

# kerala ayurveda vaidyam®

A JOURNAL ON EVOLVING AYURVEDA

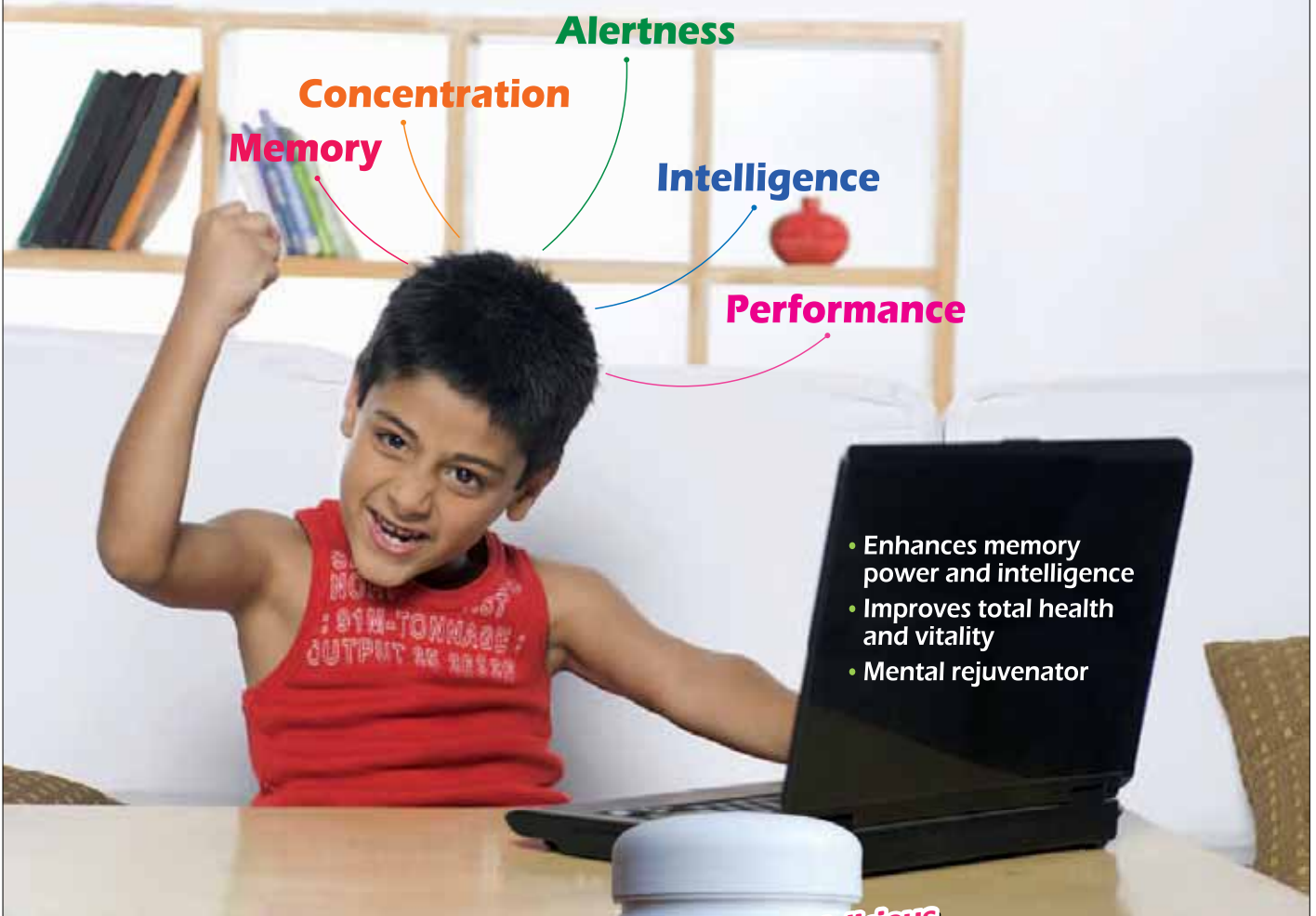


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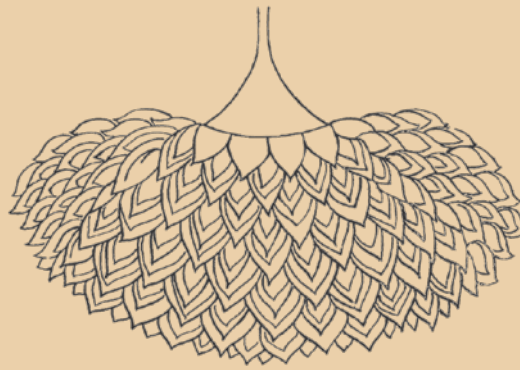
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अनुयायात्प्रतिपदं सर्वधर्मेषु मध्यमाम् ।।  
(A.H.Soo.2.31)

Everyday, follow the middle path.

Extremes are equally bad. Don't be an extremist. It is always advisable to follow the golden mean. This aphorism by Vaagbhata has another implication. There is a sect of Buddhists called *Maadhyamika*, who always follow the middle path. Because of this, Vaagbhata is considered to have Buddhist inclination.

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# Leucoderma (*svitra*) & its Ayurvedic Management

## Introduction

In Ayurveda, the diagnosis and the treatment of a disease should be understood on the basis of tri-humoral (*tridosha*) theory; that is the concept of three humors, namely vaata, pitta and kapha. These three principal factors are said to be present in any living being in a particular proportion. These are said to govern the body both in the state of health and disease. The proportion in which these three humors are present varies in health and disease. The state of existence of the three humors in a perfect state of equilibrium in that particular individual is referred to as humoral constitution (*dosha prakrti*). Any change in the equilibrium of a *dosha* of the individual is referred to as denature (*vikrti*). The change in the

above said constitution to denature (*prakrti* to *vikrti*) is due to perverted food and activities (*mithyaa-aahaara-vihaaraah*). This principle is applicable for the causation of all diseases in general. Can a person be called 'healthy' if all the three humors in him are in

a perfect state of equilibrium? The answer is 'No'. This is because the ayurvedic science has dealt with the body and soul as one entity. So unless and until the mind is healthy, the person is not said to be totally healthy. The balanced state of three humors, the balanced state of the 13 factions of bio-fire (*agni*), the balanced state of seven tissues (*dhaatu*), proper disposal of wastes, together with the happy state of soul (*aatma*), Sensory and Motor faculties (*indriya*) and mind (*manas*), is referred to as the perfect state of health. As explained earlier,





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we attach more importance in identifying the disease in relation to humor that is involved. The diagnosis, prognosis, treatment etc. are done based on the tri-humoral theory. Thus we do not attach more importance for naming of diseases. In this particular context of skin disease, there has been a reference of a fourth humor, especially by *Susruta-samhitaa* in the form of blood (*rakta*). The prerequisites of normal skin are the healthy reproductive tissue (*sukla*) and blood (*sonita*). This throws light on the congenital disorders of skin. Seers of Ayurveda refer to a particular variety of pitta by name shiner pitta (*bhraajaka-pitta*) which aids to impart pigment to the skin. According to allopathy, the color in the skin i.e, melanin pigmentation is formed by metabolism of a substance called thyrocinase. The number and distribution of melanin producing cells vary from individual to individual. Frequently there is a congenital absence of these cells in various regions resulting in patchy pigmentation.

The word '*kushtha*' is commonly misunderstood as leprosy. But this is not so. *Kushtha* is a very broad term and it includes all the skin diseases, along with leprosy.

### Skin diseases-General etiology

- a) Intake of hot and cold stuff indiscriminately
- b) Excessive consumption of

The word '*kushtha*' is commonly misunderstood as leprosy. But this is not so. *Kushtha* is a very broad term and it includes all the skin diseases, along with leprosy.

fish, sour fruits, horse-gram, black-gram, linseed along with milk and buttermilk

- c) Excessive use of salty taste
- d) Consumption of heavy foods during indigestion which may result in denaturing of bio-fire (*agni-vikaara*) which in turn may cause skin disease.

The symptoms that are exhibited by the skin when there is a vitiation of skin, body fluid (*rasa*) and blood by a corresponding humor are as follows :-

- 1) Discoloration of the skin, dryness of the skin, numbness, lack of sensation, horripilation, excessive sweating, itching and suppuration. When the muscle tissue is vitiated by the corresponding humor, the skin disease exhibits virulence of the infection will be more or intensive in manifestation, pricking pain (*toda*) and vesicles (*spota*). When the fat tissue gets affected, the patient will lose the ability to function using the affected organ.

The general mobility also is affected. This is said to be incurable but manageable (*yaapya*). When bone and marrow are affected, there will be susceptibility for fracture owing the fragility of the bones.

- 2) Bed sore (*sayya-vrana*) is also said to be incurable.

- 3) Lastly, when reproductive tissues (*sukla and aartava*) are affected, the resultant skin disease is transmitted to the next generation.

With this background of genuine study of etiology, diagnosis, prognosis etc. of the skin diseases, let us attempt to know what Ayurveda says about Leucoderma (*svitra*). The etiological factors causing leucoderma are similar to that of causing skin diseases (*kushtha*) in general. Leucoderma is classified under two heads, namely *kilaasa* and *aruna*. Leucoderma caused by vitiation of blood by the humor vaata is termed as *kilaasa*, when it is formed by vitiation of muscle tissue by the humor pitta, it is termed as *aruna*. It is non-suppurative in nature. In *kilaasa* the skin will be dry and red colored. In *aruna* the patches of skin lesion will be coppery and the distribution of patches will be a shade lighter in the center than in the periphery. In a third variety of leucoderma which is caused by vitiation of fat tissue (*medo-dhaatu*) by the humor kapha discoloration will be whitish, the skin appears lightly thicker with itching sensation.

## Prognosis

According to Caraka-Samhitaa, all these three varieties of leucoderma are curable but the first one i.e. leucoderma due to vaata is very easily curable. Leucoderma generated by pitta is difficult to cure. Leucoderma due to kapha is manageable but is not curable (*yaapya*) because it affects the adipose fat tissue. The tri-humoral leucoderma caused by the vitiation of all the three humors is said to be difficultly curable (*kashta-saadhya*). A whitish discoloration of the skin which is the resultant of a burnt wound is said to be incurable.

### Leucoderma is curable when

- 1 The hairs over the affected area has not turned white ( as in Albinism)
- 2 The patches are not too many and not wide spread
- 3 The patches are distinctly distributed
- 4 The onset is new
- 5 It is not because of burnt wound

Conditions other than these, are not advisable to be taken up for treatment.

Caraka-samhitaa has also emphasized that the whitish discoloration appearing over the genital area, palmar and plantar surfaces and lips are incurable, even if their onset is new.

## Treatment

A leucoderma patient should be given purgation (*virecana cikitsaa*). Bloodletting (*rakta-moksha*) also may be done.

A decoction of *Embelica officinalis* (*dhaatri*) and *Acacia catechu* (*khadira*) along with one or two pinches of the powder of seeds of *Psoralia coralifolia*

(*avalguja*) may be given. *Khadira* may be individually used for coating (*lepa*), drinking (*paana*) etc. which is said to be very useful in treating leucoderma.

A paste prepared out of the powder of *Psoralia coralifolia* and yellow orpiment (*haritaala*) in ratio of 1:4 along with cow's urine is used as an external application which is proved to be very useful in blackening (*krshnee-karana*) i.e., bringing back the normal color of the skin.

*Alangium salvipolium* (*ankola*), *Gloriosa superba* (*laangalee*), *Sausseria lappa* (*kushtha*), roots and seeds of *Ocimum sanctum* (*tulasee moola*), *Eclipta alba* (*bhringaraaja*), *Ricinus communis* (*eranda*), *Calotropis procera* (*arka*) and mustard (*sarshapa*) along with ascetic liquid (*kaanjikam*), is said to be useful in treating leucoderma.

The preparations like *Panjca-tikttagulgulu ghrta*, *Tiktaka ghrta*, *Khadiraarishta*, *Panjca-tikta-arishtha*, *Amrta-bhallaataka lehya* and *Madhusnuhee rasaayana* are internal medicines. Medicines like *Dinesa-valyaadi taila*, *Doorvaadi taila*, *Mareecaadi taila*, *Gandhaka taila* and *Avalguja-beejaadi-lepa coorna* are used externally in a judicious combination.

Judging the constitution of the patient, the intensity and the chronicity of the complaint, these have proved to be very useful in treating this condition. When we go through the above said formulate of different drugs which are commonly used in treating both these conditions, we see that some of the drugs are commonly employed, in treating skin (both acute and chronic) ailments. They are *Azadiracta indica* (*nimba*), *Rubia cordifolia* (*manjishtha*), *Acacia catechu* (*khadira*), *Smilax china* (*madhusnuhee*), *Tinospora cordifolia* (*gudoochi*), *Picrorrhiza*

*kurroa* (*katuki*), *Curcuma longa* (*haridraa*), *Semicarpus anacardium* (*bhallatakee*), seeds of *Psoralia coralifolia* (*avalguja beeja*) and *Alkanna tinctoria* (*dinesavallee*). Minerals like Arsenic trisulphide (*taalaka*), calx of copper (*taamra-bhasma*) and calx of copper sulfate (*kaaseesa-bhasma*) are also used. The drugs of mineral origin is said to be very useful in the management of leucoderma. The importance of the use of powder of psoralia seeds (*avalguja-beeja-choorna*) in treating leucoderma has been elaborately dealt in the ayurvedic texts. Giving its therapeutic value, it is referred to as destroying skin diseases (*kushthaghna*) and good for the skin (*tvacya*) and is said to be useful in bringing back the normal color (*krshnee-karana*). To get best therapeutic effect, good quality of psoralia seeds should be taken; cleaned and soaked in fresh cow's urine and kept overnight. Subsequently it should be removed and dried in sun. On the second day, it should once again be soaked in fresh urine of cow and kept overnight. The process should be repeated for seven days and on the eighth day, purified, processed, seeds should be powdered and filtered through fine cloth (*vastra-gaalita*) and should be stored in clean corked containers. This can be used internally in a dose of 200-400 mg, along with the juice of *Emblia officinalis* (*aamalakee-svarasa*) or decoction of the bark of *Acacia catechu* (*khadira*). Its external application along with either cow's urine or *Dinesa-valyaadi-taila* stimulates the melanocytes (*bhraajaka pitta*) and effects the proper formulation of the pigments. ■



# Drugs that Drag



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**A**yurveda is considered as an herbal system of medicine by many. It is not. Ayurveda considers that anything could be put into medical use according to the context. There is no substance in this world which cannot be put into medical application.

In the opening chapter of Caraka-samhitaa itself, it is unambiguously stated that Ayurveda utilizes herbs, minerals and substances of animal origin. They are mostly combined to form formulations. Thus most of the so called herbal drugs contain minerals and or drugs of animal origin. But still the mastery of herbs in

Ayurveda cannot be overruled, especially at least in Kerala, where herbs claim a lion's share of ayurvedic medicines.

