

Date: 30.07.2025

To,
The Manager
Listing Compliance Department
National Stock Exchange of India Limited
Exchange Plaza, Bandra Kurla Complex,
Bandra (East), Mumbai-400051

SYMBOL: JSLL
ISIN: INE0J5801029

Subject: Intimation under Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 – Publication of Research Articles

Dear Sir/Madam,

Pursuant to Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, we wish to inform you that the following case studies have been authored by experts associated with Jeena Sikho Lifecare Limited, including our Managing Director, medical consultants, and senior Ayurvedic professionals.

These articles reflect the Company's continuous engagement in Ayurvedic research and clinical advancements and are detailed as under:

S. No.	Type	Name
1.	Case Study	Effective Management of Chronic Kidney Disease (Vrikka Roga) Using Ayurvedic Treatment
2.	Case Study	Comprehensive Ayurvedic Management of Grade 3 Fatty Liver (Yakrit Vikara)
3.	Case Study	Integrative Ayurvedic management of Chronic Kidney Disease highlighting the efficacy of Panchakarma and Ayurvedic Formulations.
4.	Case Study	Ayurvedic Management of Prameha (Diabetes)
5.	Case Study	Effective Management of Kitibha (Chronic Psoriasis) Using Ayurvedic Medicine.
6.	Case Study	An Ayurvedic intervention in management of Adenomyosis (Bulky Uterus).

The above-mentioned case studies have been done by Acharya Manish Ji (Managing Director) along with the following professionals associated with Jeena Sikho Lifecare Limited:

JEENA SIKHO LIFECARE LIMITED

120+ AYURVEDA CLINICS & HOSPITALS | FREEDOM FROM 2D DISEASES & DRUGS

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SCO-11, Kalgidhar Enclave, Baltana, Zirakpur,
Punjab-140604, 01762-513185
CIN NO.: L52601PB2017PLC046545

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Copies of the case studies are enclosed as *Annexures 1 to 6* for your records.

This is for your kind information and record.

**Thanking you,
Yours faithfully,**

For Jeena Sikho Lifecare Limited

**Manish Grover
Managing Director
DIN: 07557886
Place: Zirakpur, Punjab
Date: 30-07-2025**

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Effective Management of Chronic Kidney Disease (Vrikka Roga) Using Ayurvedic Treatment : A Case Report

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Abstract

This case report explores the integration of *Ayurvedic* medicine in the management of a 24-year-old male diagnosed with chronic kidney disease (CKD), referred to as *Vrikka Roga* in *Ayurveda*. The patient presented with severe symptoms including shortness of breath, general weakness, nausea, pruritus, frothy micturition and an overall loss of vitality. Conventional treatment options such as haemodialysis and medication had been proposed but were delayed at the patient's discretion. In response, an alternative therapeutic strategy was implemented, comprising a series of tailored *Ayurvedic* treatments. Complementing the *Panchkarma* therapies, *Ayurvedic* treatment, lifestyle modifications and *Ayurvedic* diet were advised to enhance overall renal health and mitigate CKD symptoms. Preliminary outcomes post-treatment showed improvement in both subjective symptoms and objective measures of renal function, suggesting potential benefits of this integrative approach. This report underscores the need for further rigorous scientific studies to validate the efficacy of *Ayurvedic* practices in managing CKD and highlights the potential of *Ayurvedic* medicine as a complement to conventional nephrology. This case encourages the exploration of holistic, individualized patient care strategies that address both the symptoms and underlying etiological factors contributing to kidney diseases.

Keywords: *Vrikka Roga*, CKD, *Ayurveda* Treatment, *Panchkarma*, Proteinuria

Introduction :

Chronic Kidney Disease (CKD) is defined as a gradual deterioration of kidney function over a span of months or years, with each advancing stage signifying a more severe loss of the kidney's ability to detoxify the blood. This degradation results in an accumulation of waste products within the bloodstream^[1]. An acute exacerbation of CKD refers to a sudden and often rapid decline in kidney function, typically triggered by factors such as infections, dehydration or exposure to nephrotoxic substances^[2]. Managing these acute episodes is challenging and may require hospitalization and intensive care due to the complexity of the condition^[3]. Conventional management strategies for CKD focus on addressing underlying causes such as hypertension and diabetes. These strategies include stringent dietary management, the use of renal replacement therapies like dialysis, and in severe cases, organ transplantation^[4]. Despite these advancements, the rising prevalence of CKD necessitates exploration into additional therapeutic options. From an *Ayurvedic* perspective, renal health is significantly influenced by the balance of the body's *doshas* (fundamental bio elements), with kidney diseases frequently attributed to disturbances in '*Apana Vata*'—a subtype of *Vata dosha* responsible for elimination processes—and '*Kapha Dosha*,' which governs fluid balance and structural stability^[5]. *Ayurvedic* texts recommend a variety of herbs such as *Punarnava* (*Boerhavia diffusa*), *Gokshura* (*Tribulus terrestris*) and *Varun* (*Crataeva nurvala*), acknowledged for their renal protective and regenerative potentials. These herbs are believed to enhance kidney function through mechanisms like enhanced diuresis, improved renal

blood flow and nephroprotective effects^[6]. From the *ayurveda* point of view this disease can be correlated with *Vrikka Roga*.

Despite the increasing exploration into these *Ayurvedic* treatments, there remains a considerable gap in comprehensive clinical validations which limits the integration of these traditional remedies into mainstream medical practice^[7]. As the global burden of chronic kidney disease continues to escalate, it becomes imperative to bridge the gap between traditional *Ayurvedic* practices and contemporary nephrology. This integration could potentially pave the way for alternate management strategies that address both the chronic progression and acute exacerbations of kidney disease, ensuring these approaches are substantiated by robust scientific evidence to guarantee efficacy and safety^[8].

Case Presentation:

1. A 24-year-old male patient visited Jeena Sikho lifecare Limited Hospital, Derabassi, with an established diagnosis of Chronic Kidney Disease (CKD) since August 2024. During the current evaluation, he reported several troubling symptoms including shortness of breath upon exertion, mild fatigue, generalized weakness, nausea, pruritus, lower backache and an increase in body weight. Despite medical advice to initiate haemodialysis owing to worsening renal function, the patient opted to delay this treatment. Notably, his clinical assessment also highlighted frothy micturition, suggestive of proteinuria.

A regimen of *Ayurvedic* medicines and *Panchkarma* treatment was formulated along with conventional renal therapy. The treatment approach was aimed at rebalancing the body's bio elements, specifically targeting improvements in kidney function and overall symptomatology. This case underscores the potential utility of integrating *Ayurvedic* medicine into the management of symptoms of Chronic Kidney Disease, particularly for patients seeking alternatives to conventional therapies. The patient is taking allopathy treatment which include **Darbepoetin** (4k once daily for 14 days), a synthetic hormone for treating anaemia; **Sodium Bicarbonate** (1 tablet TID), used to neutralize stomach acid; **Calcium Acetate** (1 tablet BID), which reduces phosphate levels in patients with kidney disease.

Samprapti of Chronic Kidney Disease (Vrikka Vikara):

In *Ayurveda*, the *Samprapti* (pathogenesis) of chronic kidney disease or *Vrikka Vikara* involves a complex interplay of the *Doshas*, primarily *Vata* and *Kapha*, and the buildup of *Ama* (toxins). Initially, factors such as poor nutrition diet, sedentary lifestyle, aggravate *Vata* and *Kapha Doshas*. This aggravation leads to the formation and accumulation of *Ama*, which then circulates throughout the body and eventually lodges in the *Vrikka* (kidneys), causing obstruction and impairment in the *Mutravaha Srotas*.

This blockage hinders the filtration process, leading to the accumulation of waste products and further increasing *Ama*, which exacerbates the condition. As the kidneys' ability to filter blood diminishes, symptoms such as hazy urine, weakness, and nausea manifest. The disruption in the balance of

the three *doshas* – *Vata*, *Pitta*, and *Kapha*, along with the continued presence of *Ama* and progressive damage to the *Vrikka*, contributes to the chronicity and severity of the disease.

Underlying Factors (Poor nutrition diet, sedentary lifestyle)

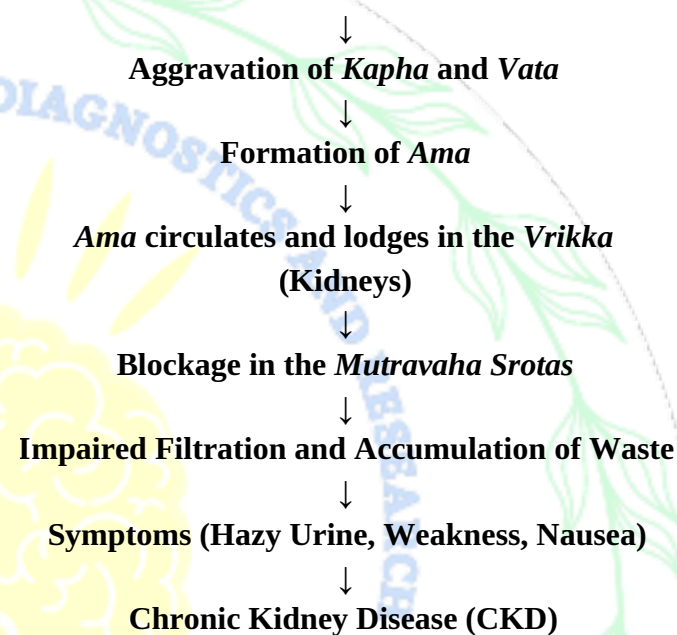


Table No. 1:. Vital Parameters

Sr. No	Examination	Findings
1.	Blood Pressure	132/80 mm of Hg
2.	Pulse	90 / min
3.	Weight	71 kg
4.	Height	5 feet 5 inches

Ayurvedic Examination

Table No. 2. : Ashtavidha Pariksha (Eight-fold Examination)

Sr. No	Examination	Findings
1.	Nadi (Pulse)	<i>Vata-Kaphaj</i>
2.	Mutra (Urine)	<i>Safena</i>
3.	Mala (Stool)	<i>Abadha</i>
4.	Jihva (Tongue)	<i>Saam</i>
5.	Shabda (Voice)	<i>Spashta</i>
6.	Sparsha (Touch)	<i>Anushnasheeta</i>
7.	Drik (Eyes)	<i>Avikrita</i>
8.	Akriti (Appearance)	<i>Avikrita</i>

Table No. 3. : Dashavidha Pariksha (Ten-fold Examination)

Sr. No	Examination	Findings
1.	Prakriti (Constitution):	<i>Pitta Kapha</i>
2.	Vikriti (Imbalance):	<i>Vata kaphaj</i>
3.	Sara (Tissue Excellence):	<i>Madhyam</i>
4.	Samhanana (Body Build):	Moderate
5.	Pramana (Body Proportions):	Within normal limits.
6.	Satmya (Adaptability):	<i>Avara</i>
7.	Satva (Psychological Strength):	<i>Avara</i>
8.	Ahara Shakti (Digestive Strength):	<i>Avara</i>
9.	Vyayama Shakti (Exercise Capacity):	<i>Madhyam</i>
10.	Vaya (Age):	24yr old

Diagnostic Assessment :

Table 6,7. Laboratory Results:

- CBC, Renal Function Test, Sr. Electrolyte, Lipid Profile.
- Imaging Results: - DTPA Scan done on 04/09/2024

Treatment Plan :

I. Ayurvedic Diet Plan:^[9] The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key recommendations:

a. Foods to be avoided:

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.
- During solid consume as small bite and chew 32 times.

b. Hydration:

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 liter of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water, and turmeric-infused water as part of your daily routine.
- Boil 2 liters of water & reduce up to 1 liter and consume.

c. Millet Intake:

"शाल्यादीनां तु धान्यानां यवकाः श्यामकाः प्रियङ्गवः ।

कोद्रवाः शालिपर्णश्च लघवः कषायोष्णगुणाः स्मृताः ॥

(Charaka Samhita, Sutrasthana 27/88).^[10]

- Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramosa*).
- Use only steel cookware for preparing the millets
- Cook the millets only using mustard oil.

d. Meal Timing and Meal Structure:

- Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
- Breakfast (9:00-10:00 AM): The patient had given steamed fruits (Seasonal), *mugda yusha*, and a fermented millet shake (4-5 types).

3. Morning Snacks (11:00AM): The patient had given Red juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient had received Plate 1 and Plate 2. Plate 1 had included a steamed salad, while Plate 2 with cooked millet-based dish.
5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
6. Dinner (6:15-7:30 PM): The patient had served a steamed salad, chutney and soup, as Plate 1, along with millet khichdi as Plate 2.

e. Fasting:

- It is advised to observe one-day fasting.

f. Special Instructions:

- Express gratitude to the divine before consuming food or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

g. Diet Types:

- The diet comprises salt-less solid, semi-solid and smoothie options.
- Suggested foods included Herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

II. Lifestyle Recommendations were :

- (i) Include meditation for relaxation.
- (ii) Practice barefoot brisk walk for 30 minutes.
- (iii) Ensure 6-8 hours of quality sleep each night.
- (iv) Adhere to a structured daily routine.

Panchkarma Therapies: -

Following a comprehensive evaluation, the patient was advised to undergo inpatient department (IPD) treatment for a duration of 5 days. This recommendation was made to closely monitor his condition and administer intensive care, aimed at stabilizing his symptoms and preventing further deterioration of kidney function. This approach also allowed for a structured administration of the *Ayurvedic* treatment regimen and ensuring adherence, while providing continuous medical supervision. The patient was admitted on 03/09/2024 and was discharged on 07/09/2024, the following interventions were followed during the admission period.

1. Matra Basti with Guduchyadi Ksheer Basti (amount – 90ml) :

Matra Basti is a form of *Ayurvedic* enema, using medicated oils or ghees. In this case, *Guduchyadi Ksheer Basti* involves the use of a medicated decoction made with *Guduchi* (*Tinospora cordifolia*) and other herbs mixed with milk. The enema primarily works on the *Vata Dosha*, which, according to *Ayurveda*, governs the body's excretory functions, including those of the kidneys. It is soothing, lubricating and can help in reducing inflammation and promoting the healing of the urinary tract and kidneys. It is especially beneficial for restoring and balancing the *Apana Vata*, enhancing the body's natural detoxification processes and aiding in the management of kidney disease-related symptoms.

2. Abhyangam with Ksheerbala Oil :

Abhyangam is a traditional *Ayurvedic* oil massage that rejuvenates the body, improves circulation, and helps in detoxification, which is crucial for

patients with kidney issues. *Ksheerbala oil*, which is commonly used during *Abhyangam*, is prepared from *Bala (Sida cordifolia)* infused in milk and *sesame oil*. This treatment is known for its anti-inflammatory and analgesic properties, aiding in reducing pain and discomfort associated with kidney disease. Moreover, it helps in calming the nerves and reducing stress, which can indirectly benefit kidney function.

3. Avgaha Swedanam for 2 hrs below Navel region :

Avgaha Swedanam is a sweating therapy that involves sitting in a tub of medicated *ayurvedic* formulations that specifically targets the lower abdomen below the naval region. This therapy is beneficial for directly impacting the organs located in the lower abdomen, including the kidneys and urinary bladder. The steam and heat help in dilating blood vessels, improving circulation to these organs and facilitating the removal of toxins through induced sweating. Improved circulation and detoxification support better kidney function and can help to alleviate symptoms of CKD.

4. Shiropichu with Dhanvantaram Oil :

Shiropichu is an *panchakarma* therapy where a cotton pad soaked in medicated oil is placed on the head of the patient. Using *Dhanvantaram oil*, which is a classic *Ayurvedic* oil known for its rejuvenative and calming properties. This treatment is beneficial for relieving stress and tension, which are often heightened in chronic conditions like kidney disease. By soothing the central nervous system, it helps to manage systemic stress which can exacerbate health conditions and impact kidney health negatively.

Medicines Used: - Following medicinal Treatment was given to the patient during the admission period.

