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S. N.	Faculty/PG Scholar Name	Journal NAME	National/ International	Article Title	Publish Date	ISSN No.
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2.	Dr. Pallavi More	International Journal of Advanced Research in Science, Communication and Technology	International	Attention Deficit Hyperactivity Disorder (ADHD) Through the Lens of Ayurveda: A Conceptual and Clinical Review	Set.2025	ISSN No: 2581-9429
3.	Mayuri Ashok Sawarbandhe (PG Scholar)	WORLD JOURNAL OF PHARMACEUTICAL RESEARCH	International	"MANAGEMENT OF SCIATICA WITH AGNIKARMA AND JALAUKAVACHARAN IN AYURVEDA: A CASE STUDY"	June 2025	2277-7105
4.	Manisha Rajkumar Vishwakarma(PG Scholar)	International Journal of All Research Education and Scientific Methods (IJARESM),	International	Ayurvedic Management Kashtartava A Single Case Study	Aug. 2025	ISSN: 2455-6211,
5.	Manisha Rajkumar Vishwakarma(PG Scholar)	World Journal of Pharmaceutical Research	International	AN AYURVEDIC MANAGEMENT OF POLYCYSTIC OVARIAN DISEASE WITH REFERENCE TO	Aug. 2025	2277–7105

				ANOVULATORY CYCLE- A CASE STUDY		
6.	Dr.Shubhaum Mhaske	Vidyapharma	International	Descriptive Literary study of Awastha pak	Jan.2025	2583-7664
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08.	Dr. Amruta Sagar Jorvekar	Journal of Neonatal Surgery	International	The Study Of Efficacy Of Oral Khadiradi Vati In Tundikeri W.R.T Acute Tonsillitis	Aug.2025	ISSN(Online): 2226-0439
09.	Akshara Suryavanshi PG	European Journal of Pharmaceutical and medical research	International	AYURVEDIC MANAGEMENT OF ARUNSHIKA: A SINGLE CASE STUDY"	Nov.2025	2394-3211
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Ayurvedic Management Kashtartava A Single Case Study

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ABSTRACT

Dysmenorrhea or painful menstruation is the most common problem faced by adolescent girls and women. Most adolescents experience primary dysmenorrhea, defined as painful menstruation of sufficient magnitude so as to incapacitate day to day activities. We can correlate it with yoniroga - mainly udavarta or vataj yonivyapad. Main symptom is pain i.e., main entity is vata. Acharya Charak explained that due to vegadharan, apana vayu changes to pratiloma gati and the vitiated vayu lifts the yoni upward and causes obstruction to flow of rajah which causes unbearable pain. Here is a case report of girl 17 years with Chief complaint of painful menses suffering from primary dysmenorrhoea more than 4 cycles without any pathology. After her consent ayurvedic treatment was given for 30 day. As Result found was she got relief from pain during menses in her next follow up which was without medication. In this study concept of Kashtartava and treatment course is mentioned.

Keywords: Primary Dysmenorrhea, Kashtartava, Vata Dosha, Panchakarma, Ayurvedic Treatment

INTRODUCTION

Dysmenorrhea is a commonly reported menstrual disorder which due to its incapacitating nature affects the working ability and quality of life of the women. It has a detrimental effect on the individual as well as the communities in terms of school and work absenteeism, interference with daily living activities, limitation in socialization and cost of medication and hospitalization.[1]The worldwide prevalence of dysmenorrhoea ranges from 45% to 95% among the females of reproductive age, with 2% to 29% experiencing severe pain.[2,3] A greater prevalence (70% to 90%) is generally reported among younger women (age <24 years).[4]Painful menstruation with associated symptoms like bloating of abdomen, nausea, vomiting, diarrhoea, constipation, tiredness, nervousness etc. can be considered under the terminology *Kashtartava* which needs special medical attention as it degrades the quality of life of women. The main cause of *Kashtartava* is unhealthy and faulty dietary habits, sedentary lifestyle, suppression of natural urges, etc. which lead to obstructions in *Srotas* (bodily channels) and *Vimarga Gamana* (improper movement) of *Apana Vayu* leading to the manifestation of symptoms of *Kashtartava*. In conventional medical system, dysmenorrhea is treated by NSAIDs, antispasmodic, analgesics, OCP`s etc. which cannot provide a permanent relief and their long- term use can cause many side effects also. But immediate symptomatic relief is always demanded by the patients especially in case of pain predominant conditions like dysmenorrhoea. Even though *Ayurveda* aims at eliminating the root cause of the diseases through its holistic approach, immediate relief from symptoms is also a matter of concern.

AIMS AND OBJECTIVE

1. To understand and manage Kashtartava W.S.R. to primary dysmenorrhoea

Case Report
An unmarried girl aged 17 years who is a school student from middle socio economic status visited OPD of PRASUTI TANTRA AND STRI ROGA department of Ayurveda Hospital.

Chief complaint with duration-
pain in lower abdomen during menstruation with scanty bleeding (1-2 pads/day, not completely soaked) since menarche. Patient had menarche at the age of 12 years and menstrual cycle was regular but pain in lower abdomen with

cramps. Pain was severe on frst two days and mild on third day. She also having complains of occasionally shrama, shirashoola, breast tenderness, aruchi & constipation.
She was getting little relief with modern medicine after that she started Ayurveda medication but, as the pain was so severe, it wasn't reducing after taking rest and analgesic and was disturbing her daily activities. So, she visited Ayurvedic Hospital for permanent relief and better treatment.

Family history- No similar history of same complaints in family.

Menstrual history
• Menarche at 12 years of age
• LMP- 03/06/2024
• Menstrual cycle- duration- 3-4 day's interval-28-30 days with scanty flow
• Pad used- 1-2 pads per day (not completely soaked)
• Character- pinkish - red colour
• Consistency- thin or watery
• Dysmenorrhea- Cramp like pain, site of pain- Lower abdomen and low backache

General examination
• Built- Moderate
• Nourishment- Moderate
• Temperature- 98.50 F
• RR- 18/ Min
• Pulse rate- 76 /Min
• Blood pressure- 110/70 mm of Hg
• Height- 158 CMS
• Weight- 42 Kg

Systemic examination
• R.S.- normal bronchial breathing
• CVS- S1, S2 Normal
• CNS- Conscious, oriented
• P/A- Soft
• Bowel habit- once in a day, bladder habit- 5-6 times/day

Gynaecological examination
Bilateral breasts: NAD
Inspection of Vulva
Pubic hair- Moderate
Redness, ulceration and swelling- Absent
External urethral meatus- Normal
Evidence of pruritus- No

Ashtavidha pariksha
• Nadi- vata-pittaja
• Mootra- samanya (nirama)
• Mala- nirama
• Jivha- Alipta
• Shabda- samanya
• Sparsha- Anushna sheeta
• Druk- Prakruta
• Akruti- Krush

Dashvidha pariksha
• Prakruti- Vatapradhan pitta
• Dosha- Vata pradhan kaphaja
• Dushya- Rasa, Rakta, Artava
• Sara- Hin
• Samhanana- Hin
• Pramana- madhyam (158 cm)
• Dehabhara- 42 Kgs

- Satmya- Madhyama
- Satva- Madhyama
- Ahara Shakti- Madhyama
- Vyayam Shakti- Hin

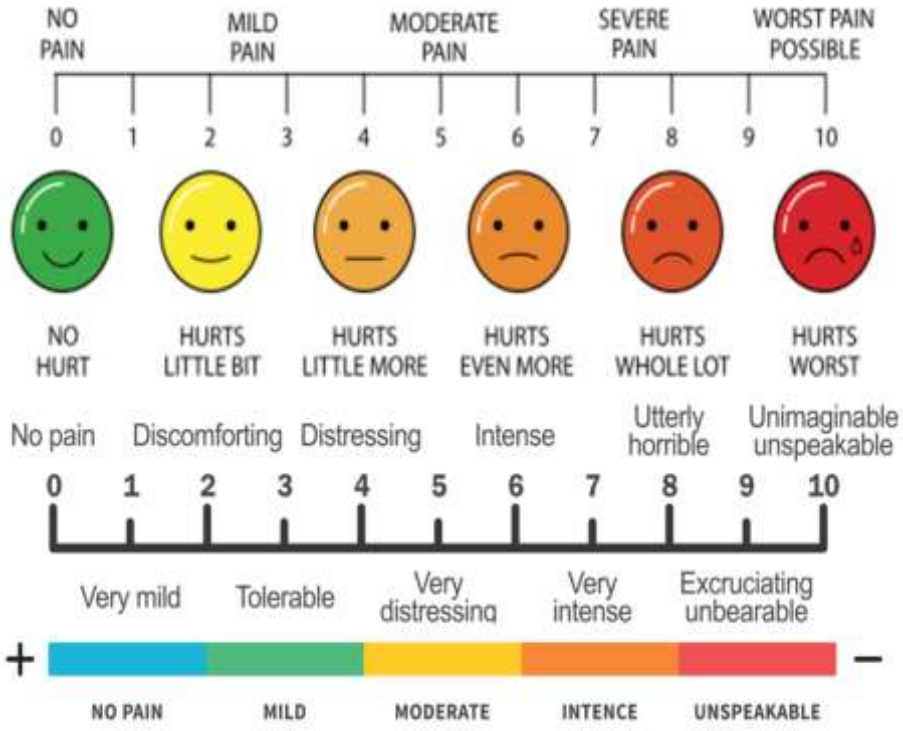
TREATMENT GIVEN

1. Matra Basti With Tila Taila For 7 Days
2. Dashmoolarishta 20 Ml Bd With Luke Warm Water For 30 Days
3. Rajapravartini Vati 250 Mg Bd For 30 Days
4. Saptasaram Ghana Vati 250 Mg Bd For 30 Days.

OBSERVATION AND RESULTS

OBSERVATIONAL CRITERIA

OBSERVATION	CRITERIA	RESULT
1. VEDANA	NO PAIN	0
	MILD (having pain , can do routine work)	1
	MODRATE (can do work in two intermittent pain)	2
2. VEDANA KALAVADHI	SEVERE(can't work, bed ridden)	3
	NO PAIN	0
	MILD (pain from 1 day before menses)	1
	MODRATE (pain from 2 days before menses)	2
3. RAJAH STRAVA	SEVERE(>3days before menses)	3
	MILD (2-3 pads/24 hrs)	1
	MODRATE (3-5 pads/24 hrs)	2
	SEVERE(>5 pads/24 hrs)	3



Effect of therapy on pain as per VAS (Visual Analogue Scale) Scores: The mean VAS score was 7.467±1.407 before treatment and it was reduced to 2.333±0.9 after treatment. The distribution of VAS Score among 15 patients.

OBSERVATION	BEFORE TREATMENT	AFTER TREATMENT 1ST CYLCE	AFTER TREATMENT 2ND CYCLE
1. VEDANA	3	2	1
2. VEDANA KALAVADHI	3	2	0
3. RAJAH STRAV	2	1	1

DISCUSSION

1. Matra Basti with tila taila Derrangement or aggravation of vata dosha gives rise to Kashtartava. Matra basti with tila taila gives excellent result in these symptoms. Madhura, snigdha, guna and vata doshanashaka karma of tila taila act on Kashtartava. It nourishes and strengthens all dhatus and thus alleviates vata, snigdha and Guru guna decreases rukshata of vata. The vikasi property reduces the spasms. Sukshmata dilates the channels and thus help in normal flow of menstrual blood.

Mode of action of tila tail
Tila Taila is the best oil for Vata disorders. It is:

• Snigdha (unctuous) – lubricates and nourishes the reproductive tract,
• Ushna (hot potency) – helps to clear the obstruction in channels,
• Sukshma (subtle) – penetrates deeply into dhatus and regulates hormonal balance,
• Vatahara – directly pacifies the root dosha involved in Kashtartava.

Through the rectal route, Tila Taila reaches the seat of Apana Vata in the colon and pelvic region. It reduces Srotorodha (blockage of channels), dissolves Aamavisha or Kapha obstruction, relaxes uterine spasms, and facilitates proper downward flow of menstrual blood. It also strengthens the uterus and regulates the menstrual cycle by supporting Yoni vyapad hara karma (treatment of uterine disorders).

2. Dashmoolarishta It is valuable in toning uterus and enhancing its elasticity and treating dysmenorrhoea. It contains 10 herbs which act on vitiated vata. It is vedanasthapaka as well.

Mode of action of Dashmoolarista Dashmoolarishta plays a significant therapeutic role in the management of Kastartava (painful menstruation). This condition is primarily caused by the vitiation of Apana Vata, which governs the downward movement of menstruation. The formulation exerts its action mainly through Vatahara (Vata-pacifying), Shoolahara (pain-relieving), and Yonishodhana (uterine-cleansing) effects. The Brihat Panchamoola group (Bilva, Agnimantha, Shyonaka, Gambhari, Patala) acts deeply on the pelvic organs, reducing uterine inflammation and relaxing spasms. The Laghu Panchamoola (Shalaparni, Prishniparni, Brihati, Kantakari, Gokshura) helps in alleviating pelvic pain and nourishes the reproductive tissues.

The mild self-generated alcohol in Dashmoolarishta acts as a bioenhancer, allowing the active herbal constituents to penetrate deeper tissues and work efficiently. Other ingredients like Dhataki pushpa support fermentation and enhance Rasayana (rejuvenative) properties, while Draksha (grapes) and Guda (jaggery) help in nourishing the body and improving blood quality, which is essential for healthy menstruation.
Overall, Dashmoolarishta corrects the vitiated Apana Vata, ensures smooth flow of menstruation, reduces cramps, cleanses the uterus, and strengthens the reproductive system. Its holistic action makes it highly effective in managing Kastartava without causing debility.

