



From the Founder:

A warm hello from Boston! As promised, we have launched the CAR Journal Club. Our Executive Committee member Dr. Anupama Kizhakkeveetil will lead the club which will meet once every two months. The purpose of this club is to improve the critical literature appraisal skills and to increase research literacy. We hope this club will bring together and engage practitioners not only from the field of Ayurveda research but will also draw those who would like to learn more about and adopt research practices in their own spheres of work. This is very much in line with our mission of encouraging, educating and facilitating research in Ayurveda, especially here in the West. Please do check out the Journal Club details and how to join the sessions, on our website and media pages.

We love to hear from you, as always. Share with us your thoughts, ideas and suggestions. Email us at ayurvedaresearchusa@gmail.com. Let us know how we are doing and what more you would like to see happening at CAR. Stay connected by visiting our [website](#), following us on Twitter (Handle @PratibhaAyurved), joining our [Facebook group](#) and/or liking our [Facebook page](#)!!



Pratibha Shah

(Pratibha Shah, Masters In Ayurveda, MPH)

Research Abstract

Effect of Anuvasana Basti with Ksheerabala Taila in Sandhigata Vata (Osteoarthritis)

Grampurohit.PL, Rao.N, and Harti S.S



Introduction: Osteoarthritis (OA) is the most common joint disorder which is characterized primarily by articular cartilage degeneration and a secondary periarticular bone response.[2,3] World-wide prevalence rate of OA is 20% for men, 41% for women and it causes pain or dysfunction in 20% of the elderly respectively.[4] Relieving pain stiffness and improving physical functions are the important goals of the present day therapy.[5,6] Although OA itself is not a life-threatening disease, Quality of life can significantly deteriorate with pain and loss of mobility causing dependence and disability.[7] In Ayurveda, the disease Sandhigata Vata resembles with OA, which is described under Vatavyadhi.

Aim: To evaluate the effect of Ksheerabala Taila Anuvasana Basti in Sandhigata Vata

Design: It is a single group clinical study with pre-test and post-test design. A special proforma was prepared with all points of history taking, examination, laboratory and roentgen-logic investigations to confirm the diagnosis as mentioned in our classics and allied sciences.

Materials and Methods: In the present study, 30 patients of Sandhigata Vata were given Anuvasana Basti with Ksheerabala Taila. Subjective assessment of pain by visual analog scale and swelling, tenderness, crepitus and walking velocity were graded according to their severity.

Results: There was significant reduction ($P < 0.05$) in subjective symptoms such as pain, swelling, tenderness, crepitus and walking velocity. There was insignificant change in radiological findings [Table 1]. In the overall effect of the therapy, 56% (14) had mild improvement, 48% (08) had moderate improvement and 12% (03) had no improvement.

Conclusion: There was significant improvement in gait and walking. This proves that *Anuvasana Basti with Ksheerabala Taila* is effective in *Sandhigata Vata*. Pain and crepitus are mainly due to *Vata Dosh* and above data proves that *Anuvasana Basti with Ksheerabala Taila* controls *Vata Dosh* and relieves these symptoms. *Anuvasana Basti with Ksheerabala Taila* was significant in the subjective symptoms of *Sandhigata Vata*.

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This article is freely available to the public

News and Upcoming events

INTERNATIONAL EVENTS

- 4th International Conference on Ayurveda and Integrative Medicine 4th International Conference on Ayurveda and Integrative Medicine is organized jointly by the College of Ayurveda (UK) and Middlesex University, London on 21st & 22nd Oct.2017 at Hendon Campus Middlesex University, London. Visit:- <http://iayurvedaconference.com/>

INDIAN EVENTS

- NASYA is conducting first ever National event, one of its kind "1st RAYM 2017 i.e. 1st Rashtriya Ayurveda Yuva Mahotsav-2017", in association with National Institute of Ayurveda, Jaipur as an initiative to closely knit the Youth of Ayurveda in one string. This mega event is scheduled for 14th to 16th September 2017 with approximately 3000 participants including Ayurveda students, clinicians, researchers, practitioners, etc. from all corners of the country to show their academic, clinical, research as well as extra-curricular talents. Visit:- <http://www.raym.in/Account/Register>
- Directorate of AYUSH Maharashtra State & Arogya Bharati jointly organizing National Seminar on Diabetes Mellitus From laboratory to Practice on 16th & 17th August 2017 at Dr. DY Patil College of Ayurved & Research Institute, Nerul, Navi Mumbai . Visit:- <http://www.ayushseminarmaha.info/>



Quote of the month

Regularly anointing the body with oil, especially to head, ears and feet helps improve vision, improves sleep, tightens skin and prevents age related disorders.