Table No.4. : Day 1 – 03/09/24

Medications	Sanjeevani Vati
Ingredients of the formulation are	Bilva (<i>Aegle marmelos</i>), Sonth (<i>Zingiber officinale</i>), Pippali (<i>Piper longum</i>), Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellirica</i>), Amalaki (<i>Phyllanthus emblica</i>), Vacha (<i>Acorus calamus</i>), Guduchi (<i>Tinospora cordifolia</i>), and Bhallataka (<i>Semecarpus anacardium</i>).
Dose	2 Tablets BD
Anupana	Lukewarm Water (<i>Koshna Jala</i>)
Duration	<i>Adhobhakta</i> (After Meal)

Medications	URI Plus
Ingredients of the formulation are	Amalki (<i>Phyllanthus emblica</i>), Bibhitika (<i>Terminalia bellirica</i>), Haritiki (<i>Terminalia chebula</i>), Gokshura (<i>Tribulus terrestris</i>), Shodhit Guggul (<i>Commiphora wightii</i>), Guduchi (<i>Tinospora cordifolia</i>)
Dose	2 Tablets BD
Anupana	Lukewarm Water (<i>Koshna Jala</i>)
Duration	<i>Adhobhakta</i> (After Meal)

Medications	Chitrakadi Vati
Ingredients of the formulation are	Chitrak (<i>Plumbago zeylanica</i>), Pippali (<i>Piper longum</i>), Yava Kshar (<i>Hordeum vulgare</i>), Swarjika Kshara , Saindhava Lavana (Rock salt), Sauvarchala Lavana (Black salt), Vida Lavana (a type of salt), Samudra Lavana (Sea salt), Audbhida Lavana , Sonth (<i>Zingiber officinale</i>), Maricha (<i>Piper nigrum</i>), and Hing (<i>Ferula asafoetida</i>).
Dose	2 Tablets BD
Anupana	Lukewarm Water (<i>Koshna Jala</i>)
Duration	<i>Pragbhakta</i> (Before Meal)

Medications	Renotivate Syrup
Ingredients of the formulation are	Punarnava (<i>Boerhaavia diffusa</i>), Gokshura (<i>Tribulus terrestris</i>), Varun (<i>Crataeva nurvala</i>), Kasani (<i>Cichorium intybus</i>), Palaash (<i>Butea monosperma</i>), and Pasankusha (<i>Euphorbia tithymaloides</i>).
Dose	20 ml BD
Anupana	Lukewarm Water (<i>Koshna Jala</i>)
Duration	Adhobhakta (After Meal)

Medications	Chander Vati
Ingredients of the formulation are	are Kapoor Kachri (<i>Hedychium spicatum</i>), Vach (<i>Acorus calamus</i>), Motha (<i>Cyperus rotundus</i>), Kalmegh (<i>Andrographis paniculata</i>), Giloy (<i>Tinospora cordifolia</i>), Devdaru (<i>Cedrus deodara</i>), Desi Haldi (<i>Curcuma longa</i>), Atees (<i>Aconitum heterophyllum</i>), Daru Haldi (<i>Berberis aristata</i>), and Pipla Mool (<i>Piper longum</i> root). It also features detoxifying agents like Chitraka (<i>Plumbago zeylanica</i>), digestive aids like Dhaniya (<i>Coriandrum sativum</i>), and rejuvenators like Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia bellirica</i>), and Amla (<i>Emblica officinalis</i>). Additional components include Chavya (<i>Piper chaba</i>), Vayavidang (<i>Embelia ribes</i>), Pippal (<i>Piper longum</i>), Kalimirch (<i>Piper nigrum</i>), Sonth (<i>Zingiber officinale</i>), and Gaj Pipal (<i>Scindapsus officinalis</i>). Flavor enhancers and additional agents include Choti Elaichi (<i>Elettaria cardamomum</i>), Dalchini (<i>Cinnamomum verum</i>), Tejpatra (<i>Cinnamomum tamala</i>), while detoxifying and digestive components like Danti (<i>Baliospermum montanum</i>), Nisoth (<i>Operculina turpethum</i>), and Banslochan (<i>Bambusa arundinacea</i>) also play crucial roles. Minerals used include Loh Bhasma and natural resins like Guggul (<i>Commiphora wightii</i>).
Dose	2 Tablets BD
Anupana	Lukewarm Water (<i>Koshna Jala</i>)
Duration	Adhobhakta (After Meal)

Table No. 5.: Day 2,3,4 and 5 – 04/09/24, 05/09/24, 06/09/24, 07/09/24.

Medications	Dose	Anupana	Duration
Sanjeevani Vati	2 Tablets BD	Lukewarm Water (<i>Koshna Jala</i>)	Adhobhakta (After Meal)
URI Plus	2 Tablets BD	Lukewarm Water (<i>Koshna Jala</i>)	Adhobhakta (After Meal)
Chitrakadi Vati	2 Tablets BD	Lukewarm Water (<i>Koshna Jala</i>)	Pragbhakta (Before Meal)
Renotivate Syrup	20 ml BD	Lukewarm Water (<i>Koshna Jala</i>)	Adhobhakta (After Meal)
Chander Vati	2 Tablets BD	Lukewarm Water (<i>Koshna Jala</i>)	Adhobhakta (After Meal)
Mutravardhak Vati	2 Tablets BD	Lukewarm Water (<i>Koshna Jala</i>)	Adhobhakta (After Meal)

The Patient was discharged on 07/09/24 and on discharge patient was advised to take following medication for 3 months

1. **Renal Support syrup** – 20ml BD after meal with equal amount of lukewarm water
2. **GFR Powder** – ½ Tsp BD after meal with Lukewarm water
3. **Chander Vati** – 2-tab BD after meal with Lukewarm water
4. **Asthiposhak Vati** – 2-tab BD after meal with Lukewarm water
5. **Fe cap** – 2 cap BD after meal with Lukewarm water
6. **DS Powder** ½ Tsp HS after meal with Lukewarm water (to stop if loose motion)

Follow-Up and Outcomes :

After 5 days admission and after the series of *Panchakarma* Treatment and *Ayurvedic* Medicines and a follow-up of 3 months the results that were seen are-

Table No. 6 : Outcomes – Objective Parameters

Parameters	Pre-Treatment (03/09/24)	Post-Treatment (12/12/24)
Sr Electrolyte		
Sr. Sodium	139.3 mEq/L	139.4 mEq/L
Sr. Potassium	5.83 mEq/L	5.69 mEq/L
Sr. Chloride	104.3 mEq/L	102.9 mEq/L
Complete Blood Count		
Hb	8.2 gm/dl	8.0 gm/dl
TLC	11200 /cumm	12500 /cumm
RBC	2.88 mill/cumm	2.43 mill/cumm
Platelet Count	3.63 Lac/cumm	2.10 Lac/cumm
Renal Function Test		
Blood Urea	176.38 mg/dl	114.27 mg/dl
Sr. Creatinine	11 mg/dl	7.17 mg/dl
Sr. Uric Acid	9.60 mg/dl	8.64 mg/dl
Urine Routine/Microscopic		
Urine Protein	Present +	Present +
Pus Cells	8-10 /HPF	1-2 /HPF
Albumin/Globulin Ratio	0.81	1.23

The changes in the subjective parameters that was observed are-

Table No. 7 : Outcomes – Subjective Parameters

Parameters	Pre-Treatment	Post-Treatment
Pain Severity (VAS)^[11]	Patient reported severe pain, rated at 7 on a scale of 1-10 during episodes of renal colic.	Complete resolution of pain, with a pain rating of 1 on a scale of 1-10.
Modified Borg Scale (Shortness of Breath)^[12]	6/10 (marked breathlessness after mild exertion)	2/10 (marked relief in breathlessness after mild exertion)
Fatigue Severity Scale (FSS)^[13]	Average score of 6/7 (severe fatigue impacting daily function)	Average score of 3/7 (mild fatigue)
Itch Severity Scale (ISS)^[14]	5/10 (moderate itching affecting sleep and daily activities)	2/10 (occasional itching with minimal impact)
Kidney Disease Quality of Life (KDQOL)^[15]	Overall score 40% (significant impact of kidney disease on quality of life)	Overall score 70% (moderate improvement in quality of life with some persistent challenges)

The changes in the DTPA were observed as

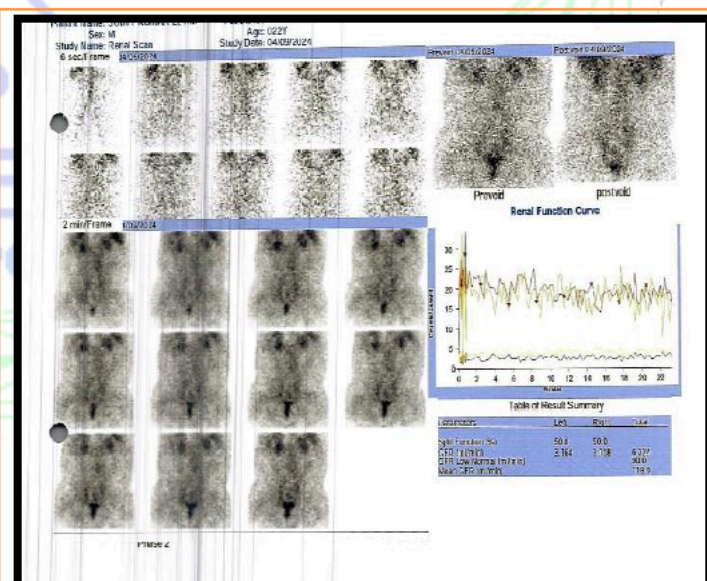


Image 1: Before Treatment

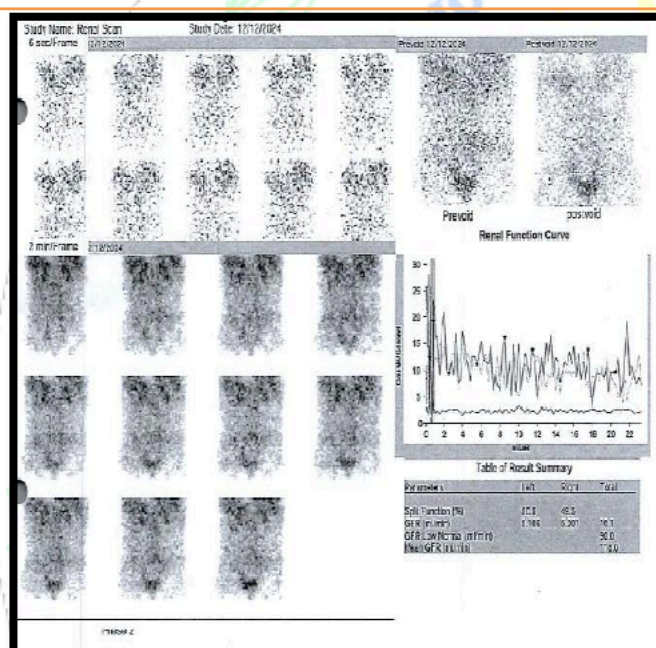
LEFT KIDNEY i) SMALL IN SIZE
 ii) SEVERELY COMPROMISED CORTICAL FUNCTION
 iii) THERE IS NON-OBSTRUCTED DRAINAGE SEEN.

RIGHT KIDNEY i) SMALL IN SIZE
 ii) SEVERELY COMPROMISED CORTICAL FUNCTION
 iii) THERE IS NON-OBSTRUCTED DRAINAGE SEEN.

- GLOBAL GFR = 6.3ml/min/ 1.81sq m BSA
 (Normal range for BSA = 90.0ml/min \pm 17ml/min)

-SPLIT FUNCTION: LEFT KIDNEY = 50.0%
 RIGHT KIDNEY = 50.0%

Image 1: Before Treatment



IMPRESSION:- 99m DTPA RENOGRAM REVEALS:

LEFT KIDNEY i) SHRUNK IN SIZE
 ii) SEVERELY COMPROMISED CORTICAL FUNCTION.
 iii) THERE IS NORMAL DRAINAGE SEEN.

RIGHT KIDNEY i) SHRUNK IN SIZE
 ii) SEVERELY COMPROMISED CORTICAL FUNCTION
 iii) THERE IS NORMAL DRAINAGE SEEN.

- GLOBAL GFR=10.1ml/min/ 1.64sq m BSA
 (Normal range for BSA 90.0ml/min \pm 17ml/min)

-SPLIT FUNCTION: LEFT KIDNEY=50.5%
 RIGHT KIDNEY=49.5%

N.B:- 1. AS COMPARED TO THE PREVIOUS STUDY DONE ON (05/09/2024) THERE IS MILD IMPROVEMENT IN BILATERAL RENAL FUNCTION.

Image 2: After Treatment

Discussion :

Chronic Kidney Disease (CKD) represents a significant challenge in modern medicine due to its complex pathophysiology and the increasing prevalence worldwide. As a multisystem disease, CKD typically progresses silently over years, often diagnosed in advanced stages when therapeutic options are limited. Modern management strategies for CKD focuses on addressing the primary risk factors such as hypertension and diabetes, which are pivotal in slowing disease progression. Pharmacological treatments like ACE inhibitors or ARBs are commonly prescribed to manage hypertension and to reduce the progression of renal damage^[16]. Additionally, stringent control of blood glucose levels in diabetes is essential to prevent diabetic nephropathy, a leading cause of CKD^[17]. As the disease advances, treatment modalities may include renal replacement therapies such as dialysis or kidney transplantation, which, while life-sustaining, come with significant lifestyle and health burdens^[18]. Despite advancements in medical treatment and management strategies, CKD remains a leading cause of morbidity and mortality, underscoring the need for further research into more effective interventions and the potential for prevention strategies starting from earlier life stages^[19].

The pathophysiology (*Samprapti*) of chronic kidney disease (CKD) or *Vrikka Roga* in Ayurvedic terminology, can be viewed through the lens of the imbalance in the body's doshic energies, primarily involving the vitiation of *Vata*, *Kapha* and *Pitta* doshas. *Apana Vata*, which governs the lower part of the body involved in elimination of wastes, plays

a significant role in the functioning of the kidneys. According to *Ayurveda*, disturbance in *Apana Vata* leads to impaired elimination and accumulation of toxins (*Ama*) in the body, which in the context of CKD disturbs the kidney's ability to filter and eliminate waste effectively.

The weakening of the *Dhatus* (tissues), particularly *Mamsa* (muscle tissue) and *Medas* (fat tissue), due to sustained doshic imbalance further exacerbates the disruption of kidney functions. Additionally, the build-up of *Ama* could lead to *Srotorodha* (blockage of channels), which manifests as the progressive symptoms of CKD including fatigue, swelling and metabolic disturbances like electrolyte imbalances.

Successful interruption of this pathogenesis (*Samprapti Vighatana*) involves a multipronged approach aimed at restoring the balance of the *doshas*, enhancing digestive fire (*Agni*), clearing the channels (*Srotas*) of accumulated toxins and rejuvenating affected tissues. In the case presented, several *Panchakarma* therapies were employed as part of *Panchakarma* to address the root causes of CKD. *Matra Basti with Guduchyadi Ksheer Basti* was administered to soothe *Vata* and remove *Ama* from the pelvis. *Abhyangam with Ksheerbala Oil* and *Avgaha Swedanam* procedures were implemented to improve circulation, facilitate the removal of toxins and alleviate pain and discomfort. Additionally, *Shiropichu with Dhanvantaram Oil* was utilized to calm the system and reduce stress, providing a holistic approach to patient care.

Multiple studies in *Ayurveda* have explored similar interventions for kidney diseases. A demonstrated significant improvements in renal

function indicators among patients treated with a comprehensive *Ayurvedic* protocol including herbs like *Punarnava* and therapies similar to those employed in this case report^[20]. These findings, with significant enhancements in both biochemical and symptomatic profiles of patients with CKD undergoing integrated *Ayurvedic* and conventional treatment^[21]. These studies reinforce the potential for *Ayurvedic* interventions to effectively mitigate the progression of CKD and improve quality of life, by addressing both the symptoms and root causes of the disease as described in its *Samprapti*. The array of *Ayurvedic* medicines prescribed in the case of Chronic Kidney Disease (CKD) encompasses various formulations each targeted to support different aspects of the patient's health. **Sanjeevani Vati** is noted for its rejuvenative qualities, enhancing systemic resilience and energy, beneficial for tackling the fatigue associated with CKD. **URI Plus** aims to support urinary function with diuretic herbs that promote renal clearance and helps to manage fluid retention. **Chitrakadi Vati** enhances digestive efficiency, crucial for reducing toxin buildup that could otherwise strain the kidneys. **Renotivate Syrup** and herbs in similar formulations are selected for their nephroprotective properties, aimed at directly supporting kidney function and health. **Chander Vati** assists in metabolic regulation, potentially easing the burden on the kidneys by improving the handling of metabolic wastes. To stave off complications like urinary tract infections, which are prevalent in CKD due to compromised immunity and altered urinary function, **Mutravardhak Vati** incorporates diuretic components to enhance urine output, helps to prevent fluid overload, a common issue in CKD

patients. Through a holistic approach, these medications collectively address the complex symptomatic landscape of CKD, emphasizing not only direct renal support but also broader systemic health enhancement in line with *Ayurvedic* principles.