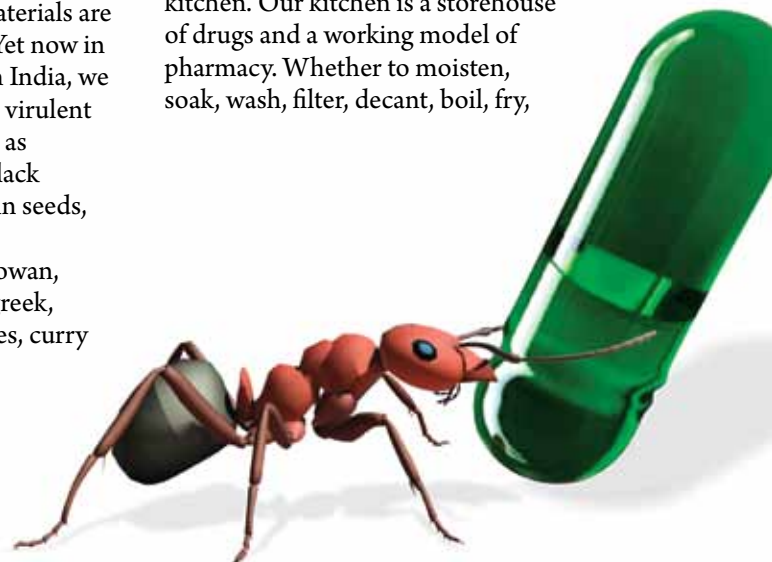
Ayurveda is posed as herbal medicine mainly to claim that the medicines are safe. Herbs need not be that innocent and harmless. World's most potent poisons happen to be of herbal origin. If herbs are very innocent, we would not have used them as medicines.

The primary difference between drug and food is that drugs are virulent whereas food materials are comparatively sluggish. Yet now in India, especially in South India, we are spicing the food with virulent condiments used usually as medicine. Thus ginger, black pepper, red pepper, cumin seeds, cinnamon bark, nutmeg, cardamom, coriander, ajowan, turmeric, mustard, fenugreek, asafetida, star anise, cloves, curry

leaves, garlic etc. find a free visa to the kitchen and subsequently to the dining table and the gastrointestinal tract of the eater who relish the dish, traversing the whole path leaving a burning track. Not to speak of the umpteen numbers of chemicals used as coloring agents, flavoring agents, taste makers and preservatives which have nothing to do with our nourishment. They can at the most damage our system, though they are also certified to be innocent. Needless to speak of the uncertified sorts those sneak in stealthily.

That is it. We combine drug with bread. We combine also food with drug. Thus buttering the bread is now a big drug biz.

In short, ayurvedic pharmacy is cuisine bound. Think of all the unit operations of the pharmacy being simply executed by the mom in kitchen. Our kitchen is a storehouse of drugs and a working model of pharmacy. Whether to moisten, soak, wash, filter, decant, boil, fry,



People have a very wrong equation.

**This is it: Disease + drug = health.**

They believe in this adamantly. In Ayurveda there are many conditions where drugs should not be used. It is not the drug that cures. The body has to cure all by itself. If the administered drug is attempting to interfere negatively in the execution of body's efforts for curing, the drug is an obstacle and not a helping hand.



cut, grind, dissolve, blend, freeze, wait, keep, pack or label in your kitchen, it is a unit operation in pharmacy. Rightly said, let food be your drug. It is not astonishing that we have a well developed kitchen medicine to be proud of.

Yet there are some unfortunate members of the drug society who do not get a free access to the kitchen. They are considered to be trouble makers. In the group of the three acrids (*trikatu*), both the black pepper and dry ginger get a space in the kitchen shelf. But long pepper is denied access to the kitchen. It is a pure drug. Similarly among the three fruits (*triphalaa*), only the Indian gooseberry (*aamalakee* – embolic myrobalan ) is permitted to the kitchen, the other two, chebulic myrobalan (*abhayaa*) and belliric myrobalan (*bibheetakee*) are outcasts. The bomb blasting Chinese chilly or Afghan Chilly can be in the kitchen. But, licorice with all sweet smiles cannot enter the kitchen. The law of the kitchen is very stringent. We cannot help it.

Drugs are substances. In Sanskrit the term *dravya* is used both for substance and medicine. *Dravya* is defined as something having property and or action. This definition has done a lot of damage to the students of Indian philosophy and Ayurveda. By virtue of this definition, even time, direction, mind and soul turn to be substances. The novice hearing this can just be quizzical and finally he can succumb to the idea at the cost of discarding his inquisitiveness and logical mind.

Anyhow in the context of pharmacology, our seers have been kind enough to declare that in this science all substances are made up of the five existents (elements). This permits medicine to be more materialistic. But there too is a problem – ether! Is it a material? Yes and no. Ayurveda considers it to be existent (*bhoota*). But it has



no unit structure! Hence it is matter without structure – a non-material material. Does it matter? It all depends on your conceptualization. After all, man lives with concepts.

Medicine can be materialistic and non-materialistic. That is what Ayurveda teaches. But anyhow, it cannot be immaterial. Whether we use materials to treat or just tricks and tactics (*upaaya*) to treat diseases, substance really matters. For example frightening is a mode of treatment. Here we do not use drugs. But we have to use materials to frighten. Even when we frighten with words, there is involvement of materials. The words affect the patient and there are hormonal activities in him. The hormones for fight and flight in him are activated. They make changes in his physiology and psychology. The sum total of these changes is called fear. Not only fear, all emotions make motions in our internal environment and accordingly we react to the external environment. Whether it is a tablet or a word that triggers these changes is immaterial. The result is more important. That is why the word of the physician is significant in treatment. Even an irresponsible monosyllable of the physician can tamper the health of the sick. I would cite my own experience.

While in Moscow, I had gastritis. There was continuous vomiting. When the usual measures failed, I was taken to a gastroenterologist to see what is there in my stomach. The gastroenterologist did a gastroscopic examination with an archaic rigid instrument (not the flexible one that we use now) which simulated a sword in scabbard. I did the magical swallowing of the sword as per instructions. While viewing through it, the doctor promptly exclaimed - "Oh Bog!" My understanding of Russian language was very poor. Yet I deciphered his exclamation to be

"Oh! God!" Then and there I decided that I am suffering from nothing less than carcinoma of the stomach. That was the expression of his exclamation. Thank God! I was alright. The vomiting was short lived. There was not even an ulcer. But my prejudice that I have some serious error in my stomach and that all those who are concerned is keeping it as a secret of confession, discussing themselves but never letting me know, lingered me for months together. See what an untimely audible appeal to the Almighty might do to a poor soul!

So, drug or no drug, things matter in medicine. We are seeking wellness and happiness in medicine. But drugs can often drag us to the realm of illness and unhappiness. Actually are we not chasing the drug instead of the drugs dragging us?

People have a very wrong equation. This is it – Disease + drug = health. They believe in this adamantly. In Ayurveda there are many conditions where drugs should not be used. It is not the drug that cures. The body has to cure all by itself. If the administered drug is attempting to interfere negatively in the execution of body's efforts for curing, the drug is an obstacle and not a helping hand. All doctors know the secret that it is neither the doctor nor the drugs that cures the patient. The patient is curing himself. But how many doctors will dare to spell it out? Even if they tell so how many patients will believe them?

In conditions where medicine is contraindicated or better avoided or when medicine can be of no help, doctors still prescribe something such as costly capsules said to contain vitamins and minerals. Treatment is also a psychological warfare. The doctor has to prove that he has fought till the end, even if the case fails. If an honest doctor tells his patient – "You will be perfectly alright. You

need no medicine. Now you can go home and relax!" The patient will surely go, but not to his home but to the next doctor murmuring - "The poor doctor did not understand my problem." And the doctor at next door will listen patiently, tap here and there on the body of the patient and will provide him with a lengthy prescription appended with a list of investigations to be conducted shortly and brought back to the doctor for further prescriptions. After all, the purpose of medical science is wellness and happiness to all. Here the patient is well and okay. He is happy too as he gets a chance to spend money on himself for medicines and investigations. The doctor is also happy so that the patient is recruited permanently to his list of customers. This is treatment, this is consolation and this is consultation.

This is an instant where the patient drags the drugs with the help of doctors. Many patients prefer to be self sufficient in pulling the drugs. For cure they procure their own medicines at their own discretion. (Drug pushing is something else.) They consider that the consulting fee can be saved for the better. My youngest brother-in-law was of this type. He had chronic otitis media. Whenever he had an earache and headache, he promptly purchased some strong analgesic from the medical store and controlled pain satisfactorily. This became a regular practice for him until he died young with severe meningitis. The infection of the middle ear opted to travel inwards and claim his life. Meningitis is such a killer. Analgesics and antipyretics immediately mask its symptoms, but not the disease.

Coming back to the drugs that drag we should understand the philosophy of drugs. We have seen that substances have properties and action. Drugs are substances

and they also have properties and action. Ayurveda believes that the substance, its action and property coexist as a triad. Normally there is no substance without some property. Property is also called quality and attribute. Properties qualify the substance. Many properties are attributed to the substance. It is for the property that we consume substances. We go for sugar as it is sweet. If sugar is not sweet no one will add it to the milk or tea for sweetness. In fact, the properties of substances attract us. It is to consume these properties that we consume substances.

In Sanskrit, property is termed *guna*. The word also means string. Stings or ropes are used to tie things together and to pull things. When something has a property, it means that it has a string. This string might bind us and drag us to the substance. The pull is strong and we cannot help moving towards the substance when pulled by the property. When you are caught by the invisible and invincible strings of things you are dragged towards the thing, whether it is a person or drug. Mankind is now dragged by drugs. That is why drug industry happens to be the most powerful industry. Another industry is food industry with such strings that catch and drag. In case of food, you can have options. But in case of drugs, you have not much option. Once prescribed, you have to consume it.

Drugs are not mere draggers, they are also daggers. That is what Caraka-samhitaa states in the opening chapter of the book. Drugs are like sharp cutting instruments, like fire, like poison and like electricity. If used judiciously and cautiously all of them are useful tools in the hands of man in his journey towards welfare and happiness. With a sharp knife you can cut an apple, you can cut your finger too. With fire you can cook and warm the room. But carelessly handling it can make fire accidents

even of massive scale. With poisons you can control the pests and if you ingest it you can be just dead. With electricity you can cook, iron, play music, wash clothes, create wind, burn the lamp and so on. But catch a live bare wire, you can be no more. What does this mean? Application is more important than the substance. Drugs are inevitable evils, just like any other essentiality. Hence use it judiciously. Do not play with them. It is like playing with your life. ■



Saastra-mathanam  
Hepatopathy-part2

## Liver cirrhosis

**I**t is impossible to study cirrhosis of liver in Ayurveda isolating it from other liver diseases. To have a better understanding of this liver disease we should scan through all the references of liver and liver diseases in Ayurvedic treatises. We should arrive at an ayurvedic approach for the efficient management of the condition. Liver is considered as a visceral organ or even as part of the GI Tract (*koshthaangga*) in Ayurveda(A.H.Saa.3. 12).





The organs named as *koshthaangga* are in some way connected with G I Tract. Liver is directly connected to the tract through the bile duct. In a way, all the other organs mentioned as *koshthaangga* are connected with the GI Tract during the development of embryo. Liver (*yakrt*) is also termed as *koshtha* in *Susruta-samhita* (S.Ci.2.12).

Coming to liver diseases, references are available in abscess (*vidradhi*) and enlargement of abdomen (*udara*). *Yakrt* is considered as one among the ten sites of abscess (A.H.Ni. 11. 5). In the chapter on abdominal enlargement, both splenomegaly and hepatomegaly are mentioned. They are interconnected. In the case of splenomegaly it is mentioned that *udaavarta*, pain and distention of abdomen occur in the predominance of vaata; confusion, thirst, burning sensation and fever in predominance of pitta; and heaviness, anorexia and hardness occur in predominance of

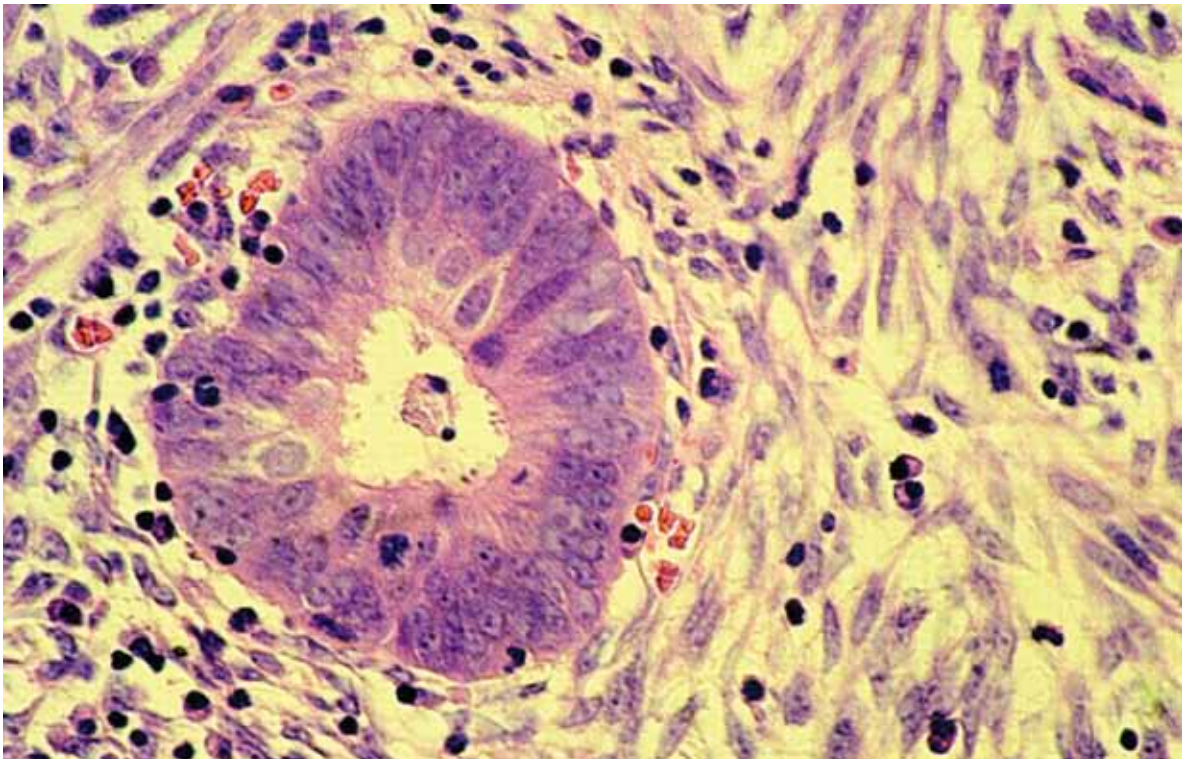
kapha (A.H.Ni. 12. 27).

The description of liver enlargement is akin to that of spleen enlargement (A.H.Ni. 12. 28). Thus according to Vaagbhata there are three types of splenomegaly and hepatomegaly. But according to Caraka-samhita there are five types (C.Soo. 19. 34). Thus the five types of splenomegaly are due to vaata, pitta, kapha, tri-humoral (*sannipaata*) and blood (*sonita*). The classification into five is more valid when we consider cirrhosis because the involvement of blood in it is to be stressed.

