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# TREATMENT PROTOCOLS OF SHALAKYA TANTRA PART -1



Published by the Association of Shalaki-TAS Inida  
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2019



## *From Editor's Desk*



The need of the hour is revalidation of Ayurveda - 'The oldest healing science of life', with new research arrivals and success stories in clinical practice and sharing/passing the same to new generation Vaidyas. In recent past, Multi - dimensional approach such as sensitising and popularizing Ayurveda in public by the ministry of AYUSH, much acceptability and demand of Ayurveda in International forum, Multi-centric research in various research organizations, PG and PhD research studies in teaching institutions and promising drug formulations in the R&D section of Pharma industry pave the ways for the 8 specialities of Ayurveda becoming the mainstream in Health delivery system.

Although the source of knowledge for the Shalakya Tantra/Urdhwanga Chikitsa speciality is traced back to 500 BC and profound contribution to this speciality is credited to Maharshi Nimi, but the legacy of taking forward with enriched documentation is done by Maharshi Sushruta in his text Sushruta Samhitha, hence the first knowledge source for reference.

Further in order to share, enrich the knowledge and document the success stories in clinical practice by the Shalakias, for upliftment of the science a thought was put forward to organize a National workshop amongst Shalakya practitioners. The workshop was named in the caption, ***Urdhwanga Siddhi***, to establish and standardize the treatment protocols of Shalakya disorders. This mega event was organized from 11th January to 13th January 2019 at the serene campus of *Sri Sri College of Ayurvedic Science and Research, Bengaluru with the divine blessings of H.H. Sri Sri Ravi Shankar Gurudev.*

50 Eminent scholars from various parts of the Nation had gathered to share their wisdom and strengthen the science.

First day, as per the earlier correspondence the resource persons came prepared with their clinical success stories and were presented / shared among the scientific gathering in a prescribed format. Further valuable inputs were also incorporated from the scholars who has the credit of successfully treating the similar disease conditions.

Second day vigorous brain storming and fine tune round table knowledge session discussions were arranged making seven different groups among the resource persons for Diseases of Eye, Ear, Nose, Oral cavity, Dentistry and Shiras. At the end of the day the inclusive data was documented as clinical protocol of different disease conditions.

On the third day once again the clinical protocol prepared in various groups were presented among the scholars and final inputs from them were rationally included and final treatment protocol of 55 disease conditions is prepared. I have the privilege to present to You All this Protocol with proper formatting and suitable editing as e-Book.

I am indebted to the Faculties – Dr.Sandhya Ganesh K, Dr. Naveen B.S, Dr. Vivek. J, Dr.Ajoy Viswam and my PG Scholars – Dr. Meera Panigrahi, Dr. Rashmi P.V, Dr. Divya Virupaksha, Dr. Pooja Gopalani, Dr. Swathi A.C, Dr. Sandeep S of Department of Shalakya Tantra of SSCASR for their excellent planning in execution of scientific sessions and warm hospitality to our guests.

Shri Aravind Varchasvi, Managing Trustee, Sri Sri Tattva, graced the occasion as The Chief guest . His enthusiastic words made the gathering feel home away from home and also inspired them to further strengthen the science. I submit my deep sense of gratitude and heartfelt thanks for his gracious presence and motivation.

I extend my Thanks to Padmashri Vaidya Rajesh Kotecha, Honourable Secretary, Ministry of AYUSH, Govt. of India and Dr. K.S. Dhiman, Director General, CCRAS, New Delhi for their inspiration and good wishes.

My heartfelt thanks and gratitude to Sri Gautam Mukharji, Chairman Trustee and Madam Jaina Desai, Trustee, SSRVM trust for their support and guidance . Also my thanks to Principal, PG Co-ordinator and Vice Principal for their Kind Co-operation for conducting this knowledge session.

Deep sense of Appreciation and Thanks to all Resorce persons and members of TAS – The Association of Shalaki, India, which played a pivotal role in planning and execution of the whole event and actively participating in making this Unique program a grand success.Special Thanks to President of TAS –Dr.Haridra Dave and Vice President – Dr.P ramod Bhargav for their valuable inputs and Co-operation.

I extend my thanks to all the people who directly or indirectly contributed to the success of Urdhwanga Siddhi.

I strongly believe that, this unique manual “Treatment Protocols of Shalakya Diseases Part-I” will be a handy information and guidance for the shalaki practioners in particular and for the new generation Vaidhyas in large to serve the society.

Any inputs from the scholars are always welcome and the same will be incorporated in coming edition.

**Prof. Dr. Sarbeswar Kar**

Medical Director

Sri Sri College of Ayurvedic Science and Research, Bengaluru

Organizing Secretary Cum Editor - Urdhwanga Siddhi

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## **PREFACE**

The Association of Shalaki – TAS India is active, unique and registered organization of Ayurvedic specialists of Shalakya Tantra. TAS organizes national, international and state level conferences, seminars, workshops, CMEs etc. regularly to provide a common platform to present research work of the members. TAS also aims to impart research activity and organizes workshops regularly.

To meet research activities TAS has organized three days national workshop “**URDHWANGA SIDDHI**” during 11<sup>th</sup>, 12<sup>th</sup> & 13<sup>th</sup> January 2019 at Sri Sri College of Ayurvedic Science and Research Hospital, Bangalore. In this workshop expert of Shalakya Tantra from all over India participated, worked hard, shared their experiences & their success stories, discussed each other and at the end of the workshop common treatment protocols were established. The important and very responsible work to edit and to arrange treatment protocols in proper manner was done by Dr Sarbeswar Kar organizing secretary, “URDHWANGA SIDDHI”.

As we know that in the field of research common treatment protocols have very important role. By this common treatment protocols and multi centric data can be generated which is very important in the field of Shalakya Tantra. Our Shalakis are getting very good results by Ayurvedic treatment but there is no data. So TAS had taken up the project to establish common treatment protocols on the basis of their experience and classical literature. These treatment protocols will not only be useful in the field of research but these will be useful to practitioners too.

In this workshop treatment protocols of certain disease are established but this is not the end. Treatment protocols of remaining diseases will also be established in coming future.

At this moment I am very much happy to publish the treatment protocols of Shalakya Tantra in the form of e - book namely “**TREATMENT PROTOCOLS OF SHALAKYA TANTRA PART - 1**”. I hope these treatment protocols will be very much useful for all to generate data in the field of Shalakya Tantra.

**Prof. Vd. Hāridra Dave**  
President  
TAS India

## Resource Persons / Contributors

### Group 1 : Eye - NIMI

Sr No	Name of resource Person	Allotment of Disorders
1	Dr Riju Agarwal	Allergic Conjunctivitis, Mucopurulent Conjunctivitis, Scleritis
2	Dr Narayan Vidwansa	Allergic Conjunctivitis, Mucopurulent Conjunctivitis, Scleritis
3	Dr Neelaxi Pradhan	Savran Shukra, Avran Shukra, Keratitis
4	Dr Jeena N J	Pooyalas, Srav, Blepharitis
5	Dr Veena Sharma	Anjannamika, Utsangini, Lagan
6	Dr Ashok Deshmukh	Anjannamika, Utsangini, Lagan
7	Dr Gururaj Anil Bhatt	Timira – Myopia
8	Dr Sandhya Rani	Keratoconous, Diabetic Retinopathy
9	Dr S M Pasha	Refractive Errors
10	Dr Sapna D Bandary	Vata Hata Vartma
11	Dr Naveen B S	Ptosis
12	Dr Manoj Kumar	Uveitis

### Group 2 : Eye – CHAKSHUSHYA

Sr No	Name of resource Person	Allotment of Disorders
1	Dr Sarbeshwar Kar	Diabetic Retinopathy, RP
2	Dr Pranav Bhagavat	ARMD, RP
3	Dr Sidhdharth Pawar	Refractive Error – Myopia – Myopic degeneration – Hypermetropia
4	Dr Ganga Hadimani	Glaucoma, Shushkakshipak
5	Dr Hāridra Dave	Glaucoma, Shushkakshipak
6	Dr Sandhya Ganesh K	Refractive Errors – Myopia, Hypermetropia
7	Dr Amarnath H K	Shushkakshipaka, Vataja Abishyanda
8	Dr B N Ramesh	Timira
9	Dr Mamatha	Wet ARMD
10	Dr Ajoy V	Paravartha Janya Vikara
11	Dr Preeti Abhyankar	NPDR & PDR

### Group 3 : Karna - VIDEHA

Sr No	Name of resource Person	Allotment of Disorders
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2	Dr Veeranagouda S Adoor	Karnasrav, Pootikarna, Karnapak, Karnagooth, karnakandu, Karnapratinah
3	Dr Bhakti Chhaya	Karnagooth, Karnakandu, Karnapratinah
4	Dr Yadao Gawale	Karnasrav, Pootikarna, Karnapak, Karnagooth, Karnakandu, Karnapratinah

#### Group 4 : Nasa – SATYAKI

Sr No	Name of resource Person	Allotment of Disorders
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2	Dr Sunil Kewat	Nasagat Raktasrav, Nasanah
3	Dr Varsha Chaudhari	Pratishyay
4	Dr Veerayya Hiremath	Apeenasa, Pootinasya, Pooyshonit

#### Group 5 : Kantha - GALAVA

Sr No	Name of resource Person	Allotment of Disorders
1	Dr Savita S Angadi	Jihwakantak, Oshthprakop, Alasa - Upjihwika - Adhijihwika
2	Dr Jayvant Kharat	Ekvrunda - Vrunda, Gilayu, Galshundika
3	Dr Kiritbhai Dave	Gilayu, Galshundika
4	Dr Krishna Makadia	Mukhapaka, Leucoplakia (Pre Cancerous condition of Oral Cavity)

#### Group 6 : Oro - Dental – KARAL

Sr No	Name of resource Person	Allotment of Disorders
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2	Dr Rajshree Unadkat	Dantpuppatak, Adhimansa,
3	Dr Purva Joshi	Sheetad, Dantaveshta
4	Dr Pranav Dave	Sheetad, Dantaveshta
5	DR Vivek J	Danta Vesta, Krimi Danta

#### Group 7 : ShiroRoga - BHOJA

Sr No	Name of resource Person	Allotment of Disorders
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2	Dr Aditya Babu	Migraine, Trigeminal Neuralgia, Vataja Shirorog
3	Dr Ashu Vinayak	Sooryavarta, Ardhawabhedaka, Kaphaja Shirorog
4	Dr Preeti Pahwa	Sooryavarta, Ardhawabhedaka, Kaphaja Shirorog
5	Dr D B Vaghela	Migraine, Trigeminal Neuralgia, Vataja Shirorog
6	Dr Manjiri Keskar	Migraine, Trigeminal Neuralgia, Vataja Shirorog
7	Dr Deeraj B C	Sooryavarta, Ardhawabhedaka, Kaphaja Shirorog



## SCHEDULE OF WORKSHOP

<b>Day - 1</b>	<b>11/01/2019</b>
<b>Time</b>	<b>Event</b>
09:00 to 09:30	Breakfast
09:30 to 10:00	Registration
10:00 to 11:00	Inauguration
11:00 to 13:30	Presentations by resource persons
13:30 to 14:15	Lunch
14:15 to 16:15	Presentations by resource persons
16:15 to 16:30	Tea/Coffee
16:30 to 20:00	Presentations by resource persons
20:00	Dinner
<b>Day - 2</b>	<b>12/01/2019</b>
<b>Time</b>	<b>Event</b>
8:30 to 9:00	Breakfast
9:00 to 10:00	Hospital Visit
10:00 to 11:15	Group Discussion
11:15 to 11:30	Tea/Coffee
11:15 to 13:30	Group Discussion
13:30 to 14:15	Lunch
14:15 to 16:15	Group Discussion
16:15 to 16:30	Tea/Coffee
16:30 to 20:00	Group Discussion
20:00	Dinner
<b>Day - 3</b>	<b>13/01/2019</b>
<b>Time</b>	<b>Event</b>
9:00 to 9:30	Breakfast
9:30 to 11:15	Final Presentation
11:15 to 11:30	Tea/Coffee
11:15 to 12:45	Final Presentation
12:45 to 13:30	Valedictory Session
14:15	Lunch



**Sri Sri**  
TRUST

॥ Jai Gurudev ॥



॥ Om Sri Dhanwantaraye Namaha ॥



## Sri Sri College of Ayurvedic Science and Research Hospital

Dept. of P G Studies in Shalaky Tantra

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&

### The Association of Shalaki – TAS India

### *urdhwanga siddhi*

*A National Workshop to Establish and Standardise  
Treatment Protocols of Shalaky Tantra Disorders*

# *Certificate*

**Dr.**

Participated as Resource Person in

**"URDHWANGA SIDDHI" – A National Workshop held on 11, 12 & 13 January 2019**

at Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru

Prof. Pravin Bhagavat  
Joint Organizing Secretary

Prof. Surbheswar Kar  
Organizing Secretary &  
Medical Director, SSCASRH

Prof. Vd. Haridra Dasa  
President



This is to certify that the contents of the book are the recordings done during ‘*Urdhwanga Siddhi* – A National Workshop to Establish and Standardize Treatment protocols of Shalakyatantra Disorders’ held on 11<sup>th</sup>, 12<sup>th</sup> & 13<sup>th</sup> January, 2019 at Sri Sri College of Ayurvedic Science and Research Hospital, Bangalore.

<p><b>Dr. Pranav Bhagavat</b> Joint Organizing Secretary</p>	<p><b>Dr. Sarbeswar Kar</b> Medical Director, SSCASR &amp; H Organizing Secretary</p>	<p><b>Dr. Haridra Dave</b> President</p>
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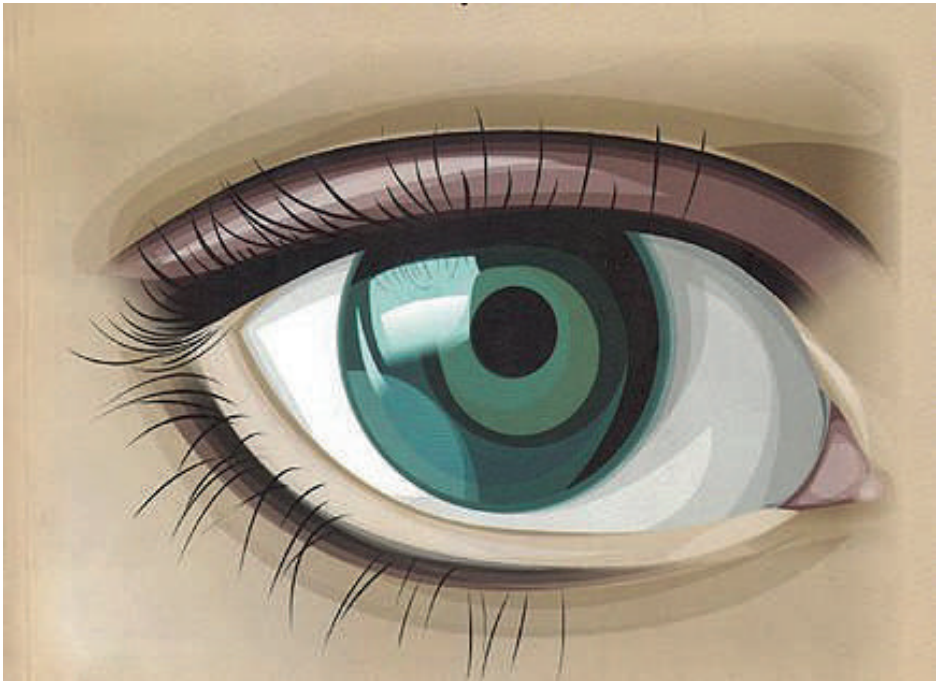
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## EYE DISEASES



# KRIMIGRANTHI - BLEPHARITIS

Presentation/clinical features (According to Text): -

1. Seborrheic or Squamous type – white scales on eyelid margin, itching, foreign body sensation, redness
2. Ulcerative type – Chronic irritation, itching, mild lacrimation, gluing of cilia, yellow crusts seen on the lid margin which when removed, bleeds

Lab/Radiological Diagnosis (According to Text): - NIL

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): - Krimigranthi, Pakshmashatham

**Line of Treatment (According to Ayurveda):** - Swedana, Bhedana, Pratisarana

**Shodhanchikitsa (Vaman, Virechana, Basti etc): - (squamous blepharitis)**

No	Karma	Medicine for Karma	Frequency
1	Vaman	Pippalisidhasarpis	-
2	Raktamokshan	Jaloukavacharan	Once in a week

**Kriyakalpa &Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Netrasekam	Thriphalakwatha with saindhava and honey	7 - 14 days	Once daily	Frequency can be increased according to the condition
2	Bhedan	Surgical procedure & pratisarana dravyas	Once	-	
3	Pratisarana	<ul style="list-style-type: none"><li>• Triphala, Tuttha, Kosisa &amp; Saindhava</li><li>• Haridra, Vidanga, Manashila, Saindhava</li><li>• Karanja Foruits &amp; Sigru foruits</li></ul>	7 days	Once	Frequency can be increased according to the condition
4	Anjana	Pushpakaseesanjan/ Chandrodayavarti/ Darvyadi rasakriya	1 month	Once daily	

**Shaman Chikitsa:**

**Kashay**

- Panchatiktaka kashayam 20 ml twice daily - 2 weeks
- Manjishtadi kashayam 20 ml twice daily - 2 weeks

**Vati/Gutika/Rasaushadhi**

- Kaisoreguggulu gutika - 2 - 0 - 2- 2 weeks
- Gandhaka Rasayan - 2 - 0 - 2- 2 weeks

**Churna**

- Triphala churna - 5 g bed time with honey

**Ghrit/Taila**

- Patoladi ghritam -10 g bed time

**Pathyapathya - Avoid achakshushyaahara/vihara, Follow diet regimen**

## PUYALASA - DACRYOCYSTITIS

Presentation/clinical features (According to Text): -

Swelling near medial canthus (kaneenaka sandhi), Pus discharge which is thick and purulent, pain, ulceration

**Lab/Radiological Diagnosis (According to Text):** - Regurgitation test

Near correlation with Ayurvedic/Allopathic disease (With short Justification):  
Dacryocystitis

**Line of Treatment (According to Ayurveda):** - Kaya Sodhana, Upanahasweda, Raktamokshana

Aavasthik Chikitsa (According to Stage of disease): -

- I Stage – Sophavastha – Upanaha, Raktamokshana and Anjana
- II Stage – Vranavastha – Drainage of pus, vranasodhanaropanachikitsa

**Shodhanchikitsa (Vaman, Virechana, Basti etc):**

No	Karma	Medicine for Karma	Frequency
1	Snehapana	Panchathikthakam gritam	30-50ml till Snigdha lakshana
2	Anuloma/ Virechana	Avipathikarachoorn/trivritthlehya	20 g with hot water once in a week or as per condition
3	Raktamokshan	Jaloukavacharan	Once a week for few sittings
4	Sodhan nasya	Shadbinduthaila	7 days

**Kriyakalpa & Upakrama:**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Netrasekam	Triphala kwatha with saindhava and honey	7 - 14 days	Once daily	Frequency can be increased according to the condition
2	Anjana	Karpooradirasakriya/ kasisadianjana/ pippalyadigutikaanjana	7 days	Once daily	Acc to condition

**Syringing may be done in chronic case (not acute), with filtered triphalakwath/ rasanjanaambu.**

**Shaman Chikitsa:**

**1. Kashay**

- Panchathikthaka kashayam 20 ml twice daily
- Manjishtadi kashayam 20 ml twice daily
- Varunadi kashayam 20 ml twice daily
- Gugguluthikthaka kashayam

**2. Vati/Gutika/Rasaushadhi**

- Kaisoreguggulu gutika 2 bd for 2 weeks or more
- Thriphalaguggulu gutika 2 bd for 2 weeks or more

**3. Churna**

- Guggulupanchapalam choorna 5 g +honey twice daily -1 month

**4. Ghrit/Taila**

- Mahathriphala ghrita (Sri Sri Tattva) 10 g bed time (1 month), or
- Patoladi ghritha - same dose

**Pathyapathya - Avoid achakshushyaahar/avihara, Include thikta rasa pradhan aaharaa, Follow diet regimen.**

**NETRA SRAVA - EPIPHORA / CHRONIC DACRYOCYSTITIS**

Presentation/clinical features (According to Text): -

- 1. Puyasrava** – Suppuration of netra (kaneenaka) sandhi, purulent discharge
- 2. Sleshmasrava** – White, thick and sticky discharge, no pain
- 3. Raktasrava** – Bloody (sanguish) discharge
- 4. Pitta srava** – Yellowish/bluish watery discharge which is hot
- 5. Jalasrava** – watery discharge of eyes with pain, congestion and oedema

**Lab/Radiological Diagnosis (According to Text): - NIL**

**Near correlation with Ayurvedic/Allopathic disease (With short Justification): -**  
Epiphora, Chronic dacryocystitis.

**Line of Treatment (According to Ayurveda): -**

**Since asadhya,** Tridoshaharaa treatment (according to prevalent dosha) may be adopted

**Shodhan Chikitsa (Vaman, Virechana, Bastietc):**

No	Karma	Medicine for Karma	Frequency
1	Snehapana	Mahathikthakam gritam	30-50ml till Snigdha lakshana
2	Anuloma/Virechana	Avipathikarachoorn	20 g with hot water once in a week
3	Raktamokshan	Jaloukavacharan	Once in a week

## Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Netrasekam	Thriphalakwatha with saindhava and honey (can be added with appropriate drugs as per doshadushya)	7 - 14 days	Once daily	Frequency can be increased according to the condition
2	Aschotana	Spatikajala (Alum water 1%)	7 - 14 days	Two times	
3	Anjana	Karpasaphaladivarthi	1 month	Once daily	

### Shaman Chikitsa:

#### **Kashay**

- Panchatiktakam kashayam 20 ml twice daily - 2 weeks or more
- Manjishtadi kashayam - 20 ml twice daily - 2 weeks or more
- Guggulutiktakam kashayam 20 ml twice daily - 2 weeks or more

#### **Asavarishta**

- Nimbamruthasavam 25 ml twice daily -1 month

#### **Vati/Gutika/Rasoushadhi**

- Kaisoraguggulu gutika 2 bd - 1 month

#### **Churna**

- Guggulupanchapalam choorna 5 g +honey twice daily -1 month
- Haridra Khanda 10gm 2 times.

#### **Ghrit/Taila**

- Mahathriphala ghritham (Sri Sri Tattva) 10 g bed time - 1 month
- Patoladighritham - same dose

**Pathyapathya-** Triphala with honey bedtime  
Avoid achakshushyaahara/vihara,

## LAGANA - CHALAZION

Presentation/clinical features (According to Text): The clinical features of Lagan are explained in Sushruta Uttartantra 3/27, Vagbhata Uttarsthan 8/11, Ashtangsamgraha Uttarshtan, 11/11.

**As per Sushruta and Vagbhata they can be explained as follows :-**

Disease	Signs and symptoms Acc. To Sushruta	Signs and symptoms Acc. To Vagabhata
Lagana	Non suppurating, hard associated with itching and stickiness Shape and size resembles black pepper	associated with itching, pale white, Non suppurating size resembles to badara fruit
Utsangini	With an opening in the inner surface A nodule like swelling in the lower lid	Red colour produced by raktha Surrounded by similar pidikas
Anjananamika	Burning and pricking Copper coloured Small boil in the lid Sof and slightly painful	Situated in the middle of the end of eyelids Pain and burning sensation Fixed Resembles greengram

**Near correlation with Ayurvedic/Allopathic disease (with short Justification):**  
**Lagana – Chalazion**

**Line of treatment** (According to Ayurveda):

- Bhedana – An incision should be made to the nodular swelling of Lagan by Vrihimukha Shastra.
- Pratisarana – any one of these drugs –Gorochana, Yavakshara, Nilatuttha, Pippali and honey, is applied to the incised area.

The treatment of Lagana should be undertaken similar to Kaphotklishta vartma, similar to utsangini, Triphala Kashaya seka, if it does not respond, then the swelling should be burnt by Agnikarma followed by Vamana and Virechanaa, to get rid of accumulated kapha.

### **Shaman Chikitsa:**

#### **Kashaya**

- Guguluthiktakam kashayam - 20 ml twice daily - 2 weeks or more
- Manjishtadi kashayam - 20 ml twice daily - 2 weeks or more

#### **Vati/Gutika/Rasoushadhi**

- Kaisoreguggulu gutika 2 bd - 2 weeks
- Gandhaka rasayan 2 bd -2 weeks



### **Ghrit/Taila**

- Mahathriphala ghritham (Sri Sri Tattva) 10 g bed time (1 month) or
- Patoladighritham - same dose

**Pathyapathya** - Rasayana - Triphala with honey at bedtime  
Avoid achakshushyaahara/vihara

## **ANJANANAMIKA - STYE**

The clinical features of Anjannamika are explained in Sushruta Uttartantra 3/15, Vagbhata Uttarstan 8/14, Ashtangsamgraha Uttarshtan 11/14.

