progressive myopia is a condition characterised by a rapidly progressive refractive error with progressive retinal and optic nerve damage leading to visual impairment, presents significant challenges for management, especially in conventional medicine. On the basis of symptoms of present case it can be correlated to some *Lakshanas* told in *Dvitiya Patalagata Timira*. The *Ayurvedic* treatment was done for the management of this case. **Materials & Methods:** A fully conscious, oriented male aged 26 years, came to OPD of *Shalaky Tantra*, GAMC, Bengaluru, with chief complaints of

progressive DOV for distance in both eyes since 9 years and floating black opacities in front of eyes since 3 years. He was treated with *Deepana-Pachana*, *Nasya*, *Tarpana*, *Bidalaka* and Internal medicines. **Results:** At the end of the treatment and in follow ups improvement in visual acuity and reduction of floaters was noted. **Conclusion:** Thus, it can be concluded that *Ayurvedic* approaches are helpful in the management of degenerative myopia, offering an alternative or complimentary strategy to conventional ophthalmic care.

Keywords: Degenerative myopia, *Timira*, *Nasya*, *Tarpana*, *Bidalaka*.

26. DOOSHIVISHAARI AGADA, A POTENTIAL NEPHROPROTECTIVE

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Abstract: The rising prevalence of diabetes mellitus, hypertension and obesity, in conjunction with an aging demography, is contributing to the rising incidence of Chronic Kidney Disease. As individuals age, extrinsic factors like food & environment influence epigenetics. These extrinsic factors paves the pathophysiology of *Dooshi Visha*. A closer examination of *Dooshi Visha Lakshanas* and uremic toxicity reveals that chronic kidney disease (CKD) can be better understood through the lens of *DooshiVisha* concepts. We chose *Dooshi Vishari Agada* as it is a well-known and potent drug for our study. **Methods:** We conducted Phytochemical analysis to identify the compounds and later conducted FRAP assay, CUPRAC assay and DPPH assay cells to validate our findings. **Results:** The phytochemical analysis showed the presence of effective secondary metabolites like Glycosides, Lignin, Phenols, Saponins, Sterols, and Tannins. The FRAP and CUPRAC tests showed that the antioxidant activity of *Dooshi Vishari Agada* is high. The DPPH assay was used to quantify the drug's ability to scavenge the free radicals. *Dooshi Vishari Agada* showed significant DPPH free radical scavenging activity at higher concentrations. **Discussion:** Nephrotoxicity is primarily caused by the generation of reactive oxygen species and inflammatory mediators. It is therefore hypothesized that using anti-inflammatory and antioxidant supplements can reduce the progression of cell toxicity. This medicine possesses glycosides have antioxidant, anti-inflammatory, antihypertensive, and antidiabetic activities. Lignin possesses antioxidant, antimicrobial and antidiabetic, cytotoxicity, and antitumor activity. Saponins have been proven beneficial as an anti-inflammatory, and free radical scavenging activity. Phytosterols have a cell structure similar to Cholesterol, hence plant based phytosterols compete with cholesterol during absorption and, therefore have anti -atherosclerotic effects, also antidiabetic, antioxidant and anti-inflammatory effects. Increasing evidence suggests high intracellular levels of reactive oxygen species (ROS) and epigenetics significantly contribute to the development and progression of chronic kidney disease (CKD). *DVA* showed prominent antioxidant activity which is more valuable for CKD. Further, we are working on HEK293 cells-(ATCC 1573) to determine *DVA* effect on these cell lines.

27. EXPLORING AYURVEDIC APPROACHES IN THE MANAGEMENT OF KARNANADA: A COMPREHENSIVE REVIEW

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Abstract: *Karnanada* is one of the *Karnagata Rogas* mentioned in *Ayurvedic* Classics. *Acharya Charaka* has mentioned “*Ashabdashravana*” as one of the 80 *Vataja Nanatmaja Vikaras*, which has been described as sound perception in the absence of sound by *Acharya Chakrapani*. All Acharyas have described that the *Vimarga Gamana* of vitiated *Vata* in *Shabdavaha Srotas/Siras* produces various types of sound in the ear known as *Karnanada*. It can be correlated to Tinnitus. Tinnitus is an auditory sensation within the ears in the absence

of any relevant external stimulus to cause it. It is one of the most common conditions encountered in ENT OPD. Tinnitus-induced annoyance, tension and insomnia have a significant negative influence on the quality of life and mental health. There are no effective medicines to treat tinnitus according to conventional systems of medicine. The modes of treatment include prescribing sedatives and tranquilizers, psychotherapy and masking of tinnitus using tinnitus maskers. *Vatahara* line of treatment is applicable to treat *Karnanada*. It includes *Snigdha Virechana*, *Nadi sweda*, *Pinda sweda*, *Karnapoorana*, *Karnadhoopana*, *Ghrutapana*, *Nasya*, *Murdha Basti*, *Basti Karma* and *Rasayana Chikitsa*. The principles of *Vataroga Chikitsa*, *Karnashula Chikitsa*, *Pratishyaya Chikitsa* should be followed. The review aims to shed light on the management of *Karnanada* through *Upakramas*.

28. INTERVENTION IN JANUSANDHIGHATA VATA THROUGH THE ROLE OF MATRABASTI.

Dr. Ramya S, 2nd year PG scholar, Department of Panchakarma, Government Ayurvedic Medical College, Bengaluru.

Abstract: *Sandhigata vata* is explained in concise form in our *Samhitha*. The symptoms include *Vatapoorna-Dritisparsha*, *Sandhi Shotha*, *Prasarana Acuchanayo Vedana*, *Atopa*, *Sandhianti*. Symptoms seen in *Janu Pradesha* then it is called as *Janusandhigata Vata*. It can be correlated to osteoarthritis in contemporary medical science. Common clinical symptoms include knee pain that is gradual in onset and worse with activity, knee stiffness and swelling, pain after prolonged sitting or resting, and pain that worsens over time. Treatment for knee osteoarthritis begins with conservative methods and progresses to surgical treatment options when conservative treatment fails. The role of research in *Ayurveda* is to elucidate the underlying principles and to explain them in modern parameters. In this condition the aggravated *Vata Dosha* is tackled to restore joint function and reduce symptoms. One of the most effective therapies for *Vata* disorders is *Matra Basti*, a form of enema using medicated oils or ghee. *Matra Basti* nourishes and lubricates the body internally, helping to alleviate the dryness and rigidity caused by *Vata*. It also helps in relieving pain, improving joint mobility, and providing strength to the tissues. The present study was aimed at establishing clinically the effect of *Matrabasti* with *Yamaka Dravya* (*Guggulu Tiktaka Gruta* and *Kshreerabala Taila*) in a 61 years old female patient. Patient showed significant relief in joint pain, stiffness, swelling and Range of movements. This paper aims to highlight *Matra Basti* as a safe, effective, and non-invasive intervention for managing knee joint disorders linked to *Vata* imbalance.

Key words: *Janusandhigata Vata*, Osteoarthritis, *Matrabasti*, *Guggulutiktaka Gruta* and *Ksheerabala Taila*.

29. PERSPECTIVE OF DEGENERATIVE DISORDERS IN AYURVEDA

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Abstract: Introduction: Degenerative diseases are chronic, progressive conditions characterized by the deterioration of tissues or organs, leading to impaired function and reduced quality of life. Chronic degenerative diseases have been the most frequent causes of long-term disability and death worldwide. Globally more than 30% of the population is affected by one or more chronic degenerative diseases. According to recent projections chronic degenerative diseases will account for 80% of all diseases worldwide by 2030 representing a significant threat to human health. This overview highlights Causes: Genetic predisposition, environmental factors, lifestyle choices, exposure to toxins, autoimmune process, chronic inflammation, aging. Symptoms: Varying degrees of pain, mobility loss, cognitive decline, and organ dysfunction. Examples: Alzheimer's disease, Parkinson's disease, Osteoarthritis, Rheumatoid Arthritis, Multiple Sclerosis, and Chronic Obstructive Pulmonary Disease etc. *Ayurveda*, India's ancient health science, offers a unique perspective on these conditions. **Methods:** A comprehensive review of *Ayurvedic* texts (*Charaka Samhita*, *Sushruta Samhita*,

Ashtanga Hridayam) and research studies was conducted to understand *Ayurvedic* concepts, etiopathogenesis, classification, and management strategies for degenerative disorders. **Results:** *Ayurveda* categorizes degenerative disorders as "*Kshaya*" or "*Dhatukshaya*," resulting from imbalanced *Doshas*, *Agni* dysfunction, *Dhatu*s depletion, Lifestyle factors. Management strategies include: *Panchakarma*, *Rasayana* therapy, Herbal remedies, Diet and lifestyle adjustments, Yoga and meditation. **Discussion:** *Ayurveda*'s holistic approach addresses the physical, mental, and spiritual aspects of degenerative disorders. By understanding the individual's *Prakriti* and *Dosha* imbalance, personalized treatment plans can be developed. *Ayurvedic* interventions aim to balance *Doshas*, enhance *Agni*, rejuvenate *Dhatu*s and promoting overall well-being. **Conclusion:** *Ayurveda* offers a comprehensive framework for understanding and managing degenerative disorders. Integrating *Ayurvedic* principles with modern medicine can provide effective, patient-centric care.

Keywords: *Ayurveda*, degenerative disorders, *Dhatukshaya*, *Doshas*, *Agni*, *Dhatu*s, *Panchakarma*, *Rasayana*.

30. AJASRIKA RASAYANA IN GERIATRIC CARE: "EXPLORING ITS ANTI-AGEING POTENTIAL"

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Abstract: Introduction: Rooted in traditional Indian wisdom, *Ayurveda* offers a unique blend of preventive strategies, aimed at promoting healthy ageing and mitigating the onset of age-related disorders. *Ajasrika Rasayana*, a distinct formulation within *Ayurveda*'s *Rasayana* branch, which should be consumed on daily basis. Specifically, it addresses age related disorders, promoting healthy ageing and overall well-being. *Ghrita* and *Ksheera* have been mentioned as *Ajasrika Rasayana* by *Acharya Sushruta*. **Aim:** To explore the anti-ageing potential of *Ajasrika Rasayana* in geriatric care with special reference to *Ghrita* and *Ksheera*. **Materials and Methods:** Classical texts of *Ayurveda* with available commentaries, subject-related data on the internet and other sources have been compiled, critically analysed and systematically organized to frame the present thought paper. **Discussion and Conclusion:** Old age is characterized by decline in *Dhatu*, *Senses*, *Ojas*, vitality, virility, retention, recollection, speech and understanding. As elderly people are more susceptible to several chronic diseases also, therefore there is need to study on *Ajasrika Rasayana* for improving the expectancy and quality of life in geriatric health. *Ajasrika Rasayana* when taken regularly provides nourishment to *Rasa-Raktadi Dhatu*s and also enhances *Ojas*. *Ghrita* is one among them which augments *Smriti*, *Buddhi*, *Agni* and boosts *Ojas*. The qualities of *Dhatu*s are affected in old age and it is the period when *Vata Dosha* dominates and gradually the body undergoes degeneration. *Madhura* quality of *Ksheera* is *Sapta Dhatuwardhaka* and *Indriyaprasadaka* helps in *Dhatukshaya* and improves sensorial functions in old age. Consumption of *Ksheera* and *Ghrita* helps in improving the metabolism, providing energy and strength to body. *Ajasrika Rasayana* enriched with rejuvenating properties, serves as an optimal dietary adjunct in geriatric health, playing a pivotal role in preventing and managing age related cognitive decline and enhancing memory by modulating neurotransmitters, thereby promoting overall well-being and healthy ageing.

Key words: *Ajasrika Rasayana*, *Ksheera*, *Ghrita*, Geriatric care.

31. THE AYURVEDIC PATH: MANAGING SPINO CEREBELLAR ATAXIA - A CASE STUDY SERIES

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Abstract: Introduction: Spinocerebellar ataxia is a progressive, degenerative genetic disease caused by an expanded (CAG) trinucleotide repetition on the chromosome 12 resulting in

production of an abnormal protein called ataxin-2. There is no known effective management or cure in biomedicine for this genetic disease. In *Ayurveda* it is one among the *Vata Vyadhi* and is co-related with *Mastulunga Kshayajanya Sarvanga Vata*. *Ayurvedic* treatments in this case were directed towards alleviating symptoms and to reduce severe disability due to progressive nature of disease. **Materials & Methods:** In the present study a case of SCA that was treated with *Ayurvedic* intervention is reported. A 23 year old female patient having complaints of difficulty and unsteadiness while walking and climbing stairs, impaired speech, loss of bladder control, tremors in B/L upper limb and diminished memory was admitted twice to our IPD between July and October 2024, receiving treatment for 15 days and 8 days, respectively and was treated with *Sarvanga Abhyanga*, *Shastika Shali Pinda Svedana*, *Shirodhara* with *Brahmi Taila* and *Yapana Basti* with *Asvagandha Ghrita Anuvasana* for 15 days in *kala Basti krama*, *Matra Basti Jihwa Nirlekhana* with *Saraswatha churnam* and Physiotherapy along with a combination of *Ayurvedic* oral drugs which consisted of *Brihat Vata Chintamani Rasa*(Gold), Cardorium plus syrup, Kayanervetone, Info-DF powder, T.M-Colin, *T.Ashwagandha*. The interrupted time series analysis was done with the help of Scale for Assessment and Rating of Ataxia (SARA) score. **Results:** Before treatment, mean SARA score was 25. This reduced to 10 after treatment. Good relief in dysarthria, tremor, improved memory and quality of life were observed in this case. This study suggests *Ayurvedic* treatment may effectively manage SCA symptoms.

Keywords: Spino Cerebellar Ataxia, *Sarvanga Vata*, *Abhyanga*, *Basti*, *Shastika Shali Pinda Sweda*, *Shirodhara*

32. AN AYURVEDIC APPROACH TO MANAGE KAMPAVATA (PARKINSON'S DISEASE): A CASE STUDY

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Abstract: Parkinson's disease (PD) is a progressive neurodegenerative disorder characterised by bradykinesia, tremor, increased tone (rigidity), shuffling gait and loss of postural reflexes. In *Ayurveda* it is one among the *Vatavyadis* and is correlated with *Kampavata* or *Vepathu* as per *Madhavakara* and this disease is explained in detail in *Basavarajiyam* and is characterised by *SarvangaKampa / Shiro Kampa* [tremors all over body or tremors in head]. For the present study, a 64-year-old female having history of tremors all over the body since 5 years along with gait abnormalities sought *Ayurvedic* management at Sri Sri *Ayurveda* Hospital and Research Centre in Bengaluru. Considering the signs and symptoms, the patient was treated with both internal and external therapies mainly aimed at treating *Vata Dosha*. Patient was treated with *Panchakarma* therapies; like *Sarvanga Abhyanga Nadi Sweda*, *Shiro Pichu* and *Rajayapana Basti* along with *Shamana Aushadhis*. After completion of the treatment, considerable improvement was recorded in symptoms. There were no side effects observed during and after the treatment.

Keywords: *Kampavata*, Parkinson's disease, Tremors, *Basti*.

33. CONCEPT OF AJASRIKA RASAYANA IN PREVENTING DEGENERATIVE DISEASES

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Abstract: Introduction: Degenerative diseases are those in which the function or structure of the affected tissues or organs changes for the worse overtime. These diseases are characterised by progressive & irreversible deterioration of cells, tissues & organs. Not only adults, many young adults are affected by degenerative diseases in present time which impacts their expectation to keep an optimal health condition *Rasayana*, which is one among the division *ashtanga Ayurveda*, the path of essence, is a way to achieve balanced nutrition to our body,

hence delaying the process of ageing & helps in preventing various diseases, especially the degenerative diseases. Among the *Rasayana*, *Ajasrika Rasayana* helps in achieving prevention of ageing & degeneration. **Materials & Methodology:** *Bruhatrayees*, Text books of *Ayurveda*, *Laghutrayees*, Published Articles. **Conclusion:** In the present time, even though advanced technologies are there, people are suffering from various diseases, especially degenerative conditions due to lack of different nutritional deficiencies. This can be corrected & quality of life can be improved with the help of *Ajasrika Rasayana*.

34. INTEGRATING ARTIFICIAL INTELLIGENCE IN AYURVEDA FOR DIAGNOSIS AND TREATMENT OF PARKINSON'S DISEASE (*KAMPA VATA*)

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Abstract: Parkinson's disease, or *Kampa Vata* in *Ayurveda*, is a neurodegenerative disorder marked by motor dysfunction due to *Vata Dosha* imbalance. This review explores advancements in artificial intelligence (AI) for diagnosing, monitoring, and managing *Kampa Vata*. Key applications include AI-aided classification models for symptom categorization, video analysis of motor function, and personalized treatment recommendations. **Introduction:** Parkinson's disease is a progressive disorder characterized by motor symptoms such as bradykinesia, tremors, and rigidity. In *Ayurveda*, treatment often involves medication, tailored dietary, change in lifestyle, and panchakarma procedures. This review examines AI's potential in supporting *Ayurvedic* diagnostics and treatments for Parkinson's through enhanced detection, progression tracking, and customized care. **Materials and Methods:** This review brings together recent literature on AI's role in neurodegenerative care and its alignment with *Ayurvedic* practices: • Classification Models: AI models trained on symptom data (e.g., tremors, rigidity) classify disease stages, aiding in early detection. • *Nadi Pariksha*: Machine learning algorithms, especially in deep learning and signal processing, can analyse pulse waveforms to detect subtle patterns associated with neurodegenerative conditions. • Speech and Video Analysis: Speech analysis and convolutional neural networks for video analysis, detect motor impairments in Parkinson's disease by analysing changes in voice pitch, rhythm, and movement patterns such as tremors, rigidity, and bradykinesia. • Personalized Treatment Algorithms: AI-driven algorithms support treatment plans based on *Ayurvedic* prognosis (*Sadya-Asadyatha*), recommending specific interventions aligned with disease progression. **Results:** AI-enhanced classification models show promise in early-stage detection and accurate symptom- Based classification of *Kampa Vata*. Video analysis enables continuous monitoring, capturing motor changes that may signal disease progression. Treatment algorithms support personalized *Ayurvedic* interventions, adapting care based on real-time data. **Discussion:** AI integration into *Ayurveda* is tailored to address the motor impairments and *Vata Dosha* imbalances characteristic of Parkinson's disease. This integration improves early detection, tracks disease progression, and customizes treatments aligning with *Ayurvedic* principles.

35. AYURVEDIC MANAGEMENT OF CHRONIC IDIOPATHIC AXONAL POLYNEUROPATHY- A CASE REPORT

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Abstract: Chronic idiopathic axonal polyneuropathy (CIAP) is a condition characterized by progressive, long-term damage to the peripheral nerves, primarily affecting the axons, which can result in a wide array of symptoms, including sensory disturbances, motor weakness, and autonomic dysfunction. A 53-year-old female patient came to outpatient department wheelchair presented with complaints of generalized weakness in all four limbs, significantly impacting her quality of life. On examination, there was marked muscle wasting, particularly in the upper limbs, trunk, hips, and lower limbs. Reflexes were found to be diminished. The

understanding of the *Samprapti* done through *Kevala Vatajanya* as the condition presented with severe wasting of muscles and motor sensory disturbances. This case report explores the *Ayurvedic* management of a patient diagnosed with chronic idiopathic axonal polyneuropathy, focusing on a personalized treatment approach that integrates herbal therapies, *Panchakarma*, rehabilitation and dietary adjustments. The treatment plan adopted for the patient included a comprehensive approach combining both internal *Shamanaushadhis* such as *Bhadradarvyadi Kashaya*, *Ksheerabala* 101 drops and *Dashamoolarishtam* with *Panchakarma* therapies such as *Mamsa Kshaya Basti* in *Karma Basti* Pattern. This approach led to remarkable improvements in her motor and sensory functions. Also focussed in attaining *Vatahara*, *Mamsavrudhi*, *Bruhmana*, nourishment and rejuvenation of the tissues. The aim of this case report is to assess the clinical outcomes and effectiveness of *Ayurvedic* therapies in improving the functional status, alleviating symptoms, and enhancing the quality of life of patients suffering from chronic idiopathic axonal polyneuropathy. Through this case study, we hope to shed light on the potential role of *Ayurveda* as an adjunctive or complementary approach in the management of CIAP, contributing to a more holistic and individualized model of care for patients with this challenging condition.

36. INNOVATIVE PANCHAKARMA PROCEDURES IN DEGENERATIVE DISORDERS (KAMPAVATA)

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Abstract: Introduction: Parkinson's disease is a Neurodegenerative condition which affects the basal ganglia and Substantia Nigra and presents with differing combinations of Tremors, Rigidity in muscles, bradykinesia and postural disability associated with various Cognitive, Behavioural and other psychological symptoms. Parkinson's disease has an annual incidence of about 0.2/1000 and a prevalence of 1.2/1000 worldwide. With the changing demand and awareness among people, the role of *Ayurveda* is an emerging reality. *Panchakarma* procedures available can make life much easier and drastic increase can be seen in their life expectancy. **Materials and methods:** In *Kampavata Avarana* of *Vata* and *Dhatukshaya* are the chief pathological processes. *Charaka* has stressed on *Srotoshuddhi*, *Vatanulomana* and *Rasayana* in general management of *Avarana*. For the first time *Vangasena Samhita* stated the principles of the treatment of *Kampavata*. It clearly mentioned, that *Abhyanga*, *Swedana*, *Nasya*, *Niruha*, *Anuvasana*, *Virechana* and *Shirobasti* are the useful measures that can increase the life expectancy of the patient. **Results:** The present study reveals that this treatment protocol is effective in managing patients with Parkinson's disease. **Aim:** Enhancing the quality of life and managing this chronic, progressive degenerative condition through *Panchakarma* procedures. **Discussion:** The Majority of the symptoms of Parkinson's Disease can be correlated with the classical symptoms of *Kampavata* told in *Ayurvedic* literature. *Abhyanga*, *Swedana*, *Nasya*, *Niruha*, *Anuvasana*, *Virechana* and *Shirobasti* are the useful measures in *Kampavata*. **Conclusion:** Parkinson's Disease can be clinically compared with *Kampavata* according to *Ayurveda*. Among the various *Ayurveda* treatments, various *Panchakarma* procedures such as *Abhyanga*, *Svedana*, *Nasya*, *Shirobasti*, *Basti* proved to be effective for treating Parkinson's disease patient. Drastic improvement can be seen from the above treatments.

Key words: Parkinson's Disease, *Kampavata*, *Snehana*, *Swedana*, *Yoga*, *Basti*, *Shirobasthi*

37. EXPLORING THE POTENTIAL RASADRAVYA IN MANAGING DEGENERATIVE DISORDERS.

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Abstract: Introduction: Food preservatives and color agents are widely used in processed foods, but their potential health risks are concerning and are leading to degenerative disorders. *Rasa Dravya Bhasma*, an *Ayurvedic* nanomineral preparation, offers a promising therapeutic approach. This review explores the toxic effects of food additives and the potential of *Rasa Dravya Bhasma* in mitigating degenerative disorders. **Materials and Methods:** Review of scientific literature on toxic effects of food preservatives and color agents and literary review of *Ayurvedic* texts, research articles, and case studies to Analyse pharmacological and therapeutic properties of *Rasa Bhasmas*. **Results:** Significant association is found between Food color agents and preservatives leading to degenerative disorders. *Rasadravya Bhasmas*, such as *Abhraka*, *Makshika*, *Tuttha*, *Kasisa*, and *Sphatika* have been used in *Ayurveda* as antitoxic drugs for various conditions, including degenerative disorders. **Discussion:** Food Preservatives such as Sodium Benzoate is linked to Parkinson's disease, cancer, and neurodegenerative disorders. Potassium Sorbate is associated with DNA damage, cancer, and neurodegenerative disorders. BHA (Butylated Hydroxyanisole), BHT (Butylated Hydroxytoluene) is linked to hormone disruption, and neurodegenerative disorders. Food colouring agents such as Tartrazine Carmine (Red 4), Red 40 (Allura Red) Sunset Yellow FCF Associated with hyperactivity, anxiety, tumors and allergic reactions. *Abhraka Bhasma*, *Makshika Bhasma*, *Tuttha Bhasma* possess Neuroprotective, Antioxidant, Antimicrobial, anti-inflammatory, and immunomodulatory effects. *Rasa Dravya Bhasma* mitigates oxidative stress and inflammation induced by food additives, Immunomodulatory effects helps to regulate immune responses. Antioxidant properties protect against cellular damage. **Conclusion:** *Rasa Dravya Bhasma* offers a promising therapeutic approach to mitigate degenerative disorders induced by food color agents and preservatives. It offers therapeutic potential in managing degenerative disorders, leveraging antioxidant, anti-inflammatory, and immunomodulatory properties.

Keywords: Food preservatives, toxins, *Rasadravya Bhasma*, chelation therapy.

38. NAVADHANYA PINDA SWEDA: NAVAGRAHA-INTEGRATED THERAPY FOR DEGENERATIVE DISORDERS

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Abstract: Introduction: *Navadhanya Pinda Sweda*—a therapeutic application of heat using nine grains—Each corresponds symbolically to one of the *Navagrahas* and its potential role in managing degenerative disorders. **Methods:** The study examines the synergistic effect of combining these nine grains which help to counteract *Vata Dosha*, believed to increase degeneration when aggravated. **Results:** The grains retain heat well, facilitating deep, sustained warmth to alleviate pain, relax muscles, and enhance circulation. Resonates with specific qualities of the *Navagrahas* (e.g., rice with Moon for nurturing effects, sesame with Saturn for endurance and stability), enhancing the body's receptivity to healing energy. **Discussion:** Physiologically, it provides localized heat to balance *Vata Dosha*, improve circulation, and reduce stiffness; energetically, it harmonizes the body's internal balance with cosmic influences represented by the *Navagrahas* which is thought to support overall well-being and recovery in *Ayurveda*. **Conclusion:** *Navadhanya Pinda Sweda* offers a holistic approach for managing degenerative disorders, integrating both physiological and cosmic aspects.

39. AYURVEDIC MANAGEMENT OF CERVICAL MYELOPATHY-DEGENERATIVE SPINAL CONDITION -A CASE STUDY

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Abstract: Age related degenerative changes may result in may result in direct compression of the spinal cord known as Cervical Spondylotic Myelopathy. The ageing process and repetitive stress often contribute to the degenerative process. Symptoms include pain and stiffness in the neck, tingling, numbness, pain, weakness or heaviness in arms or legs, imbalance and difficulty in walking, urgency or urinary incontinence. Condition can be treated considering it as *Sarvangavata*. A male patient aged 70 years came with the complaints of numbness in bilateral upper and lower limbs with weakness and reduced sensation since 8 years. Patient was treated considering as *Sarvanga Vata* with *Sarvanga Abhyanga* and *Sweda* along with *Shamanoushadis* and *Ksheerabala 101avarti taila* as *Rasayana*. Patient was treated in 2 courses of admission. Results were assessed after 2 courses of treatment. **Methodology:** Case study **Results:** Patient got 30-40% of symptomatic relief during first course of treatment, and 50-60% during second course and significant improvement in gait and strength during first follow up. **Conclusion:** This study shows that Cervical Spondylotic myelopathy as *Sarvanga Vata* can be managed through *Ayurveda* line of treatment. There was significant clinical improvement in the subject.

Keywords-Cervical spondylotic myelopathy, *Sarvangavata*, *Rasayana*,

40. EFFICACY OF VARIOUS INNOVATIVE PANCHAKARMA PROCEDURES IN THE MANAGEMENT OF T12 COMPRESSION FRACTURE IN ELDERLY - A CASE REPORT

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Abstract: Introduction: A fracture of T12 Vertebra in elderly people is often a Compression fracture caused due to degenerative changes. Compression fractures in the spine are common in the Thoracic spine particularly at the T12-L1 junction. Degenerative disorders in *Ayurveda* require *Vatahara* line of treatment in contemporary medicine, no satisfactory treatment is available except for the surgical intervention and later include regular use of Analgesics which on long term usage leads to nephrotoxicity and other systemic ailments. Whereas *Ayurveda* treats from the root cause and avoids the recurrence of the disease by balancing *Doshas* and *Dhatu*s. **Materials and Methods:** An 80-year-old female patient, previously working as a teacher at a government school who had history of travel for a longer distance daily for work with occasional complaints of backache approached the OPD of kayachikitsa with complaints of pain in the lower back region associated with difficulty in standing erect, performing movements of the spine and other routine activities since 3 months having a history of fall on forward bending at home followed by severe pain in the lowerback region. The patient approached an Allopathic Hospital where she was diagnosed as having T12 compression fracture, refused for the surgery and admitted at our hospital. **Results and Discussion:** The patient was diagnosed with *Dhatukshayajanya Vatavyadhi* and treated with *Matra Basti*, *Pattabandha*, *Katipichu* and other treatments and the results were remarkably seen and there was significant improvement with her symptoms. Hence this study is chosen to prove the efficacy of innovative panchakarma procedures selected for the management of T12 compression fracture in elderly.

Keywords: T12 Compression Fracture, *Pattabandha*, *Katipichu*, *Matra Basti*, *Panchakarma*

41. EFFECT OF PANCHAKARMA IN THE MANAGEMENT OF KAMPAVATA W.S.R PARKINSON'S DISEASE- A CASE STUDY

Dr. Kirthana. K*, Dr. Mythrey. R C.**

*2nd year PG scholar, **Professor & HOD, Department of Kayachikithsa, GAMC Mysuru.

Introduction: Parkinson's disease is a neurodegenerative condition which affects the basal ganglia and Substantia Nigra and presents with differing combinations of Tremors, Rigidity in muscles, bradykinesia and postural disability associated with various Cognitive, Behavioural and other Psychological symptoms. Parkinson's disease has an annual incidence of about 0.2/1000 and a prevalence of 1.2/1000 worldwide. Parkinson's disease is a chronic progressive disease that adds substantial physical, emotional and financial burden to victims and their families. With the changing demand and awareness among people, the role of *Āyurveda* is an emerging reality. **Aim:** Enhancing the quality of life and managing this chronic, progressive degenerative condition through *Ayurveda*. **Materials and Methods:** A female of 67years old, presented with the symptoms of tremors in left hand for 3 years, Mild facial dystonia (lip movement), difficulty in walking for 1year, Slurred speech for 6 months, and difficulty in performing daily activities came to us, here she was examined and diagnosed as *Kampavāta*. She was admitted and treated accordingly with *Churna Pinda Sweda, Nasya, Abhyanga, Patrapinda Sweda, Yoga Basthi, Sarvanga Pizhichil* and *Śamana Cikitsā* (pacifying Treatment). The present study reveals that this treatment protocol is effective in managing patients with Parkinson's disease. **Results:** Post treatment, patient shown significant improvement. **Discussion:** The Majority of the symptoms of Parkinson's Disease can be correlated with the classical symptoms of *Kampavata* told in *Ayurvedic* literature. The main pathology involved here is *Dhatukshaya*. The Vata that is responsible for controlling the various functions of the body is responsible for causing the *Kampavata*. The general line of treatment explained in *Vata Vyadhi Chikitsa* like *Snehana* and *Brimhana* was adopted in the present case. **Conclusion:** The case reported demonstrates clinical improvement in *Kampavata* w.s.r. Parkinson's disease. Future Randomised controlled trials should be conducted on this aspect, on a larger sample size aiming to improve quality of life and managing this chronic, progressive neuro degenerative condition through *Ayurveda*.

Key words: Parkinson's Disease, *Kampavata, Snehana, Swedana, Yoga Basti*

42. INSIGHTS INTO MANAGEMENT OF DIABETIC PERIPHERAL NEUROPATHY-A SINGLE CASE STUDY

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Abstract: Diabetic neuropathy encompasses various forms of nerve damage caused by chronic diabetes mellitus. The most prevalent type is diabetic peripheral neuropathy, which affects nearly half of individuals with diabetes. It may present as either polyneuropathy or mononeuropathy. Depending on the location of nerve damage, symptoms can include motor, sensory, or autonomic changes. These changes often result from microvascular complications, where small blood vessels supplying the nerves are injured. This damage can lead to complications such as altered muscle function, sensory impairments, or disturbances in autonomic processes. Modern medical management focuses primarily on diabetes control, with treatments aimed at symptomatic relief. In *Ayurveda*, diabetic neuropathy is considered as a complication of *Prameha*, and treatment involves balancing the involved *Doshas* and *Dushyas*. This case report describes a 57-year-old male patient with a 25-year history of diabetes who visited the *Panchakarma* OPD at Government *Ayurveda* College Hospital, Bengaluru. He presented with numbness and burning sensation in bilateral feet. Initially, he was prescribed oral medications at the outpatient level. To address nerve damage and enhance blood circulation in the lower limbs, *Shashtika Shali Pinda Sweda* and *Mustadi Yapana Basti* were

included in his treatment regimen. By the end of the therapy, the patient experienced significant relief from numbness and burning sensation in feet.

Keywords: Diabetic peripheral neuropathy, *Prameha*, *Shashtika Shali Pinda Sweda*, *Mustadi Yapana Basti*.

43. REVIEW ON DIFFERENT ANJANA YOGAS USAGE IN RETINITIS PIGMENTOSA

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Abstract: Retinitis pigmentosa (RP) is an inherited and degenerative eye disorder that causes severe visual impairment due to progressive degeneration of rod photoreceptor cells in the retina. RP is a leading cause of visual disability with worldwide prevalence of 1:5000. It mainly affects males than females in the ratio 3:2. It gradually causes night blindness and progressive constriction of the visual field. RP appears in childhood and progresses slowly, often resulting in blindness in advanced middle age. Symptoms include Nyctalopia (night blindness), tubular vision and reduced visual field. Fundoscopic changes include arteriolar attenuation, waxy or pallor optic disc and bony spicules pigmentation. Modern treatment includes gene therapy, low vision aids, vitamin therapy etc., These treatments are not satisfactory and much expensive for common people. Hence, cost effective treatment options are much needed. In *Ayurveda*, *Nakulandhya*, *Kapha Vidagda Dristi* and *Doshandha* have resemblance with RP in symptomatology. *Ayurvedic Kriyakalpa* (ocular therapies) are much needed because of their easy availability and cost effectiveness. *Anjana* is one among the *Kriyakalpas* described by various *Acharyas*, which is widely practiced in *Netra rogas*. Here, an attempt has been made to review on various *Anjana Yogas* mentioned by *Acharyas* in the context of *Naktandya*, which helps to reduce the further progression of RP, thus improving the patient's quality of life.

Keywords: Retinitis pigmentosa, *Ayurveda*, *Naktandhya*, *Doshandha*, *Anjana*.

44. AYURVEDIC MANAGEMENT IN LIMB GIRDLE MUSCULAR DYSTROPHY – A CASE STUDY

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Abstract: Introduction: Muscular dystrophy (MD) refers to a group of genetic diseases that cause progressive weakness and degeneration of skeletal muscles. All forms of MD grow worse over time as muscles progressively degenerate and weaken. Many people with MD eventually lose the ability to walk. In that Limb-girdle muscular dystrophy (LGMD) refers to more than 20 inherited conditions marked by progressive loss of muscle and the symmetrical weakening of voluntary muscles, primarily those in the shoulders and around the hips. It is caused by the deficiency of dystrophin muscle protein. The prevalence of LGMD is 1.63 per 1,00,000 people.

Materials and Methods: A male patient aged 13 years approached *Kayachikitsa* OPD at Govt Hi-Tech *Panchakarma* hospital, Mysuru with the complaints of difficulty in getting up from sitting position, difficulty in rising from squatting position (since he was 3 years old), climbing upstairs and lifting heavy objects for one year. The case was examined and diagnosed as Limb Girdle Muscular Dystrophy w.s.r. to *Anuktha Vatavyadhi*. Patient was treated with *Ayurvedic* modalities and *Shamanoushadhi* for 15 days. Patient was administered with *Sarvanga Abhyanga*, *Shashtika Shali Pinda Sweda*, *Matrabasti* with *Shamanoushadhis* like *Balarishtha*, *Ajamamsa rasayana* was advised orally to the patient. **Results:** There is a significant improvement showed after treatment. Muscular dystrophy function rating scale is used for pre and post-test assessment. **Discussion:** Muscular dystrophy follows the *Samprapti* of *Dhatukshayajanya Vatavyadhi*. The predominant *Dosha* is *Vata Pradhana Tridosha* along with *Mamsa*, *Asthi* and *Majjavaha Srotas* are affected. In Muscular dystrophy symptoms like *Mamsa Bala Kshaya* (~progressive muscle weakness) is the main function of *Asthi-Majjagata*

Vata, *Chestahaani* (~loss of strength), *Khanja* (~limping gait), *Alasya* (inactive) are the functions of *Vata*. Hence here regulation *Vata* is essential. The general line of treatment explained for *Vatavyadhi* in *Ashtangahridaya Sutra Sthana* as *Brimhana* line of treatment was adopted in the present case. **Conclusion:** This case has shown improvement in Limb Girdle Muscular Dystrophy with *Ayurvedic* modalities and *Shamanoushadhis*.

Keywords: Muscular Dystrophy, *Vatavyadhi*, MDFRS, *Panchakarma*.