(A.Hr.Su-2/8-9)



Kitchen Spice Tip

Gentle massage with warm Sesame oil helps relieve arthritic pain.

Domain Expert Corner

Approach to IBS - an Ayurveda perspective



Irritable bowel syndrome (IBS) is a group of symptoms including abdominal pain and changes in the pattern of bowel movements without any evidence of underlying damage. Gastro-colic (from stomach to intestines) & colo-rectal (intestines to rectum) transit time is affected in this disorder called Irritable Bowel Syndrome (IBS). 'Transit time' is the time it takes for food to travel from mouth through digestive tract to anus (bowel transit time).

There can be 3 clinical variants of IBS considered for an easy understanding: (a) IBS-D – Shorter transit time due to hyper-motility of intestinal peristalsis leads to IBS with Diarrhea. (b) IBS-C – in IBS with Constipation there is longer transit time. (c) IBS-M – this is the kind where there will be a mixed pattern of diarrhea and constipation.

In Ayurveda, IBS can be correlated with *Vataja Grahani* where the afflicted dosha is *Vata*, main function of which is all kinds of movements in the body. In IBS-D *apana avrita vyana vata*, in IBS-C *vyana avrita apana*, and in IBS-M *samana avrita apana* is considered (faulty functioning of the sub-types of *Vata*). Line of treatment is specific for various types of IBS.

It may be concluded that aggravated *Vata* has following effect: 1) either it increases peristalsis thereby reducing transit time and impairing the digestion. Or may reduce the peristalsis and increase the transit time thereby hampering digestion. (2) Impairs contraction and relaxation of sphincters thereby impairing the entry and exit of food within GI tract. 3) *Vata* can cause atrophy by its *ruksha* (dry), *khara* (rough) *guna* (attributes) and thereby reducing secretion of digestive glands and endocrine hormones. 4) *Vata* can present neural transport of specific ions, amino acids and thus impair the digestion. All the above process proves aggravated *Vata* encompasses the *Agni* (digestive fire) and leads to indigestion.

Gut - Brain relationship has been observed by research; *Prana - samana - apana* (3 of the 5 sub-types of *Vata*) interrelationship is important to digestion and absorption of nutrients and vitamins.

Treatment of IBS: In all these conditions *snigdha anulomana* (an action of the drug for regulating the proper movement of *Vata*) is referred, for which *eranda sneha* (Castor oil), or *Gandharva Haritaki* (an Ayurvedic formulation), or/and *Simhanada Guggulu* (an Ayurvedic formulation) are given for effective treatment. Fiber rich diet, good amount of water, and proper exercise schedule help a lot in normalizing colon motility. *Bilva* (Aegle marmelos or Indian Bael), *Karkatashringi* (Pistacia integerrima), *Ativisha* (Aconitum heterophyllum), *Manjista* (Rubia cordifolia), *Hingavashtaka churna* (an Ayurvedic formulation with Asafoetida and 7 others) like drugs are more effective in IBS-D. *Avipattikara churna* (an Ayurvedic formulation with *Operculina turpethum* and a few others) is better choice in IBS-C. In IBS-M combination of above-mentioned drugs as per conditions may be given.