Need for Further research and Study :

The integration of *Ayurvedic* medicine into chronic kidney disease (CKD) (*Vrikka Roga*) management necessitates rigorous research to validate its efficacy and safety. Well-designed clinical trials, particularly randomized controlled trials, are crucial to assess the therapeutic benefits and risks of *Ayurvedic* treatments compared to conventional therapies. Additionally, mechanistic studies are needed to understand the pharmacodynamics of *ayurvedic* remedies and their interactions with renal pathology. Longitudinal and personalized treatment studies can further elucidate the long-term impacts and individual effectiveness of *Ayurvedic* approaches. Interdisciplinary research combining *Ayurvedic* principles with modern nephrology could lead to innovative, integrative treatment models, helping standardize and globalize *Ayurvedic* treatments within the framework of modern healthcare.

Conclusion :

This case report on the management of chronic kidney disease (CKD) in a 24-year-old male shows significant improvements post-integration of *Ayurvedic* treatments with conventional methods, as evident through symptomatic, vital, and investigational outputs. Symptomatic relief was substantial, with severe pain, marked breathlessness, severe fatigue, and

moderate itching all considerably reduced. Vital signs remained stable with normal pulse and blood pressure throughout the treatment. Investigative results also reflected positive changes; Blood urea reduced from 176.38 mg/dl to 114.27 mg/dl, serum creatinine decreased from 11 mg/dl to 7.17 mg/dl, and both potassium and chloride levels showed slight improvements. DTPA Scan findings also shows significant improvement as global grf improved from 6.3 ml/min to 10.1 ml/min. These findings suggest that an integrated approach to CKD management can significantly enhance patient outcomes, highlighting the need for further research to validate and optimize these treatment protocols.

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Comprehensive Ayurvedic Management of Grade 3 Fatty Liver (*Yakrit Vikara*): A Case Report

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Abstract

Non-alcoholic fatty liver disease (NAFLD), encompassing a range of liver conditions including Grade 3 fatty liver (severe hepatic steatosis), represents a significant global health issue exacerbated by rising obesity, diabetes and metabolic syndromes. Modern medical treatments largely focus on lifestyle changes with limited pharmacological interventions. This case study explores the effectiveness of a comprehensive Ayurvedic management strategy in treating a 68-year-old male with Grade 3 fatty liver. The personalized therapeutic regimen included ayurvedic medications, combined with *Panchakarma* detoxification therapies and specific dietary adjustments. Post-treatment evaluations demonstrated notable improvements: a reduction in liver size from 144mm to 127mm, normalization of liver echotexture, significant decrease in ALT levels and improved glycaemic control. These results highlight the potential of Ayurvedic treatments in managing advanced stages of NAFLD by restoring *Doshic* balance, enhancing metabolic processes and reducing systemic toxins. The findings suggest a viable complementary approach to conventional treatments, emphasizing the need for further research to integrate Ayurveda into global strategies battling NAFLD.

Keywords: Ayurveda, non-alcoholic fatty liver disease, Grade 3 fatty liver, Ayurvedic medicine, *YakritVikara*.

Introduction

Non-alcoholic fatty liver disease (NAFLD) is a spectrum of liver disorders characterized by excessive fat accumulation in hepatocytes, excluding alcohol consumption as a primary cause. Grade 3 fatty liver, also known as severe hepatic steatosis, represents an advanced stage of NAFLD, often associated with complications such as fibrosis, cirrhosis and an increased risk of hepatocellular carcinoma (HCC)^[1,2]. The global prevalence of NAFLD is rising due to the increasing burden of obesity, diabetes mellitus and metabolic syndrome, making it a significant public health concern^[3]. Despite advances in modern medicine, pharmacological management for NAFLD remains limited, with a strong emphasis on lifestyle modifications and control of metabolic risk factors^[4]. In this context, *Ayurveda*, a traditional Indian system of medicine, offers a holistic approach to manage liver disorders through personalized therapeutic regimens involving *ayurvedic* medicines, detoxification therapies (*Panchakarma*) and dietary recommendations^[5]. *Ayurvedic* interventions target the root causes of fatty liver, such as impaired digestion (*Agni*), toxin accumulation (*Ama*) and *dosha* imbalances, especially *Kapha* and *Pitta*^[6]. This case study highlights the efficacy of *Ayurvedic* treatment in managing Grade 3 fatty liver by addressing its pathophysiology from an integrative perspective. It demonstrates the potential for improving liver health through a combination of *ayurvedic* medicines, *Panchakarma* therapy and lifestyle modifications, which align with the *Ayurvedic* principle of restoring homeostasis within the body^[7].

Non-alcoholic fatty liver disease (NAFLD) is the most common chronic liver disease worldwide, affecting approximately 25-30% of the global population^[8]. The prevalence of advanced stages, including Grade 3 fatty liver, is higher in individuals with metabolic syndrome, type 2 diabetes mellitus and obesity^[9]. NAFLD is particularly prevalent in developed countries, with rates reaching up to 40% in the United States and the Middle East^[10]. In India, the prevalence ranges between 9-32%, with increasing cases reported due to rapid urbanization, sedentary lifestyles and dietary changes^[11].

NAFLD not only affects adults but is also a growing concern in paediatric populations, with an estimated 3-10% of children and up to 38% of obese children being affected^[12]. The disease is a leading cause of liver-related morbidity and mortality, underscoring the need for effective prevention and treatment strategies^[13].

Case Report:

Patient History and Information:

The patient, a 68-year-old male, had a history of inconsistent adherence to dietary modifications recommended for hypertension and fatty liver management. He had not shown a consistent engagement with either allopathic or *Ayurvedic* medications, and there had been no indication of him taking regular treatments from either approach.

Diet and Lifestyle History: The patient led a largely sedentary lifestyle characterized by minimal physical activity, mostly involving seated tasks and brief walks within his neighbourhood. His dietary habits included a high intake of carbohydrate-rich and unhealthy fats, with frequent consumption of

fried snacks and sugary desserts. Fresh fruits and vegetables are rarely included in his meals and he had a preference for sugary beverages.

Medicine History:

Sr. No.	Medicine Name	Dosage
1.	Ursodeoxycholic acid	OD

Surgical History: There were no reports of any surgical interventions.

Family History: Detailed family medical history not been provided, which could be relevant for understanding potential genetic predispositions to metabolic conditions.

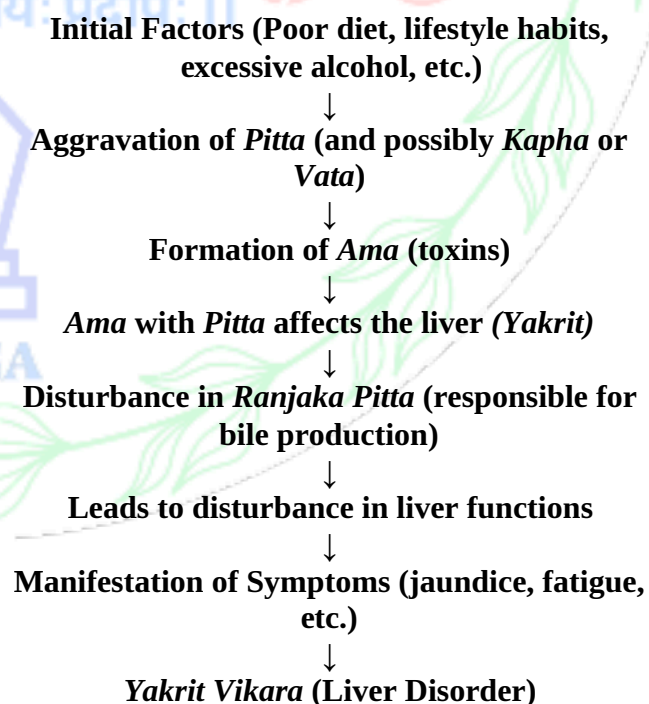
Onset and Disease Progression:

The patient presented with discomfort in the right upper abdomen. He also reported poor appetite and occasional nausea. Patient also complained of coughing with sputum and lower back pain with Numbness in the lower extremities. Physical examination revealed obesity, with a body mass index (BMI) of around 29 kg/m². On abdominal examination, hepatomegaly was noted with mild tenderness in the right hypochondrium, but there were no signs of ascites or splenomegaly. Cardiovascular assessment showed blood pressure at 120/80 mmHg, consistent with his history of hypertension and a regular heart rate of 88 beats per minute. Further examination indicated mild pitting oedema in both ankles, but no signs of jaundice, spider angiomas or palmar erythema were observed. The patient's skin and sclera were normal, with no visible icterus. There was no evidence of hepatic encephalopathy or confusion, suggesting no advanced complications like liver failure. These clinical findings aligned with the

diagnosis of advanced fatty liver disease compounded by his metabolic and hypertensive history.

Samprapti of Yakrit vikara

In *Ayurveda*, *Yakrit Vikara* refers to disorders related to the liver, primarily seen as an imbalance in the *Pitta dosha*, which the liver predominantly houses alongside some aspects of *Kapha*. The *Samprapti* (pathogenesis) typically begins with the aggravation of *Pitta* due to factors such as improper diet, excessive intake of alcohol, or emotional stress. This aggravated *Pitta* then combines with *ama* (toxins resulting from improper digestion) and spreads to the *yakrit* (liver), impairing its ability to purify blood and metabolize fats efficiently. The disruption can lead to a variety of liver issues such as inflammation, jaundice, or fatty liver disease. In many cases, disturbed *Kapha* may accumulate, further complicating the condition by obstructing liver channels and impairing its function.



Vital Parameters:

- **Body Mass Index (BMI):** The patient presents with a BMI of approximately 29 kg/m², categorizing him as overweight.
- **Blood pressure :** 120/80 mmHg
- **Heart Rate:** Regular, at 88 beats per minute.

Ayurvedic Examination:**Table No. 1. Ashtavidha Pariksha (Eight-fold Examination) .**

S. No	Examination	Findings
1.	Nadi (Pulse)	<i>Vata-Pittaj</i>
2.	Mutra (Urine)	<i>Avikrita</i>
3.	Mala (Stool)	<i>Avikrita</i>
4.	Jihva (Tongue)	<i>Saam</i>
5.	Shabda (Voice)	<i>Spashta</i>
6.	Sparsha (Touch)	<i>Anushna Sheeta</i> , tenderness in the right hypochondrium upon palpation.
7.	Drika (Eyes)	<i>Avikrita</i>
8.	Akriti (Appearance)	<i>Madhyam</i>

Table No. 2. Dashavidha Pariksha (Ten-fold Examination)

Sr. No	Examination	Findings
1.	Prakriti (Constitution):	<i>VataPittaj</i>
2.	Vikriti (Imbalance):	<i>Pittaj</i>
3.	Sara (Tissue Excellence):	<i>Madhyam</i>
4.	Samhanana (Body Build):	Moderate
5.	Pramana (Body Proportions):	Within normal limits.
6.	Satmya (Adaptability):	<i>Avar</i>
7.	Satva (Psychological Strength):	<i>Madhyam</i>
8.	Ahara Shakti (Digestive Strength):	<i>Madhyam</i>
9.	Vyayama Shakti (Exercise Capacity):	<i>Madhyam</i>
10.	Vaya (Age):	68yr old, <i>Vridha</i>

Diagnostic Assessment :**Laboratory Results:****1. Liver Function Tests: Within Normal Limits****Imaging Results:****1. Ultrasound:** done on 27/04.2024 suggested the

- Findings indicate liver measure ~144mm, Granular in echo texture consistent with Liver Parenchymal Disease (grade 3 fatty liver disease).

2. Fibro Scan: done on 2/5/2024

- Measured liver stiffness of 5.5kPa, suggesting significant fibrosis possibly on border of early cirrhosis.
- CAP (Controlled Attenuation Parameter) score was 337 indicative of significant grade 3 fatty liver disease

Ayurvedic Diagnosis:

In *Ayurveda*, liver disorders are frequently linked to imbalances in *Pitta dosha*, which governs metabolism and transformation. *Kapha dosha*, responsible for structure and lubrication, can also be involved, especially in later stages or specific conditions. In grade 3 liver disease, the pathology may involve a more profound *Pitta* aggravation, leading to severe inflammation and damage. There may also be *Kapha* involvement, which can manifest as structural changes like fibrosis or cirrhosis.

Treatment Plan :**Ayurvedic Diet Plan:^[14]**

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key commendations:

a. Foods to be avoided:

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.
- During solid consume as small bite and chew 32 times.

b. Hydration:

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 liter of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water and turmeric-infused water part of daily routine.

c. Millet Intake:

- Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramosa*).
- Use only steel cook wares for preparing the millets
- Cook the millets only using mustard oil.

d. Meal Timing and Meal Structure:

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
2. Breakfast (9:00-10:00 AM): The patient had given steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).

3. Morning Snacks (11:00AM): The patient had given Red juice (150 ml) and soaked almonds.

4. Lunch (12:30 PM - 2:00 PM): The patient had received Plate 1 and Plate 2. Plate 1 will include a steamed salad, while Plate 2 with cooked millet-based dish.

5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.

6. Dinner (6:15-7:30 PM): The patient had served a steamed salad, chutney, and soup, as Plate 1, along with millet khichdi as Plate 2.

"यवाः कषायाः स्वाद्यास्ते,
लघवो ग्राहिणो हिताः ।
श्लेष्मलवणमांसस्थैर्य
बलमेधाग्निवर्धनाः ॥"

Bhavaprakasha Nighantu, Dhanyavarga,
Verse on Yava (Barley)^[15]

e. Fasting:

- It is advised to observe one-day fasting.

f. Special Instructions:

- Express gratitude to the divine before consuming foods or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

g. Diet Types:

- The diet comprises salt-less solid, semi-solid and smoothie options.
- Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

II. Lifestyle Recommendations were-

- (i) Include meditation for relaxation.
- (ii) Practice barefoot brisk walk for 30 minutes.
- (iii) Ensure 6-8 hours of quality sleep each night.
- (iv) Adhere to a structured daily routine.

1. Ayurvedic Treatment Protocol:

Table No. 3 – Ayurveda Treatment Protocol

Date	Ayurveda Treatment
16/05/2024	Medh Cap 1BD (Adhobhakta with KoshnaJala)
	Asthiposhaka Vati 2 BD (Adhobhakta with KoshnaJala)
	Lipi Cap 1 BD (Adhobhakta with KoshnaJala)
	Dr Immune Tab 1 tab BD (Adhobhakta with KoshnaJala)
	Orthonil Syrup 15ml BD (Adhobhaktaa with samamatra KoshnaJala)
	DS powder ½ Tsp HS (Nishikala with KoshnaJala)

Date	Ayurveda Treatment
11/07/2024	Asthiposhaka Vati 2 BD (Adhobhakta with KoshnaJala)
	Lipi Cap 1 BD (Adhobhakta with KoshnaJala)
	Ciro Cap 1 BD (Adhobhakta with KoshnaJala)
	SypLivforte 15ml BD (Adhobhaktaa with samamatraKoshnaJala)

Date	Ayurveda Treatment
16/08/2024	Asthiposhaka Vati 2 BD (Adhobhakta with KoshnaJala)
	Lipi Cap 1 BD (Adhobhakta with KoshnaJala)
	Orthonil Syrup 15ml BD (Adhobhaktaa with samamatraKoshnaJala)
	Dr Immune Tab 1 tab BD (Adhobhakta with KoshnaJala)

Date	Ayurveda Treatment
30/09/2024	Medh Cap 1BD (Adhobhakta with KoshnaJala)
	Cough har churna 1/2tsp TDS (Adhobhakta with KoshnaJala)
	Syp Jeevan amrita 20ml BD (Pragbhakta with samamatra Koshna Jala)
	Liv DS Cap 1 capsule BD (Adhobhakta with KoshnaJala)
	SypBroncho 15ml BD (Adhobhaktaa with samamatra KoshnaJala)
	DS powder ½ Tsp HS (Nishikala with KoshnaJala)
	AarogyaVati 1BD (Adhobhakta with KoshnaJala)

Date	Ayurveda Treatment
11/11/2024	AarogyaVati 1BD (Adhobhakta with KoshnaJala)
	SamaVati 1 tab BD (Adhobhakta with KoshnaJala)
	Dr Liv Shuddhi Tab 1 tab BD (Adhobhakta with KoshnaJala)
	Syp Jeevan amrita 20ml BD (Pragbhakta with samamatra KoshnaJala)

Follow-Up and Outcomes

After 6 months of *Ayurvedic* treatment, the results that were seen are

Table No. 4 – Outcomes – Objective Parameters

Parameters	Pre-Treatment	Post-Treatment
Alanine Aminotransferase (ALT):	95 U/L (indicative of liver stress/damage)	45 U/L (within normal range, indicating improved liver health)
CAP	337(Db/m)	238(Db/m)
FibroScan (Liver Stiffness):	5.5 kPa (not suggestive of notable fibrosis)	5 kPa (Slightly improved)
Fasting Blood Glucose:	150 mg/dL (indicative of poorly controlled diabetes)	120 mg/dL (improved but still above normal, reflecting better but not ideal glycaemic control)
USG Parameter Values	liver measure ~144mm, Granular in echotexture consistent with Liver Parenchymal Disease (grade 3 fatty liver disease).	~127mm, Normal echotexture suggestive of a normal scan.