45. EXPLORING ANUSHAstra KARMA- A COMPREHENSIVE AYURVEDIC APPROACH WITH KSHARA KARMA, AGNIKARMA AND JALOUKAVACHARANA IN NEUROGENIC ULCER

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Abstract: Introduction: The *Anushastra* are the primary surgical techniques. Include *Kshara Karma*, *Agnikarma*, *Jaloukavacharana*, etc. Neurogenic ulcers are chronic, non-healing ulcers that are often a result of nerve damage, typically due to conditions like diabetes, stroke, or spinal cord injuries. This abstract explores the role of *Anushastra* in the management of neurogenic ulcer, highlighting its historical significance, principles, and potential mechanisms of action. **Materials:** *Kshara Karma* Tools: *Kshara* Applicators: For topical application of *Kshara*. *Jaloukavacharana* Tools: Medical Leeches: *Hirudo medicinalis* (for bloodletting to improve circulation and healing). Leech Jar and Holder: To store and handle leeches. Sterile Blades/needle: For micro incisions, if needed. *Agni Karma* Tools: *Shalaka* (metal rods) **Methods:** Here we examine existing research and classical *Ayurvedic* texts to investigate the implication of *Anushastra Karma* in Neurogenic ulcer management. The review focuses on the historical background, principles, implication techniques, and potential mechanisms underlying the therapeutic effects of *Anushastras*. **Results:** The combination of *Kshara Karma*, *Agni Karma*, and *Jaloukavacharana* addresses the common problems seen in neurogenic ulcers—poor circulation, necrotic tissue buildup, and a lack of natural healing processes. By promoting blood flow, removing dead tissue, and stimulating local regeneration, these therapies can significantly improve healing times and the overall prognosis of neurogenic ulcers, especially when conventional treatments have not been effective. **Discussion:** *Anushastra Karma* work synergistically to enhance tissue repair, promote better circulation, and reduce the factors that impede healing in neurogenic ulcers. However, further research is needed to establish its effectiveness, optimal techniques, and long-term outcomes. Collaborative efforts between *Ayurvedic* practitioners and conventional healthcare providers are crucial for its successful implementation. Continued research and clinical trials are warranted to ascertain its efficacy, safety and potential applications in neurogenic ulcer management.

46. MANAGEMENT OF GNE MYOPATHY THROUGH AYURVEDA: A CASE STUDY

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*2nd year PG scholar, **Head and Professor, Department of Kayachikitsa, GAMC, Mysuru **Introduction:** Hereditary inclusion body myopathy (HIBM) or GNE Myopathy is a rare, slow progressive hereditary neuromuscular disease that usually presents with bilateral foot drop, tripping, atrophy of muscles. Usually presents in the age group between 20-40 years. GNE myopathy is caused by mutations in the *GNE* gene, which encodes the rate-limiting enzyme of sialic acid biosynthesis. The accurate pathophysiology of the disease is not understood entirely, but hypo sialylation of muscle glycans is believed to play an essential role in the disease pathology. In advanced stages, neck and core muscles can become affected. The diagnosis is usually confirmed by the presence of pathogenic (mostly missense variant) mutations in both alleles of the *GNE* gene. Current case was diagnosed as likely GNE myopathy. Patient presented with the symptoms- bilateral foot drop, tripping, and weakness of

lower limbs. Since the above-mentioned symptoms are *Vata Pradhana* it can be considered as *Anukta Vata Vyadhi* and the treatment was planned accordingly. After first course of intervention there was increase in muscle bulk, increase in overall strength of the patient.

Keywords: Hereditary inclusion body myopathy, GNE myopathy, Bilateral Foot Drop, Ayurvedic management

47. A CONCEPTUAL REVIEW OF AGADA PRAYOGA IN DOOSHI VISHA W.R.T DEGENERATIVE DISORDERS

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Abstract: In *Ayurveda*, *Dooshi Visha* is a subtle, residual toxicity resulting from sustained exposure to low-grade *Visha* (toxins) through *Aharaja* (dietary), *Viharaja* (lifestyle), or *Agnimandya* (digestive fire) imbalances. Unlike *Suddha Visha* (acute poisons), *Dooshi Visha* is *Dirgha Kala Sannipata* (accumulative over time), lodging within *Dhatu*s (tissues) and disrupting *Dosha* balance, particularly aggravating *Vata Dosha*, which leads to *Dhatu Kshaya* (degeneration of tissues). This manifests as *Vata-Pradhana Vyadhis* (degenerative disorders), such as *Sandhigata Vata* (arthritis), *Majjagatavata* (neurodegenerative disorders), and other chronic degenerative conditions. *Agada Prayoga* are the specific anti-dotal formulations to counteract *Dooshivisha*. Classical texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Rasa Ratna Samuccaya* elaborate on potent *Agadas* like *Dooshi Vishari Agada*, *Mahaagada*, *Panchagavya Ghrita*, and *Chandraprabha Vati*, recognized for their *Vishaghna*, *Vata-Hara*, *Rakta-Shodhaka* and *Balya* properties. These formulations support *Ojas* (vitality), maintain *Srotas* (channels), and rejuvenate *Dhatu*s, thus mitigating degeneration and promoting *Rasayana* (rejuvenation therapy). This paper explores *Agada Prayoga* in managing *Dooshivisha* associated with *Dhatu kshaya*, drawing from *Ayurvedic* principles and recent research insights. By elucidating the *Vishahara* (detoxifying) and *Rasayana* effects of *Agadas*, this study presents a framework for integrating *Agada Prayoga* with contemporary medical approaches to treat degenerative diseases, emphasizing its potential to enhance *Vata* management and *Vyadhi-Kshamatva*. Further research on *Agada Prayoga* may unlock innovative avenues for integrative healthcare in *Jarajanya Vyadhi* (degenerative diseases).

48. PERSPECTIVE OF DEGENERATIVE DISORDERS IN AYURVEDA

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Abstract: Introduction: Degeneration is 'deterioration and loss of function in the cells of a tissue/organ'. "शीर्यति इति शरीरम्" - *Shareera* (human body) is that which degenerates continuously. *Ayurveda* emphasis on the concept of *Swabhavoparamavada*. The term '*Swabhav*' means *Prakriti* or the nature of the substance, '*Uparama*' means destruction. The word '*Swabhavoparama*' stands for natural destruction/self-destruction. The theory of natural destruction or degeneration is termed '*Swabhavoparam-Vada*'. Birth, growth, and senescence, finally lead to death, are inevitable. This physiological event is going on at every moment of our life. Destruction/Degeneration is a passive phenomenon as *Kala* (time) moves continuously and is irreversible. क्षय and शोष are the terms used frequently in our classics, showing the importance given to identify them in the form of Degenerative Disorders. Many factors like Ageing, underlying disease, Injury contribute to the factor of Degeneration. *Aahara*, *Vihara*, *Agni*, *Srotas* also play a vital role as deciding factors in Degenerative Disorders. *Dhatu Vaishamyata* leading to *Dhatu Vikruti*, there is impairment of the tissues which is characterized by alteration in the tissue quality, its functional impairment and also complete destruction of the original elements of tissue through senescence/ degeneration. An early recognition of *Dhatu Vikruti* is therefore necessary to help prevent degeneration of the tissue. **Materials:** It is a literary review paper **Resources:** *Bhruhatrayee*, *Laghutrayee* etc. **Methods:** N/A **Results:** N/A

Discussion: Degeneration acts as slow poison in the human body which affects physical, mental aspects along with overall deterioration of quality of life. In larger aspect impacts the economy and development of the nation. *Ayurveda* has answer for it in the form of *Rasayana-Dinacharya, Rutcharya, Sadvruttapalana* etc to name a few can be adopted on time to time to reduce its impact on human body by addressing disease or injury and help age gracefully.

Keywords: Degeneration, *Kshaya, Swabhavoparamavada, Dhatu Vikruti, Rasayana.*

49. A CASE OF VENOUS ULCER MANAGED WITH MANJISHTADI VIKESHIKA – AN AYURVEDIC CONTACT LAYER DRESSING

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Abstract: Introduction: Venous ulcer is a severe clinical manifestation of long-term venous disease or chronic venous insufficiency. They are recurrent in nature with associated morbidity and reduced quality of life. The characteristic features of Venous ulcer include foul smell, discharge, chronicity and which is associated with cellulitis, inflamed margins, pigmented surrounding skin due to hemosiderin deposition, eczema, dermatitis, lipodermato sclerosis, the intervention must also address them. In *Ayurveda*, drugs which have *Vrana Shodhaka, Vrana Ropaka, Rakta Shodhaka, Kushtaghna, Kandughna and Krimigna* properties serve this purpose. *Acharya Sushruta* has expounded usage of *Taila* as one among the measure of *Shashti Upakrama* in the management of *Dushta Vrana*. **Methodology:** A case of Venous ulcer presented with complains of a non-healing ulcer over the medial aspect of right leg associated with pain and discharge has been taken for the study. Daily dressing is done with *Manjishtadi Vikeshika* for 28days. Subject was observed and analysed on 0th,7th,14th,21st and 28th day with BJWAT and VAS Scale. **Result:** A Significant improvement was observed in wound healing after 28 days. **Discussion:** *Manjistadi Taila* possesses the properties of *Raktapitta Shamaka, Daha Prashamaka & Vrana Ropaka* targets chronic nature and associated attributes like cellulitis, inflamed margins, pigmented surrounding skin due to hemosiderin deposition, eczema, dermatitis, lipodermatosclerosis of venous ulcer Amplifies ulcer healing. As *Ati Snigdha* can cause *Ati Kleda, Ati Rooksha* can lead to *Vrana Chedha* and if *Vishama* or *Durnyasa* damages *Vrana oshta* influencing delayed healing. To overcome these factors, *Vikeshika* has *Na Ati Snigdha, Na Ati Rooksha* and *Na Ati Vishama* properties. *Vikeshika* serves the purpose by sustained release of drug thereby resulting faster healing and its sterility has lowered the risk of contamination.

Keywords: Venous ulcer, *Manjishtadi Taila, Vikeshika*

50. BALANCING VATA DOSHA DURING MENOPAUSE: A REVIEW ON BASTI AND STANIKA CHIKITSA FOR OPTIMAL HEALTH

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Abstract: Introduction: Menopause marks a significant transition in a woman's life, characterized by hormonal changes that often lead to physical and emotional imbalances. In *Ayurveda*, menopause is considered a time when the *Vata Dosha*, becomes particularly aggravated. Estrogen deficiency can manifest in symptoms such as hot flashes, anxiety, mood swings, insomnia, joint pain, and dryness of the skin and mucous membranes. Urogenital atrophy can lead to vaginal dryness, pruritus, dyspareunia, dysuria and urgency. **Materials and Methods:** Managing *Vata Dosha* during menopause through *Panchakarma* and *Stanika Chikitsa* (localized treatments) along with *Rasayana Dravyas* with phytoestrogen, will slow down the process of degeneration, aging, and alleviate menopausal symptoms. **Results:** Administering Basti Treatment, *Stanika Chikitsa* like *Yoni Abhyanga, Yoni Pichu* drugs like *Ashwagandha, Bala, Shatavari*, and mindful practices such as meditation and yoga for mitigating *Vata* during menopause subsides the symptoms. By understanding the principles

of *Ayurveda* and incorporating *Basti chikitsa*, women can overcome menopause with greater ease and vitality, supporting both their physical and emotional health during this transformative phase of life. **Discussion:** Following Menopause, there is loss of bone mass by 3-5% per year leading to osteoporosis. *Basti* and *Stanika Chikitsa* provide a highly effective way to manage *Vata Dosha* during and after menopause.

Keywords: Menopause, *Vata*, *Basti*

51. FROM IMMOBILITY TO AGILITY CONQUERING FROZEN SHOULDER – A SINGLE CASE STUDY

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Abstract: Introduction: Pain is a distressing feeling often caused by intense or damaging stimuli. According to *Acharya Sushruta*, when *Vata Dosha* gets vitiated at *Amsa Sandhi*, it causes *Sosa* of *Amsa Bandha* and also causes *Sira Sankocha*. The clinical features of *Avabahuka* can be correlated with that of Frozen shoulder. Symptoms include pain and a loss of range of motion, particularly in external rotation. The shoulder joint has the widest range of motion, and when it is injured, it restricts everyday tasks and worsens psychological conditions due to excruciating pain. The recovery from a frozen shoulder often takes 1–3 years, although this time frame is very challenging to achieve. Here, *Viddhagnikarma* is performed as the treatment modality. It is a modified form of *Agnikarma*, where the *Suchi* is used to puncture the affected area and with the help of electric cautery heat is passed through the pierced *Suchi*. It instantly relieves pain by balancing the local *Vata* and *Kapha Dosha* without causing any negative side effects. **Methodology:** A case of *Avabahuka* presented with complains of pain, stiffness and limited movements of left shoulder joint has been taken for the study. Three sittings of *Viddhagnikarma* were done weekly once. Subject was observed and analysed after each sitting with VAS Scale and Goniometric measurements. **Result:** A Significant improvement was observed in pain and range of movements after 3 weeks. **Discussion:** The sterile practice of *Viddha* involves piercing or puncturing specific sites with hollow, specialized *viddha* needles. *Agni* possesses *Tikshna*, *Sukshma* and *Laghu Guna* that removes the *Avarodha* from the *Srotas* caused by Vitiated *Vata* and *Kapha*. Hence brings *Doshas* into *Samyavastha*. *Agnikarma* increases the *Dhatvagni* around the site and leads to metabolism of the localised *ama Dosha*. So *Viddhaagnikarma* helps in the management of pain as well as helps in the improvement of range of movements.

Keywords: *Avabahuka*, Frozen shoulder, *Viddha Agnikarma*, *Suchi*

52. APPLICATION OF RASAYANA AND PROPHYLAXIS IN DEGENERATIVE DISORDERS WSR TO ALZHEIMER'S DISEASE

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Abstract: Introduction: Alzheimer's disease is an age-associated, irreversible, progressive neurodegenerative disease that is characterized by severe memory loss, unusual behavior, personality changes, and decline in cognitive function. Its pathology involves oxidative stress, neuroinflammation, mitochondrial dysfunction, and β -amyloid plaque accumulation. Despite advancements in modern therapeutics, effective prevention and cure remain elusive. *Rasayana* therapy, an integral part of *Ayurveda*, is known for its rejuvenative and neuroprotective properties, offering potential for both prophylaxis and management of degenerative disorders. **Methods:** A narrative review is conducted to analyze classical *Ayurvedic* texts and modern research on *Rasayana* therapies relevant to Alzheimer's disease. Clinical studies, experimental research, and pharmacological evaluations were reviewed to assess the efficacy of drugs which are having *Rasayana* properties such as *Brahmi*, *Ashwagandha* and *Guduchi*. The prophylactic

potential of these interventions was evaluated in relation to their antioxidant, anti-inflammatory and adaptogenic properties. **Results:** *Rasayana* therapy demonstrated significant neuroprotective effects by mitigating oxidative stress, enhancing neuronal repair mechanisms, and modulating neurotransmitter activity. Herbs like *Brahmi* and *Ashwagandha* showed improved cognitive function inhibiting β -amyloid aggregation and memory retention in preclinical and clinical studies. *Guduchi* exhibited anti-inflammatory effects, reducing neuroinflammation which is a critical factor in Alzheimer's disease pathogenesis. Prophylactic use of *Rasayana* therapies, combined with dietary and lifestyle modifications, was observed to delay the onset of symptoms and improve quality of life in early-stage of Alzheimer's disease. **Discussion:** The findings support the role of *Rasayana* as a complementary approach in managing Alzheimer's disease. By addressing the root causes such as oxidative stress and promoting systemic rejuvenation, *Rasayana* therapy aligns with the preventive healthcare goals of *Ayurveda*. The synergistic action of bioactive compounds in *Rasayana* drugs bridges the gap between traditional knowledge and modern science, providing a sustainable and holistic strategy for degenerative disorders.

53. STOP THE STRAIN; RELIEVE THE PAIN WITH FIRE, THE AYURVEDIC WAY – A SINGLE CASE STUDY

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Abstract: Introduction: Pain is an unpleasant sensory and emotional experience typically caused by injury, illness, or intense discomfort. Carpal Tunnel Syndrome (CTS) is a condition that occurs when the median nerve, which runs from the forearm into the palm of the hand, becomes compressed at the wrist. Pain associated with Carpal Tunnel Syndrome often manifests as: Tingling or numbness in the fingers. The structures involved in Carpal Tunnel is mainly the tendons, ligaments and nerves which can be closely related with *Snayu*, thus this condition can be correlated with *Snayugata Vata Vikara* affecting *Manibandha Sandhi*. As per classical references, the recommended treatment modalities in *Snayugata Vata Vikaras* includes *Snehana*, *Agnikarma*, *Swedana* and *Upanaha*. But while considering simple, effective, instantaneous and long-lasting treatment modality, the para surgical procedure, *Agnikarma* stands first because of its *Sheeghrakaritwa* and *Roga Apunarbhavatwa* properties. *Snigdha Dravyas* like *Kshaudra*, *Guda*, *Taila*, *Vasa* and *Madhuchista* are the *Dahanopakaranas* mentioned in our classics to be employed for *Agnikarma* in the *Asthi*, *Sira*, *Snayu* and *Sandhigata Vikaras*. Here, the *Dahanopakarana* chosen for the study is ***Guda*** which is easily available, economical and results in less scarring than *Panchadhatu Shalaka*.

Methodology: A case of Carpal tunnel syndrome presented with complains of pain, numbness and restricted movements of left wrist joint has been taken for the study. Four sittings of *Guda Agnikarma* were done weekly once. Subject was observed and analysed after each sitting with Vas scale, paraesthesia grading, restricted wrist flexion & extension, boston's questionnaire.

Result: A Significant improvement was observed in pain, paraesthesia, range of movements and quality of life after 4 weeks. **Discussion:** *Agni Karma* aims at the management of various afflictions by inflicting burns on the tissue surface directly. *Agni* possesses *Tikshna*, *Sukshma* and *Laghu Guna* that removes the *Avarodha* from the *Srotas* caused by Vitiated *Vata* and *Kapha*. Hence brings *Doshas* into *Samyavastha*. *Agnikarma* increases the *Dhatvagni* around the site and leads to metabolism of the localised *Ama Dosha*. So, *Guda Agnikarma* helps in the management of the symptoms of carpal tunnel syndrome and also improves the quality of life.

Key words: Carpal tunnel syndrome, *Agnikarma*, *Guda*.

54. EFFICACY OF *DASHMOOL KSHEERA BASTI* IN THE MANAGEMENT OF *JANU SANDHIGATA VATA*: ANOTHER *AYURVEDIC* APPROACH TO OSTEOARTHRITIS

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Abstract: *Sandhigata Vata* is the most common articular disorder. It is a type of *Vata Vyadhi* which mainly occurs in old age due to *Dhatukshaya*. It can be correlated with osteoarthritis (OA), which is a chronic, degenerative, inflammatory disease and has a great impact on the quality of life of an individual. Osteoarthritis is the most common type of arthritis. The prevalence of osteoarthritis among the elderly, as per a recent study, is 56.6%. The joints that bear weight, like the knees, hips, and feet, are the most affected. When there is involvement of the *Janu Sandhi* (knee joint), it is known as *Janusandhigata Vata*. It is manifested by pain, swelling, stiffness, and restricted movement of joints. To assess the efficacy of *Dashmoola Ksheera Basti* in *Janu Sandhigata Vata*, a single clinical case study was carried out. *Dashmoola Ksheera Paka* for *Niruha Basti*, and *Panchatikta Guggulu Ghrita* for *Anuvasana Basti* was used. These have *Vatadoshahara*, *Brimhana*, *Rasayana*, *Balakara*, *Shotaghna*, *Vedana Sthapana*, and *Asti Dhatu Poshaka* properties, which are mainly required in the *Samprapti Vighatana* of *Janu Sandhigata Vata*. Following the procedure, the patient experienced significant relief and visible reduction in predominant symptoms.

Keywords: *Janusandhigata Vata*, Osteoarthritis, *Dashmoola Ksheera Basti*, *Panchatikta Guggulu Ghrita*.

55. MANAGEMENT OF DEGENERATIVE EYE DISORDERS W.R.T TO A M D (AGE RELATED MACULAR DEGENERATION)

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Abstract: Introduction: AMD is the most common vision threatening Eye disease involving degeneration of Macula. AMD is the leading cause of vision loss worldwide in 55 years and above. As the life expectancy is increases so is the prevalence of the disease. The pathology of AMD involves – sclerosis of blood vessels, RPE and PRC atrophy, drusen, exudates and geographic atrophy. AMD is classified into; A: Dry (Non-Exudative) AMD, wet AMD (Exudative). B: Early AMD - mild visual affliction, Late AMD - moderate to severe visual diminution. In the contemporary system of medicine for AMD has limitations towards offering relief to the elderly. The prognosis and progression of the disease can be well managed by *Ayurveda Netrachikitsa*. **Materials and Methods:** A holistic approach towards understanding the *Nidarapanchakas* and the *Chikitsavidhana* of AMD offers a better relief thus avoiding the invasive contemporary method. A rational attempt in treating AMD with *Sadvrutta*, *Panchakarma*, *Netrakriya Kalpas*, *Ahara* and *Oushadha* is observed to be have a greater benefit in retaining and improving the vision. Prevention of AMD begins in embryonic phase of the intra uterine life –*Garbhini Paricharya* -as the retina is a derivative of the neuroectoderm. *Dinacharya* and *Rutucharya Acharanas* – *Nasya*, *Abhyanga*, *Gandusha*, *Anjana*, *Chatradharana*, *Padatradhararana* and *Rutuvishesha Shodhana* are preventive modalities. Treatment modalities: Early detection - periodic ophthalmic examinations, Typing and staging - imaging techniques, Prediction of prognosis, Treatment plan. Treatment plan: *Virechana*, *Nasya*, *Seka*, *Bidalaka*, *Drushti Prasadana Upakramas*, *Shirolepas*, *Murdhni Taila*, *Aschothana-Anjana*, *Tarpana*, *Rasayana*. **Results:** *Ayurveda Netra chikitsa* potentially prevents disease progression, preserves vision in geriatric population vis-a-vis contemporary treatments. Thus, has an immense value towards providing a better quality of life. **Discussion:** Role of Autophagy, Oxidative stress and modulation of Antioxidative defense system are the recent areas of medical research. *Ayurveda Netrachikitsa* involving *Panchakarma* and *Rasayana* work towards autophagy and oxidative damage. *Netrakriyakalpas* improves microcirculation, avoid sclerosis and degeneration of retinal layers. Hence prevents vision deterioration, thereby protecting the vital sense faculty.

56. DEMENTIA, AN AGE-RELATED NEURODEGENERATIVE DISORDER; FROM THE PERSPECTIVE OF AYURVEDA

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Abstract: Age-related degenerative disorders, a significant global health challenge, involve a progressive decline in functions at cellular, tissue, and organ level. As life expectancy increases, so does the prevalence of these disorders, among which, dementia, a neurodegenerative disorder, is seen affecting millions of elderly individuals worldwide, recognized by a group of symptoms affecting memory, thinking, behavioural pattern with declining abilities of day-to-day activities progressing towards deranged cognitive domains, including language, reasoning, attention and executive functions. The pathophysiology of dementia involves intricate anatomical and physiological changes in the brain, marked by deterioration of brain tissues, particularly in the region vital for memory and cognition, such as the hippocampus and frontal cortex. This degeneration leads to impaired synaptic connections and disrupted communication between brain cells, resulting in cognitive decline. On a physiological level, Dementia is linked to disruption in neurotransmission, particularly involving acetylcholine, glutamate, and other neurochemicals essential for memory and learning. *Vaardhakya* is *Vatapradhaana Avastha* with *Laghu Khara Guna (Lekhana)* and *Ruksha Guna (Shoshana)*, overshadowing rest, result in *Dhatu Kshaya*, *Ojo Kshaya*, and *Bala Kshaya*, causing various degenerative disorders. The symptomatic presentation of dementia aligns closely with *Vata Vrudhi Lakshana*, *Vataja Nanatmaja Vyadhi*, and *Ojo Kshaya Lakshana*. Apart from *Shaareerika Doshas*, *Manasika Doshas Rajas* and *Tamas* addresses the mental and emotional aspects of health, playing a significant role in cognitive conditions. The underlying cause of dementia is primarily age-related degeneration. Implementing *Ayurvedokta* healthy diet and lifestyle in its true spirit can significantly contribute towards its prevention or delay. Overall, the integration of modern science with *Ayurvedic* principles can enhance the understanding and treatment of degenerative disorders and provide more effective and personalized care for patients.

57. EFFECT OF PANCHAKARMA IN THE MANAGEMENT OF VATAVYADHI W.S.R MULTIPLE SCLEROSIS INDUCED CEREBELLAR ATAXIA- A CASE STUDY

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Abstract: Introduction: The ataxias are clinically heterogeneous disorders caused by pathological processes affecting the cerebellum and cerebellar pathways resulting in impaired coordination. Cerebellar ataxia is an autosomal disorder characterized by abnormalities in gait, changes in speech such as scanning speech, and abnormal eye movements such as nystagmus with an estimated prevalence of $\approx 2.7/100\ 000$ worldwide. Enhancing the quality of life for subjects suffering from Ataxia and managing this chronic, debilitating condition through *Ayurveda* is the need of the hour. **Materials & Methods:** A female patient of aged 24 years approached *Kayachikitsa* OPD at Govt *Ayurveda* Medical College and Hospital, Mysuru with the complaints of slow and slurred speech, difficulty in independent walking and balancing since 2 years. Patient also complains of irregular menstrual cycle since 2 months. The case was examined and diagnosed as Multiple Sclerosis Induced Cerebellar Ataxia w.s.r *Anuktha Vatavyadhi*. Patient was administered with *Nasya*, *Shirodara*, *Shiro-Picchu*, *Masha-Shashtika Shali-Pinda Sweda*, *Mustadi Rajayapana Basti* and *Anuvasana* with *Ashwagandhabalalakshadi Taila* in *Yogabasthi* pattern. With *Shamanoushadi* Tab. *Bhrihat Vāta Chintamanirasa* was advised orally to the patient. SARA scale was used for pre and post treatment assessment. Post treatment patient showed significant improvement. **Results:** SARA scale was used for pre and post treatment assessment, Pre-treatment assessment score 28/40 ~ 70% disability, post-treatment assessment score 05/40 ~ 12.5 % disability, Post treatment

patient showed significant improvement. **Discussion:** Ataxia follows the *Samprapti* of *Dhatukshayaja Vatavyadhi*. The predominant *Dosha* is *Vata* with its subtypes *Prana*, *Udana*, and *Vyana* causing *Shoshana* of *Medas* and *Majja Dhatu*. In ataxia, due to this incoordination between *Buddhi*, *Hridaya*, *Indriyas*, and *Chitta*; *Dysmetria* like symptoms occur. *Vak Pravrutti* (~phonation) is the main function of *Vdana Vata* and *Vyana Vata* helps in all types of *Gati* (~movement) of *Angas* (~body parts), here *Gamana Kruchrata* and *Vaksanga* indicate the improper functioning of *Udhanavāta* and *Vyanavāta* And it seems like *Prana* has a regulatory control over other *Vayus* including *Udana* and *Vyana*. Hence, the frequency and amplitude with which *Udana* and *Vyana* have to work are dependent mainly on the well-being of *Prana Vata*. Head being the *Sthana* of *Prana Vata* and in a condition like multiple sclerosis induced cerebellar ataxia where there is Neuro-degenerative change in the brain, role of *Prana Vata* is explicit. The general line of treatment explained for *Vatavyadhi* in *Ashtangahrudaya Sutra Sthana* as *Brimhana* line of treatment was adopted in the present case. **Conclusion:** The case reported demonstrates clinical improvement in Multiple sclerosis induced cerebellar ataxia using *Panchakarma* intervention. Future Randomised controlled trials can be conducted on this aspect, on a large sample size to evaluate the efficacy of *Ayurveda* management in increasing the quality of life and treating this chronic, debilitating condition.

Keywords: Ataxia, *Vatavyadhi*, SARA, *Panchakarma*

58. VISION CLUES: A SYMPTOMATIC GATEWAY TO NEURODEGENERATIVE DIAGNOSIS

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Abstract: Cranial nerves play a pivotal role in ophthalmology, influencing vision, eye movements, sensation, and reflexes. Of the 12 cranial nerves, six are directly involved in ocular function: the optic nerve (CN II) for vision, the oculomotor (CN III), trochlear (CN IV), and abducens (CN VI) nerves for eye movements, the trigeminal nerve (CN V) for corneal sensation, and the facial nerve (CN VII) for eyelid closure and tear production. Disorders affecting these nerves, such as optic neuritis, nerve palsies, or systemic conditions like diabetes, often present with distinct ophthalmic symptoms, making cranial nerve evaluation critical for diagnosis and management and also how we can see this through *Ayurvedic* perspective. This abstract highlight the importance of cranial nerves in maintaining ocular health and emphasizes their role in detecting underlying neurological or systemic diseases, underscoring their significance in clinical ophthalmology.

Keywords: *Ayurveda*, Cranial nerves

59. MANAGEMENT OF DUSHTA VRANA W.S.R TO DIABETIC ULCER BY TUTTHAKADI MALAHARA-A CASE STUDY

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Abstract: Introduction: Diabetes is one of the most prevalent diseases in the world. Diabetic patients have up to 25% lifetime risk of developing foot ulcers as a complication of Diabetes. Incidence of Diabetic Ulcer is ~3%. Diabetic Ulcer is caused due to Diabetic Neuropathy or atherosclerosis causing ischaemia or breakdown of glucose laden tissue leading to infection and ulceration. *Vrana* which has bad odour, abnormal colour, profuse discharge, intense pain and takes a long time to heal is *Dustavrana*. These symptoms present in Diabetic Ulcer. The treatment modalities of Diabetic Ulcer in conventional medications, topical applications, surgical procedures which are expensive, need hospitalization and in most of the case recurrence rate is high. In *Sushruta Samhita* there is detail explanation of management of *Vrana*, where *Acharya Sushruta* mentioned 60 *Upakramas*. *Malahara Kalpana* comes under *Bahya Kalpana* (external application). The word *Malahara* was adapted by *Yogaratanakara*.

Tutthakadi Malahara is one of such drug, useful in *Vranashodhana* found in *Rasatarangini*. *Tutthakadi Malahara* is a herbo-mineral formulation intended for external application in various wound-healing, using natural ingredients *Goghruta* as base for preparation. **Methodology:** A case of Non healing ulcer presented with complaints of ulcer at the plantar aspect of the left foot along with profuse discharge. Dressing with *Tutthakadi Malahara* was done once daily. Assessment of parameters such as pain and Burning sensation and Bates-Jensen wound assessment tool was done on 0th, 7th, 14th and 21st day and follow up on 28th and 35th day. **Result:** A significant improvement was observed in pain, discharge and ulcer was healed completely on 21st day. **Discussion:** *Tutthakadi Malahara* is the combination of the drug described in *Rasatarangini* for the management of *Dushta Vrana*. *Tutthakadi Malahara* contains *Tuttha* which is *Lekhya* it scrapes off the slough. To reduce *Srava* drug should have *Ruksha Guna*, *Kashaya Rasa Raala* and *Kaparda Bhasma* have such properties. *Khatika* is *Pittahara* and *Kashaya Rasatmaka*, *Ruksha*, *Pittahara* and *Sravahar*.

Keywords- *Dushtavrana*, Diabetic Ulcer, *Tutthakadi Malahara*

60. AYURVEDIC MANAGEMENT OF *KAPHAJA VATARAKTA* (CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY): A CASE STUDY

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Abstract: Introduction: Peripheral Neuropathies are the disorders of peripheral nervous system which can affect the cell body, myelin and axon leading to axonal or demyelinating neuropathies. Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) is one such disorder with estimated prevalence of about 1-2 per 100,000 in adults affecting male more than females and has its peak incidence in fifth & sixth decades. CIDP is caused due to genetic, inflammatory, infectious, drugs, toxins, and vitamin deficiencies, systemic or malignant conditions which can trigger autoimmune process. It typically presents with relapsing & remitting pattern, evolving over more than eight weeks with weakness, numbness and sensory loss in the limbs. On considering the clinical features, it can be correlated with *Kaphaja Vatarakta*. Conventional therapy includes symptomatic management with immunosuppressive drugs which might lead to adverse effects on longer use. **Case Report:** A 35 year old male patient with the complaints of gradually progressing burning sensation, numbness, sensory loss, weakness and multiple joint pains in the limbs for the last 13 years with relapsing period of 7 years was managed with *Virechana* and *Shamanoushadis*. The treatment was continued for consecutive 9 months. **Results & Discussion:** Considering *Vatarakta Chikitsa*, *Amapachana*, *Mridu Virechana* followed by *Shamanoushadis* & *Rasayana chikitsa* were adopted. The assessment was made using INCAT disability score & significant reduction in burning sensation, numbness, weakness, joint pain and pitting edema was seen. **Conclusion:** The present case study demonstrates the potential of *Ayurveda* in managing CIDP. The multipronged approach, targeting the root cause and alleviating symptoms, showed encouraging results with no adversities even after discontinuation of corticosteroids intake for longer duration.

Keywords: CIDP, Peripheral neuropathy, *Kaphaja Vatarakta*, *Virechana*.

61. MENOPAUSE AND DRY EYE – ROLE OF *VIBHITAKADI GHRITA ASCHYOTANA*

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Abstract: Introduction: Menopause is the natural and permanent cessation of menstruation resulting from estrogen deficiency that is not associated with a pathologic process. This occurs between the ages of 45 and 55 years in most women. According to *Ayurveda* this transition is called as *Rajonivritti*, which is a period dominated by *Vata Dosh*. Hormone levels particularly estrogen decline during this period. Estrogen and androgens are essential for maintaining tear film stability and ocular surface health, reduced levels can lead to decreased tear production

and poor tear quality resulting in symptoms like dryness, foreign body sensation etc. in eyes. In menopausal women there will be *Rasakshyaya* leading to *Vata Vridhi* which results in *Shushkaka* of *Netra*. In *Ayurveda* we can correlate it with *Shushkakshipaka*. **Material and Methods:** A pilot study was done on 10 patients of pre- and post-menopausal period who is having the symptoms of dry eye to see the efficacy of *Vibhithakadi Ghrita Aschyotana* 10 drops daily for a period of 30 days. **Result:** There was a significant improvement in the condition especially related to subjective symptoms like severe itching, foreign body sensation, burning sensation and dryness. **Discussion:** *Aschyotana* is the first line of treatment for all eye diseases. Here, *Vibhithakadi Ghrita* which is having *Vata-Pitta Shamaka*, *Rasayana* and *Chakshushya* properties absorbs through conjunctival mucosa, percolates into the palpebral conjunctiva and then to the bulbar conjunctiva and thus helps to lubricate the eye. Since *Ghrita* is in aqueous suspension form it crosses the corneal epithelium and endothelium.

Keywords: Dry eye, Menopause, *Shushkakshipaka*, *Aschyotana*, *Vibhithakadi Ghrita*.

62. THE THERAPEUTIC EFFICACY OF NASYA IN THE MANAGEMENT OF KAMPAVATA – A SINGLE CASE REPORT

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Abstract: Introduction: One among the *Vataja Nanatmaja Vyadhi* is “*Vepathu*” which means shaking or trembling, has the synonym “*Kampa*”. The condition which is mainly caused by *Vata* and characterized by tremors is known as “*Kampavata*”. It can be correlated with Parkinson’s disease (PD), a progressive neurodegenerative disease characterized by both motor and non-motor features. *Nasya Karma*, one among the *Panchakarma* procedures, is the instillation of medicaments through the nasal route. **Materials and Methods:** An 80-year old female patient, previously working as a teacher, approached the OPD of *Kayachikitsa* with complaints of tremors in both hands and legs with mild stiffness, slow movements, reduced sleep, easy fatigability, fear of falling tendency and occasional hard stools since 1.5 years, associated with fear of judgment regarding her slow movements and occasional sadness since 4-5 months for which the patient approached a general physician where she was clinically diagnosed as Parkinsonism, where patient was referred to a neurophysician and was prescribed T. Syndopa and advised to follow up after 6 months. As patient was comfortable and did not develop any fresh complaints, did not follow up after 6 months and was continuing with the same medication. Later patient visited our hospital for further management. **Discussion and Results:** The diagnosed case of *Kampavata* vis-à-vis Parkinson’s Disease was managed with *Nasya* and other therapeutic procedures and the stiffness, fatigue, constipation was reduced remarkably and tremors were reduced slightly. Thus *Nasya* plays an important role in the management of neurodegenerative disorders.

63. RESTORING MOBILITY: AN AYURVEDIC APPROACH TO LUMBAR SPONDYLOSIS: A CASE REPORT

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Abstract: Introduction: Lumbar spondylosis is a common degenerative spinal condition characterized by disc degeneration, osteophyte formation, and associated pain. Conventional treatments often focus on pain relief but may not address the underlying causes. *Ayurveda*, with its holistic approach, offers potential for both symptom management and restoration of structural integrity through a combination of therapeutic interventions. **Methods:** A 47-year-old male patient with a 2-year history of chronic low back pain, stiffness, and radiating leg pain was diagnosed with lumbar spondylosis. The patient underwent a 6-week *Ayurvedic* treatment protocol comprising *Panchakarma* (including *Rakthamokshana*, *Abhyanga*, and *Swedana*), oral medications and dietary modifications. The treatment aimed to alleviate pain, reduce inflammation, and restore mobility. **Results:** Post-treatment, the patient reported a 60%

reduction in pain intensity, improved mobility, and a significant decrease in stiffness. The patient was able to resume daily activities with reduced discomfort, and there was notable improvement in sleep quality. No adverse effects were observed, and the patient expressed high satisfaction with the overall treatment. **Discussion:** *Ayurvedic* management of lumbar spondylosis focuses on balancing *Vata Dosha*, which governs movement and structural stability in the body. The combination of detoxification (*Panchakarma*), pain-relieving herbs, and lifestyle changes helps in reducing inflammation, promoting joint health, and improving overall spinal function. The positive outcome in this case suggests that *Ayurvedic* interventions can provide meaningful relief from the symptoms of lumbar spondylosis.