The treatment of Anjananamika includes:

- **Swedan** (hot compress)
- **Raktamokshana** by jaloukavacharana at apanga sandhi
- **Nishpidan** (if spontaneously burst open, it should be well pressed and rubbed).
- **Bhedana** (puncturing of the pidika)
- **Pratisarana** (mix equal quantities of powders of manahshila, ela, tagara and saindhav lavana with honey. This paste should be applied with pressure of the fingers.
- Aschotana with Spatika jala (alum water 1%)

**Shaman Chikitsa:** Gandhakarasayana 2 bd, Triphala guggulu - 2 bd - for 2 weeks

Aacharya Vagbhata has suggested following treatment for Anjananamika:

- **Bhedan** : Incision with appropriate instruments.
- **Nishpidan** : Squeezing the contents.
- **Lekhan** : Scraping or scarification.
- **Pratisaran**: External application of drugs like Tagara, Ela, Saindhava, Manahshila mixed with honey.

## **UTSANGINI- CHALAZION**

- The clinical features of Utsangini are explained in Sushruta Uttartantra 3/9 - 10, Vagbhata Uttarstan 8/12.
- The large swellings should be excised with knife (Chedan) followed by Scarification (Lekhan).
- If the Pidikas are small, very hard, suppurated and copper coloured, an incision (Bhedan) should be followed by scarification (Lekhan).

Aacharya Vagbhata has suggested following treatment for Utsangini :

- **Mruduswedana** :
- **Bhedan** : Incision with appropriate instruments.
- **Nishpidan** : Squeezing the contents.

- **Lekhan** : Scraping or scarification – pippalyadigutikanjana
- **Pratisaran** : External application of drugs like Tagara, Ela, Saindhava, Manahshila mixed with honey.
- **Seka** : Triphala Kashaya.

**Shaman Chikitsa**: As explained for Lagana

## **AVRANA SHUKLA - CORNEAL OPACITY**

**Presentation/clinical features** (According to Text): -

- ✓ Appearance of krushnamandal becomes flower of shankha
- ✓ Kunda& chandrabh
- ✓ Abhra prabha dots,
- ✓ Daha
- ✓ Chosha
- ✓ Alpasrava
- ✓ According to Dalhana - Raktadushti and Vaghbhat - kaphadushti

**Lab/Radiological Diagnosis** (According to Text): - slit lamp examination

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): - Corneal opacity.

Acharya Sushruta described following types of Avrana Shukla

1. Achaghananukari - vihayasee Aakash (like clouds in the sky), That is also known as pratanumeghkhandanukari by Dalhan - Raktadushti
2. Bahal - Gambhir, Vistrut, Dwitiya patalgata

Corneal opacity is of three types

1. **Nebula** - Superficial involving bowman layer& Superficial Stroma
2. **Macula** - involve ½ of stroma
3. **Leucoma** - involve more than ½ of Corneal stroma

**Line of Treatment** (According to Ayurveda): -

**Samanyachikitsa upkrama**

Kayashodhan by - Virechana & Raktamokshana

**Sthanika Chikitsa**

Parisheka, Aaschyotana, Lekhananjana & Putapaka

**Aavasthikchikitsa** (According to Stage of disease): -

If Opacity is Ghana (deep & spread) - Raktamokshan, Virechanaa, Shirovirechana,

### **Shodhan Chikitsa :**

No	Karma	Medicine for Karma	Frequency
1	Vamana	Snehapana- with Pippali sidha ghrita Vamana with Madanaphala yoga	-
2	Virechana	Snehavirechana with erandataila 25 - 30ml	-
3	Raktamokshan	Jaloukavacharana	-

**Kriyakalpaa & Upakrama** (Tarpan, Karnapooranetc with medicine, time duration and days etc): -

No	Karma	Medicine for	Duration	Frequency
1	Parishek/ Aschyotana	Dhatriphaladi kwatha	15 days	Twice a day
2	Lekhananjan	Samudraphenachurna, Mahanilavarti, Chandrodayavarti,	applied in the morning- 15 days	Once a day

**Naimitik Rasayan** : Saptamritalooha (Sri Sri Tattva) 2 tab bd with warm water

### **Pathyapathya**

Pathya - Purana Ghrita, Mudga, Sakthu, Punarnava, Draksha, Saindhava and Dadima,

Apathya - Shoka, Krodha, Divaswapna, Vegavarodha, Lavana, Vidahi Guru Katu bhojana

## **KERATOCONUS**

**Presentation/clinical features** (According to Text): - Blurred vision, Short sightedness, Light sensitivity

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): - Timira

**Line of Treatment** (According to Ayurveda): -

**Shodhana chikitsa** (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma
1	Virechana	Snehapana with Guduchyadi ghrita virechana with Trivrut Lehya
2	Marsha Nasya	Ksheerabala Taila 101

## **Kriyakalpa & Upakramaa**

No	Karma	Medicine for karma	Duration	Frequency
1	Netra Seka	Triphala + Yastimadhu-Ksheera	20 mins	7 days
2	Netra Pindi	Triphala + Eranda + Shigru + Kumari	20 mins	7 days
3	Netra Tarpana	Jeevantyadi Ghrita	30 mins	7 days

## **Shamana Chikitsa:**

### **Kashaya**

- Bruhat Vasakadi Kashaya – 20ml twice daily with warm water after food. - 3 months/ depending on the condition.
- Amruthotharam Kashaya- above dose

### **Churna**

- Triphala (100Gms) + Yashti Madhu (50gms)+ Abhraka Bhasma (10gms)+ Sphatika Bhasma (10gms) - Mixture – 3 gms with ghrita and madhu twice daily - 3 months/ depending on the condition.

### **Ghrita/Taila**

- Triphala Ghrita– 10ml twice daily with milk at 7am and 7pm
- Jeevantyadi ghrita- above dose

**Naimitika Rasayana:** Brahma Rasayana 10 gm 2 times daily.

### **Pathyapathya:**

Pathya - Purana Ghrita, Mudga, Sakthu, Punarnava, Draksha, Saindhava and Dadima,

Apathya - Shoka, Krodha, Divaswapna, Vegavarodha, Lavana, Vidahi Guru Katu bhojana, Exposure to digital gadgets etc

## **PITTAJA - RAKTAJA ABHISHYANDA** **MUCOPURULENT CONJUNCTIVITIS**

**Presentation/clinical features** (According to Text): -

<b>Mucopurulent conjunctivitis</b>	<b>Pittaja - Raktaja Abhishyanda</b>
Redness	Raga, Lohita netrata
Mucopurulent discharge with crusting in fornix & lid margins. (Blood stained due to diapedesis of R.B.Cs.)	Warm, yellowish/reddish discharge. Daha/burning sensation
Sticking of eyelids in morning.	Sticky discharge.
Coloured haloes.	Objects appear yellowish/reddish.
<b>Signs -</b> Conjunctival congestion - Pink/red, Chemosis & subconjunctival haemorrhage.	Shuklamandala - red/lohitanetrata Excessive oedema (Shopha), suppuration (Prapaka)

**Lab/Radiological Diagnosis** (According to Text): -

Bacteriological and histological examination of eye discharge should be done.

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

Based on various clinical features, Mucopurulent conjunctivitis can be easily correlated with Pittaja/Raktaja Abhishyanda.

**Line of Treatment** (According to Ayurveda): -

**Aavasthik Chikitsa** (According to Stage of disease): -

A] Protocol for Aamavastha/Acute stage

B] Protocol for Niramavastha/Sub-acute stage

**Protocol for Aamavastha/Acute stage**

<b>No</b>	<b>Karma</b>	<b>Medicine for karma</b>
1	Langhana	Till ama pachana
2	Bidalaka	- Kumari+ Rose petal + Yashtimadhu - Nimba, Haridra, Lodhra, Durva, Jatipushpa - as paste. - Saindhava, Agar, Trijataka, Trikatu, Swarnagairika, Koshta, Tagara, Sheileyaka. (A.H.U. 16 - 2 to 4)
3	Seka/Parisheka	- Yashtimadhu + Milk - Decotion. - Daruharidra kwatha mixed with honey.
4	Pindi	Crushed Eranda leaves and Nimba leaves wrapped in cloth and dipped in triphala decoction.

5	Aschyotana	<ul style="list-style-type: none"> <li>Rasanjana (1%) mixed with honey (35%) and distilled water (64%)</li> <li>Yasthimadhu rasakriya + Rose water</li> </ul>
6	Tarpana	Patoladi ghrita

**Aaharaa** - More Tikta food and less madhur food items.

**Avoid** - Anjana, Ghritapana, Netra Purana, Kashaya/kwathapana, Bath, Amla rasa and Guru food items.

### **Shamana chikitsa:**

#### **Vati/Gutika/Rasaushadhi**

- Aamapachaka vati (Sri Sri Tattva) or Chitrakadi gutika - two tablet with lukewarm water two times
- Triphala guggulu - 2 bd
- Chandraprabhavati (Sri Sri Tattva) - 2 bd
- Arogyavardhini vati – 2 bd
- Tab. Oorja (Sri Sri Tattva) – 1bd

**Churna** - Shunthichurna – 1-2 gm in honey or lukewarm water in afternoon and at night., Amalaki churna – 3 - 5gm bd with lukewarm water

#### **Asavarishtas**

- Chandanasava- 20ml with equal quantity of water
- Ushirasava-20ml with equal quantity of water

#### **Others**

- Sarivadi panaka

#### **Pathyapathya**

<b>Pathyakaraka aaharaa/Wholesome or Beneficial Diet</b>	<b>Apathyakaraka aaharaa/Unwholesome or Harmful Diet</b>
<ul style="list-style-type: none"> <li><b>Cereals/pulses</b> - Yava, godhuma, shali rice, kodrava, mudga mixed with plenty of Purana Ghruta. Yusha, peya, vilepi of Kulattha mixed with ghruta.</li> <li><b>Vegetables</b> : - Surana, Patola, Shigru, Vartaka, Karvellaka, Unripe Banana, Tender Mulaka, Punarnava, Jivanti, etc.</li> <li><b>Fruits</b>- Amalaki, Dadima, Draksha\</li> <li><b>Green Vegetables - Shaka - panchak.</b></li> <li>Meat of animals of desert. Madhu, Sharkara, Saindhava, Almond, Honey, Tikta &amp; laghu food items</li> </ul>	<ul style="list-style-type: none"> <li>Flowers of madhuka, watermelon, tilakalka, tambula, sprouted pulses, curd,</li> <li>Sour, salty, katu (spicy), teekshna, ushna, guru (cheese, paneer) &amp; vishtambhi edibles masha, kanji, phanita, katu taila, shakamla, deep fried food items</li> <li>Fish</li> <li>Alcohol.</li> </ul>

NOTE : Same treatment to be continued in nirama avastha along with its specific treatment.



## Protocol for Niramavastha/Subacute stage

### Shodhan chikitsa:-

No	Karma	Medicine for Karma	Frequency
1	<b>Snehana</b>	Mahatiktaka ghruta with lukewarm water	30 - 50ml in morning 3-5 days
2	<b>Raktamokshana</b>	Raktamokshana by jalaukavacharana at apanga followed by gogritha <b>snehana</b> to avoid Vata vitiation due to Raktamokshana.	30 - 50ml gogritha internally after raktamokshana
3	<b>Pratimarsha Nasya</b>	Anutaila	2drops bd - 3 weeks

*After elimination of systemic dosha by all above procedures tarpana, putapaka and other kriyakalpaa should be executed for local dosha shodhana and shamana.*

### **Kriyakalpa & Upakrama**

No	Karma	Medicine for Karma	Frequency
1	<b>Anjana</b>	Darvyadi rasakriya	Morning and evening

### Shaman Chikitsa:

1. Vati/Gutika/Rasaushadhi
  - a. Saptamrutalauha - 250 mg with lukewarm water in afternoon and at night.
2. Pathyadi kwatha 10ml bd with lukewarm water.

**Naimitik Rasayan**– Chyavanaprash avaleha (Sri Sri Tattva)- 25gm with warm milk

**Pathyapathya** - as mentioned above.

# VATAJA - KAPHAJA ABHISHYANDA ALLERGIC & VERNAL CONJUNCTIVITIS/SPRING CATARRH

**Presentation/clinical features** (According to Text): -

Allergic/Vernal Conjunctivitis	Vataja - Kaphaja Abhishyanda
Irritation, F. B. sensation (Vernal), Burning sensation (Vernal)	Friction/F. B. sensation (sangharsha)
Intense Itching	Itching/Kandu
Feeling of heat, marked photophobia, blepharospasm (Phlyctenular conjunctivitis)	
<b>Discharge -</b> Allergic - Scanty, watery. Vernal - Thick, white, ropy and mucoid.	<b>Vataja</b> - Cool, watery lacrimation; dry, non - sticky & mild discharge. <b>Kaphaja</b> - Unctuous, slimy discharge.
<b>Signs -</b> Allergic - Marked conjunctival congestion/ hyperaemia with multiple follicles, chemosis, oedema. Phlyctenular - Multiple phlyctens surrounded by hyperaemia near limbus. Vernal - Hard flatten papillae in Palpebral type & nodules or gelatinous thickening near limbus in Bulbar type.	Excessive/profound swelling (Shopha/shopho mahana)

**Lab/Radiological Diagnosis** (According to Text):

**Clinical features :** Friction/foreign body sensation indicates Vata vitiation and itching indicates Kapha vitiation (S.U. - 1 - 21 to 23)

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

Based upon all the above clinical features, Allergic/Vernal conjunctivitis can be correlated with Vata - Kaphaja Abhishyanda.

**Line of Treatment (According to Ayurveda): -**

Aavasthik Chikitsa (According to Stage of disease): -

**Protocol for Samavastha i.e. for initial stage.**

Samavastha is not prominent in Allergic/Vernal conjunctivitis because the *Hetu* are *Sadyojanaka*. However following measures can be tried in the initial stage.

No	Karma	Medicine for karma
1	Lepa/Bidalaka	- Nimba, Haridra, Lodhra, Shigru - as paste. - Saindhava, Agaru, Trijataka, Trikatu, Swarnagairika, Kushta, Tagara, Sheileyaka. (A.H.U. 16 - 2 to 4)
2	Seka/Parisheka	- Triphla decoction, Haridra decoction. - Daruharidra kwath mixed with honey.
4	Pindi	Crushed Erand, Sigru and Nimba leaves wrapped in cloth and dipped in triphala decoction
5	Aschyotana	- Rasanjana (1%) mixed with honey (35%) and distilled water (64%) - Sphatika jala (Alum water) (1%)

**Aaharaa :** More Tikta food and less madhura food items.

**Avoid :** Anjana, Ghrutapana, Kashaya/kwathapana, amla rasa, guru food items and bath

**Nidana parivarjana.**

**Shaman Chikitsa:** – Aamapachaka vati or Chitrakadi vati - 2 tab with lukewarm water in afternoon and at night.

**Protocol for Niramavastha**

*After eliminating the systemic dosha by all above procedures; tarpana, putapaka and other kriyakalpaa should be executed for local dosha shodhana and shamana.*

**Kriyakalpa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Tarpana	Patolaadi grita	5 days	-	-

**Shamana chikitsa**

**Vati/Gutika/Rasoushadhi -**

- Tab Oorja (Sri Sri Tattva) – one tablet twice daily after food,
- Mixture of - Haridrakhanda (Sri Sri Tattva) –100gm with +Amrutha satva – 10gm + 64 (Chosath Prahari) Pippal – 50gm. dose - 3gm twice daily with warm water/milk after food

**Ghrit/Taila** - Triphaladi ghruta, Jeevanthyadi ghruta - 10ml with warm milk

**Naimitik Rasayan**

Triphala, Amalaki, Shatavari, Guduchi & Vardhamana Pippali Rasayana.

**Pathyapathya** – avoid allergens

## ADHIMANTHA (Primary Open Angle Glaucoma)

**Lab/Radiological Diagnosis** (According to Text): - IOP, fundus photo recording

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): - Glaucoma - The disease where the pain is felt in the eye ball and forehead and at the later stages of the disease loss of vision will be present. In the early stages of primary open angle glaucoma the condition is asymptomatic, hence we cannot make out until optic nerve damage, where as we can see the severe symptoms in the early stages of closed angle glaucoma.

**Line of Treatment** (According to Ayurveda):

Virechana karma, Panchatikta nirooha basti (Cha.Si 8/8), Jaloukavacharana

### Shodhana Chikitsa

No	Karma	Medicine for Karma	Frequency
1	Snehapana	Panchatiktaka ghrita	Till sneha sidha lakshana
2	Sneha Virechanaa	Eranda sneha - 30ml	Every alternate month
3	Niruha basti	Panchatikta (Cha.Si 8/8)	16 days
4	Rakthamokshana	Jalaukavacharana	Few sittings

### **Kriyakalpa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Lepa/Bidalaka	Sigru, Guduchi, Nimba, Vasa Leaves, Haridra, Saindhav - as paste in gomutra base			
2	Pindi	Crushed Erand, Sigru and Nimba leaves + Castor Oil - wrapped in cloth			
3	Tarpana	Tarpana with patolaadi grita	5 days	-	-
4	Putapaka	Guduchi, Vasa and others	Morning (one week)	-	-
5	Siro abhyanga	Brahmi Tailam	Daily for 10 mins		
6	Siro basti	Brahmi Tailam, Ksheerabala Tailam	In chronic case - few sittings		

No	Karma	Medicine for Karma	Frequency
1	Pratimarsha Nasya	Ksheerabala (101)	2 drops bd

### **Shaman Chikitsa:**

#### **Kashaya**

- Punarnavadi kwatha – 20ml bd
- Varunadi kashaya - 20ml bd
- Pathyadi kwatha - 20ml bd
- Brihat vasakadi kashaya - 20ml bd
- Patoladi kashaya - 20ml bd

#### **Vati/Gutika/Rasoushadhi**

- Punarnava gokshuradi guggulu 2 tab bd
- Kaisore guggulu - 2 tab bd

**Ghrita-** Dashamoola ghrita- 10ml-20ml with warm water

#### **Pathyapathya**

The ghee processed with triphala or old preserved ghee should be taken orally after meals.

**Comment/Justification:** Preparation with gold, silver and abhraka may be prescribed in optic nerve involvement

## **SHUSHKAKSHIPAKA- DRY EYE SYNDROME**

**Presentation/clinical features** (According to Text): -

1. When eye is closed lids are stiff and dry ( कृणितं दारुणरूक्षवर्त्म विलोकने)
2. Blurred vision आविल दर्शनं
3. Difficult to open the eyes and painful/difficulty in the eye lid movement सुदारुणं यत्प्रतिबोधने

**Lab/Radiological Diagnosis** (According to Text): -

1. Tear film break up time
2. Schirmer - I -

Normal - 15 mm or above in 5 minutes

Moderate - 10 to 5 mm

Sever dry eye –less than 5 mm

Low value indicates aqueous deficiency

Near correlation with Ayurvedic/Allopathic disease (With short Justification): - Dry eye syndrome

**Line of Treatment** (According to Ayurveda): -

**Aavasthik Chikitsa** (According to Stage of disease): -

No	Karma	Medicine for Karma	Frequency
1	Snehapana	Panchatikataka ghrita	3 - 4 days/sneha sidha lakshanas
2	Virechana	Eranda taila (40 - 50ml)	Once
3	Basti	Madhuka and satavari Ghrita manda	Nirooha – 350ml Matra basti – 40ml

**Kriyakalpa & Upakrama** (Tarpan, Karnapooran etc with medicine, time duration and days etc): -

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	<b>Aschyotana</b>	Manjishtadi kwatha, Mridweeka candanadi kwatha Ksheera saindhava Yashti madhu sidha ksheera	Depending upon the condition	Daily thrice	
2	<b>Nasya</b>	Anu taila		Daily once	
3	<b>Tarpana</b>	Ghrita manda/ Jeevantyadi ghrita	7 days	Daily once	
4	<b>Putapaka</b>	Jeevaniya gana and snigdha dravyas	5 days	Daily once	
5	<b>Anjana</b>	With manjishta, triphala, srotonjana, loha bhasma Sneha anjana with anupa mamsa vasa with the powder of sunthi and saindhava	Depending upon the condition	Daily once	

**Shaman Chikitsa:**

- Kashaya - Manjishtadi kwatha, - 30ml bd
- Churna - Shatavari churna - 2-5 gm with milk
- Ghrit/Taila - Triphala gritha - 10ml with milk

**Pathyapathya-**

Diet should include plenty of leafy vegetables(chief source of Vit A- especially palak, coriander, drumstick, amaranthus, aghasthi flowers/leaf, carrot)- all fried with ghee, unpolished rice, whole wheat, adequate water consumption.

Avoid smoking, drinking alcohol, spicy and dry foods



## SIROTPATA / SIRAHARSHA-Episcleritis/Scleritis

**Presentation/clinical features** (According to Text): -

Episcleritis	Sirotpata
A hard, immobile, tender, nodule with purple background surrounded by deep vessels appears 2, 3 mm. from limbus with little or no pain. Discomfort, tenderness on pressure and often severe neuralgic pain (in chronic stage) is present.	Tamra/red coloured vascular streaks/network seen on Shuklamandala, but becomes normal later on. Pain may or may not be present but burning sensation is present. No oedema, lacrimation or discharge. (Can be compared with Samavastha)
Scleritis	Siraharasha
Rare than Episcleritis. One or more nodules may appear with swelling which is first dark red but becomes purple and semitransparent like porcelain later on. Cornea and uveal tract are involved (iritis/cyclitis & keratitis). Thinning of sclera results in Staphyloma.	Siraharasha gets generated if Sirotpata is neglected. Coppery - red streaks become more prominent Clear coppery/red coloured discharge/ lacrimation is present. Vision is impaired. (Can be compared with Niramavastha)

**Lab/Radiological Diagnosis** (According to Text): Complete blood count, uric acid, X Ray chest, Mantoux test, various immunological tests etc. along with various tests for systemic diseases like rheumatoid arthritis, syphilis etc.

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): Based on various clinical features, Episcleritis/Scleritis can be correlated with Sirotpata and Siraharasha.

**Line of Treatment** (According to Ayurveda): First primary disease should be treated after knowing the etiology. Both are caused due to **Rakta vitiation** and hence all the measures mentioned in Raktabhishyanda should be employed in these 2 diseases. The protocol is planned as under -

**Aavasthik Chikitsa** (According to Stage of disease): -

**Protocol for initial stage of Sirotpata**

No	Karma	Medicine for Karma	Frequency
1	Seka/Parisheka	Daruharidra kwatha mixed with honey.	Once a day

**Oral medications**

- Triphala guggulu 2 tid with lukewarm water.
- Vasakadi/Patoladi/Manjishthadi Kwatha 20 ml twice a day with warm water.

**Aaharaa**

Use madhura and tikta food items.

**Note:** *Though features suggesting samavastha are not prominent in sirotpata, the above measures may be beneficial in it's initial stage.*

Rakta being main dushya, Raktamokshana; with proper pre and post procedural snehapana; is the main treatment module.

### Protocol for Niramavastha

**Shodhan Chikitsa** (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	<b>Snehana/ snehapana</b>	Patoladi ghrita, Mahatiktaka ghrita	30-50ml till samyak snigdha lakshanas
2	<b>Swedana</b>	Mrudu sweda	
3	<b>Anulomana/ Virechana</b>	Avipattikara/Trivrith lehya	
4	<b>Raktamokshana</b>	Jalaaukavacharana	Acc to condition- few sittings
5	<b>Nasya</b>	Shigru taila	

*After eliminating the systemic dosha by all above procedures; tarpana, putapaka and other kriyakalpaa should be executed for local dosha shodhana and shamana.*

### Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration
1	<b>Bidalaka</b>	Powders of neelkamala, ushira, kantakari, kaliyaka, yashtimadhu, nagaramotha, lodhra, padmaka are mixed with shatadhautaghrita and a thick lepa is applied around the eye (S.U. 12 - 7) Useful in Sirotpata.	7 days
2	<b>Tarpana</b>	Mahatiktaka ghrita	7 days
3	<b>Parisheka</b>	Cool kwatha of manjistha, haridra, laksha, draksha, yashtimadhu, madhuka flowers and neel kamala mixed with sugar.	As per requirement
4	<b>Anjana</b>	Lodhradi anjana Darvi rasakriya	As per requirement

### **Shaman Chikitsa:**

#### **Kashaya**

- Mahamanjishthadi kwatha - 20 ml with 40 ml warm water twice a day.
- Pathyadi kwatha – 20 ml with 40 ml warm water twice a day.

**Vati/Gutika/Rasoushadhi**

- Punarnava mandura - 1 tab with lukewarm water in afternoon & night.
- Yogaraja/Mahayogaraja guggula (Sri Sri Tattva) – same as above.
- Chandraprabhavati (Sri Sri Tattva) - same as above.
- Arogyavardhini vati - same as above.