In cirrhosis the degeneration begins as an inflammation of liver cells. Hence *vidradhi* is to be considered. In the etiology of *vidradhi* factors that vitiate blood, trigger the pathogenesis (A.H.Ni.11.1). In *vaata-sonita* also the same etiology is mentioned (A.H.Ni. 16.1). In fact, *vidradhi* is swelling (*sopha*) (A.H.Ni. 16.1). Here the pollution of blood and the changes taking place in the blood are important. [Table 01] [Table 02]



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





**Table 01: Factors causing vitiation of blood (C.S.24. 5-10)**

- Food (aahaara)**
- Sharp (*teekshna*) and hot (*ushna*) food and drinks
  - Foods which are very salty, alkaline, acidic, and are acrid in taste
  - Excessive use of food materials such as horse gram, black gram, beans, sesame seeds and sesame oil
  - Excessive use leaves of tubers such as colocasia and radish
  - Excessive intake of meat of aquatic animals, animals of marshes, beef, meat of animals and birds belonging to the group of prasaha
  - Excessive use of heavy, unctuous and liquid food
  - Excessive use of curd, whey, vinegar, beer and acetic soups of cereals
  - Incompatible food materials
  - Use of extremely soaked food

**Habits (vihaara)**

- Day sleep
- Sleep after food
- Anger
- Excessive exposure to sun and heat
- Suppression of urge for vomiting
- Abstinence from bathing at prescribed times
- Excessive physical exertion
- Trauma
- Heating up of body
- Indigestion
- Eating before the digestion of previous food
- Blood also gets vitiated during autumn due to the nature of season

stage of formation of fluid is termed in Ayurveda as *jaatasalilam*.

The common hepatitis need not lead to ascitis. Inflammation usually subsides and there are no further complications. For the development of ascitis there should be accumulation of filth (*malasancaya*).

There is a general consensus that infection with hepatitis C virus may culminate in cirrhosis of liver. But here also it is not obligatory. [Approximately 20% of chronically infected patients will develop cirrhosis after 20 years of infection & around 50% after 30 years. This is more likely if the patients are misusing alcohol. (Once cirrhosis is present 2-5% / year will develop hepatocellular carcinoma.)]

For example hepatitis-B is said to cause carcinoma of liver; but this phenomenon is not seen in all patients.

can be broadly classified into waste materials (filth) and clarified materials (essence) (C.Saa.6. 17).

Haareeta has opined that *soocce-mukhee*, an infective microbe will reach liver from the intestines. Perhaps this may be *Entamoeba histolitica*. In amoebic dysentery we find that subsequently liver is infected by *Entamoeba*. Formerly amoebic hepatitis was very common. When cirrhosis is not presenting fluid accumulation, the symptoms will not be prominent. There will be vague symptoms such as weakness and indigestion.

**Clinical features of liver cirrhosis**

- Hepatomegaly
- Jaundice
- Ascitis

**Circulatory changes**

- Spider talangectasia
- Palmar erythrema
- Cyanosis

**Endocrine changes**

- Loss of libido
- Hair loss

**In men**

- Gynecomastia
- Testicular atrophy
- Impotency

**In women**

- Breast atrophy
- Irregular menstruation
- Amenorrhoea

**Hemorrhagic tendency**

- Easy bruises
- Purpura
- Epistaxis
- Menorrhagia
- Portal hypertension
- Splenomegaly
- Collateral vessels
- Varicel bleeding
- Fetor hepaticus
- Hepatic (portosystemic) encephalopathy

**Other features**

- Pigmentation
- Digital clubbing
- Low grade fever

In the five fold classification of splenomegaly, there is a particular

**Table 02: Features of vitiated blood (S.Soo.14.21)**

Vaata	Pitta	Kapha
Foamy, blackish, brownish, rough, dilute blood that flows fast and which does not coagulate	Bluish, yellowish, greenish or blackish blood which is foul smelling. This also will not clot. Once shed, this will not attract insects such as ants and flies.	Blood having the color of water mixed with iron oxide ( <i>gairika</i> ). It will be unctuous, cold, viscous and sticky. It will flow slowly, it resembles flesh.
In tri-humoral vitiation all the signs may be present.		
In bi-humoral vitiation the signs of vitiated blood by the involved humor will be present.		

Once there is edema in liver cells it may either resolve or persist. Cirrhosis is the progressive and widespread death of liver cells associated with inflammation & fibrosis leading to loss of the normal lobular liver architecture and thus loss of normal hepatic vasculature with the development of portal systemic vascular shunt & the formation of nodules rather than lobules due to proliferation of surviving hepatic cells.

Formation of serous fluid as the sequel of the inflammation of liver cells; is the result of undissolved inflammation. All liver diseases need not culminate in hepatomegaly (*yakrtodara*). The

There are two type of cirrhosis.

In one type, liver cells may shrink and reduce the size of liver; in the other type the liver will enlarge. Even then there is impairment in liver function as indicated by SGOT, SGPT and alkaline phosphatase, the disease need not develop into ascitis. In the etiology of *udara* accumulation of filth is mentioned. This is very important (A.H. N. 12. 1). Here the term *mala* is to be understood in a broad sense. It can be anything that affects and damages the normal physiology and anatomy of the body. The term may even include parasites, bacteria and virus. Caraka-samhita states that substances present in the body

type caused by the vitiation of blood. This classification is applicable in hepatomegaly too. This particular type of hepatomegaly can be correlated with cirrhosis of liver.

The route of microbes and viruses entering the liver is through blood. Even if the cause is alcohol it also reaches the liver through blood. Generally the pH of blood tend to be acidic in liver diseases. This constant acidity damages liver cells. Malnutrition along with increased acidity of blood causes inflammation to the liver cells.

### Causes of Cirrhosis

1	Any cause of chronic hepatitis
2	Alcohol
3	Primary biliary cirrhosis
4	Primary sclerosing cholangitis
5	Secondary biliary cirrhosis
6	Hemochromatosis
7	Wilson's disease
8	α 1 antitripsin deficiency
9	Cystic fibrosis

Liver cirrhosis may be a sequel in congestive cardiac failure. There is a condition called Hepato-renal syndrome. There may be renal failure due to hepatic disorder. Once the hepatic disorder is corrected by liver transplantation, renal problem will also disappear. Also when liver is damaged, hepatic coma may occur affecting the brain. All these prove the ayurvedic contention that all the internal organs are closely interrelated.

Liver diseases are diseases occurring in the middle pathway of diseases (*madhyama-roga-marga*) (A.H.Soo. 12. 47,48). Diseases of head, heart, urinary bladder etc., diseases

affecting vital areas and bony joints, veins, nerves tendons etc. manifest in this pathway. Liver diseases also manifest in the same tract.

Laboratory investigations assist diagnosis. When cirrhosis is suspected liver function tests (LFT) are to be conducted. This will also aid in assessing the progress of disease as well as the efficacy of treatment.

### Treatment

Mostly ayurvedic people are treating hepatitis and in such cases our medicines are effective. Cases like liver abscess do not report to ayurvedic physicians usually. In the case of liver disease most of the cases come to us after modern therapy and at this stage no substantial help can be provided by us.

Separate chapters are not devoted in early classics for diseases of liver and spleen. In Bhaishajyaratnaavali we have a chapter on diseases of spleen and liver (*pleehaa-yakrt-adhikaara*). There are many formulations for diseases of liver and spleen. All these formulations aim at purification of blood. Some have diuretic action too. In modern medicine also they prescribe diuretics.

Stem cell transplantation is also tried in treatment of cirrhosis. It is postulated that stem cell therapy can correct the malfunction of any organ. But details are not available.

*Arka-lavana* is a safe medicine mentioned in this chapter (B.R. Pleehaa 3). Here the leaves of calotropis with rock salt are made into an ash by closed combustion. This ash is mixed with whey and orally administered. Though this is prescribed for splenomegaly it can be applied in hepatomegaly too as it is thus mentioned there itself (B.R. Pleehaa 3).

Another single drug is *sarapunkhaa* (*Tephrosia purpura*). The paste of the root is orally

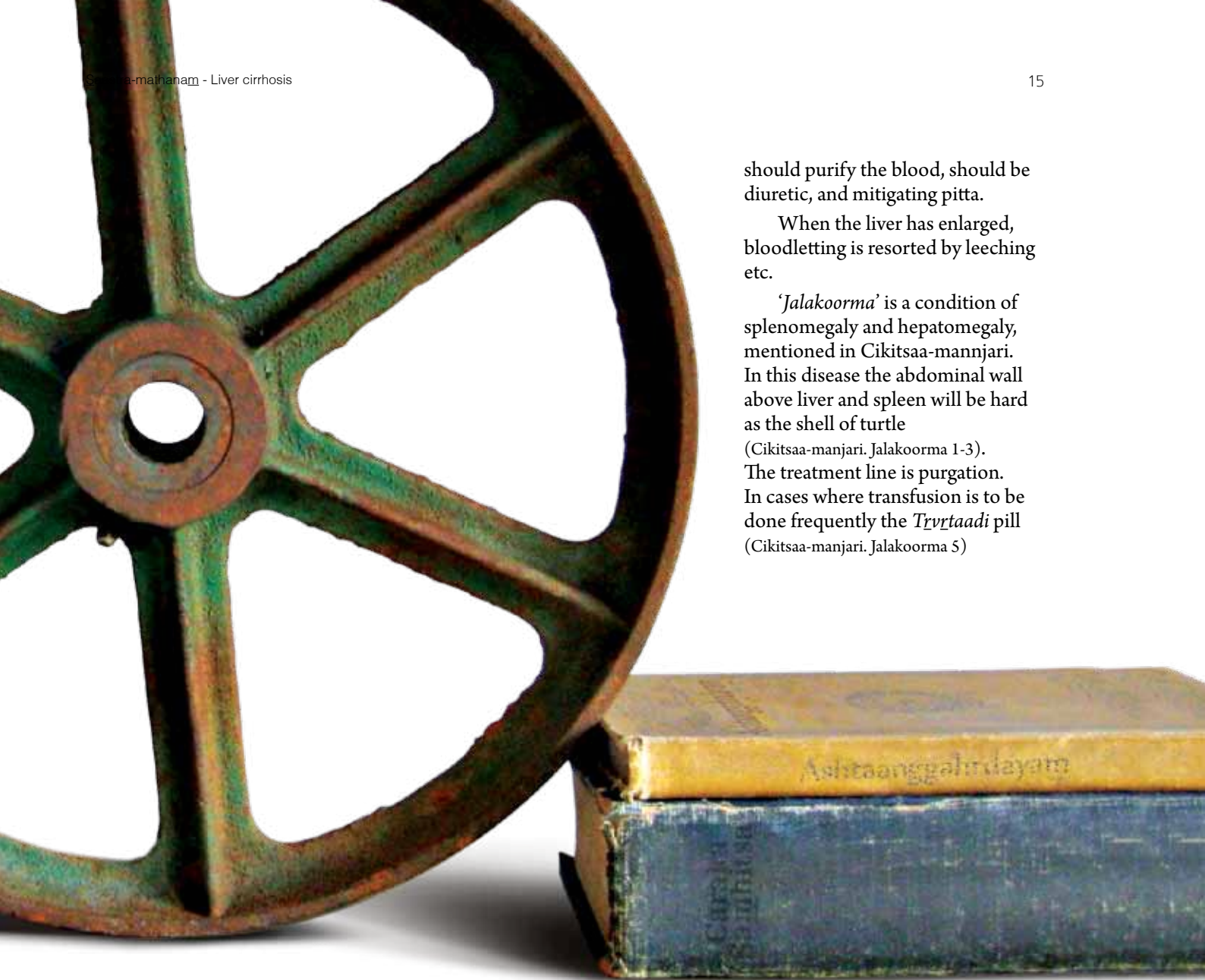
administered with buttermilk.

*Guloocyaadi coorna* mentioned in this chapter is useful. This contains tinospora, aconite, dry ginger, chirata, Indian nightshade, nut-grass tuber, long pepper, barley alkali, ferrous sulfate and champak (B.R. Pleehaa 10). This is also indicated for diseases caused by polluted water (*vaari-dosha*) and drug interaction (*viruddha-bheshaja*).

Another preparation is *Brhat Lokanaatha-rasam*. It contains mercury, sulfur, mica, copper, iron and cowry powder. For grinding juices of aloe and *Solanum nigrum* are used. This can be prescribed in advanced cases. Even though this contains mercury, as the mercury is







should purify the blood, should be diuretic, and mitigating pitta.

When the liver has enlarged, bloodletting is resorted by leeching etc.

'*Jalakoorma*' is a condition of splenomegaly and hepatomegaly, mentioned in *Cikitsaa-mannjari*. In this disease the abdominal wall above liver and spleen will be hard as the shell of turtle

(*Cikitsaa-manjari*. *Jalakoorma* 1-3).

The treatment line is purgation.

In cases where transfusion is to be done frequently the *Trvrtaadi* pill (*Cikitsaa-manjari*. *Jalakoorma* 5)

trituated with (double quantity by weight) of sulfur, it will be converted to mercuric sulfide which is a safe compound.

Prevention of liver cirrhosis is by proper diet and activities. Avoid alcohol abuse etc. Alcohol should be consumed according to norms.

*Traayantyaadi kvaatha* is a good medicine for hepatitis (A.H.Ci. 13-11). [ One part each of Indian penny-wort (*traayantee*), three fruits (*triphala*), neem (*nimba*), kutki (*katukee*), licorice (*madhuka*); four parts of turpeth (*trvr*) and bitter snake-gourd

(*patola*); eight parts of dehusked lentil (*masoora*)]

It is also a purgative but it is difficult to preserve the decoction. Better make it into a tablet. [This *kvaatha* was a favorite starter of Late Ayurvedaacaarya Kaaladi Paramesvaran Pillai, for almost all diseases.]

Years back there was a marketed preparation called 'liver cure' for infantile cirrhosis. In those periods infantile cirrhosis was very common. The product contains copper.

The medicines for cirrhosis

mentioned there is more useful.

*Gomootra-hareetaki* is a good medicine for liver cirrhosis though it is not palatable.

*Dasamoola-pancakolaadi kvaatha* (Sahasrayoga, Kashaaya, Mahodara) is a favored medicine of old physicians. They prescribe this first, followed by *Punarnavaasava* and *Chaagakareeshaadi*. (A.H.Ci. 25. 103)

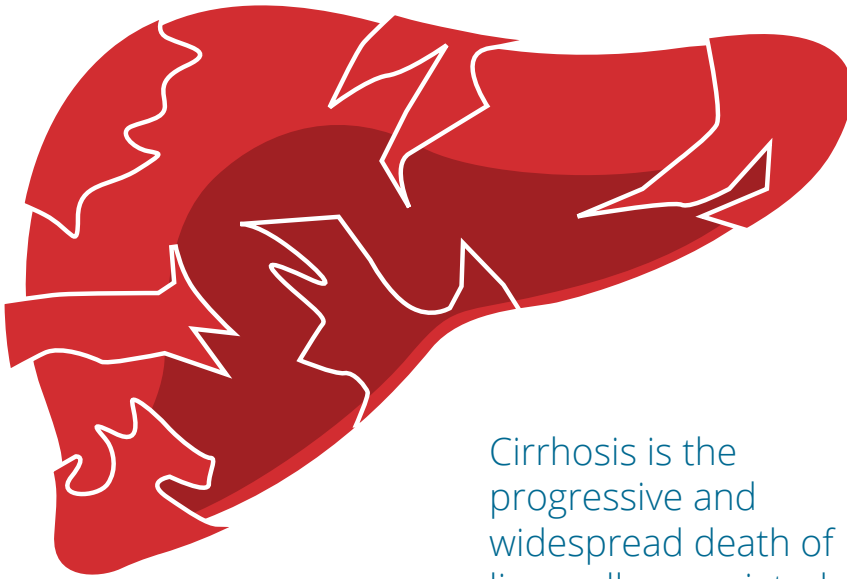
*Aalooopaadi kvaatha* is very useful especially in *jalodara*. (*Aalooopa* = wild colocasia.) [This was a favorite formulation of Late Ayurvedaacaarya Kumarakom Paramesvaran Pillai.] The decoction will effect drastic

diuresis and will correct the shift of water compartment.