Keywords: Restoring Mobility, Lumbar Spondylosis, *Panchakarma*

64. EXPLORING SANDHIVATA IN THE CONTEXT OF TEMPOROMANDIBULAR JOINT ARTHRITIS

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Abstract: The Temporomandibular joint (TMJ) is a highly specialized synovial joint essential for jaw movement and function. TMJ osteoarthritis (TMJ OA) can develop due to disc displacement, trauma, excessive functional stress, or developmental abnormalities. This condition affects various joint structures, including the articular cartilage, synovium, subchondral bone, capsule, ligaments, periarticular muscles, and sensory nerves supplying these tissues. Early detection and management of TMJ OA are vital to prevent irreversible structural changes in the joint. In *Ayurveda*, TMJ OA corresponds to *Sandhigata Vata*, a joint disorder caused by the imbalance or vitiation of *Vata Dosha*. This imbalance leads to degeneration, stiffness, pain, and restricted mobility in affected joints. When *Vata* impacts the TMJ, it produces symptoms similar to those observed in TMJ OA, such as localized pain, crepitus, reduced jaw movement, and joint stiffness. Factors like aging, poor dietary habits, mechanical strain, and lifestyle choices aggravate *Vata Dosha*, leading to decreased joint lubrication (analogous to reduced synovial fluid) and cartilage damage. *Ayurvedic* management of *Sandhigata Vata* in TMJ focuses on pacifying *Vata Dosha*, nourishing joint tissues, and preventing further degeneration. Treatments include internal as well as external therapies like *Abhyanga* and *Swedana*. *Shodhana karma*, including *Nasya* and *Basti*, are also employed to restore balance. These holistic approaches address both the symptoms and underlying causes, offering an effective strategy for managing TMJ OA and preventing further joint degeneration

Keywords: *Sandhigata Vata*, Temporomandibular joint, Degenerative joint disease.

65. DECODING NEURODEGENERATIVE DISORDERS THROUGH PUPILLARY RESPONSE

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Abstract: Pupillary response describes the constriction and dilatation of pupil in stimulus to light, Stress, cognitive tasks as a result of iris sphincter and dilator pupillae muscle. Both the muscles are innervated by sympathetic and parasympathetic nerve fibres. Neurodegenerative disease is a group of disease which damages and destroys the nerve cells in brain and the nervous system. Degenerative diseases affecting the nervous system can lead to a range of pupillary abnormalities, with dysfunction of the autonomic nervous system often being a key feature. Changes in the pupillary response can provide valuable diagnostic insights into neurodegenerative disorders, particularly when considered alongside other clinical signs. This review has focused on understanding how pupillary responses can not only help diagnose these diseases but also serve as an early indicator of their onset.

Keywords: Pupillary response, Neurodegenerative disorder, autonomic nervous system.

66. AGING EYES, TIMELESS VISION: UNDERSTANDING OCULAR CHANGES

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Abstract: The aging process significantly impacts ocular health, leading to a range of physiological and functional changes in the eye. As individuals age, the eye undergoes structural alterations, such as changes in the lens, cornea, retina, and optic nerve, which contribute to common age-related visual impairments. These include presbyopia, eyelid changes, cataracts, age-related macular degeneration (AMD), diabetic retinopathy, and glaucoma etc. The decline in the eye's ability to focus, process light, and maintain retinal health often results in reduced visual acuity, contrast sensitivity, and peripheral vision. Furthermore, aging eyes are more susceptible to oxidative stress, inflammation, and diminished regenerative capacity, which can exacerbate the progression of eye diseases. *Ayurveda* highlights potential therapeutic strategies, such as pharmacological interventions and *Rasayana* (regenerative medicine), aimed at mitigating the effects of aging on vision. Understanding the complexities of the aging eye is crucial for the development of effective treatments and prevention strategies to preserve visual function in the elderly population.

Keywords: *Ayurveda*, *Rasayana*, degeneration, aging eye.

67. MANAGEMENT OF VATAKANTAKA (CALCANEAL SPUR) WITH SIRAVYADHANA – A SINGLE CASE STUDY

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Abstract: Introduction: *Vatakantaka*, a painful condition caused by vitiated *Vata dosha*, correlates with calcaneal spur are more common among women, with 62% cases found in females, and most affected age group between 40-50yrs old. It is characterized by localized heel pain due to bony outgrowth and associated soft tissue inflammation, often resulting from repetitive stress or prolonged standing. *Siravyadhana* (venous bloodletting) is an *Ayurvedic* para-surgical procedure described for *Vata*-induced pain, aimed at reducing local congestion, inflammation, and associated symptoms. This case study evaluates the efficacy of *Siravyadhana* in managing *Vatakantaka* using a scalp vein set. **Materials and Methods:** A 49-year-old female presented with unilateral heel pain persisting for six months, which was exacerbated by prolonged standing and walking. The condition was diagnosed as *Vatakantaka* (calcaneal spur) through clinical examination and imaging. *Siravyadhana* was performed two *Angulas* above *Kshipra Marma* in two sittings, spaced seven days apart, using a sterile scalp vein set. Approximately 30 mL of blood was let out in each session from the posterior region of the affected foot, followed by proper dressing and aftercare. Pain was assessed using the Visual Analog Scale (VAS), and functional improvement was evaluated with a patient-reported outcome questionnaire. **Results:** The patient experienced significant pain relief, with VAS scores improving from 8/10 to 2/10 after the second sitting. Functional ability also improved, enabling the patient to perform daily activities without discomfort. No adverse effects were observed during or after the procedure. **Discussion:** *Siravyadhana* proved effective in managing pain and improving functionality in *Vatakantaka*. The use of a scalp vein set ensured precision and safety. This minimally invasive procedure demonstrates promise as an alternative therapy for calcaneal spur, warranting further clinical studies.

68. CONCEPT OF ASTHI DHATU KSHAYA IN RELATION WITH DEGENERATIVE DISORDERS

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Abstract: Introduction: *Asthi* is one among the *Sapta Dahtu*. While explaining *Dhatu Utpathy*, *Acharya* mentioned that *Asthi* is produced from *Meda*. *Sookshma* or *Poshaka Asthi*

derived from *Meda Dhatu* undergoes *Paka* by *Asthi Dhatu Agni* to produce *Sthoola Asthi Dhatu*, *Uthara Dhatu (Majja) Poshaka Dhatu*, and *Dhatu Mala (Kesha, Nakha & Loma)*. Among 3 *Dosha*, *Vata Dosha* has *Ashraya- Ashrayee Bhava* with *Asthi Dhatu*. The *Dhatu Kshaya Lakshana* of *Asthi* is pain in *Asthi*, brittleness of *Danta* and *Nakha*, dryness in *Shareera*, *Danta* and *Nakha*. Degenerative disorders are chronic conditions that cause cells to age and breakdown over time affecting a person's ability to move around and take care of them. Degenerative diseases can be considered under different types based on affecting the body systems. **Material & Methods:** 1) Literature regarding *Asthi Kshaya* will be collected from *Bruhatrayees*, *Laghutrayees* and other published works and analyzed critically. 2) Literature regarding degenerative disorders - *Osteoarthritis*, *Osteoporosis* and degenerative disc disease will be collected from authentic books, other published works and analyzed critically. **Results & Discussion:** *Asthi Kshaya* concept can be considered under degenerative diseases of skeletal system especially *osteoarthritis*, *osteoporosis* and degenerative joint disease. When the cause and symptoms of *Asthi Kshaya* is discussed, we can find very close relationship of the symptoms of the above said disorders. As per modern science, there is no permanent cure for degenerative diseases.

Keywords- *Asthi Kshaya*, *Osteoarthritis*, *Osteoporosis*, *Degenerative disc disease*.

69. AI AND NANOTECHNOLOGY IN OSTEOARTHRITIS

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Abstract: Introduction: *Osteoarthritis (OA)*, a degenerative joint disease, is characterized by the gradual breakdown of cartilage and underlying bone, leading to pain, stiffness, and reduced mobility. The progressive nature of *OA* severity, classification and disease progression prevention makes a significant health challenge. Emerging technologies such as artificial intelligence (AI) and nanotechnology offer promising solutions. **Materials and Methods:** The study reviewed peer-reviewed research on the application of AI and nanotechnology in managing *osteoarthritis*. The analysis included AI's ability to process complex datasets, such as medical imaging, genomic data, and biomarkers, to aid in early diagnosis and disease progression prediction. **Results:** AI-powered systems demonstrated high accuracy in analyzing medical images, neurological signals, and biomarkers, enabling early diagnosis and progression tracking. Machine learning models significantly improved the precision of KL score grading for *osteoarthritis*. Nanotechnology facilitated real-time biomarker monitoring and targeted drug delivery, leading to reduced invasiveness and enhanced treatment efficacy. **Discussion:** AI has been widely used for segmentation, prediction, and classification of *KOA* using radiographs and MRI imaging modalities. These models aim to diagnose the *KOA* at its early stages and prevent or postpone the Total Knee Replacement. Radiograph was used to classify the *KOA* and predict *KOA* progression based on KL grading system, and MRI was used to localize the knee joints and predict knee pain. Clinical and demographic variables, pain level, gait performances were also used for *KOA* prediction. **Conclusion:** The integration of AI and nanotechnology offers transformative possibilities for *osteoarthritis* diagnosis and treatment. With further research and ethical innovation, these technologies could significantly improve early detection, personalized therapy, and overall patient care.

Keywords: *Osteoarthritis*, AI in Medical Imaging, Machine learning models, Kellgren-Lawrence Grading and AI, AI and Nanotechnology Synergy.

70. MENIERE'S DISEASE AND AYURVEDA: REBALANCING THE DOSHAS FOR OPTIMAL HEALTH

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Abstract: Meniere's disease, a complex inner ear disorder, profoundly affects individuals through episodes of vertigo, fluctuating hearing loss, tinnitus, and a sensation of ear fullness, with significant disruption to daily life. The root cause of this disease remains unclear, but it is believed to stem from an imbalance in the fluid dynamics of the inner ear, leading to the distension of the endolymphatic sac. In the context of *Ayurveda*, *Acharya Sushruta* describes conditions like *Karnanada*, *Karnakshweda*, and *Badhirya*, which share similarities with Meniere's disease, especially regarding *Bhrama*. Meniere's disease has a lack of cure in conventional medicine. Treatment focuses on managing symptoms through lifestyle changes (low-sodium diet), diuretics, and surgery to mitigate its impact. In *Ayurvedic* management, the emphasis is placed on *Shodhana Chikitsa*, such as *Snigdha Virechana* and *Tikshna Nasya*, which help to remove *Srotavarodha* and reduce aggravation of *Vata*. After this, more nourishing treatments like *Brimhana Nasya*, *Rasayana* therapy, and *Satwavajaya Chikitsa* come into play. These interventions address both the physical and mental aspects of Meniere's disease by restoring vitality, calming the nervous system, and alleviating the stress and anxiety caused by vertigo. The combination of *Rasayana* and *Brimhana* therapies is crucial for restoring the imbalance of *Tridoshas* and promoting recovery. These *Rasayana* treatments help to combat the long-term effects of the disease, enhance immunity, and improve both physical health and mental well-being. By incorporating these therapeutic methods, *Ayurveda* offers a holistic approach to managing Meniere's disease, focusing on the overall health of the individual and not just the symptoms of the disorder. Hence, in this paper presentation, a case of a 42-year-old male diagnosed with Meniere's disease was managed using a combination of *Shodhana* therapies and oral medications. This paper outlines the treatment protocol, clinical outcomes, and discusses the potential benefits of *Rasayana Chikitsa* and integrating *Ayurvedic* approaches in managing this complex condition.

71. A COMPREHENSIVE CASE STUDY ON AGE RELATED MACULAR DEGENERATION: INSIGHTS FROM TRITIYA PATALAGATA VATAJA TIMIRA IN AYURVEDA

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Abstract: Age-Related Macular Degeneration (ARMD) is a degenerative condition associated with aging, primarily affecting the macula and causing a gradual decline in central vision. It stands as the leading cause of vision impairment and blindness in developed nations, particularly among individuals aged 40 years and older. The pathology of ARMD involves the Retinal Pigment Epithelium (RPE) cells accumulate metabolic byproducts due to incomplete degradation of phagocytosed rod and cone membranes that supply oxygen and nutrients to the retina, leading to a deprivation of essential elements to the macula and ultimately resulting in progressive vision loss. The clinical signs and symptoms of Dry ARMD can be correlated to that of *Vataja Triyaya Patalagata Timira*. Contemporary medical approaches involve zinc supplements, antioxidants, and vitamins in the early stages, and resorting to intravitreal injections (ranibizumab, bevacizumab) and laser photocoagulation in advanced cases. However, these interventions often prove insufficient in arresting the unyielding progression of vision loss. *Ayurveda*, on the other hand, presents a promising alternative with its emphasis on *Shodhana* therapy and *Kriyakalpa*. These modalities aim not only to alleviate symptoms but also to impede the advancement of the disease process. In a clinical scenario involving a diagnosed case of Dry ARMD, presenting with diminished vision, the patient sought treatment in our hospital. The management approach adopted included both *Kriyakalpa* and *Shamana Aushadhis*. Remarkably, significant improvement in vision was observed following the *Ayurvedic* intervention, indicative of a favourable treatment outcome. The present clinical case aims to throw light on the role played by *Ayurveda* in preventing the progression ARMD

through a detailed case report on Dry Age-Related Macular Degeneration w.s.r to *Vataja Tritiya Patalagata Timira*.

Keywords – Age Related Macular Degeneration, *Ayurveda*, Dry ARMD, *Kriyakalpa*, *Vataja Tritiya Patalagata Timira*.

72. AYURVEDIC MANAGEMENT OF ORAL SUBMUCOUS FIBROSIS - A CASE STUDY

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Abstract: Background: Oral submucous fibrosis (OSMF) is a chronic, degenerating, precancerous condition characterized by a juxta-epithelial inflammatory reaction and progressive fibrosis of the submucosal tissues, affecting the oral cavity. It is a collagen-related disorder characterized by excessive fibrosis in the oral submucosa, hyalinization and degenerative changes in the muscle. The condition mostly affects the Southeast Asia region because of the increased prevalence of Areca nut chewing habits. In *Ayurveda*, OSMF can be nearly correlated to *Vata-Pittaja Sarvasara Mukharoga*. A 34-year-old male approached the *Shalaky Tantra* OPD with complaints of difficulty in opening mouth, burning sensation of mouth on having spicy food for three years. Associated with decreased taste sensation, and difficulty in swallowing for the past three years. **Material and Method:** Diagnosis was done based on clinical signs and symptoms. *Ayurvedic* treatments such as *Pratisarana*, *Mukhabhyanga*, *Kavala* and oral medicines were given for a period of 1 month. **Results:** The subject had significant improvement for both subjective and objective parameters. **Discussion:** *Pooga* (areca nut - *Areca catechu* Linn.) is having *Ruksha*, *Sheeta* and *Vikasi Guna*. Its excessive and constant chewing seems to be the *Atiyoga* that affects locally predominantly causing *Sthanadushti* as well systemically to provoke the *Vata Dosha*. This is a prime factor in the pathogenesis leading to *Rukshata*, *Kharata*, *Stambha*, and *Shushkata* in *Sthanastha Dhatu* (fibrosis of subepithelial tissue and atrophy of epithelium of oral cavity). **Conclusion:** This case report highlights simple, safe and effective treatment in the management of OSMF.

Keywords: *Atiyoga*, *Mukharoga*, oral submucous fibrosis, premalignant condition.

73. THERAPEUTIC EFFECT OF ELANEER KUZHAMBU IN MANAGEMENT OF DWITIYA PATALAGATA TIMIRA- CASE STUDY

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Abstract: Introduction: *Timira* is one of the *Drishtigata Rogas* as mentioned by our *Acharyas*. The pathophysiology of *Drishtigata Rogas* often involves the *Patala*, with *Dwitiya Patalagata Timira* referring to visual abnormalities, particularly in distinguishing near objects. Presbyopia, characterized by a physiological inadequacy of accommodation due to diminished amplitude, results in a persistent decline in near vision and typically begins after the age of forty. This study assesses the effectiveness of *Elaneer Kuzhambu*, as described in *Sahasrayoga*, in treating *Dwitiya Patalagata Timira* in the context of presbyopia. **Methods:** A group of patients diagnosed with presbyopia and exhibiting symptoms of *Dwitiya Patalagata Timira* was selected. *Elaneer Kuzhambu* was administered as per the guidelines in *Sahasrayoga*. The treatment duration, dosage, and application methods were standardized across all participants. Visual acuity and accommodation tests were conducted before and after the treatment period. **Results:** The use of *Elaneer Kuzhambu* resulted in significant improvement in near vision and a reduction in symptoms associated with *Dwitiya Patalagata Timira*. Patients reported enhanced clarity in near-vision tasks and a decrease in visual strain. **Discussion:** The findings suggest that *Elaneer Kuzhambu* is effective in managing *Dwitiya Patalagata Timira* and presbyopia. This aligns with the recommendations in *Sahasrayoga*, highlighting the therapeutic potential of traditional *Ayurvedic* formulations in modern clinical practice. **Conclusion:**

Elaneer Kuzhambu, as described in *Sahasrayoga*, provides significant symptomatic relief for patients with *Dwitiya Patalagata Timira* and presbyopia. This study supports its use as a viable treatment option in *Ayurvedic* practice, promoting better visual health and quality of life for patients.

Keywords- *Timira, Elaneer Kuzhambu, Presbyopia, Dwitiya Patalagata Timira.*

74. ROLE OF AYURVEDA IN THE MANAGEMENT OF DIABETIC RETINOPATHY -A CASE STUDY

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Abstract: Diabetic Retinopathy (DR) is the most frequent micro-vascular complication of Diabetic mellitus, affecting the blood vessels in the retina. It is an eye condition that can cause vision loss and blindness. The prevalence rate of DR among Diabetic mellitus patients is globally estimated to be 27%, leading to 0.4 million cases of blindness worldwide. Currently available conventional treatments, such as Focal laser therapy and Anti-VEGF therapy, have certain limitations. Despite advances in science, the treatment of DR remains challenging. *Ayurveda*, being the science of life, provides a holistic approach in treating diseases. The signs and symptoms of DR are clinically considered as *Madhumehajanya Timira*. All three Doshas, along with *Rakta Dusti* and *Dristipatalas*, are affected in different stages of the disease. *Avarana* and *Dhatu Kshaya* also play an important role in the development of DR due to prolonged and uncontrolled hyperglycemia. In this regard, this paper aims to present a case managed through *Ayurvedic* principles in the OPD of *Shalaky Tantra*.

Keywords – Diabetic Retinopathy, *Madhumehajanya Timira, Kriyakalpa*

75. REVITALIZING JOINT HEALTH: THE ROLE OF PANCHAKARMA IN MANAGING DEGENERATIVE DISEASES, WITH A FOCUS ON JANU SANDHIVAATA

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Abstract: Introduction: Degenerative diseases, characterized by progressive deterioration of cells, tissues, and organs, pose significant challenges to modern medicine. *Vata* is considered as “*Swayambhu*”- it is the cause of origin, existence and destruction. Hence all the degenerative conditions are directly attributed to *Vata*. *Panchakarma*, a cornerstone of *Ayurvedic* therapy, offers a holistic and innovative approach to managing these conditions. This paper explores the efficacy of *Panchakarma therapies* like *Basti* “*Bastir Vataharanam*” in association with *Shashtika Shali Pinda Sweda* (SSPS) in the treatment of degenerative diseases, highlighting their potential to not only manage symptoms but also improve overall quality of life. **Methods:** 1) Theoretical exploration of degenerative conditions of *Janu Sandhi* in *Ayurvedic* perspective. 2) Innovative combination of *Panchakarma* treatments like *Basti* and SSPS. **Results:** Compilation of *Ayurvedic* perspective of degenerative conditions with special reference to *Janu Sandhi*. Understanding the increased efficacy of *Basti* in combination with the SSPS. **Discussion:** Mode of action of *Basti* and SSPS in *Janu Sandhi Vata*. Rationality on combination of other procedures with *Basti* in *Janu Sandhivata*. **Conclusion:** There is need to improvise the classically mentioned procedures with rational combination of para *Panchakarma* procedure to yield good therapeutic results.

Keywords- *Janu Sandhivata, Degenerative condition, Basti, Shashtika Shali Pinda Sweda.*

76. ARDHAMATRIKA BASTI FOLLOWED BY VATARI GUGGULU IN THE MANAGEMENT OF GRIDHRASI-A CASE STUDY

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Abstract: Introduction: *Gridhrasi* Sciatica is one of the *Vataja Nanatmaja Vyadhi* caused by aggravation of *Vata*. Hip is afflicted by stiffness, pain, pricking sensation in the waist, back, thigh and knee and in calf regions along the passage of sciatic nerve. Avitaminosis, nutritional deficiencies including calcium deficiency was observed to lead inflammation of Sciatic nerve resulting into Sciatica as said by modern Scientists. *Dhatukshayajanya Gridhrasi* is interpreted as a degenerative condition as seen in lumbar spondylosis in which there will be marked degeneration of the vertebrae. A female of age 55years visited to our hospital and diagnosed as *Gridhrasi* In search of cost effective and safe management of *Gridhrasi*, tried to manage *Gridhrasi* by *Adhamatrikabasti* followed by *Vatari Guggulu*. **Materials and Methods:** *Amapachana* with *Panchakola Churna*, *Koshtashodhana* by *Gandharava Hastadi Taila*, *Matrabasti* administered in *Kalabasti* pattern. *Anuvasanabasti* by *Ashwagandhadhya Taila*, Followed by *Vatari Guggulu* for 30 days -1tablet thrice a day (500mg each). **Results:** Results assessment done by gradation given to assessment criteria before and after treatment. Patient felt better and overall improvement in clinical features observed. **Discussion:** In *Gridhrasi Dhatukshaya* is one of the causes for vitiation of *Vata Dosha*. *Basti* is *Ardhachikisa*, *Ardhamatrika Basti* prevents further degenerative changes and normalizes the vitiated *Vatadosha*. *Vatari Guggulu* contains *Shuddha Gandhaka* and *Guggulu Triphala* which known *Rasayana Dravyas* which prevents *Dhatu Kshaya* promotes healing. Hence *Gridhrasi* managed and got success.

Keywords: *Gridhrasi*, Sciatica, *Dhatukshaya*, *Ardhamatrikabasti*, *Vatari Guggulu*.

77. VALIDATION OF INFLUENCE OF “GANDHA TAILA” ON BONE FORMATION IN OSTEOPOROSIS USING BIOCHEMICAL MARKERS

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Abstract: Osteoporosis is defined as a disease in which there is “Low bone mass and micro architectural deterioration of bone tissue” which increases bone fragility and leads to a high risk of fracture. It is a major public health problem especially for women, in India. *Asthi kshaya* can be paralleled with osteoporosis. According to the principle of *Ashraya-Ashrayee Bhava*, *Asthi Dhatu* is the seat of *Vata Dosha*. *Asthi* and *Vata* are inversely proportional to each other regarding *Vridhhi* & *Kshaya*. *Vridhha Vata* leads to *Kshaya* of *Asthi*. Though *Virechana*, *Tiktaghrita*, *Ksheera Basti*, *Asthivardhaka Dravyas* etc are the treatments for *Asthi kshaya*; *Bahya* & *Abhyantara Sneha* have been considered as the choice of treatment for *Asthimajjagata Vata*. ‘*Gandha Taila*’ is one such *Sneha* which can be administered orally and said to be good to bestow sturdiness to the bone. Scientific validation of the formulations and development of evidence-based support for efficacy claims is highly essential in medicine. So, in this clinical study, a novel formulation “*Gandha Taila*” was given orally in the dosage of 1ml twice daily with luke warm water 30 minutes before food for a period of four months for all the 51 subjects of osteoporosis, selected for this study. 1 ml is taken as dosage here in this study because of *Anubhuta Pramana*, (the dosage clinically practiced since long, as per the dosage of *Avartita Taila*), as there is no specific dosage form for *Gandha Taila* mentioned in our classics. In this study, the improvement in BMD and influence over biochemical markers of bone formation i.e. serum osteocalcin & Alkaline Phosphatase (ALP) was studied. “*Gandha Taila*” has shown overall improvement as measured by increase in the BMD indicating its positive influence over the bone density. This explains the “*Asthi Sthairya Krit*” (increases sturdiness of bone) action of *Gandha Taila* as is nourishing the bone tissue. The reduction in the serum osteocalcin indicates that it acts as an inhibitor of bone resorption. We can’t comment on the

non-significant change in the serum ALP level before and after intervention. The analysis of outcome has given very promising result in the management of osteoporosis and understanding the probable mode of action of *Gandha Taila* over pathophysiology of Osteoporosis. Since the formulation contains herbal constituents, which are known to have no toxic effects, on long term use outcome would be better and safer than current mode of modern treatment.

Keywords: Osteoporosis, *Asthikshaya*, *Gandha Taila*, Serum Osteocalcin, Serum ALP.

78. ANTERIOR SPINAL ARTERY SYNDROME DURING THE ANTENATAL PERIOD: A RARE DEGENERATIVE CASE REPORT

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Abstract: Safe Motherhood Initiatives, a worldwide effort was launched by the World Health Organization in 1987 which aimed to reduce the number of deaths associated with pregnancy and childbirth. Appropriate ANC is one of the pillars of this initiative. It highlights the care of antenatal mothers as an important element in maternal healthcare as an appropriate care will lead to successful pregnancy outcome and healthy babies. Hip and pelvic pain during pregnancy or after delivery is a common problem in young females, and in most cases this problem has a self-limiting course. Here is a case study of a 35-year female multi gravid diagnosed with anterior spinal artery syndrome and successfully managed with ayurvedic therapy. A 35yr female presented at 24th week of gestation with acute onset of quadriplegia, urine and bowel incontinence. On examination paresis was more on left side than right. On admission, paresis of her left leg was more severe than that of her right leg. Bilateral deep tendon reflexes were hyperactive and Babinski reflexes were positive indicating UMN lesion. There was decreased proprioception, thermal and pain sensations. On MRI of CNS revealed Anterior spinal artery syndrome. Planned for *Ayurvedic* management with *Garbha Vata Vyadhi Chikista* her symptoms gradually improved, she underwent normal delivery without complication. Both mother and baby were healthy. An attempt is made to explain the probable mode of action of *Ayurvedic* therapy.

Keywords: Anterior spinal artery syndrome and Pregnancy.

79. RASAYANA BASTI IN NEUROLOGICAL DEGENERATIVE DISEASES

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Abstract: Introduction: Among many Neurodegenerative diseases Motor neuron diseases (MNDs) are a group of progressive neurological disorders that destroy motor neurons, the cells that control skeletal muscle activity such as walking, breathing, speaking, and swallowing. A study showing the incidence and prevalence that out of 7,992 MND cases, reflecting an incidence of 2.64 (95% confidence interval [CI] 2.62–2.6 per 100,000 person-years and a prevalence of 9.5 (95% CI 9.1– 10.0) per 100,000 persons. Symptoms typically appear after age 50, though onset of disease can occur at any age. Prognosis of this disease vary depending upon many factors. The interventions like administration of Riluzole, respiratory care, Physiotherapy, antioxidants, surgery, dietary modifications can be adopted with limitations. Adopting *Ayurveda Chikitsa* principles may help to not only reducing the clinical symptoms but also enhances the quality of life. **Aims and Objectives:** Understanding the concept of MND w.s.r. to *Ayurvedic* literature and the effect of *Mustadi Rajayapana Basti* in the management of MND. **Materials and methods:** Different literature, e sources, research work will be analyzed for the understanding of disease MND in classics. Further the role and effect of *Basti* i.e., *Mustadi Rajayapana* will be analyzed in the management and disease prognosis **Results:** Many research works showed significant improvement in the symptoms of MND. **Discussion:** The disease having multiple organ involvement with progressive neurons damage

directly impacts on the quality and life of a subject. Though many treatment modalities explained in *Ayurveda Basti* is considered as complete treatment. Among different *Basti Mustadi Rajayapana* is considered as best as it helps in neuron regeneration and improves quality of life.

Keywords: Motor Neuron Disease, *Mustadi Rajayapana Basti*.

80. REVITALIZING THE SPINE: AN AYURVEDIC APPROACH TO MANAGING DEGENERATIVE DISC DISEASE

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Abstract: Degenerative disc disease is a condition that occurs when the intervertebral discs in the spine begin to deteriorate or breaks down over time. These discs act as shock absorbers between the vertebrae and allow for flexibility and movement in the spine. As people age or due to other factors like injury or repetitive strain discs can lose hydration, elasticity and overall function. In *Ayurveda*, degenerative disc disease is conceptualized as an imbalance primarily involving vitiation of *Vata Dosha*, which governs movement and is associated with *Rukshata*, *Kharata* & *Kshayatwa*. The imbalance in *Doshas* lead to the degeneration of intervertebral discs, hence *Ayurvedic* management like *Snehana* & modifications of *Swedana* mainly focuses on restoring balance to the *Doshas* and strengthening the spine & supporting tissues. This paper highlights the benefits of an *Ayurvedic* approach in managing degenerative disc disease, offering a comprehensive and holistic treatment strategy for this debilitating condition. Here an attempt is made to discuss the utility of various *Swedana* procedures in the management of Degenerative disc disease.

81. AYURVEDIC MANAGEMENT OF ASTHIKSHAYA– A CASE STUDY

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Abstract: Introduction and Purpose: The Equilibrium of *Dhatus* is health and their disequilibrium is disease. Disequilibrium may be either *Vridhhi* or *Kshaya*. *Asthidhatukshaya* is a condition explained in *Ayurveda*, under the heading *Asthidasha kshayas*. In *Asthi Kshaya* there is a diminution of *Asthidhatu*. Here pain in *Asthi*, *Sandhi*, *Dhroubalya* is main clinical feature. *AsthiKshaya* can be well correlated with Osteoporosis in modern medicine. *AsthiKshaya* is not a life-threatening condition, rather it is a degenerative but it makes person disabled to do daily routine work and reduces quality of life. In classics we find *Shodhana*, *Shamana Chikitsa*, and *Rasayana* to treat the *AsthiKshaya*. **Method:** A female of aged 52 years visited to OPD in Dept of *Kayachikitsa* of KPSVS *Ayurvedic* Medical College and Hospital Manvi on 15/10/2023. With complaints of bilateral knee joint, Shoulder joint pain, hair loss and brittle nails since one year. With the help of Symptoms and BMD score, it was a diagnosed as Osteoporosis. For a *Amapachana* three days 3-4gm of *Haritakyadhi Churna* was administered with warm water before food three times a day, followed by *Panchatikta Ksheera Basti* as *Kalabasti* followed by *Trayodashanga Guggulu* for a 30days, two times in a day along with *Ushnodhaka*. **Results:** There was reduction in Symptoms of *AsthiKshaya* like *Asthishoola*, *Sandhishoola*, *Keshapatana* and Altering the BMD Score -2.7 to -1.5. **Conclusion:** In this case, after administration of *PanchatiktaKsheerabasti* followed by *Trayodashanga Guggulu* patient felt better. *PanchatiktaKsheera* is having property of *Snigdha* and *Shoshana* produces *Kharaguna* which is also properties of *Asthi*, hence nourishes the *Asthi dhatu* as per the *Samanya Siddhanta*. *Trayodashanga guggulu* is *Asthisandhanakara*, *Vatagna*, *Rasayana*

helped in Management of *Asthikshaya*. *Panchatiktaksheera Basti* followed by *Trayodashanga Guggulu* has better effect on breaking *Samprapti* of *Asthikshaya* and increasing *Asthidhatu*.
Keywords- *Asthikshaya*, Osteoporosis, *Panchatiktaksheerabasti*, *Trayodhashanga Guggulu*.

82. ROLE OF *BRIMHANA BASTI* FOLLOWED BY *RASAYANA* IN AUTOSOMAL RECESSIVE CEREBELLAR ATAXIA- A CASE STUDY

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Abstract: Introduction: Autosomal Recessive Cerebellar ataxia is a genetic condition that causes progressive movement difficulties. The disease begins in childhood or adolescence. It invariably begins with difficulty in walking and tendency to fall, areflexia, nystagmus etc. The disease prevalence is about 1-2.5 for 1,00,000 population. Presently there are no disease-modifying therapies, but there are treatments that help with symptoms like chelation or enzyme replacement, motor rehabilitation, physical therapy etc. In *Ayurveda* this can be considered as *Sarvanga Vata*. *Basti* is the best line of treatment for *Vatavyadhi*, it is contemplated as *Ardha Chikitsa*. *Rasayana* is considered as the rejuvenating therapy. **Materials and Methods:** A 25 years female diagnosed with Autosomal recessive Cerebellar Ataxia approached *Kayachikitsa* OPD with the complains of weakness in both the lower limbs and difficulty in walking for 10years, also associated with the horizontal nystagmus. She was treated with minimal oral medication, *Sarvanga Abhyanga* and *Brihmana Basti* in the form of *Yoga Basti* was given followed with *Rasayana* therapy and *Shamanoushadi* at discharge. **Results:** She showed significant improvement with subjective parameters like Walking with minimal swaying and confidence in getting up without support and also in the SARA scale assessment. **Discussion:** The Autosomal Recessive Cerebellar Ataxia has no known cure presently. In *Ayurveda* it can be considered as *Sarvanga Vata*, in this case as there is same history with her cousins on her paternal side so it can be considered as *Adibala pravrutta nimitta Sarvanga vata (Pitruja)* and considered as the *Asadhya Vyadhi* so *Pratyakhyeya chikitsa* is adopted. *Brihmana basti* and *Rasayana* helps to improve the quality of life.

Keywords- *Basti*, *Rasayana*, *Pratyakhyeya*, *Sarvanga Vata*.

83. AYURVEDIC MANAGEMENT OF A NON- HEALING ULCER CAUSED BY VASCULAR DEGENERATIVE DISEASE – A CASE REPORT

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Abstract: Degenerative vascular diseases, including atherosclerosis, peripheral artery disease (PAD), and chronic venous insufficiency, are significant contributors to the development of chronic wounds. These conditions impair blood flow, leading to tissue hypoxia, delayed wound healing, and an increased susceptibility to infections. Atherosclerosis, characterized by the thickening and hardening of arterial walls, reduces oxygen and nutrient supply to peripheral tissues, while PAD exacerbates ischemia, particularly in the lower limbs. Chronic venous insufficiency, on the other hand, causes venous hypertension, leading to venous ulcers. The impaired healing mechanisms in patients with these conditions are attributed to endothelial dysfunction, reduced collagen synthesis, and inflammatory responses. Effective management of wounds associated with degenerative vascular diseases requires a comprehensive approach, including medical therapy to improve vascular function, wound care protocols to address infection and promote healing, and, in some cases, surgical intervention to restore adequate blood flow. *Acharya Sushruta* has explained *Kshara* to be having *Vrana Shodhana* and *Vrana Ropana* properties and has indicated *Kshara Karma* as a treatment modality of the *Vrana* and that has led to the *Kshara* being popularly used for the management of chronic wounds. In this case, a female with chronic non healing ulcer was treated with *Kshara Karma* along with other topical ayurvedic wound healing medications. Thus, the application of *Kshara* can be safe,

effective and an alternative for the management of non-healing wound caused by vascular degenerative diseases.

Keywords: Degenerative vascular disease, chronic ulcer, *Kshara Karma*.

84. ROLE OF JALAUKAVACHARANA IN OSTEOARTHRITIS [SANDHIGATA VATA] – A REVIEW

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Abstract: Osteoarthritis [OA], referred to as *Sandhigata Vata* in *Ayurveda*, is a chronic degenerative joint disorder primarily affecting the cartilage, synovium, and subchondral bone. It is characterized by joint pain, stiffness, crepitus, and restricted movement, predominantly in weight-bearing joints like the knees and hips. In *Ayurveda*, it is attributed to the vitiation of *Vata dosha*, which leads to the depletion of *Shleshaka Kapha* [synovial fluid], resulting in joint degeneration, dryness, and dysfunction. *Jalaukavacharana*, or medicinal leech therapy, is an *Ayurvedic* intervention gaining recognition as a supportive treatment for Osteoarthritis [*Sandhigata Vata*]. By applying *Jalauka* to the affected joints, the therapy facilitates bloodletting [*Raktamokshana*], which helps reduce localized inflammation, improve blood circulation, and remove accumulated toxins [*Ama*]. The bioactive compounds in leech saliva, such as hirudin, possess anti-inflammatory, analgesic, and thrombolytic properties, which aid in relieving pain, swelling, and stiffness, thereby enhancing joint mobility. The therapy is particularly beneficial for middle-aged and elderly individuals seeking alternative or complementary treatments with minimal side effects. The therapy aligns with *Ayurvedic* principles by addressing the vitiation of *Vata* and improving *Rasa - Rakta* circulation. This review underscores the potential of *Jalaukavacharana* as a viable therapeutic modality in managing *Sandhigata Vata*, bridging ancient wisdom and modern medical insights.

Keywords: Degenerative disease, Osteoarthritis, *Sandhigata Vata*, *Jalaukavacharana*.

85. VATAKANTAKA – A CRITICAL ANALYSIS

Dr. Nithin Kumar, Associate Professor, Department of Shareera Rachana, SDM College of Ayurveda, Hospital & Research Centre, Udupi

Abstract: Every mile we walk puts around 60 tons of stress on each foot. Our foot can handle a heavy load, but too much stress pushes them over their limits. The Foot is a complex structure of 28 bones, few muscles, ligaments, cushioned below by a bursal sac, fat pad and thickened skin. It is divided into forefoot, midfoot and heel region. It takes the important responsibilities of receiving the weight of the whole body & at the same time stabilizing the individual in changing environmental conditions. Heel pain is one of the most common forms of foot pain in adults' due to degenerative changes in plantar fascia, flexor and extensor tendons of leg etc. In *Ayurveda*, it can be correlated to *Vatakantaka*, which is a disorder produced by *Kevala Vaata* in *Paarshni* (Heel) and *Gulpha Pradesha* (Ankle) producing *Kantakavat Peeda*. In this presentation an effort shall be made to critically understand *Vaatakantaka*.

Keywords: Foot, Plantar fascia, Heel pain

86. EXPERIMENTAL STUDY REPORTS ON EFFECT OF BASTI AND NASYA ON NEURO DEGENERATIVE MODELS

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Abstract: *Basti* and *Nasya* are most commonly prescribed treatments in most of the neurodegenerative diseases of brain. As there is involvement of *Shiro Marma*, *Basti* becomes the prime line of treatment and *Nasya* is practiced as the nose is the gateway to reach *Shiras*. Hence, both these treatments have proven excellent results clinically in reversing/restoring the

functions in different diseases. As per *Ayurveda*, the mode of action of these treatments can be explained well based on the concept; it is difficult to provide evidence to explain the level and range of changes happening in the brain after these treatments. As a part of reverse pharmacology, different animal experimentations have been carried out on *Basti* and *Nasya* to know more about the changes in the brain cells and have shown promising evidence for the neuro protective and restorative changes in the brain cell which will be discussed in the presentation.