3. Rajapravartini Vati[5] It is effective in artava vikara. Hingu, Kumari, Tankan and Kasis are the main ingredients. Hingu has shoolhara and vatanulomana property which help in normalizing the function of apanavayu. It counteracts spasmodic discovery and may probably suppress the secretion of progesterone hormones. [6] Kumari used mainly as purgative. It also contains betasitosterol and has the antiprostaglandin activity Cathartic property of this relieves the obstruction in the pathway of vayu and thus relieves spasm. Tankan and Kasis are artavajanan dravyas. Kasis helps in Rakta dhatu vriddhi which improve the uterine blood circulation. Tankana is garbhashaya sankochaka drug helps in normal harmonization during contraction.

4. Saptasaram Ghana Vati [7] The word Saptasaram means “the essence of seven” and includes Punarnava , Bilwa, Kulattha, Eranda , Sahachara , Sunthi and Agnimantha. It is a great vata balancer and acts as an effective pain killer

when it comes to gynecological problems. Vata, one of the tridoshas of the body, is also responsible for periods. So, correcting the movement of vata dosha is the key to have pain free menstruation.

CONCLUSION

Therapeutic effect of the tila taila matra basti, Dashmoolarishta and Rajapravartini vati showed relief in pain. Dysmenorrhoea is common gynecological disorder and can be correlated to Kashtartava or udavartini yonivyapad. Vata vitiation is the main cause of menstrual disorder (yonivyapad). Here attempt has been made to analyze the ayurvedic line of treatment and to restore the quality of life. The treatment mentioned here having vatashamaka, dipana, pacahana, antispasmodic and antiinflammatory properties.

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The Study Of Efficacy Of Oral Khadiradi Vati In Tundikeri W.R.T Acute Tonsillitis

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ABSTRACT

Intoduction: The inflammatory condition of tonsil is known as Tonsillitis. Multifocal aetiology that combines together to lower the immunity of the body and this in turn causes Acute Tonsillitis. Acute Tonsillitis can be compared with Tundikeri as there is marked resemblance in their symptoms. Different medical faculties with various therapies have tried in this disease with limited success or time bound relief. ENT specialist recommends tonsillectomy for recurrent attacks of tonsillitis but it has less detrimental effect on the local IgA response in the nasopharyngeal fluid. The former available conservative treatments are antimicrobials, analgesics, and anti-inflammatory drugs used to treat this disease, which accounts for large proportion of health care cost. Besides this, above drug also have limitations and side effects. The increasing refractory nature of infection caused by recently appearing drug resistant bacteria is a particular major clinical problem and to overcome above limitations and side effects it becomes necessary to elucidate another safe, economical and cheap therapy to treat tonsillitis and give better results, so a lot of can be done to support and attain tonsillar health naturally through the traditional way. Khadiradi Vati (Gutika) is an ayurvedic herbal remedy used for mouth ulcer, pharyngitis (sore throat) and other diseases of teeth, gums, tongue and throat. Khadiradi vati acts as an oral anti-septic anti-inflammatory, astringent & expectorant. Therefore, it is beneficial especially in sore throat & tonsillitis or infections of tonsils.

Material And Methods: Total 60 patients were randomly selected having age between 10-60 yrs and was divided into 2 equal groups. Trial group were given oral khadiradi vati thrice a day While control group were given yashtimadhu vati thrice day. Appropriate statistical test is applied to evaluate the effect of khadiradi vati in Tundikeri w.r.t. acute tonsillitis.

Results And Discussion: Khadiradi Vati has Deepan, Pachan, Swedan, Vilayan properties, which in effect causes Kapha Shaman. Yashtimadhu Vati in control group which is a proven antimicrobial anti-inflammatory drug. Culture and sensitivity of throat swab of patients was done and it observed that Khadiradi vati has antimicrobial property. Oral Khadiradi vati is having Katu Rasa, Ushna Veerya, Tikshna Ushna Guna. It helps in the radical removal of toxic substances from the body. They cause the separation of the matters obstructing the Strotas and dialate them. Above properties of Khadiradi vati results in Amashaya Gata Kapha Dosha Shamana and also rejuvenate Rakta Dhatu, so Samprapti Bhang of Tundikeri Vyadhi Occurs resulting in Shamana of vyadhi lakshanas hence effective in Tundikeri.

Conclusion: Oral Khadiradi Vati is effective than control group in Tundikeri. It is safe, cost effective and easy procedure to perform. It decreases severity of throat infection. Hence the role of drug in this disease is proved.

1. INTRODUCTION

Ayurveda is one of the most ancient systems of life, health and cure, deals with both the preventive and curative aspects of life in a more comprehensive way. Ayurveda has described tonsillitis as mainly Kapha Raktaj disease[1]. Tundikeri is one of the Talugatroga[2] described by Acharya Sushruta which can be compared with Acute Tonsillitis of modern medicine.

Tundikeri refers to the disease that occurs in the region of mouth. It is defined as "Tundikeri karpasyam vanakarpasiphalam" which means Tundikeri resembles cotton fruit.[3]

Children have a higher prevalence between 4 and 8 years old and young adults between the ages of 15 and 25[4] are regularly affected by Acute Tonsillitis but it can affect any age group. About 1.3% of OPD visits are related to Tonsillitis[5], a common condition characterized by inflammation of the Tonsils. ENT specialists recommend tonsillectomy for recurrent attacks of tonsillitis but it has less detrimental effect on the local IgA response in the nasopharyngeal fluid. It can occur as acute or chronic. Refrigerated items, cold beverages, poor hygiene can make tonsillitis even worse, if left untreated it can lead to various complications like choking spells at night, acute otitis media, peritonsillar abscess, parapharyngeal abscess, tonsilloliths, rheumatic fever[6].

Here we are making this little effort, based on the knowledge already revealed by our Acharyas by selecting the topic "To study the efficacy of oral khadiradi vati in comparison with yashtimadhu vati in Gilayu w.r.t. Acute Tonsillitis. Khadiradi Vati (Gutika)[7] is an ayurvedic and herbal remedy used for mouth ulcer, pharyngitis (sore throat) and other diseases of teeth, gums, tongue and throat. Khadiradi vati acts as oral anti-septic, anti-inflammatory astringent & expectorant. Therefore, it is beneficial especially in sore throat & tonsillitis or infections of tonsils.

AIM:

"Comparative study of efficacy of Khadiradi vati & Yashtimadhu vati in Tundikeri w.r.t. to Acute Tonsillitis."

OBJECTIVES:

- To find Ayurvedic remedy for Acute Tonsillitis.
- To reduce tendency & severity of throat infections.
- To assess the effect of oral Khadiradi vati in Acute Tonsillitis.

Samprapti

Excessive intake of Madhura, Amla, Lavana Rasa dominant Ahara, Snigdha, Abhishyandi Ahara, Improper oral hygiene, or sleeping in prone position causes Agnimandya, Kaphadosha Prakopa, and Rakta Dushti. This leads to Sthana Sanshraya of Doshas in Talu or Kantha Pradesha and lead to Tundikeri roga.

Clinical features of Tundikeri[8],[9]

• Toda (Pricking Pain)

• Daah (Burning Sensation)

• Paak (Suppuration)

• Shofa (Inflammation)

• Sore throat

• Enlarged tender lymph nodes

2. MATERIALS & METHODS

Study Design

Comparative study with pre and post-test design

Patients

The patients with classical signs and symptoms were randomly selected by preset inclusion and exclusion criteria from the OPD and IPD of Shalakyatantra Department of Siddhakala Ayurved Mahavidyalaya, Sangamner.

Trial Drug

The ingredients of Khadiradi Vati were purchased from local market. The raw drugs were Khadir, Javitri, Kankola, Karpoor and Gairika.

All the herbs were identified, authentified and good manufacturing practice followed for preparation in the department of Rasashastra & Bhaishajya Kalpana

Diagnostic Criteria

Diagnosis was established on the basis of history, symptoms mentioned in classical texts and by objective parameters/ investigations mentioned in contemporary texts.

Inclusion criteria:

Patients fulfilling the diagnostic criteria of Tundikeri

Ø 10 to 50 years of age group

Ø Chronicity less than 3 years

Exclusive Criteria :

- Patients aged below 10 years and above 60 years were excluded
- Pregnant and lactating women
- Patient with Autoimmune disorders
- Associated with Peritonsillar abscess, Tonsillar cyst, Tonsillolith, Anaemia.
- Specific systemic infections like Tuberculosis, Leprosy and other systemic diseases like Hypertension, Diabetes mellitus

Treatment Groups

In experimental group Oral Khadiradi vati two tabs thrice a day were given and in control group Yashtimadhu vati two tabs thrice a day were given. Patients were asked for follow up: 3rd, 5th and 7th day.

Criteria of Assessment

The disease assessment and the response of the therapy were assessed based on following parameters. The parameters & overall effect of the therapy were subjected for self-grading scores

Parameters (assesement criteria) Table

1. Tonsillar inflammation:

Sr. no	Criteria	score	Grade
1.	Enlarged, congested with follicles / pus spots	+++	Severe
2.	Enlarged, Congested	++	Moderate
3.	Congested	+	Mild
4.	No congestion	0	Absent

2. Jugular-Digastrics lymphadenitis:

Sr. no.	Criteria	Score	Grade
1.	Enlarged-Tender	+++	Severe
2.	Enlarged-Non tender	++	Moderate
3.	Just palpable	+	Mild
4.	Not palpabe	0	Absent

3.Throat pain:

Sr. no	Criteria	Score	Grade
1.	Pain during rest	+++	Severe
2.	Pain during deglutition	++	Moderate
3.	Mild pain on presenting tonsils	+	Mild
4.	No throat pain	0	Absent

4. Fever:

Sr.no.	Criteria	score	Grade
1.	103°F - 105°F	+++	Severe
2.	100°F - <103°F	++	Moderate
3.	99°F - <100°F	+	Mild
4.	98°F - 99°F	0	Absent

Frequency distribution of Patients according to efficacy of the treatment given below along with bar graph.

Efficacy (%)	Experimental group (%)	Control group (%)
Excellent	73.23	51.64
Moderate	26.77	48.36
Mild	0	0
Ineffective	0	0

Ranks

	Groups	N	Mean Rank	Sum of Ranks
Tonsillar Inflammation	Experimental Group	30	42.94	1954.00
	Control Group	30	25.71	742.00
	Total	60		
Throat Pain	Experimental Group	30	47.92	2381.00
	Control Group	30	27.06	1047.00
	Total			
Fever	Experimental Group	30	39.85	1648.50
	Control Group	30	26.66	749.00
	Total	60		
Lymphadenopathy	Experimental Group	30	54.94	2864.00
	Control Group	30	24.33	883.00
	Total	60		

3. RESULTS

The factors Decrease in Tonsillar Inflammation scores, Decrease in Fever scores, Decrease in Lymphadenopathy scores are greater in Experimental Group as compared to Control Group on an average. There is significant difference in Experimental Group & Control Group on an average for all factors considered.

Tonsillar Inflammation		**Throat Pain**		**Fever**		**Lymphadenopathy**	
Follow ups	Mean Rank	Follow ups	Mean Rank	Follow ups	Mean Rank	Follow ups	Mean Rank
0^{th}	3.98	0th	3.74	0^{th}	3.95	0^{th}	3.92
3^{rd}	2.67	3rd	2.17	3^{rd}	2.26	3^{rd}	2.19
5^{th}	1.01	5th	1.17	5^{th}	1.73	5^{th}	1.42
7^{th}	0.92	7th	0.68	7^{th}	1.57	7^{th}	0.54

Tonsillar Inflammation		**Throat Pain**		**Fever**		**Lymphadenopathy**	
N	30	N	30	N	30	N	30
Chi- Square	95.43	Chi- Square	84.72	Chi- Square	71.04	Chi- Square	89.94
df	3	df	3	df	3	df	3
P Value	.000	P Value	.000	P Value	.000	P Value	.000
a. Friedman Test		a. Friedman Test		a. Friedman Test		a. Friedman Test	

Since p value < 0.05, the level of significance for all factors; there is strong evidence to reject the null hypothesis for each factor stated above.

There is significant difference between follow up scores in Experimental Group, on an average if factors Tonsillar Inflammation, Throat Pain, Fever scores, Lymphadenopathy are considered. Looking at the mean rank values, the scores are reduced after the treatment considerably if factors Tonsillar Inflammation, Throat Pain, Fever scores, Lymphadenopathy are considered.

4. DISCUSSION

Tonsils are protective glands which are vital to the body and need to be saved. The role of tonsils that is immune competence, is become extremely important. Acharya Sushruta described the disease Tundikeri having Kapha Dosha predominance and vitiated Rakta Dhatu, we need the Kaphashamak Chikitsa in the management of Tundikeri. The ingredients of Khadiradi Vati are having Katu Rasa, Ushna Veerya, Tikshna, Ruksha, Sookshma Guna[10]. As per Acharya Vagbhata the substance which tastes katu is valuable in the Galroga. Hence it works as Kapha Shamak and Rakta Dhatu Shodhak. Ingredients in Khadiradi Vati has Deepan, Pachan, Swedan, Vilayan properties, which in effect causes Kapha Shaman.

Yashtimadhu Vati is used in control group which is proven antimicrobial anti-inflammatory drug.