There may occur in hepatitis that after treatment, the liver function tests are normal but the bilirubin stays increased. Such a phenomenon may occur in Gilbert's syndrome. There is inability to remove bilirubin from blood owing to the lack of an

carbohydrates. *Madhura* is a taste of choice here as it is *pitta-samana*. Carbohydrates are sweet.

According to modern medicine citrus fruits (orange, lime etc) and Robusta should not be used as they will deplete potassium. Formerly salt was prohibited by ayurvedic physicians. But with modern insight, they permit a bit of salt in diet.]



enzyme. Better, continue the medicine for ten more days and if the bilirubin is not coming down, it may be Gilbert's syndrome. To confirm the condition, in modern medicine they give Tab. phenobarbitone. By the next day bilirubin will return to normal level. But it will be a transient stage as the disease is genetic. It need not be due to hemolysis. The disease is congenital and caused by mutation. The defect is there even before the manifestation of jaundice and hemolysis.

In cirrhosis the liver may become smaller and spleen will enlarge. There may be also hemorrhoids because of portal hypertension. The portal vein is in a way connected with hemorrhoidal veins.

As in modern medicine, Ayurveda also has the same line of prescribing diet rich in

Cirrhosis is the progressive and widespread death of liver cells associated with inflammation & fibrosis leading to loss of the normal lobular liver architecture and vasculature

In chronic alcoholic liver, where there are nodules and liver fibrosis, should we administer abrasive (*lekhana*) drugs such as *Guggulu-tiktakam* and *Varanaadi* along with usual drugs such as *Vaasaaguloocyadi kvaatha* and *Draakshaadi kvaatha*? Only usual treatment is to be given. Fibrosis is obstinate. It will not yield to strong medicine. It may subside slowly.

*Kumbha-kaamala* may be correlated with cirrhosis of liver. This is the stage of abdominal enlargement (*udaram - yakrtodaram*) of cirrhosis. It will

culminate in ascitis. It is mentioned that *kumbha-kaamala* is dependant on *koshtha*. Here *koshtha* means viscera. Always *koshtha* need not be interpreted as GI Tract. There are four guidelines for coining technical terms. Here likeness or similarity is the cause of naming. *Kumbha* = pot. The abdomen is enlarged like a pot and hence the name. The following treatment is mentioned: - Consume mineral pitch or the calx of iron pyrate (*svarna maakshika*) or the calx of gold (silver?) waste (*hiranyaja-kitta*) with cow's urine for one month (A.H. C. 16. 52).

### Fatty Liver

Another common presentation with respect to liver disease is fatty liver. Nowadays, anyone going for an abdominal scan can get this on their impression. One reason for this high incidence is our current food and lifestyle pattern. Faulty management of fat in the body can give this condition. Some congenital defects can develop fatty liver. Alcohol abuse is a common cause too. Treatment is usually oriented towards normalization of fat metabolism and reduction of excess fat in the body. Apart from diet and exercise regimens, which are inevitable, the following are also usually practiced:

- ▶ *Avipatti coorna*
- ▶ *Annabhedi sindoora*
- ▶ *Guggulu* preparations.
- ▶ Formulations containing *silajatu*

Ascitis occurring in liver diseases should be managed as per management of *kumbha-kaamala*. *Svarna-maakshika bhasma* and *silajatu* are beneficial for this. ■



# Sleep Tight, Score High!

Seen students spending hours past sleep-time to gain those extra points in that exam next morning? Bet it's not a rare scene in professional studies, at least. Anyway, those who ditch sleep for score are not going to deliver their best for the exam, as per the findings of a new study that focused on daily and yearly variations of students who sacrifice sleep to study. The research was conducted at the University of California, Los Angeles (UCLA) and appeared recently in the journal *Child Development*.

Regardless of how much a student generally studies each day, if that student sacrifices sleep in order to study more than usual, he or she is more likely to have academic problems the following day.

"Academic success may depend on finding strategies to avoid having to give up sleep to study, such as maintaining a consistent study schedule across days, using school time as efficiently as possible, and sacrificing time spent on other, less essential activities", says Andrew J. Fuligni, professor of psychiatry and bio-behavioral sciences and a senior scientist at the Jane and Terry Semel Institute of Neuroscience and Human Behavior at UCLA, who worked on the study.

535 students ranging from 9th to 12 grades from several Los Angeles-area high schools were made to report in their diaries how long they studied, how long they slept, and whether or not they experienced two academic

problems - One, they didn't understand something taught in class or two, they did poorly on a test, quiz, or homework. The students represented a mix of socioeconomic and ethnic backgrounds.

Although the researchers expected that extra hours of studying that ate into sleep time might create problems in terms of students' understanding of what

they were taught in class, they were surprised to find that diminishing sleep in order to study was actually associated with doing more poorly on a test, quiz, or homework (the opposite of the students' intent).

"As other studies have found, our results indicated that extra time spent studying cuts into adolescents' sleep on a daily basis, and it is this reduced sleep that accounts for the increase in

academic problems that occurs after days of increased studying," Fuligni explained. "Although these nights of extra studying may seem necessary, they can come at a cost."

Fuligni said the study's findings do not suggest that teens should spend less time studying overall, but that those teens who give up sleep to study more than usual are more likely to have academic problems the following day. ■



# Hypertension: Prevention in Ayurveda

In this modern era a vast majority of people goes through a turbulent psychological state. Topping among them are competition at home as well as in career, intense desire to upgrade to a more luxurious living, inability to manage stress, mutual rivalry and so on. These types of psychological attitudes disturb various systems of our body and give birth to an array of psychosomatic diseases. Among those diseases one of the most dangerous and damaging yet silent, is hypertension.

In routine clinical practice hypertension is one of the most common problems. The prevalence of hypertension is increasing day by day in our country. A recent study reports that more than 50 million Indians are suffering from hypertension.

## Causes

1. Hectic work or living circumstances.
2. Adopting a lifestyle that is not suitable to a person.
3. Fast-food culture and improper dietary habits.
4. Prolonged use of incompatible food (*viruddhaahaara*).
5. Emotional overload.
6. Addictions, especially smoking.
7. Loosing our ethics and traditions.

In most of the cases reporting of hypertension, derangement of *vyaana vaayu* and pitta vitiation is evident. It is also interesting to note that people of *vaata* or *pitta*

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predominant natural constitution (*prakrti*) are more prone to fall into the clutches of hypertension.

## Common symptoms

1. Giddiness
2. Palpitation
3. Chest pain
4. Frequent urination
5. Perspiration
6. Fatigue
7. Dyspnea

## Complications

Blood pressure tends to get high when arterial blood pressure is elevated above normal. All the time, it will be slowly damaging various end-organs of the body which can even occur without exhibiting any stand-alone symptoms in the initial stages. This is why hypertension gets the name 'silent killer'.

The complications of hypertension involve the central nervous system like cerebrovascular attacks, sub arachnoids hemorrhages in the brain etc.

The major risk factor with hypertension is Ischaemic Heart Disease (I.H.D) and Renal problems etc.

## Preventive methods

By knowing above complications one should change one's life style and food habits through Ayurveda by best preventive methods, which are advocated by ancient sages to improve the quality of life and to lead the lives without affected by diseases. Most of the modern anti-hypertensive drugs have their own side effects; long-standing usage of such drugs leads to other diseases. So, the safest way is prevention without causing any side effects. A detailed description about lifestyle and food habits is described in Ayurveda. These principles are mostly accepted world wide and have scientific evidences also.

Some ayurvedic texts like *Caraka-samhitaa*, treatises of *Vaagbhaṭa* describe that unduly increased intake of salt leads to vitiation of *vaata* and *rakta* and causes symptoms like muscle flaccidity (*sithilataa*) and diseases of blood vessels. So to prevent hypertension, Ayurveda advises low salt diet. A new research on salt diet says that, sodium intake reduced by 75 m.eqi. in a day approximately reduces by 5 mm of Hg systolic and 2.6 mm of Hg diastolic pressure of B.P

Potassium deficiency causes retention of sodium and leads to hypertension. To avoid these effects, our diet should contain more potassium containing foods like banana, coconut water, leafy vegetables etc. New research on

potassium intake says that 50 -120 m.equ/day of potassium intake reduces blood pressure by about 6mm of Hg systolic and 3.4 mm of Hg diastolic pressure.

Scientific researches says that calcium ion competent with sodium ion reduces excitability of nerves and muscles. By taking 1.5 gm of

elemental calcium diet daily reduces the risk of osteoporosis and hypertension.

Studies say that 250mg of caffeine raises the 5 -15 mm of Hg systolic pressure and retains for 12 hours. So who have habit of intake of caffeine should reduce the daily usage of caffeine.



Symptoms of hypertension based on humoral predominance		
Vaata	Pitta	Kapha
Worry	Anger	Atherosclerosis
Strain	Nose bleeding	Dull headache
Anxiety	Irritability	Edema
Insomnia	Violent	Lethargy
Fluctuations of B.P readings	Head ache	
	Burning sensation	
	Red eyes	
	Sensitivity to light	
	Flush face	

30 ml of alcohol per day in the form of whisky may be beneficial for coronary circulation. Required quantity of alcohol should be used in a disciplinary manner, if not it shows its toxic effect. According to Ayurveda, alcohol (*madya*) in small dose acts by virtue of its sharp (*teekshna*), pervading (*vyavaayi*), quick acting (*aaṣukaari*) qualities, is able to remove blockage of channels (*sroto-vibandha-naaṣana*). Excessive intake of alcohol leads to alcohol toxicity (*madaatyaya*) which is a morbid condition. Addiction to alcohol may cause heart diseases and blood vessel diseases. Hence it is always better to avoid alcohol abuse to prevent hypertension.

Adoption of smoking is another causative factor for hypertension. Carbon monoxide stimulates atherosclerosis in coronary arteries, nicotine stimulates adrenergic nerves to cause increasing oxygen demand and also decreasing good cholesterol (HDL). These effects leads to vascular disorders. To control these effects cut off the smoking habits. According to WHO estimation, most of the cardiac problems in developing countries are due to smoking.

Diet should contain unsaturated fatty acids such as soya bean oil, sun flower oil, cotton seed oil and corn oil. High fiber diet and nutritious diet, Indian gooseberry (*aamalakee*), grapes and all vitamins

are more beneficial to control and prevent hypertension. Such food substances act like anti-oxidants. Garlic, onion, spinach, oatmeal, carrot and almonds are very beneficial to hypertensive patients.

Stress as an experience, unbalances the humors physically and emotionally, and creates irregularity in mind and body. Prolonged stressful conditions slow down the metabolic functions. To overcome or to prevent stressful conditions, ayurvedic guidelines are more beneficial.

*Panja-karma* is having a tremendous power to eliminate the toxic effects from the body and rejuvenate each cell of the body. Oil application (*abhyangga*) has great role in preventing hypertension by effecting relaxation to the body, It facilitates sleep, makes mind peaceful and is the most effective treatment to reduce mental stress. Irrigation therapy (*dhaara*) with oil is useful to reduce hypertension. In obese patients, upward powder massage (*udvartanam*) is very beneficial as it reduces kapha and fat (*medas*). It converts LDL into HDL. If we treat with the five medical operations (*panja-karma*), modulating the therapies according to the cause, we can prevent hypertension.

In addition to this Caraka-samhitaa has mentioned about suppressible urges (*dhaaraneeya-vegaah*) such as lust (*kaama*), anger (*krodha*), greed (*lobha*), confusion (*moha*), excessive pride (*mada*) and competition (*maatsarya*). These should be suppressed. Otherwise these urges will stimulate adrenergic nerves, release catechol amines at nerve endings and cause hypertension.

According to Caraka-samhitaa, the person who makes a routine habit of taking balanced healthy diet and control of faculties (*indriyaani*),

having a charitable disposal, forgiveness with good conduct, life style by adoption of ethical norms (*aacaara-rasaayanam*), relaxing by removal of stress with natural love and affection on others, will be far from the diseases and his life will be happy.

Drugs useful in hypertension	
In vaata aggravation	garlic ( <i>lasuna</i> ), withania ( <i>asvagandhaa</i> )
In pitta aggravation	Indian penny-wort ( <i>brahmi</i> ), Indian sarasapilla ( <i>saariba</i> ), wild asparagus ( <i>sataavaree</i> ), spikenard ( <i>jataamaamsi</i> )
In kapha aggravation	Arjun ( <i>arjuna</i> ), Indian bdellium tree ( <i>guggulu</i> )
Drugs from new researches	
<i>Arjuna</i>	beta-blocker, antioxidant and hypolipidemic
<i>Gokshura</i>	diuretic and Angiotensin-Converting-Enzyme (ACE) inhibitor
<i>Punarnava</i>	diuretic and calcium channel blocker.
Rose petals	reduces pitta and mood lifting.

So adopting ancient ayurvedic principles, maintenance of life style and proper directions from efficient ayurvedic doctor can solve psychological disturbances. Maintaining physical and mental health keeps the person with happy and cheerful life devoid of pain. ■





## Social Rejection Can Fuel Imaginative Thinking

Individuals who are casted out from the social structure are of two types. One set of individuals vehemently wants to socialize but certain factors would either keep them off the society or the society from them. Another group of people are not social because they believe that they don't fit in and they want to unbelong. A study by a Johns Hopkins University business professor finds that social rejection can inspire imaginative thinking, particularly in individuals of the latter category and with a strong sense of their own independence. On the contrary, social rejection has the opposite effect on people who value belonging to a group: It inhibits

their cognitive ability.

“We’re seeing in society a growing concern about the negative consequences of social rejection, thanks largely to media reports about bullying that occurs at school, in the workplace, and online. Obviously, bullying is reprehensible and produces nothing good. What we tried to show in our paper is that exclusion from a group can sometimes lead to a positive outcome when independently minded people are the ones being excluded. For people who already feel separate from the crowd, social rejection can be a form of validation,” says Johns Hopkins Carey Business School assistant professor Sharon Kim, the study’s lead author. “Rejection confirms

for independent people what they already feel about themselves, that they’re not like others. For such people, that distinction is a positive one leading them to greater creativity.”