**Churna** - Yashtimadhu, Triphala, Punarnava, Lodhra, Darvi each 500mg - in honey or lukewarm water in afternoon and at night.

**Ghrit/Taila** - Patoladi ghrita – 10ml at bed time

**Naimitik Rasayan** - Triphala/Amalaki or Shatavari with warm milk.

**Pathyapathya** - Refer Pathyapathya mentioned in Raktaja Abhishyanda

**Comment/Justification**

Most of the clinical features of Episcleritis and Scleritis are similar to Raktaja Abhishyanda. Hence taking in to consideration the rakta - pitta vitiation, the above stage wise protocol is suggested.

## **MADHUMEHAJANYA TIMIRA - NPDR**

**Clinical features/presentation (according to text)** Patient aged about 36 years who is a k/c/o DM since 2years reported with c/o progressive blurriness of vision in both the eyes for both distant and near vision since 15days and developed crooked vision in LE with floaters occasionally and flashes of light in RE which caused a considerable drop of vision in BE within 1week.

**Lab/radiological diagnosis (according to text):** Fasting blood glucose level was found to be 263 mg/dl and Post Prandial glucose level was measured to be 402 mg/dl and HbA1c - 14%.

<b>Fundus photograph: Before treatment Visual acuity</b>	<b>Before treatment</b>	<b>After treatment</b>	<b>Follow up</b>
RE	6/36	6/12	6/9
LE	6/24	6/12	6/9

**Near correlation with ayurvedic/allopathic disease (with short justification):** - Madhumehajanya Timira/Diabetic Retinopathy

**Justification** : As per the Frame of samprapti - due to madhumeha (paratantra vyadhi) Dosha – sannipataja with kapha, pitta predominance - due to leakage, exudates and oedema with haemorrhage

Dushya - Rasa, Rakta and Meda dhatu

- Srotas - sanga in sookshma srothases
- Vatapratilomata in sukshma srotas
- Sopha or rakta srava develops in netra

Samprapti – due to agninasa and kleda vridhhi in netra gata siras/srotas leads to sanga-occlusion of retinal vessels, siragranthi-aneurysms, atipravrutti-neo vascularisation, vimargagamana-retinal haemorrhage, leading to shopha and srava in netra.

**Line of treatment (according to ayurveda):** - Samprapti Vighatana Chikitsa

**Avastika Chikitsa** (according to the stage of the disease): - As there are signs of exudates, bleeding spots and macular oedema - Musta, amalaki, guduchi, manjistadi kwatha **Takradhara** was done for 7 days – [Probable mode of action: Takradhara decreases the sympathetic nervous stimulation there by reducing the rate of metabolic activities and glucose release into the blood and could reverse the pathology of DR, this also augments the absorption of intra-retinal haemorrhages and exudates]

**Shodhana Chikitsa :**

Karma	Medicine	Frequency
Virechana	Snehapana with Guggulutiktaka ghrita and Manjishtadi ghrita Virechana with Trivruth avaleha	according to the condition
Basti	Madhutailika basti	Yoga basti

**Kriya kalpa and upakramaa**

Karma	Medicine	Duration
Seka/ Aschyotana	Maha manjishtadi kwatha	15 min for 30 days
Bidalaka	Triphala, Yashtimadhu, Manjishta, Punarnava	20mins for 30 days

**Shaman Chikitsa:**

**Kashaya** – Maha Vasakadi kashaya- 30ml -bd for 48days

**Vati/Gutika/Rasaushadi-** Following medicines can be considered rationally

- Mehantaka Vati (Sri Sri Tattva)
- Vasanta Kusumakara rasa
- Swarna Sutashekara rasa.

**Naimitika rasayana** - Triphala churna with honey

**Pathyaapathya** - madhumecha pathya was advised.

**Comment/justification:** Exudates and cotton wool spots bleed spots and also macular oedema reduced significantly bestowing vision to the patient.

**Post treatment:**



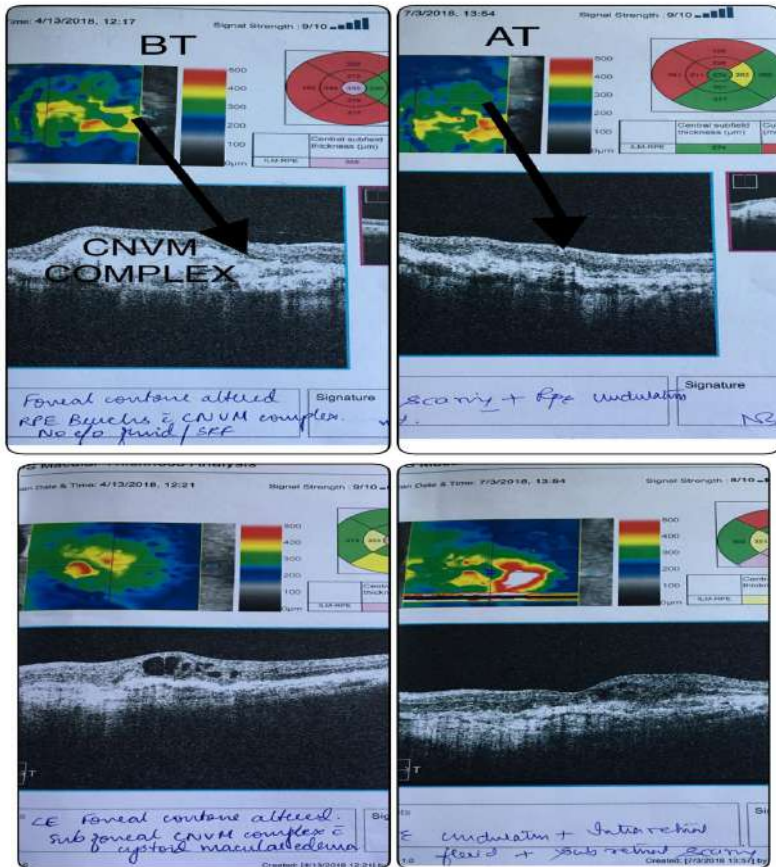
**Justification of standard operative procedure adopted :** DR passes through different dosha dominant stages, though the overall pathogenesis in DR is sannipathika in nature with specific dosha profile the treatment requires to be effectively adopted to arrest the progression of the disease at the earliest and to bestow best visual rehabilitation possible. Restoration of functional and structural integrity was the objective in this case and the treatment principle adopted in this case was proved efficacious in controlling haemorrhages, oedema and in subsequent follow - ups improved vision was documented, hence a right approach which is multi - dimensional will definitely retard the progression of the disease and helps maintaining the retinal function.

## VATAJA PITTAJA TIMIRA - CNVM

**Clinical features/presentation (according to text)** Patient aged about 76 years reported with c/o progressive blurred vision in both the eyes for both distant and near vision since 2years and developed crooked vision in LE since 3months, with further rapid drop in vision in BE since 3months.

Patient is also a k/c/o DM since 5years and is on OHA s

**Lab/radiological diagnosis (according to text):** OCT: RE and LE - Before Treatment



Visual acuity	Before treatment	After treatment	Follow up
RE	6/36P	6/18P	6/12
LE	3/60	6/60	6/36P

### **Near correlation with ayurvedic/allopathic disease (with short justification): -**

After systematic review of literature and considering the clinical symptoms and patho - physiology of ARMD ; As per ayurveda it can be understood under ‘Drusti gata vikara’ which involves vitiation of vata and pitta doshas ; Jeevantyadi taila nasya is considered in this study; as retina is the only accessible part of the CNS and Nasya the gateway to shiras - the balya, chakshusya dravyas in this taila due to its lipophilicity reaches the vascular pathway and exhibits combined action of shirovirechana and tarpana of panchagnanendriya adhistana located in shiras; **Ushiradi Anjana** exhibits combined effect of Ropana and Drusti prasadana; Further oral administration of Shatavari Amalaki granules formulation is considered to be potent rasayana and chakshusya. Also can be administered in the form of payasa, which can be used as a substitute to AREDS-2 as Shatavari contains Cu,Zn ; Amalaki is rich in vitamin C and ghee and milk are common sources of vitamins and minerals

### **Line of treatment (according to ayurveda): - Samprapti Vighatana Chikitsa**

**Avastika chikitsa** (according to the stage of the disease): -

As there are signs of choroidal neovascularisation complex seen

#### **Shodana Chikitsa**

Karma	Medicine	Duration
Sadyo virechanaa	Gandharvahastadi taila- 50ml with warm milk	once
Nasya	Jeevantyadi taila 8drops to each nostril	7 days

#### **Kriya kalpa and upakrama**

Karma	Medicine	Duration
Anjana	Ushiradi anjana	48days

#### **Shaman Chikitsa:**

Kashaya – Maha Vasakadi kashaya, 30ml bd before food with warm water for 48 days,

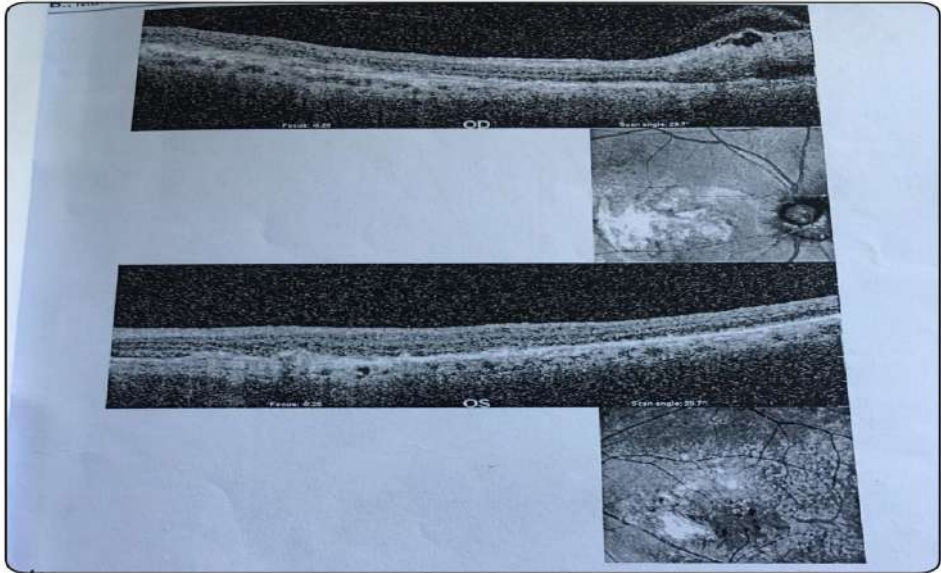
**Naimitika rasayana** - Shatavari Amalaka Granules- 6gm bd after food with milk and ghee for 48 days or Payasa preparation of the same

#### **Comment/justification:**

The treatment planned was to heal the CNVM complex and also to reduce the lipofuscin exudates

By the results seen, there was remarkable reabsorption of the CNVM COMPLEX along with active scarring and healing of RPE LAYER (as observed in OCT reports)

## Post treatment: OCT



### Justification of standard operative procedure adopted :

As per the results observed it can be concluded that attempting shirovirechanaa will help in rapid reduction in CNVM Complex, ushira by its properties helps in restoring the structural and functional integrity of Local retinal tissue. So there by this treatment protocol could be useful in treating the above condition

## AGE RELATED MACULAR DEGENERATION-ARMD

### Presentation/clinical features (According to Text) -

#### Symptoms

- Decreased visual acuity, insidious or sudden - onset - Dry ARMD constitutes 85 - 90% cases of ARMD, and usually does not cause severe vision loss. Wet AMD constitutes 10 - 15% of ARMD cases and is the major cause of severe vision loss.
- Blurred vision
- Distorted near vision
- Scotoma
- Visual distortion, metamorphopsia, micropsia
- Vague visual complaints



## Signs

- Drusen
- Geographic atrophy
- Subretinal fibrosis
- RPE changes
- Subretinal fluid or haemorrhage/hard exudate

**Clinical diagnosis:** The hallmark findings in nonexudative ARMD are Drusen, RPE changes and geographic atrophy. In advanced ARMD, drusen may fade or become resorbed in areas of geographic atrophy. Large areas of geographic atrophy may show prominent deep choroidal vessels with atrophy of the choriocapillaris.

**Physical examination :** - Periodic dilated fundus exams are warranted to identify patients who progress to neovascular ARMD without having symptoms. - Amsler grid.

**Diagnostic procedures :** Fluorescein angiography and optical coherence tomography are useful in evaluating for the presence of exudative ARMD.

## Hetus -

- Age – due to increase of Vata dosha the risk increases more than three - fold in patients older than 75 years of age compared to the group of patients between 65 - 74 years of age. Current smokers were twice as likely to have ARMD - related vision loss when compared to non - smokers, ex - smokers had a slightly increased risk (odds ratio of 1.13), and those who had stopped smoking over 20 years earlier were not at increased risk for developing vision loss from ARMD.<sup>(3)</sup>
- **Other Risk factors** - Cardiovascular disease, Hypertension, Female gender, White race,
- Micro RNA dysregulation has been linked with the development of ARMD, modulation of which could provide potential treatments for the disease.<sup>(5)</sup>

**Hetus for conversion of ARMD from dry stage to wet stage (Raktavahasrotodushti leading to leakage in siras)** are Ushnabhitaptasya jalapraveshat, Kopa, Atimaithuna, Amlaseva - Vegavinigraha., Guru bhojana, abhishhyandibhojana.

- **Dushya - Dry stage** - rasa, medas, majja, **Wet stage** – rasa, medas, majja, plus rakta

## Line of Treatment (According to Ayurveda): -

Consideration of treatment principles of pitta vidagdha drishti along with chakshushya dravyas would be appropriate.

## Aavasthik Chikitsa (According to Stage of disease): -

### Prevention

- a) **Proper supply of nutrients** - anti oxidants, Zinc, Copper, Vit.E, Vit.C, Lutein.  
Food rich in -Ksheera - Ghruta - Puranayava, Shalishashhtika, Mudga, Masura, Patola, Jangalamamsa, Dadima, Saindhava, Draksha

**b) Srothoshodhana**

- Rasavaha - Pippali, Shatavari
- Raktavaha - Loha, Swarna makshika
- Mamsavaha - Triphala

**c) Normal Agni**

- Rasa dhatuagni, raktadhatwagni, majjadhatwagnis. - Shunti jala.

**d) Vata Niyamana**

- Triphala sidha Ghrita
- Practice pranayama, meditation and **Sudharshana Kriya** (unique breathing technique founded by Pujya Gurudev Sri Sri Ravishankar ji)

To sum up the above, this compound formulation can be recommended - Saptamruta Louha 250 mg+ Suvarnamakshika bhasma 65 mg+Shatavari churna 500 mg + Pippali churna 500mg. after food twice a day with honey and Jeevantiyadi Ghritam.

**Treatment Protocol Dry ARMD****Shodhana Chikitsa**

No	Karma	Medicine for Karma	Frequency
1	<b>Snehapaana</b>	Dashamula triphala siddha ksheeraghrita. (A.H.UT.13/48) JeevaneeyaGhrita. (A.H.UT.13/63)	Once In 6 Months
2	<b>Virechanaa</b>	Erandatailasukumaram. (Sahasrayoga)	- Do -
3	<b>Basti</b>	Chakshushyabasti. In the form of yoga basti. (A.H.Kalpa.1)	Yoga basti
4	<b>Nasya</b>	Yashti, Bala, Vari (Madhuraoushadhi)siddha taila +Ghrita - 10 Drops Per Nostril. (Su.Ut.17/34)	- Do -

**Kriyakalpa&Upakrama**

No	Karma	Medicine for karma	Duration	Frequency
1	Netraseka	TriphalaYashti A.H.UT.13 - 64)	20 mins	Same
2	Tarpanam	Shatahwa, Kushta, Musta, Kaakoli, Yashtimadhu, Kamala, Devadaru, Pippali Siddha Ghrita. (A.H.Ut.13 - 58)	30 mins	7 days once in 3 months
3	Putapaka	Jeevaniya gana	10 mins	5 days
4	Shirobasti	BrahmiTaila and Ksheerabala	60 mins.	Same

**Shaman Chikitsa:****Kashaya:**

- Mahamanjishthadi 15 ml Twice a day before food
- Maharasnadi 15 ml Twice a day before food
- Punarnavashtakam 15 ml Twice a day before food

- **Vati/Gutika/Rasoushadhi:** Mixture of Suvarna 10 mg, Suvarnamakshika 100 mg, Abhraka 30 mg, Roupya 100mg, Punarnavaa 200 mg, Taamra bhasma 30 mg, Yashada bhasma 30 mg- with madhu and ghrita at night.

**Ghrit/Taila:** Jeevantyadi ghrita 20-30 ml

#### **Rasayana:**

- Chyavanaprasha (Sri Sri Tattva) instead of breakfast.
- Shakti Drops (Sri Sri Tattva)- 10 drops with 1 glass of warm milk

#### **Treatment Protocol for Wet ARMD**

##### **Shodhana Chikitsa**

No	Karma	Medicine for Karma	Frequency
1	<b>Rakthamokshana</b>	Jalokavachaarana	Repeated Sittings - Every third day

#### **Kriyakalpa&Upakrama**

No	Karma	Medicine for Karma	Frequency
1	<b>Seka</b>	• Manjishta, Lodhra, Yashti, Saariva, Chandana Sidha Ksheera.	7 days
2	<b>Bidalaka</b>	• Manjishta, Lodhra, Yashti, Saariva, Chandana • Lajjalu, Vaasa, Manjishtha	7 days
3	<b>Tarpana</b>	• Lodhra, Kamala, Mamsi, Yashtimadhu, Chandana, Ushira Siddha Ghrita • Jeevantyadi ghrita	5 days- for few sitting
4	<b>Putapaaka</b>	• Vatapatra.+Ajaamamsa	5 days- for few sitting

##### **Shaman Chikitsa**

- Manjishta, Rajani yoga, Phalatrikaadi, 250 mg each thrice a day.
- Vasaguduchyadi kashaya 5-10 ml frequently
- Drakshadi kashaya 5- 10 ml frequently

#### **Pathyapathya**

Rasayana sevana, Pranayama and Meditation

#### **Comment/Justification**

Diagnosis is made as Vaata and Rakta pradhana DrishtigataVyadhi, Hence the treatment combined is used. Medicines are chosen for their chakshushya, rasayana properties. Medicines for Dry ARMD are advised for a long period.

# RETINITIS PIGMENTOSA

## **Presentation/clinical features (According to Text)**

Patients with RP characteristically develop night blindness and difficulty with mid - peripheral visual field in adolescence. Timing of onset can vary among pedigrees. As their condition progresses, they lose mid - peripheral followed by far - peripheral visual field, but often maintain central vision until the very end stage of the disease.

The classic clinical Triad of RP is arteriolar attenuation, Retinal Pigmentary changes (could be either hypopigmentation and/or hyperpigmentation in form of bone - spicule and pigment clumpings), and waxy disc pallor. The characteristic Pigmentary changes occur in the mid - peripheral fundus, which is predominantly populated by rods. There is often a high degree of symmetry in the fundus findings between the two eyes. Other common signs include vitreous cells, depigmentation and atrophy of the RPE, posterior sub - capsular cataracts, cystic macular lesions, and Refractive errors including myopia and astigmatism.

Patients typically presents with night vision problems (unable to see in the dark or slow to adjusting to dark), progressive peripheral vision restriction, and tunnel vision at later stage of the disease. It is rare for patients to lose all vision in both eyes. In a large study involving close to 1,000 patients with RP and Usher Syndrome at age 45 or older, one fourth of the patients had a visual acuity of 20/200 or worse in both eyes, and more than half had a visual acuity of 20/40 or better in at least one eye. Only 0.5% of patients were completely blind in both eyes. In one study, about 50% of RP patients reported having headaches, and 35% of RP patients reported light flashes.

## **Lab/Radiological Diagnosis (According to Text):**

- **Full - Field Electroretinogram (ERG):** ERG measures the electrical potential generated by rods and cones after a light stimulus and is essential in the diagnosis of RP. The most important parameters being measured include a - and b - wave amplitudes and implicit times. In early stages of the disease, there is reduction in a - and b - wave amplitudes but implicit time can be prolonged or normal. Patients with advanced stages have non - detectable ERG.
- **Dark adaptometry (DA):** Visual threshold is the minimum intensity of light that will stimulate the rods or cones to elicit a subjective response. Dark adaptometry measures the absolute threshold of rods at given time intervals as the retina adapts to the dark. In RP, there is increased absolute rod threshold and dark adaptation is usually prolonged. This test may be useful in detecting early cases.
- **Visual field:** Kinetic perimetry with Goldmann perimeter characteristically shows a ring scotoma in the mid - periphery of the visual field. They usually start as a group of isolated scotomas around 20 degrees from fixation, and gradually coalesce to form a partial followed by a complete ring. The outer edge of the ring expands relatively quickly to the periphery, while the inner edge constricts slowly toward fixation. Patients often have good central vision from a small central island (“tunnel vision”) until their 50’s or 60’s. Visual field testing is useful in monitoring the progression of disease and document the status of legal blindness.

- **Electrooculogram (EOG)** is a measurement of standing potential between the cornea and the retina and is a measurement of function of the RPE and photoreceptors. It is usually abnormal in RP. However, ERG is considered a more sensitive test for detection of photoreceptor function and consequently EOG is not routinely done.
- **Optical Coherence Tomography (OCT):** OCT is a quick, inexpensive, and widely available tool to detect cystic macular lesions, epiretinal membrane, and vitreomacular traction syndrome observed in some RP patients with decreased central vision. One study also showed mild inner retinal layer thinning and severe outer retinal layer thinning using spectral domain OCT.
- **Fundus Fluorescein angiography (FFA):** FA may have a role in documenting early deterioration of the retinal pigment epithelium and especially in female carriers of X - linked RP. It has a role in patients with cystic macular lesions and exudative vasculopathy.

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -  
Doshandha / Kapha VidagdhaDrishti / Naktandhya.

Dosha - Kaphapradhana. Vaatanubandhi. Pitta kshaya.  
Dushya - Rasa, Rakta, Majja, Shukra.

**Line of Treatment** (According to Ayurveda): -  
Treatment are advised in two stages.

- **In initial stage:** - kaphaghna treatment is done. This stage is up to the point when the pathology is limited to dystrophy of rods – Kapha vidagdha drishti chikitsa
- **In later stage-** as the involvement of cone is seen, we should start with rasayana or pitta samana treatment. – Pitha vidagdha drishti chikitsa.

**Aavasthik Chikitsa** (According to Stage of disease): -

## PREVENTION

Beejashuddhi With Shodhana to Parents & Chakshushya Rasayana throughout Pregnancy and same can be initiated soon after marriage.

### Treatment protocol in Initial stage (Kaphaja predominance)

**Shodhanchikitsa** (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	Snehapana	Lodhra Ghrita	30-50 ml till samyak snigdha lakshana
2	Virechana	Icchhabhedi Rasa/Trivrut lehya	Once In 6 months
3	Marsha Nasya	Anutaila	for 7-10 days- once in every three months

## Kriyakalpa&Upakrama

No	Karma	Medicine for Karma	Frequency
1	Anjana	1) Nakulanjana (S.Y) (Makshika, Girija, Talisa, Ghrita, Madhu, Gomayaswarasa) 2)Yakritippali yoga (A.H.Ut 13/88) 3) Haridradi varti	once daily for 48
2	Tarpana	Mahatriphala ghrita Ghritam	7 days- repeated sittings
3	Putapaka	Yakritippali yoga	5 days

### Shamana Chikitsa:

#### Kashaya

- Varunadi kashaya 15 ml bd Before Food with warm water

#### Others

- Vasanta Kusumakara Rasa 1 bd before food
- Swarna Sutashekara Rasa, 1 bd before food
- Nirgundi Ghana 250 mg thrice a day.
- Suvarna 10 mg + Amalaki 2 gms with madhu and ghrita.
- Kumkuma ghritam 10 ml with warm water
- Twakghritam 10 ml with warm water

### Treatment protocol in Later stage (Pitta predominance)

No	Karma	Medicine for Karma	Frequency
1	Aschyotana	Jeevantyadi Ghritam	twice daily
2	Seka	Yashtimadhu ksheera	twice daily for 7 days
3	Tarpana	Jeevantyadi Ghritam	7 days- repeated sittings
3	Putapaka	Jeevaniya gana yoga	5 days

### Shamana Chikitsa:

#### Ghrita/taila-

Kakolyadi ghrita- 10 ml twice with warm water

Jeevantyadi ghrita- 10 ml twice with warm water

#### Churna

Mixture of- Triphala + Yashtimadhu + Swarna bhasma + Raupya bhasma + Yashada bhasma + Abhraka bhasma + Pravala pishti in proper dose can be used rationally with ghrita and madhu

**Rasayana-** Swamala compound-(dhootpapeshwar) with warm milk

**Pathyapathya** - Achakshushya is apathya.

**Comment/Justification**

- 1) Beejashuddhi is necessary to prevent hereditary diseases.
- 2) Continuous treatment is necessary.
- 3) Local lekhana action and systemic rasayana action. The Drugs chosen are Kaphapradhana Tridoshaghna, Rasayana, Twachya, Saptadhatu vardhaka.