In **Sex wise distribution of the patients** shows (76.7%) Female patients were having higher incidence of tonsillitis, probably due to more ingestion of food allergens like sour fruits, preservative added foods, drinks. It is common tradition in our Indian culture that women have more fasting and ignorance towards her routine diet leads to lower her immunity and become more prone to various infectious diseases like Tonsillitis.

In **Age wise distribution of the patients**, out of 30 patients 16.7%cases were found in age group 11-20 years in experimental group and in control group out of 30 patients 10% from age group 11 to 20 This may be due to the patients of this age group are more prone to catch infection or incidental selection.

In **Residence wise distribution of patients**, maximum number of patients i.e.73.3%out of 30 in experimental group were found from rural area. And in control group 83.30% out of 30 in control group in urban areas were taken.

In **Occupation wise distribution of patients** out of 60 patients student are more i.e. 33.3% total out of 60 patients. It may be due to patient are more prone to the infection in school, college, park and overcrowded areas.

Probable mode of action of Khadiradi vati:-

Oral Khadiradi vati is having Katu Rasa, Ushna Veerya, Tikshna, Ushna Guna. Katu Rasa having properties like Mamsan Vilikhati i.e. corrodes the muscle tissue, Shonita Sanghat Bhinnati i.e. cleans the accumulation or other obstructions. Margan Vivrunoti i.e. cleans and dilates the passage and alleviates kapha Dosha and protects from excessive granulation in ulcer. The substance processing Katu Rasa also has Deepan and Pachan property. They help in the radical removal of toxic substances from the body. They cause the separation of the matters obstructing the Strotas and dialate them. It kills Krimi (micro-organisms). The Katu Rasa is having Lekhana property. It has properties like Ruksha, Ushna, Laghu and Sookshma Guna apart from this, it has Teekshna and Vishada properties being opposite to qualities of Kapha Dosha. Ushna Veerya, has properties like Dahan, Pachan, Swedan, Vilayan which in effect causes Kapha Shaman.

Above properties of Khadiradi vati results in Amashaya Gata Kapha Dosha Shamana and also rejuvenate Rakta Dhatu, so Samprapti Bhang of Tundikeri Vyadhi Occurs resulting Tundikeri Vyadhi Shamana. As per above discussion Khadiradi Vati may act in the management of Tundikeri.

CONCLUSION

After statistical analysis, it is concluded that oral KHADIRADI VATI is effective than control group in Tundikeri. It is safe, cost effective and easy procedure to perform. It decreases severity of throat infection. Hence the role of drug in this disease is proved.

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Health-Related Quality Of Life (Hrqol) Assessment Using SF-36 Questionnaire In Cancer Patients: A Survey Study

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Running Title:
Health-Related Quality of Life in Indian Cancer Patients

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Abstract

Objective: Cancer substantially affects patients' physical, emotional, and social functioning, influencing their health-related quality of life (HRQoL). The SF-36 questionnaire serves as a validated measure for assessing HRQoL across multiple domains. This study aimed to analyze HRQoL among cancer patients and identify factors contributing to variations in well-being, thereby informing individualized care strategies.

Methods: A cross-sectional survey was carried out with 126 cancer patients at Indrayani Cancer Hospital, Pune. Participants completed the SF-36 questionnaire assessing eight HRQoL domains. Demographic and clinical information, such as cancer type, stage, and treatment details, were also collected. Data were analyzed using SPSS, applying descriptive statistics, correlation, and regression analyses to evaluate associations between HRQoL and patient variables.

Result: The cohort's mean HRQoL scores were significantly lower than general population norms, with marked impairments in physical functioning, vitality, and general health perception domains. Reduced HRQoL was strongly correlated with older age, advanced cancer stage, longer disease duration, and more extensive treatments ($p < 0.05$). Additionally, lifestyle-related factors such as healthy diet and adequate sleep were positively associated with higher HRQoL scores.

Conclusion: The SF-36 questionnaire effectively captured the multifaceted burden of cancer on patients' quality of life. Findings highlight the need for personalized, holistic care strategies focusing on both clinical and psychosocial aspects to enhance overall well-being in cancer survivors.

Keywords: Health-related quality of life, SF-36, Cancer, Cross-sectional study, Patient-cantered care

Introduction

Health-related quality of life (HRQoL) has become a key outcome measure in cancer research and treatment, as it reflects patient well-being beyond conventional clinical indicators (1). It addresses the physical, psychological, and social dimensions of health affected by disease progression and therapy.

The Short Form-36 (SF-36) is a global, validated tool frequently used to quantify HRQoL across eight domains, including physical functioning, bodily pain, mental health, and social functioning (1,2). Evaluation of HRQoL in oncology facilitates understanding of how cancer and its treatment impact daily functioning, enabling the development of supportive interventions based on quantified needs (3).

This study assessed HRQoL among 126 cancer patients in India using the SF-36 questionnaire, aiming to contribute region-specific evidence that supports tailored care planning and enhances quality of life outcomes.

Materials and methods

1.1 Study design, Study area, and Study participants

A cross-sectional observational study was conducted at Indrayani Cancer Hospital, Pune. Inclusion criteria comprised adults aged ≥18 years with a confirmed diagnosis of cancer for at least one-year, stable clinical condition, and the capacity to provide informed consent. Exclusion criteria included critical illness, severe psychiatric disorders, or cognitive impairment (4).

1.2 Sample size and Sampling Technique

126 cancer patients recruited from outpatient, inpatient, and follow-up settings. A convenience sampling technique was employed (5).

1.3 Tools and Technique – Data Collection and Analysis

Participants completed the SF-36 questionnaire covering eight HRQoL dimensions, where higher scores indicated better health status (6). Both self-administered and interviewer-assisted methods were adopted. Data collection also included socio-demographic profiles, disease duration, and treatment history.

1.4 Statistical Method

Data analysis was carried out using Microsoft Excel and SPSS software (v25). Descriptive statistics summarized patient characteristics and SF-36 domain scores. Spearman's correlation and chi-square tests examined associations between HRQoL and predictor variables.

1.5 Ethical Issues

Ethical approval was obtained, and the study adhered to the principles of the Declaration of Helsinki (7).

Results

Among the 126 participants, the mean age was 54.29 ± 12.01 years, with most falling within the 51–60-year range (32.54%). Females comprised 62.70% of the cohort ($p = 0.0044$). The majority were married (87.30%) and Hindu (94.44%). Occupations included housewives (41.27%) and workers (29.36%). The average cancer duration was 6.60 ± 4.28 years, and nearly half (47.62%) had undergone up to four radiotherapy or chemotherapy sessions.

Correlation analysis revealed significant negative relationships between HRQoL and age ($r = -0.5317$, $p < 0.0001$), cancer duration ($r = -0.7658$, $p < 0.0001$), number of therapies ($r = -0.7687$, $p < 0.0001$), and surgeries ($r = -0.8153$, $p < 0.0001$). In contrast, HRQoL showed strong positive associations with healthy diet ($p < 0.0001$), adequate sleep ($p < 0.0001$), and use of supportive medications ($p < 0.0001$). Gender was not significantly related to HRQoL ($p = 0.8596$).

Discussion

2.1 Impact of Cancer on Well-being

Cancer exerts a broad influence on well-being, affecting psychological and social functioning along with physical health. HRQoL analysis helps clinicians gauge this overall burden and advance patient-cantered care (8,9). Incorporating integrative therapies such as Ayurveda may further alleviate physical strain and enhance psychological resilience (10).

2.2 Demographic and Clinical Insights

The preponderance of participants aged 41–60 years aligns with epidemiological trends showing that cancer prevalence increases with advancing age (11). The predominance of females reflects higher incidences of breast and cervical cancers and stronger healthcare-seeking behaviours (12). Findings also emphasize that cumulative treatment intensity and disease chronicity substantially reduce patients perceived well-being (13,14).

2.3 Lifestyle Factors

Lifestyle patterns such as balanced nutrition and sufficient rest play crucial roles in maintaining HRQoL among cancer patients. Dietary adequacy supports immune health, while good sleep improves emotional stability and cognitive recovery (15,16). Comprehensive symptom control further enhances well-being (17).

2.4 Gender and HRQoL

Although no significant differences were noted between male and female participants, individualized treatment and psychosocial support remain central to ensuring equitable quality of life outcomes (18).

Conclusion

This study highlighted the multidimensional impact of cancer on HRQoL and demonstrated the utility of the SF-36 questionnaire in capturing these aspects within an Indian oncology population. The results confirmed that disease chronicity, treatment intensity, and aging are key determinants of lower HRQoL, whereas healthy behaviour and symptom management significantly improve outcomes. Therefore, integrating nutritional guidance, sleep improvement, and psychosocial interventions with medical treatment should form a core component of cancer care strategies in the Asian Pacific context.

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Approval: The study was approved by Research and scientific committee.
Conflict of Interest: None
Ethical Declaration: This study was conducted in full compliance with the ethical principles outlined in the Declaration of Helsinki (World Medical Association, 2013). The research protocol received formal approval from the Institutional Ethics Committee (Approval No.- DYPCARC/IEC/785/2023, Date- 20/09/2023). Written informed consent was obtained from all 126 participants after providing comprehensive information about the study's purpose, procedures, potential risks, benefits, and their right to withdraw at any time without prejudice. Participant confidentiality was strictly maintained through anonymized data collection, secure storage, and restricted access to identifiable information.

Authors Contribution:
Laxmi Narayan Chaudhary[1]: Patient recruitment, data collection, methodology development, data analysis using SPSS, statistical interpretation, literature review, manuscript drafting
Manisha Thakare[2]: Supervision of study execution, ethical compliance oversight, critical revision, result interpretation, and final manuscript approval
Santosh Kamble[3]: Conceptualization, study design, data validation, and critical content review.
Monika Goel[3]: manuscript preparation, and overall project coordination.
All authors have read and approved the final manuscript version and agree to be accountable for all aspects of the work.
Data Availability: The data supporting the findings of this study are available from the corresponding author upon reasonable request. The data are not publicly available due to privacy restrictions that could compromise the confidentiality of research participants, in accordance with institutional ethical guidelines and Indian data protection regulations. All aggregated results and statistical analyses are presented in the manuscript and accompanying table.
Study Registration: The study was registered under Clinical Trials Registry – India (Reg. No. – CTRI/2024/12/077597).

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Table No. 1- Results according to all parameters.

Parameter	Categories	Participants (n=126)	Percentage (%)	Association with HRQoL (SF-36 Score)	p-value
Age Group (years)	20–30 to 71–80	Various	Various	Negative correlation (r = −0.532)	< 0.0001
Sex	Male, Female	47, 79	37.3, 62.7	No significant association	0.8596
Cancer Chronicity (years)	1–5, 6–10, 11–15	Various	Various	Negative correlation (r = −0.766)	< 0.0001
Chemo/Radiotherapy Rounds	0–4, 5–8, 9–12	Various	Various	Negative correlation (r = −0.769)	< 0.0001
Number of Surgeries	0–3, 4–6, 7–9	Various	Various	Negative correlation (r = −0.815)	< 0.0001
Additional Medications	Yes, No	43, 83	34.13, 65.87	Positive association	< 0.0001
Good Sleep	Yes, No	43, 83	34.13, 65.87	Positive association	< 0.0001
Intake of Healthy Diet	Yes, No	75, 51	59.52, 40.48	Positive association	< 0.0001

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CHRONIC RHINOSINUSITIS (CRS): *NASYA, DHOOMAPANA*, AND *SHAMANA* AS PRIMARY MANAGEMENT WITH FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS) RESERVED AS A LATE-STAGE/REFRACTORY INTERVENTION – AN AYURVEDIC REVIEW

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ABSTRACT

Background: Chronic Rhinosinusitis (CRS) is a persistent inflammatory condition of the nasal and paranasal sinus mucosa lasting more than 12 weeks, severely impacting breathing, olfaction, sleep quality, and overall well-being. Global prevalence ranges between 8–12%, with a high rate of recurrence despite repeated antibiotic and surgical interventions.[1] Ayurveda describes analogous conditions under *Dushta Pratishyaya*, *Peenasa*, and *Kaphaja Shiroroga*, emphasizing vitiation of *Vata–Kapha*, *Srotorodha*, and chronic inflammation of the *Urdhwanga Srotas*.[2],[3] *Panchakarma* modalities like *Nasya* and *Dhoomapana* along with *Shamana aushadha* provide an effective non-invasive approach. **Aim and Objective:** To evaluate Classical Ayurvedic recommendations and modern pathophysiological evidence supporting *Nasya, Dhoomapana*, and *Shamana* therapy as first-line treatment for CRS, placing FESS as a secondary option for refractory cases only. **Methods:** Narrative integrative review of classical Ayurvedic texts including *Bruhatrayee*, *laghutrayee*, *Nighantu* and therapeutic compendia alongside modern literature sourced from PubMed, Scopus, Google Scholar, Cochrane using keywords: *Chronic Rhinosinusitis*, *Nasya*, *Dhoomapana*, *FESS*, *Ayurveda*, *Mucociliary clearance*. **Key Findings:** *Nasya* improves mucociliary drainage, reduces biofilm formation, restores *Prana Vayu* flow and clears *Srotorodha*.[4],[5] *Dhoomapana* liquefies and expels stubborn *Kapha*, acts as topical anti-microbial and reduces oedema.[6] *Shamana* drugs *(Trikatu, Haridra, Pippali, Dashmoola)* provide systemic anti-inflammatory and immunomodulatory support.[7],[8] Surgery (FESS) is required only in structural deformity, complications or failure of medical therapy.[9] **Conclusion:** CRS management should prioritize Ayurveda-based non-invasive *Nasya–Dhoomapana–Shamana* therapy before considering surgical intervention. This approach demonstrates superior chronic disease control, mucosal remodelling, and recurrence reduction.