The changes in the subjective parameters that was observed are

Table No. 5- Outcomes – Subjective Parameters

Parameters	Pre-Treatment	Post-Treatment
Fatigue Levels:	The patient reported significant fatigue, impacting daily activities.	The patient experienced considerably less fatigue, enhancing quality of life and activity levels.
Right Upper Quadrant Pain:	The patient frequently experienced discomfort and dull pain in the right upper abdominal area.	The patient reported a significant reduction in abdominal discomfort, only occasionally feeling mild pain.
Appetite Changes:	The patient noted a poor appetite, often felt nauseous after eating.	The patient's appetite was improved substantially, with nausea greatly diminished.

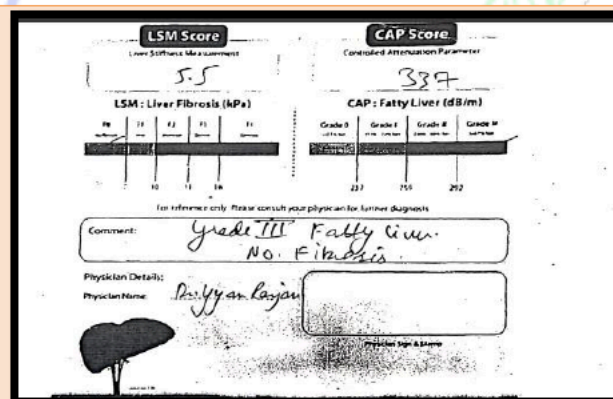
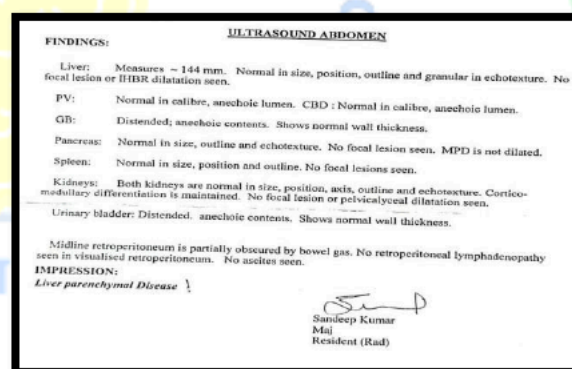


Image 1: USG Before Treatment



1. **AsthiposhakVati** - "AsthiPoshakVati" is an *Ayurvedic* formulation specifically designed to support bone health and tissue regeneration. This *ayurvedic* compound includes elements like *Godanti* (Gypsum), which is known for its high calcium content and helps in bone fortification. *ShudhShilajit* is rich in minerals and aids in enhancing the bioavailability of other nutrients essential for bone metabolism and overall rejuvenation. *Ashwagandha* serves as a stress reliever and has anti-inflammatory properties, which are crucial in maintaining overall bone and joint

2. **Lipi Cap** - "Lipi Capsules" are formulated with a comprehensive blend of *Ayurvedic* herbs and minerals targeted at enhancing lipid metabolism and supporting cardiovascular health. Key ingredients include *Arjuna*, known for its cardioprotective properties, and *Guggulu*, which is effective in managing cholesterol levels. *Haridra* (turmeric) and *Amla* (Indian gooseberry) provide potent anti-inflammatory and antioxidant benefits, helping to reduce oxidative stress and improve overall heart health. *Bhumiamla* and *Guduchi* strengthen liver function, crucial for effective lipid metabolism.

Ingredients like *Sunthi* (ginger), *Kali Mirch* (black pepper) and *Pippali* (long pepper)

3. improves digestion and absorption of nutrients, enhancing the efficacy of other ingredients. *Mulethi* (licorice) and *Jatamansi* have stress-reducing properties, while *Punarnava* supports kidney function and fluid balance. The mineral components like *MuktaPishti* (pearl calcium), *AbhrakBhasma* and *ShankhaBhasma* aids in calming the mind and improving overall mineral balance in the body. Altogether, Lipi Capsules offers a holistic approach to manage lipid levels and enhance cardiovascular health.

4. **Ciro Cap** - *Ciro Cap*, a formulated *Ayurvedic* supplement, is specifically designed to support liver health and digestive functioning. Its diverse ingredient works synergistically to enhance liver detoxification, manage inflammation and to promote overall liver rejuvenation. *Kutki* and *Punarnava* are well-known for their hepatoprotective properties, enhancing liver function and aiding in the detox process. *Gokhru* and *Arjuna* improves urinary tract health and cardiovascular functions, respectively, supporting the body's natural cleansing systems. *Pudina* and *Sounf* offers relief from digestive discomfort, enhancing digestion and soothing the stomach. *ShankhBhasma*, a mineral-based component, aids in balancing acidity and improving gastrointestinal health. Together, these

ingredients make *Ciro Care* a comprehensive formulation aimed at strengthening liver function, supporting detoxification processes and maintaining efficient digestive health.

5. **AarogyaVati** - *ArogyaVati* effectively enhances overall health and immunity through its multi-ingredient formulation. The mixture of *ayurvedic* proprietary herbs like *Triphala* (*Amalaki*, *Haritaki* and *Vibhitak*) promotes detoxification and rejuvenates all body tissues. Minerals like *LohBhasma*, *AbhrakBhasma* and *TamraBhasma* contributes to improve haemoglobin levels, cellular health and potent anti-inflammatory effects. *Chitrak* and *Kutki* bolsters the digestive health and liver functions, enhancing metabolic processes and toxin removal. *NimbaPatra* offers antimicrobial and detoxifying capabilities, helps to purify the blood and maintain skin health. This synergistic action makes *ArogyaVati* an effective medication for boosting vitality and fortifying the body's defences.

6. **Syp Jeevan Amrit**- "*JeevanAmrit Syrup*" is a nourishing *Ayurvedic* tonic designed to enhance overall health and vitality. The formulation combines several potent herbs known for their rejuvenative properties. *Harad* (*Terminalia chebula*) is a key ingredient renowned for its detoxifying effects, helps to cleanse the digestive system and improve its function. *Amla* (*Emblica officinalis*) is exceptionally high

in vitamin C and acts as a powerful antioxidant, which supports immune functions and promotes skin health. *Tulsi* (*Holy Basil*) is included for its adaptogenic properties, enhancing the body's ability to resist stress and providing support for respiratory health. *Baheda* (*Terminalia bellirica*) works synergistically with *Harad* and *Amla* to enhance digestive health and also contributes to respiratory well-being. *Pudina* (Mint) is added for its cooling and soothing effects on the stomach, aiding in digestion and offering relief from inflammation. Together, these ingredients make JeevanAmrit Syrup a versatile tonic that supports digestive health, bolsters the immune system and enhances overall vitality.

7. **Liv DS cap** - "LIV-DS Capsules" are crafted to support liver health and for detoxification, formulated with a blend of potent *Ayurvedic* proprietary herbs known for their hepatoprotective properties. *Bhumiamla* (*Phyllanthus niruri*) and *Kasani* (Chicory) are central to the formula, widely recognized for their effectiveness in liver detox and repair. *Himsra* (*Capparis spinosa*) and *Punarnava* (*Boerhavia diffusa*) are known to promote reduction of liver inflammation and managing fluid retention, respectively. *Guduchi* (*Tinospora cordifolia*) strengthens immune functions and combats liver toxins. *Kakamachi* (black nightshade) is another critical component, known for supporting liver function and protecting against

hepatotoxicity. *Arjuna* (*Terminalia arjuna*) adds cardiovascular support, vital for overall systemic health. Other ingredients like *Chitraka* (*Plumbago zeylanica*) and *Kutki* (*Picrorhiza kurroa*) enhance digestion and metabolism, supporting the liver's natural processing capabilities. Together, these components make LIV-DS an effective medicine for maintaining liver health, optimizing liver function, and promoting detoxification. As always, it's recommended to consult with a healthcare provider before starting new health supplements, especially when dealing with liver-related health issues.

8. **SamaVati** - "SamaVati" is an *Ayurvedic* formulation composed of various *ayurvedic* proprietary herbs and minerals that works synergistically to enhance overall health and vitality. The composition includes *Gokshura* and *Talmakhana*, which supports urinary and reproductive health, respectively, while *Kaunch* and *Musli* serves as potent aphrodisiacs and vitality boosters. *Shatavari* and *Vidarikand* provide nourishing properties, particularly beneficial for the reproductive system and general bodily strength. *Ashwagandha* and *ShilajitShudh* are known for their adaptogenic and rejuvenating effects, helping the body to cope up with stress and bolstering general wellness. Additional components like *Amalaki* and *Jaiphal* boosts immunity and aids digestion, respectively, while *Sonth* and *Beejband*

offer anti-inflammatory benefits. This combination not only supports reproductive and hormonal health but also enhances immune functions, promotes liver health and improves overall energy levels. Always consult a healthcare provider before starting any new treatment to ensure its appropriateness for specific health conditions.

9. Dr Liv Shuddhi cap- Dr. Liv Shuddhi Cap is an *Ayurvedic* formulation designed to detoxify and rejuvenate the body's internal systems. Key ingredients such as *Aamlaki* and *Haritaki* contributes powerful antioxidant properties that aids in cellular protection and detoxification. *Kutki*, *Kalmegha* and *Punarnava* are known for their hepatoprotective effects, enhancing liver function and promoting the removal of toxins. *Guduchi* strengthens the immune system, while *Tulsi* provides anti-inflammatory and antimicrobial benefits, further supporting the body's defence mechanisms. *Chitrak* and *Vidang* stimulates digestion, assisting in efficient nutrients absorption and metabolism. *Arjuna* adds cardiovascular support by improving heart health. This combination of detoxifying herbs supports overall wellness by cleansing the body, promoting better organ function and strengthening immune response, crucial for maintaining health and preventing disease.

10. Orthonil syp - Orthonil syrup is an *Ayurvedic* tonic formulated primarily to address joint pain and inflammation, enhancing overall musculoskeletal health. The comprehensive mixture includes anti-inflammatory herbs such as *Rasna*, *Patra*, *Devdaru* and *Peepal* which helps to reduce joint and muscle inflammation. *Ashwagandha* and *Gokhru* supports muscle strength and endurance, while *Punarnava* aids in reducing swelling and fluid retention around joint areas. *Sonth* (dry ginger) and *Nagarmotha* enhances circulation and metabolic heat, which can help to alleviate pain. *Giloy* is known for its immunomodulatory effects, enhancing overall body resilience against chronic pain conditions. Honey acts as a natural sweetener and carrier, helps to improve the taste and bioavailability of *ayurvedic* constituents. This blend targets the root causes of joint discomfort, promoting joint mobility, reducing pain and enhancing the body's natural healing processes

Discussion :

This case study highlights the potential of *Ayurvedic* medicine in managing advanced fatty liver disease (Grade 3 NAFLD), a condition with limited pharmacological interventions in modern medicine. The significant improvements in the patient's biochemical parameters, imaging findings and clinical symptoms underscore the efficacy of a comprehensive *Ayurvedic* treatment protocol targeting the pathophysiology of NAFLD.

NAFLD, particularly its advanced stages, are closely linked with metabolic syndrome, obesity and insulin resistance. In this case, the patient's sedentary lifestyle, poor dietary habits and metabolic comorbidities compounded the progression of fatty liver disease. Modern interventions often emphasize on lifestyle modifications, including dietary changes, weight reduction and glycaemic control, but fails to address deeper systemic imbalances. In this case study, the *Samprapti* or pathogenesis, of liver disease and related metabolic dysfunctions was effectively broken using a holistic *Ayurvedic* treatment protocol. The regimen included *ayurvedic* formulations like Nervine Cap, AsthiposhakaVati and Lipi Cap that targeted *Kapha-Pitta* imbalance and rejuvenated *Agni* (digestive fire), essential for lipid metabolism and enhancing hepatoprotective actions. *Panchakarma* therapies played a crucial role in detoxifying the body, eliminating *Ama* (toxins), thus facilitating liver regeneration and restoring metabolic balance. Dietary modifications further supported the normalization of physiological processes. Collectively, these interventions restored the *doshic* balance, enhanced liver structure and functions, reduced systemic inflammation and improved overall metabolic health, effectively breaking the cycle of disease. The *Ayurvedic* treatment protocol included a combination of *ayurvedic* formulations, *Panchakarma* therapies and dietary recommendations, specifically targeting *Kapha-Pitta dosha* imbalances and impaired *Agni* (digestive fire). Formulations such as **Medh Cap, AsthiposhakaVati and Lipi Cap**

likely contributed to lipid metabolism regulation and hepatoprotection through their active phytochemical constituents. Studies suggests that herbs like **Haritaki, Amalaki** and **ShankhBhasma** exhibits antioxidant, anti-inflammatory and hepatoprotective properties, which are beneficial in NAFLD management^[16,17,18]. *Panchakarma* therapies, known for their detoxifying effects, were pivotal in eliminating systemic toxins (*Ama*), further supporting liver regeneration and metabolic balance^[19]. The reduction in the liver size on USG (from 144mm to 127mm) and normalization of echotexture post-treatment reflects structural and functional restoration of the liver. Additionally, the improvement in liver enzymes (ALT reduction from 95 U/L to 45 U/L) indicates reduced hepatocyte injury. FibroScan findings (liver stiffness reduced to 5 kPa) supports mild fibrosis reversal, consistent with previous research on the regenerative potential of *Ayurvedic* interventions in hepatic disorders^[20,21]. The reduction in fasting glucose levels (from 150 mg/dL to 120 mg/dL) and subjective improvements, such as alleviated fatigue and abdominal discomfort, further highlights the systemic benefits of *Ayurvedic* treatment. The incorporation of **Cough Har Churna, AarogyaVati, and SamaVati**, known for their metabolic and anti-inflammatory properties, likely contributed to these outcomes^[22].

This case aligns with studies exploring the impact of *Ayurvedic* herbs and formulations on NAFLD. Research by Gupta et al. demonstrated the hepatoprotective effects of **Phyllanthusemblica (Amalaki)** in reducing hepatic steatosis^[23]. Another study by Sharma et al. highlighted the

lipid-lowering and antioxidant potential of **Terminaliachebula (Haritaki)** and **Terminaliabellica (Vibhitaki)** in animal models of NAFLD^[24]. Although promising, these findings necessitates further research, including randomized controlled trials, to substantiate the role of *Ayurveda* in advanced NAFLD management. The *Ayurveda* with modern diagnostic tools and lifestyle interventions could offer a comprehensive strategy for addressing the growing burden of NAFLD worldwide.

Need for further research

While the results of this case study indicate promising outcomes in managing NAFLD using *Ayurvedic* approaches, further research is needed to strengthen the evidence base. Comprehensive, controlled clinical trials with larger sample sizes are essential to validate the efficacy and safety of the specific *ayurvedic* formulations and *Panchakarma* therapies used. Additionally, deeper investigations into the molecular mechanisms of how these treatments affects liver pathology and metabolism would provide valuable insights. It is also crucial to examine the long-term impacts of such treatments on liver health and overall metabolic functions to ensure sustainable and scalable application in broader patient populations.

Conclusion :

In conclusion, this case study highlights the successful management of Grade 3 non-alcoholic fatty liver disease (NAFLD) in a 68-year-old male using a comprehensive *Ayurvedic* approach. Initially presented with concerning vital signs such as a BMI of 29 kg/m² and blood pressure of 120/80 mmHg, the patient also exhibited symptoms

indicative of advanced liver disease, including right upper abdominal discomfort, fatigue and mild hepatomegaly. The integrative treatment plan employed not only targeted these symptoms but also addressed the underlying pathophysiological aspects of NAFLD. Following a regimen of tailored *Ayurvedic* medications, along with specific *Panchakarma* therapies and dietary modifications, substantial improvements were observed. Key investigational findings supported these clinical improvements, with Ultrasound report suggests of Normal scan after 7 months of treatment and FibroScan results showing a reduction in liver size and stiffness CAP values reduced from 337(Db/m) to 238(Db/m) and E kPa values reduced from 5.5 kPa to 5 kPa, and biochemical profiles indicating normalized liver function and improved glycaemic control.

This case underscores the potential of *Ayurvedic* medicines in treating complex chronic diseases like NAFLD by holistically optimizing body functions and addressing the root causes of the disease. This integrative approach, combining personalized treatment regimens with conventional diagnostic tools, offers a promising pathway for enhancing patient outcomes in liver diseases and potentially other related metabolic disorders.