## **Myopia \ Progressive myopia and astigmatism**

**Aim\ Target:** - To minimize the glass number in high myopia with astigmatism average up to - 3.00 D power in all patients in about 3 months

**Concept behind the therapy:** - Wearing the glasses makes the eyes lethargic with respect to healing mechanism and the medicines administered in this point won't be showing its full efficacy with respect to eyes. Hence it is found that patients wearing glasses during treatment have a less tendency to reduce the glass power.

So here the patients are put under snehana and swedana for 3 days and on fourth day raktamokshana, followed by virechana on 5th day and then the treatment given as below in the scheduled. Along with this the patient is advised to do the eye exercises.

**Criteria of inclusion**

- All genders and above 5 yrs
- Diagnosed cases of physiological myopia or progressive myopia and astigmatism
- Patient should agree to stop using glasses till the course is completed
- In adult patients the patients can use glasses in emergency like driving or as the doctor suits the needs of the patients not more than 1 hour max 2 hrs daily
- Patient must have a clear fundus which excludes lattice
- Degenerative changes that are not active

**Exclusion criteria**

1. Lattice
2. Large Degenerative changes of retina
3. Active cases of uveitis or any inflammatory diseases.
4. Post nasal drip and any rhinitis cases not to be included for study or can come after the complaints subside.

**Presentation/clinical features** (According to Text): -  
Visual acuity less than 6/6

**Lab/Radiological Diagnosis (According to Text):** -  
A - scan if possible for axial length or USG  
Keratometry,

**Line of Treatment** (According to Ayurveda): -

**Shodhanchikitsa** (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	<b>Snehana</b>	Jeevantyadi Ghrita	Till samyak snigdha lakshana
2	<b>Rakthamokshana</b>		once after virechana
3	<b>Virechana</b>	Triphala sidha ghrita and Trivrut avaleha	Once before the starting of treatments

### **Kriyakalpa&Upakrama**

No	Karma	Medicine for Karma	Frequency
1	<b>Pratimarsha Nasya</b>	Anutaila	2 drops- Daily once
2	<b>Seka</b>	Lodhrasidhadugdha (milk) phanta	once daily
3	<b>Anjana</b>	Drushtiprada Varti Rasanjana	Daily once in morning for 48 days

### **Shaman Chikitsa:**

#### **Churna**

Triphala Churna (Sri Sri Tattva) 5gm with madhu at night

#### **Ghrit/Taila**

Triphala ghrita 10 ml early in the morning with hot water

#### **Comment/Justification**

A complete examination is compulsory including Indirect Fundoscopy to Rule Out Lattice or Retinal Tears etc.

#### **Eye Exercises**

- Sunning- 5 mins
- Eye wash- triphala decoction -20 blinks
- Palming- swinging and shifting- 5 mins each
- Candle flame concentration and fine print reading- 5 mins each
- Playing/ tossing with the ball- 5 mins
- Vapour - 1-3 mins
- Cold pad - 5 mins



## EAR DISEASES



# KARNAKANDU

**Presentation/clinical features** (According to Text): -

**ROOPA:**

1. Karna Kandu
2. Karna Shoola
3. Achha Alpa Jala Srava
4. Kharata - Rookshata - Daruna (Kathina) Karna srotas

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification):

Eczematous otitis externa, otomycosis

**Aavasthik Chikitsa** (According to Stage of disease): -

- In Alpavastha - Alpa kandu, Alpa Khara - Rooksha - Darunavastha in Karna  
Deepana - Amapachana - Snehana - Svedana (Sthanika) - Karna poorana - Pramajana  
- Karna Avachornana - Karna prakshalana.
- In Tivravastha - Ugra Kandu, Daruna - Ruksha - Kharatha in Karna  
Deepana - Amapachana - Snehana - Svedana - Vamana - Virechanaa - Karna poorana  
- Pramajana - Karna Avachornana - Karna prakshalana.

**Shodhana Chikitsa**

No	Karma	Medicine for Karma	Frequency
1	Vamana karma	Madanaphala Yoga	Acc to Rutu, Roga bala and Doshavastha.
2	Virechanaa	Trivruth Avaleha	Acc to Rutu, Roga bala and Doshavastha

**Kriyakalpaa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency
1	Karna purana	Kshara Taila/Bilva taila, lashunadi taila	10 minutes	3/5/7 days
2	Karnapichu	Karanja taila	20 min	3/5/7 days
3	Karna pramajana	Dry mopping	Till maximum gootha disappears	According to the condition
4	Karna prakshalana	Panchvalkala, Triphala	Till maximum pooti - ghana srava is cleared	According to the condition
5	Karna dhoopana	Guggulu, Ghrita, Aguru	10 - 15 minutes	According to the condition

### **Shaman Chikitsa:**

#### **Kashaya:**

- Dashamooladi kashyaya 4tsp bd with warm water
- Aragvada Amritadi Kashayam 4tsp bd with warm water
- Mahamanjisthadi kashayam 4tsp bd with warm water

**Asavarisht :** Jeerakadyarista 4tsp bd with warm water

#### **Vati/Gutika/Rasoushadhi:**

- Agnitundi vati 1 bd
- Arogyavardhini vati 2 bd,
- Nimbadi guggulu 1 tid

#### **Naimitik Rasayan:**

- Triphala ghritha with warm water in empty stomach,
- Triphala choorna with honey nitya sevana

#### **Pathyapathya**

- ✓ Avoid self instrumentation in the ear
- ✓ Practice regular shiro abhyanga - Sarvanga abhyanga and Karnapoorana
- ✓ Avoid/Limit Jala kridas
- ✓ Avoid exposure to cold breeze and head bath
- ✓ Avoid intake of cold items/junk foods

**Comment/Justification:**Kapha hara and tvak vikar vat chikitsa

## **KARNAGOOTHA**

Presentation/clinical features (According to Text): -

#### **ROOPA :**

1. Karna Kandu
2. Karnanada Karna Avarodha
3. Karna Shoola
4. Shravano Asamarthyam (Asthayi)
5. Bhrama

**Lab/Radiological Diagnosis** (According to Text): -

CBC/RBS/HIV/Urine -r/m

Darshanataha : Presence of wax

**Near correlation with Ayurvedic/Allopathic disease (With short Justification): -**  
Impacted Wax In Eac, Keratosis obturans

**Line of Treatment (According to Ayurveda): -**

1. Deepana - Amapachana
2. Snehana - Svedana (Sthanika)
3. Karna poorana
4. Pramajana
5. Karna prakshalana
6. Nirharana with Tala yantra
7. Karna dhoopana
8. Pathya - Apathya and Rasayana prayoga

**Aavasthik Chikitsa (According to Stage of disease): -**

In Ghanibhutha - Kathina - Ruksha Karna Gootha

Snehana -Svedana - Karnapoorana-Karnagootha vilayana - Nirharana - Karna prakshalana - Pramajana - Dhoopana

**In Mridu Karnagootha : Svedana - Prakshalana - Pramajana - Vilayana - Dhoopana**

**Shodhan Chikitsa :**

No	Karma	Medicine for Karma	Frequency
1	Shodhana Nasya	Shadbindu taila/Anutaila (6 - 8 Drops Each Nostril)	Marsha Nasya, Acc to Rutu, Roga bala and doshavastha.

**Kriyakalpaa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency
1	Karna poorana	Kshara taila/Bilva taila/Katu taila Madhu saindava - matulunga rasa and ghritha manda poorana after karna gootha nirharana	12 - 15min	3/5/7 days
2	Karna pramajana	Dry mopping	Till maximum gootha disappears	As and when required
3	Karna prakshalana	Aragvadhadi Kashaya	Till maximum pooti - ghana srava cleared	Depends on Roga bala
4	Karna avadhooopana	Guggulu, haridra	10 - 15 minutes	Frequently depends on Rogabala

### **Shaman Chikitsa:**

**Kashay :** Dashamoola kashaya (Sri Sri Tattva)

**Asavarishta :** Jeerakadyarista

**Vati/Gutika/Rasoushadhi :** Agnitundivati 2 - 2, Gandhaka Rasayana 2bd/tid, Triphala guggulu (Sri Sri Tattva), Kaisore guggulu 2bd

### **Naimitik Rasayan**

Triphala ghritha with warm water B/F nitya sevana

Triphala choorna (Sri Sri Tattva) with honey nitya sevana

### **Pathyapathya**

- ✓ Avoid self instrumentation in the ear
- ✓ Practice regular shiro abhyanga - Sarvanga abhyanga and Karnapoorana
- ✓ Avoid/Limit Jala kridas
- ✓ Avoid exposure to cold breeze and head bath
- ✓ Avoid intake of cold items/junk foods

### **Comment/Justification**

After vilayan of ghanibhut karnagootha, nirharan should be done.

## **KARNAPAKA**

**Presentation/clinical features** (According to Text): -

Pitta Prakopa – Sthanik Lakshana (Ch.Chi.26, Ma.ni.57/12)

Daha, Raga, Shwayathu, Darana, Peetaputi srava, Aardrata

Lab/Radiological Diagnosis (According to Text): -

CBC/RBS/ESR/HIV/VDRL/X-Ray Mastoid, urine - r/m

Darshanataha: Raga, Shwayathu, Darana, peeta puti srava

Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

Otitis externa, A.S.O.M., swimmers otitis externa, Infective perichondritis, diabetic otitis externa, Herpes simplex, herpes zoster, Otomycosis, Diffuse otitis externa, myringitis

**Line of Treatment** (According to Ayurveda): -

Aim – pitta rakta shamana

1. Deepana and Amapachana
2. Shirovirechanaa/Kaya Virechanaa/Rakta mokshana
3. Sthanika chikitsa
4. Shamanoushadi
5. Pathya - Apathya and Rasayana prayoga

Aavasthik Chikitsa (According to Stage of disease): -

Deepana - Amapachana;Kledaharaa;Shophaharaa chikitsa;Shirovirechanaa

Pratishyayaharaa chikitsa

The above treatment should be tried along with Rasayana chikitsa. In non responsive cases referred for Medical/Surgical management.

**Shodhana chikitsa** (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	Shodhana Nasya	Shadbindu taila (Sa.S.)/ Anutaila (A.H.) (6 - 8drops each nostril)	Marsha Nasya Frequently Acc. to Rutu, Roga bala and doshavastha.
2	Sadyo Virechanaa	Trivrut Avaleha 30gms - 60gms depending upon Koshta	Yearly acc to Rutu, Roga bala and doshavastha
3	Raktamokshana	Jalaukavacharana, sira vedha	
4	Sadyo Vamana karma	Yashtimdhru Phanta Akanthaksheerapana Madanaphala yoga	Yearly acc to Rutu, Roga bala and doshavastha

### Kriyakalpaa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Karna dhavana/ Karna prakshalana	Nimba, haridra, vasa, manjistha, lodhra, chandana, usheera, musta etc pitta rakta shaman dravyas Triphala Kashaya/ Panchavalkala Kashaya	Twice a day		
2	Lepa	Madhu, ghrita, kumari, chandana, satdhauta ghrita, jatyadi ghrita	Twice a day		
3	Karna avachhoornana	Nimba, Haridra, Daruharidra, Tankana bhasma	Q.S., Till kledata gets relieved	Frequently depends on rogabala	
4	Karna avadhoopana	Guggulu,Sarshapa, Haridra, Agaru, shigru patra, nimb, kantakari	10 - 15 minutes	Frequently depends on rogabala	Regular F/U

### Shamana Chikitsa:

**Kashaya :** Maha manjisthadi, pathyadi, vasa guduchyadi

**Asavarisht :** Chandanasav, Usheerasav (Sri Sri Tattva)

**Vati/Gutika/Rasoushadhi :**

- Agnitundivati 1bd/tid
- Chitrakadi (Sri Sri Tattva) 2 bd
- Aam pachak vati 2 bd
- Gandhaka Rasayana 2 bd
- Nimbadi guggulu 1 bd/tid
- Rasnadi Guggulu 2 bd
- Sarivadi vati 2 bd
- Kamadudha ras (Sri Sri Tattva) 2 tid (These medicines can be used rationally)

**Churna :** Triphala, Chopchini, Gokshuradi churna

**Ghrit/Taila :** Panchatikta ghruta

**Naimitik Rasayana :** Triphala choorna with honey nitya sevana, Triphala ghruta

**Pathyapathya**

- ✓ Avoid Guru - Sheeta - Kaphakara Aharaa and vihara
- ✓ Laghu - Ushna Agnivardhaka - Kaphashmaka aharaa and vihara
- ✓ Maintain dry and clean ear
- ✓ Avoid traumatic abbration
- ✓ Avoid exposure to cold breeze and head bath
- ✓ Avoid intake of cold items/junk foods

**Comment/Justification**

Treatment should be focussed on pitta rakta shaman with rakta shodhan and prasadan, sarhanik as well as satvadaihiik. Local treatment should be done in aseptic precaution.

## KARNASRAVA

Presentation/clinical features (According to Text): -

**Poorva Roopa:**

1. Pratishyaya
2. Karnakandu
3. Nasavarodha
4. Karna - Shiro Gouravata
5. Karna Shoola
6. Shirashool

**Roopa (Acc to text):** Rakta, pooya srava, jala srava

**Lab/Radiological Diagnosis** (According to Text): - CBC/RBS/ESR/HIV/urine r/m  
X - ray mastoid, swab - c/s

Darshanataha: Karnasya karnayoh pooya srava, rakta srava, jala srava

Gandataha: Pootiyukta srava

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

C.S.F otorrhoea, CSOM, serous otitis media

**Line of Treatment** (According to Ayurveda): -

Kapha pitta rakta shaman chikitsa -

1. Deepana and Amapachana
2. Shirovirechanaa/Kayavirechanaa
3. Sthanika chikitsa
4. Pratishyaya chikitsa
5. Shamanoushadi and Rasayana prayoga

**Aavasthik Chikitsa** (According to Stage of disease): -

**In poorvaroopavastha** (Sadhya)

Deepana - Amapachana; Kledahara; Shophahara chikitsa; Shirovirechana

**In Roopavastha** (Sadhya)

Deepana - Amapachana; Rooksha - shoshana chikitsa; Shophahara chikitsa; Shirovirechana, Pratishyayahara chikitsa

In upadravavastha (Yapya/Asadhya)

The above treatment should be tried along with Rasayana chikitsa in non responsive cases referred for Medical/Surgical management.

**Shodhana chikitsa** (Vaman, Virechana, Basti etc):

No	Karma	Medicine for Karma	Frequency
1	Shodhana Nasya	Shadbindu taila/Anutaila/ yashtimadhu ghrita (6 - 8drops each nostril)	Marsha Nasya Frequently Acc to Rutu Roga bala and doshavastha.
2	Sadyo Vamana karma	Yashtimadhu Phanta Akanthaksheerapana Madanaphala yoga	Yearly acc to Rutu, Roga bala and doshavastha
3	Sadyo Virechanaa	Trivrut Avaleha 30gms - 60gms depending upon Koshta	Yearly acc to Rutu, Roga bala and doshavastha



## Kriyakalpaa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Karna Pramajana	Dry mopping	Till max kledata disappears	Frequently	
2	Karna prakshalana	Triphala Kashaya/ Panchavalkala Kashaya	Till max pooti - ghana srava cleared	Depends on Roga bala	Not performed in all patients of karnasrava
3	Karna avachhoornana	1. Nimba, Haridra, Daruharidra, Tankana bhasma	Q.S., Till kledata gets relieved	Frequently depends on rogabala	
4	Karna dhoopana	Guggulu, Sarshapa, Haridra, Nimb, shigru, kantkari, tulsi	10 - 15 minutes	Frequently depends on rogabala	Regular F/U
5	Karna purana	Apamarg kshar taila, Madhu			

### Shamana Chikitsa:

**Kashay :** Guggulu tiktaka kashaya 4ts bd b/f with warm water

Dashamoola katutrayadi kashyaya 4ts bd b/f with warm water Nimba kashay

**Asavarisht :** Jeerakadyarista 4tsp bd a/f with water

### **Vati/Gutika/Rasoushadhi :**

- Agnitundivati 1bd/tid,
- Gandhaka Rasayana 2bd
- Nimbadi guggulu 1bd/tid
- Rasnadi Guggulu 2bd
- Laxmivilasa Rasa 2bd
- Vyoshadivati 2bd
- Aarogyavardhini 2bd
- Naga gutika
- Sarivadivati 2bd

### **Churna :**

- Sitopaladi and Talisadi choorna 2tsp with honey
- Eranda bhrushtaharitaki 2tsp with warm water,
- Abhrak bhasma
- Guduchi satva

**Naimitik Rasayana:** Triphala choorna with honey nitya sevana, Haridra khanda, Pippali vardhmaan

### **Pathyapathya**

- ✓ Avoid Guru - Sheeta - Kaphakara Aharaa and vihara
- ✓ Laghu - Ushna Agnivardhaka - Kaphashmaka aharaa and vihara should be given
- ✓ Maintain dry and clean ear
- ✓ Keep body warm
- ✓ Avoid exposure to cold breeze and head bath
- ✓ Avoid intake of cold items/junk foods
- ✓ Avoid swimming

### **Comment/Justification**

Treatment should aim to reduce discharge and reducing the madhyakarna shotha

## **PUTIKARNA**

Presentation/clinical features (According to Text): -

### **Poorva Roopa** (No Textual Ref):

- Pratishyaya
- Karnakandu
- Nasavarodha
- Karna - Shiro Gouravata
- Karna Shoola

### **ROOPA (ACC TEXT):**

Ghana, puti, puyagandhi srava with or without pain

Lab/Radiological Diagnosis (According to Text): - CBC/RBS/ESR/HIV/urine r/m

X - ray mastoid, Swab - c/s

Darshanataha: Ghana, puti srava

Gandataha: Putiyukta srava

Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

CSOM and complication of CSOM

### **Line of Treatment (According to Ayurveda): -**

Nadivranvat chikitsa

Kapha pitta rakta shaman chikitsa

1. Deepana and Amapachana
2. Shirovirechanaa/Kayavirechanaa
3. Sthanika chikitsa
4. Pratishyaya chikitsa
5. Shamanoushadi
6. Pathya - Apathya and Rasayana prayoga

Aavasthik Chikitsa (According to Stage of disease): -

- In poorvaroopavastha (Sadhya)

Deepana - Amapachana;Kledaharaa;Shophaharaa chikitsa;Shirovirechanaa

- In Roopavastha (Sadhya)

Deepana - Amapachana; Rooksha - shoshana chikitsa;Shophaharaa chikitsa; Shirovirechanaa

- Pratishyayaharaa chikitsa
- In upadravavastha (Yapya/Asadhya)

The above treatment should be tried along with Rasayana chikitsa in non responsive cases referred for Medical/Surgical management.

**Shodhana chikitsa (Vaman, Virechana, Basti etc): -**

No	Karma	Medicine for Karma	Frequency
1	Shodhana Nasya	Shadbindu taila/Anutaila/ yashtimadhu ghrita (6 - 8drops each nostril)	Marsha Nasya Frequently Acc to Rutu Roga bala and doshavastha.
2	Sadyo Vamana karma	Yashtimadhu Phanta Akanthaksheerapana Madanaphala yoga	Yearly acc to Rutu, Roga bala and doshavastha
3	Sadyo Virechanaa	Trivrut Avaleha 30gms - 60gms depending upon Koshta	Yearly acc to Rutu, Roga bala and doshavastha

**Kriyakalpaa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Karna Pramajana	Dry mopping	Till max kledata disappears	Frequently	
2	Karna Prakshalana	Triphala Kashaya/ Panchavalkala Kashaya	Till max puti - ghana srava cleared	Depends on Roga bala	Not performed in all patients of karnasrava
3	Karna Avachhoornana	1.Nimba, Haridra, Daruharidra, Tankana bhasma	Q.S.,Till kledata gets relieved	Frequently depends on rogabala	
4	Karna Avadhoopana	Guggulu, Sarshapa, Haridra, Nimb, shigru, kantkari, tulsi	10 - 15 minutes	Frequently depends on rogabala	Regular F/U
5	Karna purana	Apamarg kshar taila, Madhu, Jambavadi taila			

**Shamana Chikitsa:**

**Kashay a :** Guggulu tiktaka kashya 4ts bd b/f with w/w, Dashamoola katutrayadi kashyaya 4ts bd b/f with w/w, Nimb kashaya

**Asavarishta :** Jeerakadyarista 4tsp bd a/f with water

**Vati/Gutika/Rasoushadhi:** Agnitundivati 1bd/tid, Gandhaka Rasayana 2bd, Nimbadi guggulu 1bd/tid, Rasnadi Guggulu 2bd, Laxmivilasa Rasa 2bd, Vyoshadivati, Aarogyavardhini, Naga gutika, Sarivadivati, Sukshma triphala

**Churna :** Sitopaladi and Talisadi choorna 2tsp with honey, Erandabhrushta haritaki 2tsp with w/w, Abhrak bhasma, Guduchi satva

**Naimitik Rasayana:** Triphala choorna with honey nitya sevana, Haridra khanda, Pippali vardhmaan, Sitopaladi, guduchi satva, Abharak bhasma.

**Pathyapathya**

- ✓ Avoid Guru - Sheeta - Kaphakara Aharaa and vihara
- ✓ Laghu - Ushna Agnivardhaka - Kaphashmaka aharaa and vihara should be given
- ✓ Maintain dry and clean ear
- ✓ Keep body warm
- ✓ Avoid exposure to cold breeze and head bath
- ✓ Avoid intake of cold items/junk foods
- ✓ Avoid swimming

**Comment/Justification**

Treatment should aim to reduce discharge and reducing the madhyakarna shotha

# KARNAPRATINHA

**Roopa:** Karna Shoola, Karna Gouravata, Shiraso Abhitapa.

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification):  
Otitis Media With Effusion/Ruptured TM/ETD, Compilaction of keratosis obturans

**Line of Treatment** (According to Ayurveda):

Treatment should be focused on karnagootha chikitsa and Eustachian tube dysfunction.

**Shodhana chikitsa (Vaman, Virechana, Basti etc):**

No	Karma	Medicine for Karma	Frequency
1	Shodhana Nasya	Shadbindu taila/ Anutaila	Marsha Nasya Frequently Acc to Rutu Roga Bala and Doshavastha.
2	Sadyo Vamana karma	Madanaphala yoga	Yearly acc to Rutu, Roga bala and doshavastha
3	Sadyo Virechanaa	Trivrut Avaleha	Yearly acc to Rutu, Roga bala and doshavastha

**Kriyakalpaa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Karnapurana	Bilva taila, kshara taila			
2	Karna Pramarjana	Dry mopping	Till max kledata disappears	Frequently	
3	Karna Prakshalana	panchvalkala kashaya, Triphala kashaya	Till max puti - ghana srava cleared	Depends on Roga bala	Not performed in all patients of karnasrava
4	Karna Avadhoo pana	Guggulu, sarshapa, haridra, kantakari	10 - 15 minutes	Frequency depends on rogabala	Regular F/U

**Shaman Chikitsa:**

**Kashaya:**

- Guggulu tiktaka kashaya 4ts bd b/f with w/w,
- Dashamoola katutrayadi kashyaya 4ts bd b/f with w/w

**Asavarishta:** Jeerakadyarista 4tsp bd a/f with water

**Vati/Gutika/Rasoushadhi:**

- Agnitundivati 1bd/tid
- Gandhaka Rasayana 2bd
- Nimbadi guggulu 1bd/tid
- Rasnadi Guggulu 2bd
- Laxmivilasa rasa 2bd
- Arogyavardhinivati 2bd

**Churna :**

- Sitopaladi (Sri Sri Tattva) or Talisadi choorna (Sri Sri Tattva) 2tsp with honey
- Erandabhrushta haritaki 2tsp with w/w

**Naimitik Rasayana:** Triphala choorna with honey nitya sevana

**Pathyapathya**

- ✓ Avoid Guru - Sheeta - Kaphakara Aharaa and vihara
- ✓ Laghu - Ushna Agnivardhaka - Kaphashmaka aharaa and vihara
- ✓ Maintain dry and clean ear
- ✓ Keep body warm
- ✓ Avoid exposure to cold breeze and head bath
- ✓ Avoid intake of cold items/junk foods
- ✓ Pranayaam and jalaneti

**Comment/Justification**

Two pathologies are existing in karnapratinaah – complication of karnagooth and ETD and the treatment should be focused on these two pathologies.