Keywords: *Bati, Nasya, Shiro Marma*, Reverse pharmacology, Neuro protective.

87. ACTION OF AGNIKARMA IN VATAKANTAKA – A REVIEW

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Abstract: *Vatakantaka*, a condition characterized by pain and discomfort in the heel due to vitiation of *Vata Dosha*, significantly impacts the quality of life. Conventional treatments often provide limited relief, prompting the exploration of alternative therapies. *Agnikarma*, an *Ayurvedic* para-surgical procedure involving therapeutic heat application, has emerged as an effective intervention in managing musculoskeletal disorders like *Vatakantaka*. This review highlights the action of *Agnikarma* in alleviating *Vatakantaka* through its multifaceted mechanisms. *Agnikarma* helps pacify aggravated *Vata Dosha* by its *Ushna* (hot) and *Tikshna* (sharp) properties, which counteract the *Ruksha* (dry) and *Sheeta* (cold) qualities of *Vata*. By applying controlled thermal stimulation, *Agnikarma* enhances local blood circulation, reduces stiffness, and alleviates pain. It also promotes tissue healing and reduces inflammation by stimulating specific marma points and nerve endings. *Agnikarma* stands out for its simplicity, cost-effectiveness, and minimal side effects, making it a valuable addition to *Vatakantaka* management. This review aims to provide insights into the procedure, mechanisms, and clinical outcomes, emphasizing its role as a promising therapeutic modality.

Keywords: Degenerative disease, *Agnikarma, Vatakantaka*.

88. AN AYURVEDIC APPROACH TO STARGARDT'S MACULAR DEGENERATION: A SPECIAL CASE REPORT

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Abstract: Stargardt's disease is a most common form of inherited juvenile macular degeneration. It usually affects children & young adults in their 1st and 2nd decade of life, even though visual impairment may not be apparent until 3rd decade. The estimated prevalence is 1 in 10,000 population. Even though significant research is taking place in this area, no treatment is available till date for this disease in contemporary science. In *Ayurveda* by considering the visual disturbance & field defect, this disease can be included under *Dristigata Rogas, Pitta Vidagdha Dusti* is one among them which holds more appropriate to define this clinical condition. As there is no common line of management following in these types of diseases in *Ayurveda*, an attempt has been made to explain the case treated as per the *Ayurvedic* principles. This study describes a 25-year-old female patient diagnosed as Stargardt's macular degeneration & underwent *Ayurvedic* treatment protocol i.e *Tailadhara* with *Balashwagandha Taila, Nasya* with KB 101, *Tarpana* with *Jeevantyadi Ghrita* followed by *Putapaka* and internally *Saptamrita Loha*. By executing *Ayurvedic* treatment the quality of the vision is improved. The treatment adopted in this case can be taken as guideline to manage the macular degenerative diseases which need extensive management to tackle the pathology.

Keywords: Stargardt's disease, *Dristigata Rogas, Pitta Vidagdha Dusti*.

89. CRITICAL UNDERSTANDING OF HANTI SANDHI GATA IN SANDHI GATA VATA

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Abstract: Introduction: *Sandhi Gata Vata*, is one of the vata dominant disorder, affecting commonly *Asthi Sandhi*. The main cause of the disease is *Dhatukshaya* and it occurs mainly in the old age. *Hanti Sandhi* is one of the main symptoms of *Sandhi Gata Vata*. It means *Sandhi Vislesha* and *Sthamba*. Degenerative changes in joints, such as cartilage breakdown, bone spurs, and inflammation, lead to pain, stiffness, and reduced mobility, commonly seen in conditions like osteoarthritis. These changes are influenced by factors like aging, mechanical stress, and injury, and affect joints such as the knees, hips, and spine. **Material & Methods:** 1) Literature regarding hanti sandhi gata will be collected from *Bruhatrayees*, *Laghutrayees* and other published works and analyzed critically. 2) Literature regarding degenerative disorders - Osteoarthritis, Osteoporosis and degenerative disc disease will be collected from authentic books, other published works and analyzed critically. **Results & Discussion:** *Hanti Sandhi Gata* is one of the main symptoms of *Sandhi Gata Vata*, based on the symptoms and also the structural changes mentioned in the *Ayurvedic* classics, it can be compared to degenerative diseases of skeletal system especially osteoarthritis, osteoporosis and degenerative joint disease. A critical understanding of *Hanti Sandhi Gata* enriches the knowledge of *Sandhi Gata Vata*, paving the way for evidence-based *Ayurveda* in addressing degenerative joint disorders.

Keywords- *Hanti*, *Sandhi Gata Vata*, Joint Degeneration, Osteoarthritis.

90. PREVENION OF SNHL – A NEURODEGENERATIVE DIIESEASE OF EAR THROUGH NASAPANA (AN INNOVATIVE KRIYAKALPA)

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Abstract: *Ayurveda* is an ancient medical science gifted from old ancient sages. It is not only a system of medicine in the sense of curing disease. *Shalakya Tantra* is a branch of *Ashtanga Ayurveda* that studies diseases above the clavicle and its treatment. *Acharya Sushrutha* mentioned that *Kriyakalpas* are the Special therapeutic procedures mentioned especially in Eye diseases aims “To maintain the health of a healthy individual and cure the disease in the diseased”. As the definition of *Shalakya Tantra* says it deals with the diseases related to Eyes, Ears, Nose and Throat we can consider *Urdwajarugata Kriyakalpas* are also plays an Important Role in Maintaining the Healthy Status of All Indriyas (ENT). *Kriyakalpas* are of Two types, *Netra* and *Urdwajatrugata Kriya Kalpas* *Netra Kriyakalpas* are *Seka*, *Aschotana*, *Anjana*, *Tarpana*, *Putapaka*, *Pindi* and *Bidalaka*. Whereas *Urdwajatru Kriyakalpas* are *Karnapoorana*, *Kavala*, *Gandusha*, *Dhoomapana*, *Prathisarana* and *Nasya* and *Nasapana* (Advanced method of *Nasya*). *Karna* is one among the nine *Bahya Srotas* and is considered one of the five sensory organs. It is known as *Shrotrendriya*. The main function of the ear is the perception of sound along with maintaining the equilibrium of the body. *Karna Badhirya* is one among the 28 types of *Karna Rogas*. SNHL is one the age-related condition where graduall loss of hearing occurs due to degenerative changes in humans (Due to *Vata*). Many treatment modalities are explained to treat *Karna Rogas* *Nasapana* is one of the special techniques where the drugs are also administered via the nasal channel with a slight difference. The primary distinction between *Nasya* and *Nasapana* is that the former administers medication through the nose and expels it through the mouth, while the latter administers medication by ingestion. In the contest of *Chakradatta* and *Bhavaprakasha*, there are a few references regarding *Nasapana*, other than this, there are n' t many allusions to *Nasapana* in both classical and contemporary literature, and the technique is practice-oriented. **Conclusion:** *Kriyakalpa* are important Local procedures explained in *Shalakya Tantra* SNHL is one of the Common Degenerative Condition

which is increasing clinically now a days. *Nasapana* is an advanced technique of *Nasya* which is mentioned by *Chakradatta* and *Bhavaprakasha* in *Vatavyadhi* which is Considered as a modified procedure of *Nasya*.

Keywords: *Ayurveda*, *Kriyakalpa*, *Karnaroga*, Degenerative disease, SNHL Treatments, *Nasapana*.

91. APPLICATION OF BIOINFORMATICS IN DRUGS DEVELOPMENT IN THE MANAGEMENT OF DEGENERATIVE DISORDERS

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Abstract: The main principle of *Ayurveda* is promotion of health and prevention of disease. *Ayurveda* therapies are based on restoration of body balance and nourishment of *Dhatus* or tissues. *Rasayana* concept of *Ayurveda* explains tissues regeneration and cell renewal. The drugs and therapies explained as *Rasayana* provide research opportunities for biology of regeneration. Specific *Rasayana* stimulate and nourish respective dhatus. In this direction biotechnology can play an important role in developing a diagnostic methods and treatment protocol, thereby an integrative approach derived from *Ayurveda* concepts and current understanding of regenerative medicine has been proposed. The present review provides on overview of the available *Ayurvedic* treatment options and future possibilities in which biotechnology may assist as a service provider.

Keywords: *Rasayana* drugs, Biotechnology, Integrative medicine.

92. BRIDGING TRADITION AND TECHNOLOGY: UNVEILING THE MULTI-TARGET MECHANISMS OF TRADITIONAL MEDICINES

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Abstract: Degenerative diseases, such as Alzheimer's, Parkinson's, Huntington's disease, and osteoarthritis, are characterized by the progressive degeneration of cells, tissues, and organs, often leading to irreversible damage. Conventional treatments primarily target individual pathways, which fail to address the multifactorial complexity of these disorders. In contrast, *Ayurveda*, an ancient and holistic system of medicine, employs multi-component formulations aimed at restoring balance and promoting overall well-being. However, the molecular mechanisms behind *Ayurvedic* treatments are not fully understood, largely due to the intricate interactions between the various plant-based constituents used in these formulations. Network pharmacology, an emerging interdisciplinary field, offers a powerful approach to explore the complex interactions of *Ayurvedic* medicines with multiple biological targets and pathways. By applying network pharmacology to *Ayurvedic* formulations, researchers can uncover key molecular targets, reveal synergistic multi-target effects, and better understand the therapeutic pathways involved in combating degenerative diseases. This method not only integrates traditional *Ayurvedic* knowledge with modern pharmacological techniques but also facilitates a deeper understanding of how these treatments can influence disease progression. Recent studies have highlighted the potential of *Ayurvedic* herbs, such as *Ashwagandha* and *Turmeric* etc, in managing symptoms and slowing the progression of neurodegenerative and musculoskeletal diseases. Using network pharmacology, these herbs have been shown to interact with critical biological pathways involved in inflammation, oxidative stress, and neuroprotection. This paper explores the intersection of *Ayurveda* and network pharmacology in the treatment of degenerative diseases, emphasizing key research, challenges in translating traditional wisdom, and the potential for future advancements. Personalized, multi-target *Ayurvedic* therapies, informed by network

pharmacology, offer exciting possibilities for improving therapeutic outcomes and advancing drug development in degenerative diseases.

Keywords: - *Ayurveda*, Degenerative Diseases, Molecular Docking, Multi-Target Therapy, Network Pharmacology

93. NIDANATMAKA ANALYSIS OF DEGENERATIVE DISORDERS IN AYURVEDA

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Abstract: Introduction/Background: Degenerative disorders, marked by progressive tissue and organ deterioration, are a growing global health concern. *Ayurveda* provides a holistic framework for understanding and managing these conditions through its diagnostic principles of *Nidan Panchaka* which focus on causative factors and pathogenesis. **Objectives:** This study aims to analyse degenerative disorders through an *Ayurvedic* lens, focusing on the general & specific *nidana* to identify root causes and guide effective interventions. **Material/Methods:** This study focuses on the *Nidanatmaka* (diagnostic) analysis of degenerative disorders through *Ayurvedic* principles, emphasizing the general & specific *Nidana*(etiology) for degenerative disorder. Case studies and classical texts were reviewed to correlate *Ayurvedic* principles with clinical presentations of degeneration. **Results/Findings:** Findings suggest that *Vata dosha* predominance and *dhatukshaya* are critical in the onset of degenerative disorders. *Nidana* factors like improper lifestyle and aging accelerate the cellular aging emphasizing the need for early detection and personalized care. **Conclusion/Implications:** *Ayurvedic* diagnostics provide a robust framework for identifying and managing degenerative disorders. Integrating these principles with modern tools can enhance diagnosis and therapeutic outcomes, addressing the root causes effectively. This work underscores the importance of preserving and applying *Ayurveda's* diagnostic wisdom in the context of contemporary health challenges, advocating for its integration into the management of degenerative disorders.

94. A VIEW OF SANDHIGATA VATA THROUGH AYURVEDIC APPROACH

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Abstract: The term *Sandhivata* (considered as OA is Degenerative Disorders in *Ayurveda*) is derived from two words *Sandhi* and *Vata*. *Sandhi* is considered as joint and *Vata* is one amongst the three *Dosha* namely *Vata*, *Pitta* and *Kapha*. *Sandhivata* affects most commonly the weight bearing joints, primarily the knee joint. *Sandhivata* is challenging to treat due to its chronicity, incurability, and complication. The aetiopathogenesis and Symptomatology of *Sandhivata* are succinctly described in the *Ayurvedic* classics. One such chronic, inflammatory, and degenerative condition that significantly affects a person's quality of life is *Janu Sandhivata*, which can be very well correlated with OA of the knee joint. Treatment approach in *Ayurveda* System of health care emphasis on *Aahaara* (diet) *Vihara* (physical activities) as foremost measure in treating any disease followed with use of *Samshmana* and *Samshodhana*. OA of knee joint also known as degenerative joint disease the wear, tear and progressive loss of articular cartilage. It causes pain, swelling, stiffness, and affecting movement of knee joint. *Acharya Sushruta* has mentioned *snehana karma* in the form of *Abhyantara* and *Bahya Sneha* in *Sandhigata vata chikitsa*. In *Charaka Samhita*, *Siddhi Sthana*, he has explained “*SnehoAnila Hanti*” which directly refers to *Vata Samaka* property of *Sneha*. **Materials & Methods:** The existing literature including the *Charaka Samhita*, *Sushruta Samhita*, *Astang Hridaya* and *Samgraha*, *Yogaratanakar*, *Bhavaprakash* and *Sharangadhar Samhita*, *Chakradatta*, *Bhaishajya Ratnavali* and other pertinent current books are all reviewed. Published articles on *Sandhivata* or Osteo-arthritis and internet sources (CAM, PubMed, Google Scholar, MEDLINE etc) were used to review the treatment approaches mentioned to manage OA or *Sandhivata*. **Results:** *Shamana Sneha Dravyas* which are opposite to the *Guna* of *Vata* and *Vatahara* property. *Balya*, *shothohara*, *Brimhana*, anti-inflammatory, analgesic properties. **Discussion:** A condition known as *Sandhivata* typically affects the region of *Vridhastha* where *Dhatukshaya* takes place and results in *Vataprakopa*. Due to the *Ashraya-*

Ashrayi Sambandha between *Vata* and *Asthi*, *Asthi* is where *Vata* is located. *Asthidhatu's Sneha* is diminished by an increase in *Vata* since *Vata* has opposite attributes to *Sneha*. Therefore, *Snehadi Guna Shoonya* is present in *Sandhivata* in addition to *Sleshaka Kapha Kshaya* (lack of synovial fluid) in the *Asthi*, which is the cause of producing *Sandhivata*, *Snehana Karma* in the form of *Abhyantara* and *Bahya Sneha* will get nourished and gain strength to the joint.

95. EXPLORING AYURVEDIC APPROACHES TO SKIN WRINKLES

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Abstract: Introduction: The classics have divided the stages of life into 3 phases: *Baalya*, *Madya*, *Vridhdha*, observing changes in the body. *Achaya Vagbhatta* and *Acharya Sharangdhara* have given the concept of *Ayuhraas Krama* in consonance with this, different component of human body decreases in different decades. From 3rd decade onwards *Prabha/Chaya* and from 5th decade onwards *Twak* will starts to deteriorate. With aging process *Prabha* loss to begin to take place at the age of 30s, reaching a peak in 40s and deep wrinkle are increasing in the 50s. Formation of wrinkles is one of the most obvious manifestations of aging skin, though many times they appear untimely before the actual stage of old age. In old age, there is reduction in muscle mass and skin thickness, diminished elasticity of dermal collagen and elastin and drying of stratum corneum, resulting in loss of mechanical strength and visco-elasticity of skin resulting in wrinkles. It is very difficult to cure and remove wrinkles. Therefore, Formation of wrinkles can be prevented ideally. Hence there is a need to study the concept of wrinkles and its management. **Materials And Method:** Wrinkles can be defined as *Sankocha* of skin[*vali*]. Early formation of wrinkles is due to vitiation of *Rasa*, increase of *Vata Dosha*. There are few formulations included in *Charaka*, *Susrutha*, *Astanga Sangraha Samhita*. **Results:** majority of *Yogas* mentioned for *vali* are *Sneha Kalpanas*. **Discussion:** Wrinkles can be prevented from occurring at early stage and can be delayed by following *Dinacharya* namely *Nasya* and *Abhyanga*. *Sneha* and *Avaleha* formulations are likely to be more effective than other forms of formulations in preventing and curing the formation of wrinkles at early stage of life.

96. EFFICACY OF ASHWAGANDHA AND SHATAVARI IN THE MANAGEMENT OF ARTAVA DUSHTI W.S.R TO PREMATURE OVARIAN FAILURE – A DEGENERATIVE CONDITION

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Abstract: Introduction: Premature ovarian failure (POF), characterized by the loss of ovarian function before the age of 40, is a degenerative condition that significantly affects a woman's fertility and hormonal health. Ovarian dysfunction can be correlated to *Artavadushti* in *Ayurveda*, which can manifest in conditions like POF. *Ashwagandha* (*Withania somnifera Dunal*) and *Shatavari* (*Asparagus racemosus wild.*) are two widely used Ayurvedic herbs known for their adaptogenic, rejuvenating, and hormonal-regulating properties. This review aims to explore the impact of *Ashwagandha* and *Shatavari* on *Artavadushti*, with a special focus on premature ovarian failure. **Aims and objectives:** To review and understand the utility of *Ashwagandha* and *Shatavari* in the management of POF.

Methodology: Literary data was collected from the *Ayurvedic* classics, relevant scientific research articles, Journals, and studies conducted on related works. **Discussion and Conclusion:** The review highlighted that both *Ashwagandha* and *Shatavari* have documented effects on improving hormonal balance and ovarian function. *Ashwagandha*, through its adaptogenic properties, has been shown to reduce oxidative stress, regulate cortisol levels, and support hormonal balance, which may benefit women with POF. *Shatavari*, known for its estrogenic and rejuvenating properties, has demonstrated a positive influence on ovarian

health, promoting follicular development and improving hormonal profiles. Several clinical studies indicate that the combination of these herbs may aid in restoring ovarian function, improving menstrual cycles, and enhancing fertility. Mechanistically, *Ashwagandha* may support hypothalamic-pituitary-ovarian axis function, while *Shatavari* acts through its phytoestrogenic properties to support ovarian tissue regeneration and function.

Keywords: *Artavadushti*, Premature ovarian failure, *Ashwagandha*, *Shatavari*, Phytoestrogen.

97. AYURVEDIC MANAGEMENT OF JANUSANDHIGATA VATA WITH SPECIAL REFERENCE TO STAGE II OSTEOARTHRITIS – A CASE STUDY

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Abstract: Introduction: In *Vridhavastha*, all *Dhatus* undergo *Kshaya*, thus leading to *Vataprakopa* and making individual prone to many diseases. Among them *Sandhigata Vata* reigns Supreme. It is one among *Vatavyadhi*. There is no specific *nidana* explained in classics but *Samanya Vatavyadhi Nidana* can be considered. *Ruksha Guna* of vitiated *Vata* causes dryness of synovial fluid resulting in friction of bone surfaces leading to *Shoola* and *Shotha* in *Janu Sandhi Pradesha*. *Lakshana* according to *Acharya Charaka* includes *Vatapurnadruti Sparsha*, *Shotha*, *Prasarna-Akuchana Vedana*. *Janusandhigata Vata* can be interpreted as Osteoarthritis. The prevalence of OA is much more common in women than in men. The Pathological sign of OA is hyaline articular cartilage loss accompanied by increasing thickness and sclerosis of the subchondral bone plate, outgrowth of osteophytes at the joint margins. It can affect any joint but usually in weight bearing joints. **Methodology:** A case of 66 years old female, complaints of Pain and Swelling in Bilateral knee joint (Right > Left) since 10years, aggravated since 1year. Soon after Menopause subject started noticing pain in bilateral knee joint so it can be considered as one of the contributing factors. Subject was not a known case of HTN and DM. On Examination Dalor, Tumor was positive (Rt>Lt) and fine crepitus was noted in B/L Knee joint. Range of movements were restricted more in right than left. X-ray of B/L Knee changes were noted. The case was diagnosed as *Janusandhigata Vata* (Stage II OA) and was managed with *Janu Basti*, *Janu Upanaha*, *Sarvanga Udwartna*, *Abhyanga*, *Jambeera Pinda Sweda*, *Dashamoola Parisheka*, *Matrabasti*, Physiotherapy and *Shamanaushadi*. **Result:** After *Snehana*, *Swedana*, *Matrabasti*, Pain and Swelling in B/L Knee joints reduced. Range of movements Improved. **Discussion:** Considering the *Bala*, *Agni*, *Dosha* and *Roga Avasta* of the subject *Amahara*, *Vata Hara*, *Balya*, *Matrabasti*, *Shamana Chikitsa* was adopted. **Keywords:** *Janusandhigata Vata*, Osteoarthritis, *Matrabasti*, *Shamana*.

98. APPLICATION OF RECENT INNOVATIONS IN UNDERSTANDING THE PRINCIPLES OF SHAREERA WITH RESPECT TO DEGENERATIVE DISORDERS: FOCUSING ON RAJAYAKSHMA

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Abstract: Introduction: Degenerative disorders, characterized by the progressive deterioration of bodily functions, pose significant challenges in modern medicine. *Rajayakshma*, a condition characterized by systemic degeneration, offers an archetype for studying degenerative disorders through the lens of *Ayurveda*. **Methods:** A systematic review of classical *Ayurvedic* texts, including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, is conducted to extract the principles of *Rajayakshma*. Clinical trials and case studies

focusing on *Ayurvedic* interventions for *Rajyakshama* are also analyzed to assess their efficacy and therapeutic potential. **Results:** The Ayurvedic concept of *Dhatukshaya* in *Rajyakshma* aligns with the progressive degeneration observed in modern degenerative disorders. Innovations in understanding the *Agni*, *Tridosha* imbalances, and the role of *Ojas* have provided new insights into disease mechanisms. **Discussion:** The integrative approach of *Ayurveda* enriches the understanding of degenerative disorders through a holistic framework. The principle of *Samprapti* highlights multifactorial etiologies, including lifestyle, environmental, and genetic factors, providing parallels to epigenetic theories in modern medicine. Molecular studies demonstrate parallels between *Ojas* depletion and oxidative stress-induced cellular damage. Advances in diagnostic approaches, such as pulse analysis and prakriti-genomics, offer tools for early detection of degenerative processes. Innovations such as the application of nanotechnology in *Ayurveda* and evidence-based validation of traditional therapies underscore the relevance of *Shareera* in contemporary healthcare. **Conclusion:** Ayurveda's principles of *Shareera* provide a profound foundation for understanding and managing degenerative disorders. The study of *Rajyakshma* exemplifies how traditional knowledge can synergize with modern innovations to offer integrative, patient-centric approaches.

Keywords: *Shareera*, Degenerative Disorders, *Rajyakshma*, *Ayurveda*, *Dhatukshaya*, *Rasayana* Therapy

99. AYURVEDIC APPROACH TO MANAGEMENT OF APABAHUKA THROUGH PANCHAKARMA AND SHAMANA CHIKITSA – A CASE STUDY

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Abstract: Introduction: A degenerative disease is a condition characterized by the progressive and irreversible deterioration of cells, tissues, and organs. Rotator cuff injury is one among the degenerative disease which runs the full spectrum from injury to tendinopathy to partial tears, and finally complete tears. Rotator cuff injury starts from trauma. Macro-trauma causes an acute tear, micro-trauma causes tendon degeneration and with insufficient healing, leads to degenerative tears. Typically, acute tears happen in younger patients, and degenerative tears occur in older patients. Patients will report increasing pain and difficulty with overhead activity, when lifting or carrying heavy objects leading to reduced quality of life. Rotator cuff injury can be correlated to *Apabahuka* where the *Vata* which gets vitiated in *Amsa Pradesha* causes *Bahupraspanditaharam* – restricted movement. The underlying pathology can be understood through *Snayu Gata Vata* where the *Vata* gets lodged in *Snayu* causing *Stamba*, *Shula* on *Akshepana* that is stiffness and pain on movement. The treatment includes *Nidana Parivarjana*, *Outhara Bhaktika Sneha*, *Upanaha*, *Agnikarma*, *Bandhana*, *Unmardana* and *Nasya*. **Methodology:** Present case 55years old Female patient with history of repeated over use of right shoulder joint with complaints of pain in right shoulder radiating to right upper limb associated with stiffness, difficulty in lifting/holding object and reduced range of movements. She was diagnosed as a case of rotator cuff injury based on physical examinations and MRI findings. Patient was admitted and treated with panchakarma line of management for a duration of 10 days. **Result:** Post treatment ROM in patient improved and substantial

reduction in pain was seen. **Discussion:** *Vatahara* and *Brimhana* line of management helped patient with the condition.

Keywords: Rotator cuff injury, *Snayugata Vata*, *Apabahuka*, *Shamana*, *Panchakarma*

100. ROLE OF *SIRAVYADHA*, *MADHUTAILIKA BASTI* AND *RASAYANA CHIKITA* UPON NERVE CONDUCTION STUDY IN DIABETIC PERIPHERAL NEUROPATHY-A CASE SERIES STUDY

Dr. Pallavi*, Dr. Madhava Diggavi**, Dr. Fareeda Begum Shaikh***

*Third year post graduate scholar, **Professor and Head of department, ***Professor, Department of PG studies in Kayachikitsa

Abstract: Introduction: Diabetic peripheral Neuropathy (DPN) is a neurogenerative disorder that affects the peripheral nervous system in people with diabetes characterised by a progressive loss of nerve fibre function, having prevalence of 50% among diabetes patients. Objective –to assess the efficacy of *Siravyadha*, *Madhutailika Basti* followed by *Shaman Rasayana* in improving latency and amplitude of peripheral nerve. **Methodology – Study design:** Prospective open labelled randomised case series study. One adult female and three males were included in the study, common clinical presentations were *Daha*, *Supti*, *Suchivat Toda*, *Chimichimayana*, *Dourbalya*, average chronicity was 2 years. Amongst 4 patients, one was having sensory axonopathy and other three were diagnosed with motor axonopathy based on nerve conduction study (NCS) under clinical neurologist. On examination most belonged to *kaphapitta prakriti*, the patients were suffering with diabetes type 2 with chronicity of 10 years. All were having reduced DTR. Stress factor was common amongst all. **Intervention:** first day *siravyadha* was done at foot, *madhutailika yoga basti* was administered twice at a gap of 15 days. *shilajatu rasayana* and *vadari rasa* were administered for 45 days from day 1. **Observations and Results:** At the end of 45 days intervention, subjective and objective parameters showed positive improvement. TCS (Toronto clinical scoring) reduced from 7.25 to 2.25 after treatment. bilateral sensory motor axonopathy in NCS before treatment turned to complete normal report at the end of treatment. Subjective parameters like *Supti*, *Daha*, *Chimichimayana*, *Suchivat Toda*, *Dourbalya* have substantially reduced after treatment. **Discussion and Conclusion-** Diabetic peripheral neuropathy is *Paratantra*, both *Avarana* and *Dhatukshayajanya Vyadhi*, *Siravyadha*, *Madhumehahari Madhutailika Basti*, *Vadari Rasa* and *Shilajatu Rasayana* helped in re-vascularization and neurovascular repair, and promote microcirculation. Diabetic peripheral neuropathy is a huge unexplored but monopoly area in *Ayurvedic* super-specialty practice and research. Modern technology-based documentation of *Ayurvedic* intervention helps in boosting the confidence of young clinical *ayurvedic* minds. Further large-scale studies and SOP are required in this regard to compete with main stream neuro diabetology. Details will be presented in the full paper.

Keywords: Diabetic peripheral Neuropathy (DPN), NCS (Nerve Conduction Study), TCS (Toronto clinical scoring), *Siravyadha*, *Madhutailika Basti*, Neurodiabetology, *Vadari Rasa* and *Shilajatu Rasayana*, *Ayurveda* therapy.

101. ROLE OF *MUSTADI YAPANA BASTI* IN THE MANAGEMENT OF DIABETIC PERIPHERAL NEUROPATHY- A CASE STUDY

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Abstract: Introduction: Diabetic Peripheral Neuropathy affects up to 50% of individuals with diabetes, significantly impairing quality of life. Diabetes Mellitus (DM) most frequently results in diabetic peripheral neuropathy (DPN). Type-1 and Type-2 diabetes are primarily linked to this nerve-damaging condition. Diabetic microvascular damage affecting tiny blood vessels supplying nerves is the cause of these disorders. We are presenting a case study that was effectively treated using *Panchakarma* treatment and Ayurvedic medications. **Material and Methods:** An 82 years old Male patient suffering from DPN is approached *Panchakarma* OPD at GAMC Bangalore, with the complains of numbness and burning sensation in both the lower limbs for 10 years, was managed with *Panchakarma* therapy and oral Ayurvedic medications. *Sarvanga Abhyanga* followed by *Dashamoola Kashaya Parisheka* and *Mustadi Yapan Basti* were given a total of 3 sittings of *Yoga Basti* pattern with 20 days of resting period after every sitting followed with *Shamanoushadi* for 3 months. **Result:** The Modified Neuropathy Disability Score and Neuropathy Grading were evaluated, and the results indicate a positive improvement. After receiving treatment for 3 months, the patient's severe peripheral neuropathy subsided to mild neuropathy. **Discussion:** *Mustadi Yapan Basti* addresses *Vata* aggravation, a primary factor in neuropathy as per Ayurvedic principles. Its ingredients have anti-inflammatory, analgesic, and neuroprotective properties. The systemic absorption of medicated oils through the rectum facilitates deeper tissue nourishment and nerve repair. *Mustadi Yapan Basti* offers long-term relief with no side effects, focusing on overall systemic balance.

Keywords: Diabetes Mellitus; Diabetic Peripheral neuropathy; *Mustadi Yapan Basti*; *Madhumeha*.

102. ROLE OF MEDHYA RASAYANA IN COGNITIVE IMPAIRMENT OF ELDERLY- A CASE STUDY

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Abstract: Introduction: Mild Cognitive Impairment (MCI) is a neurological disorder characterized by slight but noticeable deficits in memory or other thinking skills with minimal impacts on daily living functioning in older adults. It has been conceptualized as an intermediate phase between normal aging and dementia. The prevalence of MCI ranges approximately between 15-33% in India in 2019. *Vridhdharu Rasayana* in *Chakra Datta Rasayana Adhikara* was given as *Medhya Rasayana* in MCI of elderly. **Materials and Methods:** A 62 years old Female, approached OPD with chief complaints of impairment of memory, impairment in normal activities of daily living, reduced retention and recall power for 2 months and was diagnosed as Mild Cognitive Impairment. Patient was administered *Vridhdharu Rasayana* with *Ghritha* for the duration of 30 days. **Results:** The patient was assessed using Montreal Cognitive Assessment Scale (MoCA) before and after treatment and it showed significant improvement. Discussion- Age related cognitive decline is a term reserved for abnormal cognitive function less severe than dementia in person older than 50. *Ayurveda* has addressed geriatric health issues under heading “*Jara*”. “*Rasayana Tantra*” a special branch of medicine in Ayurveda which deals with the increase of longevity, memory, intellect, lustre, complexion etc. Several medicinal plants mentioned as *Rasayana* Drugs in *Ayurveda* are primarily claimed as *Medhya*, which is supposed to have the specific influence on higher brain functions. *Vridhdharu Rasayana* mentioned in *Chakra Datta Rasayana Adhikara* consists of *Vridhdharu* and *Shatavari*.

Here both the drugs are having *Rasayana* property and *Kaphavata Shamaka* and *Vatapitta Shamaka* respectively.

Keywords- Mild cognitive impairment, *Vridhdharu Rasayana*.

103. ROLE OF *SIRAVYADHA*, *MADHUTAILIKA BASTI* AND *RASAYANA CHIKITA* UPON NERVE CONDUCTION STUDY IN DIABETIC PERIPHERAL NEUROPATHY-A CASE SERIES STUDY

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Abstract: Introduction: Diabetic peripheral neuropathy (DPN) is a neurogenerative disorder that affects the peripheral nervous system in people with diabetes characterized by a progressive loss of nerve fiber function, having prevalence of 50% among diabetes patients.

Objective –To assess the efficacy of *Siravyadha*, *Madhutailika Basti* followed by *Shaman Rasayana* in improving latency and amplitude of peripheral nerve. **Methodology – Study design:** Prospective open labelled randomized case series study. One Adult female and three males were included in the study, common clinical presentations were *Daha*, *Supti*, *Suchivat Toda*, *Chimichimayana*, *Dourbalya*, average chronicity was 2 years. Amongst 4 patients, one was having sensory axonopathy and other three were diagnosed with motor axonopathy based on nerve conduction study (NCS) under clinical neurologist. on examination most belonged to *Kaphapitta Prakriti*, the patients were suffering with diabetes type 2 with chronicity of 10 years, all were having reduced DTR. Stress factor was common amongst all. **Intervention:** first day *Siravyadha* was done at foot, *Madhutailika Yoga Basti* was administered twice at a gap of 15 days. *Shilajatu Rasayana* and *Vatari Rasa* were administered for 45 days from day 1. **Observations and Results** – At the end of 45 days intervention, subjective and objective parameters showed positive improvement. TCS (Toronto clinical scoring) reduced from 7.25 to 2.25 after treatment. bilateral sensory motor axonopathy in NCS before treatment turned to complete normal report at the end of treatment. Subjective parameters like *Supti*, *Daha*, *Chimichimayana*, *Suchivat Toda*, *Dourbalya* have substantially reduced after treatment. **Discussion and Conclusion**-Diabetic peripheral neuropathy is *Paratantra*, both *Avarana* and *Dhatukshayajanya Vyadhi*, *Siravyadha*, *Madhumehahari Madhutailika Basti*, *Vatari Rasa* and *Shilajatu Rasayana* helped in revascularization and neurovascular repair, and promote microcirculation. Diabetic peripheral neuropathy is a huge unexplored but monopoly area in *Ayyurvedic* superspeciality practice and research. modern technology-based documentation of *Ayurvedic* intervention helps in boosting the confidence of young clinical *Ayurvedic* minds. further large-scale studies and SOP are required in this regard, to compete with main stream neurodiabetology.

Keywords –Diabetic Peripheral Neuropathy (DPN), NCS (Nerve Conduction Study), TCS (Toronto Clinical Scoring), *Siravyadha*, *Madhutailika Basti*, Neurodiabetology, *Vatari Rasa* and *Shilajatu Rasayana*, *Ayurveda* Therapy.

104. DEGENERATIVE DISEASES AND *VATA DOSHA*: A COMPREHENSIVE *AYURVEDIC* ANALYSIS

Dr. B Srinivasreddy, 2nd year PG Scholar, Sri Dharmasthala Manjunatheshwara college of Ayurveda and Hospital, Hassan.

Abstract: Introduction: Degenerative disorders, characterized by progressive tissue damage and loss of function, pose a significant challenge to global healthcare. In *Ayurveda*, *Vata Dosha*

is considered a key factor in the development and progression of degenerative disorders. *Vata Dosha*, characterized by its qualities of dryness, lightness, mobility, and irregularity, is said to govern bodily movements and neural functions. **Materials and Methods:** A systematic review of classical *Ayurvedic* texts, contemporary scientific literature, and clinical studies are conducted to elucidate the attributes of *Vata Dosha* and their correlation with degenerative diseases. The methodology included identifying *Vata*-aggravating factors, symptoms, and therapeutic approaches described in *Ayurvedic* medicine and comparing these with clinical manifestations and treatments of degenerative disorders in modern medicine. **Results:** The findings suggest that degenerative disorders share common features with *Vata* aggravation, such as dryness (*Ruksha*), tissue depletion (*Dhatu Kshaya*), and instability (*Chanchalatva*). Factors such as aging, excessive physical activity, and dietary insufficiency align with *Vata*-vitiating conditions. *Ayurvedic* interventions like *Panchakarma*, *Vata*-pacifying diets, and herbal medications (e.g., *Ashwagandha*, *Guggulu*) have demonstrated potential in alleviating symptoms and slowing disease progression. Complementary approaches like *Yoga* and meditation, which stabilize *Vata*, also support neurological and musculoskeletal health. **Discussion:** The role of *Vata Dosha* provides a holistic framework for understanding degenerative disorders. *Ayurvedic* principles emphasize preventive care and individualized treatment, which may complement modern therapeutic strategies. Further integrative research is needed to validate these approaches scientifically. This presentation provides a comprehensive overview of the role of *Vata Dosha* in degenerative disorders, highlighting its significance in the prevention and management of these conditions. **Conclusion:** The conceptual framework of *Vata Dosha* offers valuable insights into the etiology and management of degenerative disorders. Integrating *Ayurvedic* and modern medicine could enhance treatment efficacy and patient outcomes.

Keywords: *Vata dosha*, degenerative disorders, *Ayurveda*, *Panchakarma*

105. INTERSECTION OF SCHUMANN'S RESONANCE IN THE MANAGEMENT OF *MANO VIKARA*

Dr. P. Suganya Devi, Assistant Professor, SAMC&H, Bengaluru

Abstract: Introduction: "*Yadihasti Tadanyatra Yannehasti Na Tat Kvachit*" - The commendable knowledge that our *Shastra* offers is power, only when applied. *Mano Vikara* is one such area, which currently faces a significant gap in innovative clinical application especially on the lines of management. The lack of innovative intersection has made it harder to manage the affected individual and to integrate with contemporary *Ayurvedic* practice. As a result, many practitioners are left relying on traditional methods that may not always be clinically robust in today's medical landscape. Therefore, this study was taken up to bridge that gap by focusing on the clinical management of *Mano Vikara*. **Materials and Methods:** Converse relationship between *Dhatu Kshaya* and *Manas* on the lines of *Chintyanam Cha Ati Chintanat* and *Shabda Asahishnuta* is established. Followed by the substantiation of *Kshaya Janya Mano Vikara*, the probable management is dealt with the dint of Schumann's resonance theory. **Results:** Incorporating the practice of *Mantra Shravana* in Schumann's frequency i.e., around 7.83 Hz would act by connecting the individual with Earth's natural frequencies. This would aid in facilitating the overall mental health and relieving the symptoms of emotional distress. **Discussion:** In traditional and alternative medicine, it's often believed that being in tune with the natural rhythms of Earth can help restore balance to the body and mind which can be made possible with the help of Schumann's resonance. The affected individual can be advised for *Mantra Shravana* in Schumann's frequency which is made audible by converting

it into binaural waves. This probably activates the balancing force of the body which helps to reduce mental disturbances or emotional imbalances. **Conclusion:** Though the idea of Schumann resonance with respect to mental well-being seems appealing, its clinical effectiveness remains uncertain. Thus, further researches have to be carried out in order to validate the claim.