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Integrative Ayurvedic management of Chronic Kidney Disease highlighting the efficacy of Panchakarma and Ayurvedic Formulations: A Case Report

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Chronic Kidney Disease (CKD) is a progressive condition marked by a gradual decline in renal functions, often accompanied by complex and poorly understood etiopathogenesis. Conventional medical treatments for CKD, including peritoneal dialysis, haemodialysis and renal transplantation, aims to manage symptoms but presents limitations. Ayurveda provides a comprehensive alternative, emphasizing dietary and lifestyle interventions alongside the therapeutic potential of ayurvedic formulations and bio-balancing therapies. This study reflects the case of a 57-year-old male with CKD, Type 2 Diabetes and hypertension, who had symptoms such as dyspnoea, facial puffiness, constipation and generalized weakness. Following Ayurvedic treatment, which included Ayurvedic medications and Panchakarma therapies, the patient reported significant symptomatic relief. Laboratory investigations revealed a notable reduction in serum urea and creatinine levels, further affirming the effectiveness of the intervention. This case underscores the potential of Ayurvedic management as a holistic, safe, and efficacious approach for CKD, offering promising avenues for integrated healthcare.

Keywords: Chronic Kidney Disease, Type 2 Diabetes, Hypertension, Panchakarma, Urea, Creatinine, Ayurveda Management, Vrikka Vikara

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Introduction

Chronic Kidney Disease (CKD), also known as chronic kidney failure, is a progressive loss of renal functions occurring over months or years. This condition often presents nonspecific symptoms that may overlap with other illnesses due to the kidney's exceptional ability to adapt and compensate for functional decline. Symptoms typically emerge in the advanced stages of the disease and includes nausea, vomiting, fatigue, sleep disturbances, altered urine output, cognitive decline, muscle cramps, swelling of extremities, persistent itching, breathlessness and hypertension.[1] CKD is frequently identified through screening individuals at high risk, such as those with diabetes, hypertension or a family history of kidney disease. The diagnosis requires evidence of kidney impairment persisting for more than three months, distinguishing it from acute kidney injury. It is recognized as a significant global public health challenge, with an estimated prevalence of 10%, affecting approximately 850 million individuals worldwide.[2] The burden is particularly pronounced in low- and middle-income countries due to limited healthcare resources and the rising extensiveness of risk factors such as diabetes and hypertension, especially in regions like Asia. In India, CKD pervasiveness is estimated to range from 4.7% to 17.4%, with urban areas showing a higher prevalence due to lifestyle and environmental influences.[3] Despite advancements in conventional medicine, CKD management often culminates in renal replacement therapy, including dialysis or kidney transplantation, underscoring the need for alternative approaches.

Ayurveda offers a holistic perspective on disease management, focusing on the interplay of *Dosha*, *Dushya* and *Adhishthana*, along with the patient's overall strength and disease severity.[4] Although CKD is not explicitly described in classical *Ayurvedic* texts, its pathogenesis can be understood within the framework of *Ayurvedic* principles,

Enabling effective and individualized therapeutic strategies. This article highlights the case of a 57-year-old male with diabetes and hypertension, recently diagnosed with CKD, successfully managed through Ayurvedic therapies. This case underscores the potential of Ayurveda as a complementary approach to addressing the complex challenges of CKD.

Case Report

A 57-year-old male with a history of hypertension diagnosed three years ago and Type 2 Diabetes Mellitus for 30 years, recently diagnosed with Chronic Kidney Disease (CKD), presented to Jeena Sikho Lifecare Ltd. Hospital, Dera Bassi, Chandigarh, on June 28, 2024. The patient reported complaints of constipation, frothy urination, dyspnoea on exertion, facial puffiness and generalized weakness. The 2D Echo report dated June 25, 2024, revealed the left ventricular ejection fraction (LVEF) of 45 - 48%, concentric left ventricular hypertrophy (LVH) and mild mitral regurgitation (MR). The patient's initial evaluation on the first day is summarized in Table 1.

Table 1: Examination Findings

Parameter	Findings
Blood Pressure	150/80 mm of Hg
Pulse Rate	72/min
Weight	89 kg
Nadi	Vata Pittaj
Mala	Malavashambha (constipation)
Mutra	Safena(frothy)
Jivha	Saam (coated)
Shabda	Spashta
Sparsha	Anushnashita
Akruti	Sthula
Drik	Akshikutashotha
Kshudha	Alpa
Agni	Mand
Nidra	Prakrut

The results of the diagnostic tests performed on the day of admission are outlined in Table 2.

Table 2: Investigations on the day of Admission (June 28, 2024)

Laboratory Test	Observed Value
Blood Count	
Hemoglobin	6.7 g/dl
Total Leucocyte Count	6700/cumm
RBC	2.07 Mill/Cumm
Platelet Count	2.43 Lacs/Cumm

Random Plasma Glucose	176 mg/dl
Renal Function Test	
Blood Urea	249.03 mg/dl
Serum Creatinine	11.25 mg/dl
Serum Uric Acid	8.40 mg/dl
Electrolytes	
Sodium Na+	134.1 mEq/L
Potassium K+	4.55mEq/L
Chloride Cl-	101.2 m Eq/L
Liver Function Test	
Bilirubin Direct	0.28 mg/dl
Bilirubin In-Direct	0.35 mg/dl
Bilirubin Total	0.63 mg/dl
ALT/SGPT	15.69 IU/L
AST/SGOT	15.20 IU/L
Alkaline Phosphatase	144.32 U/L
Albumin	4.24 g/dl
Globulin	3.20 g/dl
Total Protein	7.44 g/dl
Immunology- Serology	
HIV I & HIV II Antibody	Non-Reactive
HCV Antibody	Non-Reactive
Hepatitis B Surface Antigen	Non-Reactive
Hepatitis C Virus Antigen	Non-Reactive
Chol/HDL Ratio	3.90

The patient underwent a thorough diagnostic workup, including urinalysis, complete blood count (CBC), renal function tests (RFT), serum electrolyte analysis and liver function tests (LFT).

The patient underwent a comprehensive Panchakarma protocol, which included *Awagaha Swedana* (therapeutic tub bathing), *Shiropichu* (medicated oil application on the scalp), *Shiroabhyanga* (head massage with Ayurvedic medicated oils), *Sneha Basti* (oil enema), *Kashay Basti* (decoction enema), *Lepam* (Ayurvedic medicated paste application) and *Netra Tarpana* (nourishing eye treatment). These therapies were complemented with Ayurvedic medications and tailored dietary and lifestyle recommendations designed to enhance overall well-being and support kidney function restoration.

The patient was discharged on July 7, 2024, demonstrating significant clinical improvement. Symptoms such as constipation, frothy urination, dyspnoea on exertion, facial puffiness and generalized weakness had considerably diminished. Additionally, there was a notable enhancement in appetite and urine output, contributing to an improved sense of overall well-being at the time of discharge.

Treatment Plan

I. Diet Plan Overview [5]

At Jeena Sikho Lifecare Ltd. Hospital, Dera Bassi, the patient's diet was customized to support kidney health and recovery, incorporating the following elements:

1. Foods to Avoid: Excluded wheat, processed foods, dairy, animal products, coffee, tea, and post-8 PM meals.

2. Hydration: Advised 1.5 litres of fluid daily, including alkaline water, Herbal tea and turmeric-infused water.

3. Millets: Recommended five varieties - foxtail, barnyard, little, kodo and browntop - prepared in stainless steel utensils.

4. Structured Meals (DIP Diet):

- **Early Morning:** Curry leaves, Herbal tea, raw ginger and turmeric.
- **Breakfast:** Seasonal and steamed fruits, sprouts and fermented millet shakes. Plate 1 with assorted fruits (seasonal) paired with steamed sprouts. Red Juice.

- **Lunch:** Millet dishes with steamed vegetables or sprouts. Plate 1 with steamed vegetable salad or sprouts and Plate 2 with a millet-based dish. Steamed salads (grams equivalent to 5 × the patient's weight) alongside cooked millet dishes.
- **Snacks:** Green and red juices, soaked almonds.
- **Dinner:** Plate 1 with a steamed vegetable salad or sprouts and Plate 2 with a millet-based dish. Millet khichdi, soups, chutneys, steamed salads.

शाल्यादीनां तु धान्यानां यवकाः श्यामकाः प्रियङ्गवः। कोद्रवाः शालिपर्णश्च लघवः कषायोष्णगुणाः स्मृताः॥"[5] (Charaka Samhita, Sutrasthana 27/88).

5. Periodic Fasting: Encouraged fasting every 3–4 days to promote detoxification.

6. Special Practices: Gratitude before meals and sitting in *Vajrasana* post-meal for digestion.

7. Dietary Variations: Emphasis on natural foods - Herbal tea, juices, steamed seasonal fruits, sprouts and salads - with no added salt.

II. Lifestyle Recommendations[6]

1. Sunlight: Spend 30 minutes in morning sunlight to boost vitamin D and health.

2. Yoga: Practice yoga (*Sukhasana*) for one hour daily to enhance strength, flexibility & mental clarity.

3. Meditation: Engage in mindfulness meditation (*Sukshama Pranayama*) to reduce stress and improve well-being.

4. Grass-Ground Walk: Walk barefoot on natural surfaces for 30 minutes to enhance circulation and connect with nature.

5. Sleep: Maintain 6 - 8 hours of quality sleep for recovery.

6. Routine: Follow a structured daily schedule for balanced living.

III. Panchakarma Procedures Administered to the Patient

A. Awagaha Swedana[7]

Procedure: The patient was seated in a tub filled with warm water (approximately 42°C) infused with medicinal herbs for 30 minutes under supervision.

Physiological Effects

- Warm water induces vasodilation, increases blood circulation to skin & stimulating perspiration.

- Sweating assists in eliminating metabolic wastes such as urea, creatinine and uric acid.
- The *Ayurvedic* components in the water are absorbed through the skin, exerting systemic therapeutic effects.

Mode of Action

- The rise in body temperature promotes vasodilation and activates the sympathetic nervous system, leading to the release of catecholamines and thyroid hormones, which enhance metabolism and fat breakdown.
- Facilitates the liquefaction and movement of *Doshas* within bodily microchannels (*Srotas*), aligning with principles from *Ayurvedic* texts (*Charaka Siddhi Sthana* 1/8).
- Classified under *Sagni Swedana* therapy, *Awagaha Swedana* supports detoxification and helps to restore systemic balance.

B. ShiroPichu with Brahmi Oil

Procedure: A cotton pad soaked in warm *Brahmi* oil is gently placed on the forehead and maintained under supervision for 30 to 60 minutes.

Physiological & Mode of Action: The medicinal oil is absorbed through the skin, nourishing underlying tissues and calming the nervous system, which helps to alleviate mental exhaustion and stress. *ShiroPichu*, facilitates the absorption of *Brahmi* oil into the skin, raising the local temperature and improving blood circulation. This increased blood flow, enhances oxygen and nutrient delivery while aiding in removing metabolic waste. The therapy's anti-inflammatory and soothing properties helps to relax muscles, alleviates headache and migraine, reduces mental stress, and promotes overall relaxation and well-being.

C. Gokshur and Punarnava Siddha Sneha Basti

Procedure: Warm medicated oil, prepared with *Gokshur* and *Punarnava Siddha Sneha* (90 ml), is administered rectally, allowing for gradual absorption over a specified period.

Physiological Effects and Mode of Action: The medicated oil is absorbed through the rectal mucosa, providing lubrication to the intestines, facilitating bowel movements and pacifying the vitiated or raised *Vata Dosha*. It helps in the expulsion of gas, faeces, and urine, delivering both localized and systemic therapeutic effects.

Therapeutic Benefits of Ingredients:

- **Gokshur:** Renowned for its diuretic properties, it supports urinary health, helps to balance *Doshas* and promotes overall detoxification.
- **Punarnava:** Known for its anti-inflammatory action, it enhances kidney function, aids in detoxification, manages fluid retention and reduces swelling.[8]

This formulation supports kidney health, improves detoxification pathways, aids in the elimination of metabolic wastes, and restores *Dosha* equilibrium, offering compreh. benefits for systemic well-being.

D. Gokshur and Punarnava Siddha Kashaya Basti

Procedure: A decoction (*kashaya*) of 350 ml prepared with *Gokshur* and *Punarnava Siddha* was administered rectally as a therapeutic enema (*Niruha Basti*). Quantity and duration of retention were determined, based on patient's condition.

Physiological Effects and Mode of Action: The medicated decoction acts through the rectal mucosa, helped to regulate bowel function, pacified *Vata dosha* and supported urinary and renal health. It facilitated the removal of toxins and excess fluid while improving circulation and reduced inflammation in the lower abdominal region.

Therapeutic Benefits of Ingredients:

- **Gokshur:** Diuretic and *Dosha*-balancing properties that supports urinary tract health and detoxification.
- **Punarnava:** Anti-inflammatory and nephroprotective actions, aids in kidney function, manages fluid retention and promotes detoxification.[9]

Gokshur and *Punarnava Siddha Kashaya Basti* and *Sneha Basti* were administered on alternate days as part of the therapeutic regimen. This formulation offers a holistic approach for detoxification, kidney health and systemic balance, making it a valuable intervention in managing conditions like chronic kidney disease.

E. Dashmoola and Trikatu Lepam Application

Procedure: An Ayurvedic paste (*Ushna Lepam*) was prepared, using *Dashmoola* and *Trikatu* powders mixed with a Ayurvedic decoction, is applied evenly over the chest and legs.

The paste is kept in place for a specific duration under medical supervision.

Physiological Effects and Mode of Action: The application of *Dashmoola* and *Trikatu lepam (Ushna Lepam)* facilitates localized vasodilation, improving blood circulation and reducing inflammation. These herbs possess anti-inflammatory, analgesic and mucolytic properties, which helps to alleviate chest congestion, improve respiratory functions and reduces localized swelling or pain in the legs.

Therapeutic Benefits of Ingredients:

- **Dashmoola:** Aids in reducing inflammation, pacifying vitiated or elevated *Vata Dosha* and alleviating musculoskeletal discomfort.[10]
- **Trikatu:** Acts as a stimulant and expectorant, promoting mucus clearance and enhancing metabolic activity in the applied area.

This external therapy complements systemic treatments, providing symptomatic relief and contributing to overall therapeutic outcomes.

F. Netra Tarpana with Triphala Ghrita

Procedure: A medicated ghee preparation, *Triphala Ghrita*, is gently poured and retained in a reservoir made of dough placed around the eyes. The therapy lasts for a specific duration under supervision.

Physiological Effects and Mode of Action: *Netra Tarpana* nourishes ocular tissues, improves blood circulation in the eye region and soothes dryness or irritation. The *Triphala Ghrita* provides antioxidants and has anti-inflammatory properties, promoting healing and maintaining ocular health.

Therapeutic Benefits of Triphala Ghrita:

- **Triphala:** Rejuvenates and detoxifies ocular tissues, enhances vision and alleviates strain.
- **Ghrita:** Acts as a medium for deep absorption, supporting the regenerative and cooling effects on the eyes.

This therapy is indicated in conditions like dry eye syndrome, eye strain and age-related vision decline, offering both preventive and curative benefits. [11]Top of Form

Netra Tarpana with *Triphala Ghrita* and the application of *Dashmoola* and *Trikatu Lepam* were performed on alternate days as a part of the treatment regimen.

IV. Medicinal Intervention

The *Ayurvedic* therapeutic regimen for this case involved a combination of specialized *ayurvedic* formulations, including Renal Support Syrup, Chander Vati, GFR Powder and Prameha Rog har Powder, alongside *Panchakarma* treatments. A detailed breakdown of these *Ayurvedic* treatment, including their components, dosage, administration schedule and specific therapeutic indications, is provided in Table 4.

Table 4: Ayurvedic Medications, Composition, Dosage, Duration and Therapeutic Benefits in the Management of CKD.