## KARNASHOOLA

### Presentation/clinical features (According to Text): -

The clinical features of Karnashoola are explained in Ashtanga Hridaya Uttarsthana 17 – 1 to 8, Kashyapa Samhita Sutrasthana 25/7.

As per Vagbhata and Sushruta Karnashoola is of 5 types and their clinical features are explained as per the doshadushti.

Type and reference Vagbhat Uttarsthana 17 – 1 to 8	Local signs and symptoms	Paaka - srava	Other features
Vaataja	शूलंस्त्रोतांसीवेगवत् – there is pain in the strotas श्रोत्रंश्चान्यंअकस्माच्च – there is intermittent feeling of blocking sensation Stambham – there is fullness	चिरात्चपाकंपक्वंच – the paka prakriya is slow लासिकांअल्पशःस्त्रवेत् – the discharge is less and serous	अर्धवभेदकंस्तम्भं – there is half sided headache (affected side) शिशिरानभिनन्दनं – there is intolerance for cold touch,
Pittaja	शूलंपित्तात् – the pain is severe सदाहोष – there is burning sensation क्ष्वयथूज्वरम् – the local temperature is raised and there is inflammation	आशूपाकंप्रपक्वमच – the paakprakriya is very fast सपीतलसिकास्त्रुति – the discharge is purulent and yellow in colour सिकास्पृशेततत्तत्तत्पाकम् – where ever the discharge touches the ear, there is inflammation/ ulcer formation	ज्वरम् – fever शीतेच्छा – feels better with cold touch, crave for cold touch
Kaphaja	मंदतारूजा – pain is of less severity, dull pain कङ्कः – itching क्ष्वयथुः – swelling	पाकात्श्वेतघनस्त्रुतिः – the discharge is white, mucoid and thick in consistency	शिरोहनुग्रीवागौरवं – the pain radiates to the head and TM joint and there is a feeling of heaviness, decreased movements, trismus उष्णेच्छा – craving for hot fomentation, feels better with a warm touch

Raktaja or Abhighataja	शूलंअभिघातादिपीडितम् – pain is severe than pittaja karnashool, pain is like of a cutting injury	–	–
Sannipatika	शूलंसमुदितैःदोषैः – the pain is as per the vitiated doshas सशोफतीव्ररूक् – the inflammation and pain is severe श्रुतिःजाड्यवत् – there is hearing loss	तासितआरक्तघनपूयप्रवाहीच – the discharge is thick, mucopurulent and blood stained and profuse (flowing)	ज्वर - fever

As per the reference in Kashyapa Samhita –

कर्णोस्पृशतिहस्ताभ्यांशिरोभ्रमयतेभृशम् I

अरतिअरोचकअस्वप्नैःजानीयात्कर्णवेदनाम् II का.सू. २५-७

As the child cannot express verbally, it shows by some actions which express pain in the ears.

They are - the child continuously touches the ear and shakes his/her head

- does not feel comfortable in any position and cries continuously
- does not sleep and is irritable
- refuses to take orally, vomits out the feeds

These symptoms should be thought of Earache and treated accordingly.

#### Lab/Radiological Diagnosis (According to Text): -

As per modern science –

1. Oto - microscopy
2. Haemogram
3. X - ray Mastoid Schuller's view
4. CT scan Brain and temporal bone
5. MRI – temporal bone
6. HRCT – temporal bone
7. Pus culture for sensitivity
8. X - ray Temporo mandibular joint

#### Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

- Karnashool – Otalgia, Otodynia
- Vaataja Karnashool – Eustachian dysfunction, Eustachian catarrh, Otitis externa, TM joint pain
- Pittaja Karnashool – Acute otitis externa (localized and diffuse), Perichondritis, Eczematous dermatitis



- Kaphaja Karnashool – Otitis externa, Diabetic otitis externa (early stage), Serous otitis media
- Aghataja/Raktaja Karnashool – Traumatic conditions of external ear, Aural haematoma.
- Sannipatika Karnashool – Malignant otitis media, Complicated CSOM, Malignant tumours of external ear

**Line of Treatment (According to Ayurveda): -**

References – Sushrut Uttarsthan – 21, Ashtanga Hridaya Uttarsthan 18.

The treatment of Karnashoola is described in 2 ways –

(1) Samanya chikitsa (2) Vishesh chikitsa

Note : Karnashoola can be a symptom of other pathologies conditions like dental carries, tonsillitis, TM joint arthritis, tongue diseases etc. So in such situations main aim of treatment should be to remove the main causes. However symptomatic sthanic kriya karma like karnapurana can be adopted.

**(1) Samanya chikitsa :**

There are no separate references of the samanya chikitsa of Karnashool. But some kalpas are mentioned in Yoga Ratnakara which mention that they can be used in Karnashool. So these references are taken under the samanya treatment of karnashoola. All these examples are of karnapurana. hence Karnapurana chikitsa is the most important chikitsa for karnashool.

While explaining the treatment of the different types of Karnashool, other treatment methodologies are explained along with karnapurana. This means that Karnashool must be treated symptomatically and locally first and then systemic treatment should be given as per the need.

The karnapurana mentioned in Yoga Ratnakara are –

शृंगबेररसंक्षौद्रं सैधवं तैलमेव च ।

कटूष्णकर्णयोः धार्यम् एतत्स्यात् वेदानापहम् ।

**Adraaka swarasa, honey, saindhava and tila taila should be used for karnapurana. All these are katu rasa pradhan so they must be used with oil.**

If there is a fresh wound on the pinna or the auricle, honey can be applied to the vrana as it is an excellent vranaropaka.

अर्काकुरानम्लपिष्टान्सतैलाम्लवणान्वितान् ।  
सांनदध्यात्सुधाकाण्डेकोरितेमृत्स्नयाऽवृते ॥  
पुटपाकःक्रियांस्विन्नंपीडयेत्आरासागमात् ॥  
सुखोष्णतद्रसंकर्णप्रक्षिपेत्शूलशांतये ॥

Arkankura should be mixed in amla kanji. In this mixture taila and saindhava should be added (the pramana of these two mixtures is not mentioned. Whenever the pramana is not mentioned it should be taken as samapramana, i.e., in equal quantities). The stem of tridharinivdunga should be made hollow from inside and the above mixture should be filled in it. This is then prepared by putapaka vidhi and the rasa which is formed from this putapaka is collected, made it sukhoshna and used for karnapurana. This is very useful in reducing earache.

अर्कस्यपत्रंपरिणामपीतमाज्येनलिप्तंशिखियोगतप्तं ।  
आपीडयतस्याम्बुसुखोष्णमेवकर्णेनिषिक्तंहरेत्तिशूलम् ॥

A ripe Arkapatra should be taken which is full of rasa. Oil should be applied to the Arkapatra and this should be kept on fire. The arkapatra should be squeezed and the rasa which is collected from it should be warm and used for Karnapurana. The deepana, bhedana and ropana qualities of this medicine helps to reduce the inflammation thus reducing the pain. The cyanidin which is present in the arkapatra is a strong anti - inflammatory and anti - oxidant. This helps to reduce the inflammation and the pain in the ear.

कर्णशूलेकर्णनादेबाधिर्येक्ष्वेडेवच ।  
पूरणंकटुतैलेनहितंवातघ्नंऔषधं ॥

Vataghna medicines made in Katu/Sarshapa taila (mustard oil) should be used for karnapurana. Sarshapa is laghu, ushna and teekshna and these help in reducing the vaatprakopa thus reducing the pain.

हिङ्गुसैधवंशुंठीभिःतैलंसर्षपसंभवम् ।  
विपक्वंहरतेअवश्यंकर्णशूलंप्रपूरणात् ॥

Sarshapa taila should be cooked with hingu, saindhava and sunthi. This warm oil should be used for karnapurana. It is very helpful to reduce the pain in the ear.

**Aavasthik Chikitsa (According to Stage of disease): -**

The tabular coloumn shows the treatment as per the type of karnashool.

Type Reference	Snehana - Swedana	Karnapurana	Other
Vaataja su.u.21 - 11 - 13, 20 - 28 Va.u 18 – 1 - 6	<ul style="list-style-type: none"><li>• Mamsayuktha Bhojana</li><li>• Snehapana at night</li><li>• Swedana after snehapana</li></ul>	<ul style="list-style-type: none"><li>• Deepika taila karnapurana</li><li>• Taila from devadaru, kushtha, sarala prepared like deepika taila can be used for karnapurana.</li><li>• Any mutra from ashtamutra should be used luke warm for karnapurana.</li><li>• Sneha made from all four – ghrita, taila, vasa and majja, should be prepared by using amla rasatmaka dravyas, vaataghna dravyas and mutra and used for karna purana.</li></ul>	After snehana and swedana dhoopana should be done with agaru and ghrita. Shirobasti should be given after meals. Balataila should be used for shirobasti, parisheka and nasya Treatment for vaatvyadhi and pratishyaya should be given. (These are considered as the causative factors of karnashoola) Apathya – shirasnan and sheeta jalapana.
Pittaja Su. u 21 - 29,30 Va.U 18 - 7 - 10	<ul style="list-style-type: none"><li>• Snehana – ghritapaana should be done with sita</li><li>• Swedana is not advised.</li></ul>	<ul style="list-style-type: none"><li>• Tikta ghrita</li><li>• Taila prepared from kakolyadi gana dravyas along with milk, kshiri vriksha, Yashtimadhu and chandana.</li><li>• Honey, Yashtimadhu, dhamasa, chandan, vala, kakoli, lodhra, jeevaka, stem of kamal, manjishtha - kalka should be prepared in Yashtimadhu kwatha, dugdha and taila</li><li>• Aja mutra with saindhava should be used luke warm for karnapurana.</li></ul>	virechana with the help of manuka sidha ghrita should be done after snehapana. Lepa should be done with the dravyas mentioned in the karnapurana yoga (Yashtimadhu, bala,etc.)

Kaphaja Su.U. 21 - 31,32 Va.u. 18 - 11.12	<ul style="list-style-type: none"> <li>Snehana should be done with pippali sidha ghrita.</li> <li>Taapa and ushma sweda should be done. Sweda should be rooksha.</li> </ul>	<ul style="list-style-type: none"> <li>Rasa from garlic, ginger, should be used luke warm</li> <li>Mustard oil with Ingudi hinganabet</li> </ul>	vamana should be given after snehapana. Dhooma, nasya, kaval and gandush should be done with kaphaghna and teekshna dravyas. aharaa – tikta Yusha
Raktaja Va.u.18 - 16		Same as pittajakarnashoola	Raktamokshana should be done by siravedha.
Sannipatika	-	Kalka prepared from the root of Shyonaka should be cooked in taila on mandagni and the taila should be used for karnapurana.	

### **Shaman Chikitsa:**

This is mentioned as per the dosha dushti, vyadhi avastha and specific clinical features seen in the patient.

### **Kashaya**

- Triphala kwatha can be used for karnadhawana.
- Nimba kwatha can be used for karnadhawana.

### **Asavarisht**

- Dashamoolarishta can be used in karnashoola where vata is the pradhan doshdushti. This is more useful in referred otalgia.
- Mahamanjishtadi kwatha can be used in Pittaja karnashoola where there are skin eruptions. it can be useful in Eczematous dermatitis.

### **Vati/Gutika/Rasoushadhi**

- Vatavidhwamsa vati is useful in referred otalgia. It is commonly used in Tempero mandibular arthralgia. Dose – 250mg tablet twice a day for 3 days along with sthanik snehana and swedana.
- Tab. Arogyawardhini 2 tab thrice a day is useful in all conditions where aamapachana is required. it reduces the inflammation and pain.
- Tab Sookshma triphala 2 tab thrice a day is useful to reduce the inflammation and discharge. This can be used in the pakwa awastha of otitis externa.
- Tab. Gandhaka Rasayana 250 mg thrice a day is advised where there is secondary infection and purulent discharge.
- Tab. Rasnadi guggulu 2 tab thrice a day, is used to reduce the vata prakopa.
- Karnarogaharaa rasa is useful in all types of karnashoola.
- Sarivadi vati 2 tab thrice a day is useful in all chronic conditions where karnashoola is the predominant symptom. Anupana should be **Shatavari swarasa**.

- Abhraka bhasma 80mg to 120 mg twice a day is useful to reduce the discharge. It is used for a long duration as a rasayana kalpa in chronic otitis media.
- It is also used pre operatively in patients who are advised Tympanoplasty to keep the ear dry and reduce the oedema of the middle ear. It is also used post operatively for a long duration to keep the ear dry and healthy.
- Panchtikta ghruta guggulu is used in reducing the otalgia which is due to inflammatory conditions of the middle ear mucosa. It is given in a dosage of 500 mg thrice a day for 7 to 10 days.

### **Others**

- In case of otitis externa, where there is inflammation of the skin of the external auditory canal, a small piece of Hingu is wrapped in a cotton ball and that cotton ball is kept in the external auditory canal. The fumes from the hingu reduce the inflammation, thus reducing the pain.
- Karnadhavana – in cases of dermatitis of the auricle the ear is washed with nimba kwatha, triphala kwatha or haridra kwatha.
- Simple honey is applied to the auricle to reduce the inflammation of otitis externa.

### **Pathyapathya**

- ✓ Exposure to cold air should be avoided.
- ✓ Swimming and head bath should be avoided.
- ✓ Itching and inserting sticks, etc should be strictly avoided.
- ✓ Karnapurana should be done only after medical advice.
- ✓ Regular karnapurana is advised as a daily regime in Dinacharya.

## **MENIERE’S DISEASE**

Presentation/clinical features (According to Text): - Patient C/O ringing sound, diminished hearing and giddiness.

Lab/Radiological Diagnosis (According to Text): - It is a clinical diagnosis.

Near correlation with Ayurvedic/Allopathic disease: -

- Karna nada
- Karna kshweda
- Badhirya
- Bhrama

AavasthikChikitsa (According to Stage of disease): - During Karna nada Sarshapa taila karnapurana can be done.

**Shodhanchikitsa (Vaman, Virechana, Basti etc):**

No	Karma	Medicine for Karma	Frequency
1	Virechana	With Trivrut Lehya	One time
2	Nasya Karma	With Ksheerabala Taila	One time

**Kriyakalpa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Karnapurana	Kshara Taila	15 days	Once daily	-
2	Shiropichu	Ashwagandha bala lakshadi Taila	7 days	Once daily	-

**Shamana Chikitsa:****Kashaya**

- Dashamoolakatutrayadi Kashayam - 10 ml twice a day with water before food for 1 month

**Vati/Gutika/Rasoushadhi**

- Sarivadi vati– 2 tablets twice a day with water after food for 3 months

**Others**

- Drakshadi lehya – 5gms twice a day with milk before food for 3 months

**Pathyapathya - as like Karna roga****Comment/Justification:**

Meniere's disease is one of the chronic diseases, which is critically diagnosed and poorly treated with increasing incidences even in the Indian Society. Symptoms mentioned relate with conditions like Karna nada, Badhira, Karna kshweda, Bhrama roga. Vata pradhanatridosha and Rajoguna are the prime factors in the causation of Meniere's disease. Shodhana being srotoshodhaka and Rasayana being dhatu poshaka and rejuvenative is a perfect combination in the treatment of chronic disorders like Meniere's disease. Thus timely assessment and proper treatment measures when adopted will surely bring down the sufferings of patients of Meniere's disease.

## **NOSE DISEASES**



## AAMA PRATISHYAYA

### Presentation/clinical features (According to Text): -

Aruchi, Virasa Vaktra, Nasasrava, Ruja, Arati, Shirogurutva, Kshavathu, Kashama Swara, Jwara

### Lab/Radiological Diagnosis (According to Text): - Serological tests

### Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Kavala	Trikatu + Saindhava	Daily	2 - 3 times per day	

### Shamana

Langhana

Vati made by Shunthi + Guda for chewing

In case of Nasanaha, application of Shunthi on external nose can be done

### Pathyapathya

1. Shunthi Sidha Jala/Ushna Jala Pana
2. Langhana should be done, Kshudhakale only Laghu & Ushna Aharaa should be taken (Like Mungdal, Rice etc. specially Trikatu or Shunthiyukta)
3. Dinner should be taken by 7 pm or as early as possible, after Dinner no any kind of food should be taken
4. Guru, Atisnigdha, Ati drava aharaa, Pishtanna, Fruits, Salads etc should be avoided
5. Try to follow Ashta ahara viddhi vidhan
6. Should sleep maximum by around 10 – 10:30 pm
7. Should get up early in the morning Late to late 6:30 am
8. Should stay in place devoid of wind and cold
9. Bath with warm water
10. Avoid daily Shira snana, Diwaswapna, Fast food or the food which is difficult to digest, cold items etc.
11. Do routine work and avoid exertion
12. Head (with forehead) should be covered with Ushna Vastra, during cold wind Face should be also covered
13. Try to avoid direct wind, cold climate, dust, cold water contact etc



## VATAJA PRATISHYAYA

### Presentation/clinical features (According to Text): -

Anadha Nasa, Pichita Nasa, Tanuachchhashishira Srava, Gala, Talu, Oshtha Shosha, Shankha Nistoda

Swara Upaghata, Kshavathu

### Lab/Radiological Diagnosis (According to Text): - Serological tests

### Near correlation with Ayurvedic/Allopathic disease (With short Justification): - Allergic or Vasomotor Rhinitis

### Line of Treatment (According to Ayurveda): -

- Lavana Sidha or Vidarigandhadi Gana Sidha Sarpipaan
- Nasyadi Chikitsa

### Shodhan Chikitsa (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	Basti	Dashamoola Kwatha, Dashamoola Taila	Yoga, Kala, Karma – As per requirement
2	Matra Basti	Dashamoola Taila	Minimum 15 days to as per need

### Kriyakalpaa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Nasya	Anutaila	7 days	As per Requirement	Marsha Nasya Dose
2	Nasya	Dashamoola Taila/ Ksheerabala 101/ Bala Taila	7 to 21 days	As per Requirement	Brimhana Nasya Dose
3	Pratimarsha Nasya	Go - Ghrita/ Anutaila	Daily		2 drops at least 2 time – morning & Evening
4	Shiroabhyanga	Tila Taila/ Dashamoola Taila	Daily in evening	As per Requirement	At least for 30 minutes in silent room with relaxed body and try to get relax mentally also

### **Shaman Chikitsa:**

#### **Kashaya :**

Dashamoola Kwatha (Sri Sri Tattva) with Trikatu and Ghrita, Pathyadi Kwatha with Guda & Ghrita, Dashamoola katu trayadi kashaya, Vyaghradi Kashaya Morning & evening – 40 ml,

#### **Vati/Gutika/Rasoushadhi**

In Chronic Stage, Swarna Vasant Malati – 1 tab 2 time,  
Naradeeya laxmi Vilasa swarasa with Nagavalli rasa Tid  
Vyoshadi Vati 2Tid  
Naga Gutika 2 Tid

#### **Churna**

- Combination of Sitopaladi Churna – 2gm + Ashwagandha Churna – 1 gm, Rasayana Churna – 1 gm + Trikatu Churna – 1 gm with Madhu & Ghrita, Morning & Evening
- Approx 45 minutes before meal, Erand Bhrishta Haritaki – 5 gm with Ghrita or Shunthi Churna – 2 gm + Haritaki Churna – 4 gm with Ghrita or Shivakshar Pachana Churna – 5 gm with Ghrita - as per Rogi Prakriti & Roga Avastha if needed (Having Agnimandya, Adhmana etc)
- Eranda Bhrishta Haritaki – 5 gm with warm water at bed time.
- Ashwagandha Churna – 5 gm for Ksheerpaka in night.

#### **Naimitik Rasayan:**

Dashamoola haritaki

#### **Pathyapathya**

- Ushna Jala or Shruta Sheeta Jala Pan (Acco. to Ritu)
- Bhojana should be taken only Kshudhapravrut Kale
- Dinner should be taken by 7 pm or as early as possible, after Dinner no any kind of food should be taken
- Go - Ghrita should be used in diet as much as patient can digest properly
- Vatacara diet (Like pulses (specially Ankurita Dhanya, Nishpava, Kalay) should be avoided at maximum level)
- Try to follow Ashta Ahara Viddhi Vidhan
- Should sleep maximum around 10 – 10:30 pm
- Should get up early in the morning Late to late 6:30 am
- Do Abhyanaga with Taila daily.
- Don't keep hair dry
- Avoid Diwaswapna, Fast food or the food which is difficult to digest, Cold items etc.
- Try to avoid direct wind, cold climate, dust etc

**Comment/Justification**

- If Pratishyaya is due to other condition/disease then first it should be ruled out and cured first.
- Agni of patient should be assessed first if it is not proper then it should be treated first, treatment for Pratishyaya should be given thereafter
- Anulomana of Vata is very important and it should be assessed and done.
- Manasika Bhava of patients should be also considered and that should be also treated

**KAPHAJA PRATISHYAYA****Presentation/clinical features (According to Text): -**

Shukla Sheeta, Ghana Nasa Srava, Suklaavabhasa, Shunakshi, Shiro Mukha Gauravata, Shira Gala Oshta Talu and Nasa Kandu, Aruchi

**Lab/Radiological Diagnosis (According to Text): -**

**Near correlation with Ayurvedic/Allopathic disease (With short Justification): -**  
**Chronic Rhino-sinusitis**

**Shodhan chikitsa (Vaman, Virechana, Basti etc):**

No	Karma	Medicine for Karma	Frequency
1	Vamana	Madanphala + Vacha	

**Kriyakalpa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Avapida Nasya	Guda + Adraka	As per need		
2	Marsha Nasya	Anutaila/Shadbindu Taila	7 days	As per need	
3	Shirolepa	Shunthi	As per need		Lepa should be applied on Forehead
4	Kavala	Trikatu + Saindhava + Haridra	daily	As per need	3 - 4 times/day
5	Dhoomapana	Vairechanika	daily	As per need	Preferably in morning

**Shaman Chikitsa:****Kashaya**

Bharangyadi Kwatha with Madhu or Gojihvadi Kwatha with Madhu Morning & evening – approx. 40 ml,

**Vati/Gutika/Rasoushadhi**

Tribhuvankirti Rasa – 2 tab Bid or Tid as per severity of the condition

Yastimadhu Ghanavati – 5 - 6 tab Chewing/day

**Churna:**

- Combination of Talisadi Churna – 2gm + Vasa Churna – 2 gm, Tankana – 250 mg + Trikatu Churna – 1 gm with Madhu & Haridra, Morning & Evening Approx 45 minutes before meal,
- Shunthi Churna – 2 gm + Haritaki Churna – 4 gm with Ghrita (in case of Agnimandya, Adhmana etc)

**Pathyapathya**

1. Shunthi Sidha Jala/Ushna Jala or Shruta Sheeta Jala Pan (Acco. to Ritu)
2. Panchakola Siddha Yavagu
3. Bhojana should be taken only Kshudhapravrut Kale
4. Dinner should be taken till 7 pm or as early as possible, after Dinner no any kind of food should be taken
5. Guru, Atisnigdha, Ati Drava Aharaa, Pishtanna, Fruits, Salads etc should be avoided
6. Laghu & Ushna Aharaa should be taken (Like Mudga, Rice etc. specially Trikatuyukta)
7. Try to follow Ashta Ahara Viddhi Vidhan
8. Should sleep maximum around 10 – 10:30 pm
9. Should get up early in the morning Late to late 6:30 am
10. Should do exercise in morning, walking/Suryanamaskar/Yoga – Pranayam.
11. Bath with warm water
12. Don't keep hair dry
13. Avoid daily Shira snana, Diwaswapna, Fast food or the food which is difficult to digest, Cold items etc.
14. Head (with forehead) should be covered with Ushna Vastra, during cold wind Face should be also covered
15. Try to avoid direct wind, cold climate, dust, cold water contact etc

**Comment/Justification**

- If Pratishyaya is due to other condition/disease then first it should be ruled out and cured first.
- Agni of Patient should be assessed first if it is not proper then it should be treated first, treatment for Pratishyaya should be given thereafter
- Anulomana of Vata is very important and it should be assessed and done.
- Manasika Bhava of Patient should be also considered and that should be also treated

# SANNIPATAJA PRATHISYAYA

## **Presentation/clinical features (According to Text): -**

Repeated attack of Pratishyaya

Akasmāt Nivrutti of attack

Sometimes get Pakwa, sometimes remain Apakwa

Sarva Dosha Linga (Lakshana)

## **Lab/Radiological Diagnosis (According to Text): -**

## **Near correlation with Ayurvedic/Allopathic disease (With short Justification): - Chronic Rhinitis**

## **Shodhan chikitsa (Vaman, Virechana, Basti etc): -**

- Shodhana Karma should be selected depending upon predominance of particular Dosha
- Vamana: Madana phala yoga
- Virechana: Trivruṭh Lehya

## **Kriyakalpa & Upakrama**

Nasyakarma should be selected as per predominance of Dosha, however first Shirovirechana must be done.

