



From the Founder:

Spring greetings to Council for Ayurveda (CAR) patrons, supporters and followers! I am presently touring India, meeting key people in the field of Ayurveda, forming connections and appraising them about our work at CAR. As part of our roadmap for 2017, we plan to get actively involved in energizing and stepping up of Indo US collaborations and joint research projects in the field of Ayurveda. My meetings have been primarily centered on this new agenda item and response has been very encouraging, some of them even offering MOUs.

Some of the key stakeholders I have met so far are – Dr. Abhimanyu Kumar, Director, All India Institute of Ayurveda; Dr. Partap Chauhan, JIVA Institute; Dr. KS Dhiman, Director General, Central Council for Research in Ayurveda and Siddha; Padmashri Awardee Vaidya Balendu Prakash and Dr. Ahalya Sharma, Joint Director AYUSH Karnataka. I still have meetings coming up with Dr. Dinesh Katoch, National Advisor AYUSH; Dr. Vaibhavi Joshipura, COO | I-AIM Healthcare Center, to mention a few.

We are poignantly poised for a meaningful role in research in and validation of Ayurveda in the 21st century. Please stay with us in this journey. We need your support more than ever in these exciting times ahead.

Please email us at ayurvedaresearchusa@gmail.com if you wish to get involved. You can also stay connected by visiting our [website](#), following us on Twitter (@PratibhaAyurved), joining our [Facebook group](#) and/or liking our [Facebook page](#).

Stay tuned for a series of announcements ahead!



Pratibha Shah

(Pratibha Shah, Masters In Ayurveda, MPH)

Research Abstract

Clinical evaluation of *Bilvadi leha* in the management of irritable bowel syndrome

Tiwari.R, Pandya.DH, and Baghe.MS

Abstract: Irritable bowel syndrome (IBS) is one of the most common conditions encountered in clinical practice but one of the least well understood. Symptoms of this disorder are chronic, sometimes severe and often respond poorly to treatment, resulting in reduced quality of life. There is no specific test for IBS, although diagnostic tests may be performed to rule out other problems.

Methods: In present clinical trial 51 patients of IBS were registered out of which 46 patients completed the treatment. Bilvadileha was administered for the duration of 12 weeks. The therapy showed statistically significant improvement in all the clinical features of IBS as well as in the IBS severity score.

Results: After completion of therapy, chronic and recurrent abdominal pain improved by 67.09%, Abdominal bloating by 100%; IBS-D by 86.96%, passage of mucus by 100%; Urgency of bowel movements by 97.50%; Feeling of incomplete evacuation by 89.13% [Table 5]. All these improvements were statistically highly significant (P < 0.001). Bilvadi leha has shown 95.65% improvement in Pravahana (Tenesmus). Udara Shula (Abdominal pain) was improved by 67.39%; Anaha (Distention of the abdomen) by 93.48%; Mala tyaga Santushti (Satisfaction after defecation) by 89.13%; Kapha Nihssarana (Mucus in stool) by 100%; Udara Atopa by 97.83%; Mala Durgandha (Foul odor of stool) by 100%; Bhojanopranta Mala Tyaga (Defecation after taking meals) by 100%; Guda Shula by 67.39% [Table 6]. All these improvements were also statistically highly significant (P < 0.001). Effect of therapy on IBS severity score showed a relief of 64.59% that was statistically highly significant (P < 0.001) [Table 7]. In stool, no any significant pathological changes were seen in before and after treatment stool examination.

Conclusion: On the basis of this study, it can be concluded that the trial drug Bilvadi leha is found to be effective in relieving symptoms of IBS. There was no adverse drug reaction seen during the period of trial. Further studies can be should be carried out with larger sample size in different places with a standard control drug in order to obtain more data the effect of this novel drug compound in management IBS.

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This article is freely available to the public



“ Quote of the month “

To cope with the changes of nature one should indulge in strict daily and seasonal regimes to prevent occurrence of disease and to increase lifespan .