106. PERSPECTIVE OF DEGENERATIVE DISORDER IN AYURVEDA

Dr. Jayanti K S, PG Scholar, Muniyal Institute of Ayurveda

Abstract: Degenerative disorders are characterized by progressive tissue damage, inflammation, and oxidative stress, leading to impaired physical and cognitive function. These disorders often result from a combination of genetic, environmental, and lifestyle factors. Thus, poses significant healthcare challenges globally. Conventional treatment approaches often focus on managing symptoms, but may overlook underlying causes of these disorders. The *Ayurvedic* approach offers a holistic perspective on degenerative disorders, emphasizing the importance of addressing root causes. This review explores the *Ayurvedic* understanding of degenerative disorders, highlighting the concepts of *Ama*, *Dhatu Kshaya* and *Ojas*. By addressing the underlying causes of these disorders, *Ayurvedic* treatment approach may offer several benefits, like slowing down disease progression, improve quality of life, reduce the risk of complications, promoting overall wellbeing and health. The *Ayurvedic* approach has the potential to complement conventional treatment strategies and provide a more comprehensive management plan for degenerative disorders.

Keywords: Degenerative disorders, *Ama*, *Dhatu Kshaya*, *Ojas*.

107. THERAPEUTIC POTENTIAL OF AGNIKARMA IN THE MANAGEMENT OF VATAKANTAKA: A CASE REPORT

Dr. Kavya Reddy, PG Scholar, SDMIAH, Bengaluru

Abstract: *Vatakantaka* is a degenerative condition which provides a unique perspective that integrates both *ayurvedic* principles and modern pathophysiological insights. Heel pain is a common condition that hinders walking and disrupts daily routines. Contemporary medical science provides conservative treatment options such as NSAIDs, corticosteroids, and procedures like local steroid injections and iontophoresis. While these approaches may offer temporary relief, they are often associated with well-documented side effects. *Anushastra Karma* in *Ayurveda* can provide more enhanced treatment outcomes. This case report describes the management of a 40-year-old female presenting with pain in left heel and sole since 2-3 years. Pain was increasing during first few steps after waking up from bed. The treatment centered on a combination of *Agnikarma* and internal medications. *Agnikarma*, a para-surgical procedure described in *Ayurveda*, is known for its immediate and sustained pain relief effects due to its ability to pacify aggravated *Vata* and *Kapha* doshas while improving blood circulation and tissue metabolism. Complementing this, internal medications were administered to balance the doshas, reduce inflammation, and enhance systemic healing. The treatment showed significant improvement in pain, mobility, and overall quality of life. *Agnikarma* proved to be effective in providing immediate relief, while internal medications supported long-term management by addressing the root cause of *Vatakantaka*. This integrative approach highlights the potential of Ayurvedic interventions in managing degenerative conditions effectively.

Keywords: *Vatakantaka*, *Agnikarma*, Calcaneal spur, *Anushastra Karma*.

108. INNOVATIVE DRUG DELIVERY MECHANISMS IN MANAGEMENT OF DEGENERATIVE DISORDERS W.S.R OA KNEE

Dr. Asharani V, Assistant Professor, Department of Roganidana Evum Vikriti Vignana, S.D.M College of Ayurveda and Hospital, Hassan, Karnataka, India.

Abstract: Introduction: Osteoarthritis (OA) is a leading cause of severe long-term pain and disability affecting approximately 10% of the global population. The progressive nature of the disease, characterized by articular cartilage degeneration, leads to debilitating pain and stiffness. Consequently, physical limitations have a significant impact on quality of life, preventing patients from participating in personal and professional activities. Without disease-modifying therapy options, joint replacement is often the inevitable outcome, contributing to a substantial health and economic burden for both the patient and the healthcare system. Current treatment options for knee OA focus on symptomatic control and minimizing risk factors for OA progression. Treatment typically consists of corticosteroid or hyaluronic acid (HA) injections combined with weight loss, activity modification, physical therapy, and NSAIDs. However, adequate symptomatic relief is not always achieved, and pathophysiological cartilage changes continue progressing. The physical and economic burden of OA necessitates a better understanding of our current treatment options and innovative strategies for disease prevention. Platelet Rich Protein, may be an option to improve joint longevity due to their disease-modifying and regenerative potential. **Material And Methods:** Various Books, Research and Review articles are referred. **Result & Discussion:** The aim of this study is to evaluate the efficacy and safety of Platelet Rich Plasma (PRP) injections in patients affected by knee osteoarthritis. Studies demonstrated that PRP improves functional outcomes and protects the articular cartilage from further wear and tear in patients with knee OA. PRP containing a high percentage of various growth factors (GFs), cytokines and modulating factors has shown promising results in achieving this goal. Sustained research efforts leading to an improved understanding of PRP preparations and the biological properties of the final composition can potentially change the landscape of OA treatment.

Keywords: Platelet-rich plasma, Knee OA, Knee injection.

109. PANCHAKARMA INTERVENTION IN CEREBELLAR ATAXIA – A CASE STUDY

Dr. Sowjanya B R, 2nd year PG Scholar, Department of *Panchakarma*, GAMC, Bengaluru

Abstract: Cerebellar Ataxia is a neurological condition characterized by a lack of muscle coordination that stems from dysfunction or damage to the cerebellum. This can result from various diseases and causes difficulty coordinating balance, walking, limb, and eye movements. It often involves progressive cerebellar atrophy. This can be compared to *Mastulunga Kshaya* in *Ayurveda*. Case Presentation: A 24-year-old male presented with a 5-year history of difficulty walking, writing, speaking, and performing daily activities. He was admitted to the *Panchakarma* male ward, and based on clinical features and MRI brain findings, he was diagnosed with cerebellar ataxia. Treatment adopted was *Sarvanga Parisheka* followed by *Madhutailika basti* with *Erandamooladi Kashaya* in *Kala* pattern, *Nasya* with *Ksherabala* 101 drops and *Shamananga sneha* with *Kalyanaka gritha*, tab *Bhruhat Vāta Chintamani rasa* was advised orally. Total duration of treatment was almost 30 days. Significant improvement was seen in clinical features. Assessment of the patient was done using SARA scale before and after the treatment. *Ayurveda* emphasizes the principle of *Vyadhiviparit Chikitsa* recommending *Brihmana Chikitsa* for conditions characterized by degeneration, such as *Kshayapradhana Vyadhi*. Understanding disease etiology (*Vyadhi Nidana*) according to *Ayurvedic* principles and providing tailored treatments can be beneficial in managing many neurological disorders.

110. ROLE OF ANUSHASHTRAS IN MANAGEMENT OF DEGENERATIVE DISORDERS

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Abstract: *Anushashtra*, a branch of Ayurvedic surgery, encompasses a variety of para-surgical techniques. Among these, *Agnikarma* (cauterization) and *Raktamokshana* (bloodletting) hold significant promise in managing degenerative musculoskeletal disorders. *Agnikarma*, through controlled application of heat to specific areas, provides analgesic and anti-inflammatory effects, stimulates local tissue repair, and enhances circulation. *Raktamokshana*, by expelling vitiated blood and reducing localized toxins, alleviates inflammatory responses and promotes systemic detoxification. Both modalities align with the *Ayurvedic* principles of balancing doshas, particularly *Vata* and *Pitta*, which are primarily implicated in degenerative conditions. When integrated with modern therapeutic approaches, these minimally invasive, cost-effective techniques can enhance patient outcomes, reduce dependency on pharmacological interventions, and improve quality of life. This abstract highlight the importance of re-exploring *Anushashtra* as a complementary adjunct and sustainable strategy in the holistic management of degenerative musculoskeletal disorders.

111. MANAGEMENT OF DIABETIC PERIPHERAL NEUROPATHY THROUGH PANCHAKARMA- A CASE STUDY

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*2nd year PG scholar, **Professor, Department of *Panchakarma*, Government Ayurveda Medical College, Bengaluru.

Abstract: Diabetic Peripheral Neuropathy (DPN) is a prevalent complication of diabetes mellitus, particularly among individuals with long-standing diabetes, affecting nearly 50% of patients. Characterized by burning, tingling, and numbness in the extremities, DPN arises from chronic hyperglycemia-induced nerve damage and significantly impairs quality of life. In *Ayurveda*, DPN is recognized as a *Upadrava* of *Madhumeha*, classified among the *Ashta Mahagada*. When associated with *Sahaja Prameha*, it is considered incurable, with treatment focusing on mitigating symptoms, preventing further *Dhatukshaya*, and improving overall well-being. This case discusses a 52-year-old female with Type 1 diabetes mellitus, diagnosed at age 12, and hypothyroidism managed for 8 years. She presented with progressive burning, tingling, and numbness in her lower extremities over one year, symptoms consistent with DPN. *Ayurvedic* treatment included *Yastimadhu Ksheera Seka* and *Erandamooladi Madhutailika Basti*. Post-treatment, the patient experienced significant symptomatic relief, including reduced burning sensations and improved dexterity. Additionally, there was significant reduction in her HbA1c levels. This case underscores *Ayurveda's* integrative potential in managing DPN by addressing not only the symptoms but also the root causes through holistic interventions. This treatment approach provides a promising complementary approach for symptom relief, improved metabolic control, and enhanced quality of life.

112. THERAPEUTIC IMPACT OF RUKSHA AGNIKARMA IN PAIN MANAGEMENT FOR SPINAL CANAL STENOSIS: A CASE STUDY

Dr Ajay Karun P, PG Scholar, SDM Institute of Ayurveda and Hospital, Bengaluru

Abstract: Cervical spinal canal stenosis (*Merudanda Kshaya*) is a degenerative condition characterized by the narrowing of the cervical spinal canal, leading to nerve compression and symptoms such as pain, stiffness, numbness, and reduced mobility. In *Ayurveda*, this condition is attributed to aggravated *Vata Dosha*, resulting in localized degeneration and impaired nerve function. Conventional treatments often involve pharmacological management or surgery, both of which may have limitations. *Agnikarma* categorized under *Anushstra Karma* has shown significant efficacy in managing pain and inflammation. This case report details the case of a 42-year-old male who experienced pain and tingling sensation radiating from left shoulder to wrist since 25 days. The patient was treated with *Ruksha Agnikarma* as the primary therapy,

targeting key points of tenderness. The procedure employed *Panchadhatu Shalaka* aiming to pacify *Vata Dosha*, enhance local circulation, and relieve nerve compression. The intervention's effectiveness was evaluated using the Visual Analog Scale (VAS) for pain and measurements of range of motion. Post-treatment, the patient exhibited a significant reduction in pain scores, enhanced functional ability, with marked improvement in daily activities. This study highlights the potential of *Ruksha Agnikarma* as a minimally invasive, cost-effective alternative for managing cervical spinal canal stenosis, especially when surgery or medication is not viable. The findings suggest that the thermal stimulation from *Ruksha Agnikarma* may reduce inflammation, improve blood circulation, and alleviate muscle stiffness, contributing to its therapeutic benefits by balancing aggravated *Vata* and *Kapha Dosha*. Further clinical trials with larger cohorts are recommended to establish its broader applicability.

Keywords: *Merudanda Kshaya*, Cervical spinal stenosis, *Ruksha Agnikarama*, *Paanchadhatu Shalaka*.

113. AYURVEDIC MANAGEMENT OF PROGRESSIVE SUPRANUCLEAR PALSY (PSP)– A CASE STUDY

Dr. Ramya R V, Assistant professor, Department of Panchakarma, SAMC&H, Bengaluru

Abstract: Introduction: Progressive Supranuclear Palsy (PSP) is a rare neurological condition causing problems with balance, movement, vision, speech, and swallowing. In *Ayurveda*, PSP can be clinically correlated with *Kaphavrita Vyana Vata* and *Asthi-Majja Gata Vata*. **Materials & Methods:** An 84-year-old male patient presented with balance and mobility issues, frequent falls, irritability, and difficulty controlling neck and eyelid movements. He also experienced slurred speech, slow thoughts, and memory problems for 2 years. Based on symptoms, his condition was diagnosed as *Kaphavrita Vyana Vata* and *Asthi- Majja Gata Vata* according to *Ayurveda*. The treatment principles of *Avarana Vata* and *Asthi- Majja Gata Vata* were followed in this case i.e. *Nitya Virechana*, *Sarvanga Abhyanga*, *Patra Pinda Sweda*, *Veshtanam*, *Gandusha*, *Pratimarsha Nasya*; Palliative treatments were done for 3 weeks. The assessment criteria were based on the Progressive Supranuclear Palsy Rating Scale (PSPRS). **Result:** Post-treatment assessment showed significant improvement in slurred speech, neck movements, and sitting tolerance. The Progressive Supranuclear Palsy Rating Scale (PSPRS) score improved from 20 to 9, indicating a substantial reduction in disease severity. **Discussion:** In neurodegenerative disorders like PSP, Vayu dominant symptoms arise from *Avarana* (occlusion), leading to *Dhatuksaya* (tissue diminution). In this case, the initial pathology involved *Kaphavrita Udana Vayu* and *Kaphavrita Vyana Vayu*, leading to *Dhatuksaya*. Hence in the beginning patient was treated with *Nitya Virechana* to remove *Avarana* and boost metabolism. Additionally, *Sneha Veshtana* was applied to strengthen neck muscles, while *Sarvanga Abhyanga* and PPS aimed to balance *Vata Dosha* and nourish *Asthi-Majja Dhatu*. Furthermore, *Gandusha* was used to improve speech, and *Pratimarsha Nasya* was administered to deliver neuroprotective compounds to the brain, enhancing cognitive function and motor control. **Conclusion:** This case study presents new possibilities for treatment of neurodegenerative diseases by *Ayurvedic* line of treatments in early stage of Progressive Supranuclear Palsy (PSP).

Keywords: *Nitya Virechana*, *Matra Basti*, Progressive Supranuclear Palsy (PSP)

114. THERAPEUTIC EFFICACY OF KRIYAKALPA IN OCULAR DEGENERATION

Dr. Chandana Prakash, SDMIAH, Bengaluru

Abstract: Degenerative eye disorders, including conditions such as macular degeneration, glaucoma, and diabetic retinopathy, are growing concerns in today's aging population. Modern medical treatments, while effective to some extent, often focus on symptom management rather than addressing the root causes or promoting regeneration. *Ayurveda*, an ancient Indian system of medicine, offers holistic approach, include (*Kriya Kalpa*) therapeutic ocular procedures specifically designed to rejuvenate and protect eye health. *Kriyakalpa* treatments, such as *Netra*

Tarpana, Aschyotana, Anjana, Pindi, Bidalaka, Seka and Putapaka are targeted therapies that provide nourishment to ocular tissues, improve circulation, and reduce oxidative stress. These therapies not only alleviate symptoms but also enhance the structural integrity of ocular components, addressing the degenerative processes at their core. This presentation explores the potential role of *Kriyakalpa* in managing degenerative eye disorders, supported by classical *Ayurvedic* texts and contemporary research. It highlights the mechanisms through which *Kriyakalpa* aids in tissue repair and restoration of visual symptoms. Furthermore, the integration of these therapies with modern ophthalmology could provide a sustainable and effective approach to combating vision deterioration. By focusing on a comprehensive understanding of *Kriyakalpa's* principles and their practical applications, this study aims to bridge traditional wisdom in managing degenerative eye disorders.

115. INNOVATIVE DRUG DELIVERY MECHANISMS IN THE MANAGEMENT OF PARKINSON'S DISEASE IN AYURVEDA

Dr. Abhishek Biswas, Assistant professor, Department of Rasashastra & Bhaishajya Kalpana, SAMC&H, Bengaluru

Abstract: Introduction: Parkinson's disease (PD), a progressive neurodegenerative disorder, poses significant challenges in effective management due to its complex pathology and the blood-brain barrier (BBB) limiting drug delivery to the central nervous system. *Ayurveda*, an ancient system of medicine, offers holistic management strategies for PD, correlating it with *Kampavata*, a condition marked by *Vata* imbalance. **Methods:** *Ayurvedic* therapies employ neuroprotective and adaptogenic herbs such as *Kapikacchu* (*Mucuna pruriens*), *Ashwagandha* (*Withania somnifera*), and *Brahmi* (*Bacopa monnieri*) to address motor and non-motor symptoms. Innovative drug delivery mechanisms should explore using Nanotechnology (nanoparticles, nanoemulsions), Transdermal systems (patches with medicated oils), Nasal delivery systems (*Nasya* with medicated oils), Other advancements like phytosomes and microencapsulation. **Result:** Innovative drug delivery system can enhance bioavailability and targeted delivery of *Ayurvedic* compounds through modern mechanisms. It can improve therapeutic outcomes, including better BBB penetration, sustained drug release, and reduction in side effects. **Discussion:** Integrating *Ayurveda* with innovative drug delivery systems offers a promising solution. Nanotechnology-based mechanisms, such as herbal nanoparticles and nano emulsions, enhance solubility, stability, and targeted delivery of active compounds. Transdermal patches, incorporating *Vata*-pacifying oils like *Ksheerabala Taila*, offer sustained drug release with minimal systemic side effects. Nasal delivery (*Nasya*) using medicated oils like *Brahmi Ghrita* enables direct access to the brain via the olfactory pathway, ensuring rapid onset of action. Other advancements, including phytosomes, microencapsulation, and biodegradable polymers, improve the controlled release and therapeutic efficacy of *Ayurvedic* formulations. Despite these advancements, challenges such as standardization of complex formulations, regulatory barriers, and high production costs remain significant. Collaborative research integrating *Ayurveda* with pharmacology & nanotechnology is essential to address these issues. **Conclusion:** Integrating modern drug delivery with *Ayurvedic* principles can enhance Parkinson's disease (PD) management, offering a holistic approach to slow disease progression, alleviate symptoms, and improve quality of life.

Keywords: *Ayurvedic* Innovative Drug Delivery Mechanisms, Nanotechnology, Parkinson's

116. AYURVEDIC MANAGEMENT OF MOTOR NEURON DISORDER (MAMSA MAJJAGATA SARVANGA VATA)-A CASE STUDY

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Abstract: Motor neuron disorder (MND) refers to a group of neurodegenerative diseases that affect the motor neurons, which are responsible for controlling voluntary muscle movements. These neurons, located in the brain and spinal cord, gradually deteriorate and die, leading to muscle weakness, atrophy, and paralysis. The most common form of MND is Amyotrophic Lateral Sclerosis (ALS). This condition can be co-related with *Mamsa-Majjagata Sarvanga Vata* based on the symptoms *Mamsa Kshaya* (muscle wasting), *Bala Kshaya* (deterioration of strength), *Guru Gatrata* (heaviness in the body). A Case of 60/M patient presented with symptoms of reduced strength, muscle wasting, brisk fasciculation over thigh region, difficulty speaking, swallowing and breathing. Reported to out-patient department of *Kayachikitsa*, it was treated in In-patient department with *Deepana, Pachana, Vatanulomana, Rasa Aushadhis, Snehana (Abhyantara and Bahya)* followed by *Sastika Shali Pinda Sweda, Ksheera Vaitarana Basti* and integrated treatment as physiotherapy for 15 days. **Assessments before and after treatments. Before Treatment:** Gait- waddling (videos available), Power- bilateral upper limb- 2/5, Bilateral lower limb- 2/5., Hand grip-1/5, Reflexes – knee jerk- hyperreflexia, Fasciculation over thigh +++ **After Treatment:** Gait- waddling (Improved) (videos available), Power- bilateral upper limb- 3+/5, Bilateral lower limb- 3+/5, Hand grip-3/5, Reflexes – knee jerk- hyperreflexia, Fasciculation over thigh + (intensity and frequency reduced) **Result:** Patient had improvement in strength and gait. So, the *Ayurveda* treatment protocol adopted proved beneficial to MND (*Sarvanga Vata*).

Keywords: Motor Neuron Disorder, *Mamsa-Majjagata Sarvanga Vata, Abhyanga, Basti, Physiotherapy.*

117. IN-SILICO STUDY OF *KAPIKACCHU BEEJA* IN ERECTILE DYSFUNCTION: A DEGENERATIVE CONDITION OF MALE REPRODUCTIVE SYSTEM

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Abstract: Degeneration of the male reproductive system is characterized by the progressive loss of function and structure of the penile and testicular tissues. From *Shukra Dhatu Kshaya* to *Klaibya*, the presentations vary from physiological to pathological origin, affecting sexual and reproductive health. Various *Vrushya Rasayana* have been elaborated to restore the *Shukra dhatu*. One condition manifesting as a result of *Dhatu Kshaya* is *Klaibya* or erectile dysfunction (ED). Amongst the various *Vrushya Rasayana*, one drug that seeks attention in literature as well as in clinical practice for reproductive and sexual health is the *Kapikacchu Beeja (Mucuna pruriens L.)*. Although *Kapikacchu Beeja* is clinically seen to enhance testosterone, beneficial in proper functioning of erection, ejaculation, semen parameters and infertility, the need remains to study the evidence at molecular level and find the efficacy for better outcome in various pathological conditions of ED. Network Pharmacology is a system that analyses the effect of a drug on disease target and pathway. Considering the current need of the hour where sexual health is declining due to multifactorial reasons and particularly as a result of degeneration, an in-silico study was undertaken to align the clinical finding with the findings of network pharmacology. The therapeutic action of *Kapikacchu Beeja* was scientifically validated through network pharmacology with regards to various etiopathogenesis and treatment of ED; and the results obtained on in-silico analysis are comparable with the clinical outcomes.

Keywords: Male reproductive system, degeneration, *Shukra Dhatu Kshaya, Klaibya, network pharmacology, Kapikacchu Beeja.*

118. CRITICAL UNDERSTANDING OF AGNIKARMA IN PAIN MANAGEMENT FOR INTERVERTEBRAL DISC PROLAPSE: A CASE STUDY

Dr. Yogesh Kanna V, PG Scholar, SDM institute of Ayurveda and Hospital, Bengaluru

Abstract: Intervertebral Disc Prolapse (IVDP) is a prevalent spinal disorder characterized by the displacement or degeneration of intervertebral disc material, often leading to nerve root compression. It manifests as pain, numbness, and motor deficits, impairing patients' quality of life. In *Ayurveda*, *Katigraha* can be taken as the symptoms of other diseases which was traced in ancient books in correlation to *Trika Shula*, *Prishtha Shula*, *Katishula* due to the aggravation of *Vata Dosha*. Conventional treatment of IVDP includes conservative and surgical treatment which is having their own limitations. Pain is the major complaint in the IVDP which further worsens the patients both physically and mentally. *Agnikarma* is the one among *Anushastra* which was mentioned by *Acharya Sushruta* plays a significant role in reducing pain in IVDP. In this case report 38 years old gentleman presented with complaints of low backache associated with stiffness and difficulty in walking, sitting and standing for one month. The patient was treated with *Ruksa Agnikarma* as the primitive therapy for pain management on most tender points. It enhances the local blood circulation and relieves nerve compression and local stiffness. After the treatment patient experienced noticeable reduction in the pain which was assessed before and after treatment by using Visual analog scale (VAS). Thus the *Agnikarma* which helps in reducing the pain in intervertebral disc prolapse effectively by controlling both *Vata* and *Kapha Dosha*. *Ayurveda* shows better result in pain management cases of disc prolapse rather than giving steroidal or surgical intervention which becomes difficult to withstand for patient. Further research with larger subjects suggested for broader applicability.

Keywords: Intervertebral disc prolapse, *Katigraha*, Pain management, *Agnikarma*

119. EFFECTIVENESS OF MUSTADI RAJAYAPANA BASTI AND MASTISHKYA IN THE MANAGEMENT OF KAMPAVATA (CHOREA PREDOMINANT HYPERKINETIC MOVEMENT DISORDER): A CASE REPORT

Dr. Anagha D.N, PhD Scholar (Kayachikitsa), Datta Meghe Institute of Higher Education and Research, Maharashtra

Abstract: Introduction: Hyperkinetic movement disorders develop due to lack of inhibitory mechanism of motor circuits in the nervous system. The aetiopathology varies from neurodegeneration to infections and genetic errors. *Ayurveda* conceptualizes these clinical phenotypes as *Kampavata*, prescribing *Vatavyadhi* treatment protocol. **Method:** The patient assessed and diagnosed with Non- Huntington Choreiform predominant movement disorder, was administered with three courses of *Mustadi Rajayapana Basti* in *Yoga Basti* pattern alternating with *Shirobasti* and *Shirodhara*. The whole regimen was completed in a period of 5 months. Also, the regimen accompanied oral medications. Sydenham's Chorea Rating Scale and the Functional Movement Disorder Scale was used to rate symptom severity and improvement after therapeutic procedures. **Results:** There were improvements in the scores, especially in the domains of Motor assessment and Daily living activities, after the treatment regimen, as rated through the above-mentioned scales. **Discussion:** Gut Microbiota, Gut- Brain axis targeted interventions, Transcranial magnetic stimulation are some of the current trends in the area. *Ayurveda* based *Basti* therapy, herbal oral medicines and *Mastishkyas* are hypothesized to be having similar course of action in modifying the pathological processes, resulting in better clinical outcomes. Thus, *Ayurveda* has promising role in the management of cases with hyperkinetic movement disorders, through multidisciplinary approach.

120. THERAPEUTIC POTENTIAL OF AGNIKARMA (COIN METHOD) IN OSTEOARTHRITIS - AN INNOVATIVE APPROACH IN THE PAIN MANAGEMENT

Dr. Chaitra B. Naduvnamani, PhD Scholar, Department of Shalyatantra, BVVS Ayurved Medical College & Hospital, Bagalkot

Abstract: Osteoarthritis is a joint disorder which commonly affects the weight bearing joints, especially during old age. It is said to be caused due to wear and tear of joints. In the Asian population, Knee Osteoarthritis is the most common. The clinical presentation includes pain, particularly after prolonged activity and weight-bearing, whereas stiffness is experienced after inactivity. *Agnikarma* is widely practiced as a quick pain-relieving panacea in this condition. *Agnikarma*, the most powerful parasurgical procedure in *Ayurveda*, was first explained by *Acharya Sushruta*. *Sushruta* mentions the use of *Agnikarma* in the diseases affecting *Sira* (vessels), *Snayu* (ligaments), *Sandhi* (joints) and *Asthi* (bones). *Sushruta* also mentioned *Agnikarma* as a treatment modality of *Sandhigata Vata*. Osteoarthritis can be correlated with *Sandhigata vata* in *Ayurveda*. Several studies were conducted to analyze the efficacy of *Agnikarma* in Knee Osteoarthritis which yielded positive results. The actual mechanism of action of *Agnikarma* in the management of Knee Osteoarthritis is not yet fully understood, though several theories such as that based on gate control theory, vasodilatation theory etc were put forward by researchers to explain the mode of action. The present work analyses the prominent hypotheses that explain the mode of action of *Agnikarma* in Knee Osteoarthritis and also explores other possible explanations.

Keywords: *Ayurveda*, *Agnikarma*, Osteoarthritis, *Sandhigata Vata*.

121. ENDOCRINE PATHOLOGY IN DEGENERATIVE AGE GROUP: AN AYURVEDIC PERSPECTIVE

Dr. Anushree K.* Dr. Abdul Khader**

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Abstract: Introduction: The prevalence of endocrine disorders increases with age due to hormonal changes impacting metabolism, nutrition, reproduction, and growth, ultimately reducing the quality of life. *Ayurveda* describes aging as a state of *Ksheenata* of *Dhatu*, *Veerya*, *Bala*, and *Satva*. Hormone therapy, while effective, can cause adverse effects, whereas *Ayurveda* can address these changes and bring about improvement in quality of life and delay progression of age-related changes in the endocrine system. **Methodology:** A detailed review of age-related changes was conducted using modern medical resources and *Ayurvedic* classical texts. The study bridges modern endocrine concepts and *Ayurvedic* principles, focusing on *Ekamoolika Prayoga* and classical therapeutic interventions. **Results:** *Ayurveda* offers treatments like *Abhyanga*, *Virechana*, *Nasya*, and *Murdhni* therapies, along with *Ekamoolika Prayoga* using *Ashwagandha*, *Brahmi*, *Shatavari*, *Amalaki*, *Vacha*, *Kanchanara*, *Varuna*, *Guggulu* and other *Dravyas*. These interventions help manage endocrine degeneration by improving tissue sensitivity, supporting hormonal balance, and enhancing overall metabolism (*Agni*). **Discussion:** Endocrine degeneration involves hormonal imbalance, reduced sensitivity of tissues, and disrupted circadian rhythms, leading to loss of muscle mass, skin elasticity, insulin resistance, and immune dysfunction. *Ayurveda* correlates these changes with *Ksheenata* and offers remedies to enhance *Dhatwagni* (tissue metabolism), delay degeneration (*Dhatu Poshana*), and restore hormonal functions. **Conclusion:** *Ayurvedic* interventions effectively address age-related endocrine changes, improving quality of life by delaying degenerative processes and reducing dependency on conventional hormone therapies. These holistic approaches provide a safe and sustainable alternative for managing endocrine pathologies in the degenerative age.

Keywords: Endocrine pathology, Degenerative age group, *Ekamoolika Prayoga*.

122. DEGENERATION DISORDERS OF THE GASTROINTESTINAL TRACT: THE ROLE OF YASTIMADHU AS A RASAYANA IN AYURVEDIC HEALING

Dr. G. Yaraswani, PG Scholar, Department of Kayachikitsa, SKAMCH & RC, Bangalore.

Abstract: Degeneration of the Gastrointestinal (GI) tract is a common clinical challenge, affecting the quality of life and overall health in the elderly population. With advancing age,

physiological changes such as decreased gastric acid secretion, slower gastrointestinal motility, and compromised digestion often lead to various GI conditions like indigestion, constipation, acid reflux, and irritable bowel syndrome. Conventional treatments primarily focus on symptomatic relief, but *Ayurvedic* medicine provides a holistic approach, addressing both the underlying causes and the symptoms. One such intervention is the use of *Rasayana* therapy, which plays a pivotal role in rejuvenating and maintaining the body's physiological balance. *Yashtimadhu Rasayana* (Licorice-based *Rasayana*) is particularly renowned for its benefits in treating gastrointestinal disorders in the elderly. *Yashtimadhu*, or *Glycyrrhiza glabra*, is rich in bioactive compounds that exhibit anti-inflammatory, antimicrobial, and demulcent properties. As a *Rasayana*, *Yashtimadhu* enhances the body's digestive fire (Agni), restores gut flora balance, and strengthens the immune system. Its soothing effects help alleviate inflammation in the gastrointestinal tract, reduce gastric acid secretion, and promote overall digestive health. In geriatric care, *Yashtimadhu Rasayana* supports the restoration of digestive functions, improves absorption, and prevents further complications such as ulcers, gastritis, and constipation. Moreover, it is considered a powerful rejuvenative that mitigates the effects of aging on the digestive system, fostering vitality and longevity. This article highlights the significance of *Yashtimadhu Rasayana* in managing gastrointestinal degenerative disorders in the elderly, emphasizing its role in promoting digestive health, rejuvenation, and overall well-being.

123. DEGENERATION OF IMMUNOLOGY IN OLD AGE

Dr. Nikita Rathee, PG Scholar, Kayachikitsa department, SKAMCH&RC, Bangalore

Abstract: Introduction: Immunology plays an important role in the aging process. The decline in immune system contributes to increased sensitivity to infections, chronic diseases, and cancer in older adults. In geriatric care, enhancing immune function is essential for promoting healthy aging and preventing age-related illnesses. *Ayurveda* emphasizes the concept of *Ojas* and *Rasayana*, which aim to strengthen the immune system and delay the aging process. **Methodology:** This article explores the link of immunology and geriatrics through the lens of *Ayurveda*, an ancient Indian system of medicine that offers a holistic approach to immune health. It reviews key *Ayurvedic* principles and identifies specific *Rasayana* therapies, such as *Amla*, *Ashwagandha*, *Brahmi* and *Chyanwanprasha* which have been traditionally used to enhance immunity, improve vitality, and prevent age-related degeneration. **Results:** By integrating modern immunological research with *Ayurvedic* wisdom, the preventive strategy for diseases and immune system enhancement in the elderly can be attained. Clinical studies suggest that many *Ayurvedic* herbs and formulations may help modulate immune responses and slow the aging process. **Discussion:** While modern immunology faces many challenges, *Ayurvedic Rasayana* approaches to rejuvenate the body and immune system. This integrative strategy could provide a holistic method for improving immune health in geriatrics. Combining modern immunological research with traditional *Ayurvedic* practices may provide a promising pathway for enhancing the quality of life and longevity in older adults.

124. AN AGING MIND: PSYCHOLOGICAL WELL-BEING IN GERIATRICS

Dr. Rina Jadhav, Department of Kayachikitsa, SKAMCH AND RC

Abstract: The aging process brings with it a group of symptoms related to psychological disturbances, including cognitive decline, anxiety, depression, and sleep disorders, which profoundly impact the quality of life in the elderly. These challenges arise from a combination of physiological, emotional, and social factors, requiring a holistic approach for effective management. While modern medicine provides symptomatic relief, there remains a growing need for strategies that address the root causes and promote mental resilience. *Ayurveda*, the ancient science of life, offers unique solutions through *Rasayana* therapy, a branch dedicated to rejuvenation and longevity, which holds the potential to transform geriatric care. Through a combination of herbal formulations, lifestyle modifications, and personalized care, *Ayurveda*

provides an integrative approach to tackling the complex web of geriatric psychological challenges. This paper explores into the multifaceted psychological changes associated with aging and reveals the potential of a key *Ayurvedic Rasayana*. *Medhya Rasayana* like *Bramhi*, *Yashtimadhu*, *Shankhapushpi*, *Jyotishmati* have shown promising effects in improving cognitive effect and reducing stress. *Ayurveda*'s holistic wisdom can redefine aging, offering not just management but a path to healthy mental well-being for the elderly.

125. AN OPEN-LABEL DOUBLE ARM COMPARATIVE CLINICAL STUDY OF *HANU BASTI* AND *NASYA* WITH *KSHEERADHOOMA* IN THE MANAGEMENT OF *ARDITA* (BELL'S PALSY)

Seema Ningappanavar, PG Scholar, SDMIAH, Bengaluru

Abstract: Background: Face is an essential part of Human Body which contributes in physiological, psychological and social entities in day to day life of Human Being comprising of various important nerves, muscles and bones which not only contribute in appearance but also perform basic functions such as Mastication, Smiling, Frowning etc., and any damage to these structures lead to deformities which highly interfere with the quality of life of the affected population. Based on statistical data, the Annual incidence of Bell's palsy is 20 to 30 per 100,000 and accounts for 60-70% of all cases of unilateral peripheral facial palsy. *Ardita* (Bell's palsy) is one among the *Vata Vyadhi* mentioned in *Ayurvedic Classics* in which half part of the face is affected. *Snehana*, *Swedana*, *Basti* and *Nasya Karma* is the first line of treatment for *Ardita* being *Dhatu Kshayajanya* in origin mentioned in *Charaka Samhita*. With this classical background, the present study was done in two groups with the innovative procedure *Hanu Basti* (*Prabhanjana Vimardhana Taila*) and *Ksheeradhooma* comparing with *Nasya* (*Prabhanjana Vimardhana Taila*) and *Ksheeradhooma* in the management of *Ardita* (Bell's palsy). **Objectives:** To evaluate and compare the effect of *Hanu Basti* and *Ksheeradhooma* with *Nasya* and *Ksheeradhooma* in *Ardita* (Bell's palsy) based on the improvements in Primary Outcome Measure mentioned. **Methodology:** It was a comparative clinical study to assess the pre and post test design where patients suffering from *Ardita* (Bell's Palsy) were selected and randomly distributed to Group A (*Hanu basti* and *Ksheeradhooma*) and Group B (*Nasya* and *Ksheeradhooma*) 15 patients in each group. A Case proforma containing details of history, signs, symptoms and examinations as mentioned in our classics and allied sciences was prepared for the study. **Duration of Treatment:** 7days, 1 st follow up: 22 nd day. 0 th day (before treatment - 1 st assessment) 7 th day (after treatment - 2 nd assessment) 22 nd day (after follow up- 3 rd assessment) **Results:** In Group A and Group B overall study showed significant ($p < 0.05$) results in attributes – difficulty in wrinkling of forehead, difficulty in closure of eye and deviation of mouth. Interpretation & **Conclusion:** Comparative analysis of the overall effect of the treatments in both the groups was done statistically with unpaired t test. The test shows that the treatment is significant in Group B ($p < 0.05$) when compared to Group A ($p < 0.05$). Group A overall result is 54.10% and Group B overall result is 63.47%.