- Shiroabhyanga should be done daily.

## **Shaman Chikitsa:**

### **Kashay**

- Pathyadi Kwatha with Guda + Ghrita or
- Guduchyadi Kwatha or
- Manjishthadi Kwatha morning & evening – approx. 40 ml,

### **Vati/Gutika/Rasoushadhi**

- Samshamani Vati – 2 tab Tid
- Suvarna Vasant Malati Rasa – 1 Bid

### **Churna**

- Combination of Sitopaladi Churna – 2gm + Rasayana Churna – 2 gm, Yastimadhu – 1 + Trikatu Churna – 1 gm with Ghrita + Madhu, Morning & Evening

### **Naimitik Rasayan :**

- Agasthya Haritaki Rasayana

### **Pathyapathya**

1. Shunthi + Dhanyaka + Musta Sidha Jala/Ushna Jala or Shruta Sheeta Jala Pan (Acco. to Ritu)
2. Bhojana should be taken only Kshudhapravrut Kale

3. Dinner should be taken till 7 pm or as early as possible, after Dinner no any kind of food should be taken
4. Guru, Atisnigdha, Ati Drava Aharaa, Pishtanna, Fruits, Salads etc should be avoided
5. Laghu, Snigdha & Ushna Aharaa should be taken (Like Munga, Rice, Raab made with wheat flour+ Gud + ghrita + Hot water etc.) Diet should be taken with Ghrita
6. Try to follow Ashta Ahara Viddhi Vidhan
7. Should sleep maximum around 10 – 10:30 pm
8. Should get up early in the morning Late to late 6:30 am
9. Should do exercise in morning, walking/Suryanamaskar/Yoga – Pranayam.
10. Bath with warm water
11. Don't keep hair dry
12. Avoid daily Shira snana, Diwaswapna, Fast food or the food which is difficult to digest, Cold items etc.
13. Head (with forehead) should be covered with Ushna Vastra, during cold wind Face should be also covered
14. Try to avoid direct wind, cold climate, dust, cold water contact etc

#### **Comment/Justification**

- If Pratishyaya is due to other condition/disease then first it should be ruled out and cured first.
- Agni of Patient should be assessed first if it is not proper then it should be treated first, treatment for Pratishyaya should be given thereafter
- Anulomana of Vata is very important and it should be assessed and done.
- Manasika Bhava of Patient should be also considered and that should be also treated

## DUSHTA PRATISHYAYA

### Presentation/clinical features (According to Text): -

Praklidhyati Nasa, Shushyati Nasa, Nasanaha, Nishwasochchhavasa Daurgandhya, Gandhagyananasha

### Lab/Radiological Diagnosis (According to Text): - Serological & Radiological investigations to rule out specific disease

### Near correlation with Ayurvedic/Allopathic disease (With short Justification):

Chronic Sinusitis

### Line of Treatment (According to Ayurveda): -

Yakshma & Kriminashaka Chikitsa

### Aavasthik Chikitsa (According to Stage of disease):

Chronic Sinusitis/Atrophic rhinitis

### Shodhan chikitsa (Vaman, Virechana,Basti etc):

No	Karma	Medicine for Karma	Frequency
1	Vamana	Madanphala + Vacha	

### Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Pradhamana Nasya	Triphala + Trikatu	As per need		
2	Marsha Nasya	Anutaila/Shadbindu Taila	7 days	As per need	
3	Kavala	Trikatu + Saindhava + Haridra	daily	As per need	3 - 4 times/day
4	Dhoomapana	Vairechanika	daily	As per need	Preferably in morning

### Shaman Chikitsa:

#### Kashay

- Dashamoola Kwatha (Sri Sri Tattva) + Trikatu
- Guduchyadi Kwatha morning & evening – approx. 40 ml,

#### Vati/Gutika/Rasoushadhi

Nityananda Rasa – 2 Tid, Samshamani Vati - 1 bd as per severity of the condition  
Suvarna Vasant Malati – 1 tab bd.

**Churna**

- Brihat Haridra Khanda – 6gms bd with warm milk/warm water before food
- Combination of Sitopaladi Churna – 2gm + Rasayan Churna – 2 gm + Trikatu Churna – 1 gm with Madhu & Ghrita, morning & evening approx 45 minutes before meal
- Shunthi Churna – 2 gm + Haritaki Churna – 4 gm with Ghrita + Guda if needed.

**Naimitik Rasayan :**

Vardhamana Pipplai Rasyana

**Pathyapathya**

- Shunthi Sidha Jala/Ushna Jala or Shruta Sheeta Jala Pan (Acco. to Ritu)
- Bhojana should be taken only Kshudhapravrut Kale
- Dinner should be taken till 7 pm or as early as possible, after Dinner no any kind of food should be taken
- Guru, Atisnigdha, Ati Drava Aharaa, Pishtanna, Fruits, Salads etc should be avoided
- Laghu, Snigdha & Ushna Aharaa should be taken (Like Munga, Rice etc.); Diet should be taken with Ghrita
- Try to follow Ashta Ahara Viddhi Vidhan
- Should sleep maximum around 10 – 10:30 pm
- Should get up early in the morning Late to late 6:30 am
- Should do exercise in morning, walking/Suryanamaskar/Yoga – Pranayam.
- Bath with warm water
- Daily Shiroabhyanga should be done.
- Avoid daily Shira snana, Diwaswapna, Fast food or the food which is difficult to digest, Cold items etc.
- Head (with forehead) should be covered with Ushna Vastra, during cold wind Face should be also covered
- Try to avoid direct wind, cold climate, dust, cold water contact etc

**Comment/Justification**

- If Pratishyaya is due to other condition/disease then first it should be ruled out and cured first.
- Agni of Patient should be assessed first if it is not proper then it should be treated first, treatment for Pratishyaya should be given thereafter
- Anulomana of Vata is very important and it should be assessed and done.
- Manasika Bhava of Patient should be also considered and that should be also treated
- After getting cure Pratimarsha Nasya with Anutaila should be done regularly.



## APEENASA

**Possible Nidana:** Vegadharana, Rajo - Dhumasevana, Atiswapna, Sheetambupana,

**Dosha:** Vatakapha

**Lakshana:**

1. Nasal blockage, (because of the nasal discharge dried by Pitta - dalhana commentary)
2. Smoky sensation in the nose,
3. Alternate dry and wet nasal cavity,
4. Absence of taste and smell perception and
5. Other symptoms of pratishyaya.
6. Ghur - ghurashwasa - (A H U 19)
7. Ajasra - nostrils remain continuously wet (As in sheep/Goat) (A H U 19)
8. Peeta - pichilasinghanaka (thick yellowish nasal discharge) (A H U 19)

**Lab/Radiological Diagnosis:**

1. AEC
2. X - Ray to rule out any structural deformity in nose.

**Near correlation Allopathic disease**

Chronic Simple Rhinitis: as there is alternate nasal blockage, runny nose, and sneezing with reduced smell perception are seen in chronic rhinitis

**Line of Treatment: - Ref: S U 23/3**

**Vamana, Virechana, Dhoomapana. Teekshna, laghu alpa Bhojana**

**Aavasthika Chikitsa**

1. Steam inhalation in nasal blockage
2. Anutaila pratimarsha in dryness of nostrils.
3. Ushnajalapana
4. Dumapana– Trikatu, Erandamula, Vidanga, Devadaru, Ashvashakrit, Hastimutra
5. Nasya- Hingu, Trikatu, Katphala, Shunthi, Tulasi, Vidanga, Vacha, Kushta, Shigru, Karanjabeeja - Avapeedananasya,

**Shodhanchikitsa**

No	Karma	Medicine for Karma	Frequency
1	Anuloman	Dashmulakwatha	-
2	Chardana	Madnaphala	-
3	Sramsana	Haritaki	-
4	Nasya	Teekshna dravyas Kalingadi avapeeda, Kalingadi Taila	7 days

### **Shamanchikitsa:**

#### **Kashaya**

- Dashamulakatutrayikshaya 3tsp bd with warm water for 15 days
- → Which may act as anti histamine and anti - inflammatory action
- Pathyadi kadha 3tsp bd with warm water for 15 days.

#### **Asavarishta**

- Amrirtarishta BD with warm water for 15 days

#### **Vati/Gutika/Rasoushadhi**

- Lakshmi vilasa Rasa bid with warm water for 15 days
- VyoshadiVati bid with warm water for 15 days

#### **Churna**

- Sitopaladichurna 12gms in divided dosage with honey (muhurmuhur)
- Talisadichurna 12gms in divided dosage with honey (muhurmuhur)

#### **Ghrit/Taila**

- Vidaryadighrita 2tsp OD with warm water

#### **Naimitik Rasayana:**

- Agastyaharitaki
- Chitrakaharaitaki

**Pathya:** Teekshna, Alpa and Laghubhojana.

#### **Others**

- Jala Neti: (sukhoshnajala + madhu + saindhava + triphalaghrita) as nasal irrigation twice a day.
- kapalabhati and anuloma viloma pranayama.

Comment: Vagbhata has mentioned Kapha peenasavath chikitsa

## DEEPTHA OR DEEPTHI

Presentation/clinical features (According to Text): - It is due to pitta and rakta vitiation associated with burning sensation in the nose, smoky feeling intolerable pain and tenderness.

घ्राणे भृशं दाहसमन्विते तु विनिःसरेद्धूम इवेह वायुः १४  
नासा प्रदीप्तेव च यस्य जन्तोर्व्याधिं तु तं दीप्तमुदाहरन्ति

Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

It can be a symptom in Various conditions

**Line of Treatment** (According to Ayurveda): -

Pitta shamaka with madhura sheetala dravyas

### Kriyakalpa&Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Nasya	Ksheera sarpi nasya/ Yashti ghrita	7 days	Once a day	-
2	Lepa	Shatadauthaghrita to nose	7 days	Twice a day	-

### Shaman Chikitsa:

#### **Kashaya**

Drakshadi Kashaya 15ml BD before food

#### **Asavarishta**

Chandanasava 30ml BD after food, Usheerasava/syrup (Sri Sri Tattva) 30ml BD after food

#### **Vati/Gutika/Rasoushadhi**

Praval/Muktha/Shukti/Gyrika, Praval Panchamruta, Kamadugdha rasa, Laghusuta shekara rasa, Vyoshadivati

#### **Churna**

Avipattikara churna (Sri Sri Tattva) for Vatanulomana

#### **Ghrit/Taila**

Ghrit pana

## NASA PAKA

Presentation/clinical features (According to Text): -

- Vitiated pitta dosha causes acute inflammatory changes by the eruption of small piticas (Vesicles) in the nasal cavity; the piticas suppurates and discharges sticky secretion with Kotha changes (Su u 22).
- Vitiated Rakta and pitta produces furuncles in the nose associated with pain, burning sensation, redness and oedema is known as Nasapaka (cha – chi – 26)
- Vitiated pitta dosha causes vitiation in twak and mamsa of nose and leads to eruption of furuncles associated with pain, burning sensation and oedema is known as ghrana paka (A. H. U. 16)

घ्राणाश्रितं पित्तमरूषि कुर्याद्यस्मिन् विकारे बलवांश्च पाकः ऽ  
तं नासिकापाकमिति व्यवस्येद्विकलेदकोथावपि यत्र दृष्टौ

**Lab/Radiological Diagnosis** (According to Text): -

Serological test to rule out infection and inflammation.

**Radiological investigation** – X-Ray PNS, to see extent of the disease in surrounding structures.

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

Nasal furunculosis/Herpes/Dermatitis/of Nasal vestibule.

**Line of Treatment** (According to Ayurveda): Pitta Vidradhivath chikitsa

**Shodhanchikitsa (Vaman, Virechana, Basti etc):**

No	Karma	Medicine for Karma	Frequency
1	Raktamokshana	Jalaukavacharana	Once a day

**Kriyakalpa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Lepa	Ghruta of Ksheeri vruksha/ Dashanga	7 days	Twice a day	-
2	Seka	Ksheeri Vruksha kashaya or Ghruta, Panchavalakala seka			-

**Shaman Chikitsa:****Kashay:**

Tandulodaka

Mahamanjishtadi Kashaya

**Asavarisht**

Chandanasava

Usheerasava

**Vati/Gutika/Rasoushadhi**

Praval, Muktha, Shukti, Gyrika, Kaishora guggulu, Triphala Guggulu, Chandrakala Rasa

**Churna**

Manibhadra Guda

**Pathyapathya**

Pitta hara Aharaa–Vihar

Intake of Ghritha and ksheera and Jangal Mamsa rasa

**Comment/Justification**

As Nasapaka can lead to nasa pitica and other complications like nasal external and internal abscess which will need further surgical intervention as per requirement under anaesthesia.

## PUTINASA

**Possible Nidana:** Vegadharana, Rajo - Dhumasevana, Atiswapna, Sheetambupana.

**Dosha :** Pitta, Kapha, Rakta with Vayu

Presentation/clinical features (According to Text):

दोषैर्विदग्धैर्गलतालुमूलेसंवासितोयस्यसमीरणस्तु ॥

निरेतिपूतिर्मुखनासिकाभ्यांतपूतिनासंप्रवदन्तिरोगम् |S U 22/6

**Samprapti :** kapha, rakta vitiation because of pitta ushmata at talumoola-putitvautpatti - vata brings that out through mukha/nasa

**Lakshana:**

1. Foul smell from nose and mouth
2. Foul discharge from nose
3. Akshi and shankharuja (Videha)
4. Ghranakandu and jwara (Videha)

**Lab/Radiological Diagnosis):**

1. Anterior rhinoscopy/nasal endoscopy

**Near correlation with Allopathic disease: -**

Atrophic rhinitis: characterized with foul smell, green crusting in roomy nostrils, watery eyes and headache.

**Line of Treatment: - Ref: S U 23/3 (common for apeenasa and putinasa)**

1. Ushnajaalapana
2. **Dumapana** – Trikatu, Erandamula, Vidanga, Devadaru, Shushkasmatsya, Ashvashakrit, Hastimutra, Kshoumavastra.
3. **Nasya**: Hingu, Trikatu, Katphala, Shunthi, Tulasi, Vidanga, Vacha, Kushta, Shigru, Karanjabeejaavapeedananasya,

**Aavasthik Chikitsa**

Stenosis of nostrils.

**Shodhanachikitsa**

No	Karma	Medicine for Karma	Frequency
1	Sweda	Dashmulakwatha	-
2	Chardana	Madnaphala	-
3	Sramsana	Haritaki	-
4	Nasya	Vyaghri Taila	-

**Shamanchikitsa:****Kashaya**

Dashmulakatutrayikshaya 3tsp bid with warm water for 15 days

→ Which may act as anti histamine and anti - inflammatory action

Pathyadiakadha 3tsp bid with warm water for 15 days

**Asavarishta**

Amrirtarishta 3tsp bid with warm water for 15 days

**Vati/Gutika/Rasoushadhi**

Lakshmi vilasa Rasa 1bid with warm water for 15 days

Vyoshadi Vati 1bid with warm water for 15 days

**Churna**

Sitopaladichurna (Sri Sri Tattva) 12gms in divided dosage with honey (muhurmuhur)

Talisadichurna (Sri Sri Tattva) 12gms in divided dosage with honey (muhurmuhur)

**Ghrit/Taila**

Vidyadighrita 2tsp OD with warm water (Ref: A H Chi 3)

**NaimitikRasayana :**

- Agastyaharaitaki (Ref: A H Chi 3)
- Chitrakaharaitaki (Ref: bhaishajyaratnavalinasarogadhikara)

**Pathya:** Teekshna, Alpa and Laghubhojana.

**Others**

- Jala Neti: (sukhoshnajala + madhu + saindhava + triphala ghrita) as nasal irrigation twice a day.
- Kapalabhati, and anulomaviloma pranayama.

**Comment:**

- Same line of treatment for Apeenas and Putinasa
- Vishesha Chikitsa is Shodhana
- 

## PUYASHONITA

**Possible Nidana:** Vegadharana, Rajo - Dhumasevana, Abhigata.

**Dosha :Rakta, Pitta**

**Clinicalfeatures: -**

दोषैर्विदग्धैरथवाऽपिजन्तोरलाटदेशेऽभिहतस्यतैस्तु ।

नासास्त्रवेत्पूयमसृग्विमिश्रंतंपूयरक्तंप्रवदन्तिरोगम् ॥S U 22/10

**Lakshana:**

1. Blood mixed pus discharge from nose (because of doshavikriti or abhigata)
2. Shirodaha
3. Shiroruja

**Lab/Radiological Diagnosis : -**

1. CT/BT
2. X - ray

**Near correlation with Allopathic disease: -**

Furunculosis/abscess in nasal cavity.

**Line of Treatment (According to Ayurveda): -** Teekshna Dhumapana, kaphanashaka chikitsa like vamana and Avapeedana chikitsa and Nadi Vrana Chikitsa

**AavasthikChikitsa** (According to Stage of disease): -

**In early stage:** raktajapratishyayachikitsa : sheetadravyaseka - pana - abhyanga.

**Inchronicstage:** nadvranachikitsa

**Shodhanchikitsa (Ref: A H U20):**

No	Karma	Medicine for Karma	Frequency
1	Vamana	Madanaphala Yoga	-
2	Virechanaa	Trivrit Yoga	-
3	Nasya	Taila prepared out of Haridra, Dhava, Triphala, Twak, Trivrit, Yashti, Tilvaka, Ksheera and Taila	-

**Kriyakalpa &Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Pariseka	Chandana, Ushira	5 - 10 min	5 - 7 days	-
2	Lepa	Chandana, Karpura	5 - 10 min	5 - 7 days	-

**Shaman Chikitsa:****Kashaya**

Dhanvantara kashaya 3tsp bid with warm water for 15 days

**Asav arishta**

Ushirasava bid with warm water for 15 days

**Vati/Gutika/Rasoushadhi**

Lakshmi vilasa Rasa 1 bid with warm water for 15 days

VyoshadiVati 1bid with warm water for 15 days

Eladigutika 1 tid for 7 days

**Churna:** Haridrachurna for lepa and oral administration.

**Ghrit/Taila**

Kakolyadi ghrita 2tsp OD with warm water

Dhanvantara ghrita2tsp OD with warm water

**Naimitika Rasayan:** Agastyaharaitaki

**Pathya:** Ghrita, Ksheera, Yava, Shali, Godhuma, Jangala Rasa, Sheeta - Amla - Tiktashaka - Mudgayushha (Ref: Cha Chi 26)



## KSHAVATHU AND BRAMSHATHU

Presentation/clinical features (According to Text): -

- Doshaja Kshavathu – vitiated vatadidoshas affects the shrungatakamarma of the nasal cavity and so the vitiated vata and kaphsdosha forcibly eliminated through nose with sound frequently is known as doshaja Kshavathu (sushrutha)
- Aaganthuja Kshavathu – the nasal shrungatakamarma is stimulated by the following causes and produces sounds through nose with nasal discharge frequently. The causative factors like inhalation of katuteekshna items like maricha, tobacco, chillies, strong perfumes, sunlight, foreign bodies like insects.
- Bramshathu – The accumulated kapha of shiras (because of repeated sneezing the nasal mucosa becomes inflamed or get hypertrophied) dissolved, burnt by pittoshma and expels sticky mucus discharge through nasal cavity is known as Bramshathu. It is secondary to Ksavathu and the treatment is like as Ksavathu.

Vagbhata calls it as Bhrushakshava

Charak calls it as Kshavathu

घ्राणाश्रिते मर्मणि संप्रदुष्टे यस्यानिलो नासिकया निरेति ११  
कफानुयातो बहुशः सशब्दस्तं रोगमाहुः क्षवथुं विधिज्ञाः  
तीक्ष्णोपयोगादतिजिघ्रतो वा भावान् कटून्कनिरीक्षणाद्वा १२  
सूत्रादिभिर्वा तरुणास्थिमर्मण्युद्धाटितेऽन्य क्षवथुनिरेति  
प्रभ्रश्यते नासिकयैव यश्च सान्द्रो विदग्धो लवणः कफस्तु १३  
प्राक् संचितो मूर्धनि पित्ततप्तस्तं भ्रंशथुं व्याधिमुदाहरन्ति

**Lab/Radiological Diagnosis** (According to Text): -

Serological test to check allergen

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

Allergic Rhinitis/Vaso motor Rhinitis

**Line of Treatment** (According to Ayurveda): - Deepana, Amapachana, Shamana, Shodhana

**Shodhanchikitsa** (Vaman, Virechana, Basti etc): As per The Disease Stage

Avpeeda nasya or pradhmana nasya with pippali, shunthi, maricha vidanga, sigrubeja

## Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Nasya	Shadbindu tail	7 days	Once a day	
2	Mukha Lepa (Nasa)	Vacha, shunti, Rasna, Kachora	7 days	Twice a day	
3	Mrudu swedan to shiras	Bashpa - Dashamoola Kwatha	7 days	Once a day	
4	Shirolepa	Vacha, shunti, Rasna, Kachora			
5	Snigdha dhoom	Guggulu, Haridra, Daru haridra, Ingudi, Apamarga, Triphala & Saindhava varti			

### Shaman Chikitsa:

#### **Kashaya:**

Dashamoola katutrayadi Kashaya 15ml twice a day Before food

Dashamoola Panchakoladi Kashaya 15ml twice a day Before food

Vyaghradi Kashaya 15ml twice a day Before food

#### **Asavarisht**

Pippalyasava, Dashamoolarishta

#### **Vati/Gutika/Rasoushadhi**

Naradeeya Laxmi Vilasa Rasa

Vyoshadi Vati

#### **Churna**

Haridra Khanda (Sri Sri Tattva) 1tsp with milk, Trikatu Churna 3grams with honey before food

#### **Ghrit/Taila**

Ghrit pana, Ghritabyanga

No	Name of the medicine	Sevan kal	Anupan	Duration
1	Oral intake of agastya haritaki/ chitraka haritaki	125 mg morning/evening	Koshnajala	7 days
2	Maha Lakshmi vilas rasa	250 mg morning/evening	Koshnajala	7 days

#### **Naimitik Rasayan:**

Chitraka Haritaki (Sri Sri Tattva) 1tsp BD before food

Agastya Rasayana 1tsp before food

Dhatrinisharasayan vati 250 mg BD after food

**Pathyapathya:**

As per Pathyapathya indicated in Nasa Roga

**Comment/Justification**

Avoid allergens and preventive treatment for precipitating factors.

In recurrence state Pratimarsha nasya with Anutaila explained in Dinacharya is very beneficial



# OSHTHAPRAKOPA

## **Presentation/clinical features** (According to Text): -

1. Vataja op - lips become dry, rough, hard, blackish, cracked, fissured and with severe pain.
2. Pittaja op - Sarshapavat pidikas/eruptions present in the lips associated with the burning sensation, suppuration, discharge and highly sensitive to pungent, hot, salty and spicy food items.
3. Kaphaja op - Skin coloured eruptions/vesicles present on the lips associated with itching, swelling, heaviness. Lips are cold and slimy to touch with intolerance to cold items.
4. Sannipataja op - Different sized and coloured vesicles on the lips associated with foul smelling discharge and some part of the lip becomes suppurative all of a sudden.
5. Raktaja op - Kharjuraphalavat red coloured vesicles associated with bleeding from the lips.
6. Mamsaja op - Lips become heavy, thick associated with muscular lump and maggot formation at the angles of the mouth.
7. Medoja op - A heavy, soft, fixed swelling appearing as if smeared with ghritamanda, develops on lips associated with itching and clear crystal discharge.
8. Abhghataja op - Chronic/repeated trauma to lips causes cracks followed by fissures with knotty swelling and itching.

## **Lab/Radiological Diagnosis** (According to Text): -

1. Complete blood count (CBC)
2. Biopsy
3. Imaging text - X rays, CT, MRI and PET

## **Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

1. Seasonal cracked lips/chapped lips
2. Herpes labialis
3. Chelitis
4. Ca of lips
5. Hematoma
6. Hemangioma
7. Traumatic ulcer

**Line of Treatment** (According to Ayurveda): - Sannipataja, raktaja and Mamsaja OP are asadhya

Remaining types can be treated with,

1. Vataja op - sthanika snehana and swedana, pratisarana, lepa, nasya and mastishkya
2. Pittaja op - Raktamokshana, vamana, virechana, sechana, pratisarana, abhgyanga and lepa

3. Kaphaja op - Raktamokshana, shirovirechanaa, dhuma, kavala and pratisarana
4. Medoja op - Swedana, bhedana and medonirharana, dahana and pratisarana
5. Abhigataja op - Pittaja oshta prakopavat jaloukavacharana and seevana karma

**Shodhan Chikitsa** (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	Raktamokshana	Jaloukavacharana Lekhana with gojihwa patra/shephalika patra	

### Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	In Vataja op • Snehana • Swedana • Pratisarana • Lepa • Kavala	<ul style="list-style-type: none"> <li>• Chaturvidha sneha</li> <li>• Nadi sweda with eranda patrasidha dugdha</li> <li>• Shriveshtaka, sarjarasa, guggulu</li> </ul>			

## ADHIJHWA

**Presentation/clinical features** (According to Text): - According to Sushruta samhita,

- 1) Swelling resembling a shape of the tip of the tongue occurs at the root of the tongue.
- 2) Becomes asadhya when suppuration takes place.