(Yogarajnanaka)

News and Upcoming events

INDIAN EVENTS

- **“SAADHANAA 2”**, a National Seminar on Clinical Aspects was held on the 18th, 19th & 20th of May 2017 at Nangeliil Ayurveda Medical College, Kothamangalam, Kerala.
- **2nd India International Yoga, Health & Wellness Exhibition 2017** presented by Namogange Trust. ‘The Yogshala Expo 2017’ which will be organized from 16th to 18th June, 2017 at Pragati Maidan, New Delhi. <https://www.facebook.com/theyogshalaexpo/>

INTERNATIONAL EVENTS

- 7th International Conference on Ayurveda, Homeopathy & Chinese Medicine to be held from 18th-19th May 2017 at Munich, Germany with theme “New Frontier Ayurveda, Homeopathy & Chinese Medicine” <http://chinesemedicine.conferenceseries.com>
- 2nd International Conference on Integrative Medicine Role on Yoga and Ayurveda was held at the , Harvard Medical School, Boston, MA, USA from 20-21, May 2017. This event was attended by dignitaries from around the world including Hon’ble Shri Shripad Yasso Naik, Ayurveda Minister, Ministry of Health and Family Welfare and AYUSH, Govt of India.

Domain Expert Corner

Randomized controlled clinical trial to evaluate prophylactic properties of Ayurvedic Treatment Protocol in Refractory and Chronic Migraine patients

This study was carried under Dr Manjari Tripathi, professor, department of neurology, AIIMS delhi to validate the stated efficacy of Ayurvedic treatment protocol developed by Vaidya Balendu prakash, dehradun, India.

Study Status: 154 patients were enrolled in the study, of which 77 patients have received Ayurvedic Treatment Protocol and 77 patients have received conventional treatment. Of the 154 patients, 70 from Ayurvedic treatment protocol and 76 from conventional treatment protocol completed the study. There were no significant difference in baseline demography and disease characteristics between treatment groups, except for MIDAS score, which was significantly more in patients treated with Ayurvedic treatment protocol (i.e. more severe cases were in the Ayurvedic treatment group). The study was pre registered and all required permission including ethical clearance were taken from relevant authorities of the host institute. The study was sponsored by Ipca Lab Ltd, Mumbai and there was no conflict of interest

Study Results: Following is the summary of results based on the final data –

1. Change in Pain Intensity Score assessed on Visual Analogue Scale (VAS): On completion of 30 days of study, patients from both the treatments showed a significant fall in pain intensity from baseline till Day 360 ($p < 0.001$). Fall in pain intensity was significantly more at Day 180 and Day 360 in patients treated with Ayurvedic treatment than Conventional treatment. For the patients who completed 360 days of study, patients from both the treatments showed a significant fall in pain intensity ($p < 0.001$). At Day 360, fall in pain intensity was significantly more in patients treated with Ayurvedic treatment protocol than those treated with conventional treatment.
2. Changes in MIDAS Score: During the treatment period, reduction in MIDAS score was significantly more in patients treated with Ayurvedic treatment protocol in comparison with patients treated with conventional treatment. Fall in MIDAS score at Day 90, Day 180 and Day 360 was statistically significant in both the treatment groups ($p < 0.001$).
3. Changes in Associated Symptoms: Significantly less number of patients from Ayurvedic treatment protocol reported nausea, photophobia, phonophobia, and fatigue at Day 120. Although statistically not significant, less number of patients reported vomiting in Ayurvedic treatment group.
4. Changes in Number of Headache Days: At the end of therapy, the reduction in number of headache days was significant in favor of Ayurvedic treatment protocol (-43.99 ± 18.73 days vs -36.93 ± 14.19 days; $p = 0.012$).
5. Overall outcome: At Day 360, 12.86% of patients from Ayurvedic treatment protocol became symptom free as against none from conventional treatment group.