Medicine Name	Ingredients	Dosage with Anupana	Therapeutic Effects
Trivritta Avaleha	Trivrit (Operculina turpethum), Sita (Saccharum officinarum), Madhu (Honey), Ela (Elettaria cardamomum), Twak (Cinnamomum verum), Patra (Cinnamomum tamala).	Half tsp HS (Nishakala with Koshna Jala)	Helps in eliminating metabolic toxins and excess fluid through its mild laxative and diuretic properties
GFR Powder	Bhoomi Amla (Phyllanthus fraternus), Badiharad (Terminalia chebula), Bahera (Terminalia belerica), Kasni (Cichorium lndivia), Makoy (Solanum nigrum), Punarnava (Boerhaavia diffusa), Gokhru (Tribulus terrestris).	Half a teaspoon BD (Adhobhakta with Koshna Jala)	Supports kidney function and reduces inflammation, helps to alleviate renal symptoms.
Chander Vati	Kapoor Kachri (Hedychium spicatum), Vacha (Acorus calamus), Motha (Cyperus rotundus), Kalmegh (Andrographis paniculata), Giloy (Tinospora cordifolia), Devdaru (Cedrus deodara), Desi Haldi (Curcuma longa), Atees (Aconitum heterophyllum), Daru Haldi (Berberis aristata), Pipla Mool (Piper longum root), Chitraka (Plumbago zeylanica), Dhaniya (Coriandrum sativum), Harad (Terminalia chebula), Bahera (Terminalia bellirica), Amla (Phyllanthus emblica), Chavya (Piper chaba), Vayavidang (Embeliaribes), Pippal (Piper longum), Kalimirch (Piper nigrum), Sonth (Zingiber officinale dried ginger), Gaj Pipal (Scindapsus officinalis), Swarn Makshik Bhasma, Sajji Kshar, Senda Namak, Kala Namak, Choti Elaichi (Elettaria cardamomum), Dalchini (Cinnamomum verum), Tejpatra (Cinnamomum tamala), Danti (Baliospermum montanum), Nishothra (Operculina turpethum), Banslochan, Loh Bhasam, Shilajit (Asphaltum punjabinum), Guggal (Commiphora wightii).	2 tablets BD (Adhobhakta with Koshna Jala)	Alleviates urinary tract symptoms and promotes healthy urine flow.
Renal Support Symp.	Gokshura (Tribulus terrestris), Chirayata (Swertia chirata), Haritaki (Terminalia chebul), Karanja (Pongamia pinnata), Ashwagandha (Withania somnifera), Arjuna (Terminalia Arjuna), Nimba (Azadirachta Indica)	20 ml BD (Adhobhakta with Samamatra Koshna Jala)	Kidney disorder, UTI, urinary disorders
Prameh Rog Har Powder	Kutki (Picrorhiza kurroa), Chiraita (Swertia chirata), Neem (Azadirachta indica) Karela (Momordica charantia), Rasonth (Berberis aristata dc), Imli Beej (Tamarindus indica) Kala Namak, Giloy (Tinospora cordifolia), Sonth (Zingiber officinale) Babool Chaal (Vachellia nilotica), Sarp Gandha (Rauvolfia serpentina) Trivang Bhasam, Yashad Bhasam, Revend Chinni (Rheum emodi) Sodhit Guggulu (Commiphora wightii), Methi (Trigonella foenum-graecum) Jamun (Extractum berberies), Babool Fruit (Syzygium cuminii) Karanj (Vachellia nilotica), Shilajit (Bitumen mineral), Haldi (Curuma longa) Harad (Terminalia chebula), Inderjaun (Holarrhena pubescens) Bانشlochan (Bambusa arundinacea), Bahera (Terminalia bellirica) Amla (Phyllanthus emblica), White Musli (Chlorophytum borivilianum), Gurmar (Gymnema sylvestre)	1 Tsp BD (Pragbhakta with Koshna Jala)	Helps in, regulating high blood sugar levels, addressing urinary disorders and alleviating complications such as hyperglycaemia, diabetic neuropathy and retinopathy
FE Capsule	Makoy (Solanum nigrum), Shilajeet (Asphaltum punjabinum) Yasad Bhasam, Loh Bhasam, Swarn Makshik Bhasam, Mukta Shukti Pishti	2 BD (Adhobhakta with Koshna Jala)	Addresses anaemia, generalized weakness and overall vitality
Tab. URI Plus	Amalki (Emblica officinalis), Bibhitika (Terminalia belerica) Haritiki (Terminalia chebula), Gokshura (Tribulus terrestris) Shodhit Guggul (Commiphora wightii), Guduchi (Tinospora cordifolia)	2 Tablets BD (Adhobhakta with Koshna Jala)	Manages kidney dysfunction, urinary tract infections (UTIs), and kidney stones

Divya Shakti Powder	Trikatu, Triphala, Nagarmotha (Cyperus rotundus), Vay Vidang (Embelia ribes), Chhoti Elaichi (Elettaria cardamomum), Tej Patta (Cinnamomum tamala), Laung (Syzygium aromaticum), Nishoth (Operculina turpethum), Sendha Namak, Dhaniya (Coriandrum sativum), Pipla Mool (Piper longum root), Jeera (Cuminum cyminum), Nagkesar (Mesua ferrea), Amarvati (Achyranthes aspera), Anardana (Punica granatum), Badi Elaichi (Amomum subulatum), Hing (Ferula assafoetida), Kachnar (Bauhinia variegata), Ajmod (Trachyspermum ammi), Sajjiikhar, Pushkarmool (Inula racemosa), Mishri (Saccharum officinarum).	Half teaspoon HS (Nishikala with Koshna Jala)	Enhances overall vitality and energy levels, addresses fatigue and weakness.
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The medications provided to the patient during hospitalization, at the time of discharge are outlined in Table 5.

Table 5: Medications Administered During Hospitalization and at Discharge

Medicine	Dosage
Medicine during patient's hospitalization	
Chander Vati	2 BD (Adhobhakta with Koshna Jala)
Syp. Renal Support	20 ml BD (Adhobhakta with Samamatra Koshna Jala)
GFR powder	1 Tsp BD (Adhobhakta with Koshna Jala)
Prameha Roghar Powder	1 Tsp BD (Pragbhakta with Koshna Jala)
FE Cap.	2 BD (Adhobhakta with Koshna Jala)
Medicines given or prescribed on discharge	
GFR powder	1 Tsp BD (Adhobhakta with Koshna Jala)
URI Plus Tablets	2 Tablets BD (Adhobhakta with Koshna Jala)
Chander Vati	2 Tab. BD (Adhobhakta with Koshna Jala)
DS powder	Half Tsp HS (Nishakala with Koshna Jala)
Prameha Roghar Powder	1 Tsp BD (Pragbhakta with Koshna Jala)

The patient continued his prescribed allopathic medications during hospitalization. The treatment regimen included Sodium Bicarbonate 1000 mg thrice daily, Rosuvastatin 5 mg once daily at bedtime (HS), Torsemide 40 mg twice daily (1 BD), along with Vitamin B supplements and Folic Acid once daily (OD) to address the patient's clinical needs comprehensively.

Result

The patient, a 57-year-old male with a history of Type 2 Diabetes Mellitus and hypertension, presented with multiple symptoms associated with Chronic Kidney Disease (CKD). Following a comprehensive Ayurvedic treatment regimen, significant improvements were observed in both symptomatically and laboratory investigations.

Table 7: Follow-Up Investigations and Results

Investigation	28/06/2024	03/07/2024	07/08/2024	06/09/2024	04/10/2024	03/11/2024	04/12/2024
Blood Urea	249.03 mg/dl	226.1 mg/dl	80.64 mg/dl	87.58 mg/dl	66.4 mg/dl	70 mg/dl	59.2mg/dl
Sr. creatinine	11.23 mg/dl	9.78 mg/dl	5.72 mg/dl	4.88 mg/dl	4.00 mg/dl	3.90 mg/dl	3.70 mg/dl

Symptomatic Improvement: Upon admission, the patient reported several distressing symptoms, including constipation, frothy urination, dyspnoea on exertion, facial puffiness and generalized weakness. The severity of these symptoms was assessed using a scoring system:

- **Pain:** Reduced from 2/10 (discomforting) at admission to 0/10 (no discomfort) at discharge.
- **Dyspnoea:** Decreased from 4/10 (slight-moderate) at admission to 0/10 (no difficulty) at discharge.

Overall, the patient experienced a marked reduction in the severity of symptoms, with notable improvements in appetite and urine output, contributing to an enhanced sense of well-being by the time of discharge.

Investigational Improvement: Laboratory investigations conducted before and after the treatment regimen demonstrated significant changes in key renal function parameters (Table 7):

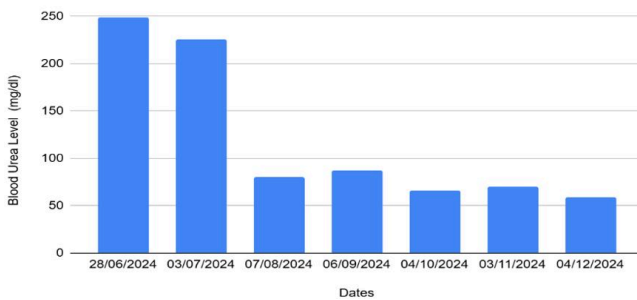
- **Blood Urea Level:** Decreased from 249.03 mg/dl at admission to 59.2 mg/dl post-treatment.
- **Serum Creatinine:** Reduced from 11.23 mg/dl at admission to 3.70 mg/dl after treatment.

Graphs 1 and 2 illustrates a progressive reduction in blood urea levels and serum creatinine concentrations over time, reflecting an improvement in renal function. These results indicates a positive response to the Ayurvedic interventions and reflects an improvement in renal functions and overall metabolic status.

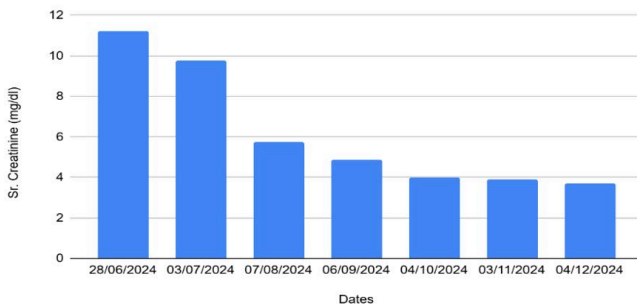
Table 6: Symptoms were observed on Day 1 and Day 7 with Scores

Symptom	Score at Admission (Day 1)	Score at Discharge (Day 7)
Pain	2/10 (Discomforting)	0/10 Relief
Dyspnoea	4/10 (Slight-moderate)	0/10

Graph 1. Blood Urea level reduction over time

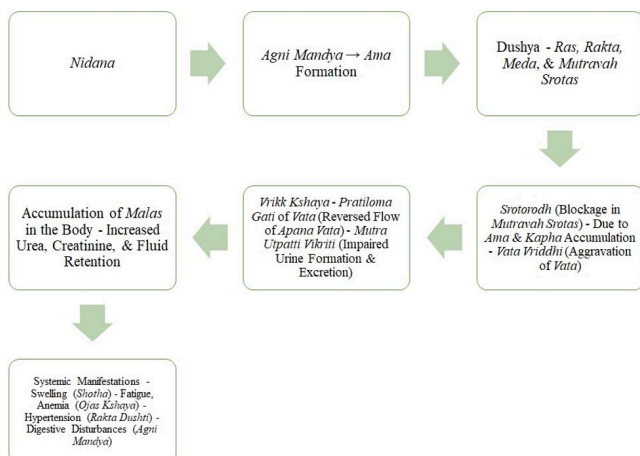


Graph 2. Sr. Creatinine level reduction over time



Discussion

Chronic Kidney Disease (CKD) represents a significant global health challenge, characterized by a progressive decline in renal functions and often accompanied by multifaceted symptoms that can severely impact the quality of life. This case study highlights the potential of *Ayurvedic* management as a holistic and integrative approach to CKD, demonstrating its efficacy in alleviating symptoms and improving renal function. The patient in this study, diagnosed with CKD alongside Type 2 Diabetes and hypertension, presented with a range of symptoms including dyspnoea, facial puffiness and generalized weakness. These symptoms are commonly associated with renal impairment and reflect the systemic effects of CKD. The *Samprapti* (pathogenesis) of the disease in this case can be described as follows:



The *Ayurvedic* treatment regimen employed in this case included a combination of *Ayurvedic* formulations and *Panchakarma* therapies designed to restore balance within the body and enhance overall health. The significant symptomatic relief observed, particularly in pain and dyspnoea, underscores the effectiveness of this integrative approach.

The *Panchakarma* therapies administered to the patient provided a comprehensive approach for detoxification and rejuvenation,[12] significantly contributing to manage Chronic Kidney Disease (CKD). *Awagaha Swedana*, involving medicine-infused warm water immersion, facilitated vasodilation and enhanced circulation, promoting the elimination of metabolic wastes such as urea and creatinine.[13] *Shiropichu* with *Brahmi* oil nourished the nervous system and alleviated mental fatigue,[14] while *Gokshur* and *Punarnava*[15] *Sidha Sneha* and *Kashaya Basti* targeted renal function and supported detoxification. Applying *Lepam* with *Dashmoola* and *Trikatu* provided anti-inflammatory benefits, further aiding in symptoms relief. Additionally, *Netra Tarpan* with *Triphala Ghrit* offered therapeutic effects for eye health, enhancing overall well-being. Collectively, these therapies not only alleviated the patient's symptoms but also contributed to improve renal functions and a holistic sense of rejuvenation.

The *Ayurvedic* formulations utilized in the management of Chronic Kidney Disease (CKD) provided a multifaceted approach to enhance renal functions and overall health.[16] *Trivritta Avaleha*, known for its mild laxative and diuretic properties, aids in the elimination of metabolic toxins and excess fluid, thereby supporting kidney health. GFR Powder, composed of medicinal herbs like *Bhoomi Amla* and *Punarnava*, is specifically designed to enhance glomerular filtration rate and to reduce inflammation, promoting better renal function.[17] *Chander Vati* alleviates urinary tract symptoms and supports healthy urine flow, while Renal Support Syrup combination of potent ingredients such as *Arjuna* and *Gokshura* to address kidney disorders and urinary tract infections.[18] *Prameh Rog har Powder* helps to regulate blood sugar levels, which is crucial for diabetic patients and FE Capsules addresses anaemia and generalized weakness, enhancing overall vitality. Tab. URI Plus, with its blend of *Amalaki* and *Guduchi*,[19]

Further supports kidney functions and urinary health, while *Divya Shakti Powder* boosts energy levels and combats fatigue, contributing to the patient's overall well-being.[20] Collectively, these formulations are not only target the specific challenges of CKD but also promotes systemic balance and vitality.

Laboratory investigations revealed a notable reduction in serum urea and creatinine levels following treatment, indicating an improvement in renal function. This aligns with existing literature that supports the use of *Ayurvedic* therapies in managing renal disorders. Moreover, the holistic perspective of *Ayurveda* emphasizes on the importance of individualized treatment plans that consider the unique constitution (*Prakriti*) and imbalances (Vitiated *Dosha*) of each patient. This personalized approach may contribute to the observed improvements in the patient's condition, as it addresses not only the physical symptoms but also the underlying imbalances that contribute to disease progression.

Need for further research

The management of Chronic Kidney Disease (CKD) through *Ayurvedic* interventions, as demonstrated in this case report, highlights the potential benefits of integrating traditional practices with contemporary medical approaches. However, to substantiate these findings and to establish a robust evidence base, further research is imperative. Future studies should focus on larger, randomized controlled trials to evaluate the efficacy and safety of specific *Ayurvedic* formulations and therapies in diverse populations with varying stages of CKD. Additionally, investigations into the mechanistic pathways of these interventions could provide valuable insights into their pharmacological actions and interactions with conventional treatments. Longitudinal studies assessing the long-term outcomes of *Ayurvedic* management on renal function, quality of life and overall health are also essential. Furthermore, exploring the cost-effectiveness of *Ayurvedic* therapies compared to standard care could inform healthcare policies and patient management strategies. By addressing these research gaps, we can enhance understanding of *Ayurvedic* medicine's role in CKD management and could contribute to the development of integrative healthcare models that prioritize patient-centered care.

Conclusion

This case study demonstrates significant symptomatic and investigational improvements in a patient with Chronic Kidney Disease (CKD) following *Ayurvedic* management. The patient experienced marked relief from distressing symptoms such as dyspnoea, facial puffiness and generalized weakness, indicating the effectiveness of the holistic treatment approach. The reduction in symptom severity, not only enhanced the patient's quality of life but also highlighted the potential of *Ayurveda* in addressing the multifaceted challenges associated with CKD.

Investigational outcomes further corroborated the efficacy of the *Ayurvedic* interventions, as evidenced by notable decreases in serum urea from 249.03 mg/dl to 59.2mg/dl and creatinine levels from 11.23 mg/dl to 3.70 mg/dl.