KEYWORDS: Chronic Rhinosinusitis, *Dushta Pratishyaya, Nasya, Dhoomapana, Shamana,* FESS, *Kapha-Vata dushti*, mucociliary function.

INTRODUCTION

Chronic Rhinosinusitis is defined as persistent sinonasal inflammation lasting ≥12 weeks associated with nasal obstruction, mucopurulent discharge, hyposmia, headache, and mucosal oedema.[10] CRS affects nearly 1 in 10 individuals globally, impairing sleep, productivity,

and mental health.[11] Pathophysiology involves chronic mucosal inflammation, biofilm formation, goblet cell hyperplasia, osteomeatal complex obstruction and recurrent infection.[12] Role of immune imbalance, high eosinophil levels, and microbiome dysbiosis is established.[13]

Ayurvedic Perspective

Conditions resembling CRS are described as *Pratishyaya*, *Dushta Pratishyaya*, *Peenasa* and *Kaphaja Shiroroga* caused by vitiation of *Kapha & Vata dosha*, blockage of *Nasa-Srotasa*, impaired *Pranavaha srotas*, and depletion of *Agni-bala*.[14],[15] *Srotoshodhana* through *Nasya* and *Dhoomapana* is emphasized as first line therapy. *Chikitsa* guidelines highlight reduction of *Kapha-Ama*, strengthening mucosal immunity, and improving drainage.[16]

MATERIALS AND METHODS

Type of Review: Narrative qualitative review.

Sources: *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Sharangadhara*, *Bhavaprakasha*, *nighantus*; modern studies from PubMed, Cochrane, Scopus, Google Scholar.

Search Terms: *CRS, Dushta Pratishyaya, Nasya, Dhoomapana, Shamana, mucociliary clearance, FESS surgery failure*.

Inclusion Criteria: Ayurvedic & modern literature describing CRS mechanism, *Panchakarma*, *Nasya*, *Dhoomapana*, mucosal physiology, anti-inflammatory herbs, FESS outcomes.

Method: Cross comparison between Ayurvedic concepts and contemporary rhinological research; outcome synthesized conceptually.

OBSERVATIONS

A. Modern Understanding of CRS

CRS is driven by persistent mucosal inflammation, impaired mucociliary clearance, biofilm formation, fungal colonization, cytokine surge (IL-4/IL-5/IL-13), tissue remodelling, and polypoidal changes.[17],[18]

Eosinophilic CRS is corticosteroid-responsive but relapse is common. Long-term antibiotics impair microbiome.[19]

B. Ayurvedic Understanding – *Dushta Pratishyaya*

Kapha-Vata predominance, aggravated by cold exposure, dairy intake, curd, day sleep, dust and allergens.[20] *Vata avarana* with *Sthanika Kapha vriddhi* leads to *Sroto-rodha*, which causes persistent mucus stagnation.[21]

Ayurvedic therapy seeks to

Component	Ayurvedic Target
Kapha-Shamana	Reduce mucus load
Vata-Anulomana	Restore drainage
Ama-Pachana	Reduce inflammation
Rasayana & Shamana	Recurrence prevention

C. *Nasya* as First-Line Therapy

Nasya directly reaches *Shir (Nasahi shiraso Dwaram)*, liquefies *Kapha*, clears channels, enhances olfaction and immunity.[22]

Types: *Sneha Nasya, Avapeeda, Pradhamana*.

Clinical benefits include

Improves mucociliary clearance
Breaks biofilms & reduces edema
Reduces headache, congestion, anosmia.[23][24]
Best oils: ***Anu taila, Shadbindu taila, Ksharataila***.

D. *Dhoomapana* – Mucus Evacuation & Sterilization

Dhoomapana melts compact *Kapha*, sterilizes sinuses, prevents secondary infection.[25]

Dhoomapana drugs: *Haridra, Vacha, Pippali, Agaru, Jatamamsi, Guggulu*.

It improves patency of the drainage pathway, respiratory cilia activity, and biofilm breakdown.[26]

E. *Shamana* Therapy

Internal medicines reduce inflammation, restore *Agni*, and prevent recurrence:

Shamana works synergistically with *Nasya* & *Dhoomapana*.

Drug/Class	Action
Haridra, Guduchi	Immunomodulatory, anti-inflammatory
Trikatu, Pippali	Mucolytic, *Agni deepana*
Dashmoola kwatha	Anti-oedematous, antioxidant
Yashtimadhu	Soothing mucosal healer

F. Role of FESS – Reserved for Refractory Cases

Functional Endoscopic Sinus Surgery widens the osteomeatal complex but does not heal mucosal inflammation, hence recurrence is high if underlying pathology persists.[27]

Evidence indicates >30% relapse within 5 years without medical support.[28] Thus, Ayurvedic line of therapy should precede surgery, and FESS must be restricted to:

- Gross anatomical blockage
- Mucocele, fungal sinusitis, orbital risk
- No response to prolonged Ayurveda therapy

DISCUSSION

Ayurveda provides a *top-down mucosal restoration strategy* for CRS. *Nasya* & *Dhoomapana* act over the primary pathology—*Kapha* accumulation, mucosal oedema, and ciliary dysfunction. Unlike surgery, they *heal the mucosal surface* and regulate *Agni-Ojas-Rasa formation* preventing recurrence. Modern research aligns showing oil-based nasal therapy reduces inflammatory cytokines and improves mucociliary transport rate.[29] *Dhoomapana* functions like a herbal aerosol delivering anti-biofilm molecules.[30] Thus, Ayurveda addresses root-cause not just space widening like FESS.

CONCLUSION

CRS must be treated primarily with *Nasya–Dhoomapana–Shamana* therapy, not surgery-first. This non-invasive model reduces recurrences, inflammation, biofilm colonization, and enhances mucosal healing. FESS remains valuable, but only as a *late-stage, structural correction tool* once Ayurvedic management is exhausted. Integration of clinical trials will strengthen global acceptance.

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AYURVEDIC MANAGEMENT OF CHRONIC SUPPURATIVE OTITIS MEDIA (CSOM): A CONCEPTUAL AND INTEGRATIVE REVIEW WITH PAEDIATRIC CONSIDERATIONS

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ABSTRACT

Background: Chronic Suppurative Otitis Media (CSOM) is a persistent inflammation of the middle ear characterized by recurrent otorrhea through a tympanic membrane perforation. It predominantly affects pediatric populations and remains a significant cause of preventable hearing loss worldwide. Ayurveda describes analogous conditions under *Karnaroga*, particularly *Karna Srava* and *Putikarna*, offering holistic therapeutic strategies. **Objective:** To critically review the Ayurvedic understanding and management of CSOM, correlate it with modern otology, integrate pediatric (Kaumarbhritya) considerations, and propose an evidence-backed holistic treatment framework. **Methods:** A systematic literature review was conducted using PubMed, Google Scholar, DHARA, AYUSH Research Portal, and classical Ayurvedic texts (Charaka, Sushruta, Ashtanga Hridaya, Kashyapa Samhita). Keywords included: *CSOM, Ayurveda, Karnaroga, Karna Srava, Karna Shoola, Karna Purana, pediatric otitis media*. Commentaries and Nighantus were analyzed for conceptual

clarity. Relevant modern ENT guidelines and research studies were included. **Results:** Ayurveda attributes CSOM-like conditions to *Kapha-Pitta* vitiation, *krimi*, *srotodushti*, and improper ear hygiene. Classical Ayurvedic therapies including *Karna Purana*, *Dhoopana*, *Kashaya Prayoga*, *Shamana* drugs (Triphala, Haridra, Yashtimadhu), and *Rasayana* showed significant therapeutic potential. Pediatric-specific modifications emphasize gentle Shamana therapy, immune support, safe Karna Purana, management of recurrent URTI, and dietary corrections. Integrative protocols combining modern antibiotics with Ayurvedic interventions yield improved mucosal healing, reduced recurrence, and lower antibiotic resistance. **Conclusion:** Ayurveda offers a comprehensive framework for managing CSOM through anti-inflammatory, antimicrobial, immunomodulatory, and tissue-healing therapies. Paediatric-focused interventions strengthen immunity, reduce recurrence, and support normal hearing and speech development. Integrative management holds promise for addressing chronicity, recurrence, and antibiotic resistance.

KEYWORDS: CSOM, Chronic Suppurative Otitis Media, *Karnaroga*, *Karna Srava, Karna Purana,* Ayurveda, Paediatric Otitis Media, *Kapha-Pitta Dushti, Rasayana,* Integrative Otology.

1. INTRODUCTION

Chronic Suppurative Otitis Media (CSOM) is a long-standing middle ear infection with persistent ear discharge and tympanic membrane perforation. Globally, approximately 65–330 million individuals suffer from CSOM, of whom children form a major proportion. In India, the paediatric prevalence ranges from 7–15%, contributing to significant morbidity and preventable conductive hearing loss.[1,2]

Complications such as mastoiditis, facial nerve palsy, intracranial abscess, and cholesteatoma underscore the importance of early and holistic management.

Ayurvedic Correlation

Ayurvedic texts describe similar clinical entities under *Karnaroga*, especially:

- ***Karna Srava*** (ear discharge) – Sushruta Samhita, Uttara Tantra 21
- ***Putikarna*** (foul-smelling discharge)
- ***Karna Shoola*** (ear pain)
- ***Vidradhi in Karna*** (suppurative infections)

The pathophysiology involves *Kapha-Pitta dushti*, *srotorodha*, and *krimija* conditions affecting the ear.

Classical references include

- *Charaka Samhita (Chikitsa Sthana 26)*
- *Sushruta Samhita (Uttara Tantra 21–23)*
- *Ashtanga Hridaya (Uttara Sthana 15)*
- *Kashyapa Samhita (Khila Sthana – Bala roga* and ENT correlations)

Need for Integrative Approaches

Modern management relies upon antibiotics and surgery; however, recurrence, microbial resistance, and poor mucosal healing in children necessitate complementary approaches. Ayurveda provides durable, safe mucosal-healing and immune-modulating therapies.

AIM

To explore Ayurvedic concepts, treatments, paediatric considerations, and integrative management strategies for CSOM.

2. METHODS

2.1 Literature Search Strategy

Databases searched:

- PubMed
- Google Scholar
- AYUSH Research Portal
- DHARA

Classical sources included

- *Charaka Samhita* with Chakrapani commentary
- *Sushruta Samhita* with Dalhana commentary
- *Ashtanga Hridaya* with Arundatta commentary
- *Kashyapa Samhita*
- Nighantus (Dhanvantari, Raja, Bhavaprakasha)

Inclusion Criteria

- Classical references to ear disorders
- Clinical or experimental studies on Ayurvedic ENT therapies

- ENT references relevant to CSOM
- Paediatric otitis media literature

Exclusion Criteria

- Non-relevant studies
- Non-peer-reviewed articles
- Acute otitis media without complications

Conceptual Framework

Textual exegesis, cross-comparison of commentaries, pharmacological profiling of Ayurvedic drugs, and integrative analysis were conducted.

3. RESULTS (Review Findings)

3.1 Nidana (Etiology) of *Karna Srava* / CSOM

- *Kapha-Pitta* aggravation
- Cold exposure *(Sheetala Ahara-Vihara)*
- Improper breastfeeding positions (paediatric risk factor per *Kashyapa*)
- Recurrent URTI *(Pratishyaya)*
- Poor ear hygiene
- *Krimi* (microbial infection)

3.2 *Samprapti* (Pathogenesis)

- *Kapha* → mucosal edema, blockage
- *Pitta* → inflammation, discharge
- *Krimi* → persistent infection
- *Srotorodha* → chronic middle ear pathology
- Tissue breakdown → perforation and otorrhea

3.3 *Lakshana* Correlation

Ayurvedic symptoms:

- ***Srava*** **(discharge)**
- ***Durgandha*** **(foul smell)**
- ***Shoola*** **(pain)**
- ***Badhirya*** **(hearing impairment)**

These closely match CSOM features: otorrhea, conductive hearing loss, recurrent infections.

3.4 *Chikitsa Siddhanta* for *Karnaroga*

Based on *Sushruta Samhita*, management includes:

- *Shodhana* (where appropriate)
- *Shamana*
- *Karna Purana*
- *Dhoopana*
- *Kashaya Pralepa*
- *Krimighna*, *Shothahara*, *Vranaropana* medicines

3.5 Ayurvedic Treatment Protocols

A. *Shodhana* Therapies

1. *Nasya*

- Clears *Kapha* in ENT region
- Useful in post-infective stages

2. *Virechana*

- Mild *virechana* for *Pitta shodhana* in adults.

Note: Avoid strong *shodhana* in pediatric cases; gentle purgation only if indicated.

B. *Shamana* Therapies (Primary for Paediatrics)

Drug/Formulation	Properties	Relevance in CSOM
Triphala	*Vrana shodhana–ropana*	Drying and healing
Haridra	*Krimighna, Shothahara*	Controls infection
Yashtimadhu	Mucosal healing	Tympanic health
Guduchi	Immunomodulatory	Prevents recurrence
Gandhak Rasayana	Antimicrobial	Chronic discharges

C. *Karna Purana* (Ear Instillation)

Formulations:

- ***Saindhavadi Taila***
- ***Bilvadi Taila***
- ***Nirgundi Taila***

Actions: *Shothahara, Vedanasthapana, Krimighna, Vranaropana.*

Method: Lukewarm oil, 2–4 drops, after ENT evaluation.