Conclusions: The effect of Ayurvedic treatment protocol was evident after Day 90 based on the significant reduction in MIDAS scores and after Day 30 with respect to reduction in VAS score. Ayurvedic treatment protocol showed significant reduction in MIDAS score at Day 90, Day 180 and Day 360.

Pain intensity score was significantly reduced in patients treated with Ayurvedic treatment protocol at Day 180 and Day 360. The study indicated that Ayurvedic treatment protocol has significant effect in reduction of number of headache days. Ayurvedic treatment protocol was well tolerated by patients without any adverse events. The observation of study indicated that Ayurveda has significant and sustainable effect in the prevention of migraine.

- Edited from the original work of Dr. Balendu Prakash

Case Study

Ayurveda To The Rescue In Anterior Cruciate Ligament Tear

Background: Anterior cruciate ligament (ACL) injuries are most often a result of low-velocity, noncontact, deceleration injuries and contact injuries with a rotational component. When matched for activities, a greater prevalence for ACL injury is found in females compared with males. AND Approximately 50% of patients with ACL injuries also have meniscal tear. The importance of the ACL has been emphasized for stability while running and kicking sort of movements. For restoration of activity and stability, the expected long-term success rate of ACL reconstruction is between 75-95%.

Objective of the case report: The objective of this case study is to describe the efficacy of Ayurveda medicines in relieving symptoms due to ACL tear.

Case study section: A female 48years old, with a heavy built, teacher by profession presented with pain in the right knee joint during every movement involving the joint and standing, unsteadiness of the gait, sudden locking of the joint, and inability to bend the joints beyond 20 degrees. This disturbed her routine as a teacher and a homemaker. The complaints persisted for almost 4years. The intensity of pain scaled on VAS - 8 (score 0 being least painful and score 10 the max.) and other physical exams weren't performed due to non co-operation of the patient. MRI revealed complete tear in the ACL associated with posterior horn meniscal tear. She was advised surgical correction. The patient was reluctant for interventional methods and hence looked for other options.

Treatment plan and outcome: The patient was treated with both oral medications and other external therapies in intervals to stimulate the growth of tissues. In the first course, she was advised mild massage followed by induction of heat over the affected knee joint for 7 days with a poultice of herbal leaves and other drugs and medicines for oral use were *Maharasnadi Kashyam*, *Mahayogaraja Guggulu vati* and *Gandha Taila* capsules for a period of 3 months. In the second set of external treatment, mild massage followed by induction of heat by pouring medicated decoction was performed for 7 days with oral medications - *Guggulu Tiktakam Kashayam* and *Gandha Taila* capsules for another 3 months. At the end of 6 months she was relieved of the pain (VAS score 2), unsteadiness in the gait had reduced considerably, and the patient was able to fold the joint beyond 60 degrees. She was advised to continue medications *Ksheerabala Taila* capsules and a combination of *Haridra*, *Shallaki* and *Chingati Satwa* in the form of tablets and application of *Murivenna Taila* for the next 2 months.

Discussion: In this case the afflicted *Dosha*, as a nature of the injury and chronicity of the issue is *Vata*. And treatment was planned to balance the aggravated *Vata*. The oral medications chosen also alleviate *Vata*, plus help regeneration of tissues.

Conclusion: This short case study demonstrates that Ayurveda is effective in relieving the symptoms suffered as a result of ligament tear. To know its efficacy in regrowth of the tissues need longer study duration.

- Dr. Ambika P. Nayak B.A.M.S; Masters In Ayurveda

DISCLAIMER: This Newsletter is for educational purposes only. The right to publish any submitted article is at the sole discretion of the Editorial Board

We recommend you to consult your doctor before attempting to follow these remedies as the articles are an outcome of research.



Kitchen Spice Tip



2 ounces of long pepper powder when taken with honey helps chronic tonsillitis in children.



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