The authors state that the study has practical implications for business because of the desire among managers to employ imaginative thinkers who can maximize creativity. A company might want to take a second look at a job candidate whose unconventional personality might make him an easy target for rejection, but whose inventiveness would be a valuable asset to the organization. ■

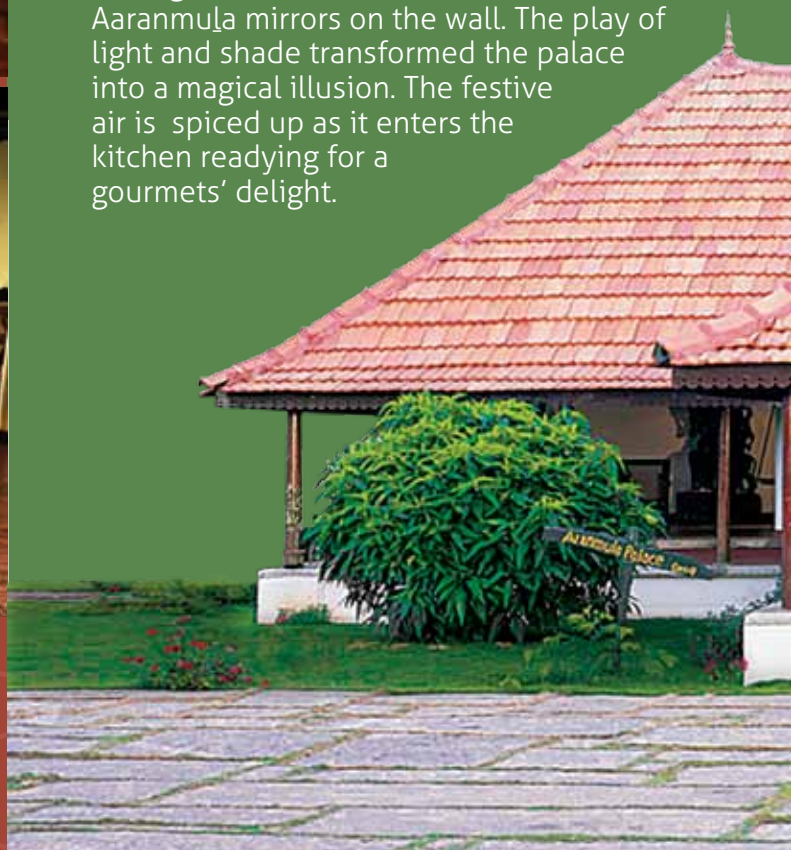
The waves from the competing snake-boats lapped fervently on the banks of river Pampa. The entire Aaranmuḷa village stood on the shores, cheering and gambling on their favorite

*chundan vallam*. Witnessing the traditional gala stood the architectural marvel, The Aaranmuḷa Palace.

The folk songs sung by the oarsmen for strength and motivation, echoed on its rosewood-lined walls.

The soothing monsoon winds was finding it hard to cool the Aaranmuḷa royalty, debating on politics and literature in the palace verandah with vivacious hand crafted wooden ceiling held by huge decorated wooden columns.

Inside the *naalukettu* - the courtyard, frolics darted in and out of various rooms, often gathering near the holy basil in the atrium to share their loot. The orchestrated display of Keralite architecture, *taccu saastra*, made the sunlight entering through strategic air-vents dance on the renowned Aaranmuḷa mirrors on the wall. The play of light and shade transformed the palace into a magical illusion. The festive air is spiced up as it enters the kitchen readying for a gourmets' delight.





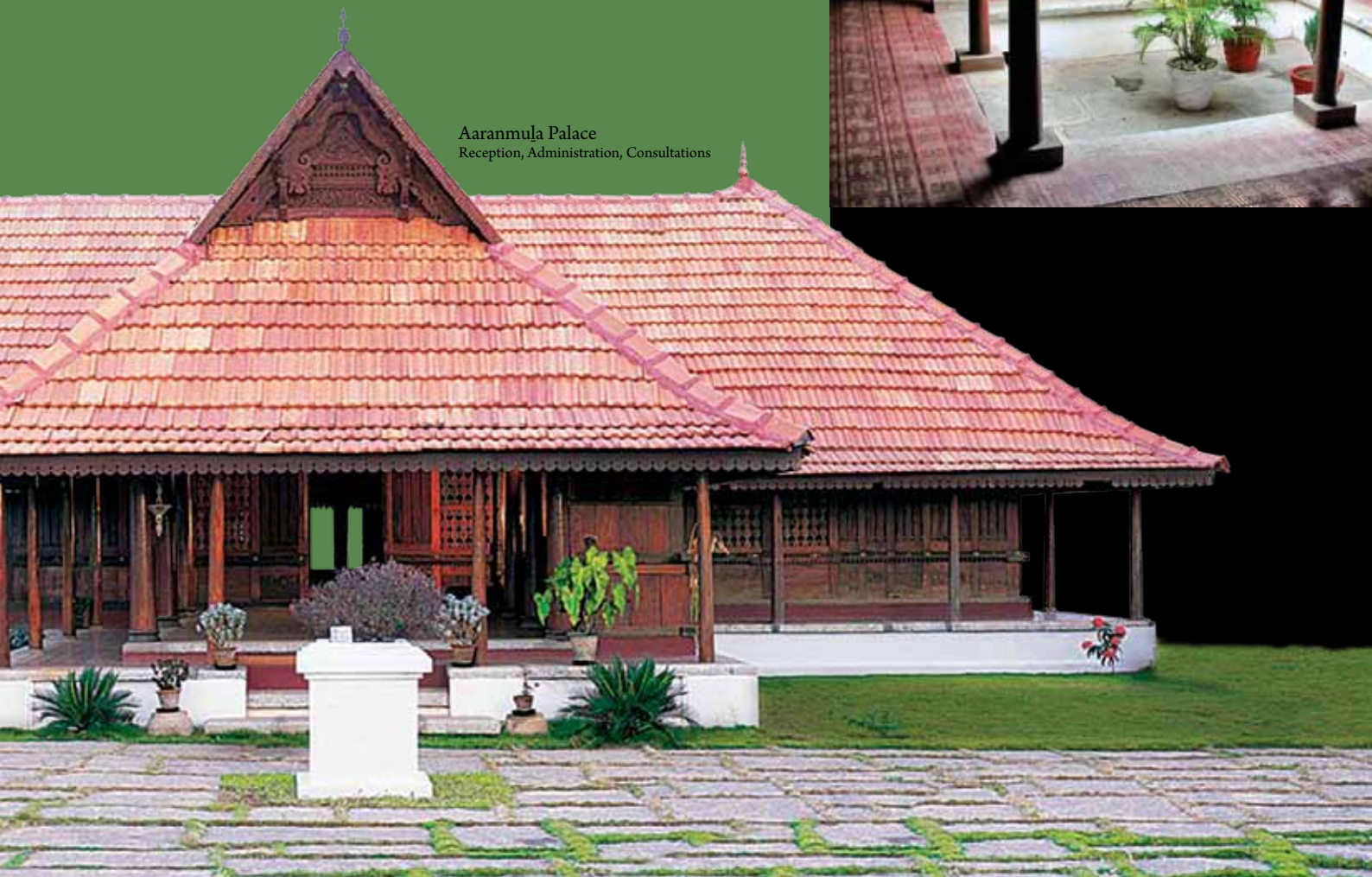


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## New KAL Clinic @ Kalady



As a continuance of the endeavor to expand its clinical presence nationally, Kerala Ayurveda Limited launches a new clinic at Surya Complex, Kalady on 26th November 2012. Kalady, at the bank of river Periyar, is the place of birth of Aadi Sankara, the renowned monist philosopher of India. The clinic also incorporates a physiotherapy center managed by Healing Hands, Palarivattom. Dr. Harsha Haridas is appointed as the consulting physician of this clinic.



A team of Brazilian enthusiasts led by Dr. Rugue at KAL for an advanced course in Ayurveda.

Students of Kerala Ayurveda Academy- USA (Jan 2013 batch) and doctors of KAL with Prof. C.R. Agnives



Kerala Ayurveda Hospital-Aluva bags the award by Ayurveda Hospital Managements' Association (AHMA) for professional excellency. The award was in recognition to the successful implementation of Diabetic Speciality Clinics across various centers of KAL.

# Relevance of Synonyms in Drug Identification and Pharmacology

A synonym is a word or expression that is a metaphorical or symbolic replacement for another.

In Ayurveda, the system of nomenclature and synonyms provided for drugs and formulations seems very fascinating. Ancient Pharmacognosy methods for drug nomenclature and synonyms were based on similes, metaphors and other figure of speeches related with nature. The classical profile of Pharmacognosy is still useful tool for species identification and can play a vital role in the authentication of drug material.

The scope of Pharmacognosy encompasses with the discipline Pharmacology, Pharmacokinetics, Pharmacodynamics, Phyto-chemistry, Chemo-taxonomy, Plant morphology etc. The original and basic approach towards Pharmacognosy which includes study of morphological system and study of tissue systems still seems to hold a key in identification of the correct species. Systemic identification of crude drugs and their quality assurance form an integral part of drug description. Disadvantage of this type of nomenclature is that, same name is given for different drugs. For example, the name *tikta* is given



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to *katukee* (*Pichrorhiza kurroa*), *nidigdhikaa* (*Solanum anguivi*), *parpata* (*Hediotis corymbosa*, *kiraatatiktaa* (*Andrographis paniculata*), etc. Here one may identify the drug according to the context. Here the synonyms play an important role.

**Classical method of nomenclature for herbs (*dravya*) in various periods, is based on the following factors:**

## a. During Vedic period

- 1 Vedic importance- *asvatha* - Tether horse
- 2 Similar to names of birds and animals - *sarpagandha* - Smell of snake, *hamsapaadi* - foot of swan, *mandookaparnae* - Which hops like frog, *vaaraahee* - Pertaining to boar
- 3 Utilization in the extraction of juice of plants (*savana-karma*) - *soma*

- 4 Cleansing and elimination of toxins from body – *apaamaarga* - That which cleanses the channels (or which obstructs the pathway)
- 5 Structure- *ajasngee* - Similar to the horn of goat, *uttaanaparnae* - Leaves which are upturned
- 6 Properties- *asvaganthaa* - Having the smell of horse.
- 7 Season- *varshaabhoo* - That which sprouts in rainy season.

## b. During the period of dictionaries (*Nighantu*)

In Raajanighantu more principles were adopted for nomenclature towards identification and pharmacology like:

- ▶ Accepted meaning without derivation (*roodhee*) - *gudoocee*, *dundukam*
- ▶ Special potency (*prabhaava*) - *krimighnam*
- ▶ Geographical Source (*desa*) - *kairatam*
- ▶ Identifying marks (*laanchana*) - *rajeephalam*
- ▶ Simile (*upamaa*) - *meshasngee*
- ▶ Potency (*veerya*) - *ushnam*



- ▶ Name of other things (*etaraahvaya*) - *sasi* (moon = camphor), *ghana* (cloud = nut-grass tuber)

The rationale behind the development of synonyms during Nighantu period could be compared to that of modern morphological characterization:

- ▶ Nature - *prasarani* - that which spreads.
- ▶ Structure of various plant parts- *triparnee*, *kaalaskandha*, *deerghaphalaa*, *sreephalaa*, *indrayavam* *trikantakam*, *bahusaaram* etc.
- ▶ Season - *maadhavee* (blossoming in spring - *maadhava* season), *sadaa-phalam* (always bearing fruit).
- ▶ Habitat - *jalajam* (lotus - born in water), *girijam* (born in mountain), *paashaanabhedam* (that which breaks the stone).
- ▶ Geographical source - *sourashtree* (occurring in Gujarat).
- ▶ Properties according to Color - *peeta* (yellow)
- ▶ Smell - *ugragandhaa* (strong smelling)
- ▶ Taste - *tiktaa* (bitter)
- ▶ Touch - *dusparsaa* (difficult to touch)
- ▶ Potency - *seeta*
- ▶ Specific action - *putradaa* (producing son)
- ▶ Pharmacological action *balaa* (strengthening), *kasaghnee* (anti-tussive), *aaksheeva* (causing sneezing)

How these principles behind the development of synonyms support in identification and drug action? Here are some examples:-

### 1 **Aṣokaṃ** : *Saraca asoka* [asoka]

*Taamra-pallava* (copper color of young leaf), *hema-pushpa* (color of flower- golden color), *madhupushpaa* (flower have nectar),

*gandha-puspha* (odourous flower), *citrashadpadamanjari* (variegated colour of the inflorescence), *pindee-pushpa* / *stabaka-pushpa* (clustered nature of inflorescence), *anganapriyaa* / *strepriyaa* (dear to women- gynaec medicine) *asoka* (relives pain/ sadness) *vanjjula* – posses excellent qualities.



*Taamra-pallava*



*pindee-pushpa*

### 2 **Gudoocee** - *Tinospora cordifolia* [tinospora]

*Tantrikaa* (thread like stem), *kundalee* (entwined stem) *madhu-parnee* (sweet taste of leaf), *cakralakshane* / *cakraanggi* (structure of stem-cross section-wheel like appearance), *candrahaasa* (colour of stem bark- silvery white) *amrtavallee* (climber), *amrta* (antioxidant property).



*cakralakshane* / *cakraanggi*

### 3 **Erandah** - *Ricinus communis* [castor]

*Rubukah*, *erandah*, *urubukah*, *uruvukah*, *ruvukah* (that which dispels diseases), *rucakah* (that which is beautiful), *citrakah*, *citrah* (excites or that which has different colors on the seed - grey to red brown and marbled with reddish brown to black spots and stripes) *cancukah* (having the stem so slender as to wave in a gush of wind) *panjaangulah*, *gandharva-hastah* (leaf structure - leaves with five protrusions or lobes resembling a hand with stretched out fingers) *mandah*, *amandah* (decorative or adorning) *vyadambakah* (grown in any kind of soil) *deerghadandakah* (long stem or root) *tribeeja* (fruit is three celled, three seeded ovoid and thorny capsule)



*citrakah* / *citrah*



*gandharva-hastah*



*tribeeja*



syaamaa/krshnaa

## 5 Pippalee – Piper longum [long pepper]

*Pippalee* (wick-like inflorescence and fruit), *maagadhi* / *maagadhodbhava* / *vaidehi*- (that which is largely grown in the Magadha/Videha-Bihar) *syaamaa* / *krshnaa* (colour of the fruit- black), *kanaa* / *krkaraa* (that which induces one to make noise when taken due to its acrid taste - *kanaa sabde*), *ushna* (that which gives burning sensation or pain to tongue (*ushna – daahe rujayam ca*), *Saundhee* (structure of the fruit - like elephant trunk or that which is used with condiments in drinking liquors) *kola* (that which grows with intertwined creepers) *upakulya* (habitat - that which grows near water), *katubeeja*, *teekshna-tandula* (having seeds with pungent taste)

## 4 Apaamaarga - *Achyranthes aspera* [Prickly chaff]

*Apaamaarga* (habitat - indicates that the plant acts as a hindrance to passerby. The presence of the plant in the vicinity of pathways is a regular nuisance since its fruits with the help of barbs stick on to clothes of human beings and fur of animals) *pratyak-parnee* (leaf arrangement - the leaves of the plant are borne at right angle to the stem), *kisha-parnee* (hairy leaves-having hairs similar to the hairs of a monkey) *pamgti-kantaka* / *khara-manjari* / *avakpushpi* (arrangement in regular rows of flowers and fruits, the presence of sharp points on them and that the latter are downwardly pointed)



pratyak-parnee



**6** *Brahmee* -  
*Bacopa monnieri*  
[Indian penny-wort]

*Brahmee* (provide intelligence like *brahmarshi*), *tikta-lonika* (bitter protuluca), *matsyaakshi* (flower structure - resembles the eyes of fish), *saarasvatee* (pertaining to the goddess of words [*sarasvatee*]), *svara-jya* (improves the voice) *vayasthaa*



*surasa/rasaadhikaa*



*matsyaakshi*

(stabilizes age-checks ageing) *soma-vallee* (twiner similar to *amrta* / with cooling property), *divyaa* (pertaining to heavens [*deo*]) *surasa / rasaadhikaa* (having juice in abundance- due to succulent stem), *bahu-phena*, *phena-dipta*, *phenavati* (having abundant foam over the juice -due to saponins)

**7** *Mandookaparnee*-  
*Centella asiatica*  
[centella]

*Mandookaparnee* (having leaves in the shape of frogs / which hops like frog), *ekaparnee* (having one leaf in each stalk), *chatraanuvartinee* (leaf structure-resembling the shape of an umbrella).