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AYURVEDIC MANAGEMENT OF PRAMEHA (DIABETES): A CASE STUDY

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ABSTRACT

A 38-year-old male presented at Jeena Sikho Lifecare Limited Hospital in Agra, Uttar Pradesh, India with symptoms such as *Bahumutrata* (polyuria), *Atibhojana* (Polyphagia), *Atipipasa* (Polydipsia), *Vibandha* (constipation), and *Tanava* (stress), indicative of *Prameha* as per *Ayurvedic* texts. A detailed clinical examination was conducted, and an investigation of HbA_{1C} revealed significantly elevated levels, supporting a diagnosis of Type 2 Diabetes Mellitus (T2DM). Recognizing the risks of long-term complications such as Chronic Kidney Disease (CKD) and Coronary Artery Disease (CAD), a comprehensive treatment plan was initiated. The first line of management focused on dietary regulation and lifestyle modification to help non chemically controlled blood glucose levels. Complementing this, *Ayurvedic* medications containing herbs such as *Triphala* (*Emblica officinalis*, *Terminalia bellerica*, *Terminalia chebula*), *Shilajit* (Black Bitumen), *Ashwagandha* (*Withania somnifera*), *Guduchi* (*Tinospora cordifolia*), *Neem* (*Azadirachta indica*) and *Karela* (*Momordica charantia*) were prescribed. These herbs are known for their antidiabetic, antioxidant, and immunity-enhancing properties and the patient himself decided to discontinue Tablet Metformin after starting *Ayurvedic* treatment since 20th December 2024. After two months of this *Ayurvedic* treatment approach, the patient showed a marked improvement in the HbA_{1C} levels, consistent improved Fasting Blood Sugar (FBS), Post Prandial Blood Sugar (PPBS), and reduced clinical symptoms. The patient reported better glycemic control and overall health improvement.

KEYWORDS: *Ayurveda*, Diabetes, Post Prandial Blood Sugar (PPBS), *Prameha*, *Pathya-Apathya*, *Oja* (immunity).

INTRODUCTION

Diabetes is a chronic metabolic disease marked by elevated levels of blood glucose, which, over the time, can lead to serious damage to heart, blood vessels, eyes, kidneys, and nerves.^[1] The most common form is type 2 diabetes mellitus, typically seen in adults. It occurs when the body becomes resistant to insulin and/or does not produce enough insulin to maintain normal blood glucose levels.^[2] In 2019, it was estimated that 77 million people in India were living with diabetes. This number is projected to rise sharply, reaching over 134 million by 2045, posing a significant public health challenge for the country.^[3] In type 2 diabetes, persistently high blood glucose levels overwhelm the kidneys' ability to reabsorb glucose, causing the glucose transporters in the nephrons to become saturated. This leads to osmotic diuresis,

resulting in symptoms such as polyuria (frequent urination) and polydipsia (excessive thirst), particularly when serum glucose levels exceed 250 mg/dL^[4] although individual responses may vary. Insulin resistance, a hallmark of type 2 diabetes mellitus, which impairs glucose transport into cells and accelerates fat breakdown, which might lead to ketosis.^[5] In response to the inadequate insulin action or production, the body paradoxically increases glucagon secretion, which stimulates further glycogen release from liver and worsens hyperglycemia.^[6] Although insulin resistance plays a major role in the disease, the full development of type 2 diabetes occurs when insulin production is no longer sufficient to compensate for this resistance, leading to chronic hyperglycemia and its associated complications in long run.^[7] Among many serious health

conditions linked to modern lifestyles, Type 2 Diabetes Mellitus (T2DM) stands out as a major global health challenge, often referred to as a “silent killer.” This chronic disease, largely driven by high calorie diet and sedentary lifestyle, has become one of humanity’s most formidable adversaries. The rising prevalence of diabetes and its numerous complications including cardiovascular disease, kidney failure, nerve damage, and vision loss not only affect individual well-being rather place a significant burden on public health systems across the world.^[3] As explained in *Ayurveda*, *Madhumeha* is described as a *Mahagada*^[8] or *Maharoga*^[9] (difficult to treat), indicating it to be a disease of grave clinical significance. It is considered a *Tridoshaj* condition, with a predominance of *Kapha dosha*, and involves vitiation of several *Dushyas*(Tissues) including *Meda* (Adipose Tissue), *Mamsa* (muscle), *Kleda* (body fluids), *Shukra* (reproductive tissue), *Shonita* (blood), *Vasa* (muscle fat), *Majja* (bone marrow), *Lasika* (lymph), *Rasa* (plasma), and *Oja* (immunity)all of which are *Kapha*-dominant elements.^[10] Except for *Asthi Dhatu* (bone tissue), nearly all *Dhatu*s are affected through both *Avarana* (obstruction) and *Dhatu Kshaya* (tissue depletion)

mechanisms of *Vata Dosha*.^[11] The *Purvarupa*(prodromal) features of *Prameha*(Diabetes) include symptoms like excessive coating on teeth, palate, and tongue, *Karapada Dahaburning* sensation in hands and feet, excessive oiliness of body, increased thirst, sweet taste in mouth, *Bahasi*(excessive sweating), and *Shrama* (fatigue).The cardinal symptoms of *Prameha* are *Prabhoota Mutrata* (frequent urination) and *Avila Mutrata* (turbid urine).^[11] Many Blood Glucose regulating herbo-mineral formulations such as *Triphala* (*Embllica officinalis*, *Terminalia bellerrica*, *Terminalia chebula*), *Shilajit* (Black Bitumen), *Ashwagandha* (*Withania somnifera*), *Guduchi* (*Tinospora cordifolia*), *Neem* (*Azadirachta indica*) and *Karela* (*Momordica charantia*) can be relatively effective and safe.^[12-15] Besides drugs, *Ayurveda* also recommends *Pathya-Apathya* (compatible and incompatible diet and lifestyle) in the management of diseases. Based upon similarities in signs and symptoms, Type2DM can be compared with *Madhumeha* from *Ayurveda*. In *Ayurvedic* texts, *Madhumeha* (*Vata Predominant*) is classified under the *Prameha* (*Kapha Predominant*).

Samprapti Ghatak(Components of Pathogenesis)^[16]

Table 1: Samprapti Ghatak(Components of Pathogenesis)

Dosha(Bodily Humors or three Energies of Body)	Kapha Predominant Tridosha
<i>Dushya</i> (Targeted Body Tissues)	<i>Meda, Mamsa, Kleda, Shukra, Rakta, Vasa, Majja, Lasika, Ras, Ojas</i>
<i>Srotas</i> (Body Channels)	<i>Mutravah Srotas, Medovah Srotas</i> (Urine, Adipose tissue channels)
<i>Srotodushti</i> (Affliction of Body Channels)	<i>Sanga</i> (Obstruction) and <i>Atipravriti</i> (Excessive Secretion)
<i>Agni</i> (Digestion and Metabolic Strength)	<i>Jatharagni, Medodhatu Agni</i> (digestive fire, adipose tissue metabolism)
<i>Udbhavasthan</i> (Site of Origin of Disease)	<i>Amashaya</i> (Stomach)
<i>Adhishtan</i> (Site of Manifestation)	<i>Basti</i> (Urinary Bladder)
<i>Rogmarg</i> (Route of Pathogenesis)	<i>Bahya Rogmarg</i> (Impaired Tissue Metabolism)
<i>Swabhava</i> (Stage of Disease Manifestation)	<i>Chirakari</i> ^[17] (Chronic disease)
<i>Sadhya Asadhyata</i> (Prognosis)	<i>Yapya</i> (Palliable)

CASE STUDY

A 38-year-old Male, known case of Diabetes mellitus type 2, on Metformin since 8 months reported to Jeena Sikho lifecare limited Hospital, Agra, Uttar Pradesh India on 19th December 2024. He presented with symptoms such as *Vibandh* (Constipation), *Bahumutrata* (Polyuria), *Atibhojana* (Polyphagia), *Atipipasa* (Polydipsia) and *Tanava* (Stress). *Samprapti Ghatak* mentioned in **Table 1**, Examination mentioned in **Table 2**. Medicines advised in all the visits with dosage and *Anupaana* (Vehicle) are mentioned in Table 3, Medicines Ingredients and Therapeutic effects are mentioned in **Table 4**. Fasting blood sugar (FBS) and Postprandial blood sugar (PPBS) monitored at home with personal glucometer December 15, 2024 – February 17, 2025 mentioned in **Table 5**. HbA_{1c} Reports comparison of Before and After *Ayurvedic* Treatment mentioned in **Table 6**. Symptoms Before and After Treatment mentioned in **Table 7**. *Samprapti Chakra* mentioned in **Figure 1**.

Table 2: Examination.

Personal history
Diet- Vegetarian
Appetite- Abnormal (Polydipsia)
Bowel- Constipation
MicturitionFrequency - 8 to 10 times/day
Sleep-Reduced
General Physical examination
Pulse rate-80/min
Blood Pressure -130/82 mmHg
Weight- 76.2 Kg
Height- 5'7"
BMI – 27.1 kg/m ²
Respiratory rate-18/min
Temperature-98 ⁰ F
Ashta vidh pareeksha(Eight - fold Examination)
Nadi(Pulse)- Pitta Vattaj
Mala(Stool)- Vibandh(Constipation)
Mutra(Urine)- Bahumutrata
Jihwa(Tongue)- Saam(coated)
Shabda(Voice)- Spashta(clear)
Sparsha(Touch)- Anushna Sheet(Normal)
Drik(Eyes)-Avikrit(Normal)
Akriti(Physique)- Sthool (Obese)
Systemic examination
Cardio Vascular System -S1,S2 Normal, no murmur
Central Nervous System -Conscious, Oriented
Respiratory System – Air Entry Bilaterally Normal
Per Abdomen -Soft, non-tender, no Organomegaly

Investigations

19/12/2024

HbA1c 8.9% (with Tablet Metformin 500 mg OD since April 2024).

TREATMENT PLAN

1. Disciplined & Intelligent Person's Diet (DIP)^[18] & Ayurvedic Dietary Guidelines from Jeena Sikho Lifecare Limited Hospital.

- Avoid wheat, refined foods, dairy, coffee, tea and packaged foods.
- Do not eat after 8 PM.
- While Consuming solid foods, take small bites and chew each bite 32 times.

Hydration

- Sip water slowly.

Aim to drink 1 liter of alkaline water daily(Procedure as follow):

1. **Setup the Glass Jug:** Fill a clean jug with fresh drinking water.
2. **Add Copper Vessel:** Place a copper vessel or glass inside the jug.
3. **Infuse Flavors:** Add slices of carrot, cucumber, and lemon to the water.
4. **Add Herbs:** Include ginger slices, mint leaves, and coriander leaves.
5. **Optional Spice:** Add a slice of green chili for added flavor.

6. **Let it Sit:** Allow the mixture to sit for 12 hours.

7. **Add Amla(Embllica officinalis)and Basil(Ocimum tenuiflorum):** After 6 hours, add 3–4 pieces of Amla and a handful of Basil leaves. Let it infuse for 6 hours.

8. **Ready to Drink:** 3 to 4 times a day in divided portions.

Living water(The approach involves a three-tiered filtration system using clay pots, each serving a specific purpose to purify and energize the water.

1. **Top Pot:** Fill this pot with a mixture of small and large river stones, followed by charcoal made from burning wood. This layer acts as an initial filter, removing larger impurities.
2. **Middle Pot:** Place a similar mix of stones here. Additionally, add *Moringa* seed powder (also known as drumstick or "*Sahjan*" powder), a silver vessel, a copper vessel, and *Rudraksha* (*Elaeocarpus angustifolium*). *Moringa* seeds are known for their natural water-purifying properties, while silver and copper are believed to enhance the quality of water.
3. **Bottom Pot:** This pot remains unaltered and serves as the collection chamber for the purified water.
4. Advised to drink as per the need.

Millet Consumption^[19]

- Include five types of millet in diet: Foxtail, Barnyard, Little, Kodo, and Browntop millet.

- Cook the millets in mustard oil using stainless steel cookware.

Meal Timings and Structure

- Early Morning (5:45 AM): Herbal tea (200 ml) along with raw ginger (10gm) and turmeric (10gm).
- Breakfast (8:30-9:30 AM): Fruits according to season and low glycemic index (in grams, equal to patient's weight \times 10) and a fermented millet shake.
- Morning Snacks (11:00-11:20 AM): 100 gm of sprouts and 150 ml of red juice (Carrot and beetroot juice) and 4-5 soaked almonds.
- Lunch (12:30 PM - 2:00 PM): Two plates—Plate 1: steamed salad (in grams, equal to patient's weight \times 5); Plate 2: cooked millet-based dish.
- Evening Snacks: Green juice composed of *Neem* (*Azadirachta indica*), *Tulsi* (*Ocimum tenuiflorum*), *Paan* (*Piper betle*), *Karela* (*Momordica charantia*), *Jamun* (*Syzygium cumini*), *Sadabahar* (*Vinca rosea*) taken in quantities of 10 gm each, 200 ml water added, ground in a mixer grinder, filtered, and consumed in a quantity of (100-150 ml) along with 4-5 almonds.
- Dinner (6:15-7:30 PM): Plate 1: raw salad, chutney, (in grams, equal to patient's weight \times 5), and *Mugda Yusha* (Broth made by boiling *Moong Dal*); Plate 2: millet *Khichdi*/ fermented millets/ millet chapatti etc.

Fasting

- It was recommended to fast for one day per week.

Special Instructions

- Offer gratitude to the divine before consuming anything.
- Practice *Vajrasana* (Sitting Yoga Pose) after every meal.
- Take a slow 10-minute walk after each meal.

Diet Types

- The diet includes low salt solid, semi-solid and smoothie options.
- The Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

2. Lifestyle Recommendations

1. Wake up early in morning^[20]
2. Include meditation as a method for relieving stress.^[21]
3. Practice Yoga (*Sukhasana* and *Sukshma Pranayama*) in morning.
4. Go for a brisk 30-minute barefoot walk early morning.
5. Aim for 6-8 hours of restful sleep each night.
6. ***Neem Kerala therapy***: Put both the feet inside a bucket which consist of *Neem* and *Karela* paste inside and knead them by moving both the feet till bitter taste appears on the tongue.

Follow a structured daily routine to maintain balance and organization in life.

3. Medication

Table 3: Medicines on all the visits with dosage and *Anupaan* (Vehicle).

19 th December 2024	04 th February 2025	06 th March 2025
DM Capsule 1 Capsule B.D <i>Adhobhakta</i> (After Meal) with <i>Koshna Jala</i> (Lukewarm Water)	DM Capsule 2 Capsule B.D <i>Adhobhakta</i> with <i>Koshna Jala</i>	Prameh Har Powder 1 tsf O.D <i>Adhobhakta</i> with <i>Koshna Jala</i>
Lipi Capsule 1 Capsule B.D <i>Adhobhakta</i> with <i>Koshna Jala</i>	Lipi Capsule 1 Capsule B.D <i>Adhobhakta</i> with <i>Koshna Jala</i>	Madhumeh Nashak Syrup 20 ml B.D <i>Adhobhakta</i> with <i>Sama Matra Koshna Jala</i>
JS - DIAB Capsule 1 Capsule B.D <i>Adhobhakta</i> with <i>Koshna Jala</i>	Madhumeh Nashak Syrup 20 ml B.D <i>Adhobhakta</i> with <i>sam matra koshna jala</i>	DM Capsule 2 Capsule B.D <i>Adhobhakta</i> with <i>Koshna Jala</i>
Chander Vati 2 B.D <i>Adhobhakta</i> with <i>Koshna Jala</i>	DR Madhumeha Tablet 2 Tablets B.D <i>Adhobhakta</i> with <i>Koshna Jala</i>	DR Shuddhi Powder ½ tsf HS / <i>Nishikal</i> with <i>Koshna Jala</i>
Relivon powder ½ tsf HS <i>Nishikal</i> with <i>Koshna Jala</i>	Prameh Har Powder 1 tsf O.D <i>Adhobhakta</i> with <i>Koshna Jala</i>	
DM Syrup 20 ml B.D <i>Adhobhakta</i> with <i>Sama Matra Koshna Jala</i> (equal amount of lukewarm water)		

Table 4: Medicines Ingredients and Therapeutic effects.