D. *Dhoopana* (Ear Fumigation)

- *Guggulu, Vacha, Haridra*
- Useful in chronic, non-acute discharges

E. Internal Medicines

- *Dashamoola Kashaya*
- *Amrutarishta*
- *Nagakesara + Haridra*
- *Pippali*-based formulations for chronicity

F. *Rasayana* Support

- *Chyavanaprasha*
- *Guduchi rasayana*
- *Swarna Bindu Prashana* (children)

3.6 Contemporary Evidence

- *Haridra, Nirgundi,* and *Triphala* possess proven antimicrobial activity against *Pseudomonas* and *Staphylococcus* species.[12]
- *Rasayana* drugs exhibit mucosal regenerative properties.[13]
- Herbal ear drops in clinical trials showed faster symptom reduction vs. conventional therapy.[14]

3.7 Comparative Ayurveda vs. Modern ENT Approach

Aspect	Modern ENT	Ayurveda	Integrative Outcome
Infection control	Antibiotics	*Krimighna* herbs	Better clearance; lower resistance
Inflammation	Steroids	*Shothahara*	Sustained reduction
Healing	Surgical repair	*Vranaropana* & *Rasayana*	Better mucosal recovery
Recurrence	Common	Immune boosting	Reduced recurrence

3.8 Paediatric Ayurvedic Considerations (Integrated)

Why children are more affected:

- Short, horizontal Eustachian tube
- Kapha-pradhana physiology
- Recurrent URTI
- Stanya dushti (Ayurvedic perspective)

Pediatric Shamana-based Protocol

Age	Internal Medication	Dose
2–5 yrs	*Triphala Kashaya*	2–5 ml BD
2–5 yrs	*Guduchi Satva*	250–500 mg OD
2–10 yrs	*Yashtimadhu*	250 mg BD
>2 yrs	*Chyavanaprasha*	1–3 g/day

Paediatric *Karna Purana*

- Only after ENT examination
- 1–2 drops lukewarm *Bilvadi/Nirgundi Taila*
- Avoid in acute pain or large perforation

Paediatric *Rasayana*

- *Swarna Prashana* monthly
- *Guduchi* and *Yashtimadhu* for immune enhancement

Paediatric *Dhoopana*

- Mild, indirect fumigation only

Addressing URTI

- *Sitopaladi Churna*
- *Vasavaleha*
- Warm diet, avoidance of curd/ice cream

Importance

Prevents conductive hearing loss, supports speech development, reduces recurrence.

4. DISCUSSION

The Ayurvedic framework of *Karna Srava* and *Putikarna* aligns closely with CSOM. The multi-factorial pathogenesis involving *Kapha-Pitta* imbalance, *srotorodha, krimi* involvement, and chronic inflammation establishes logical therapeutic targets.

Ayurvedic interventions provide

- **Antimicrobial action** *(Haridra, Triphala, Nirgundi)*
- **Anti-inflammatory action** *(Dashamoola, Bilva)*
- **Mucosal healing and tissue regeneration** *(Yashtimadhu, Ghrita)*
- **Immune enhancement** *(Guduchi, Rasayana)*

Paediatric Relevance

Children benefit from:

- Gentle *Shamana* therapy
- *Karna Purana* with caution
- Immune-supportive *Rasayana*
- Prevention of URTI-induced recurrence

Integrative Approach Advantages

- Faster resolution of discharge
- Reduced recurrence
- Lower antibiotic resistance
- Superior mucosal healing
- Better paediatric outcomes in hearing and speech

5. CONCLUSION

Ayurvedic management offers a comprehensive, safe, and effective framework for CSOM treatment, especially in recurrent and chronic cases. When integrated with modern ENT care, Ayurvedic therapies enhance mucosal healing, reduce recurrence, and support immune function. Pediatric-focused Ayurvedic strategies are particularly beneficial for preventing long-term complications such as hearing loss and speech delay. Future research should explore standardized Ayurvedic formulations and large-scale integrative clinical trials.

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EFFECTIVE AYURVEDIC MANAGEMENT OF PRAMEHA (DIABETES MELLITUS): A CASE STUDY

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ABSTRACT

Diabetes mellitus is a major lifestyle disorder now-a-days. It is metabolic disorder causing due to many factors characterized by abnormally high blood glucose levels due to lack of insulin. In the recent times the incidence of Diabetes has increased because of sedentary lifestyle and unhealthy dietary habits, shift duties. In ancient Ayurvedic texts this disease is described as *Prameha*, the characteristic symptom is *Prabhuta Aavilmutrata*. The present case study is of a 48 years old male patient visiting Ayurvedic Clinic, Pune with the chief complaints of indigestion, weight gain, anorexia, cramps in calf muscles, constipation, Naktmutrata. On the basis of physical findings and investigations the diagnosis of Prameha (Diabetes mellitus, type-2) was made. The treatment plan opted was use of Shamana aushadhi along with Mrudushodhan. The main cause behind this is shift duties and improper dietary habits, so modification of diet and lifestyle were given according to his duty schedule. Regular follow up visits at the interval of seven days were done for a period of 1 month. After 1 month of treatment significant responses.

INTRODUCTION

Acharya sushrut defines swasthya as

समदोषाः समाग्निश्च सम धातु मलक्रियः| प्रसन्नात्मेंद्रिय मिः स्वस्थ इत्यभिधधयते || (सु.सू)

Ayurveda gives priority to maintain healthy state of an individual and its second aim is to treat disease of the patient. The main aim of ayurveda is to live in harmony with our surrounding environment. The person is defined as healthy if he has Sama Doshatva, Sama Agnitva, Sama Dhatutva, Sama Malatva, and Sama kriya, and is happy with balance state of soul, sense organ and mind.

But, nowadays due to change in lifestyle diabetes mellitus has become one of the life-threatening disorder.

Ancient Indian physicians identified Diabetes mellitus as Madhumeha because the urine of patients attracted ants. Ayurvedic texts mention the cardinal symptom of disease Prameha as "prabhootavila mutrata" i.e. excretion of large quantities of turbid urine, which is akin to the symptom of Diabetes mellitus mentioned in modern texts. Diabetes mellitus is a group of metabolic diseases characterized by chronic hyperglycaemia resulting from abnormalities in insulin secretion, insulin action or both. Type 2 diabetes mellitus involves a lack of sensitivity to insulin and the subsequent inability to regulate blood glucose levels. This hyperglycaemia (High blood sugar) produces the symptoms of frequent urination (polyuria), increased thirst (Polydipsia), and increased hunger (Polyphagia). If left untreated, Diabetes mellitus can lead to many complications like diabetic ketoacidosis, non-ketotic hyperosmolar coma, heart disease, stroke, kidney failure (Nephropathy), foot ulcers, retinopathy, cataracts and glaucoma etc.

Prameh is a santarpanjanya tridoshja vyadhi, with predominance of kapha dosha and dhatu involved here meda, mamsa, kleda, shukra, rakta, vasa, majja, lasika, rasa and oja. According to sushruta, excessive indulgence in Pramehotpadak aahar-vihar leads to vitiation of aparipakva vata, pitta, kapha, which combines with medodhatu. This vitiated dosha and dhatu proceed downward through the mutravaha srotas to get localised in basti, causing prameha.

CASE STUDY

A 47 years old married hindu male patient, visited ayurvedic clinic at pune on 5 April 2023 With chief complaints of both leg pain, sneezing, padtaldaah (Burning sensation at soles) disturbed sleep, bloating sensation since 2 month past history revealed that patients is known case of thyroidism since 10 year and he is under medication for that and he does the night shift duty due to which his lifestyle is totally hampered.

The general examination of the patient revealed coating of tongue (Saamta), as for vitals pulse Rate was 80/min respiratory rate was 20/min blood pressure was 130/80mm of hg.

His respiratory system examination, gastro-intestinal examination, cardiovascular system examination, nervous system examination and locomotor examination did not uncover any abnormalities. His blood investigation on 11 March 2023 showed fasting blood sugar level as 155mg/dl And post prandial blood sugar level as 384 mg/dl and glycosylated haemoglobin (HbA1c) was 11.4. Based on these presentation patient was diagnosed as *prameha* (type 2 diabetes mellitus).

Treatment plan

The following oral medicine were administered for first 15 days Kanchnar guggul (2tab) two times a day with lukewarm water after meal A combination of triphala, daruharidra, indravan, musta and haridra churn (1 gm) was given two times a day with lukewarm water after meal.

Along with the above mentioned patient was advised to take proper aahar, and proper sleep during the night time and daily outdoor walk for one hour and avoidance of day sleep after meal.

On the first follow up (after 15 days) patient reported reduction in previous mentioned symptoms mild to moderate improvement in padtaldaah, disturbed sleep, bloating sensation was reduced. on the second follow patient had much improvement in above symptoms. on third follow up patient feel lightness and energetic in routine activity, mental strees and burning in feet also reduced. After continue three month of treatment fasting blood sugar level was 156mg/dl, post prandial blood sugar level was 194mg/dl and glycosylated haemoglobin (HbA1c) was 7.2.

RESULT

Improvement in subjective symptoms and signs along with reduction in fasting blood sugar level, post prandial blood sugar, glycosylated haemoglobin levels.

DISCUSSION

Probable mode of action

By proper use of Shamana aushadha and following proper dietary habits and lifestyle changes Significant relief in prameha symptoms along with normal level of blood sugar.

Haridra Due to its Katu-Tikta rasa, Ruksha, Laghu Guna, Ushna veerya and Katu Vipaka it effectively reduces the dushta Kapha. Thus it acts at the base of kaphaj Prameha. Also helps in healing the inflammation and also deals with Pittaja Prameha. Due to its Ushna Veerya does Vatashaman and is helpful in Vataja Prameha. By effectively combating Kapha and Pitta, Haridra regularizes and stabilizes the gut and cellular metabolism. The cells are detoxified, blockages get removed and all the strotas are cleansed. This helps in the nourishment of the Dhatus and aids unobstructed movements of Vata. *Musta* is having *Tikta, Katu, Kashaya Rasa, Laghu, Ruksha Guna, Sita Veerya* and *Katu Vipaka* with *Kapha-Pittahara* properties. It also posses pharmacological action likes anti-inflammatory, hepatoprotective, anti-Obesity, anti-diabetic etc. It has *Sthoulyahara, Dipana, Pachana, Grahi, Jwaraghna* properties. Triphala significantly decreased fasting blood glucose level in diabetic patients but not in people without diabetes. The collective effect of this Dravya in the form of decoction along with medohar and lekhan property of Kanchnar guggul for 3 months is seen in above patient in reducing symptoms along with blood sugar level.

CONCLUSION

Prameha is a multifactorial silent killer which needs to be treated as early as possible to avoid complications. From the above data it can be concluded that Ayurvedic management of prameha can be achieved by proper use of Shamana aushadha and following proper dietary habits and lifestyle changes. In this case Shamana aushadhis have given excellent results and within 15 days of starting the treatment, raised blood sugar levels dropped to pre diabetic range while after 3 month the sugar levels were in normal range. Further study can be carried out on a large population to validate the treatment plan.

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AN AYURVEDIC MANAGEMENT OF POLYCYSTIC OVARIAN DISEASE WITH REFERENCE TO ANOVULATORY CYCLE- A CASE STUDY

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ABSTRACT

Polycystic Ovarian Disease (PCOD) is a common endocrine disorder affecting women of reproductive age and is a leading cause of anovulatory infertility. In Ayurveda, PCOD can be correlated with Artavakshaya, Arajaska, or Yonivyapad conditions based on clinical presentation. The current case study evaluates the efficacy of Ayurvedic management in treating PCOD with anovulatory cycles using Shodhana (purificatory therapies) and Shamana (palliative therapies).

INTRODUCTION

Polycystic ovarian syndrome can be considered as one of the leading cause for female infertility and one of the leading reproductive endocrine disorders in the world.

The name polycystic ovary syndrome describes the numerous small cyst (fluid filled sac) that forms in the ovary.

It is a hormonal disorder, causing enlarged ovaries with fluid filled sacs on the outer edges because of abnormal hormonal level.

Polycystic ovarian disease is a heterogeneous disorder, characterized by elevated androgen levels, menstrual Irregularities, and small cyst on one or both ovaries.

Current incidence of PCOD is 5 to 15% and is increasing due to current lifestyle changes.
It's so common nowadays from adolescent period itself, developing soon after puberty.

15 to 20% of infertile, women are diagnosed with PCOD
About 50 to 70% of PCOD patients are obese

Polycystic ovarian syndrome can be diagnosed as per Rotterdam criteria, 2003 is based on features such as clinical or biochemical, hyperandrogenism, oligo or anovulation and polycystic ovary.

Among this, if two of the three criteria are present in a patient, it's diagnosed as PCOD
In Ayurveda, all the gynecological disorders are classified under Yoniyapad and artava dushti
Here PCOD can be correlated with Artavkshaya.

Ayurveda been a holistic approach towards the line of treatment gives a complete satisfactory result without any complications in parallel to modern sciences where hormonal therapy and laparoscopic ovarian drilling are the only remedy.

A direct correlation of PCOD in classic is not available features of Nashtarthava and Artavkshaya seen in PCOD.