Keywords: *Ardita*, Bell's palsy, *Hanubasti*, *Ksheeradhooma*, *Nasya*, *Prabhanjana Vimardhana Taila*, *Vatavyadhi*

126. CASE STUDY ON PROGRESSIVE MULTI-SYSTEM ATROPHY

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Abstract: "BRAIN" is the organ of destiny, a monstrous beautiful mess, treating degenerative neurological disorders have been more challenging to the medical field ever since the discovery. Progressive Multi-System Atrophy (MSA) is a rare, neurodegenerative disorder that affects multiple parts of the nervous system. MSA is characterized by the gradual degeneration of nerve cells in specific areas of the brain, leading to a combination of motor, autonomic, and

cognitive symptoms. MSA typically presents in mid to late adulthood (40s to 60s) and progresses rapidly. The condition leads to significant disability and, unfortunately, has no cure. The life expectancy after diagnosis is often around 7 to 10 years, though it can vary depending on the severity and type of MSA. The primary pathological feature of MSA is the accumulation of alpha-synuclein protein in the brain, forming glial cytoplasmic inclusions (GCIs). Unlike Parkinson's disease, where alpha-synuclein is primarily deposited in neurons, MSA features deposition in glial cells, which significantly affects both motor and autonomic functions. There is currently no cure for MSA, and treatment is mainly focused on managing symptoms and improving quality of life. Progressive Multi-System Atrophy is a challenging and progressive disorder with a variable presentation. It combines features of movement, autonomic, and cognitive dysfunction, and despite current medical management, it leads to significant disability. Male aged 48 years, diagnosed with MSA, an attempt was made to manage based on *Vatavyadhi chikitsa*, as it is quoted that “*Na Hi Kaschidanyo Vayoho Param Janmani Heturasti*”, and significant positive results were obtained both subjectively and objectively. Hereby, this is one of the successful example to prove the efficiency of *Panchakarma* in managing progressive degenerative disorders, upholding the flag of *Ayurveda*.

Keywords: Progressive multi system atrophy, Degenerative disorders, *Panchakarma*, *Vatavyadhi*

127. PROGRESSIVE MUSCULAR ATROPHY (PMA)

Dr Pavithra BJ, PG Scholar, Government Ayurveda Medical College, Bengaluru

Abstract: Introduction: Progressive Muscular Atrophy (PMA) is a rare neurodegenerative condition that primarily affects the lower motor neurons, resulting in progressive muscle weakness, atrophy, and functional decline. Currently, conventional treatments for PMA are limited to symptomatic relief and supportive care, with no definitive cure available. While PMA is not directly mentioned in Ayurvedic classics, it can be studied within the broad spectrum of *Dhatukshayajanya Vatavyadhi*. **Materials and Methods:** A 27-year-old male presented with complaints of reduced strength in bilateral lower limbs for 2 years and the left upper limb for 5 months. He was treated with *Dashamoola Kashaya Seka*, *Shastikashalipinda Sweda*, and *Mustadi Yapana Basti* in the *Kalabasti* pattern. **Results:** The patient showed moderate improvement in overall symptoms, with a reduction in disease progression. **Discussion:** The management of Progressive Muscular Atrophy through *Panchakarma* offers promise in alleviating symptoms, potentially slowing down disease progression, and improving the patient's quality of life.

128. ROLE OF RASOUSHADHI'S AS RASAYANA AND PROPHYLAXIS IN DEGENERATIVE DISORDER

Dr. Prabhavati Kicchadi, Professor & HOD, Department of Rasashastra & Bhaishajya Kalpana, SAMC&H, Bengaluru

Abstract: Introduction: *Ayurveda* is ancient science of life. Leading healthy life along with longevity is the motto of *Ayurveda*. In this modern era elderly population is increasing and more percentage of population is getting older in early ages. *Ayurveda* is having broad spectrum of measures to treat degenerative disorders. *Rasoushadhi's* plays an important role in geriatrics. They are very much effective in treating degenerative disorders by acting as *Rasayana* and Prophylactic medicines. **Materials and Methods:** Scrupulous review of literature will be done in all the classical texts like *Rasa Tarangini*, *Rasa Ratna Samucchaya*, *Ayurveda Prakasha* etc. **Results:** An adequate review about *Kharaleeya*, *Kupipakwa*, *Parpati* and *Pottali Rasayana* will be presented. **Discussion:** *Rasoushdhi's* are considered as the best *Rasayana* in treating degenerative disorders and to prevent early aging process.

Keywords: *Rasoushadhi's*, *Rasayana*, Degenerative disorders, Prophylactic medicines.

129. EFFICACY OF PANCHAKARMA INTERVENTION IN CERVICAL MYELOPATHY: A SINGLE CASE STUDY

Dr. Rajeshwari S Acharya, 2nd year PG scholar, Department of Panchakarma, Government Ayurveda Medical College, Bengaluru

Abstract: Background: Cervical myelopathy is a progressive neurodegenerative disorder caused by compression of the spinal cord in the cervical region. It is most commonly a result of cervical spondylosis, degenerative disc disease, or herniated discs leading to structural changes, such as osteophytes, ligamentum flavum hypertrophy, and cervical spinal canal narrowing. This compression can disrupt normal nerve transmission, resulting in a spectrum of symptoms, including neck pain, numbness, tingling, muscle weakness, gait disturbances and loss of fine motor skills. If left untreated, cervical myelopathy can lead to significant disability and deterioration in quality of life. *Panchakarma*, a traditional Ayurvedic detoxification and rejuvenation therapy, offers a holistic approach to treating chronic and degenerative conditions. **Methods:** This is a single case study evaluating the effects of *Panchakarma* intervention on a patient diagnosed with cervical myelopathy. *Panchakarma* procedures like *Abhyanga*, *Pariseka Sweda* and *Basti* was carried out. **Results:** The intervention demonstrated significant improvements in pain and functional scores. No significant adverse effects were reported, and patient satisfaction was high. **Discussion:** The findings suggest that *Panchakarma* can be an effective complementary approach for managing cervical myelopathy symptoms. The observed benefits in pain reduction and functional improvement may be attributed to the anti-inflammatory and neuromodulatory effects of the Ayurvedic procedures. *Snehana* and *Swedana* likely reduced muscle stiffness and inflammation, while *Basti* may have helped in clearing toxins and improving nerve function. **Conclusion:** *Panchakarma* intervention appears to offer promising complementary benefits for patients with cervical myelopathy, leading to reduced pain and improved functional outcomes. Integrating this Ayurvedic approach with conventional treatments may enhance the quality of life for patients suffering from this chronic spinal condition. Further large-scale studies are warranted to substantiate these results and explore the underlying mechanisms of action.

Poster
Presentation
Abstracts



POSTER PRESENTATION ABSTRACTS

1. EVALUATION OF THE EFFECT OF MAHAMASHA TAILA NASYA IN THE MANAGEMENT OF ARDITA- A CONCEPTUAL STUDY

Dr Ananya Suresh Bore, Intern, Sri Sri college of Ayurvedic Science and Research, Bangalore
Abstract: *Ardita* is a common clinical presentation among different neurological disorders leading to high incidence of morbidity. *Ardita* is considered as one among the 80 *Vataja Nanatmaja Vyadhi* in Ayurveda. It has been explained in detail by the *Bruhatrayas*. It mainly occurs due to indulgence in excessive shouting, chewing hard substances, yawning, sleeping in uneven postures etc which leads to aggravation of *Vata* causing *Upasosana* of *Raktadi dhatus* leading to tortuousness of face. *Ardita* can be correlated to bell's palsy which is caused due to paralysis of facial nerve. This condition results in weakness on one side of the face. There is involvement of loss motor action due to which degenerative changes are seen in the patients. Some of the degenerative symptoms being loss of eyelid movements, loss of facial expression, loss of speech which would ultimately result in atrophy of muscles. According to *Acharyas*, *Nasya* is one of the best lines of treatment adopted to bring about strength in the patients suffering from *Ardita*. Nose is the only pathway to reach the *Shiras* and prevent the degeneration of the nervous system. *Marsha Nasya* with *Maha Masha Taila* can bring about *Brumhana* action of *Urdhva Jatrugata Bhaga* by alleviating *Vata*. Since *Masha* is known to increase *Pruthvi Bhava* in our body which would result in nourishment of atrophied muscles. All the ingredients used in this *Taila* are predominantly *Vatahara* thereby treating the *Vata* predominant *Vyadhi*. This presentation explains us about pharmacodynamical action of *Maha Masha Taila* in *Ardita*.

Keywords- *Ardita*, *Mahamasha Taila*, *Upasosana*, *Nasya*, Degeneration

2. A NOVEL APPROACH TO XENOBIOTICS AS THE CAUSE OF AGEING W.S.R TO GARA VISHA

Anaswara Vinod*, Dr Sheethal Raj**

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Abstract: Introduction: Ageing is a natural and inevitable process, but age-related diseases are a growing global concern. Xenobiotics, foreign substances entering the body, play a key role in speeding up aging and related health issues. In Ayurveda, the concept of *Garavisha* in *Visha Chikitsa* can be compared to xenobiotics. *Garavisha* refers to slow-acting toxins from external sources that harm the body over time. Exploring this concept offers insights into managing the effects of xenobiotics and promote health. **Materials and methods:** The details of xenobiotics, ageing and *Garavisha* are collected from the classical textbooks like *Charaka Samhita*, *Susrutha Samhita*, *Ashtanga Hridaya* and also from published articles. **Result:** All the antitoxic formulations mentioned in *Vishachikitsa* can act as antioxidants, immune boosters and thus prevents ageing. It is imperative to find a new system to fight ageing, as there are a lot of external factors which can accelerate the process of ageing. **Discussion:** The antitoxic formulation which are mentioned in the context of *Garavisha* is beneficial in the treatment of diseases caused by Xenobiotics, as it is purificatory, anti-toxic and cardio-protective. Further research on this will definitely open up the door to the invention of a novel treatment protocol in age-related diseases by Xenobiotics

Keywords: Xenobiotics, *Garavisha*, Ageing, Overtake, *Rasayana*

3. AGNIKARMA AND JALOUKAVACHARANA -HEALER FOR SANDHIGATAVATA

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Abstract: Introduction: *Sandhigata Vata* is a commonly encountered condition in elderly and obese individuals characterised by *Sandhishopha* and *Sandhishoola*. This condition can be

related to knee osteoarthritis. The eleventh leading cause of disability is knee osteoarthritis. Nearly 70% of adults above the age of 55 are suffering from one or the other symptoms of knee osteoarthritis. The afflicted area reveals both inflammatory and degenerative changes. Treatments like *Agnikarma* and *Jaloukavacharana* can be effectively applied for controlling This illness. **Materials & Methods:** The classical texts *Sushruta Samhita* and *Charaka Samhita* served as the basis for the literature study. Using Boolean search, the review study was undertaken from various search articles case reports and journals. **Results:** The osteoarthritis is often seen in knee as it is weight bearing joint and is vulnerable for wear and tear. *Agnikarma* and *Jaloukavacharana* acts and reduces pain and stiffness. *Agnikarma* has more encouraging results compared to *Jaloukavacharana*. Both *Agnikarma* and *Jaloukavacharana* are OPD based, cost effective and well liked. **Discussion:** Osteoarthritis is likely degenerative disease of old age often find to cripple the daily activities. The prevalent etiological factors are Women following the menopause, obesity trauma degeneration and old age. *Anushalya* procedure like *Agnikarma* and *Jaloukavacharana* can effectively reduce the pain and inflammation resulting in immediate symptomatic relief. *Agnikarma* and *Jaloukavacharana* done in conjunction with other *Vatahara* line of management the effect will be sustained for longer duration.

4. RASAYANA APPROACH IN THE MANAGEMENT OF KAMPA VATA (PARKINSON'S DISEASE)

Varna Subramanian K*, Dr Saritha AK**

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Introduction: Parkinson's disease (PD) known as *Kampavata* in *Ayurveda*, is a degenerative neurological disorder of central nervous system, mainly affecting the motor system. which usually affects after the age of 50 years. Incidence and prevalence of PD increases with advancing age, being present in 1% of people over the age of 65 years. Early-onset PD is defined as the onset of parkinsonian features before the age of 40 years. **Materials & Methods:** The details of *KampaVata*, *Rasayana* are collected from the classical textbooks like *Charaka Samhita*, *Ashtanga Hridaya* and also from published articles. **Result:** *Kampavata* needs the *Rasayana* (rejuvenation therapy). *Ayurvedic Panchkarma* procedures can make life of the patients much easier and drastic increase in their life expectancy can be seen. Both *Samshodhana* and *Shamana Chikitsa* play an important role to improve the Activities of daily living of a PD patient. **Discussion:** The main pathology involved here is due to *Dhatukshayajanya Vata Vyadhi* and line of management should be adopted based on *Nirupasthambita Vata Vyadhi Chikitsa*. Therefore, it becomes very much necessary to adopt the *Brihmana* line of management to relieve the symptoms caused due to *Apatarpana* pathology.

Keywords: Parkinson's disease, *KampaVata*, *Rasayana*, *Brihmana*

5. EXPLORING THE ADJUNCTIVE ROLE OF AMALAKI RASAYANA IN ARMD: A CONCEPTUAL STUDY

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Abstract: Age related macular degeneration (ARMD) is the most common form of macular degeneration and is the term given to ageing changes in the eye without any other obvious cause. Common complaints are distorted vision, seeing straight lines as wavy, shadowed areas in the central visual field, sudden or gradual loss of vision. Loss of central vision in ARMD is due to changes that occur in response to deposition of abnormal material called Drusen in Bruch's membrane. ARMD accounts for 8.7% of all types of blindness worldwide. Currently, vascular endothelial growth factor (VEGF) inhibition therapy is the best available treatment for exudative ARMD but is limited by the need for repeated intra-vitreous injections, suboptimal

patient response, adverse effects and high cost. Hence the need of review of possible treatment modalities in *Ayurveda* is crucial. The signs and symptoms of ARMD can be clinically correlated to *Timira* in *Ayurveda*. *Timira* can be managed with different modalities of *Chikitsa* including *Rasayana*. *Amalaki* is a *Rasayana*, *Agreya dravya* in *Vayasthapana*, *Chakshushya* in property and considered as *Pathya* in *Timira*. It acts as antioxidant, anti-inflammatory, and anti-aging agent. With age, antioxidant reparative capacity decreases, and excess levels of reactive oxygen species produce oxidative damage in many ocular cell types underling age-related pathologies. This poster focuses on the action of *Amalaki Rasayana* in the management of ARMD owing to its antioxidant and vitamin rich properties.

Key words: Age related macular degeneration, *Amalaki rasayana*, *Timira*

6. ALZHEIMER'S DISEASE: AN AYURVEDA PERSPECTIVE

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Abstract: Introduction: AD is an age-related neurodegenerative disease that primarily affects the elderly. There is no effective treatment for AD. It is a significant social issue and one of the most complex neurodegenerative illnesses. There is an estimate of 26.6 million AD patients in the world. By 2050, this figure is predicted to rise to 102.6 million. **Materials & Methods:** This study is conducted by research on scientific databases like PubMed, Google scholar & references from *Charaka Samhita*. The *Medhya Rasayana* like *Mandukaparni* (*Centella asiatica*), *Shankhapushpi* (*Convolvulus prostratus*), *Yashtimadhu* (*Glycyrrhiza glabra*) & *Guduchi* (*Tinospra cordifolia*) are used. **Result:** These *Rasayana* drugs can improve memory, cognition & learning, deteriorated by various neurodegenerative diseases. **Discussion:** *Mandukaparni* helps to improve mental alertness and its constituent M1 muscarinic acetylcholine receptors found to be acting as a therapeutic target. The phytochemical from *Shankhapushpi* constitutes mainly, scopoletin, 4- hydroxycinnamic acid having a calming effect, mediated as a part of regulation of stress hormone production. The aqueous root extract of *Guduchi* were evaluated experimentally with regards to learning & memory processing. The alcoholic extract of *Brahmi* (*Bacopa monniera*) is also proved to improve acquisition, consolidation & retention of memory.

Keywords- Alzheimer's disease, *Medhya Rasayana*, *Charaka Samhita*

7. EFFECT OF AGNIKARMA IN MANAGEMENT OF PAIN IN DEGENERATIVE DISORDERS OF BONES

Lipta Hemanth Kumar, 4th BAMS, Sushrutha Ayurvedic Medical College, Jigani, Bengaluru.

Abstract: *Agnikarma* is one of the parasurgical procedure mentioned by *Acharya Sushrutha*. It is a therapeutic heat burn done in order to relieve pain. *Agnikarma* plays a significant role in management of musculoskeletal disorders by acting on *Vata* and *Kapha Doshas*. Degenerative disorders of bones and joints are chronic process of wear and tear of joints that is progressive with time, leading to severe pain in the joints. *Agnikarma* is one among the major line of treatment modality in conditions like *Pakshaghata*, *Grudrasi*, *Apabhahuka*, *Janusandhigata Vata*, *Kati Shoola* and many more diseases of bones. These conditions progress with degenerative changes leading to severe pain which is making it difficult for the person to perform daily activities. Management of pain can only be done by NSAIDs in modern science. NSAIDs (non-steroidal anti-inflammatory drugs) are among the most commonly used pain relief medications. Their most frequent complications are gastritis, ulcers and bleeding in the stomach or bowel (gastrointestinal tract). It can the risk of renal disorders and cardiovascular diseases. Hence in such conditions *Agnikarma* plays a definite role in clearing *Srotoavarodha* and does *Aama Pachana*. The *Ashukari Guna* of *Agni* leads to vasodilatation and increase the movements of joints It increases metabolism at the site and simultaneously stimulate the sensory nerves which helps in complete exclusion of pain impulse.

8. COSMOCEUTICAL POTENTIAL OF AYURVEDA SKINCARE REMEDIES IN SKIN DEGENERATION

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Abstract: Degeneration is a process by which a tissue deteriorates and loses functional activity due to some injurious stimulus and may become converted into or replaced by other kinds of tissue. The skin shows symptoms such as wrinkles, fine lines, hyper pigmentation, pores etc. Understanding the pathology underlying in the degenerative diseases of skin provides a foundation for targeted interventions to mitigate aging effects and maintain tissue health. Usage of botulinum toxin, fillers, topical corticosteroid, emollients, micro needling, laser and various treatment plans are considered as it has adverse effects on prolong usage such as facial weakness, atrophy, drooping etc. Due to the evident side effects of these methods, people are opting for *Ayurvedic* therapies such as *Panchakarma* (bio cleansing regimen), judicious incorporation of *Pathya Ahar-Vihar* (diet and lifestyle regimen), *Rasayana* (rejuvenation therapy) described along with local applications in *Ayurveda*. *Rasayana* plays a significant role in mitigating the effects of aging and promoting skin health. It refers to rejuvenation therapy that promotes overall health, longevity, and vitality in terms of skin related degenerative diseases. These therapies focus on improving tissue regeneration, antioxidant defense, and maintaining cellular integrity. Usage of herbo- mineral drugs such as *Vanga*, *Yashada*, *Swarna*, *Amalaki*, *Haridra*, *Kumari* etc helps in managing degenerative diseases affecting skin. Their mode of action begins from a synergistic blend of phytochemicals, bioavailable minerals, natural antioxidants, essential oils. This work highlights the Cosmoceutical potential of *Ayurveda* skincare remedies in skin degeneration.

10. MANAGEMENT OF PARKINSONISM THROUGH RASAYANA DRAVYAS

Sinchana T P *, Dr Veerabhadra Gowda**

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Abstract: Degenerative Diseases in which the function or structure of the affected tissues changes for the worse over time. Some degenerative diseases are neurodegenerative diseases, muscular diseases etc. Over 10-15% of the global population is affected by degenerative diseases worldwide. Parkinson's disease is one among the neurodegenerative disease that which affects the movement often including tremors nerve cell damaging the brain caused dopamine levels to drop. At least 1% of people over age 60 and over age 80 4% of people are affected. This kind of disease can be treated by *Rasayana Chikitsa*, *Rasayana* is the science of nutrition aiming to procure the best qualities of body tissues leading in turn to longevity immunity resistance against disease improved mental faculties and ideal social environment.

Keywords: Neurodegenerative disease, Parkinson's, *Rasayana Chikitsa*

11. KAPIKACCHU PRAYOGA IN PARKINSON'S DISEASE: A CONCEPTUAL APPROACH TO NEUROPROTECTION AND MANAGEMENT

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Abstract: Introduction: Parkinson's disease (PD) is a progressive neurodegenerative disorder, primarily caused by the depletion of dopamine in the brain. It manifests as tremors, rigidity, and bradykinesia. Parkinson's disease, can be correlated to "*Kampa Vata*," in *Ayurveda*. *Kampavata* expresses the signs and symptoms as *Karapadatale Kampa*, *Deha bhramana*, *Nidra bhanga* and *Mati ksheena*. These symptoms mimic to that present in Parkinson's Disease. *Kapikacchu* (*Mucuna pruriens*), It is the best natural Source of L-DOPA, which is precursor to the neurotransmitter Dopamine, it's neuroprotective and dopaminergic properties, offering an integrative approach to Parkinson's disease management. **Materials:** This study utilized *Charaka Samhita* and *Bhavaprakasha Nighantu* etc, to explore the uses of *Kapikacchu*. Modern pharmacological studies were reviewed to evaluate its therapeutic

potential, focusing on its L-Dopa content, antioxidant properties, and neuroprotective effects. **Method:** *Kapikacchu* works by replenishing dopamine levels through its natural L-Dopa content, which crosses the blood-brain barrier to restore neurotransmitter balance. Additionally, its *Vata-shamaka* properties address the root cause of *Kampavata*. This conceptual study analyzes *samhitas* and correlates them with modern pharmacological evidence. Key *Ayurveda* principles of *Kampavata* pathogenesis and *Kapikacchu*'s therapeutic actions are reviewed alongside clinical and laboratory findings from contemporary studies and research articles. **Result:** *Kapikacchu* demonstrates a dual benefit of symptom management and neuroprotection. Studies indicate sustained dopamine release with fewer side effects compared to synthetic L-Dopa. Its additional benefits include improved motor function, reduced oxidative stress, and enhanced quality of life in patients of Parkinson's disease. **Discussion:** Parkinsonism is a syndrome of chronic progressive disorder of motor function and is clinically characterized by tremors. *Kapikacchu* offers a unique integrative approach by combining symptom control with systemic rejuvenation, addressing both the symptoms and the root cause of *Kampavata*. *Kapikacchu* having *Guru, Snigdha, Balya, Guna* does the *Vata Shamana* especially of its *Chala Guna* and provides nourishment to *Majja Dhatu*.

12. NEURODEGENERATIVE DISORDERS IN WOMEN'S HEALTH AND ITS THERAPEUTIC APPROACH

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Abstract: Degenerative disorders are a group of conditions characterized by the progressive degeneration of tissues and organs over time, leading to loss of functions. These disorders, which often result from aging, lifestyle factors, or genetic tendency, can significantly affect women's health and quality of life. These disorders significantly affect women's physical mobility, cardiovascular health and cognitive function along with psychosocial impact such as depression and loss of independence. The key organs affected are the bones (osteoporosis, osteoarthritis), the heart (cardiovascular diseases), the brain (Alzheimer's disease, dementia). The female life cycle is characterized by distinct stages, including menarche, the reproductive years marked by menstrual cycles and ovulation, pregnancy and childbirth, followed by perimenopause and menopause, during which hormonal fluctuations significantly impact physical and emotional health. The treatment offered by *Ayurveda* is a personalized approach to managing degenerative disorders by diet, lifestyle changes, herbal remedies and therapies related to *Panchakarma*. Drugs like *Ashwagandha, Haridra, Shatavari, Kaishora Amalaki, Gokshura*. Role of *Doshas* is said to be linked in basis of *Vata, Pitta, and Kapha*. An imbalance in *Vata Dosha*, particularly, is often linked to joint and bone degeneration, while *Pitta* and *Kapha Dosha* imbalances may affect the skin, nervous system, and metabolism.

Keywords: Degenerative disorders, women's health, *Ayurveda, Dosha* imbalances, osteoporosis, osteoarthritis, cardiovascular diseases, *Ayurvedic* herbs.

13. UTILITY OF AGADA PRAYOGA IN DEGENERATIVE DISORDERS

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Abstract: Degenerative disorders are the disorders which are not curable characterized by the progressive degeneration and loss of function in organs and tissues. It causes rapid decline of young cells and not formed back easily. Type of degenerative disorders- neurodegenerative disorder and muscular degenerative disorder etc. Among these we have made a small attempt to explain *Unmada* and *Apasmara I*, e psychosis and related disorders which are long standing neurodegenerative disorder. Statistics say that around 3% of people experience psychosis at some point in their lives. It means between 1500 people out of 100000 develop psychosis each

year. These types of disorders can be treated *Agada Yogas*. *Agada* is one of the remedies explained in the *Chaturvimshati Upakramas* as *Aushadi Prayoga*. *Acharya Charaka* mentioned about them. *Gandahasthadi*, *Kalyanaka Sarpi*, *Ajita* are some *Agada* used to treat *Unmada* and *Apsmara*.

Keywords- *Gandahasthadi Agada*, *Kalyanaka Sarpi*, *Ajita*, *Psychosis*

14. INNOVATIVE DRUG DELIVERY MECHANISM IN SANDHIGATAVATA

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Abstract: The term degenerative refers to the process of degradation or loss of function characterized by progressive deterioration of cells, tissues or organs overtime. All chronic diseases are not degenerative diseases but all degenerative diseases are chronic. Nearly 17 million deaths

related to degenerative diseases occur each year. *Ayurveda* offers a wide range of drugs and formulations for the management of degenerative disorders these remedies came to balance the doshas, reduce inflammation, improve cellular regeneration and support overall rejuvenation. One such chronic inflammatory and Musculoskeletal degenerative disorder is osteoarthritis i.e *Sandhigataavata*. *Sandhigataavata* is common type of joint disorder that is caused by aggravation of *Vata Dosha* in joints. Osteoarthritis occurs when a protective cartilage that cushion the ends of the bones wear down overtime. 7.6% of global population worldwide had osteoarthritis. Drug delivery is the method or process of administrating a pharmaceutical compound to achieve therapeutic effect in human or animal. *Haridra*, *Shallaki*, *Guggulu*, *Triphala Rasna*, *Ashwagandha* are such drugs which helps in curing *Sandhigataavata*. Hence this necessitates the exploration of innovative Drug Delivery mechanism to enhance therapeutic outcomes.

Key words: Degenerative disorder; *Sandhigataavata*; Osteoarthritis; *Vata Dosha*; Drug delivery mechanism.

15. INNOVATIVE DRUG DELIVERY MECHANISM IN ALZHEIMER'S DEGENERATIVE DISORDER

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Abstract: A degenerative disease is marked by progressive structural and functional decline in specific tissue are systems often without a clear infectious or traumatic cause. Alzheimer's disease is a neurodegenerative disorder that progressively impairs memory, thinking and behavior, eventually leading to the inability to carry out daily activities. According to WHO, Alzheimer's disease is a major contributor to Dementia, which affects about 55 million people globally and it is more common in women. In *Ayurveda*, Alzheimer's disease is understood as a disease of vitiated *Vata* dosha, particularly in the brain and is often correlated with *Smriti Bhramshah* or *Manovaha Sroto Vyadhi*. *Medhya Rasayana*, *Brahmi*, *Ashwagandha* etc. are some of drugs used in treatment. Modern adaptation includes incorporating *Ayurvedic* herbs into nanomedicine formulation to enhance delivery and efficacy in Alzheimer's management. *Ayurveda's* combination of traditional *Rasayana* therapies and modern delivery innovation holds promise for managing Alzheimer's disease effectively while ensuring patient's safety and holistic well-being.

Keywords: Degenerative disorders, Alzheimer's disease, *Smriti Bhramsha*, *Ayurveda* management.

16. HEALING DEGENERATION: AN AYURVEDIC PERSPECTIVE

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Abstract: The *Ayurvedic* approach to degenerative disorders offers a comprehensive strategy that tackles the underlying causes of many illnesses. Degenerative diseases are mostly attributed by *Ayurveda* to an imbalance in *Vata dosha*, which controls cellular aging, nerve function, and body movement. *Vata* increases tissue deterioration and causes illnesses that are common in the elderly when it is worsened, which is frequently brought on by age, bad lifestyle choices, and inadequate nutrition. Important components of the *Ayurvedic* approach to degenerative diseases consist of: **Etiology and Pathogenesis:** Degenerative conditions are caused by *Dhatu Kshaya* (tissue depletion) and *Vata* imbalance, according to *Ayurveda*. This imbalance damages joints, muscles, and nerves by weakening body tissues and depleting *Ojas* (vital essence). Over time, a *Vata* imbalance makes diseases like Alzheimer's illness (*Smriti Bhramsha*), osteoarthritis (*Sandhivata*), Parkinson's disease (*Kampa Vata*). **Therapeutic Method: Rasayana Therapy:** *Ashwagandha*, *Brahmi*, and *Guduchi* are examples of *Rasayana* (rejuvenative) herbs that are used in *Ayurveda* to nourish tissues, boost immunity, and restore vitality while slowing the degenerative process. **Panchakarma:** Research has shown that this detoxification treatment, especially *Basti* (medicated enema), is beneficial for removing accumulated toxins and restoring *Vata* balance. It also has been shown to be effective in pain management, tissue regeneration, and neuroprotection. Regular oil massages with *Vata*-pacifying oils, such as sesame and *Mahanarayan* oil, can improve circulation, lessen discomfort, and prevent joint wear and tear. This is known as *Abhyanga*, or oil therapy. **Lifestyle and Nutritional Interventions:** By focusing on warm, nourishing foods, a *Vata*-pacifying diet reduces dryness and depletion and treats degenerative symptoms. Lifestyle choices that strengthen the nervous system, improve circulation, and manage stress, such as regular exercise, *yoga*, and meditation, can help avoid disease. **Scientific Relevance:** According to recent research, *Ayurvedic Rasayana* herbs like *Ashwagandha* have antioxidant, neuroprotective, and anti-inflammatory qualities that are consistent with *Ayurveda's* cellular degeneration management tenets. Preventive care, customized therapeutics, and holistic lifestyle practices are all included in the *Ayurvedic* approach to degenerative illnesses, offering a distinctive viewpoint on illness management. *Ayurveda* provides important insights into treating degenerative diseases and fostering long-term health and well-being by emphasizing *Vata* balance and tissue vitality.

17. NEUROPROTECTIVE AND NEUROTROPHIC EFFICACY OF PHYTOESTROGENS IN RAJONIVRUTTI W.R.T MENOPAUSE

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Abstract: Menopause is a condition where in hypothalamic -pituitary-gonadal axis, in which endocrine and neural systems interact with each other, is disturbed leading to neuro degeneration. Menopausal transition is the time period that surrounds the final years of a woman's reproductive life which is associated with profound reproductive and hormonal changes in a woman's body and exponentially increases a woman's risk of cerebral ischemia and Alzheimer's disease. Menopause marks the state of estrogen deficiency. Following menopause the predominant estrogen is estrone and to lesser extent estradiol. The impact of prolonged hypoestrogenicity on the brain is now a critical health concern as we realize that these women may suffer an increased risk of cognitive dysfunction and neurodegeneration due to a variety of diseases Hence estrogens are said to improve the cerebral perfusion by vasodilation and increases the neuro transmitter activity of the brain. Phytoestrogens are a group of non-steroidal polyphenolic plant-based substances, commonly used for the treatment

of menopause-related conditions. They have both genomic and non-genomic effects, displaying weak affinity for estrogen receptors (ER) and preferentially binding to ER-B over ER-A. Overall we can say that phytoestrogens are neuroprotective and neurotrophic.

Keywords: Menopause, Neurodegeneration, Hypoestrogenicity, Estrogen, Phytoestrogens, Neuroprotective, Neurotropic

18. AYURVEDIC MANAGEMENT OF ENDOMETRIOSIS WITH SPECIAL REFERENCE TO VATAJA YONIVYAPAD

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Abstract: Motherhood is greatest gift conferred to woman by God. Hence, he created woman with different anatomical and physiological considerations when compare to man. Therefore, unlike man, woman is subjected to various diseases mainly pertaining to her reproductive system. A few of these diseases may disturb her womanhood and few may land her in life threatening condition if not treated properly. One such disease is endometriosis. Endometriosis is defined as implantation of functional endometrial tissue outside uterine cavity. The prevalence is about 10 percent. However, prevalence is high amongst the infertile woman (30-40%) as based on diagnostic laparoscopy and laparotomy. It is estrogen dependent condition hence increases due to high estrogen level in the body and regression occurs during pregnancy and after menopause.

Women with endometriosis are usually confronted with one or both of the two major problems-pain and infertility. Pain includes Dysmenorrhea, Dyspareunia, and chronic pelvic pain. Pain management, HRT and conservative surgeries are the treatment protocol in the contemporary sciences. But they have a sever side effects which even alters the physiology. In *Ayurvedic* it can be correlate with *Vataja Yonivyapada* on the basis of two symptoms Dysmenorrhea and chronic pelvic pain. *Ayurvedic* management can be done on the basis of *Tridosha* theory in which *Vata* is responsible for displacement of endometrial cells from their original location in the uterus to places outside the uterine cavity. *Pitta* responsible for involvement of blood, hormones, and menstruation as well as the inflammatory nature of the disease. *Kapha* responsible for increasing buildup of cells and overgrowing much like a tumor. So, the treatment approach can be *Ampachana* & correction of *Agni*, *Vaatanulomana*, *Mridu Virechana*, *Vatashamaka*, *Raktasravarodhaka*, *Granthihar* and *Lekhan Chikitsa*, etc. Lifestyle and diet modifications are also to be advocated as their role in the establishment of any disease cannot be ignored.

Keywords: Endometriosis, *Vataja Yonivyapad*, *Vaatanulomana*, *Granthihara*, etc.

19. A LITERARY REVIEW OF ATROPHIC VAGINITIS AND ITS MANAGEMENT IN AYURVEDA

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Abstract: Atrophic vaginitis is the drying, thinning, and inflammation of the vaginal walls. It results from falling oestrogen levels and usually happens after menopause. The condition can cause painful intercourse and increased urinary tract infections (UTIs). 10-50% of postmenopausal women, of those who are postmenopausal and have developed atrophic vaginitis, 50-70% develop symptoms. This hinders the day to day activities. *Sushka Yoniroga* can be most suitably correlated with Atrophic vaginitis. As per the *Acharyas* due to the *Vata Prakopa*, *Drava Abhavata* happens which leads to the *Suskata* of the *Yoni Dwara*. This in term causes pain during intercourse, itching, dryness and also *Yoni Kandu*. The management principle of Atrophic vaginitis includes topical oestrogen therapies like cream, vaginal ring, tablets, HRT's but the lubrication action or moisturisers will give a temporary relief and causes

the change of vaginal pH sometimes infections. In *Ayurveda Sthanika Chikitsa* which is of prime importance in the management of *Stree Roga* facilitates absorption of drugs through the vagina as the walls and adjacent tissues are highly vascular, where the medicines are administered intra vaginally. In this condition *Vathika Yoniroga Chikitsa*, along with *Sthanika Chikitsa* like *Yonipooranam*, *Pichu Dharanam*, etc can be adopted for the better management. Treatment mainly aims at *Vatapittasamana*, *Brimhana*, *Balya* and natural supplementation of estrogen containing drugs. In the present study the aim is to understand the Atropic vaginitis in the *Ayurvedic* point of view and its management modalities.

Keywords: Atropic Vaginitis, *Suska Yonivyapad*, *Vataja Yoni Vyapad*, *Sthanika Chikista*.

20. EFFECTIVENESS OF JALOUKACHARANA IN MANAGEMENT OF RHEUMATOID ARTHRITIS

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Abstract: *Amavata* is one of the most challenging diseases caused by *Ama* combining with vitiated *Vata Dosh*. The disease *Amavata* manifests where patient cries out of pain, severe stiffness, loss of appetite, vague body ache and crippling deformity of joints, which make them bed ridden. Having several features similar to Rheumatoid arthritis, *Amavata* is generally compared with it. Rheumatoid arthritis (RA) is a long-term autoimmune disorder that primarily affects joints. Rheumatoid arthritis (RA) is a chronic, symmetrical, inflammatory autoimmune disease that initially affects small joints, progressing to larger joints, and eventually the skin, eyes, heart, kidneys, and lungs. Often, the bone and cartilage of joints are destroyed, and tendons and ligaments weaken Pain and stiffness often worsen following rest. Pain medications, steroids, and NSAIDs are frequently used in contemporary science, to treat the disease. Disease modifying Anti-rheumatic drugs (DMARDs), such as hydroxychloroquine and methotrexate, are also used to slow the progression of disease but these have their own side effects. In *Ayurveda* *Jaloukavacharana* plays a major role in reducing pain and swelling. Clinically patients found significant relief in pain, swelling and range of movements after one sitting of *Jaloukavacharana*, hence it can be concluded that *Jaloukavacharana* is effective in management of pain in acute phase of *Amavata*. In present study the aim is to understand the rheumatoid arthritis in the *Ayurvedic* point of view and its management modalities

Keywords: Rheumatoid Arthritis, *Amavata*.

21. A CONCEPTUAL STUDY ON CERVICAL ECTROPION WITH SPECIAL REFERENCE TO GARBHASHAYA GREEVA MUKHAGATA VRANA

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Abstract: Cervical Ectropion or cervical erosion is a highly prevalent condition among females of reproductive age varying from 17-50 %. Although self-limiting and benign this disease can progress to chronic condition and or cause unpleasant and distressing symptoms that significantly impacting women's quality of life. Modern therapies are limited to local ablative therapies and can temporarily relieve mild symptoms. However, there is a need to have a tailored approach to this condition based on the range of symptoms and stages of the disease. Also, this approach should depend on the understanding of the body temperament, daily dietary habits, routine occupational hazards, and the climacteric changes where the patient is residing. *Ayurveda's* holistic healing approach holds an answer to the issue of chronicity and recurrent occurrence of cervical ectropion. *Ayurveda's* disease management focuses on assessment of the history, signs and symptoms and its correlation with *Prakriti* and the vitiated *Doshas*. Cervical erosion is now coined as *Garbhashaya Grivamukhagata Vrana* in *Ayurveda* as it resembles the features of *Vrana* as explained in the classics. The treatment modality and the drug of choice are selected according to these assessments. Therefore, our study aims to review

the current literature and clinical procedures mentioned in *Ayurveda* and synthesize the evidence associated with the medicinal drugs and combinations used to treat cervical Ectropion.