**Lab/Radiological Diagnosis** (According to Text): -

- 1) Throat examination with a flexible fiberoptic – lighted tube/laryngoscopy.
- 2) Chest or lateral neck X - ray.
- 3) Throat culture (supraglottis/epiglottis)
- 4) Blood cultures.
- 5) CBC

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

- 1) Epiglottitis
- 2) Lingual Tonsilitis
- 3) Lingual Tonsillar abscess

**Line of Treatment** (According to Ayurveda): -

Apakwavastha- Sadhya  
Pakwavastha – Asadhya.

**Shodhan chikitsa** (Vaman, Virechana, Basti etc): -

No	Karma	Instrument for Karma	Frequency
1	Raktamokshana	Shaka patra/Anguli shastra	

### **Kriyakalpa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Pratisarana	Yavakshara			
2	Kavala	Sarshapa taila, Saindhava lavana			
3	Dhumapana	Haridradi varti			
4	Shirovirechanaa	Shatbindu Taila			

### **Shaman Chikitsa**

#### **Kashay**

- Patoladi qwatha 3tsp TID B/F,
- Mahamanjishtadi qwatha 3tsp TID B/F

#### **Vati/Gutika/Rasoushadhi**

- Triphala guggulu, 1 TID A/F,
- Sahakar gutika/Khadiradi vati, 3 - 4 per day, chewable

**Pathyapathya** : Snigdha Yavanna in alpa matra can be taken.

## **GILAYU**

**Presentation/clinical features** (According to Text): -

- 1) Granthirgale
- 2) Amlakasthi matra
- 3) Sthira
- 4) Alparuka
- 5) Saktamivashanam

**Lab/Radiological Diagnosis** (According to Text): -

Differential count/WBC count, CBC

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -  
Tonsillitis

**Aavasthik Chikitsa** (According to Stage of disease): -

Acute tonsillitis: shaman chikitsa

Chronic/recurrent tonsillitis - Chedan (Tonsillectomy)

**Shodhan chikitsa** (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	Jalaukavacharana		2 times

### **Kriyakalpa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Kavala followed Gandusha	Triphala + Daruharidra Kwatha	7 Days	2 times in a day	-

### **Shaman Chikitsa:**

#### **Kashaya**

Varanadi kashaya with Pippali churna, Amrittotaram Kashaya

#### **Vati/Gutika/Rasoushadhi**

- Khadiradi vati –for chewing
- Gandhaka Rasayana
- Kanchanara Guggulu
- Triphala Guggulu
- Arogyabvardhini
- Tribhuvana keerti rasa

#### **Churna**

Sitopaladi (Sri Sri Tattva) +Yashtimadhu+Tankan churna mixed with honey as linctus, 3 times in a day for 7 days

#### **Others**

Haridrakhanda (Sri Sri Tattva) with warm milk, 2 times in a day

**Pathyapathya** - avoid oily and spicy food

#### **Comment/Justification -**

Pratisarana & Gandusha have very good results in Gilayu.

Due to pratisaran with madhu, the cheesy material gets thrown out of crypts & inflammation subsided.

Gandush is an effective treatment for orodental & oropharyngeal diseases & site of tonsils is oropharynx so gandush has very good results in gilayu.



## GALASHUNDIKA

**Presentation/clinical features** (According to Text): -

Basically uvulitis is present in superficial

**Lab/Radiological Diagnosis** (According to Text): -

Differential count/WBC count

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

Tonsillitis

**Aavasthik Chikitsa** (According to Stage of disease): -

Acute tonsillitis : shamana chikitsa

Chronic/recurrent tonsillitis - Chedana (Tonsillectomy)

### Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Kavala followed Gandush	Triphala + Daruharidra churna Kwath	7 Days	2 times in a day	
2	Lepa	Haridra & Saindhava	7 days	Need to press it with thumb	

#### 1. Vati/Gutika/Rasoushadhi

- a. Khadiradi vati - for chewing

#### 2. Churna

- a. Sitopaladi (Sri Sri Tattva) +Yashtimadhu+Tankan churna mixed with honey as linctus, 3 times in a day for 7 days

#### 3. Others

- a. Haridrakhand (Sri Sri Tattva) with warm milk, 2 times in a day

**Pathyapathya** - avoid oily and spicy food

**Comment/Justification** - If seen with Stomatitis/Pharyngitis, treating the primary will subside secondary condition

## UPAJIHVIKA

**Presentation/clinical features** (According to Text): - According to Sushruta Samhita

- 1) Swelling shaped like tip of tongue, which by being underneath elevates it and is associated with salivation, itching and burning sensation.

**Lab/Radiological Diagnosis** (According to Text): -

- 1) Occlusal radiograph
- 2) Ultrasound and magnetic resonance imaging.

**Near correlati On with Ayurvedic/Allopathic disease** (With short Justification): -

- 1) Ranula (Swelling of the base of the tongue)

### Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1.	Pratisarana	Yavakshara			
2.	Shirovirechanaa	Shatbindu taila			
3.	Gandusha	Nirgundadi taila			
4.	Dhuma pana	Haridradi varti			

### Vati/Gutika/Rasoushadhi

Vyoshadi Vati 1 TID B/F with water, Triphala guggulu 1 TID A/F with water

### Churna

Vyoshadi churna 1tsp with madhu before food

## EKAVRINDA –VRINDA (PHARYNGITIS)

**Presentation/clinical features** (According to Text): -

1. Vritta - unnata shotha
2. Sadaha - kandu shotha
3. Apaki, ishatpaki
4. Mandadaha
5. Teevra jwara

**Lab/Radiological Diagnosis** (According to Text): - Anemic/Pandu, Vrinda - Ekavrinda.

**Near correlation with Ayurvedic/Allopathic disease** (With short Justification): -

Disease	Pharyngitis	Tonsillitis
Symptoms	Pricking sensation in throat Pain in throat	Pain in throat Difficulty in swallowing
Signs	Postpharyngeal wall congestion Soft palate and uvula congestion Cervical lymphadenopathy in severe stages	Enlarged tonsils Yellow crypts seen Bilateral pillar's congestion JDLN tenderness

**Line of Treatment** (According to Ayurveda): -

1. Jalauka avacharana
2. Pratisarana
3. Kawala - gandusha
4. Nasya

**Shodhan Chikitsa** (Vaman, Virechana,Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	Virechana	Panchatikta ghrita	5 days

**Kriyakalpa & Upakrama**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Kavala	Triphala and Daruharidra			

**Shaman chikitsa:** -

**Kashaya**

- Panchawalkala kashaya
- Paripathadi kashaya
- Mahamanjishthadi kashaya
- Amrutotharam Kashaya

**Vati/Gutika/Rasoushadhi**

- Khadiradi vati - charvana
- Samshamani vati
- Gandhaka rasayana
- Amruta guggulu
- Tribhuvana keerthi Rasa

**Churna**

Sitopladi churna (Sri Sri Tattva) 1gm, Yashti Madhu churna 1gm, Tankana 125 mg with Madhu in the form of linctus

**Ghrit/Taila**

Jeewantyadi Ghrita with warm milk

**Pathyapathya** : avoid oily and spicy food

**Comment/Justification :**

1. Vrinda and Ekavrinda can be effectively treated by Shamana Chikitsa and local Chikitsa after giving mrudu Virechanaa.
2. Moreover, local and systemic Chikitsa of Raktapitta is also fruitful for the management of the diseases.

## HEAD DISEASES



## VATIKA SHIROROGA

### Presentation/clinical features (According to Text): -

Tivra ruja in *Shira* which is aggravated at night and gets relieved by applying warm bandage around head and by fomentation.

### Lab/Radiological Diagnosis (According to Text): -

Nil

### Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

Common Migraine/TTH – acute, severe episodic head ache

### Line of Treatment (According to Ayurveda): -

Nidana parivarjana, Snehana, swedana, nasya, dhoomapana, Ksheera dhara, sirolepana, moordha taila

### Aavasthik Chikitsa (According to Stage of disease): -

- In acute condition : - Avapeedak nasya with karpasabeeja majjadi [ref: - Ahtanga hridaya u 24/6]
- Lepana with kushta, utpal, chandana, tagara and gritha
- In chronic condition: - Shodhana chikithsa

### Shodhana chikitsa (Vaman, Virechana, Basti etc):

No	Karma	Medicine for Karma	Frequency
1	Snehapana	Varanadi ghrita, vidaryadi gritha, mahakalyanaka gritha or vataharaa gritha	Once daily for 3 to 7 days –up to attaining samyak lakshana
2	Swedana - nadeesweda	Balamoola kwatham+milk	Once or twice daily for 3 days
3	Virechana	Gandharva hastadi eranda taila	15 to 30 ml with 150 ml milk
4	Anuvasana	Balatailam/dhanwanthara taila	100 ml for 5 days
5	Nirooha	Erandamooladi kwatha	3 days – as yoga vasthi
6	Nasya	Varanadi ksheera gritha 10 to 12 drops/nostril Rasnadi taila, Kseerabala [101], Dhanwantharam [101]	10 drops each nostril once daily for 7 days
7	Dhoomapana	Snaihika dravyas	Once daily for 7 days

## Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Karna purana	Bala taila Mahanarayana taia Dashamoola taila Asanabilvadi taila	15 to 30 min	Twice daily	3 to 7 days
2	Upanaha sweda	Krishara made with - Rasna, Shunti, eranda	30 to 45 minutes	Once/twice daily	7 to 14 days
3	Ksheera dhara	Bhadradarvadi gana	30 to 45 minutes	Once/day	7 to 14 days
4	Sirobhyanga or Siro pichu	Ksheerabala taila, Balaswagandadi, Mahamasha			
4	Sirodhara/sirovasthi	Dhanwantharam/ Balaswagandhadi/ Mahamasha taila	30 to 45 minutes	Once/day	7 to 14 days

### Shaman chikitsa:

#### Kashaya:

- Varunadi kashaya - 10 - 15 ml diluted with 45 ml boiled and cooled water before food
- Dasamoola katuthraya kwath - 10 - 15 ml diluted with 45 ml boiled and cooled water before food (anupana madhu)
- Pathyadi [Pathyashadangam] kwatha - 10 - 15 ml diluted with 45 ml boiled and cooled water before food - (anupana guda)

#### Asavarishta

- Aswagandharishtam – 15 - 30 ml OD after food
- Dasamoolarishta - 15 - 30 ml, OD after food

#### Vati/Gutika/Rasoushadhi

Nava Hridaya Kalpa (Sri Sri Tattva) and Sirasooladi vajra rasa - 2 tab twice daily – (anupana honey/warm water)

#### Churna

Aswagandha churna 3 - 5 gms at bed time – (anupanam milk/warm water)

#### Ghrit/Taila

Varanadi gritha 10 to 15 gms at bed time - (anupanam milk)

Mahakallyanaka gritha 10 to 15 gms at bed time – (anupanam warm water)

#### Naimitik Rasayan

Aswagandha rasayanam

## **Pathyapathya**

### **Pathya: -**

Mudhga, Kulatha, Masha, Grita, Tila, Milk, Mamsa, Dhanya

**Apathya : -** Vata vardhak aharaa and vihara

## **KAPHAJA SHIROROGA**

### **Presentation/clinical features (According to Text): -**

- Headache
- Heaviness, fullness and numbness in head
- Stiffness in the head & throat
- Puffiness in the face.
- Swelling in orbits of eyes

### **Lab/Radiological Diagnosis (According to Text): -**

- X - ray/CT-PNS to R/O frontal sinusitis, Maxillary sinusitis, Nasal Polyps, DNS
- CT/MRI of head: to rule out aneurysm, stroke, sclerotic lesions, tumours, etc.
- Nasal endoscopy to R/O sinus and nasal cavities pathology
- Blood routine examination: to R/O infections.
- Urine: R/E
- Eye examination to R/O ocular pathology

### **Near correlation with Ayurvedic/Allopathic disease (With short Justification): -**

#### **Pansinusitis:**

- The cardinal feature of the disease is headache especially facial pain.
- Most of the features are related to Pan sinusitis.
- A bacterial, viral, or fungal infection can cause pan sinusitis.
- Sometimes, allergic reactions due to smoking dusts, cold etc may aggravate the symptoms.

### **Aavasthik Chikitsa (According to Stage of disease): -**

#### **Pan sinusitis:**

- Amapachana - T.Chitrakadi Vati 2 TID with 100ml Panchakola phanta
- Sadhyovamana with Yastimadhu Phanta+ Saindhava lavana jala
- Nasya karma : Lasuna swarasa/Gudnagra - 6 drops/nostril (Avapeeda nasya)

Sadbindu taila - 12 drops per nostril

Surasadi taila[ref: - ashtanga hriday]

Tulsi svarasa + Honey + saindhava (1 pinch). 6 - 8 drops per nostril.

- Mukha abhyanga with Asanabilwadi taila
- Dhumapana with Haridra and Grhita varti



- Sthanika Avagundana with Chinchapatra, Haridra and Tulsi or Dhanyaka over fronto-maxillary area.
- Thalam on vertex with Nimbamrutadi eranda taila + Rasnadi churna – 20mins duration
- Thalam with Kumari sattva + Egg white – 20 mins duration
- Rasna churna sirolepa - SOS with jambeera svarasa

### Oral medication:

Vyoshadi vati 2 BD A/F

Kaphakuthara rasa 2 tab BD A/F

Talisadi churna 1 tsf BD/TID with honey A/F

Trikatu churna 1 tsf BD/TID with honey A/F

Ashwagandha churna 1 tsf BD A/F with hot water

### Shodhan chikitsa (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	Amapachana	Chitrakdi vati, Jeera jala Panchakolaphanta, Dashamula qwatha Vaishvanara Churna	3 to 7 days
2	Sadhyovamana	Yastimadhu Phanta+ Saindhava lavana jala	Once
3	Nasya karma	Lasuna swarasa/Gudnagra/	5 - 7 days
4	Marsha nasya	Shadabindu tail 12 - 12 drops	7 - 14 days

### Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1.	Sthanika avagundana (Over Fronto maxillary sinus)	Chinchapatra, Haridra churna, Dhanyaka, Tulsi patra	5 to 10 minutes	BD	5 - 7 days
2	Shirobasti/Shirodhara	Asanaeladi taila	45 minutes	Once	7 days

### Shaman Chikitsa:

#### Kashaya

- Dashamula katutryadi kashaya - with madhu
- Pathyadi Kashaya with guda
- Varunadi kwatha

#### Asavarishta

- Pippalyasava
- Dashmularista
- Amritarista

- Sudarshanasava
- Panchakolasava
- Nimbamrutasava

### **Vati/Gutika/Rasoushadhi**

- Vyoshadi vati 2 tab bd after food
- Kaphakutara Rasa 2 bd after food
- Chitrakadi Vati 2 tab tid for dipana before food
- Gandhaka rasayana 2 tab bd after food
- Suryaprabha gutika 2 tid with Honey/Jambeera svarasa A/F
- Sudarshana Ghana vati 2 tid

### **Churna**

- Talisadi churna (Sri Sri Tattva) 1 tsf bd with honey after food
- Trikatu churna with honey
- Aswagandha churna with milk,
- Sudarsana churna with warm water
- Panchakola churna with warm water

### **Ghrita** (Internal use), taila (external use).

- Nasaarshas Taila
- Nimbamritadi erand taila internally for virechanaa
- Marichadi taila
- Surasadi taila
- Nagaradi taila
- Asanaeladi taila
- Varunadi ghruta
- Indukanta Ghrita
- Shatpala ghrita
- Dashamoola ghrita

### **Others**

Hingula Bhasma - 250mg twice daily with honey

Rasasindoora- 60 to 120mg thrice daily with honey.

### **NaimitikRasayan**

Pippali vardhamana rasayana with milk

### **Pathyapathya :**

- Change lifestyle: not to use Air Condition
- Identifying triggering factors like dust, fan, junk food, alcohol, carbonated water, curd, ice cream, morning mist, etc and avoiding them.
- Yoga and pranayama - usually beneficial.
- Relaxation exercise and brisk walking
- Meditation

## ANANTAVATA

### Presentation/clinical features (According to Text): -

- Manya (dwaya Griva sira) sampidana
- Ghattasu (Griva paschaad bhaghesu) tivra ruja
- Akshi bhruvi sankha deshe ruja
- Gandparsave kampan
- Hanugraha
- Netra vikara

### Lab/Radiological Diagnosis (According to Text): -

- Neurological examination
- MRI

### Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

Anantvata can be correlated with Trigeminal Neuralgia due to most of its similar clinical features such as –severe shooting or jabbing pain in areas supplied by trigeminal nerve, including cheek, jaw, gums, teeth, eye, forehead etc. and it occurs due to irritation or pressure on the nerve by any blood vessel, tumor etc.

### Line of Treatment (According to Ayurveda): -

- Suryavarta chikitsa - Nasyakarmaadi Bhesaja, Jangalapraya Bhojana, Ksheera vikriti, Ghrita
- Siravyadha
- Madhu mastaka[Jilebi], saindhava, ghrityuktha bhojan etc

### Aavasthik Chikitsa (According to Stage of disease): -

#### Acute phase

Pain management, Siravedha in lalata, Lepa with Rasna Kustha Vacha and Nagara, Agni karma in lalata

### Shodhan chikitsa (Vaman, Virechana, Basti etc): -

Acc. to Acharya Dalhana in Nasyakarmaadi, aadi means except vamana rest all procedures are advised -

No	Karma	Medicine for Karma	Frequency
1	Virechanaa	Gandharvahasthadi eranda taila	
2	Basti	Mahanarayan taila, ksheerabala taila	
3	Raktamokshana	Siravedha in lalatagat sira	Once/15 days
4	Nasya	<ul style="list-style-type: none"><li>• Ksheera sarpi</li><li>• Dhanwantaram [101] taila</li><li>• Ksheerbala [101]taila</li><li>• Jeevaniya ghrita</li><li>• Shunti + Aja ksheera</li></ul>	

## Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Lepa	<ul style="list-style-type: none"> <li>Haridradi lepa</li> <li>Sarivadi lepa</li> <li>Suryamukhi beeja &amp; swaras</li> </ul>	Till it dries	Once/day	7 to 14 days
2	Parisheka	Dasamoola ksheerapaka	45 minutes	Once/day	7 to 14 days
3	Kavalgraha/ gandoosha	Dasamoola kwatha, mahanarayana taila		Twice/day	7 to 14 days
4	Shirobasti	Mahanarayana taila	45 minutes	Once/day	7 days
5	Karnapoorana	Deepika taila Ksheerabala 101, mahanarayana taila	20 minutes	Twice/day	7 to 14 days
6	Karna vasthi	Asana vilwadi taila	45 minutes	Once/day	14 days
7	Tarpana	Jeevantiyadi ghrit	20 minutes	Once/day	7 days
8	Anjana	Chandrodaya varthy	I harenu	Once/day	45 days

### **Shaman Chikitsa:**

#### **Kashaya**

- Pathyadi Kashaya
- Dhatryadi Kashaya
- Maharaasnadi Kashaya

#### **Asavarishta**

- Dashmoolarista
- Drakshasava

#### **Vati/Gutika/Rasoushadhi**

- Shirashooladi vajra Rasa
- Mahalakshmi vilasa Rasa
- Chandrakanta Rasa
- Rasa Chandrika Vati
- Saptamruta lauha (Sri Sri Tattva)
- Ekaanga veer rasa
- Mahavatavidhvamsa rasa
- Sudhanidhi rasa

#### **Churna**

- Aswagandha
- Shatavari
- Yastimadhu
- Bala

- Rasna
- Kapikacchu
- Vidarikand
- Nirgundi

### **Ghrit/Taila**

- Dashmoola taila
- Kumkumadi ghrita
- Patoladi ghrita
- Kumari taila
- Triphala ghrita
- Satahavadi taila

### **Others**

Godanti bhasma + sphaatika bhasma

### **Naimitik Rasayan**

Aswagandha rasayana

### **Pathyapathya**

**Pathya** - Purana Ghrita, Shali, Shashtika Shali, Yusha, Dugdha, Dhanvamamsa, Taila, Takra, Kanji, Narikela[coconut], Patolam, Shigru, Draksha, Vastuka, Karvellaka, Aamra, Dhatri, Dadima, Matulunga, Pathya, Kushta, Bhiringaraja, Kumari, Musta, Ushira, Karpura, Gandhasara

**Apathya** - Virudha Anna, Dusta Jala (Impure water), Dantakastha, Divanidra (Day sleeping), Vegadharana of Kshava (Sneezing), Jrimbha (Yawning), Mutra (Micturition), Nidra (Sleep), Vaspa (Lacrimation), Vit (Stool)

### **Comment/Justification**

Avoid triggering factors if any.

## ARDHAVABHEDAKA

### **Presentation/clinical features (According to Text): -**

- Ardha Uttamanga Bheda/toda/Shoola
- Bhrama
- Akasmaat/Dashaad/Pakshaad/Maasad prakopa
- Manya/bhru/shankha/karna/akshi/lalata Ardhe shastraaranivat tivra vedana
- Prakash - asahata
- Ghranasrava
- Sirajaala sphurana
- Mardana - sneha - sweda - bandhahi mardvam
- Swanatah Shrotre, Akshi Nishkrishyate

### **Lab/Radiological Diagnosis (According to Text): -**

- EEG
- MRI

### **Near correlation with Ayurvedic/Allopathic disease (With short Justification): -**

Migraine can be correlated with Ardhavbhedaka due to most of its similar clinical features such as – recurrent attacks of unilateral, throbbing or pulsatile headache, nausea, light headedness, photophobia etc.

### **Aavasthik Chikitsa (According to Stage of disease): -**

- If the disease is not cured by any method then snehana, swedana followed by Siramokshana should be done.
- In between attacks and to prevent further attack of headache – very low dose of Sankhiya or Shirorogahara rasa can be used.
- After shodhan nasya, shamananasya should be given

### **Shodhana chikitsa (Vaman, Virechana, Basti etc): -**

Acc. to Acharya Dalhana, Nasyakarmaadi means except vaman rest all procedures are advised -

No	Karma	Medicine for Karma
1	Nasya	<ul style="list-style-type: none"> <li>• Sheerish moola +phala</li> <li>• Vacha +pippali</li> <li>• Vanshamoola+ karpura</li> <li>• Yastimadhu +madhu</li> <li>• Manahsila + chandan+ madhu</li> <li>• Dashmoola Kasaya+Saindhav+ghrita</li> <li>• Sasarkara ghritabhrista Kumkum</li> <li>• Madanphal +sita+dugdha</li> <li>• Guda +nagara</li> </ul>

**Kriyakalpa & Upakrama (Tarpan, Karnapooran etc with medicine, time duration and days etc): -**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Lepa	<ul style="list-style-type: none"> <li>• Sarivadi lepa</li> <li>• Shunthi + jala</li> <li>• Vidanga+Krishna tila</li> <li>• Maricha +Bhringraja swarasa</li> </ul>			
2	Parisheka				
3	Kavalgraha				
4	Shirobasti				
5	Karnapoorana	Deepika taila, Dashmoola taila			

### **Shaman Chikitsa:**

#### **Kashaya**

- Pathyadi Kasaya
- Dhatriyadi Kasaya
- Trikatwadi kasaya

#### **Asavarishta**

- Bhringrajasava
- Drakshasava
- Dashmoolarista
- Saraswatarista

#### **Vati/Gutika/Rasoushadhi**

- Shirashooladi vajra Rasa
- Mahalakshmi vilasa Rasa
- Chandrakanta Rasa
- Rasa Chandrika Vati
- Nimbaadi Guggulu
- Mihirodya vati

- Sutashekara rasa
- Laghu Sutashekara rasa
- Navahrudaya Kalpa (Sri Sri Tattva)

#### **Ghrit/Taila**

- Dashamoola taila
- Kumkumadi ghrita
- Mayuradya Ghrita
- Shadbindu taila
- Rudra taila
- Kakolyadi ghrita
- Anu taila
- Dhanwantram taila
- Ksheerabala taila

#### **Others**

- Madhukadi hima

#### **Naimitika Rasayana**

- Purana Ghrita
- Godugdha
- Goghrita

**Pathya** - Purana Ghrita, Shali, ShashtikShali, Yusha, Dugdha, Dhanvamansa, Taila, Takra, Kanji, Narikela, Patolam, Shighru, Draksha, Vastuka, Karvellaka, Aamra, Dhatri, Dadima, Matulunga, Pathya, Kushta, Bhringaraj, Kumari, Musta, Ushira, Karpura, Gandhasara, Jalebi, Maalpue, Kheer

**Apathya** - Virudha Anna, Dusta Jala (Impure water), Dantakastha, Divanidra (Day sleeping), Vegadharana of Kshava (Sneezing), Jrimbha (Yawning), Mutra (Micturition), Nidra (Sleep), Baspa (Lacrimation), Vit (Stool)

#### **Comment/Justification**

- Separate management strategy should be followed in acute phase. For this disease may be classified into vegavastha and avegavasta, and medicines should be in accordance with the dosha predominance.
- In vegavastha care must be given to get relief from severe pain
- In avegavastha – sodhana and/samana therapy for preventing recurrence



## SURYAVARTA

### Presentation/clinical features (According to Text): -

- Akshibhru Ruk – suryodayam prati mandam, samupaitti Gadham
- Vivardhate Anshumata Sahasiva
- Suryapvrittau Vinivartate
- Kadachit Shitena Shanti, Kadachit Ushnena
- Shirashoola – dinvridhya vivardhate, dinkshaye prasamyati
- Shankha akshi bhru lalateshu saspandana rujam
- Vedana Kshudvatah Visheshatah

### Lab/Radiological Diagnosis (According to Text): -

- CT Scan
- X Ray- PNS

### Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

Nearest correlation of Suryavarta in contemporary science is Frontal Sinusitis. As the pain in Frontal sinusitis shows characteristic periodicity - comes upon waking, gradually increases and reaches its peak by about midday and then starts subsiding. Because of its presence only during the office hours, it is called as office headache.