In Nastarthava Vata and Kapha Dosha is vitiated here, so treatment should be Vata kapha hara, and Agni deepana, Vata anulomana, rasa pradoshaja chikitsa were adopted.

Hence, to find a long-lasting solution for PCOD with no much adverse effects with the help of Ayurveda is the need of the case study.

MATERIAL AND METHODS

Place of study – OPD no 5.- Prasuti Tantra and Streeroga department of Siddhakala Ayurved Hospital, Sangamner, 422605, Maharashtra.

CASE REPORT

A 28-year-old Married woman approached to prasutitantra and Stree roga OPD of Siddhakala Ayurved Hospital with complaints of irregular menstrual cycle, and scanty bleeding with pain during menstruation and USG suggestive of PCOD.

Patient is anxious to conceive.

Prior to seek Ayurvedic treatment at our hospital, she he already pursued medical advice from an allopathic hospital for 1-2 years

However, she was dissatisfied with the result of the treatment

Consequently, she turned to our hospital IN SEARCH OF Ayurvedic treatment for following conditions.

HISTORY OF PRESENT ILLNESS

Patient was apparently normal after menarche for 4 years

Then she gradually developed with irregularity of cycle and scanty menses with dysmenorrhea.

PAST HISTORY

No history of DM/HTN OR ANY other major illness

Known case of PCOD since 2019

Two times Follicular study done (1 year ago).

Anovulatry cycle seen. No rupture of dominant follicles with many tiny follicles seen.

PREVIOUS INVESTIGATION DONE

HSG DONE- Both tubes patent

USG interpretation- S/O bilateral PCOD

FAMILY HISTORY

No history of DM / HTN or any other major illness.

SURGICAL HISTORY- None.

TREATMENT HISTORY

She was under allopathic treatment for PCOD with primary infertility in the past 1-2 years, but no satisfactory results observed.

MENSTRUAL HISTORY

Age of menarche- 13 years

LMP- 20/01/2025

Duration of flow- 1 - 2 days

Length of cycle- 45 - 60 days

Regularity of cycle- Irregular

Amount of flow- 1 pad per day

D1- 1 pad 60 % soaked

D2- 1 pad 20 %soaked

Pain- severe pain present on D1 of the menstruation

Clots- Nil

Color- Blackish red

ASHTAVIDHA PARIKSHAN

NADI -78/min.

MALA- constipation

MUTRA- 2-4 vega / day

JIVHA- Samata

SHABDA- Prakrut

SPARSHA- Anushna

DRIK- Prakrut

AKRITI- Obese

GENERAL EXAMINATION

TEMPERATURE- 98.6 ^{o}F. Vyayamshakti- Avyayama

BP-110/70 mmHg Aaharshakti- Madhyam

PR- 78/min. Occupation- Sitting work

Respiration rate-20/min

HEIGHT - 152cm

Weight - 59 kg

BMI- 25.54kg/m2

Agni- Manda Agni

Trushna- Alpa

Nidra- Diwaswap daily 2 hours

Diet- Mix diet

SYSTEMIC EXAMINATION

Respiratory system- Lungs clear AEBE Clear

CVS- S1 S2 heard, No added sounds

CNS- Conscious and Oriented to time, place and person

LOCAL EXAMINATION

NECK- No lymph node enlargement, Acanthosis nigricans absent

Breast - B/L soft and no discharge from nipple

Pallor- Mild pallor

No bilateral pedal edema

No Acne seen

No Hirsutism seen

Per Abdomen Examination (P/A)- Soft and non-tender

P/S- Cervix is normal in size with no cervical erosion seen.

Cervix is pinpoint

No any discharge seen

No foul smell

P/V- cervix is posterior with normal in size

Uterus AVAF with normal size

No any discharge present

No cervical motion tenderness present

No fornix tenderness present

INVESTIGATION

HB- 9.8 gm/dl

BSL(Random)- 98.2 gm/dL

HbA1c- 4.9

Thyroid function test and serum prolactin - Normal

USG of pelvis - Bilateral PCOS morphology present

Right ovary - 4.4 x 2.4 x 2.5cm, Volume- 14.6 cc

Left ovary- 4.1 x 1.9 x 2.5cm., Volume- 10.6 cc

Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - HORMONE

TSH 3RD GENERATION ULTRASENSITIVE, SERUM

TSH (ULTRASENSITIVE)	3.160	Euthyroid : 0.35 - 4.94 Hypothyroid : > 4.94 Hyperthyroid : < 0.35 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000 Please note change in reference range.	µIU/mL

METHOD : CMIA

PROLACTIN, SERUM

PROLACTIN	26.34	5.18 - 26.53 PREGNANT WOMEN : 9.0 - 200.0	ng/mL

METHOD : CMIA

Interpretation(s)

Prolactin is a protein hormone secreted by anterior pituitary gland & placenta (in pregnancy). The secretion is regulated physiologically by inhibitory & releasing factors of hypothalamus. The major physiologic action of prolactin is the initiation & maintenance of lactation in women.Hyperprolactinemia inhibits gonadotrophin secretion & can produce hypogonadism in men & women.

The clinical use of prolactin levels is in the diagnosis & management of male & female hypogonadism. Increased levels seen in : 1.Pituitary tumour. 2.Hypothalamic lesions. 3.Hypothyroidism. 4.Antidepressants. 5.Stress.

NOTE : Various drugs & physiological factors can give rise to falsely elevated levels. Due to its episodic secretion, high prolactin values should be reconfirmed by performing the test on a pooled serum sample from specimens drawn at 6 to 20 minutes interval.
MALE: Hyperprolactinaemia in males may be associated with decreased libido, impotence, infertility, gynaecomastia.
FEMALE: Prolactin secretion from pituitary shows significant diurnal, episodic & cyclical variations. Following is a suggested approach to hyperprolactinaemia in females:

Prolactin Level	Interpretation	Remarks, Often associated with
25 - 50 ng/ml	Mild Prolactin excess	physiological conditions like stress, exercise , pregnancy, lactation etc. This may not be associated with clinical hyperprolactinaemia and needs review after a month.
51 - 75 ng/ml	Moderate Prolactin Excess	clinical hyperprolactinaemia - short luteal phase, oligomennorrhea
Above 100 ng/ml	Marked prolactin excess	clinical hyperpolactinaemia -hypogonadism, amenorrhea, galactorrhea
Above 200 ng/ml	Marked prolactin excess	pituitary adenoma requiring further workup.

References : 1. Diagnosis & Treatment of hyperprolactinaemia.The endocrine society clinical practice guideline, 2011 2. Diagnosis & Management of hyperprolactinemia.Canadian Medical Association CMAJ. Sept.16,2003;169(6)

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View Details View Report

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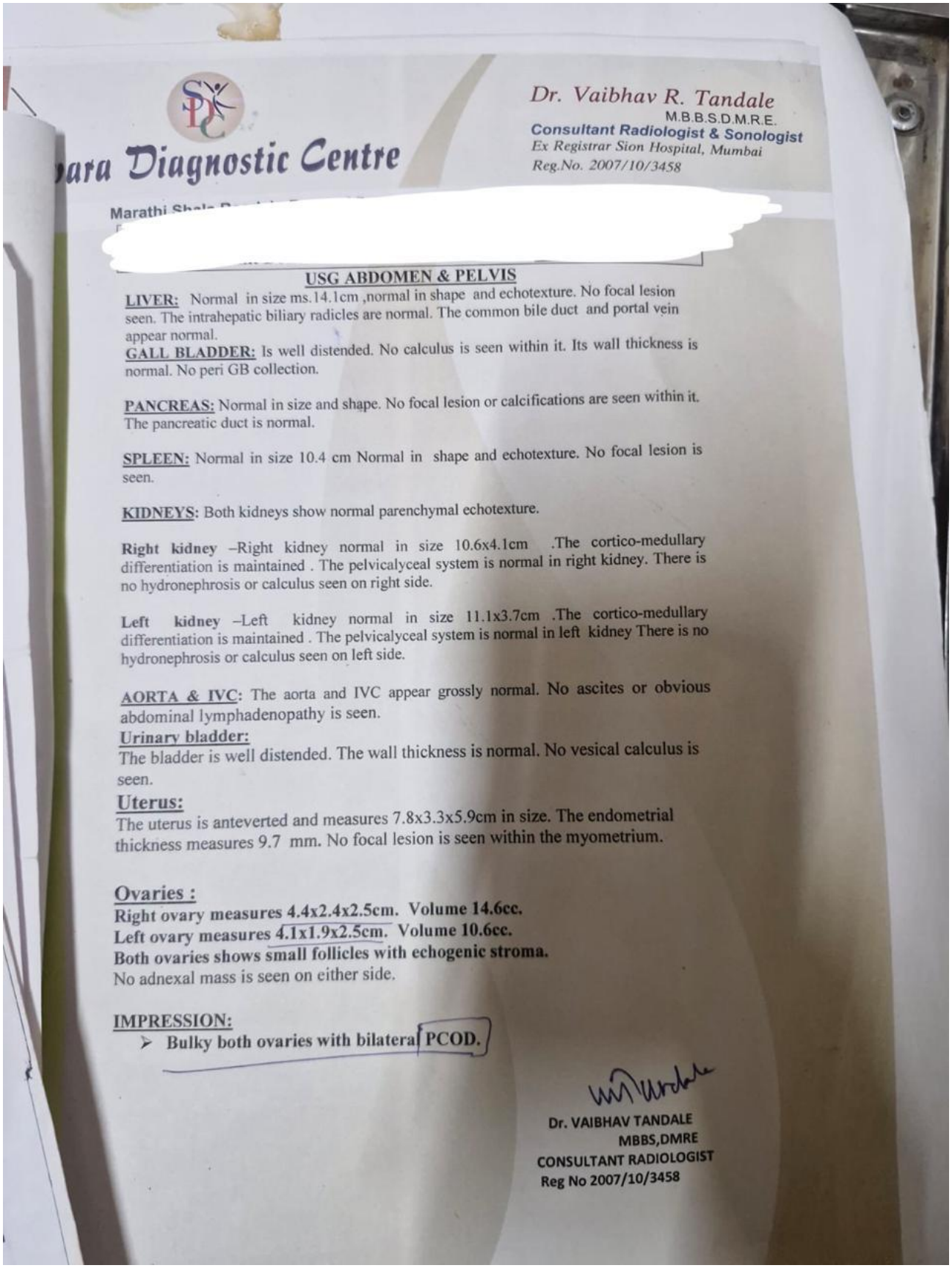


ara Diagnostic Centre

Dr. Vaibhav R. Tandale
M.B.B.S.D.M.R.E.
Consultant Radiologist & Sonologist
Ex Registrar Sion Hospital, Mumbai
Reg.No. 2007/10/3458

Marathi Shala [redacted]

USG ABDOMEN & PELVIS

LIVER: Normal in size ms.14.1cm ,normal in shape and echotexture. No focal lesion seen. The intrahepatic biliary radicles are normal. The common bile duct and portal vein appear normal.

GALL BLADDER: Is well distended. No calculus is seen within it. Its wall thickness is normal. No peri GB collection.

PANCREAS: Normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

SPLEEN: Normal in size 10.4 cm Normal in shape and echotexture. No focal lesion is seen.

KIDNEYS: Both kidneys show normal parenchymal echotexture.

Right kidney –Right kidney normal in size 10.6x4.1cm .The cortico-medullary differentiation is maintained . The pelvicalyceal system is normal in right kidney. There is no hydronephrosis or calculus seen on right side.

Left kidney –Left kidney normal in size 11.1x3.7cm .The cortico-medullary differentiation is maintained . The pelvicalyceal system is normal in left kidney There is no hydronephrosis or calculus seen on left side.

AORTA & IVC: The aorta and IVC appear grossly normal. No ascites or obvious abdominal lymphadenopathy is seen.

Urinary bladder:
The bladder is well distended. The wall thickness is normal. No vesical calculus is seen.

Uterus:
The uterus is anteverted and measures 7.8x3.3x5.9cm in size. The endometrial thickness measures 9.7 mm. No focal lesion is seen within the myometrium.

Ovaries :
Right ovary measures 4.4x2.4x2.5cm. Volume 14.6cc.
Left ovary measures 4.1x1.9x2.5cm. Volume 10.6cc.
Both ovaries shows small follicles with echogenic stroma.
No adnexal mass is seen on either side.

IMPRESSION:
- **Bulky both ovaries with bilateral PCOD.**

Dr. VAIBHAV TANDALE
MBBS,DMRE
CONSULTANT RADIOLOGIST
Reg No 2007/10/3458

ASSESSMENT CRITERIA FOR PCOD

SUBJECTIVE CRITERIA

SYMPTOMS	GRADE 0	GRADE 1	GRADE 2	GRADE 3
Intermenstrual period	24-35 days	36-45 days	46-60 days	>60 days
Duration of menstrual bleeding	3-5 days	<3 days	<2 days	<1day
Amount of blood bleeding	2 Pads/day	1 Pads/day	Spotting	No bleeding
Pain during menstruation	None	Mild	Moderate	Severe

OBJECTIVE CRITERIA

	GRADE 0	GRADE 1	GRADE 2
Assessment of size of cyst on ovary	No cyst	1-5 mm cyst	5-10 mm cyst
Assessment of ovarian volume	<10cc	10-20cc	>20cc

TREATMENT SCHEDULE

INTERNAL MEDICATION

1. Agnitundi vati-1 tablet BD before food
2. Kanchanar guggulu- 1BD with koshna jala before food
3. Triphala churna- 5 gm at bedtime with koshna jala
4. Kumaryasavam- 30 mL twice daily after food
5. Rajapravartini vati - 1 BD with Koshna jala from day 21 of cycle to 25th day of cycle or until menses occur

Nasya - 2-2 drops of adarak swaras in each nostril from day 5th of cycle to day 11th of cycle

Follicular study will be conducted from Day 8 of menses

All the above medication is given for 3 consecutive cycles.