Keywords: *Garbhashaya Griva, Mukha Gata Vrana, Cervical Ectropion, Kshara Karma*

22. ROLE OF ANUSHASTRAS IN THE MANAGEMENT OF DEGENERATIVE DISORDERS

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Abstract: Introduction: The role of *Anushastras* in the management of degenerative disorders like *Sandhigata Vata* which is one of the most common *Vatavyadhi* mainly occurs due to *Dhatukashya* and other *Vataprakopaka Nidanas*, Osteoarthritis is a degenerative disorder affecting the joints of the body. Acc to WHO 1990-2019 528 million people worldwide are suffering from Osteoarthritis where pain, swelling, restricted movements of joints are common clinical features the leech therapy's anti-inflammatory, analgesic, antibiotic etc properties help in the treatment of osteoarthritis. Materials and Methods: Literature search of PubMed, Google Scholar and FDA database, research work from different articles and thesis which shows the role of *Jalaukavacharana*. Results and Discussion: The therapeutic assessment was based on a broad assessment of the therapy's effectiveness. The following day, the pain and swelling in the knee joint subsided, and the effect continued until the end of the treatment. However, it wasn't until the end of treatment that the patient felt completely relieved (i.e. day30). Furthermore, the current case study found that adjuvants *Ashwagandha Ghanvati, Yograj Guggulu*, and *Gandharv-Haritaki* powder (locally) with Leech Therapy (intravenously) was helpful and beneficial in the treatment of *Janu Sandhigata Vata*, especially in the case of knee osteoarthritis. Conclusion: After the overall assessment of the procedure for their efficacy on *Janu Sandhigata Vata*, there has shown in edge in *Jalaukavacharana* method for overall other methods of management. There were no complications and adverse reactions reported in the above trial validating the safety of methods. Hence these procedures are found to be very much safe, simple, cost- effective, easily administered in the patients of *Janu Sandhigata Vata*. The energetic chemicals in leech saliva, as well as their close release (inside the synovial fluid), are worth investigating further. No other pharmacologic drug as such long- term effects following a single local dosing.

23. EFFICACY OF LASHUNA RASAYANA IN THE MANAGEMENT OF GRIDHRASI W.S.R TO SCIATICA – A REVIEW

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Abstract: Introduction: Degenerative disorders such as Neuro-degenerative disease, arthritis and CVD are major health concern worldwide. *Rasayana* therapy one among the *Ashtangas* of *Ayurveda* has multi-modal action through prevention, maintenance, and promotion of health. *Lashuna* is one such *Rasyana* which is specially indicated in *Vatavyadhi* specially indicated in *Gridhrasi* - enumerated under 80 *Nanathmaja Vatavyadhi* in the classics. **Materials and Methods:** A comprehensive review of classical *Ayurvedic* texts like *Charaka Samhita, Ashtanga Hrudaya*, etc., research articles and reviews were conducted to gather information on *Lashuna Rasayana*, its pharmacological activities and its application in degenerative disorders like *Gridhrasi*. **Results:** *Ruk* is one of the symptoms of *Gridhrasi* which is due to the impairment of *Chala Guna* of *Vata* leading to *Prakopa* of *Vata* and to correct this *Gati* and for *Vedana Sthambanartha*, *Lashuna Rasyana* has the property of *Vata Hara, Brihmana* action. *Sthamba*, is because of *Sheeta Guna* of *Vata* and *Kapha*. *Lashuna* has the properties of *Ushna* and *Pachana* action does pacification of *Doshas* by clearing *Avarana* and there by relieves the symptom. *Ushna Thiksna* and *Pachana* properties of *Lashuna* does *Lagahavata* and increases the *Agni* and relieves *Gauravata*. **Discussion:** The application of *Rasayana* and Prophylaxis

can play a significant role in preventing and managing degenerative disorders. The pharmacological activities of *Rasayana* can help mitigate the underlying Patho-physiological mechanisms of many disorders. *Gridhrasi* is one of the *Vatavyadhi*, *Lakshanas* of *Gridhrasi* varies from individual it may be *Vataja* or *Vata-Kaphaja*. *Lashuna Rasyana* is one which is having both *Vata* and *Kapha Hara* action and also does nourishment of the tissues; hence it is much efficacious in reliving the symptoms of *Gridhrasi* of both types.

24. TECHNOLOGY AND INNOVATION INTERVERTEBRAL DISC DEGENERATION IN GERIATRICS

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Abstract: Introduction: innovative drug delivery for disc degeneration. • linked to *Asthi Dhatu Kshaya* and *Vata Prakopa*. • affects 30% asymptomatic and 50% symptomatic under 50. fundamentals *Vata* aggravated *Apana Vata Sthana*. **Materials:** perforated local patch, *Ksheera Bala Taila* 101 oil capsule. **Discussion:** Innovative drug delivery in geriatrics, the IVDD cases will be in prolonged period and we cannot be continue with *Panchakarma*. The intensity of *Shodhana* is highly increased in *Pachakarma* and the patient is already too weak. so choos for the *Shamana* line of treatment which is totally non invasive and no pain causing. *Vata* aggravated at *Apana Vatta Sthana*. अ धातु य (depletion of bone tissue) औषधा सेवन कला aiding in activation of *Agni*, ensuring better assimilation, co-relation - वा स मु broader concept addressing joint disorders, potentially including those in the spine. both may share common symptoms like pain and stiffness but have different underlying causes and treatment philosophies.

25. EFFECTIVENESS OF VAYASTHAPANA GANA SIDDA SNEHA IN PREVENTION AND MANAGING OF DEGENERATIVE DISORDER W.S.R TO EYE

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Abstract: The *Ayurveda* medicine has given special importance to concept of *Ayu*. Hence it has in depth explained about the *Dinacharya*, *Rutucharya*, *Sadvritta*, *Rasayana* ect. These are the essentials of life which are going to make person to live healthily for longer time. The imbalance in these results in early degenerative changes. To tackle this early prevention is better than cure. Under this sub theme we have taken the *Charakoktha Vayasthapana Mahakashaya Gana* to manage and prevent degenerative disorders of eye i.e AMD, Presbyopia, Glucoma, Cataract...etc According to *Charaka Samhitha* the *Vayasthapana Gana* having the drugs i.e *Amrutha*, *Abaya*, *Amalaki*, *Shwetha*, *Atirasa*, *Sthira*, *Jivanti*, *Mandukaparni*, *Punarnava*, *Rasna*. Among those drugs majority are having *Tridoshaghna*, *Anulomana*, *Rasayana* and *Balya* action. These are proven for anti-oxidant, rejuvenating, immuno-modulatory action hence specially acts over degenerative changes. Based on the *Ashtanga Hridaya* reference in old age the *Vata Dosha* will be predominant and at this age degenerative changes are more. Hence *Vata Dosha* should be tackled. For that we have chosen concept of *Basti*- acting as *Ardhachikitsa* externally by doing *Netra Basti* and internally by giving *Anuvasana Basti* togetherly making a complete *Chikitsa*. For *Netra Basti* medicated *Ghritha* prepared from *Vayasthapana Gana Sidda*. *Kwatha* and *Kalka* are used and for *Anuvasana Basti* medicated *Taila* prepared from the same *Gana Dravyas* are utilized. Not only for management but for preventive aspect of degenerative disease of eyes *Netra Basti*, *Matrabasti* and *Nasya* are given using above mentioned medicated *Ghritha* in *Swastha* to prevent the manifestation of early degenerative changes. When *Basti* is performed to manage eye disorder additionally it nourishes the whole-body parts just like as how whole plant gets nourished by watering to the roots.

26. PERSPECTIVE OF DEGENERATIVE DISORDER IN AYURVEDA

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Abstract: Degenerative diseases in old age and young age in *Ayurvedic* point of view. Also by correlating degenerative diseases with modern aspect, explaining the process of degeneration, to explain general public how daily activities and food style contributing in degenerative diseases. According to *Ayurveda Dosha* predominant in old age is *Vata*. As *Vataja Nanatmaja Vikaras* are also 80 which is more as compared to other *Doshaja Nanatmaja Vikaras*. Also *Vata* having capacity to control movement of other *Doshas* too, mainly degenerative process which can be correlated to process *Dhatusaitilya*, *Dhatupaka*, and *Dhatukshaya* which is again caused due to improper action of *Vata Dosha*. By understanding this process in both modern and *Ayurvedic* science it will be easy to make general public understand. We can also explain how *Vata Dosha* is acting in these process, how *Vata Dosha* with other *Dhatu* in body i.e. *Dosha Dushya Sammurchana* and its effect, how it leads to various diseases. Analysing *Dosha* and *Dhatu Kshaya* and *Vridhi* leading to diseases. We can make public understand how each person life style, kind of activities, sleep and food habits have role in causing degenerative changes in body. Also how understanding person age, *Prakruti*, *Desha*, *Kala*, *Agni*, *Kosta*, etc can help one to maintain health and avoid the early process of degenerative changes in once body. To control *Vata*, mainly *Basti* that is one of *Pancha Karma* procedures also considered as *Ardha Chikitsa* also mainly used in all *Vataja* diseases, can be applied. Different types of *Basti* that is *Anuvasana*, *Niruha* in combination or alone, in different *Matra* according to each individual can be utilized. By all this understanding and right utilization one can avoid early degenerative changes and live a happier life.

27. A CASE REPORT ON DEGENERATIVE DISORDERS IN PHALINI, CYSTOCELE AND WEAK PELVIC FLOOR STRENGTH

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Abstract: Cystocele is a condition in which the supportive ligaments and muscles around the bladder and vaginal wall that hold up the bladder stretch or weakened. According to the statistics reported: "Cystocele affects approximately 18 per 100,000 individuals across all age groups, with a significantly higher prevalence of 47 per 100,000 among women over 50 years old". Which being the most common type of pelvic organ prolapse affects the healthy life of an individual. The common causes include child birth, aging, obesity, chronic constipation, and heavy lifting etc, this is a case study of 70yrs old female patient presented with complaints of urine incontinence since 21/2yrs, and also presented with the complaints of hard stools, uncontrolled defecation, loss of appetite, inability to sit for long time and protrusion of mass p/v, for which the treatment has been planned and treated effectively with an *Ayurvedic* management. As per the classics, treatment begins with the administration of *Sneha*, *Kumbi Sveda* with *Anupa* and *Audaka* type of *Mamsa*, *Madhura* group of drugs mixed with *Veshavara*, *Uttara Basti*, *Yoni Pichu*, *Dhavana*, *Purana* with *Panchakashayas*, *Pinda* made out of *Shodana Dravya* paste along with *Gomutra*.

Keywords: Cystocele, *Phalini*

28. AYURVEDA AS PRECISION MEDICINE: A FUTURE FOR DEGENERATIVE DISORDERS

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Abstract: Introduction: Every human being is unique and diverse based on their phenotype change, varied drug response and multiple epigenetic characteristics. Due to this variability and several causes, humans are potential hosts for degenerative disorders that often manifest and distribute in them as pathology. These disorders are permanent, sometimes incurable,

progressive and deteriorating due to degeneration of cells, later affecting tissue and organs. In its own limitations, modern conservative managements often fail to treat these disorders. Ayurveda offers personalized approaches for prevention and therapeutic management of Degenerative disorders. Precision medicine is a new model of personalized medicine, that identify potential drug targets, real time monitoring of patient health, identify causal genes, phenotypic and genetic heterogeneity, and adapted tactics of a physician. On cautious opinion, Ayurveda and its approaches is Precision medicine. **Methodology:** Various databases were searched for preventive and treatment modalities offered by Ayurveda on Degenerative disorders. Results from standard medical journals were noted to meet the present purpose. **Results and Discussion:** *Yoga* an integrative preventive modality of Ayurveda tends to act on Psycho-Neuro-Immune axis affecting on basic metabolism, epigenetics, DNA repair, oxidative bioprocess of degenerative disorders. *Ashwagandha* one of *Rasayana* drug is potent in neuritic regeneration and synaptic reconstruction, inhibits cholinesterase enzymes and is a potential cognitive enhancing drug for Alzheimer's disease induced dementia, prooxidant agent on Parkinson's disease. *Ayurveda* interventions like *Abhyanga*, *Shirobasti*, *Swedana*, with *Vatahara* drugs are recorded to improve balance in progressive degenerative cerebellar ataxia and *Tikta Ksheera Basti* with *Brihmana* and *Balya* property improves lumbar degenerative disc diseases. **Conclusion:** *Ayurveda* is Precision medicine as it offers multicentric personalized methods. The prerequisite in Ayurveda is more precise empirical studies on its approaches based on AI driven and Nano technology which Precision medicine desires.

29. AYURVEDIC MANAGEMENT OF OSTEOPOROSIS (A DEGENERATIVE CONDITION) IN POSTMENOPAUSAL WOMEN: A COMPREHENSIVE APPROACH

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Abstract: Introduction: India is the second largest country in the world regarding population. As the life expectancy has increased, the population of postmenopausal women is also increased. Postmenopausal Osteoporosis- It is the second most common metabolic bone disease in India. The studies of last two decades suggest that women in menopausal age report more physiological and psychological problems. Osteoporosis is one among them. Osteoporosis or porous bone is a worldwide problem, characterized by low bone mass and structural deterioration of bone tissue, leading to bone fragility and an increased risk of fractures. Women ≥ 50 years of age have a four times higher rate of osteoporosis and a two times higher rate of osteopenia, and they tend to have fractures 5 –10 years earlier compared with men. **Methods:** Ayurveda can be adopted as the best line of management and preventive aspect for osteoporosis. A comprehensive review of Ayurvedic literature and research studies were conducted to explore the efficacy of Ayurvedic management in osteoporosis which meet the preventive criteria. **Results and discussion:** Allopathic management of osteoporosis has limited options and medicines, though different treatment modalities like HRT, Calcium & Vit-D supplements are commonly used, there is no treatment which has satisfactory improvement without side effects. *Ayurveda* seems to be effective in addressing the above-mentioned limitations of the conventional therapies. Ayurvedic therapies like *Abhyanga*, *Swedana*, and *Basti* have also been found to be beneficial in managing osteoporosis. Additionally, Ayurvedic *Patya Apatya* can play a crucial role in preventing and managing osteoporosis **Conclusion:** The Postmenopausal period is associated with significant incidences of age-related medical conditions like cardiovascular diseases, fractures and osteoporosis. Osteoporosis can be covered under *Asthi Kshaya*. Pathogenesis of *Asthi Kshaya* is a complex mechanism and hence no single drug is advisable to reverse the pathogenesis. It requires A 'Holistic approach' to manage *Asthi Kshaya* effectively. Thus ayurveda can play crucial role in treating osteoporosis.

30. MANAGEMENT OF ASTHIMAJJA GATA VATA [MULTIPLE SCLEROSIS] WITH AYURVEDIC AND PANCHAKARMA TREATMENTS

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Abstract: Multiple sclerosis is a progressive neurodegenerative disease with manifold impacts producing multiple systemic effects, where myelin sheath around the axons of the brain and Spinal cord are damaged, leading to demyelination and further complications like blurred vision to that of bedridden state. In Allopathic treatment, DMDs, immunosuppressant, Ocrevus are highly expensive as compared to Ayurvedic line of management. In Ayurveda, MS is correlated to aggravation of *Vata* in *Snayu* and *Majja* and *Oja Kshayam* thus emphasizing the need to balance *Vata* and rejuvenate tissue for Effective management. *Samana Vata Chikitsa* with *Panchakarma* followed by *Rasayana* (*Vardhamana Pippali Rasayana*) is considered to be effective in alleviating Ama and can be administered in maximum doses with no adverse effects. implementing Ayurvedic treatment principles, remarkable decrease in severity of symptoms and improvement of well-being could be achieved.

31. APPLICATION OF RASAYANA AND PROPHYLAXIS IN OSTEOPOROSIS.

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Abstract: Ayurveda is an ancient science of life deals with the preventive as well as curative aspect. It explains human body as a 'congenial homeostasis' of *Doṣa*, *Dhatu* and *Mala*. The function of *Dhatu* is *Dharaṇa* (maintain the structure) of the *Sharira* (body). Among the *dhatu*, *Asthidhatu* is responsible for maintenance of structural frame work of the body. It gives shape to the body and protects the vital organs. Concept of osteoporosis has explained under 18 types of *Kṣhaya* by *Acharya Charaka* in *Sutra Sthana Kiyantahshirasiya Adhyaya*. *Asthikṣhaya* pathogenesis can be explained in many ways in Ayurveda. According to the principles of *Ashrayaashrayibhava*, *Asthidhatu* is the seat of *Vata Doṣa* and inversely related to each other. Increase of *Vata* is the main factor responsible for *Asthikṣhaya*. *Acharya Charaka* has opined increase of *Vata* may follow two patterns; one is from *Margavarāṇa* and another is from *Dhatukṣhaya* which can further lead to *Asthikṣhaya*. Osteoporosis or porous bone is a global problem characterized by low bone mass and structural deterioration of bone tissue, leading to bone fragility and an increased risk of fractures of the hip, spine and wrist. Men as well as women are affected by osteoporosis but females are at higher risk. This risk even increases at the time of menopause, which is the period of hormonal imbalance. Treatment available in modern science is mainly symptomatic and not devoid of adverse effects. Ayurveda treatment visualizes the human body as a single unit and this approach has opened many innovative approaches for treatment. On this background present study was taken to analyze the fundamental concept of *Asthikṣhaya* and to find out single herbs beneficial for it. Drugs from classical texts along with commonly used in practice have been analyzed in context of *Asthikṣhaya*. Study reveals that drugs like *Guduchi*, *Ashwagandha*, *Prishnaparni*, *Samanga*, *Vacha* etc. possess *Kaphavatashamak* properties which helps in breaking the pathogenesis by clearing and nourishing the *Srotas* (channels). Drugs like *Madhuyasti*, *Priyangu*, *Vidarikanda*, *Shatavari* etc. have *Vatapittashamak*, *Balya* (tonic), *Brimhan* (nourishing) properties works directly on *Dhatukṣhaya*.

Keywords: osteoporosis, *Asthikṣhaya*, *Rasayana*

32. RASAYANA THERAPY: A PREVENTIVE AND THERAPEUTIC REMEDY FOR DEGENERATIVE DISORDERS

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Abstract: Introduction: In human beings, Rasa dhatu is one of the essential nutrients for optimal development of physical build and sense organs, to achieve longevity, memory, intelligence, free from disorders, command over articulation and intelligence. Due to various causes, human beings are potential hosts for degenerative disorders that often manifest and distribute in them as Rasa dhatu pathology. These disorders are enduring, sometimes unalterable, progressive and worsening due to degeneration of body cells, tissues and organs. *Rasayana* therapy, a unique modality of Ayurveda offers multimodal approach in preventing and treating Degenerative disorders. **Methodology:** Various databases were searched for preventive and treatment modalities offered by *Rasayana* therapy of Ayurveda on Degenerative disorders. Outcomes from such search with standard medical journals were plotted to meet the present purpose. **Results and Discussion:** *Kamya Rasayana* enhances longevity, brilliance, promotes energy levels, complexion, immunity and general health. *Ashwagandha*, a *Naimittika Rasayana* or *Aushadha Rasayana* is an antioxidant negotiator, a potent neural renovator, synaptic rebuilders and cognitive enhancer. It constrains cholinesterase enzymes seen in Alzheimer's disease induced dementia, and Parkinson's disease. *Kutipraveshika* and *Vatatapika Rasayana*, though being differing to each other, are radical approach which has the potential to reverse aging process, expansion of life spans and manage several degenerative ailments by rejuvenation. *Acharya Rasayana*, tends to improve Sattva of a person and can benefit certain immune related degenerative disorders. **Conclusion:** *Ayurveda* has *Rasayana* therapy as its personalized, preventive and therapeutic method for Degenerative disorders. The prerequisite in Ayurveda is more and more precise empirical studies on its approaches of *Rasayana* therapy concerned with Degenerative disorders.

33. AYURVEDIC APPROCH TO MANAGING CATARACT

Vimarshaa B, Final year, Rajeev institute of ayurvedic medical sciences and research centre Hassan

Abstract: A cataract is a cloudy area that develops in the lens of the eye, which is the clear part of the eye that helps focus light. Cataracts are a common cause of vision impairment and can lead to blindness. **Prevalence:** In people aged 60 and older, the prevalence of unoperated cataract is 58% in north India and 53% in south India. **Gender:** Women are more likely to have cataracts than men, with an odds ratio of 1.8. **Age:** The prevalence of cataracts increases with age. **Symptoms:** Blurry, hazy, or less colorful vision, seeing halos around lights, frequent changes in eyeglass prescriptions. **Causes:** Protein in the lens breaks down and clumps together. **Risk factors:** Aging, diabetes, eye inflammation, eye injury, family history of cataracts, long-term use of corticosteroids, radiation exposure, smoking, too much exposure to ultraviolet light (sunlight). **Diagnosis:** Eye examination, including a slit lamp. **Treatment:** Surgery to remove the cataract and replace it with an artificial lens. Ayurvedic correlation of cataract is considered to *Timira Kacha* and *Linganasha* in progressive stages. In managing cataracts, Ayurveda takes a holistic approach involving various treatments and lifestyle adjustments, including a healthy diet, regular exercise, stress reduction techniques, and herbal remedies.

34. USE OF GOLD NANOTECHNOLOGY IN DIAGNOSIS AND TREATMENT OF CANCER

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Abstract: Recent advancements in gold nanotechnology have paved the way for innovative approaches in cancer diagnosis and management, harnessing the unique properties of gold nanoparticles (AuNPs) for enhanced efficacy in oncology. This poster highlights the multifunctional applications of gold nanotechnology, focusing on its role in improving the

specificity and sensitivity of cancer diagnostics and its potential in targeted therapy. Gold nanoparticles exhibit remarkable optical properties, enabling their use in imaging techniques such as computed tomography (CT), magnetic resonance imaging (MRI), and surface-enhanced Raman scattering (SERS). These properties facilitate the early detection of tumors and contribute to real-time monitoring of cancer progression. The poster presents data demonstrating the enhanced contrast achieved using AuNPs in imaging modalities, which significantly aids in the identification of malignant tissues over surrounding healthy cells. Moreover, gold nanotechnology is being explored for targeted drug delivery systems. By conjugating chemotherapeutics or therapeutic agents to AuNPs, it is possible to achieve selective accumulation in tumor cells, minimizing systemic toxicity and enhancing treatment efficacy. This targeted approach, combined with photothermal therapy, utilizes the hyperthermic effects of AuNPs under near-infrared light exposure to selectively ablate cancer cells. Overall, this underscores the transformative potential of gold nanotechnology in oncology, offering innovative strategies for cancer detection, treatment, and management. The integration of AuNPs into clinical practice could revolutionize current paradigms, leading to improved patient outcomes and personalized therapeutic options. Continued exploration and optimization of these nanotechnology applications promise a future where cancer diagnosis and management are significantly more effective and patient-centered.

35. ADMINISTRATION OF RASAYANA CHIKITSA IN BETTER MANAGEMENT OF ALZHEIMER'S DISEASE

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Abstract: Alzheimer's disease, a progressive neurodegenerative disorder, is characterized by progressive decline in memory, cognitive abilities, learning, etc. Alzheimer's, a type of dementia, has been considered as *Vatavyadhi* and is termed as *Smriti Nasha* or *Smritibhuddhihrasa* in *Ayurveda*. *Rasayana Chikitsa*, rejuvenation therapy, is aimed at preservation, transformation, and replenishing energy. These act at *Dhatu* levels (tissues and molecular level), promotes *Ojas* (immunity), anti-ageing and aims at curing a disease. Successful treatment addresses the root cause of a particular disease. Alzheimer's being a *Vatavyadhi*, caused by the derangement of *Vata*, causes *Srotoavarodha*. This in turn, causes *Srotodusti* of *Majja Vaha*, *Manovaha* and *Samjnana Vaha Srotas* leading to *Masthishka Kshaya* (neurodegeneration). Thus, by addressing the imbalance of *Vata* and the degenerating effects that it has caused, Alzheimer's can effectively be treated through *Ayurveda*. In Modern medicine, symptomatic treatment has been suggested and is found to have adverse effects once the drugs wear out. Employing *Panchakarma* (especially *Matrabasti*, *Shirovirechana* and *Shirodhara*-using *Bhrami Ghritam*) alleviates *Vata* and thereby enables better absorption of *Rasayana* prescribed later. *Rasayanas* that are *Medhya* (nootropic drugs), and that which improves the nervous system have been proved to work best against the progressive deterioration of Alzheimer's disease. *Rasayanas* such as *Ashwagandha*, (reverses accumulation of amyloid plaque formation, memory loss), *Shankhapushpi* (has antioxidant and free radical scavenging properties), *Mandukaparni* (brain growth promoter, prevents cognitive deficits), *Brahmi* (memory enhancer) and *Haridra* (prevents tau aggregation) in various combinations, and modes of administration (*Ghruta*, *Swarna*, *Rajata Bhasma*), would increase their efficacy, enabling successful treatment. The major etiologies of Alzheimer's disease, such as amyloid plaque formations, tau aggregation, oxidative stress and free radical formations have been directly acted upon and minimized by the above enlisted drugs. Thus, rejuvenation therapy along with panchakarma, other yoga and pranayama practices results in effective treatment of Alzheimer's and helps improve the quality of the patient's life.

36. AN INTEGRATIVE APPLICATION OF MATRA BASTI (INDU KANTNA GHRITHAM) IN DEGENERATIVE DISORDERS WITH SPECIAL REFERENCE TO SANDHIGATAVATA

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Abstract: *Sandhigata Vata*, a condition classified under *Vatavyadhi* (disorders of Vata dosha), predominantly affects the joints and is most common among the elderly. It arises due to *Dhatukshaya* (tissue depletion) and is characterized by debilitating symptoms like pain, stiffness, and restricted movement. This disorder, considered challenging to treat (*Kashtasadhya*), impacts basic daily activities, such as walking, dressing, and bathing, severely impairing the patient's quality of life. The primary pathological feature is *Shula Pradhana Vedana* (pain as the dominant symptom), with swelling and stiffness of the joints often exacerbated by *Vata* imbalance, which hinders movement and leads to joint degeneration. This paper explores the integration of *Indukantha Ghritam*, an Ayurvedic formulation, with *Matra Basti* therapy as a treatment for *Sandhigata Vata*. The formulation, composed of potent ingredients like *Chirabilva* (*Holoptelea integrifolia*) and *Devadaru* (*Cedrus deodara*), provides anti-inflammatory, analgesic, and rejuvenate effects. These herbs directly address the root causes of joint degeneration by stabilizing Vata dosha and reducing oxidative stress, both key contributors to the progression of the condition. The therapeutic potential is amplified by the use of *Matra Basti*, a form of Ayurvedic enema, which ensures direct absorption and deeper tissue penetration, allowing the active ingredients to target the affected joints more effectively. Participants in the study will receive *Matra Basti* treatment with *Indukantha Ghritam* for 30 days as part of an intervention. Prior to and after the treatment period, baseline assessments will be made regarding key outcome measures like pain relief, joint mobility, and overall quality of life. This research combines traditional Ayurvedic practices with contemporary understanding of joint health, oxidative damage, and Vata imbalance. By focusing on quantifiable outcomes, the research aims to assess the efficacy of this dual-therapy approach in providing a non-invasive, holistic solution for *Sandhigata Vata*, particularly in geriatric care.

Keywords: *Sandhigata Vata, Indukantha Ghritam, Matra Basti.*

Articles & Success Stories



INTEGRATIVE MANAGEMENT OF HEMIPLEGIA: A CASE STUDY IN AYURVEDIC CARE – A SUCCESS STORY

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Medical Superintendent,

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Abstract

Hemiplegia, often resulting from cerebrovascular accidents, presents significant challenges in physical and neurological rehabilitation. This article explores the integrative Ayurvedic management of a patient diagnosed with **Right Hemiplegia** (*Pakshaghata*), highlighting the potential of traditional therapies in addressing chronic neurological conditions. The case study demonstrates how a combination of Ayurvedic cleansing, rejuvenation, and supportive therapies can significantly improve mobility, strength, and quality of life.

Introduction

Stroke, characterized by sudden neurological deficits, is a leading cause of long-term disability worldwide. Hemiplegia, a common post-stroke manifestation, affects motor, sensory, and cognitive functions, often leaving patients dependent on caregivers. While modern medicine offers acute interventions, the role of Ayurveda in chronic neurological rehabilitation remains underexplored.

This case focuses on an 86-year-old male diagnosed with *Pakshaghata*, a condition correlating with hemiplegia, managed through classical Ayurvedic approaches.

Case Presentation

Demographic and Clinical Details

- **Patient:** 86-year-old male, shopkeeper
- **Chief Complaints:** Right-side paralysis, speech loss, bladder and bowel incontinence (1 month)
- **Medical History:** Type 2 Diabetes Mellitus
- **Imaging Results:** MRI confirmed acute infarction in the left MCA territory, chronic infarction in the left corona radiata, and cerebral atrophy.

Ayurvedic Diagnosis:

Based on *Nidana Panchaka*, the patient was diagnosed with *Pakshaghata* due to *Vata-Kapha* vitiation and *Dhatu Kshaya*, complicated by *Ama* and *Marma Abhigata*. Key symptoms included *Cheshta Nivrutti* (loss of movement), *Vakstambha* (speech loss), and *Bala Kshaya* (weakness).

Ayurvedic Management

The treatment approach followed classical Ayurvedic guidelines for *Pakshaghata*, incorporating *Shodhana* (cleansing), *Shamana* (pacification), and *Brimhana* (nourishment).

Phase 1: *Samsrusta Doshaja Pakshaghata Chikitsa* was done – *Shodhana*

- ***Nitya Virechana, Snehayukta Virechana (Therapeutic Purgation):***
 - ***Gandharvahastadi Eranda Taila*** (30 ml with 50 ml milk) administered daily to alleviate *Vata Kapha* obstruction.
 - Outcome: Improved bowel regulation and reduced *Ama* accumulation.

Phase 2: *Kevala Vataja Pakshaghata Chikitsa*

- **External Therapies:**
 - ***Abhyanga (Oil Massage): Bala-Ashwagandhadi Taila*** reduced stiffness and improved circulation.
 - ***Shiropichu: Brahmi Ghruta*** calmed *Vata* imbalance and enhanced cognitive recovery.
 - ***Swedana (Sudation Therapy): Patrapinda Sweda*** relieved muscular stiffness.
 - ***Brihmana Nasya:*** with *Mahanarayana Taila (Arohana Krama)* helped by nourishing and strengthen of nervous system.
 - ***Jihwa Pratisarana*** was done by *Vak Shuddikara Churna & Gandusha* with *Triphala Kwatha* helped to promote oral hygiene, stimulate nerve endings, and enhance overall recovery.
- ***Matra Basti (Medicated Oil Enema):***
 - Oils: ***Ksheerabala 101*** and ***Mahamasha Taila***
 - Function: Nourished tissues and improved neuromuscular coordination.
- **Internal Medications:**
 - ***Ekgaveera Rasa (1-0-1 B/F):*** Pacified aggravated *Vata* and strengthened muscles.
 - ***KBT 101capsules (1-0-1 B/F):*** strengthened nervous system.
 - ***Ashwagandha Ghana Vati (0-1-1A/F):*** Improved energy and resilience.
 - ***Shiva Gulika (1-0-1A/F):*** Enhanced memory, cognitive function, and speech.

Phase 3: Maintenance and Follow-Up

Dietary adjustments (warm, *Vata*-pacifying foods), hydration, and light physical activity were recommended. Medications like ***Gokshura Guggulu*** and ***Punarnava Churna*** were prescribed to address associated complications like swelling and urinary discomfort.

Outcomes

- **Motor Function:** The patient, previously wheelchair-bound, achieved a gait velocity of 0.83 m/s and a cadence of 106 steps per minute, nearing the functional range for his age.
- **Speech:** Significant improvement in slurred speech, though complete restoration was not achieved.
- **Quality of Life:** Regained independence in mobility and reduced reliance on caregivers.

Before Treatment



After Treatment



Discussion

Ayurvedic texts identify *Pakshaghata* as a complex condition resulting from aggravated *Vata* and *Kapha* blocking pathways. The treatment emphasized removing obstructions (*Virechana*), rebuilding tissues (*Abhyanga* and *Basti*), and enhancing systemic strength (medicated oils and *Rasayanas*).

Modern interventions focus on acute care, but *Ayurveda* addresses the long-term needs of stroke survivors by improving neuromuscular function and systemic resilience. This integrative approach can complement contemporary rehabilitation protocols.

Conclusion

This case highlights the efficacy of Ayurvedic therapies in managing chronic neurological conditions like hemiplegia. By addressing the root cause and rebuilding systemic health, *Ayurveda* provides a sustainable pathway for recovery. Further research and clinical studies are warranted to validate these practices and explore their integration with modern medicine.

CLINICAL STUDY ON *KAAKA VANDHYATWA* (SECONDARY INFERTILITY) W. S. R. TO ANOVULATORY FACTOR AND ITS MANAGEMENT: A CASE REPORT

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Introduction:

Kaaka Vandhyatwa (secondary infertility) is defined as failure to conceive for the second time. In infertility male is directly responsible in about 30-40% of the cases and the female in about 40-50% and both are responsible in about 10% cases. The remaining 10% is unexplained.

In Ayurveda, *Kaaka Vandhyatwa* is explained clearly and it states the women will not be able to become pregnant following first birth. In all kind of pregnancy 4 major factors are responsible for the reproduction, they are called as *Garbha Sambhava Samagri*, they are 1) *Rutu* (fertile period), 2) *Kshetra* (reproductive organs), 3) *Ambu* (proper nutrient fluid), 4) *Beeja* (*Shukra-Shonit*). Any abnormality in these factors leads to infertility. It is observed, if there is failure of ovulation, in ayurveda *Beeja* (*Shukra-Shonit*), the conception will not achieve. By inducing the ovulation and by correcting the hormonal cycle, that is *Vata Dusti* the conception can be achieved, thus curing *Vandhyatwa*.

Case report:

A female patient of 29-years of age, with a married life of 5 years, was anxious to conceive for past 2 years. She presented to OPD of SAMC&H on 13-Feb-2024. Patient also had a H/O induced abortion due to absence of heartbeat of the fetus in the year-2022. Patient's medical history included Hypothyroidism since 2 yrs for which she was undergoing treatment. From past 2 years, she took treatment for conception from Allopathic doctors, but she couldn't conceive so, she came to our hospital for further treatment.

Menstrual History: Menarche: At 14 years of age, Menstrual Cycle was regular with 2 to 3 days flow per 27 to 29 days cycle. Clots: ++, Dysmenorrhea: +, D1: 2 pads soaked, D2: 1 pad soaked, D3: 1 pad, LMP: 22-Jan-2024.

Obstetric History: P0A1L0, A1 – Induced abortion 2months, 2yrs back, in the year-2022.

Sexual history: 2 to 3 times week.

Contraceptive history: Not using any contraception.

Family history: No family history of DM, HTN, T.B. and thyroid dysfunction. No history of exposure to radiation, any toxin or chemical agent.

General examination:

- Appearance – Healthy
- Built – Moderate
- Gait – Normal
- Pallor – Absent
- Icterus – Absent
- Clubbing - Absent
- Odema – Absent
- Lymphadenopathy – Absent
- Tongue coating – Mildly coated
- Pulse rate – 76 bpm
- BP – 110/70 mm/Hg
- Temp - 98.6 f
- Ht – 5.3 ft
- Weight – 62 kg
- BMI – 23.93
- Blood group – O +ve

Systemic examination:

- CVS – S1 S2 heard
- RS – NVBS heard, No added sound
- P/A – No organomegaly, No tenderness
- CNS – Higher mental function, sensory system, cranial nerve - NAD

Asta Stana Pareeksha

1. *Nadi - Vatapitta*
2. *Mala – Prakrita* (Mild constipated)
3. *Mootra – 4-5 times a day, 1-2 times at night*
4. *Jihva – Ishat lipta*
5. *Shabdha- Prakritha*
6. *Sparsha - Prakritha*
7. *Druk - Prakritha*
8. *Akruthi – Madhyama*

Dasha Vidha Pareeksha

1. *Prakruti - Vatapitta*
2. *Vikruti –Kaphavata*
3. *Sara – Rasa/Rakta*
4. *Satva – Madhyama*
5. *Samhanana - Madhyama*
6. *Satmya – Sarvarasa*
7. *Pramana – Ht-5.3ft, Wt-62kg, Madhyama*
8. *Aharashakti – Madhyama*
9. *Vyayamashakti – Madhyama*
10. *Vaya - Madhyama*

Nidana Panchaka:

Nidana: Hypothyroidism and *Manasika Abhitapa*, because patient had a history of hypothyroidism and was undergoing treatment for hypothyroidism for the past 2 years. *Manasika Abhitapa*, due to induced abortion of previous pregnancy and inability to conceive again, lead to severe stress and mild depression in the patient. Repeated failures to conceive and the failures of other treatment modalities lead to *Manasika Abhitapa*.

Purva Roopa and *Roopa:* Unable to conceive for the second time in the past 2 years, even after taking continuous allopathic medications.

Samprapthi: Hypothyroidism +*Manasika Abhitapa- Stress, Shoka (Nidana)* leading to increases in the Hypothalamic and pituitary hormones activity of CRH, decreases thyroid function (*Vata Dushti*) causing *Rasa Dushti, Agni Mandya, Rakta Dushti, Aartava Dushti* and *Ama Utpatti*, which Inhibits normal GnRH pulsatile secretion (*Avarodhatmaka Dushti*) *Kha Vaigunya* in *Artavavaha Srotas*, which ultimately anovulatory cycles occur (*Karya Hani*) leading to *Vandhyatva*.

Samprapthi Ghataka:

- *Dosha – Tridosha* with predominant *vata*
- *Dhatu – Rasa, Rakta*
- *Upadhatu – Artava*
- *Srotas – Rasavaha, Raktavaha* and *Artavavaha*
- *Sroto Dushti – Margavarodha* and *Sangha*
- *Udbhava Sthana – Pakvashaya*
- *Adhishtana – Garbhashaya*
- *Maarga – Abhyantara*

Investigations: Husband's semen analysis: Within normal limits.