*Mandookaparnee*

**8** *Aaragvadha*-  
*Cassia fistula*  
[golden shower tree]

*Aaragvadha* (that which removes the doubt of diseases), *Svarnangah*, *hema-puspah*, *suvarnakah*, *svarnabhushanah*, *svarnavrksah* (having flowers of golden color.) *deergha-phala* (having long fruits), *sephaalika* (having flowers that attract bees), *kundalee* (structure of androecium - having coiled or curved structures), *naktamaalaa* (bright at night), *krtamaalaa* (having beautiful flowers generally used as garlands), *nrya-druma*, *raaja-vrksha* (the king of trees), *sampakah*, *samyaka* (that which gives health when assimilated) *arevatah* (causing loose motion, purgative) *vyaadhighaatah*, *vyaadhyantakah* (that which dispels diseases).



*deergha-phala*



**9** *Jataamaamsee - Nardostachys jatamansi*  
[spikenard]

*Jataamaamsee* (fleshy rhizome is clothed with hair like rootlets), *jaṭila* (twisted rootlets), *maamsee* (fleshy stems), *naḷada* (prefers marshy places), *peṣee* (rootlets looks like fibres) *keṣitee* (Rootlets resemble hairs)



*Jataamaamsee*

**10** *Arka - Calotropis gigantea*  
[Madar]

*Arka, ravi, prabhaakaraa, aadityaa* (synonyms of Sun - may refer to the caustic rupturing or blistering nature of the plant especially of its milky nature), *sadaa-pushpaa, sadaa-suma* (bearing flowers throughout the year), *suka-phala / tularka* (cotton like pappus attached to the seeds), *ksheera-parnee/ksheera-dala* (leaves bearing milky latex), *vr̥tta-mallikaa* (flower-simple/rarely compound cymose corymbs)



*vr̥tta-mallikaa*



*suka-phala/tularka*



*krtamaalaa*



*kundalee*

## 11 *Sataavaree - Asparagus racemosus* [wild asparagus]

*Jataamoola* ( roots in a tangle or intertwining), *bahusutaa* (many off-springs, may indicate the successive formation of several shoots or that the shoot is highly branched), *sookshma-patraa* (minute leaves evidently to the several



*sookshma-patraa*

small leaf- like cladodes), *indeevaree*, *naaraayane*, *sataavaree* (clasps the earth with its numerous roots and also indicates that it is acceptable to hundreds as a tonic), *sataveerya* ( manifold action), *vareeyasee* ( most acceptable of drugs), *pivaree* ( stout – may refer to the stout roots), *durmara* ( undying or perennial) *rshya-prokta* ( That which is eschewed by *rshis*)



*Jataamoola/ pivaree*

## 12 *Dhaatakee - Woodfordia fruticosa* [fire flame bush]

*Dhaatakee*, *dhaatra-pushpikaa*, *saadhupushpee*, *bahu-pushpikaa*, *guccha-pushpaa*, *sangha-pushpaa* (attractive flowers in bunches), *agni-jvaalaa*, *taamra-pushpee*, *lodhra-pushpee*, *teevra-jvaalaa*, *vahni-sikhaa*, *hutaasa-pushpaa* ( bearing flowers as red as flames or fire), *madya-sakhee*, *madya-vaasini*, *madya-vasini*, *madaneeya*, *mada-krt*, *seedhu-pushpee*,

*kunjaraa*, *kunjaree* ( bearing flowers with intoxicating properties or smell) *paarvateeya* ( prefers hilly region-habitat)



*sangha-pushpaa*



*vahni-sikhaa*

Pharmacognosy includes the knowledge of the history, distribution, cultivation, collection, processing for market and preservation, the study of sensory, physical chemical and structural characters and the uses of crude drugs. It is an important link between pharmacology and medicinal chemistry and also an important bridge between the pharmaceutical and basic sciences. Official names, synonyms and vernacular names form the initial step of pharmacognosy for the identifying biologic sources and family, geographical source or habitat, time of collection, macroscopic and microscopic studies and also help to assess the substitutes and adulterants. In order to meet the issues with Adverse Drug Reaction (ADR) reporting, it is necessary to identify the authentic drug. In this regard it is our duty to establish an extensive synonymy check list of raw drugs (medicinal plants as well as metals/mineral drugs) by utilizing the ancient knowledge along with modern taxonomy/geology and pharmacological research.

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# A Critical Study on role of Medicated Emesis (*vamana*) on Serum Chloride, Potassium and Sodium

## Abstract

**40** patients divided into two group each consisting of 20 patients. The treated group patients were divided into 10 each of bronchial asthma (*tamaka-svaasa*) and rhinorrhea due to sinusitis (*dushta-pratisyaaya*) managed with *sneha-paana*, *sveda karma* and finally with *vamana karma*. Effect of *sneha-paana*, *svedana* and *vamana* on serum sodium, serum chloride, serum potassium, urine and stool were evaluated before treatment, after *snehana*, *svedana* and at the end of the treatment. Slight increase in serum chloride, marginal increase of serum potassium, reduction in serum sodium levels seen in this study.

## Keywords

*Vamana*, medicated emesis, *tamaka-svaasa*, *dushta-pratisyaaya*, chronic sinusitis, bio-purification, kapha

## Introduction

*Tamaka-svaasa* and *dushta-pratisyaaya* are selected because of their chronic nature. *Vamana* is selected for purification of vitiated kapha which is mainly responsible for pathology in both the diseases. This topic is selected as *vamana* expels abnormal kapha. Kapha and body fluids (*rasa*) are



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having *dosha-dhatu-asraya-asryee bhava-sambandha*). This topic is selected to assess the change in serum electrolyte levels after *svedana* and *vamana* as there will be fluid loss.

Medicated emesis (*vamana*) is the best bio-purificatory procedure in kapha dominant and vitiated conditions like *tamaka-svaasa* and *dushta-pratisyaaya* as described in Ayurveda. While studying the ayurvedic line of treatment, it was noticed that *śodhana* is advised first. Obstruction (*sanga*) pathology is observed due to vitiation of the humors. Kapha has the maximum ability for obstruction due to its attributes. Today's quality of food and dietary habits, lifestyle, and changes in seasons are often the cause of saturation of toxins in the body, which according to Ayurveda are wastes (*mala*) and toxins (*aama*), and these are also the cause

for vitiation of the humors. Unless and until the body becomes free from these wastes, toxins, and vitiated humors, health cannot be achieved. Ayurveda has the best therapies in the form of *panja-karma* to make the body free from these disease-causing factors. Even in lesser time, excellent results can be achieved, and after *panja-karma*, the patient can be treated well with less consumption of medicines and that is within a short period, so it saves time as well as expenses of medicines.

## Aim & Object

1. To see the effect of *vamana* on serum chloride, potassium and sodium.
2. To throw light on the bodily changes after *vamana* in the *rasa* component of *rasa-rakta* complex.

## Material and Methods

40 patients were selected irrespective of sex, religion randomly from Out-Patient Department of Dr. BRKR. Govt. Ayurveda College, Hyderabad, and divided into treated and control group each consisting of 20 patients. The treated group patients were divided into 10 each of asthma (*tamaka-svaasa*) and Chronic sinusitis (*dushta-pratisyaaya*) managed with *sneha-paana*, *sveda karma* <sup>[1,2]</sup> and finally medicated emesis (*vamana karma*). <sup>[3]</sup>



## Parameters of assessment

Laboratory investigations such as routine biochemical tests were conducted and recorded at the time of admission. All the investigations were repeated at the end of *svedana* and also on the 4<sup>th</sup> day of *vamana* in treated group patients. In control group patients these were repeated at the end of the treatment. All patients were advised to fast for about 12 hours before the collection of blood sample. Blood was collected from cubital vein.

### 1. Administration of internal oleation (*sneha-paana*):

After completing all the examinations and investigations the treated group patients were given *sneha-paana*. *Indukaanta ghrta*,<sup>[4]</sup> given in *tamaka-svaasa* patients and *dushta-pratisyaaya* patients at 6 am. Daily nature of digestive power, thirst noted to assess the state of *koshtha* of the patients.

### 2. Sudation (*svedana*):

Steam fumigation (*baashpa sveda*) done proceeded by *abhyanga* with *Tila taila*<sup>[5]</sup> in *tamaka-svaasa* patients and in *pratisyaaya* patients. It was noted that desired effects of *svedana* is seen in all patients within 20 minutes. After completion of pre-operative procedure (*poorva-karma*) the investigations were carried out.

### 3. Medicated emesis (*vamana*):

A day previous to *vamana* i.e. after 2 days of *svedana* the patients were fed with black gram (*maasha*) and milk for (*kaphotklesa*)<sup>[6]</sup>. On the day of *vamana* during the kapha time i.e. in the morning the patients were once again subjected to local massage with *sneha* and *sveda karma* before

giving the *vamana* drug. 2-3 liters of of cow's milk is given to the patient to drink followed by the actual emetic drug in a single dose.

## Ingredients of the emetic drug

Emetic nut (*madana phala - Randia dumetorum*) - 10 grams<sup>[7,8]</sup>

Sweet flag (*vaca - Acorus calamus*) - 5 grams

Rock salt (*saindhava lavana*) - 10 grams

Honey (*madhu*).<sup>[9]</sup>

All these were mixed well by grinding and this paste was mixed with 100 ml of milk is given.

In most of the cases spontaneous vomiting was started within a maximum period of 30 minutes. A little quantity of *saindhava lavana* with warm water given as an adjuvant to original *vamana* drug to induce vomiting. After *vamana* the patients were given a short course of (*samsarjana*) in the form of (*peya*) for 3 days. During the entire process of treatment no other medicine was given to the patient group.

On the 4th day of *vamana karma* the laboratory investigations were once again recorded.

In control group the patients were treated with symptomatic treatment only. In *tamaka-svaasa* patients *Dasamoola-katutraya* decoction 90 ml, tds, *Kanakaasava* with *Vaasaarishtha* 30 ml tds were given for 20 days. In *dushta-pratisyaaya* patients *Dasamoola* decoction 90ml tds and *Guggulu-tiktaka ghrta* 15 gm bd has been provided for 20 days.<sup>[10]</sup>

The laboratory investigations were carried out in order to assess the treatment in this group also. All patients were advised to report once in a month for follow up studies. After completing all the examinations and investigations, the treated group patients were subjected to a course of *sneha-paa-*

*na*. The results obtained were compared each other and analyzed statistically.

## Observation and Results.

### Serological investigations

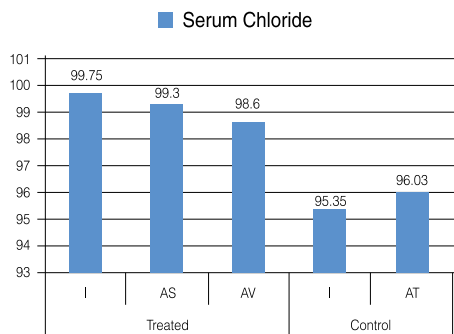
The results of serological investigations are very indicatory and throw light on the bodily changes after *vamana karma*.

The results of serum chloride in the treated and control group patients are tabulated in Table no 1.

Slight reduction was noticed in treated group patients while in control group patients slight increase was observed. In the treated group initially mean was 99.75 milli equal/L, after unctioining and sudation 99.30 milli equal/L and after *vamana* it was 98.6 milli equal/L (P0.10). In control group the mean before treatment was 95.35 milli equal/L and after treatment it was 96.05 milli equal/L (P0.10).

S.NO	Treated group			Control group	
	I	AS	AV	I	AT
1	100	105	100	95	95
2	100	100	100	98	98
3	99	100	100	92	94
4	99	100	98	95	96
5	100	99	100	94	96
6	98	99	100	98	99
7	98	94	99	92	93
8	100	100	100	95	96
9	98	99	100	92	93
10	99	100	100	95	97
11	100	100	98	96	94
12	98	96	100	94	92
13	100	100	98	100	98
14	98	96	94	94	98
15	105	100	99	100	99
16	96	98	94	92	94
17	98	99	96	99	100
18	104	100	100	92	94
19	105	103	99	98	96
20	100	99	97	96	99
Mean	99.7	99.30	98.6	95.35	96.03
S.D	2.32	2.35	1.90	2.65	2.31
	t = 1.72,		p = 0.10	t = 1.27, p = 0.10	

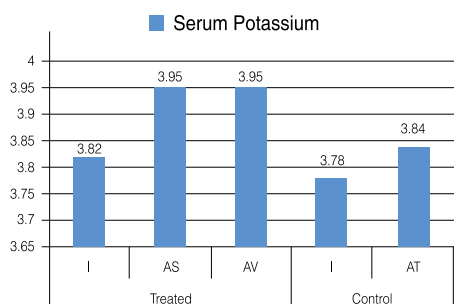
There was a marginal increase of serum potassium level in both treated and control group patients. The mean of treated group patients before unctioining



and sudation was 3.82, after unctioining and sudation 3.95 milli equal/L (P0.10) and after *vamana* it was 3.95 milli equal/L (P0.10).In control group patients initially the mean was 3.78 milli equal/L and after treatment it was 3.84(p0.10).

Table-2-shows changes in Serum Potassium levels (in milliequa/L)

S.NO	Treated group			Control group	
	I	AS	AV	I	AT
1	4	4.2	4.2	3.7	3.8
2	3.5	4.0	4.0	3.6	3.8
3	3.9	4	4	4	3.8
4	3.8	4	4	3.6	3.5
5	3.8	3.7	4	3.5	3.7
6	3.9	99	100	98	99
7	3.5	94	99	92	93
8	3.9	100	100	95	96
9	4.0	99	100	92	93
10	3.5	100	100	95	97
11	3.8	100	98	96	94
12	4.0	96	100	94	92
13	3.6	100	98	100	98
14	3.5	96	94	94	98
15	4.2	100	99	100	99
16	3.6	98	94	92	94
17	3.8	99	96	99	100
18	4.0	100	100	92	94
19	3.9	103	99	98	96
20	4.2	99	97	96	99
Mean	3.82	3.95	3.95	3.78	3.84
S.D	0.22	0.21	0.22	0.19	0.16
	t = 1.29, p = 0.10			t = 1.12, p = 0.10	

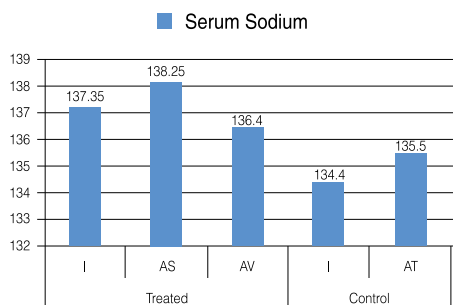


There was a significant reduction in serum sodium noticed in treated group

while a marginal increase was observed in control patients. In treated group mean before unctioining and sudation was 137.35 milli equ/L, after unctioining and sudation it was 138.25 milli equ/L and after *vamana* it was 136.4 milli equ/L (p0.10). In control group initially the mean was 134.40 milli equ/L and after treatment it was 135.50 milli equal/L (p0.50).[ Table No 3]

Table-3-shows changes in Serum Sodium levels (in milliequa/L)

S.NO	Treated group			Control group	
	I	AS	AV	I	AT
1	135	142	140	142	140
2	135	134	135	135	139
3	135	138	136	136	135
4	138	138	140	137	138
5	139	140	136	135	136
6	138	140	140	136	135
7	135	137	135	136	138
8	139	140	140	136	139
9	135	138	136	135	137
10	137	139	135	137	138
11	136	137	138	130	135
12	144	142	140	136	140
13	140	138	135	138	132
14	136	138	135	132	130
15	135	138	135	135	137
16	135	138	136	135	134
17	136	138	130	118	126
18	142	138	136	132	130
19	140	137	135	135	136
20	137	135	135	132	135
Mean	137.35	138.25	136.4	134.40	135.50
S.D	2.55	1.89	2.49	4.50	3.57
	t = 1.19, p = 0.10			t = 0.85, p = 0.10	



No noticeable changes were observed regarding the urine and stool examination before and after trial.