### Aavasthik Chikitsa (According to Stage of disease): -

After shodhan nasya, shaman nasya should be given.

### Shodhan chikitsa (Vaman, Virechana, Basti etc): -

No	Karma	Medicine for Karma	Frequency
1	Virechanaa	Trivrut lehya, Avipattikara churna	
2	Basti	Dashamula qwatha, Rasnadi qwatha, Madhuyasthyadi taila	
3	Raktamokshana	Siravyadha – Lalatapradesha	
4	Nasya	<ul style="list-style-type: none"> <li>• Ksheer sarpi</li> <li>• Vacha + pippali</li> <li>• Sasarkara ghritabhrista Kumkum</li> <li>• Ardhanarishvara rasa</li> <li>• Kritmaal pallav rasa + Apamarga beeja churna+ navneeta Siddha Ghrita</li> <li>• Bhringraja swaras + goat' milk</li> <li>• Madanphal +sita+dugdha</li> <li>• Ksheera + Nagar</li> <li>• Tulsi swaras+madhu+saindhava[honey ¼ th quantity of swaras, saindhava - 1 pinch]</li> <li>• Sireesha mooladi nasya</li> </ul>	Once/day x 7 days

**Kriyakalpa & Upakrama (Tarpan, Karnapooran etc with medicine, time duration and days etc): -**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Lepa	<ul style="list-style-type: none"><li>• Suryamukhi beeja+ swaras</li><li>• Sarivadi lepa</li><li>• Tila +milk</li></ul>			
2	Parisheka	Ghrita or Ksheera			
3	Kavalagraha				
4	Shirobasti	Dashmoola taila, Thrisneha[ghrita, taila, and majja]	45 minutes	Once/day x7 days	
5	Karnapooran	Deepika taila	20 minutes	7 to 14 days	

**Shaman Chikitsa:**

**Kashaya**

- Pathyadi Kashaya
- Dhatryadi Kashaya
- Trikatwadi kashaya
- Varunadi kashaya

**Asavarishta**

- Bhringrajasava
- Drakshasava
- Dashmoolarista
- Sudarsanasava

**Vati/Gutika/Rasoushadhi**

Shirashooladi vajra Rasa, Mahalakshmi vilasa Rasa, Chandrakanta Rasa, Rasa Chandrika Vati, Nimbaadi Guggulu, Mihirodya vati, Suryavarta rasa, Gaganmukha rasa

**Ghrit/Taila**

Sukumara Ghrita, Kanak taila, Kumkum ghrita, Mayuradi ghrita, Ksheerbala taila, Anu taila

**Others**

1 gm Danti Bhasma+ 125 mg Pravala bhasma with ghrit  
Godanti Bhasma +Sphatika Bhasma anupan – honey  
Chandanadi vati

**Naimitik Rasayana**

Sasharkara Ksheera - Narikela jal, Purana Ghrita, Godugdha, Goghrita

**Pathyapathya**

**Pathya** - Purana Ghrita, Shali, ShashtikShali, Yusha, Dugdha, Dhanvamansa, Taila, Takra, Kanji, Narikela, Patolam, Shighru, Draksha, Vastuka, Karvellaka, Aamra, Dhatri, Dadima, Matulunga, Pathya, Kushta, Bhringaraj, Kumari, Musta, Ushira, Karpura, Gandhasara, Jalebi, Maalpue, Kheer

**Apathya** - Virudha Anna, Dusta Jala (Impure water), Dantakastha, Divanidra (Day sleeping), Vegadharana of Kshava (Sneezing), Jrimbha (Yawning), Mutra (Micturition), Nidra (Sleep), Vaspa (Lacrimation), Vida (Stool)

**Comment/Justification**

When starting the nasya treatment, one should commence with avapeedak nasya to remove the srotorodha, then shift on to marsh nasya.

## **DENTAL DISEASES**



## SHEETADA

### Presentation/clinical features (According to Text): -

- Akasmat Raktasrava from Dantaveshta (abrupt bleeding from gums)
- Mukha Dargandhya (foul smel from mouth)
- Krishna Varna Dantamula (black discolouration of gums)
- Prakleda (putrefying gums)
- Mruduta (spongy gums)
- DantamansaShiryata (gets necrosed)
- Pachanti Cha Parasparam (suppurated one after the other)

### Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

- Gingivitis

### Lab/Radiological Diagnosis (Acording to Text): -

- Routine Blood, Urine and Stool test to rule out any systemic diseases
- Microbial study of bacterial culture from Gingival swab
- Dental X – Ray - OPG

### Shodhanchikitsa

No	Karma	Medicine/instruments for Karma	Frequency
1.	Danta Sharkara Nirharana (scaling)	Scaler	As per requirement
2.	Mridu Virechanaa	Eranda+ Haritaki	5gm daily at night
3.	Raktamokshana	Prachchhana Karma – Gojihwa Patra (leaves) Jalaukavacharana Karma	As per requirement

### Kriyakalpaa & Upakramaa (Tarpana, Karnapoorana etc with medicine, time duration and days etc):

No	Karma	Medicine for karma	Duration	Frequency	Remark
1.	Gandusha	Nagaradi Kwatha	After Raktamokshana	Once a day	
		Mustadi Kwatha	After Raktamokshana	Once a day	
		Parpatata Kwatha	After Raktamokshana	Once a day	
		Dashamoola Kwatha	After Raktamokshana	Once a day	
2.	Kavala	Mustadi Kwatha	1 month	Thrice a day	
		Irimeadadi Taila with Ushnodaka	1 month	Thrice a day	

3.	Pralepa	Priyangvadi Kalka	After Raktamokshana	Once a day	
4.	Pratisarana	Mustadi Pratisarana	After Raktamokshana	Once a day	
		Kasisadi Pratisarana	After Raktamokshana	Once a day	
5.	Nasya	Triphaladi Taila	After Raktamokshana	Once a day	
		Madhuradi Taila	After Raktamokshana	Once a day	

### **ShamanaChikitsa: -**

#### **Kashaya**

- Pathyadi kashaya
- Patoladi kashaya

#### **Vati/Gutika/Rasoushadhi**

- Vyoshadivati
- KhadiradiVati
- Arogyavardhini vati
- Gandhakararayana

#### **Churna**

- Amalaki Churna
- Avipattikara Churna (Sri Sri Tattva)
- Shatpatradi Churna
- Tejohwadi Churna

#### **Ghrit/Taila**

- Irimedadi Taila
- VataNashaka Taila
- Vata Nashaka Ghrita
- Shatavari Ghrita

#### **Pathyapathya**

##### **Apathya**

AmlaPhala, SheetaAmbu, Ruksha Anna, DantaDhavana, Ati, Kathina, Padartha, Bhakshan

## DANTAVESHTA

### Presentation/clinical features (According to Text): -

- Puyaevam Rakta Srava from Dantamula
- Chala Danta (mobile teeth)
- Mukha Dargandhya (foul smel from mouth) \*

### Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

- Periodontitis

### Lab/Radiological Diagnosis (According to Text): -

Routine Blood, Urine and Stool test to rule out any systemic diseases

Microbial study of bacterial culture from Gingival swab

Dental X – Ray - OPG

### Shodhana Chikitsa -

No	Karma	Medicine/instruments for Karma	Frequency
1.	Danta Sharkara Nirharana (scaling)	Scaler	As per requirement
2.	Mridu Virechanaa	Eranda+ Haritaki	5gm daily at night
3.	Raktamokshana	Prachchhana Karma – Gojihwa Patra (leaves) Jalaukavacharana Karma	As per requirement

### Kriyakalpa&Upakrama (Tarpan, Karnapooran etc with medicine, time duration and days etc): -

No	Karma	Medicine for karma	Duration	Frequency	Remark
1.	Pratisarana	Lodhradi Churna Yashatilaksha Churna with honey Haridra Churna Majuphala Churna Bakultwak Churna	After Raktamokshana	Once a day	
2.	Gandusha	Panchavalkala Kwatha Kshiri Vruksha Kwatha with Ghrita, Madhu & Sharkara	After Raktamokshana	Once a day	
		Irimeyadi Taila with Ushnodaka Sahacharadi Taila	1 month	Once a day	
3.	Nasya	Kakolyadi Ghrita	After Raktamokshana	Once a day	

## **Shaman Chikitsa:**

### **Kashaya**

- Pathyadi Kwatha
- Mahamanjishtadi Kwatha
- Vasadashang Kwatha (Anubhuta yoga)

### **Vati/Gutika/Rasoushadhi**

- MukhaRogaharaa Vati
- Sahakara Vati
- Triphala Guggulu
- KaishoraGuggulu
- Arogyavardhini
- Manjishthadi Ghana Vati
- GandhakaRasayana

### **Churna**

- Gruhadhumadi Churna
- Jaranadi Churna
- Kanadi Churna
- Pitaka Churna
- Daruharidradi Churna
- Avipathikara Churna (Sri Sri Tattva)
- Pancha Nimba Churna

### **Ghrit/Taila**

- Irimedadi Taila
- Lakshadi Taila
- Kadhira Gritha

### **Others**

Guduchi Kalka (for mobile teeth)

### **Naimitik Rasayan**

- Bakula Twak Churna for Danta Manjana
- Krishna Tila Charvana daily in the morning helps in Sthirakarana of Chala Danta

### **Pathyapathya**

#### **Apathya**

Amla Phala, Sheeta Ambu, Ruksha Anna, Danta Dhavana, Ati Kathina Padartha Bhakshan

### **Comment/Justification**

- \* Dantotpatana Karma is not mentioned in any of the classical text but it is advisable according to severity of mobility of teeth.



## DANTAPUPPUTAKA

### **Presentation/clinical features (According to Text): -**

Large painful swelling in gums related to 2 – 3 teeth

Dosha: Kapha and Rakta

AH: Swelling size and shape resembles Badarasthi (Seed of a berry) (Hard)

Severe pain

Suppurates fast

### **Lab/Radiological Diagnosis (According to Text): -**

X - ray (IOPA)

### **Near correlation with Ayurvedic/Allopathic disease (With short Justification): -**

Gingival and Periodontal abscess

### **Line of Treatment (According to Ayurveda): -**

Su.:

- Initially Raktamokshana
- Pratisarana with PanchaLavana, Yavakshara and Madhu
- Vairechanika Nasya

AH.:

- Swedana
- Chedana (Excision)/Bhedana (Incision),
- Pratisarana with Yashtimadhu, SarjikaKshara, Shunthi, SaindhavaLavana

### **AavasthikaChikitsa (According to Stage of disease): -**

Initially: Swedana, Visravana, Shodhana, Bhedana, Chedana, Lekhana

Later: Ropana

### **Shodhanachikitsa: - RaktaMokshana, Shirovirechanaa**

No	Karma	Medicine for Karma	Frequency
1	RaktaMokshana	Pracchana with gojihwa or shakapatra	Once
2	Shirovirechanaa	Shatbindhu Taila (6 drops)	for 7 days
3	Virechana (Mridu/ Sadhya)	Avipattikara churna (5gm twice daily) Trivrit Avaleha (10gm) Erandabrishta haritaki (5gm at bed time with warm water)	1 to 15 days or depending upon the severity of the disease

**Kriyakalpaa&Upakramaa (Tarpana, Karnapooranaetc with medicine, time duration and days etc):**

No	Karma	Medicine/instruments for karma	Duration	Frequency
1	Swedana	Warm water Gargle	2 – 3 mins	2 - 3 times
2	Bhedana	Surgical blade no 11	Single incision	Once
3	Lekhana (Scrapping of gums) For removal of vitiated blood and pus	Gojihwa or shakapatra	Once after Bhedana	
4	Pratisarana	Pancha Lavana Yavakshara Sarjika Kshara Shunthi Saindhava Lavana Madhu, Yashtimadhu [2 to 4 gm powder mixed with Madhu, paste is applied locally]	after Bhedana and Lekhana	Twice a day
5	Gandusha/Kavala	Panchavalkala Kwatha/ Triphala Kwatha/Shuddha Sphatika, Shudha Tankana, Sahacharadi Taila Ghanasara Yoga, LavangaTaila		

**Shaman Chikitsa: -**

**Kashaya**

VarunaShigru, PhalaTrikadi, Guduchyadi

**Asavarisht**

Dashamoolarista

**Vati/Gutika/Rasoushadhi**

TriphalaGuggulu 2 tablets twice a day

Arogya Vardhini 1 tablet twice a day

SamshamaniVati 1 tablet twice a day

Amapachanavati 2 tablet twice a day

**Churna**

Eranda Brishtaharaitaki – 5gm at bed time

Vatavisdhvamsa Rasa - 500mg twice a day

**NaimitikRasayan:** Triphala Churna 5 gm at bedtime with Ghrita

**Pathya:** Laghu Snigdha Aahara, cleaning of teeth with forceful gargling after any food or drink

**Apathya:** Hard brushing, Trauma, Hard food, Guru aharaa

## **ADHIMAMSA**

**Presentation/clinical features (According to Text): -**

Large swelling with severe pain in gums related to last tooth of the jaw

Lala srava (Excessive Salivation)

Dosha: Kapha

AS: Swelling resembling nail (KilavatShotha) at the end of the row of teeth , Which causes referred pain in ear and jaw, severe pain while chewing food

**Lab/Radiological Diagnosis (According to Text): -**

X - ray (IOPA)

**Near correlation with Ayurvedic/Allopathic disease (With short Justification):**

Impacted last molar/wisdom tooth, Pericoronitis

**Line of Treatment (According to Ayurveda): -**

NidanaParivarjana

Su - **Chedana** of excessive tissue

**Pratisarana:** Fine powders of Vacha, Tejovati, Patha, Sarjikakshara and Yavakshara mixed with Madhu

**Kaval:** Pippali with Madhu

**Dhavana:** Patola, Triphala, Nimba- Kashta

**Shirovirechanaa** - Trikatu

**VairechanikDhooma** - Kantakariseeds, Haridra

AS: **Acute:** Raktavisravana

**Chronic/big growth:** Chedana : Growth held with Badisha Yantra, Muchuti yantra then Chedana with Mandalagra or sharp Shashtra

**Kavala** with KatuTikshna dravyasidhaTaila

**Avachurnana with Yavakshara**

**AH.:** **Pratisarana** with Yashtimadhu, Sarjika Kshara, Shunthi, SaindhavaLavana

**AavasthikChikitsa (According to Stage of disease): -****Acute:** Initially for first 3 days: Shodhana, Visravana, Lekhana, Bhedana, Chedana,**Chronic:** Chhedana of Excessive tissue followed by Lekhana and Ropana**Shodhanchikitsa (Vaman, Virechana, Basti etc): - Rakta Mokshana, Shirovirechanaa Nasya, Virechanaa**

No	Karma	Medicine for Karma	Frequency
1	RaktaMokshana (In acute condition)	Pracchan with Gojihwa or Shakapatra	Once
2	Shirovirechanaa	Trikatu Powder	Daily for 3 days
3	MriduVirechanaa/ SadhyoVirechanaa	Trivrut Avaleha 10 gm Eranda Brishtaharaitaki 5gm at bed time	Once daily

**Kriyakalpaa&Upakramaa (Tarpan, Karnapooran etc with medicine, time duration and days etc): -**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Raktamokshana/ Lekhana (Scrapping) For removal of vitiated blood	Gojihwa or Shakapatra Mandalagra Shastra		Once alternate day for 3 times	
2	Swedana	Warm water Gargle/warm Panchavalkala Kwatha/ Triphala Kwatha gargling	5 to 10 min	3 – 4 times/ day with warm water Twice/day with Kwatha	
3	Chedana of growth	Held with tissue forceps and cut with surgical blade no 11 or curved scissors		Once	
4	Pratisarana	<ul style="list-style-type: none"> <li>• Pancha Lavana</li> <li>• Yavakshara</li> <li>• Sarjika Kshara</li> <li>• Shunthi</li> <li>• Saindhava Lavana</li> <li>• Madhu</li> <li>• Vachadichurna (AH)</li> <li>• Vacha, Tejovati, Patha, Sarjikakshara and Yavakshara mixed with Madhu</li> </ul>	2 to 4 gm powder mixed with Madhu, paste is applied locally	Twice a day	

5	Gandusha/Kavala	Panchavalkala Kwatha/ patoladikwatha, Shuddha Sphatika, Shudhha Tankana, Sahacharadi Taila	5 - 10 ml for 5 - 10 mins	Once daily after brushing	
6	Dhavana	Patola, Triphala, Nimba- Kashta		Twice Daily	
7	Dhoomapana	Kantakari seeds Haridra		After nasya	

### **Shamana Chikitsa:**

#### **Kashaya**

VarunaShigru, PhalaTrikadi, Guduchyadi

#### **Asavarishta**

Dashamoolarishta

#### **Vati/Gutika/Rasoushadhi**

TriphalaGuggulu 2 tablets twice a day

Arogya Vardhini 1 tablet twice a day,

AmapachanaVati 2 tablet twice a day,

ChitrakadiVati 2 tablet twice a day

#### **Churna**

ErandaBrishtaharaitaki – 5gm at bed time

#### **Ghrit/Taila**

Trivrut Ghrita

#### **Others**

Trivrut Avaleha

**NaimitikaRasayan:** Triphala 5 gm at bedtime with honey

**Pathyapathya: Pathya:** Laghu Snigdha Ushna Aahara, frequent warm water gargling

**Apathya:** Hard food chewing, Mukharoga Nidanasevana

**Comment/Justification:** Prevent trauma, extraction of tooth if required and treatment of secondary dental caries is important

## DANTA HARSHA

**Presentation/clinical features (According to Text): -**

शीतमुष्णं च दशनाः सहन्ते स्पर्शनं न च ।

यस्य तं दन्तहर्षं तु व्याधिं विद्यात् समीरणात् ॥ Su

- Teeth sensitive to cold, Hot, breeze, sour food
- Intolerance to touch
- Pain
- Feeling mobility of teeth

**Near correlation with Allopathic disease**

- Hyper sensitivity of teeth

**AavasthikChikitsa (According to Stage of disease): -**

**Stage – 1 :** ShitamUshnamchdashana

1. Snigdha Kavala and Gandusha
2. Snigdha Dhum pan
3. Snigdha Bhojana

**Stage – 2 :** Sahante Sparshanam na cha

1. Snigdha Nasya
2. Snigdha Shiro Basti
3. Snigdha Bhojana
4. Vataharaachikitsa

**Shodhanchikitsa:**

No	Karma	Medicine for Karma	Frequency
1	Nitya Virechanaa	<ul style="list-style-type: none"><li>• Eranda Sneha + Triphala Kwatha</li><li>• Erandabhrishtaharaitaki 5 gm at bed time with warm water</li><li>• TrivrittaAvaleha</li></ul>	Daily for one month or till the symptoms subside
2	Nasya	Anutaila	For 7 days (Can be repeated depending on the severity)
3	Matra Basti	DashamoolaTaila	For 7 days (Can be repeated depending on the severity)

## Kriyakalpa & Upakrama

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Kavala – Gandusha	<ul style="list-style-type: none"> <li>• Trivrutta Grita</li> <li>• Bhadradarvyadi kwatha</li> <li>• Go Ghrita</li> <li>• TilaTaila</li> <li>• Dashamoolakwatha</li> <li>• IrimedadiTaila + Tilataila</li> </ul>	Can be repeated depending on the severity	Any of these can be used for Gandusha - Once a day Kavala - twice a day	
2	Dhumapana	Snihika	1 month	Once a day	
3	Shirobasti	DashamoolaTaila	7 days	Twice a month	

### Shaman chikitsa: -

#### Kashaya

- Pathyadi kwatha – 20ml twice a day with warm water
- Dashamula kwatha (Sri Sri Tattva) - 20 ml twice with warm water
- Rasnadi kwatha 20 ml twice with warm water

#### Ghrita/Taila

- Go ghrita, 20 ml after meal

## KRIMIDANTA

### Presentation/clinical features (According to Text): -

कृष्णश्छिद्री चलः सावी ससंरम्भो महारुजः |  
अनिमित्तरुजो वाताद्विज्ञेयः कृमिदन्तकः ॥२९॥

- Cavity – Black coloured
- Tooth mobility
- Discharge
- Inflammation
- Severe pain without any triggering factor

### Lab/Radiological Diagnosis (According to Text): -

- X – Ray of the tooth

### Near correlation with Allopathic disease (With short Justification): -

- Dental Caries

### Treatment

Treatment for Krimidanta with chidra	Shoola hara chikitsa for krimidanta
Poorana with vataksheera and hingu	Khadiradivatipoorana

Gudapoorana	Ghanasara yoga – mixture of thymol, menthol and camphor
Madhuchishtapoorana	Application of lavangataila
Yashadabhasma and lavangataila	Lavangadivatipoorana
	Hingu purana
	Hinguvidangadichurna purana
	Jatipatradichurna purana
	Bruhatyadi Quath + TilTaila – Gandusha

### **Shodhanachikitsa:**

No	Karma	Medicine for Karma	Frequency
1	AvapidaNasya	Surasa svarasa	3 days
2	Sneha nasya	Anutaila Mahanarayanataila Ksheerabala 101 avarthi Shatbindutaila	Depending upon the condition

### **Kriyakalpaa&Upakramaa:**

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Gandusha	HinguVidangadichurna	1 month	Thrice a day	
2	Dahana	Guda/Madhuchchishta	Once	Once	
3	Purana	Saptachhad Kshira Arka Kshira Karanja Taila	1 month	Twice a day	
4	Lepa	Bhadradarvyadi Lepa	1 month	Thrice a day	

### **Shaman Chikitsa:**

#### **Kashaya**

Dashamulakwatha (Sri Sri Tattva) 20 ml twice with warm water

Manjishthadikwatha 20 ml twice with warm water

#### **Vati/Gutika/Rasoushadhi**

TriphalaGuggulu (Sri Sri Tattva) - 2 tab - Thrice a day

KhadiradiVati - 2 tab - Thrice a day



## CHALA DANTA

### Presentation/clinical features (According to Text): -

Mobile tooth

Sever pain during eating

### Lab/Radiological Diagnosis (According to Text): -

X – ray of the mobile tooth

### Near correlation with Ayurvedic/Allopathic disease (With short Justification): -

Tooth mobility

### AavasthikChikitsa (According to Stage of disease): -

Danta dadhyakara in 1<sup>st</sup>& 2<sup>nd</sup> degree mobility

Dantoddharana in 3<sup>rd</sup>& 4<sup>th</sup> degree mobility

### Kriyakalpa&Upakrama: -

No	Karma	Medicine for karma	Duration	Frequency	Remark
1	Kavala	Dashamoola Kwatha + Tila taila	1 month	Thrice a day	
2	Gandusha	Chandanapadmakadi taila (A.S.U. 26/12) Lakshadi Taila (yoga ratnakara) Artagala Kwatha	1 month 1 month 1 month	Thrice a day Thrice a day Thrice a day	
3	Pratisarana	Pippalisaindhavadi Churna (A.S.U. 26/12)	1 month	twice a day	
4	Dhumapana	Sneha drayas	1 month	Thrice a day	
5	Dharana	Jatipatradi Churna Bhadramustadi Vati	1 month 1 month	Thrice a day	

### Shaman chikitsa: -

#### Kashaya

Dashamula Kwatha (Sri Sri Tattva) 20 ml twice with warm water

#### Pathyapathya

#### Apathya

AmlaPhala, Sheeta ambu, Ruksha Anna, Danta Dhavana, Ati Kathina Bhakshan