Edited article, originally written by Satyendra Ojha

Case Study

A case report on Ayurvedic management of Spastic Diplegic Cerebral Palsy

Key words: Spastic diplegic Cerebral Palsy, Gross motor function, Ayurvedic interventions

About CP: Cerebral palsy (CP) is a non-progressive neuro-motor disorder of cerebral origin. It includes heterogeneous clinical states of variable aetiology and severity ranging from minor incapacitation to total handicap. There are multiple factors which lead to CP ranging from antenatal, natal and post natal causes. Spastic CP is the most common type accounting upto 65%. Children affected by CP usually present with developmental delay and motor deficits that include weakness, fatigue, incoordination, spasticity. And these lead to delay in attaining milestones when compared with other normal children. Spastic diplegia is commoner in preterm babies and is associated with periventricular leukomalacia. The lower limbs are more severely affected with extension and adduction posturing, brisk tendon reflexes and contractures, hence a delay in standing, walking, running etc. So a child suffering from Diplegic CP may have normal language and social development, but gross motor development will be delayed. Currently there is no specific treatment for CP. The available symptomatic therapies place it among the costlier childhood disorders. Ayurveda being a Holistic science provides a better treatment in relieving symptoms and help the patient for activities of daily living. CP cannot be correlated to any single symptom or disease as per Ayurvedic texts. But on the basis of aetio-pathogenesis, symptoms and classification it can be compared to *Vatavyadhi* or *Shiromarmabhighata lakshana*. The diplegic CP, where the child is not able to walk even after one year of age, can be compared to *Phakka roga* as explained by Acharya Kashyapa.

Case profile: A male child, 3 years old was brought with complaints of inability to stand & walk without support. He was the first child to the parents, born preterm through LSCS at 32 weeks of gestation, weighing 1800 grams at birth. History revealed delay in attaining gross motor milestones. Parents noticed that there was delay in attaining neck control, after 18 months also the child was unable to stand and walk. He was undergoing physiotherapy. On examination, there was spasticity in both the lower limbs with exaggerated knee jerk and ankle jerk and no muscle atrophy.

Treatment plan: He was given *Udvartna* with *Kolakulattadi churna* for 5 days. Later *Abhyanga* with *Prasarini taila* and *Godhuma Pinda Sweda* was advised. Simultaneously *Matra Basti* with *Prasarini Taila* 15 ml was administered for 8 days. He was discharged with *Kalyanaka ghrta* 5ml twice a day with hot water in empty stomach, *Balashwagandharista* 5ml twice a day with equal water after food. After a month, it was observed that the child was able to stand without support and was trying to walk. The same medicines for oral use were continued in the follow up visit and advised *Prasarini Taila* external application.

Discussion: Delayed development of gross motor function is due to a problem in normal function of *Vata*. To achieve results in developmental disorders, function of *Vata* (normal physiology) should come to normal. Hence *Vatavyadhi* line of treatment is adapted. *Udvartna* being *Vata-kapha hara*, also imparts strength to the body and helps in opening up the minute pores thus improving the blood circulation. *Prasarini taila* is effective when motor functions in the body are affected. The previous studies have proved that *Prasarini Taila* helps in reducing the spasticity. *Godhuma Pinda Sweda* alleviates *Vata* and is strengthening to the body parts. *Kalyanaka Ghrta* is known to improve the growth of brain. But available scientific data are not enough to prove this fact. *Balashwagandharista* nourishes *rasadi dhatu*.

Conclusion: The selected treatment modality is effective in relieving the signs and symptoms and thus reducing the disability in children.

-Sharaschandra 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.

Interesting trivia

Role of Agnimandya in Autism

Autism is a disorder of neural development characterized by impaired social interaction and communication, and by restricted and repetitive behavior. The diagnostic criteria require that symptoms become apparent before a child is three years old

On close examination it is seen that Autism is closely associated with "Ama" accumulation and weak digestion. Most of the kids affected with Autism Spectrum Disorders have digestion related issues. Such children show a remarkable improvement in their behavior when the digestion is corrected specifically, patients afflicted with autism have demonstrated significant improvements through a series of treatments, including food elimination, sensitivity testing and herbal supplementation.

It is also seen that Autistic patients tend to demonstrate increased digestive issues and food sensitivities. IgG and IgE-mediated testing for food sensitivities and allergies is recommended, although it is not the only we can test hypersensitivities. Hence while many types of foods are thought to contribute to the worsening of symptoms associated with autism, specific type of foods show a more significant impact. These include Dairy Products, Night Shade Vegetables, Citrus Fruits and Peanuts. Children with Autism when put on a Special Diet which included No wheat or wheat products, No milk or milk products like yogurt, cottage cheese, cheese, ghee, No refined sugar etc showed a remarkable improvement.

-Abhishek A. Lulla, B.A.M.S; Masters in Ayurveda



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