Day of Cycle	Formulation	Dose and Timing
Day 1-4	-	No major medication during bleeding (except symptomatic relief if needed)
Day 5-11	Adark swaras Nasya	2-3 drops in each nostril early morning (empty stomach) for 7 days
	Kanchanar Gugglu	2 Tabs (250 mg) twice daily after meals
	Triphala Churna	3-5 gm at bed time with Lukewater
	Agnitundi Vati	1 tab twice daily ,before food
	Kumaryasavam	30ml twice daily with lukewarm water after food
Day 12-16	Continue: Kanchanar guggulu, Triphala churna, Agnitundi vati and Kumaryasavum	Follicle maturation and ovulation support phase
Day 17-21	Continue same medicines	Luteal phase
Day 21-25	Rajpravartini vati	1 tab twice daily for 3-5 days or until menses occurs
After day 28	If menstruation occurs restart cycle from Day1	-

All medicines are given for 3 consecutive cycles and follow-up to be taken for 3 consecutive cycles.

PATHYA

1. Green leafy vegetables like spinach, broccoli advised to be taken
2. High fiber rich food
3. Regular exercise and Yoga- Surya namaskar
4. MEDITATION

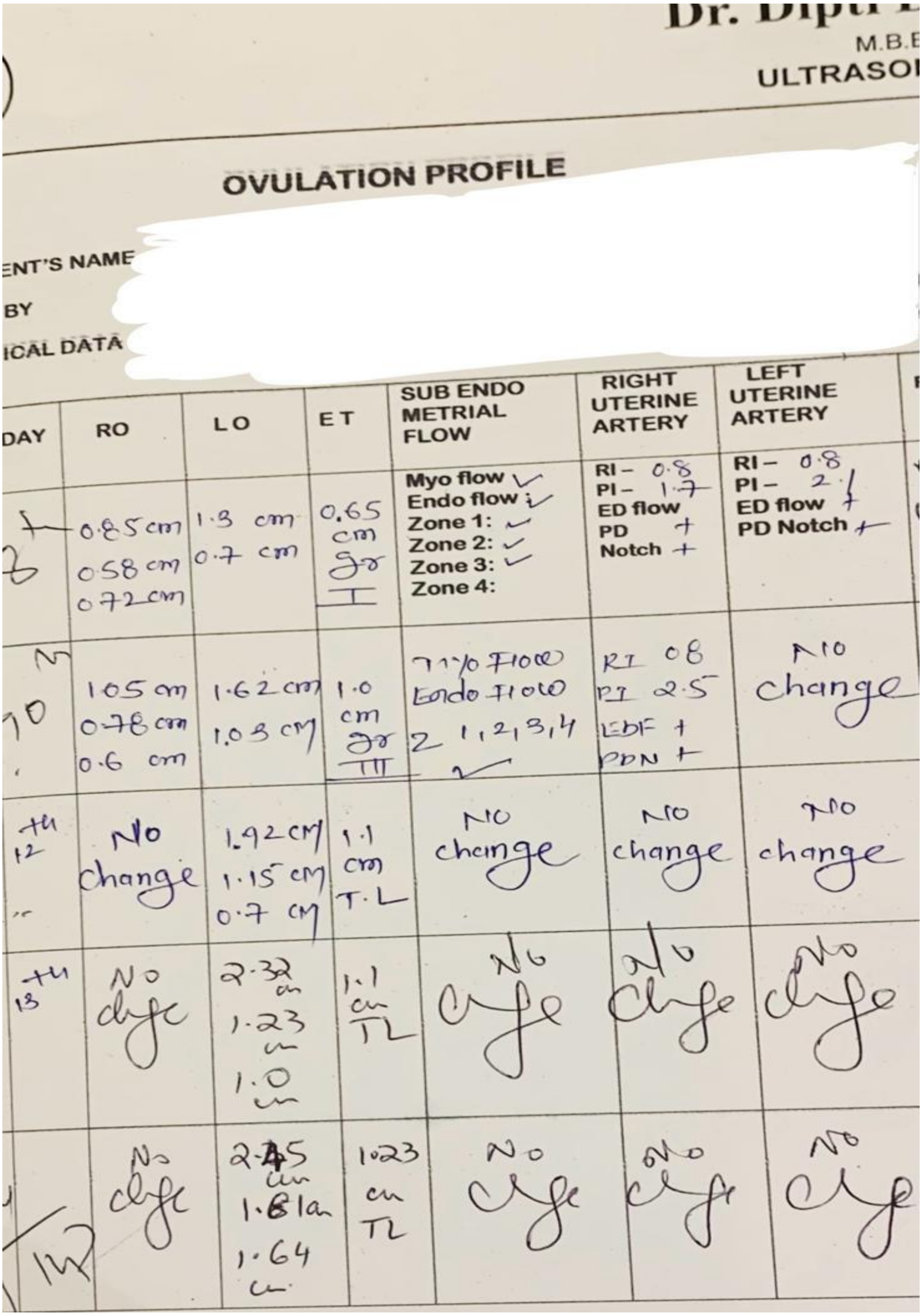
APATHYA

1. Oily fried food
2. Spicy food
3. Potato and brinjal
4. Junk food
5. Processed food and high calorie food
6. Avoid day sleep

RESULT

Serial no	Parameter	Before treatment	After treatment (1st cycle)	After treatment (2nd cycle)	After treatment (3rd cycle)
1	Intermenstrual period	3	1	1	0
2	Duration of menstrual bleeding	3	2	2	1
3	Amount of menstrual bleeding	2	1	0	0
4	Pain during menstruation	3	2	1	1
5	Assessment of size of cyst of ovary	2	USG not done	USG not done	0
6	Assessment of ovarian volume	1	USG not done	USG not done	0

Ovulation study done during 2nd cycle of treatment



Dr. Dipti
M.B.B
ULTRASO

OVULATION PROFILE

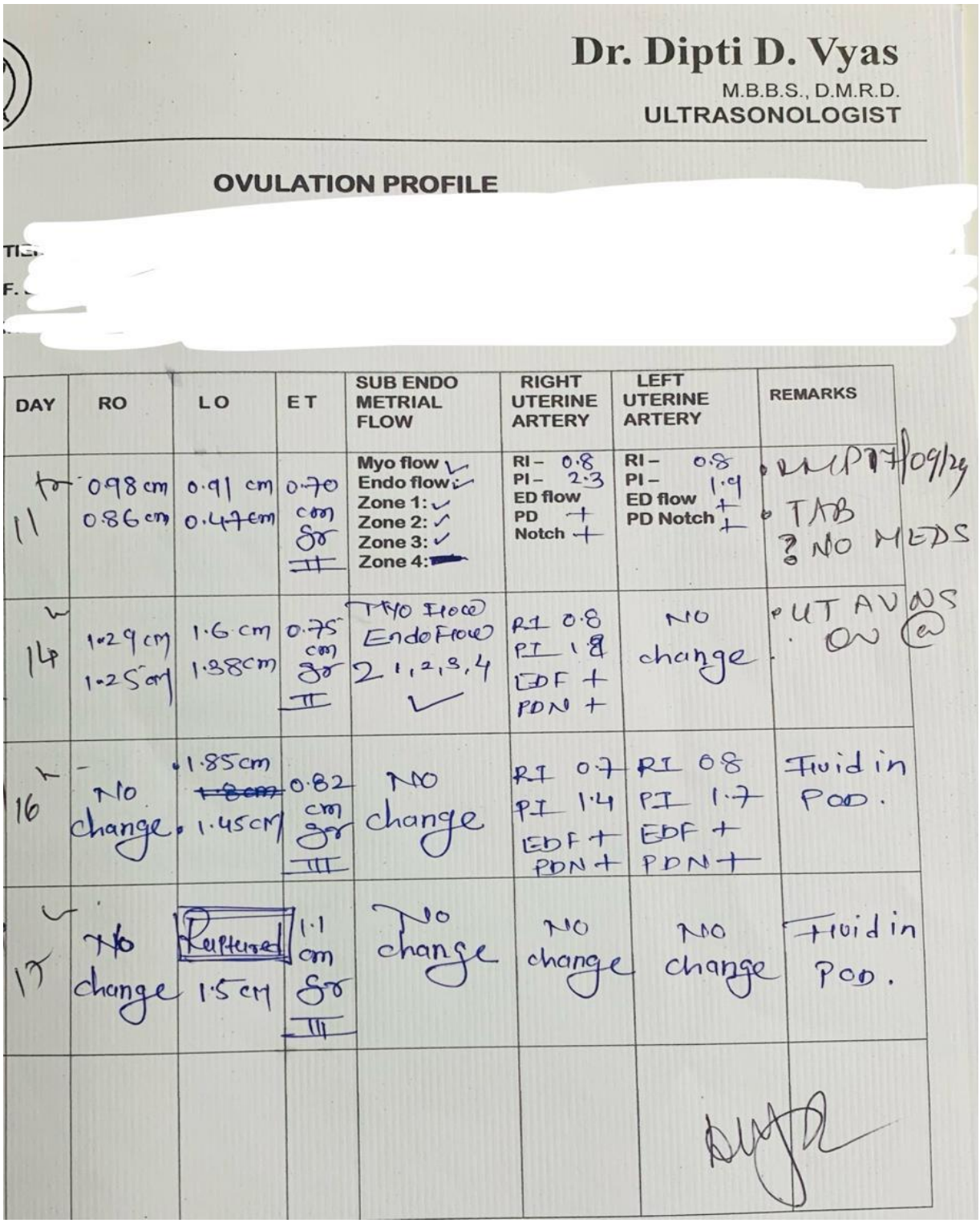
ENT'S NAME

BY

ICAL DATA

DAY	RO	LO	ET	SUB ENDO METRIAL FLOW	RIGHT UTERINE ARTERY	LEFT UTERINE ARTERY
8th	0.85 cm 0.58 cm 0.72 cm	1.3 cm 0.7 cm	0.65 cm gr I	Myo flow ✓ Endo flow ✓ Zone 1: ✓ Zone 2: ✓ Zone 3: ✓ Zone 4:	RI – 0.8 PI – 1.7 ED flow + PD Notch +	RI – 0.8 PI – 2.1 ED flow + PD Notch +
10th	1.05 cm 0.78 cm 0.6 cm	1.62 cm 1.03 cm	1.0 cm gr III	71% flow Endo flow Z 1,2,3,4 ✓	RI 0.8 PI 2.5 EDF + PDN +	No change
12th	No change	1.92 cm 1.15 cm 0.7 cm	1.1 cm T.L	No change	No change	No change
13th	No chge	2.32 cm 1.23 cm 1.0 cm	1.1 cm TL	No chge	No chge	No chge
14th	No chge	2.45 cm 1.81 cm 1.64 cm	1.23 cm TL	No chge	No chge	No chge

Ovulation study done during 3rd cycle of treatment



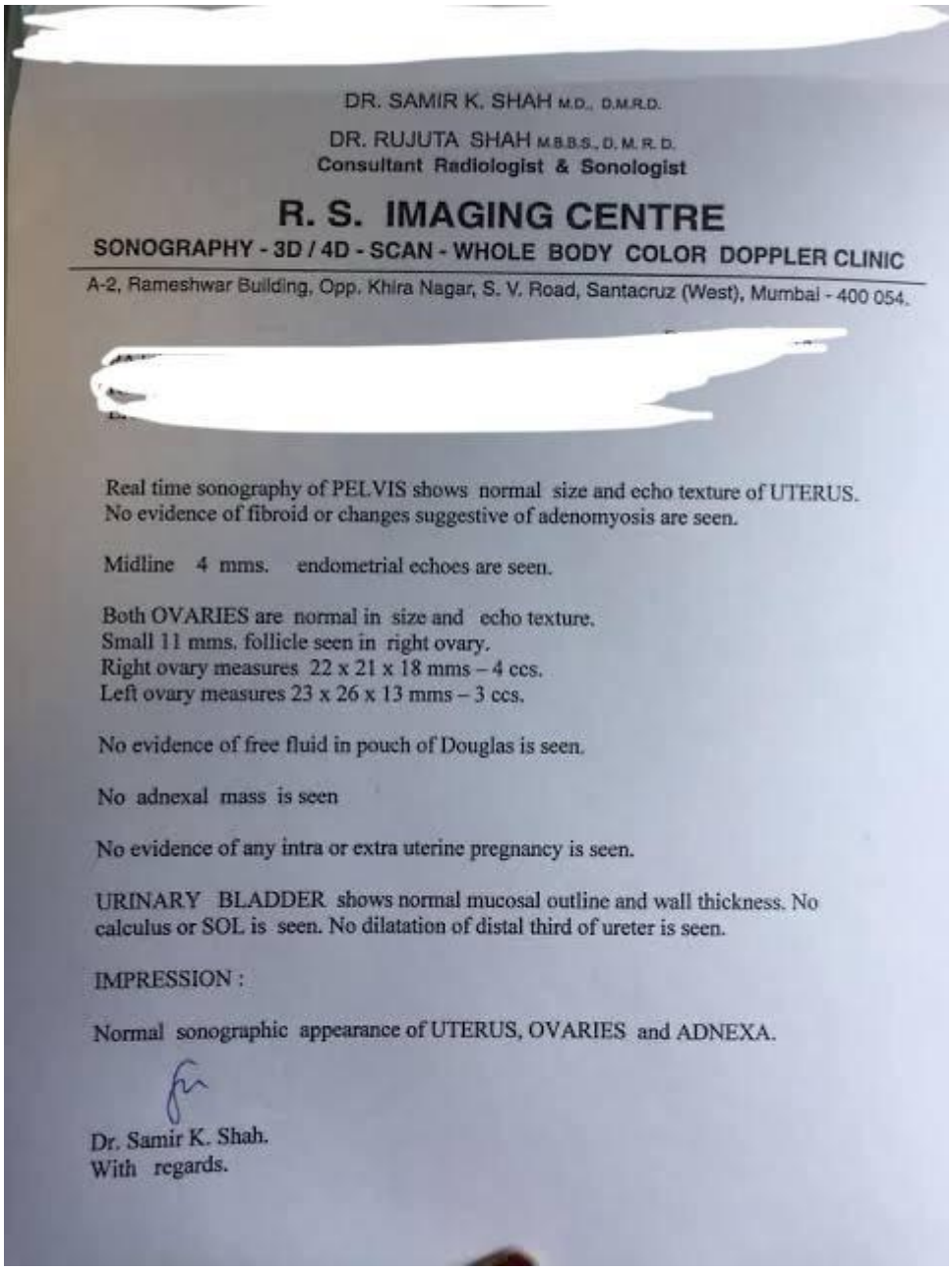
Dr. Dipti D. Vyas
M.B.B.S., D.M.R.D.
ULTRASONOLOGIST