Blood investigation of patient:

On 18-Dec-2023:

- RBS – 77mg/dl
- HIV 1 & 2 – negative
- HbsAg card – negative
- HCV – negative
- Hematology: Bleeding time – 3min 30sec, Clotting time – 4min 10 sec
- Pathology: UPT - negative

On 19-Dec-2023: Thyroid function test (T3, T4, TSH)

- 1) Tri iodothyronine (T3) - 0.90 ng/ml
- 2) Thyroxine (T4) – 4.20 ng/dl
- 3) TSH - >100 mIU/ml

USG report: On 09-Jan-2024

- Uterus: Empty, Anteverted, Anteflexed, Measuring 5.5 × 2.5 × 5 centimetres.
- Endometrium: 10 mm
- POD: Free fluid in POD
- Rt ovary – 2.8x2.1x1.1 centimeter measure (volume 10.0 cc)
- Lt ovary – 3.2x2.3x1.3 centimeter measure (volume 10.0 cc)
- Both adnexa – normal

Impression: Normal scan, no abnormality detected.

Diagnosis: *Kaaka Vandhya* (Secondary infertility).

Treatment: Prescribed on 13-Feb-2024

- *Phala Gritha* 1-0-1 tsp with warm milk B/F
- *Kumaryasava* 15-0-15 ml with equal water A/F
- *Arogyavardhini Vati* 2-2-2 A/F

Reduced the dose of Tab. Thyronorm from 100 mcg to 50 mcg 1-0-0 B/F

Antenatal ultrasound scan: On 21-Mar-2024: Impression: Single intrauterine gestation corresponding to 5-6 wks. Fetal pole/Cardiac activity is not visualized yet. LMP – 22 Jan 2024. GA/LMP – 8wks 3days. EDD: 28-Dec-2024.

Outcome: The patient missed the periods in consecutive month and was diagnosed by USG on 21-MAR-2024 as positive for pregnancy after treatment. The patient delivered a healthy baby boy on 12-Nov-2024, through LSCS.

Discussion: In case of *Vandhyatwa*, the major dosha involved is the *Vata Dosha* and its *Margavarodha*. In this case it affected the hypothalamic and pituitary hormones activity of CRH, decreases thyroid function intern inhibiting the normal GnRH pulsatile secretion. By supplementing the phytoestrogen in the form of *Kumaryasava* and by regulating *Vata Dosha* using *Arogyavardhini Vati*, it helped to have normal ovulation. *Phala Grutha* acting to correct the HPO axis and to regulate the hormonal cycle helped to achieve the conception.

Conclusion: By the combined effect of ovulation induction using *Phala Grutha*, controlling *Vata* by *Arogyavardhini Vati* and increasing endometrial thickness by *Kumaryasava* was found to be effective.

VIJAYASHREE HOSPITALS

Patient Name: [REDACTED] REG No: 90548
 Age: 29 Years Sex: Female
 Referring Doctor: Sushrutha Ayurvedic Date: 21.03.2024

LMP: 22.01.2024 GA / LMP: 8 weeks 3 days EDD / LMP: 28.10.2024

ANTENATAL ULTRASOUND SCAN (TAS)

FINDINGS:

- There is a single intrauterine gestational sac.
- Mean sac diameter measuring 0.8 cm is corresponding to 5-6 weeks.
- Fetal pole is not visualized yet.
- No evidence of subchorionic hemorrhage.
- Cervical length is adequate and Os is closed.

IMPRESSION:

- Single intrauterine gestation corresponding to 5-6 weeks.
- Fetal pole / cardiac activity are not visualized yet.

Dr. Amith, J.U. MBBS, MRCR
Consultant Radiologist

Medax Diagnostics C/o Medax Vijayashree Hospitals
 No. 187/2 (511), Vinayaka Circle, Jigani Link Road, Jigani, Anekal Tq, Bengaluru - 560 105
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 Web: www.medaxhospitals.com

VIJAYASHREE HOSPITALS

Patient Name: [REDACTED] Patient ID: 27852
 Age: 29 Years Sex: Female
 Referring Doctor: Sushrutha Ayurvedic Date: 02.07.2024

OBSTETRIC SCAN

LMP: 22.01.2024 GA / LMP: 23 weeks 1 day EDD / LMP: 28.10.2024

Suboptimal evaluation due to patient body habitus.

Single live intrauterine fetus with variable presentation.

Biometric parameters of fetus:

BPD	4.75 cm	20 weeks 3 days
HC	18.1 cm	20 weeks 4 days
AC	15.5 cm	20 weeks 6 days
FL	3.37 cm	20 weeks 4 days
FHR	142 BPM	
EFW	365 gms ± 53 gms	
GA/CLUA	20 weeks 5 days	
EDD/CLUA	14.11.2024	

Fetal Cardiac activity & movements are well seen.
 Fetal intracranium (lateral ventricle at the level of atrium, measuring 5 mm), spine, stomach, kidneys & urinary bladder appear normal.
 Four-chamber view, three vessel view and outlet view of fetal heart appears normal.
 No twinges noted. No foetal cleft lip noted. Orbita appear normal.
 Nasal bone visualized, measuring 6 mm.
 Anterior abdominal wall appear normal.
 The limbs to the extent seen appear normal.
 Placenta noted on posterior wall. Grade I maturity noted.
 Liquor volume is normal. Three-vessel cord noted.
 Internal os is closed. Cervical length of 3.5 cm noted.
 Both uterine arteries show normal spectral wave form. No evidence of early diastolic notch.

IMPRESSION:

- Single live intrauterine fetus corresponding to gestational age of 20 weeks 5 days ± 2 weeks.
- Adequate amniotic fluid.
- No placenta previa / retroplacental collection

Note: 1. All anomalies cannot be detected in ultrasound due to various technique limitations, obesity, due to reflex like positions, that movements or abnormal amount of amniotic fluid.
 2. Ultrasound scan being an investigation with technical limitations has to be considered accordingly.

Declaration of doctor(s): I, Dr. Amith, J.U. declare that while conducting ultrasonography on the patient, I have neither detected nor disclosed the sex of the foetus to anybody in any manner. Furthermore it must be understood that all congenital anomalies can be detected with USG.

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MANAGEMENT OF CELLULITIS: A CASE STUDY

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Abstract

Cellulitis is an acute inflammatory condition spreading along the subcutaneous tissue and connective tissue planes and across intercellular spaces¹. Stasis cellulitis, also known as chronic cellulitis is indeed more common in elderly population and is often associated with degenerative changes such as venous insufficiency, lymphedema and chronic edema. The Global Burden of Disease project estimated that almost 43 million cases occurred in 2019 and also caused death of 18,069 individual². It has clear resemblance with *Vranashopha* and its stages mentioned in Ayurvedic literature. Here, a case of 62-year-old patient having cellullitic changes over the left lower limb is presented which was successfully managed using *Panchavalka Kashaya Dhara*, *Jaloukavacharana* and *Shamana aushadhis*.

Keywords: Cellulitis, *Vranashopha*, *Kashaya dhara*, *Jaloukavacharana*, *Shamanaushadhi*

Introduction

Cellulitis is a bacterial infection caused by Streptococcus species or Staphylococcus aureus or any other aerobic or anaerobic bacteria which generally precedes trauma, surgical wounds or cutaneous ulcer. Cardinal features are erythema, edema, warmth to touch, localized pain and can be accompanied by lymphangitis of the affected area.

Vranashopha which is elaborated by Sushrutha Acharya can be correlated to Cellulitis. There are two causes clearly mentioned, i.e, *Nija* and *Agantuja*³. *Vranashopha* is a condition in which the *pitta pradhan tridosha* gets accumulated between *Twak* and *Mamsa*. He has mentioned *Ekadasha Upakramas* for *Vranashopha*; *Apatarpana*, *Aalepa*, *Parisheka*, *Abhyanga*, *Swedana*, *Vimlapana*, *Upanaha*, *Pachana*, *Visravana*, *Snehana* and *Vamana*.⁴

Aims & Objectives

1. To provide an efficient cure to the disease condition- Cellulitis.
2. To demonstrate the efficacy of *Jaloukavacharana*⁵ and *Panchavalka Kashaya dhara* in the treatment of cellulitis.

Materials And Methods

Case History

A 62 years old male patient presented with the chief complaints of swelling, blackish discoloration and multiple abrasions on left lower limb since 1 month. Patient also complains of itching and serous discharge since 3 weeks.

Vital Parameters

The general condition of the patient was stable without any alterations in his vitals. He had good appetite with normal bowel and bladder habit. His sleep pattern was disturbed. His BMI is 35.2 Kg/m² classifying him under Class II obesity.

Local Examination [Left Lower Limb]

On Local Examination, there was a pitting edema seen on the left lower leg extending from lower calf to ankle region with blackish discoloration. Temperature was moderately elevated in this region accompanied with serous fluid discharge .

Past History

Patient was a known case of Hypothyroidism for which he was taking Tab. Thyronorm 25mcg .Currently the condition is under control.

Investigations

All other parameters were found to be under normal limits except eosinophils which was 8%. On ultrasonography of left lower limb, Cellulitis was found with thickening of the subcutaneous tissue (maximum thickness: 1.5 cm),increased echogenicity of the subcutaneous tissue consistent with edema, presence of small, ill-defined fluid collections within the subcutaneous tissue and no evidence of abscess formation or deep vein thrombosis.

Methodology treatment given:

Kashaya dhara was done with *Panchavalkala Kashaya* for 5 days followed by dressing with Prunilol Ointment to left lower limb daily followed by single sitting of *Jalaukavacharana* on 5th day.Oral medications were administered that are as follows:

1. *Syp Punarnavadi kashaya*⁶+ *Manjishthadi Kashaya*⁷– 15ml with 45ml of warm water
After food
2. Cap Grab- 1-1-1 After food
3. Prunilol Ointment for cleaning and dressing.

Assessment on subjective and objective changes with the treatment was made on every 0th,3rd,5th and 7th day. Follow up after 7 days for noticing any recurrences of signs and symptoms.

FIG 1: BEFORE TREATMENT



FIG 2: PANCHAVALKALA
KASHAYADHARA



FIG 3 : JALOUKAVACHARANA



FIG 4 : AFTER TREATMENT



Result

Signs and symptoms	0 th day	3 rd day	5 th day	7 th day
Discoloration	+++	+++	++	+
Oedema	++	++	+	-
Serous discharge	++	+	-	-
Ankle joint	29cm	26cm	25cm	24cm
Lower calf	45cm	37cm	35	33cm

Discussion

1. In this study, *Panchavalkala Kashaya dhara* was administered for its properties like *shodhana*, *ropana* and *sophahara* which would have enhanced the wound healing and reduced the symptoms.
2. *Jaloukavacharana* was done to promote wound healing by promoting blood flow-reducing the swelling, inflammation and tissue damage by removing the stagnant blood and toxic substances.
3. Prunilol ointment, a topical preparation was used for dressing for reducing itching and discoloration.
4. Capsule Grab, was used for its potent antimicrobial property.
5. *Punarnavadi Kashaya* is given in this case mainly for *sothahara karma*.
6. *Manjishtaadi Kashaya* was given for its benefit of *Pitta-Raktashodhana* as this condition mainly is *Pitta pradhana tridoshavastha* and also for its *Varnya karma*.

Conclusion

Jaloukavacharana and *Kashaya Dhara* used here can be considered as the conventional method of treatment for cellulitis with no side effects.

AYURVEDIC MANAGEMENT OF CHRONIC NON-HEALING VENOUS ULCER - A CASE REPORT

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In current days, as we are advancing with modern lifestyles and adopting to western cultures thereby ending up with lifestyle disorders like obesity, cardiovascular diseases, varicose veins etc. Varicose veins are asymptomatic and don't trouble the patients for their daily activities in the beginning. Hence, they come for the treatment in the advanced stages of the disease or with complications. Similarly, a patient aged about 81 years male was suffering with varicose veins since 27 years and having multiple ulcers on the right lower limb since then and underwent stripping and ligation for varicose veins and skin grafting for ulcers still not recovered and persisted with chronic non healing ulcer on right lower limb for which he has taken many other system of medicines still not recovered hence he came here as a last resort and underwent *Virechana Karma*, *Vrana Ropana Sekas*, *Patradhana* and *Ghada Bandha*. Over the subsequent months, the sough began to reduce, granulation tissue started to form and ulcer is healing within the span of 2 months with marked residual scarring. Patient says this is the first time his ulcers healed within a short duration and having no symptoms now.



“SUCSESSES STORY OF HYPOPLASIA OF PITUITARY GLAND”

Dr. Netravati, Assistant Professor, Department of Prasooti Tantra & Stree Roga, SAMC&H

A 32-year-old married woman came with a chief complaint of inability to menstruate. Menarche at 14years old lasted for 4 days, soaking pads 1-2 pads/day which discontinued shortly after. Thelarche was 12yrs old and her breast is at Tanner stage 3. Her axillary and pubic hair is at tanner stage 4. Height160cm, weight 88kg and lab results are **estriodal-9pmol/l**, **TSH-2.3UIU**, **LH0.9**, **FSH-1.0612Miu/ML**, **AMH-0.60 ng/ML** and **prolactin-14**. Bone age was suitable for age. USG revealed small sized uterus with thin endometrium and small sized ovary (Right ovary vol-1.2ml, left ovary -0.7ml) with low follicular count MRI revealed small pituitary gland with severe hypoplasia of adenohypophysis. A hormonal findings 10yrs prior showed abnormally low thyroid hormone, she was treated with menstrual withdrawal bleeding with Estradiol valerate 2mg 1HS for daily, Medroxyprogesterone tablets 1BD for 10 Days. Her menstruation restarted for 3days with 1pad half soaked. She has declined the medicines for some years due to more hormone pills. She came with the same complaints to our hospital on July 2024.

Treatment planned

- ✚ *Deepana* and *Pachana* for 7 days with *Agnitundi Vati* 1 tid, *Hingwastaka Choorna* 1 tid
- ✚ *Shodhana - Vamana* followed with *Kalayanaka Ghritha*
- ✚ *Niruha Basti* with a *Erandamoola Kashaya Basti* for 3 sittings
- ✚ *Anuvasana* with *Bala Guduchyadi Taila* for 3 sittings
- ✚ *Uttara Basti* with *Bala Guduchyadi Taila* for 3 sittings
- ✚ *Shaman Oushadi*'s like;
 - *Brihat Vata Chinthamani Rasa* 1 od with honey
 - *Laghu Malini Vasanta Rasa* 1bd
 - *Rasna Saptaka Kashaya* 3 tsf tid

After the *Vamana Karma*, her menstruation restarted for 3days, 1 pad one fourth soaked, breast tenderness and dysmenorrhea and hoarsness of voice reduced Without, estradiol and medroxyprogesterone.

After 1st cycle of *Uttara Basti*, her menstruation restarted for 3-4 days, with 2 pads half soaked, breast tenderness noticed.

After 3rd cycle of *Uttara Basti*, her menstruation restarted for 3-4days with 2pads soaked for 2days and last 2days half soaked, **TSH-3.82 UIU, estradiol-97.30pg/ml, FSH-0.12Miu/ML, AMH-1.17ng/ML.**

"The presence of *Apana Vata Dushti* is identified in the patient. Consequently, following the *Shodhana Basti Karma*, several beneficial effects are observed. The *Basti* procedure enhances blood circulation to the pelvic organs, thereby promoting growth and facilitating mechanisms such as direct passive diffusion through local tissues, the cervical lumen, and both venous and lymphatic circulation. This process supports vascular exchanges between veins and arteries, thereby improving the perfusion of the uterine artery, ovarian artery, and iliac venous system.

Furthermore, the procedure stimulates the pituitary gland and activates the hypothalamus, indicating a vital role in nourishment and functional restoration. This interaction fosters a reciprocal relationship between the hypothalamus, pituitary gland, and gonads, specifically the ovaries and uterus, ultimately supporting the myometrium and endometrium in the menstrual process."

ದೀರ್ಘಕಾಲದ ಕ್ಷೀಣಿಸುವ ಅಸ್ವಸ್ಥತೆಗಳಲ್ಲಿ(ರೋಗ) ಆಯುರ್ವೇದದ ಪಾತ್ರ- (Role of Ayurveda in Chronic Degenerative Disorders)

ನಮ್ಮ ದೇಹವು ಜೀವಕೋಶಗಳ ಸತತ ಪುನರುತ್ಪತ್ತಿ (Regeneration) ಮತ್ತು ದುರಸ್ತಿಯ (Repair) ಮೂಲಕ ಆರೋಗ್ಯವನ್ನು ಕಾಪಾಡಿಕೊಳ್ಳುತ್ತದೆ. ಆದರೆ, ವಯಸ್ಸು, ಆನುವಂಶಿಕ ಅಂಶಗಳು, ದೀರ್ಘಕಾಲದ ಉರಿಯೂತ ಮತ್ತು ಜೀವನಶೈಲಿಯ ಕಾರಣಗಳಿಂದ, ಈ ಪ್ರಕ್ರಿಯೆಗಳಲ್ಲಿ ವ್ಯತ್ಯಾಸ ಕಂಡುಬರುತ್ತದೆ, ಇದರ ಕಾರಣಗಳಿಂದ ದೀರ್ಘಕಾಲದ ಕ್ಷೀಣಿಸುವ ಅಸ್ವಸ್ಥತೆಗಳು (Degenerative disorders) ಉಂಟಾಗುತ್ತವೆ. ಇವು ಶರೀರದ ನಿರ್ದಿಷ್ಟ ಅಂಗವ್ಯವಸ್ಥೆಗಳಿಗೆ ಹಾನಿ ಮಾಡುತ್ತವೆ, ನಿತ್ಯದ ಚಟುವಟಿಕೆಗಳ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುತ್ತವೆ ಮತ್ತು ಜೀವನದ ಗುಣಮಟ್ಟವನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತವೆ.

ಈ ರೋಗಗಳು ಹೆಚ್ಚಾಗಿ ವಯೋವೃದ್ಧರಲ್ಲಿ ಕಂಡುಬರುತ್ತವೆ, ಆದರೆ ಕೆಲ ಸಂದರ್ಭಗಳಲ್ಲಿ, ಆನುವಂಶಿಕ ಅಂಶಗಳು ಅಥವಾ ಜಡ ಜೀವನಶೈಲಿಯಿಂದಾಗಿ ಪ್ರಾಯದ ಆರಂಭದಲ್ಲಿಯೂ ಕಾಣಿಸಿಕೊಳ್ಳಬಹುದು. ಇಂತಹ ದೀರ್ಘಕಾಲದ ಅಸ್ವಸ್ಥತೆಗಳು ಮಾನವ ಸಮುದಾಯದ ಮೇಲೆ ಗಂಭೀರ ಸಾಮಾಜಿಕ ಮತ್ತು ಆರ್ಥಿಕ ಹೊರೆ ಹೇರುತ್ತವೆ.

ಆಧುನಿಕ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನವು ಕೆಲವು ಮಟ್ಟದ ನಿರ್ವಹಣೆ ಮತ್ತು ಚಿಕಿತ್ಸಾ ವಿಧಾನಗಳನ್ನು ಒದಗಿಸುತ್ತಾದರೂ, ಆಯುರ್ವೇದವು ದೇಹ, ಮನಸ್ಸು ಮತ್ತು ಆತ್ಮದ ಸಮಗ್ರ ಸಮತೋಲನವನ್ನು ಸಾಧಿಸುವ ಮೂಲಕ ಈ ಸಮಸ್ಯೆಗಳ ಸಂಪೂರ್ಣ ಪರಿಹಾರಕ್ಕೆ ಅಸ್ತವಾಗಿರುತ್ತದೆ. ಆಧುನಿಕ ಮತ್ತು ಆಯುರ್ವೇದೀಯ ವಿಧಾನಗಳ ಸಂಯೋಜನೆಯು ಈ ದೀರ್ಘಕಾಲದ ರೋಗಗಳ ಪರಿಣಾಮವನ್ನು ಕಡಿಮೆ ಮಾಡುವ ಅತ್ಯುತ್ತಮ ಮಾರ್ಗವಾಗಿದೆ.

ಈ ಲೇಖನದಲ್ಲಿ, ನಾವು ಕ್ಷೀಣಿಸುವ ಅಸ್ವಸ್ಥತೆಗಳ ಸ್ವರೂಪ, ಅವುಗಳ ಹರಡುವಿಕೆಯು ಸಮಾಜದ ಮೇಲೆ ಉಂಟುಮಾಡುವ ಪರಿಣಾಮ ಮತ್ತು ಆಯುರ್ವೇದದ ದೀರ್ಘಕಾಲದ ಪರಿಹಾರಗಳ ಕುರಿತು ಚರ್ಚಿಸುತ್ತೇವೆ.

ವ್ಯಾಖ್ಯಾನ ಮತ್ತು ವ್ಯಾಪ್ತಿ

ಕ್ಷೀಣಿಸುವ ಅಸ್ವಸ್ಥತೆಗಳು ಕೆಲವು ಅಂಗಸಂಸ್ಥೆಗಳ ಪುನರುತ್ಪಾದನೆ ಮತ್ತು ದುರಸ್ತಿ ಸಾಮರ್ಥ್ಯವನ್ನು ದುರ್ಬಲಗೊಳಿಸುತ್ತವೆ, ಇದು ಶರೀರದ ಸಾಮಾನ್ಯ ಕ್ರಿಯೆಗಳಿಗೆ ತೊಂದರೆ ಉಂಟುಮಾಡುತ್ತದೆ. ಇವು ವಿವಿಧ ಅಂಗವ್ಯವಸ್ಥೆಗಳ ದುರ್ನಾಶಕ್ಕೆ ಕಾರಣವಾಗುವ ಸ್ಥಿತಿಯಾಗಿದೆ, ಉದಾಹರಣೆಗೆ:

1. ನರವೈಜ್ಞಾನಿಕ ವ್ಯವಸ್ಥೆ (Neurological System):

- ಅಲ್ಝೈಮರ್ ಕಾಯಿಲೆ: ನೆನಪು ನಷ್ಟ ಮತ್ತು ಮೆದುಳಿನ ಕಾರ್ಯಪದ್ಧತಿ ಕುಸಿತ.
- ಪಾರ್ಕಿನ್ಸನ್ ಕಾಯಿಲೆ: ಚಲನೆ ಮತ್ತು ಸಮತೋಲನ ಕಳೆವು.
- ಎಎಲ್‌ಎಸ್ (ALS): ನರಕೋಶಗಳ ನಿಧನ.

2. ಅಸ್ಥಿಮಜ್ಜೆ ಮತ್ತು ಜೋಡಿನ ರೋಗಗಳು (Musculoskeletal System):

- ಆಸ್ಟಿಯೋಆರ್ಟ್ರೈಟಿಸ್: ಸಂಧಿ ತೊಂದರೆ
- ಆಸ್ಟಿಯೊಪೋರೋಸಿಸ್: ಅಸ್ಥಿ ದುರ್ಬಲತೆ
- ಇಂಟರ್‌ವೆರ್ಟಿಬ್ರಲ್ ಡಿಸ್ಕ್ ಕ್ಷೀಣತೆ: ಬೆನ್ನುಮೂಳೆ ಮತ್ತು ಬೆನ್ನುಹುರಿಯ ನೋವು.

3. ಹೃದಯರಕ್ತನಾಳ ವ್ಯವಸ್ಥೆ (Cardiovascular System):

- ಅಥೆರೋಸ್ಕ್ಲೆರೋಸಿಸ್: ರಕ್ತನಾಳಗಳ ಕರಿನತೆ

4. ದೃಷ್ಟಿ ಮತ್ತು ಶ್ರವಣ:

- ವಯಸ್ಸು-ಸಂಬಂಧಿತ ದೃಷ್ಟಿ ದೋಷ
- ಶ್ರವಣಶಕ್ತಿ ಕುಂದುವಿಕೆ

ಪ್ರಮುಖ ಕಾರಣಗಳು:

1. ವಯೋ ವೃದ್ಧಿ (Aging):

ಜೀವ ಕೋಶದ ಪುನರುತ್ಪಾದನೆ ಮತ್ತು ದುರಸ್ತಿ ಶಕ್ತಿಯು ಪ್ರಾಕೃತಿಕವಾಗಿ ಕುಸಿಯುತ್ತದೆ.

2. ಅನುವಂಶಿಕ ಆಧಾರ:

ಜನ್ಮಜಾತ ರೂಪಾಂತರಗಳು ಅಥವಾ ಕುಟುಂಬದ ಇತಿಹಾಸದ ಕಾರಣದಿಂದ ರೋಗದ ಸಾಧ್ಯತೆ ಹೆಚ್ಚು.

3. ಆಕ್ಸಿಡೇಟಿವ್ ಒತ್ತಡ (Oxidative Stress):

ಫ್ರೀ ರಾಡಿಕಲ್‌ಗಳು ಸಮಯಾನಂತರದಲ್ಲಿ ಜೀವಕೋಶದ ಹಾನಿಗೆ ಕಾರಣವಾಗುತ್ತವೆ.

4. ಉರಿಯೂತ (Chronic Inflammation):

ದೀರ್ಘಕಾಲದ ತೀವ್ರ ಉರಿಯೂತವು ಅಂಗಸಂಸ್ಥೆ ಹಾನಿಯನ್ನು ಉತ್ತೇಜಿಸುತ್ತದೆ.

5. ಜೀವನ ಶೈಲಿಯ ಅಂಶಗಳು:

- ಧೂಮಪಾನ ಮತ್ತು ಮದ್ಯಪಾನದ ವ್ಯಸನ.
- ಜಡತೆ, ಸತ್ವ ರಹಿತ ಆಹಾರ, ಆಲಸ್ಯ ಜೀವನಶೈಲಿ.

ಸಮಾಜದ ಮೇಲೆ ಪರಿಣಾಮಗಳು

ಕ್ಷೀಣಿಸುವ ಅಸ್ವಸ್ಥತೆಗಳು ವ್ಯಕ್ತಿಗಳ ಮತ್ತು ಆರೋಗ್ಯ ವ್ಯವಸ್ಥೆಗಳ ಮೇಲೆ ದೊಡ್ಡ ಹೊರ ಉಂಟುಮಾಡುತ್ತವೆ.

- **ಆರ್ಥಿಕ ಹೊರ:** ಚಿಕಿತ್ಸಾ ವೆಚ್ಚಗಳು, ದೀರ್ಘಕಾಲಿಕ ಆರೈಕೆ.
- **ಜೀವನದ ಗುಣಮಟ್ಟ:** ಅಂಗವೈಕಲ್ಯ, ಬೇರೆಯವರ ಮೇಲೆ ಅವಲಂಬಿತ ಜೀವನ
- **ಸಾಮಾಜಿಕ ಬದಲಾವಣೆಗಳು:** ವೃದ್ಧಜನಸಂಖ್ಯೆಯ ಸಮಸ್ಯೆಗಳು ಮತ್ತು ಆರೋಗ್ಯಪದ್ಧತಿ ಮೇಲಿನ ಒತ್ತಡ.

ಆಯುರ್ವೇದವು ದೀರ್ಘಕಾಲದ ಕ್ಷೀಣಿಸುವ ಅಸ್ವಸ್ಥತೆಗಳನ್ನು ನಿರ್ವಹಿಸಲು ಸಮಗ್ರ ಮತ್ತು ವೈಯಕ್ತಿಕ ದೃಷ್ಟಿಕೋನವನ್ನು ಒದಗಿಸುತ್ತದೆ. ಸಾಮಾನ್ಯವಾಗಿ ಆಧುನಿಕ ವೈದ್ಯಕೀಯದಲ್ಲಿ ಲಕ್ಷಣ ಶಮನದ ಮೇಲೆ ಒತ್ತು ನೀಡಲಾಗುತ್ತದೆ, ಆದರೆ ಆಯುರ್ವೇದವು ರೋಗದ ಮೂಲ ಕಾರಣವನ್ನು ಪರಿಹರಿಸಲು, ಅದರ ಪ್ರಗತಿಯನ್ನು ತಡೆಯಲು ಮತ್ತು ಒಟ್ಟಾರೆ ಆರೋಗ್ಯವನ್ನು ಉತ್ತೇಜಿಸಲು ಕೆಲಸ ಮಾಡುತ್ತದೆ. ತ್ರಿದೋಷಗಳ ಸಮತೋಲನ (ವಾತ, ಪಿತ್ತ, ಕಫ) ಮತ್ತು ಶರೀರದ ಸ್ವಾಭಾವಿಕ ಗುಣಮುಖತೆಗಳನ್ನು ಉತ್ತೇಜಿಸಲು ಆಯುರ್ವೇದದಲ್ಲಿ ಇರುವ ವೈಶಿಷ್ಟ್ಯಗಳು, ಈ ರೀತಿಯ ಅಸ್ವಸ್ಥತೆಗಳಿಗೆ ಅತ್ಯುತ್ತಮ ಪರಿಹಾರವಾಗಿದೆ.

ಆಯುರ್ವೇದದ ಮುಖ್ಯ ಕೊಡುಗೆಗಳು

1. ಸ್ವಾಸ್ಥ್ಯ ರಕ್ಷಣೆ (Preventive care)

ಆಯುರ್ವೇದವು ಪ್ರಾರಂಭದಲ್ಲೇ ಮುನ್ನೆಚ್ಚರಿಕೆ ಕ್ರಮಗಳನ್ನು ಒಳಗೊಂಡಂತೆ ರೋಗದ ಆರಂಭವನ್ನು ತಡೆಯಲು ಮತ್ತು ಅದನ್ನು ವಿಳಂಬಗೊಳಿಸಲು ಒತ್ತು ನೀಡುತ್ತದೆ.

- **ದಿನಚರ್ಯೆ (ದೈನಂದಿನ ಅಭ್ಯಾಸ) Regular Practice:** ಎಣ್ಣೆ ಮಸಾಜ್ (ಅಭ್ಯಂಗ), ಯೋಗ, ಮತ್ತು ಧ್ಯಾನದಂತಹ ನಿತ್ಯ ಅಭ್ಯಾಸಗಳು ಗಂಟುಗಳ ಆರೋಗ್ಯ ಕಾಪಾಡುತ್ತವೆ, ರಕ್ತಹಿನ್ನೆತಿಯನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತವೆ ಮತ್ತು ಆಕ್ಸಿಡೇಟಿವ್ ಒತ್ತಡವನ್ನು ತಗ್ಗಿಸುತ್ತವೆ.
- **ಋತುಚರ್ಯೆ (ಕಾಲಾನುಸಾರ ನಿಯಮಾವಳಿ):** ಋತು ಪ್ರಕಾರ ಆಹಾರ ಮತ್ತು ಜೀವನಶೈಲಿಯನ್ನು ಹೊಂದಿಕೊಳ್ಳುವುದು ದೋಷ ಅಸಮತೋಲನವನ್ನು ತಪ್ಪಿಸುತ್ತದೆ.
- **ರಸಾಯನ ಚಿಕಿತ್ಸೆ (ಪುನರುಜ್ಜೀವನ ಚಿಕಿತ್ಸೆ):** ಆಶ್ವಗಂಧಾ, ಗುಡುಚಿ ಮತ್ತು ಆಮಲಕಿ ಗಿಡಮೂಲಿಕೆಗಳು ಜೀವಕೋಶಗಳ ಪುನರುತ್ಪಾದನೆ ಮತ್ತು ರೋಗ ನಿರೋಧಕ ಶಕ್ತಿಯನ್ನು ಉತ್ತೇಜಿಸುತ್ತವೆ.

2. ಸಮಗ್ರ ನಿರ್ವಹಣೆ:

- ಆಯುರ್ವೇದವು, ಕೇವಲ ಲಕ್ಷಣಗಳನ್ನು ಕಡಿಮೆ ಮಾಡದೆ, ರೋಗವನ್ನು ನಿಯಂತ್ರಿಸಿ, ಹಾಗೂ ದೂರ ಮಾಡಲು ಸಹಕಾರಿಯು.
- "ವಾತದ ಶಮನ.
- ಪಂಚಕರ್ಮ ಚಿಕಿತ್ಸೆ.

3. ಜೀವನಶೈಲಿ ಮತ್ತು ಆಹಾರ ಮಾರ್ಗಸೂಚಿಗಳು

- **ವಾತ ಶಮನ ಆಹಾರ:**
 - ಬಿಸಿಯಾದ ಪೌಷ್ಟಿಕ, ಸ್ನಿಗ್ಧ ಮತ್ತು ಸುವಿಚಾರಿತ ಆಹಾರ.
 - ಒಣಗಿದ, ಅತಿ ತಂಪಾದ ಮತ್ತು ರಾಸಾಯನಿಕಗಳನ್ನು ಹಾಕಿ ಸಂರಕ್ಷಿಸಿದ ಆಹಾರವನ್ನು ತಪ್ಪಿಸುವುದು.
- **ಜೀವನಶೈಲಿ ಬದಲಾವಣೆ:**
 - ಯೋಗ ಮತ್ತು ವ್ಯಾಯಾಮ.
 - ಭೌತಿಕ ಚಟುವಟಿಕೆಗಳು, ಸಮರ್ಪಕ ನಿದ್ರೆ, ಮತ್ತು ಧ್ಯಾನದಂತಹ ಅಭ್ಯಾಸಗಳು.

ಕಡೆಯಾದಾಗ, ಕ್ಷೀಣಿಸುವ ಅಸ್ವಸ್ಥತೆಗಳು ಜಾಗತಿಕ ಕಾಳಜಿಯಾಗಿದೆ. ಅವುಗಳ ಸಂಕೀರ್ಣತೆಯನ್ನು ಅರಿತುಕೊಳ್ಳುವುದು ಮತ್ತು ಪ್ರಾರಂಭಿಕ ತಪಾಸಣೆ, ಸಮರ್ಪಕ ನಿರ್ವಹಣೆ ಮತ್ತು ಪೂರಕ ಚಿಕಿತ್ಸೆಗಳ ಮೂಲಕ ಇವುಗಳ ನಿಯಂತ್ರಣೆ ಪ್ರಮುಖವಾಗಿದೆ. **ಆರೋಗ್ಯವೆಂಬ ಶ್ರೇಷ್ಠ ಸಂಪತ್ತನ್ನು ಕಾಪಾಡುವುದು ಪ್ರತಿಯೊಬ್ಬರ ಕರ್ತವ್ಯ.**

By, **Dr. Pooja B. A** and **Dr. Sowmya H**

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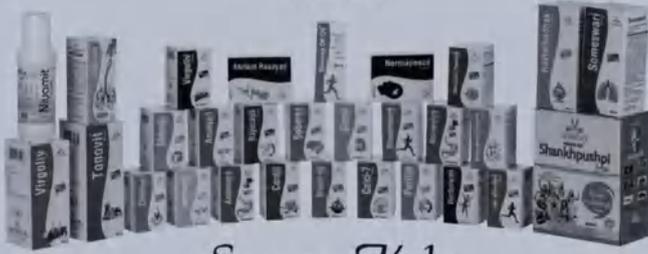
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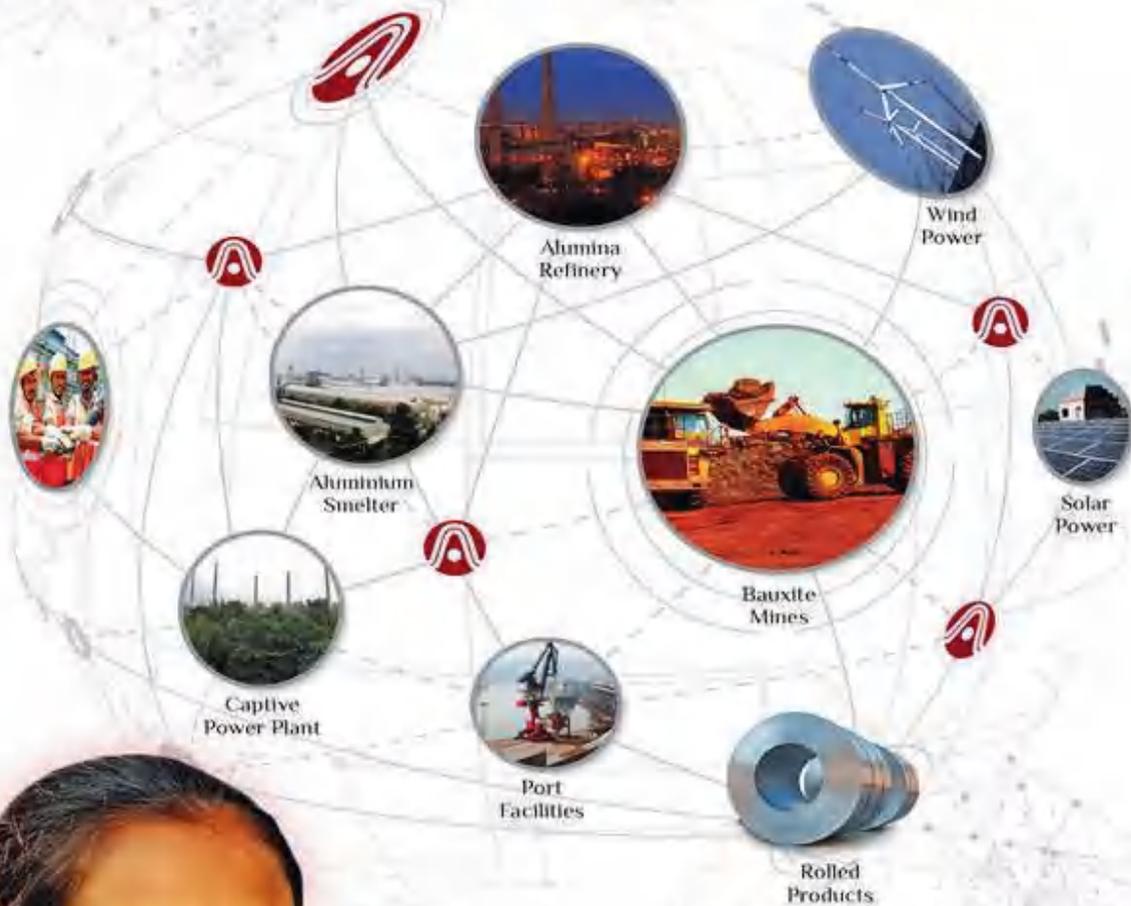


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