In *tamaka-syaasa* patients, 85% of the cases got good improvement in recurring attacks of paroxysmal dyspnea, wheezing, cough, sense of constriction in the chest, hyper resonant, 15% of cases got moderate response. Among

treated group patients out of 85% cases, one patient showed immediate change in signs and symptoms after *vamana*.

The primary characteristics of *dushta-pratisyaaya* are alternate wetness and dryness of nose, partial/complete absence of smell perception (hyposmia/anosmia), halitosis (*mukha daurgandhya*) and sneezing (*kshavathu*). The beneficial effects of *vamana* therapy in *dushta-pratisyaaya* patients is that the symptoms were completely stopped, patients came to normal after *vamana*.

All the patients were advised to report once in a month for follow up. About 80% of the patients cooperated with follow up studies. The most interesting phenomena noted in this period were that the patients who had undergone *vamana* therapy from the group of *dushta-pratisyaaya* got very good response.

In the case of *tamaka-svaasa*, the relapse was very rare. Only 3 patients complained about relapse. In these cases also the intensity was very much reduced than previous.

Age	Tamaka swasa patients		Dushtapratishyaya patients		Total
	Male	Female	Male	Female	
11-20	—	—	—	2	2
21-30	4	7	7	4	22
31-40	1	—	2	—	3
41-50	6	1	1	—	8
51-60	1	—	4	—	5
Total	12	8	14	6	40

## Discussion

Systemic cleansing (*samsodhana*) of the body has been conceived to be the prime pre-requisite for all kinds of preventive and curative procedures. *Vamana* is one of the most effective treatment for a number of pathological conditions especially kapha predominant diseases.

### Mode of action of *vamana*

The mechanism of action is complex in nature. The kapha located in the stomach supports all other kapha

of the body by its *ambukarma* (welfare of the body through its watery component). The different kapha in the body represent different fluids located and associated with different organs of the body by support and nourishment. These may also be understood as various extra cellular fluid components of the body but the transport of essential nutrients including water into this different fluid compartment for the specific purpose of support and nutrition of the respective organs associated with the kapha is through the *rasa-rakta* complex especially of the *rasa* component. Similarly the *ambukarma* of kapha is also associated with the *rasa* component of the *rasa-rakta* complex as explained by Susruta, the *kledaka* kapha which is located in the stomach (*aamaasaya*) if eliminated from that organ by the upper route through the process of *vamana* being the supporter of all the other kapha in the body, corrects the vitiation of the kapha in the body.<sup>[11]</sup> Here the elimination of kapha is understood by its *apdhaatu* through the mouth will prevent its passage through small intestines (*kshudraantra*). Therefore *vamana* will prevent the re-absorption of this factor through the small intestines and there by ensures a definite elimination from the body.

By equating the kapha with mucopoly-saccharides, while studying the effects of *vamana karma* by K.N. Udupa and R.H. Singh has already established that there is increased elimination of the kapha from the stomach.<sup>[12]</sup> Since pitta is also located in the *aamaasaya*, during the process of *vamana*, pitta also gets eliminated from the *aamaasaya* through the mouth. While describing the physical qualities of pitta, Susruta stated that the taste (*rasa*) of pitta

is acrid (*katu*) and in digested state (*vidagdha*) it is sour (*amla*)<sup>[13]</sup>. According to Dalhana the taste is *katu* in *praakrita* state and *amla* in immature (*aama*) state. Therefore the taste of pitta present in stomach where in the digestion of the food is not complete and the products of such digestion are only unripe (*aama*) due to the *amlaavastha* as to be considered as sour taste only. It is undisputed fact that the sour taste of pitta located in the stomach is due to the HCl component of the gastric juice. Therefore in *vamana*, the sour taste of pitta along with the HCl is eliminated from the stomach by upper route. Therefore it is clear that there is loss of not only water but also the Chloride (Cl) radicle. Along with this chloride radicle certain amount of Sodium (Na<sup>+</sup>) is also eliminated.

### Mode of action on Chloride

A definite reduction is noticed in the chloride component (p 0.10) in view of the double elimination both in HCl and NaCl of extra cellular fluid compartment. It can be explained as follows. The formation of HCl by the gastric mucosa is achieved by the active transport of both H<sup>+</sup> and Cl<sup>-</sup>. Hydrions is highly concentrated in the parietal cells of the stomach. The basic reaction is H<sub>2</sub>O + CO<sub>2</sub> gives HCO<sub>3</sub><sup>-</sup> + H<sup>+</sup>. This physiological phenomenon is distributed in the case of vomiting. Now the sequestered Cl<sup>-</sup> is lost from the body and never returned to the plasma, so that plasma strong ion difference may produce a fall in the plasma (H<sup>+</sup>) (rise in pH). The patient will be said to have a metabolic alkalosis. The important point to understand is that alkalosis in the plasma is due to loss of Cl<sup>-</sup> from the plasma but not the loss of



H<sup>+</sup> from the stomach because the vomited gastric juice contains a high concentration of HCl. [14]

### Mode of action on Sodium

There is a significant reduction in serum sodium (p0.10), after *vamana*, because the different kapha as explained earlier represent only some of the special systems of extra cellular fluid which contains more of sodium when compared with intracellular fluid.

### Mode of action on Potassium

A marginal increase of serum potassium (p 0.10) level after *vamana*. Since it is the main station of the intracellular fluid which are least highly affected due to this process.

It was observed that all the serological results were increased after unction and sudation.

Uction and sudation will bring the vitiated *dosha* from the various parts of the body (*dhaatu*) through the transport vehicle of *rasa-rakta* complex to the gut (*koshtha*), *vamana* eliminates the causative factors of the somatic diseases and maintains homoeostasis.

The *dosha* which may have lodged in the gut, tissues or channels are soaked (*klinna*) by unction. The soaked wastes are liquefied by sudation in the presence of bio-fire which increase the metabolic activity of the body. So far these results were increased after unction and sudation. [15]

The clinical improvements agreed with the laboratory investigations. The patients reported good relief during the follow up studies. Most of the signs and symptoms disappeared within a short time after emesis. No significant results were noticed in the control group.

### Conclusion

It is proved that 5-7 days were taken to produce optimum internal

unction. It is noticed that, unction and sudation are highly essential before emesis. Emesis can improve the functional and metabolic activity of the body. The clinical signs and symptoms of rhinorrhea due to sinusitis (*dushta-pratisyaaya*) decreased after emesis. In bronchial asthma (*tamaka-svaasa*), emesis eliminates sputum and clears the air passages. It will minimise the relapses and also the intensity of bronchial asthma.

All the serological results are within the normal limits both in treated and control group. The therapy not only produces the symptomatic relief but also controls the disease process. It maintains the health of the individual and helps for the promotion, preservation and longevity of life. The present trial is only a preliminary study on this subject. Even though some changes have been found in the blood chemistry, it is suggested to conduct further studies on various diseases where emesis is indicated. Abnormal blood chemistry may be noticed in these pathological conditions.

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## Siro Dhaara



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**S***iro-dhaara* is also called *siro-seka*. The term *dhaara* means continuous flow and *seka* denotes the process of irrigation involved in this application. The word *siro* stands for head, particularly scalp in this context.

*Siro-dhaara* is a form of Ayurveda therapy that involves gentle pouring of liquids over the forehead. This is yet another example of the reputed procedures of Kerala, in which the concepts of unction and sudation has been coupled into a single procedure. Vaagbhaṭa, in his text, *Ashṭaanga-hṛdaya*, explained



different modalities of oil treatment of scalp named as *moordha-taila*, they are as follows:

- ▶ Scalp massage (*siro abhyangga*)
- ▶ Scalp irrigation (*siro dhaara*)
- ▶ Scalp oil pad (*siro picu*)
- ▶ Oil retention in the scalp (*siro vasti*)

These scalp treatments prevent headache and premature graying of hairs. It increases the strength of hairs and provide nourishment to scalp and improves hair growth . It increases the power of cognitive organs, gives relief to stress and anxiety.

But we see practically *siro-dhaara* is most relaxing and efficacious treatment among these scalp treatments.

A total feeling of wellness, mental clarity and comprehension is experienced in this process. A continuous, rhythmic flow of medicated oil is poured at specific temperature from a specific height, covering end to end of the forehead in a rhythmic swinging motion. It induces deep relaxation and carries one to a state of meditation.



The warm oil helps to decrease the aggravated vaata in the nervous system, thus restoring the nervous function and remove feelings of helplessness and hopelessness.

The *siro-dhaara* technique, if done correctly and skillfully, will show miraculous healing.

*Siro-dhaara*, alongwith giving fomentation to head facilitates complete mental relaxation as well.

### Indication

- ▶ Overcomes stress and depression
- ▶ Calms the nervous system
- ▶ Eases stress in shoulder and neck
- ▶ Regulates hormonal imbalance
- ▶ Helps relieving pre and post menopausal issues
- ▶ Counter anxiety neurosis
- ▶ Counter mental fatigue and tiredness
- ▶ Stabilizes the seven *cakra*

### Contraindication

Those who have just undergone purification therapy (*sodhana*) and those suffering from indigestion (*ajeerna*)

### Improper Ways of Doing *siro-dhaara*

- ▶ Plastic rather than metal *siro-dhaara* pot
- ▶ Metal tap rather than cotton wick to regulate oil flow
- ▶ Mechanical pump rather than trained practitioner
- ▶ Irregular rather than regular flow of oil
- ▶ Fluctuating instead of consistently warm temperature of oil

### Medicines commonly used in *siro-dhaara*

Selection of oil depends on disease and current humoral state. Commonly used are:

- ▶ *Balaa taila*
- ▶ *Ksheerabala*
- ▶ *Dhaanvantaram taila*

- ▶ *Suddhabalaa taila* / coconut oil
- ▶ *Balaa-dhaatryaadi taila* / coconut oil
- ▶ *Thriphalaadi* coconut oil
- ▶ *Karpaasaastyadi taila* / coconut oil
- ▶ *Mahaa-bhrngaraaja taila*

### Materials Required

- ▶ *siro-dhaara* stand
- ▶ wick
- ▶ suitable oil- 1.5litres
- ▶ gauze
- ▶ cotton ear plugs- 2,
- ▶ soft pillow with rexin
- ▶ vessels
- ▶ apparatus for sudation-1,
- ▶ oil for vertex application (*talam*) – 10ml,
- ▶ *rasnaadi choorna* 5gm,
- ▶ *dhaara* pot

### Specifications of *Dhaara* Pot and Wick

*Dhaara* pot should be 5-6 inch in depth and with a wide-open mouth, round at the bottom with the capacity of two litres. There should be three holes at equal distances along the ridge of the *patra* to tie there and arrange to support *dhaara* pot on the *dhara* stand.

The wick with the face end about four *angula* is led out of the hole in the middle of *dhaara* pot. The threads of the wick should be plaited and knotted for not to slip out of the hole, but loose enough to permit continuous and regular flow of the medicated oil.

### Preoperative Procedure

Vertex application (*talam*) is done followed by a mild oil massage (*abhyangga*), done over the face, neck, shoulder and chest. Oil-fill in the ears (*karna poorana*) is also preferred. Gauze is tied around the head above the eyebrows of the patient to prevent the oil from dripping onto the eyes and face. After closing the eyes, cotton should be kept over the

eyelids and it should be tied with proper bandage. Ear is then plugged with cotton balls.

### Procedure

The patient should be in the supine position on the massage table (*droni*) with pillow under the neck and *siro-dhaara* device should be placed near the head. Its height should be fixed in such a way that the oil should fall from a height of four *angula* with a continuous stream of little finger thickness. Oil should be heated up to 40 degree celcius and poured into the *dhaara* pot. A continuous stream of oil should be allowed to fall on the entire forehead by oscillating the *dhaara* pot. During the procedure, the oil is to be recollected and poured back to the *dhaara* pot after heating.

### Post Operative Procedures

Gauze and earplugs should be removed and the oil must be swiped off from the head and the body. Hot water bath can be taken, if advised.

### Duration

45 minutes

### Time

7.00 am to 11 am and 3.00 pm to 6.00 pm

### Complications

If over-unctioned, the patient may become anemic and reactions in nose, mouth and anus may occur. If the patient is not observing proper regimens, skin irritations, fever, swelling, unconsciousness may also develop.

### Management

The complications of over unctioning can be managed with *takraarishitam*. ■

# Urticaria

## *seeta-pitta*

### Kerala Ayurveda Hospital Aluva

A 58 year old lady reported in our hospital on 15-02-12 with the following complaints:

- Reddish elevated patches all over the body, mainly on face and neck.
- Burning sensation and itching over the patches.
- Individual weal/ swelling appear rapidly and resolve spontaneously.
- The weals involve lips, eyes which may swell alarmingly.
- Strong allergic reaction to yeast, wheat, all pet animals, chemicals, grams, chilies, sea food, leafy vegetables, red meat, fish, grass and all metals except gold.

### History of present illness

The patient was apparently well before three years. Due to stressful working atmosphere, she developed itchy skin with reddening and vesicle formation, first appearing on back of both legs which later spread to the back, hands and now, to the face.

She also developed strong allergy to hair-dye, sea food, metals and grass mainly. She took steroids as per allopathic advice which only helped in subsiding the condition temporarily. The complaints aggravated when the patient was stressed or got exposed to allergens.

### History of past illness

The patient was diagnosed of hypothyroidism and is under medication since October 2010.

She also reported of H. Pylori.

### Treatment history

The patient was under the following modern medicines before commencement of ayurvedic treatment.

1. Telfast- 1 tab at bed time  
Or  
Phenergan- 3tab at bed time
2. Elcon ointment- for external application
3. Prednesolone- only during flare-up of hives.

## Case of the tri-month

### Examinations & Investigations

Local examination revealed reddish elevated weals scattered over face, neck and legs. There was reddening and vesicle formation over the burning and itchy skin.

Sleep was disturbed. Though appetite was normal, her bowels were constipated.

Pulse: 72/min  
B.P. : 130/80 mmHg  
Temp: Afebrile  
Weight: 63.6 Kg

Respiratory, cardiovascular and central nervous systems showed no signs of abnormality.

Apart from elevated S. Cholesterol (252 mg/dl) and LDL (172 mg/dl) all the other hematology and biochemistry investigations were normal.

On an earlier investigation, allergists had confirmed strong allergic reaction to dog hair and grasses.

### Prakruti

Vaata- Pitta

### Diagnosis

Urticaria (*seeta-pitta*)

### Treatment

*Seeta-pitta* is a disease occurring due to aggravation of pitta by the following reasons:

- ▶ Improper dietary habits
- ▶ Mental stress
- ▶ Exposure to any allergens

Hence all measures should be adopted to avoid these and pacify pitta.