OVULATION PROFILE

[redacted]

DAY	RO	LO	ET	SUB ENDO METRIAL FLOW	RIGHT UTERINE ARTERY	LEFT UTERINE ARTERY	REMARKS
11	0.98 cm 0.86 cm	0.91 cm 0.47 cm	0.70 cm Gr II	Myo flow ✓ Endo flow ✓ Zone 1: ✓ Zone 2: ✓ Zone 3: ✓ Zone 4: [redacted]	RI – 0.8 PI – 2.3 ED flow PD + Notch +	RI – 0.8 PI – 1.9 ED flow + PD Notch +	• LMP 17/09/24 • TAB ? NO MEDS
14	1.29 cm 1.25 cm	1.6 cm 1.38 cm	0.75 cm Gr II	TWO FLOW Endo Flow 2, 1, 2, 3, 4 ✓	RI 0.8 PI 1.8 EDF + PDN +	NO change	• UT AV NS ON @
16	NO change	• 1.85 cm ~~1.8 cm~~ • 1.45 cm	0.82 cm Gr III	NO change	RI 0.7 PI 1.4 EDF + PDN +	RI 0.8 PI 1.7 EDF + PDN +	Fluid in POD.
17	NO change	Ruptured 1.5 cm	1.1 cm Gr III	No change	NO change	NO change	Fluid in POD.

USG done after giving treatment for 3 consecutive cycles



DR. SAMIR K. SHAH M.D., D.M.R.D.

DR. RUJUTA SHAH M.B.B.S., D. M. R. D.

Consultant Radiologist & Sonologist

R. S. IMAGING CENTRE

SONOGRAPHY - 3D / 4D - SCAN - WHOLE BODY COLOR DOPPLER CLINIC

A-2, Rameshwar Building, Opp. Khira Nagar, S. V. Road, Santacruz (West), Mumbai - 400 054.

[redacted]

Real time sonography of PELVIS shows normal size and echo texture of UTERUS.
No evidence of fibroid or changes suggestive of adenomyosis are seen.

Midline 4 mms. endometrial echoes are seen.

Both OVARIES are normal in size and echo texture.
Small 11 mms. follicle seen in right ovary.
Right ovary measures 22 x 21 x 18 mms – 4 ccs.
Left ovary measures 23 x 26 x 13 mms – 3 ccs.

No evidence of free fluid in pouch of Douglas is seen.

No adnexal mass is seen

No evidence of any intra or extra uterine pregnancy is seen.

URINARY BLADDER shows normal mucosal outline and wall thickness. No calculus or SOL is seen. No dilatation of distal third of ureter is seen.

IMPRESSION :

Normal sonographic appearance of UTERUS, OVARIES and ADNEXA.

Dr. Samir K. Shah.
With regards.

Patient conceived after treatment.

UPT - Positive (done at home)

DISCUSSION

In PCOD patients there is always high level of inflammatory changes

Inflammation is also linked with excessive weight gain which can be correlated with Samavastha (metabolic toxins) in ayurveda

APATHYA Aahara vihara causes the formation of Aama in Rasadhatu which in turn causes Artava Upadhatu dusti

This vitiated condition leads to improper selection and maturation of ovum

Here the movement of Vata especially Apana Vata got obstructed by the increasing Kapha which in turn obstructed the natural functioning of Artava

Kapha and medo dusti happens due to excessive intake of Mamsahara along with Avyayama and Diwaswapna

This vitiated dosha and Dhatus reaches the ovary which hampers the morphology

SAMPRAPTI GHATAK

Dosha- Vata and Kapha

Dushya- Rasa, rakta and Artava

Srothas- Rasa, rakta and Artava

Nidan sevan leads to Jatharagni mandhya

Sanga type of srothodusti occur

To normalize this condition drugs having the action such as Amapachana, Agni Deepana, Pachana, Vatanulomana, Lekhana and Artava janana properties should be used.

- **AGNITUNDI VATI**

Patients are advised to take the medicine according to the treatment protocol

Agnitundi vati with it's contents- Triphala, Ajamoda churna, chitrakamula churna, Shuddha parada, Shuddha gandhaka, Shuddha Tankana, Shweta jeeraka possessing the Deepana, Pachan and Amadoshahara properties regulates Jatharagni and thereby corrects metabolism at cellular level.

AYURVEDIC CONCEPT	ACTION OF AGNITUNDI VATI
Agnideepana	Improves Jatharagni and Dhatuagni – Helps proper Rasa,Rakta, Artava Dhatu formation
Ama Pachana	Clear Ama, which contributes to hormonal imbalance and Srotorodha in PCOD
Strotoshodhana	Unblocks Artavaha Srotas, essential for proper ovulation and menstruation
Vata Anulomana	Restores Apana Vata gati- vital for timely Artava Pravritti (menstrual flow) and ovum release
Kapha-Meda hara	Reduces cyst formation and obesity, major causative factors in PCOD
Tridosha Shamana	Mainly Vata-Kapha balance , supporting hormonal and reproductive homeostasis

- **KANCHANARA GUGGULU**

Kanchanara guggulu has Vata-Kapha samak, Lekhana (scrapping) and Shodhohara (anti-inflammatory) properties. Kanchanara also has anti- inflammatory and anti-diabetic properties which is often associated with PCOD.

AYURVEDIC ACTION	EFFECT IN PCOD/ANOVULATORY CYCLE
Lekhana	Reduces Meda Dhatu and shrinks cystic growth in ovaries
Srotoshodhana	Clears blockage in Artavavaha Srotas, restores ovulatory function
Deepana Pachana	Improves Agni, reduces Ama , corrects metabolic and hormonal dysfunction
Vatanuloman	Restores proper function of Apana Vata, supports ovulation and menstruation
Kapha- meda shamana	Addresses core Kapha-Meda pathology of PCOD – reduces ovarian volume , insulin resistance
Granthi nashan	Resolves ovarian cyst , fibroids or nodular swelling.
Rasayana Karma	Rejuvenates reproduction tissues, supports Artava Dhatu formation

- **TRIPHALA CHOORNAM**

Triphala choornam is gentle and yet effective natural laxative

It also acts as natural anti-oxidant.

Triphala choornam protects the body from free radicals, inflammatory and mutagenic changes.

It also has hypoglycemic action which reduces insulin resistance.

AYURVEDIC CONCEPT	ACTION OF TRIPHALA CHURNA
Agnivardhana and Amapachana	Enhances digestive / metabolic fire-reduces Ama-corrects hormonal imbalance
Srotoshodhana	Clears obstruction in Artavavaha Srotas caused by Kapha and Meda, facilitating ovulation
Lekhana	Reduces excess Meda around ovaries(important in PCOD pathogenesis)
Raktprasadana	Improves quality of Rasa and Rakta Dhatu, which form the basis of Artava Dhatu
Tridosha Shamaka	Balance Vata(for ovulation), Kapha (cyst formation), Pitta (inflammation)
Mild Virechana Effect	Helps regulate Apana Vata- restores proper Artava Nirmana and Pravritti(ovulation and menstruation)
Rasayana	Rejuvenates reproductive tissues, supports long-term hormonal health

- **KUMARYASAVAM**

Main Ingredient

Kumari(Aloevera) – Artavajanana, **Raktaprasadaka**, **Agnideepana**, **Srotoshodhaka**, **Garbhashaya Shodhini**

Other ingredients include

• Haritaki, Bibhitaki, Amalaki (Triphala)

• Guduchi, Trikatu, Dhataki, Jaggery, etc.

These all aid in **Agnivardhana**, **Ama pachana**, **Rakta-Utseka (blood nourishment)**, and **Artava-janana (menstrual regulation)**.

It as the properties of Vata Kapha samanam, Deepana and pachanam

It also has Artava pravartakam (inducing ovulation) and garbhashaya shodhana which is beneficial in PCOD. Because of its Vata shamanam properties it is used in dysmenorrhea also and helps to relax the muscles and gives relief from cramps.

Kurmaryasavam has ushana properties so it is also helpful in artava pravartakam.

RAJAPRAVARTINI VATI

Rajapravartini Vati is a classical Ayurvedic formulation primarily indicated for **Artava Kshaya** (scanty or absent menstruation) and **Nashtartava** (amenorrhea), which are common manifestations in women with **PCOS-related anovulatory cycles**.

The main ingredients such as **Kasis (Purified Iron Sulfate)** act as an **Artavajanana dravya**, stimulating blood flow and ovulation by enhancing **Rakta dhatu** and removing local srotas obstruction. **Hing (Ferula asafoetida)** plays a key role as a **Vata-Kapha-hara** and **Deepana** agent, improving digestive fire and eliminating **Ama** that impairs hormonal balance. **Tankan (Borax)** enhances the scraping action on excessive **Kapha-Meda** buildup in the ovaries, which is closely linked with cyst formation. Together, these ingredients promote **Apana Vata anulomana** (downward flow), facilitate **Artava pravritti**, and restore the rhythm of ovulation and menstruation.

By stimulating the **hypothalamic-pituitary-ovarian axis** through nasal and systemic pathways and correcting metabolic disturbances, Rajapravartini Vati indirectly supports the release of matured follicles. Clinically, it is best used in the **luteal phase (Day 21–25)** or

when menstruation is delayed. It can help induce timely and healthy bleeding, regulate menstrual cycles, and initiate ovulation indirectly by correcting the underlying dosha and dhatu imbalance.

NASYA ROLE IN PCOD

Administration of medicine or medicated oil through nose is know as Nasya.

NASA is considered to be that indriya whose functions are not only limited to respiration but also considered as pathway for drug administration

Acharya says - "NASA HI SHIRSO DWARA"

i.e nasa is said to be the door to shiras because nasa is indirectly connected with the brain centres in the head.

Drug administered through nostrils

⬇

Reaches Shringataka marma

⬇

Shringataka is shirogat siramarma formed by the union of siras

⬇

Located in the inner side of middle part of the head

⬇

It's the point where pituitary gland is located.

i.e "SHIRASO ANTARMADHYAM"

Action of Nasya karma can also be described in the following ways

1. Absorption into general blood circulation
2. Direct infiltration into the brain venous sinuses
3. Direct absorption into cerebrospinal fluid.

Adarak swaras Nasya

Nasya is a powerful method for addressing conditions above the clavicle

Nasya of adarak sawaras 2-2 drops in each nostril

⬇

Reaching Shringataka marma

⬇

Shringataka marma a critical point where various nerve fibre converge

⬇

It will help to eliminated vitiated (imbalance) dosha (Vata and Kapha) from the upper body promoting equilibrium and restoring health

Ginger has anti - inflammatory and digestive properties which helps in the overall detoxification process and balancing of the dosha.

Main medicinal value of ginger is due to the gingerol and shogaol which have potent anti-oxidant activity.

Inflammation can negativiely impact the female blood circulation which is necessary for ovulation, menstruation and fertilization
Ginger can calm inflammation and stimulate blood circulation.

Due to the above properties, vitiated doshas and Jatharagni gets corrected, srothoshodana occurs resulting in expulsion of doshas out of the body.
Lekhana property reduces Kapha and medas.

Artavajanak property restore the normalcy in the female reproductive system.

CONCLUSION

PCOD is a common gynaecological disorder.

In the present study PCOD is well treated with Agnitundi vati, Kanchanar Guggulu, Triphala Chooram, Kumaryasavam and Nasya with Adarak swaras which presents satisfactory results.

In addition treatment regulated the menstrual cycle, rectified the endocrinal function and thereby the hormonal imbalance.

It also showed effective result in PCOD by increasing the duration of bleeding and amount of bleeding during menstruation and reducing the interval between two cycles, pain during menstruation and even the BMI.

Hence Ayurvedic management is found to be very fruitful in management of PCOD and associated conditions as compared to Morden science where only hormonal therapy and invasive techniques are adopted.

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