### Mitigation (*samana*)

The following medicines were given from the day of admission:

1 *Guloocyaadi kvaatha*- 15ml + 60ml lukewarm water, twice daily (6am/6pm) before food.

2 *Aaragvadhaadi kvaatha*- At 10am and 4pm

3 *Avipatti coorna*- 1tsp with *kvaatha* at 6am

4 Histantin tab (KAL)- 1 tab, thrice daily after food.

5 *Maanasa mitra vatāka*- 2 tab, at bed time

After 6 days of medication, the patient reported of itching and swelling that appeared on both legs. So, *Guloocyaadi kvaatha* was replaced with *Paṭola-katurohinyāadi kvaatha*. *Punarnavaadi kvaatha* was also given twice daily. 1tsp of *Haridraa khandam* was also given twice daily.

From 23/02/2012: One Doosheevishaari tab, twice daily before food, was included.

### External Application

For body- Lepa with *Elaadi coorna* made into a paste with *Naalpaamaraadi kvaatha* and coconut milk.

For head- *Takra dhaara* with decoction of Indian gooseberry (*aamalakee*), *Aaragvadhaadi kvaatha* and *Naalpaamaraadi kvaatha*.

### Purification (*sodhana*)

Pre-procedure: Internal oleation (*sneha-paana*) with

Sodhana procedures from 26/02/2012 to 03/03/2012			
Day	Procedure	Medicine	Dose
1	<i>Sneha-paana</i>	<i>Mahaatiktakam ghṛta</i>	30ml
2	<i>Sneha-paana</i>	<i>Mahaatiktakam ghṛta</i>	50ml
3	<i>Sneha-paana</i>	<i>Mahaatiktakam ghṛta</i>	75ml
4	<i>Sneha-paana</i>	<i>Mahaatiktakam ghṛta</i>	100ml
5	<i>Sneha-paana</i>	<i>Mahaatiktakam ghṛta</i>	125ml
6	<i>Sneha-paana</i>	<i>Mahaatiktakam ghṛta</i>	150ml
7	<i>Sneha-paana</i>	<i>Mahaatiktakam ghṛta</i>	80ml
8	<i>Snaanam</i>	<i>Naalpaamaraadi kvaatha</i>	
9	<i>Virecana</i>	<i>Avipatti coorna</i>	20gm

### *Mahaatiktaka ghṛta*

Main procedure: *Virecana* with *Avipatti coorna* (20gm)

Post procedure: Dietary, physical and psychological advises.

### Condition at discharge

Remarkable reduction of the reddish patches and itching was seen. Sleep and bowel became normal.

### Discharge Medicines (on 06/02/12) for 3 months

1 *Paṭola-katurohinyāadi kvaatha* pills- 2 pills, twice daily, before food.

2 *Nimba-rajanyaadi* tab- 1 tab each, twice daily.

3 *Haridraa khandam*- 1 tsp, twice daily.

4 *Avipatti coorna*- 1 tsp with warm water, early morning, daily.

5 *Abheeruvaadi* oil- for external application

Dietary and psychological advice

### Follow up

The patient returned on 28/08/2012 with no previous complaints, though both the legs showed a blackish discoloration. Another course of internal oleation and purgation was charted. ■

## Folk cuisines

# Jar-Soup of Kerala

This is a classical mutton soup given to patients mostly during convalescence to regain strength and to relieve emaciation resulted by the disease. It can be also used in stages where meat soup is indicated. Soup may be also used to cook rice to prepare soup-meal (*rasodana*) especially as a post-operative procedure after purification therapy (*samsarjana*). This soup is thin and is a good protein supplement.

### Ingredients

01. Mutton (without fat) - 500 gms
02. Ginger - 1 piece (2.5cms long)
03. Garlic pods - 2 tbsps
04. Cinnamon bark - 1 piece, 5 cms long
05. Cloves - 6 nos
06. Cardamoms - 4 nos
07. Crushed black pepper - 1 tsp
08. Salt - for taste
09. Water - 250 ml
10. Small onions (chopped) - 1/4 cup
11. Cow's ghee - 2 tbsps

### Method of preparation

If there are bones in mutton, crush them. Excepting items ten and eleven, all the other ingredients are put in a jar and the jar is closed with its lid. To avoid the escape of steam from the jar, the lid is fixed with dough all around. Place the jar in a boiling vessel half filled with water (water-bath). Cook for one hour. After that, remove the dough and squeeze and filter the contents of the jar. The chopped onions are

fried to golden color in the ghee. It is added to the filtrate. The soup is to be consumed warm.

### Suggestions

- ▶ We may add a pinch of turmeric powder to the mutton.
- ▶ If preferred, the soup may be seasoned with curry leaves and mustard.
- ▶ Some prefer not to add water to the mutton during cooking.
- ▶ We may prepare the soup in a pressure-cooker with weight. On the 1st emission of steam, the cooker should be removed from stove, cooled so that the steam can condense. Once cooled, the cooker may be opened.

As per Vaagbhaṭa, mutton is not too cooling in potency and does not perturb the humors. Being heavy and unctuous without causing excessive secretions (*anabhishyandi*) and as it is qualitatively similar to the tissues of human body, mutton is apt for human nourishment.

Meat soups are of two types-lean and thick. Fat of mutton is removed to prepare lean soup. If the patient has good digestive power and is suffering from diseases due to vaata, thick soup is preferred. Here the fat of the meat is also incorporated. Once made, a soup may be seasoned or may be given without seasoning. Seasoned soup (*krta rasam*) is heavier. Once the soup is extracted, the remaining meat does not contain any nutrients. It is considered that eating such meat is unhealthy. ■





## Traditional formulations **5**

In this column Kerala Ayurveda Vaidyam is providing the readers with traditional formulations which are not met with in classical treatises. The wisdom of these formulations was passed down through generations orally. Some of these formulations are recorded in the last century in regional formularies.

# Nayopayam Kwath

**N**ayopaayam kvaatha, is an example wherein which a cryptic method of verbal neumerals is used to indicate the ratio of ingredients of the formulation.

The formulation in Sanskrit has three terms - *Naya*, *Upaaya* and *Ayana* in it. *Naya* are the six diplomacies employed by kings in dealing with other rulers. *Upaaya* are the four expedients against an enemy. *Ayana* are the two periods in the year when the sun apparently travels between the highest and lowest point in the sky at noon, roughly the two solstices. The six diplomacies are truce (*sandhi*), opposition (*vigraha*), vehicle (*yaana*), seat (*aasana*), two types of behavior (*dvaidhee-bhaava*) and dependence or surrender (*aasraya*). The four expedients are advice (*saama*), donation (*daana*), threat (*bheda*) and punishment (*dandam*). The two solstices are northern (*uttaraayana*) and southern solstices (*dakshinaayana*).

From the above context, the ratio of the ingredients in the formulation can be derived as 6:4:2. Thus *Nayopaayam kvaatha* has six parts of sida roots (*balaa - Sida*

*cordifolia*), four parts of cumin (*jeeraka - Cuminum cyminum*) and two parts of dry ginger (*naagara - Zingiber officinale*) as its three ingredients. In *Cikitsaamannjari*, there is a different proportion of 10:2:2, with evidently more quantity of sida. There is also a variant of *Nayopaayam* decoction in which dry ginger is replaced with leaves of the chaste tree (*nirgundee - Vitex negundo*).

As per the formulation, it is ideal for asthma (*svaasa*) and hiccups (*hidhmaa*). But practically, *Nayopaayam kvaatha* seems to normalize all the five factions of vaata. Hence it is given in a number of conditions, certain cardio-vascular, respiratory and renal diseases in particular.

The combination of *Nayopaayam* with *Dhaanvantaram*

pills is found to bring down tachycardia. It is very effective in orthostatic hypotention. The decoction mixed with juice of *Aerva* (*bhadraa - Aerva lanata*) reduces albuminuria. It, in combination with *Dhaanvantaram* or *Kastooryaadi* pills, has proven effects in autonomic disfunctions.

*Nayopaayam* has been an all-time favorite of Keralite physicians. Apart from these multitude of applications, they also used it to clear the obscurity of difficult diagnosis, as a trial medicine. ■



## Pillars and Sub-pillars

Recently I chanced to see an excellent ayurvedic diary presented by an authentic ayurvedic institution of repute. I also read an article by a fully qualified professor of *svasta-vrttā*. To my astonishment, both the diary and the article contained a mistake. Both of them depicted food, sleep and sex as three pillars that support life. They are pillars but are not the main pillars of life. The main pillars of life are the three humors *vaata*, *pitta* and *kapha*.

Pillars are called *sthoona* or *stambha* in Sanskrit. Sub-pillars are termed *upa-sthambha* in Sanskrit. A pillar that support the main pillar or share the load borne by the main pillars. Just because they are also essential for the erect stature of the building, they should not be considered as main pillars. Calling a sub-pillar as the main pillar is a categorical misrepresentation which authentic persons and institutions should never attempt. Since people attribute some authority to such persons and institutions, I plead them to be more precise in

delivering information to the public.

In fact, this is a common error committed by students of Ayurveda. They simply do not count the difference of pillar and sub-pillar. *Sugruta-samhitā* has very clearly stated that the three humors are the three pillars of the living persons and has explained the reason for it. The three humors support the living body as though pillars stationed in the three regions, inferior, middle and superior parts of the body (trunk). They support all life activities and if they are spoiled, life will collapse (S.Soo.21.3).

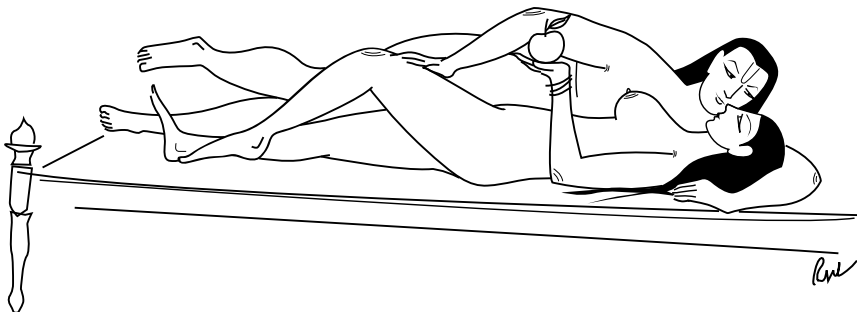
*Caraka-samhitā*, in the chapter dealing with triads, enumerates the sub-pillars of life to be food, sleep and celibacy (*brahmacharya*) (C.Soo.15.35). It is here that we find the term *upa-sthambha*. But instead of celibacy, *Vaagbhata* has considered sex. *Vaagbhata* has given the term *dhaarana* for the three. It is *Arunadatta* who explains that *dhaarana* is pillar. Perhaps this may be why people consider food, sleep

and sex as pillars of life.

There is substantial difference between pillar and sub-pillar. A house cannot be erect without pillars. But it can stay for a while without sub-pillars. You can live for days without food. But you cannot live for a minute without the three humors. You can live a life without sex. It may be boring though it is possible. You can always sublime your libido to something else. You can live without sleep for two or three days. But there won't be life for such long periods without the three humors. That is the difference between pillar and sub-pillar. The three humors are present in the body right from the first cell. Such an intimacy cannot be claimed by sleep or sex. Cell division may be interpreted as sex because it is reproduction. But in sex, it is not division but unison that matters.

When *Caraka-samhitā* mentions celibacy as a sub-pillar of life, the book doesn't intend absolute celibacy. Absolute celibacy is against biology. It is suppression of a natural urge which again is pathognomonic. Moreover sex is the key for propagation of species. Sparring it is deleterious of the existence of the human race. That is why *Vaagbhata* enumerates non-celibacy (*abrahmacharya*) as a supporter of life.

I think considering all the above, you will better call the three humors as pillars of life and food, sleep and sex may be considered as sub-pillars. ■







# brain nourisher

An ideal herbal combination of brain nourishing ingredients, like *Bacopa*, *Acorus* etc., which enhances memory, intellect and improves learning process. *Clitoria* and *Centrella* are wellknown brain stimulants and *nutrients*, which provides sound sleep, reduces stress and empowers mind. *Ocimum* and *Aegle* two traditionally proven memory toners are also incorporated with it.



## BRAHMI PEARLS

<p><b>Indication:</b> Memory toner, Relieves stress and anxiety.</p> <p><b>Dosage:</b> 1-2 capsules twice daily.</p> <p><b>Presentaiton:</b> 40 capsules in HDPE container.</p>	<p><b>Composition:</b> Each Brahmi Pearl capsule is prepared out of:</p> <table border="0"> <tr> <td>Bacopa monnieri (Brahmi) .....</td> <td>300mg</td> </tr> <tr> <td>Acorus calamus (Vacha) .....</td> <td>200mg</td> </tr> <tr> <td>Clitoria ternatea (Shankupushpi) .....</td> <td>200mg</td> </tr> <tr> <td>Centella asiatica (Madookaparni) .....</td> <td>200mg</td> </tr> <tr> <td>Ocimum sanctum (Thulasi) .....</td> <td>100mg</td> </tr> <tr> <td>Aegle marmelos (Bilwa) .....</td> <td>100mg</td> </tr> <tr> <td>Ghee .....</td> <td>550mg</td> </tr> </table>	Bacopa monnieri (Brahmi) .....	300mg	Acorus calamus (Vacha) .....	200mg	Clitoria ternatea (Shankupushpi) .....	200mg	Centella asiatica (Madookaparni) .....	200mg	Ocimum sanctum (Thulasi) .....	100mg	Aegle marmelos (Bilwa) .....	100mg	Ghee .....	550mg	<ul style="list-style-type: none"> <li>● Memory toner</li> <li>● Improves intellect</li> <li>● Improves learning process</li> <li>● Relieves mental stress</li> <li>● Provides sound sleep</li> </ul>
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Ocimum sanctum (Thulasi) .....	100mg															
Aegle marmelos (Bilwa) .....	100mg															
Ghee .....	550mg															

### Kerala Ayurveda Ltd.

Regd. Office: Athani, Aluva 683 585, Kerala, INDIA. Tel: 0484 247 6301/02/03/04  
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Prevents dandruff and falling of hair, relieves stress, promotes hair growth.

**KESINI™**

- Nourishes hair root and scalp and promote hair growth
- Maintains natural colour and texture of hair
- Prevents & treats dandruff
- Reduces itching of scalp
- Improves blood circulation to hair follicles
- Provides natural sound sleep

**Indication:**

Promotes hair growth. Prevents dandruff, alopecia, early greying of hair, splitting & premature falling of hair.

**Mode of application:**

Apply 5-10 ml on head half an hour before bath.

**Presentation:**

100 ml plastic bottles.

**Composition**

Each 100 ml is prepared out of:

1. Indigofera tinctoria (Neeli)	100 gm
2. Bacopa monnieri (Brahmi)	100 gm
3. Hibiscus rosa-sinensis (Japapushpa)	100 gm
4. Emblica officinalis (Amla)	100 gm
5. Nardostachys jatamansi (jadmansi)	10 gm
6. Coconut oil	70 ml
7. Castor oil	30 ml
8. Annabhedi (Processed)	8 gm
9. Shanka choornam	2 gm



Kesini oil for healthy hair  
Prevents early greying of hair  
Arrests falling and splitting of hair  
Maintains healthy hair and scalp

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