Medicines	Ingredients	Established Therapeutic Effects
DM Capsule	Jambu (<i>Syzygium cumini</i>), Guduchi (<i>Tinospora cordifolia</i>), Methika (<i>Trigonella fenugreekum</i>), Shwet moosli (<i>Chlorophytum borivilianum</i>), Neem (<i>Azadirachta indica</i>), Karvellak (<i>Momordica charantia</i>), Aamragandhi Haridra (<i>Curcuma amada</i>), Bilva patra (<i>Aegle marmelos</i> leaves), Gudmar (<i>Gymnema sylvestre</i>), Shilajit (<i>Asphaltum</i>)	Rakta Sharkara Niyantran (reduce blood glucose levels)
Lipi Capsule	Arjun (<i>Terminalia arjuna</i>), Guggul (<i>Commiphora wightii</i>), Resine Ext. (Resin Extract – source-specific), Haridra (<i>Curcuma longa</i>), Bhumiamla (<i>Phyllanthus niruri</i>), Guduchi (<i>Tinospora cordifolia</i>), Amla (<i>Emblica officinalis</i>), Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellirica</i>), Sunthi (<i>Zingiber officinale</i>), Kali Mirch (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Mulethi (<i>Glycyrrhiza glabra</i>), Punarnava (<i>Boerhavia diffusa</i>), Jatamansi (<i>Nardostachys jatamansi</i>), Lahsun (<i>Allium sativum</i>), Akik Pishti (mineral of silica), Mukta Pishti (Pearl powder), Abhrak Bhasm (<i>Creta gallica purificata</i>), Shankh Bhasm (<i>Turbinella raphe</i>)	Rakta Shodhak (detoxification of blood), Deepan (stimulate hunger), Pachan (digest previous undigested food)
Chander Vati	Kapoor Kachri (<i>Hedychium spicatum</i>), Vacha (<i>Acorus calamus</i>), Mustak (<i>Cyperus rotundus</i>), Kalmegh (<i>Andrographis paniculata</i>), Giloy (<i>Tinospora cordifolia</i>), Devdaru (<i>Cedrus deodara</i>), Desi Haldi (<i>Curcuma longa</i>), Atees (<i>Aconitum heterophyllum</i>), Daru Haldi (<i>Berberis aristata</i>), Pipla Mool (<i>Piper longum</i> root), Chitrak (<i>Plumbago zeylanica</i>), Dhaniya (<i>Coriandrum sativum</i>), Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia bellirica</i>), Amla (<i>Phyllanthus emblica</i>), Chavya (<i>Piper chaba</i>), Vayavidang (<i>Embelia ribes</i>), Pippal (<i>Piper longum</i>), Kalimirch (<i>Piper nigrum</i>), Sounth (<i>Zingiber officinale</i> dried ginger), Gaj Pipal (<i>Scindapsus officinalis</i>), Swarn Makshik Bhasm (Chalcopyrite), SajjiKhar (<i>Salsola stockii</i>), Sendha Namak (salt), Kala Namak (Salt), Chhoti Elaiachi (<i>Elettaria cardamomum</i>), Dalchini (<i>Cinnamomum verum</i>), Tejpatra (<i>Cinnamomum tamala</i>), Danti (<i>Baliospermum montanum</i>), Nishoth (<i>Operculina turpethum</i>), Banslochan (<i>Bambusa arundinacea</i>), Louh Bhasma , Shilajit (<i>Asphaltum punjabinum</i>), Guggul (<i>Commiphora wightii</i>).	MutraDaha Nashak (Reduces Burning Micturition), Deepan, Pachan, Mutra Sharkara Nirharana, Dhatu Poshak (Strengthening every tissue)
Madhumeha Tablet	Gudmar (<i>Gymnema sylvestre</i>), Methi (<i>Trigonella foenum-graecum</i>), Giloy (<i>Tinospora cordifolia</i>), Neem (<i>Azadirachta indica</i>), Haritaki (<i>Terminalia chebula</i>), Karela (<i>Momordica charantia</i>), Chiraita (<i>Swertia chirayita</i>), Jamun (<i>Syzygium cumini</i>), Vijaysar (<i>Pterocarpus marsupium</i>), Daruhaldi (<i>Berberis aristata</i>), Karanj (<i>Pongamia pinnata</i>)	Rakta Sharkara Niyantran
Relivon powder	Sawarna Patri (<i>Luffa aegyptiaca</i>), Mishreya (sugar), Sendha Namak (Rock Salt), Sounth (<i>Zingiber officinale</i>), Jang Harad (<i>Chebulic Myrobalan</i>) and Erand Oil (<i>Ricinus communis</i>)	Nitya Virechan (regular purgation)
DM Syrup	Kumari (<i>Aloe vera</i>), Papita (<i>Carica papaya</i>), Giloy (<i>Tinospora cordifolia</i>), Saptrangi (<i>Salcia chinensis</i>), Karela (<i>Momordia charantia</i>)	Rakta Sharkara Niyantran
Prameh Har Powder	Kutaki (<i>Picrorhiza kurroa</i>), Chiraita (<i>Swertia chirata</i>), Neem (<i>Azadirachta indica</i>), Karela (<i>Momordica charantia</i>), Rasonth (<i>Berberis aristata</i>), Imli Beej (<i>Tamarindus indica</i>), Kala Namak , Giloy (<i>Tinospora cordifolia</i>), Sonth (<i>Zingiber officinale</i>), Babool Chaal (<i>Vachellia nilotica</i>), Sarpgandha (<i>Rauvolfia serpentina</i>), Trivang Bhasm (Stannum, Plumbum, Zincum), Yashad Bhasm (Zincum, Hydrargyrum, Sulphur) Revend Chinni (<i>Rheum emodi</i>), Shodhit Guggul (<i>Commiphora mukul</i>), Methika (<i>Trigonella fenugreekum</i>), Jamun (<i>Syzygium cumini</i>), Babool Fruit (<i>Adansonia digitata</i>), Karanj (<i>Milletia pinnata</i>), Shilajit , Haldi (<i>Curcuma longa</i>), Harad (<i>Terminalia chebula</i>), Inderjaun (<i>Holarrhena antidysenterica</i>), Vanshlochan (<i>Bambusa arundinacea</i>), Bahera (<i>Terminalia bellirica</i>), Amla (<i>Emblica officinalis</i>), White Musli (<i>Chlorophytum borivilianum</i>), Gurmar (<i>Gymnema sylvestre</i>)	Rakta Sharkara Niyantran
DR Shuddhi Powder	Trikatu (<i>Piper longum</i> , <i>Piper nigrum</i> , <i>Zingiber officinale</i>), Triphala (<i>Emblica officinalis</i> , <i>Terminalia bellirica</i> , <i>Terminalia chebula</i>), Nagarmotha (<i>Cyperus rotundus</i>), Vay Vidang (<i>Embelia ribes</i>), Chhoti Elaiachi (<i>Elettaria cardamomum</i>), TejPatta (<i>Cinnamomum tamala</i>), Laung (<i>Syzygium aromaticum</i>), Nisoth (<i>Operculina turpethum</i>),	Deepan, Pachan, Nitya Virechan

	<i>NamakSendha</i> (Rock salt), <i>Dhaniya</i> (<i>Coriandrum sativum</i>), <i>PiplaMool</i> (<i>Piper longum</i> root), <i>Jeera</i> (<i>Cuminum cyminum</i>), <i>Nagkesar</i> (<i>Mesua ferrea</i>), <i>Amarvati</i> (<i>Achyranthes aspera</i>), <i>Anardana</i> (<i>Punica granatum</i>), <i>BadiElaichi</i> (<i>Amomum subulatum</i>), <i>Hing</i> (<i>Ferula assafoetida/ narthax</i>), <i>Kachnar</i> (<i>Bauhinia variegata</i>), <i>Ajmod</i> (<i>Trachyspermum ammi</i>), <i>Sazzikhar</i> (<i>Salsola stocksii</i>), <i>Pushkarmool</i> (<i>Inula racemosa</i>), <i>Mishri</i> (<i>Saccharum officinarum</i>).	
JS – DIAB Capsule	<i>Karvellak</i> (<i>Momordica charantia</i>), <i>Gurmar</i> (<i>Gymnema sylvestri</i>), <i>Paneer dodi</i> (<i>Withania coagulens</i>), <i>Jambu</i> (<i>Syzigiumcumini</i>), <i>Methika</i> (<i>Trigonella foenum-graceum</i>), <i>Neem</i> (<i>Azadirachta indica</i>), <i>Kalmegh</i> (<i>Andrographis paniculata</i>), <i>Bilva</i> (<i>Aegle marmelos</i>), <i>Mamajjak</i> (<i>Encicostema littorale</i>), <i>Guduchi</i> (<i>Tinospora cordifolia</i>), <i>Yashad bhasm</i> (Zinc), <i>Vang bhasm</i> (Tin), <i>Talcum Powder</i> (<i>Hydrous mangnesium silicate</i>), <i>Magnesium Stearate</i> (<i>Magnesium octadecanote</i>), <i>Colloidal Silicon dioxide</i> (<i>Silica</i>), <i>Bhang Bhasma</i> (<i>Cannabis</i>), <i>Jarul</i> (<i>Lagerstroemia flosreginate</i>)	Rakta Sharkara Niyantran

RESULTS

Blood GlucoseMonitoring Chart.

Table 5: Period: Fasting blood sugar (FBS) and Postprandial blood sugar (PPBS) December 15, 2024 – February 17, 2025 Ayurvedic treatment started on20th December 2024.

Blood Glucose levels before starting Ayurvedic treatment		
DATES	FBS (mg/dl)	PPBS 2hr after Breakfast (mg/dl)
15 th December 2024	-	206
16 th December 2024	151	250
17 th December 2024	-	218
18 th December 2024	148	-
19 th December 2024	164	222
Blood Glucose levels after starting Ayurvedic treatment		
DATES	FBS (mg/dl)	PPBS 2hr after Breakfast (mg/dl)
20 th December 2024	142	180
21 st December 2024	-	189
22 nd December 2024	132	177
23 rd December 2024	142	-
24 th December 2024	137	172
25 th December 2024	-	-
26 th December 2024	-	166
27 th December 2024	126	175
28 th December 2024	-	-
29 th December 2024	-	169
30 th December 2024	136	154
31 st December 2024	140	-
1 st January 2025	133	160
2 nd January 2025	-	159
3 rd January 2025	-	152
4 th January 2025	139	-
5 th January 2025	-	-
6 th January 2025	117	100
7 th January 2025	103	-
8 th January 2025	-	149
9 th January 2025	99	131
10 th January 2025	-	114
11 th January 2025	92	119
12 th January 2025	96	-
13 th January 2025	104	117

14 th January 2025	100	-
15 th January 2025	98	144
16 th January 2025	-	131
17 th January 2025	87	-
18 th January 2025	-	123
19 th January 2025	81	-
20 th January 2025	88	125
21 st January 2025	-	-
22 nd January 2025	89	147
23 rd January 2025	84	-
24 th January 2025	81	148
25 th January 2025	-	143
26 th January 2025	89	-
27 th January 2025	86	121
28 th January 2025	92	140
29 th January 2025	77	-
30 th January 2025	-	141
31 st January 2025	82	136
1 st February 2025	-	154
2 nd February 2025	-	-
3 rd February 2025	81	149
4 th February 2025	84	-
5 th February 2025	-	-
6 th February 2025	88	121
7 th February 2025	80	-
8 th February 2025	-	132
9 th February 2025	-	147
10 th February 2025	-	-
11 th February 2025	81	-
12 th February 2025	-	123
13 th February 2025	89	-
14 th February 2025	-	141
15 th February 2025	77	-
16 th February 2025	89	136
17 th February 2025	80	140

Table 6: HbA_{1c} Reports Before and After Treatment.

Lab Test	Before Treatment 19 th December 2024	After Treatment 17 th February 2025
HbA _{1c}	8.9%	5.2%

Table 7: Symptoms Before and After Treatment.

Complaints	Before Treatment	After Treatment
<i>Vibandh</i> (Constipation)	4/10	0/10
<i>Bahumutrata</i> (Polyuria)	8 to 10 times a day with Nocturia	4 to 5 times a day with minimal Nocturia
<i>Atibhojana</i> (Polyphagia)	Excessive hunger	Content with prescribed <i>Ayurvedic</i> diet plan
<i>Atipipasa</i> (Polydipsia)	Excessive thirsty	
<i>Tanava</i> (Stress)	6/10	1/10

By the end of the treatment period, subsequent follow-up assessments demonstrated a significant reduction in HbA_{1c} levels to 5.2 % Reduction in fasting and Post prandial blood sugar levels as per record maintained by the patient with his personal glucometer. The patient reported a marked alleviation of symptoms as *Vibandh* (Constipation), *Bahumutrata* (Polyuria), *Atibhojana* (Polyphagia), *Atipipasa* (Polydipsia), and *Tanava* (Stress). The patient discontinued Tablet Metformin 500 mg as soon as he started with *Ayurvedic* treatment.

DISCUSSION

Discussion on Etiologic Classification of *Prameha* -

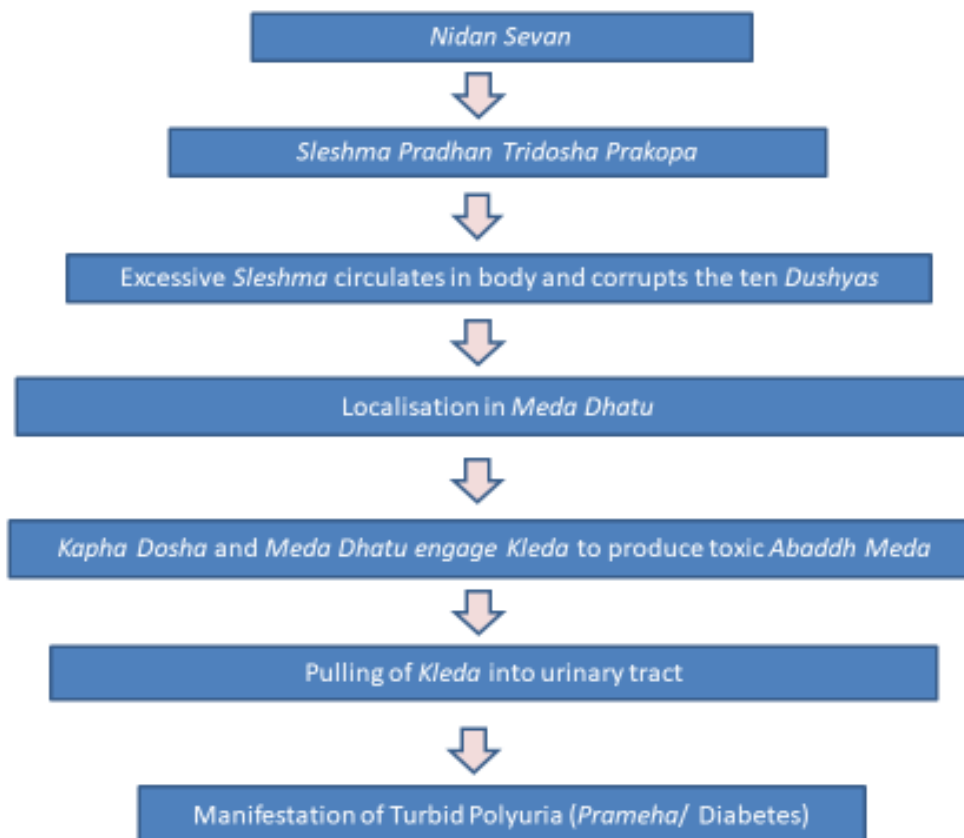
1. *Sahaja* (Hereditary) – This is stated to be incurable; the patient is underweight all one's life, weak, and has a short lifespan. Believed to be innate, no treatment helps. *Sahaja Prameha* occurs as a result of genetic origin. While describing prognosis, *Acharya Charaka* also stated *Prameha* occurring due to *Beeja Dosha* being incurable. This can best to

linked to T1DM. The T1DM patients were incurable before the discovery of Insulin in 1921.

2. *Apathyanimittaja* (Acquired) -The features of this type of *Prameha* match with T2DM, and all the managements mentioned in the *Ayurvedic* texts are for this variety only. *Apathyanimittaja Prameha* is a result of improper diet and / or lifestyle, including stress.
3. The consumption of curd, meat and juices, as well as milk and dairy products are all considered causative

factors. These foods are regarded as *Kapha*-increasing, and since *Prameha* is predominantly a *Kapha* disorder in *Ayurveda*, their regular intake can aggravate the condition. Moreover, freshly harvested or newly cooked rice, sweet drinks, and preparations made from jaggery are also included in the list of causative agents. The verse concludes by emphasizing that anything that increases *Kapha* in the body may contribute to the onset/ worsening of *Prameha*.

DISCUSSION ON SAMPRAPTI



Excessive, and unhealthy *Kapha* being produced by the aforementioned *Nidan* / Etiologic factors undergoes the six stages of *Shadvidha Kriya Kala* as mentioned by *Sushruta*. Lethargy (the stage of *Sanchaya* / *Dosha* accumulation), weight gain (the stage of *Prakopa* / *Dosha* agitation), polyphagia (the stage of *Prasar* / spread of *Dosha*), nocturia (the stage of *Sthanasamshraya* / localisation of *Dosha*), polyuria (the stage of *Vyaktavastha* / Manifestation of Disease), and infectious dermatoses (the stage of *Bheda* / complications), represent one stage each respectively. This mechanism is solely due to increase in the quantities, and reduced qualities of *Kapha*, especially in the *Meda Dhatu* / adipose tissue (*Abaddh Meda*). These excess *Kapha* and *Meda* get combined with *Mamsa* which results in *Mamsapidika*. This eventually involves the remaining *Kapha* predominant *Dhatu*s, and fluids, and these vitiated *Dosh*es settle in *Mutravaha Strotas* (Urine producing channels) which results in *Prameha*. In case of poor management, all the 19 types of

Prameha (Diabetes) deteriorate to the 20th type - *Madhumeha* (T2DM), posing a grave outcome. This is noteworthy that the *Dosha* imbalance initiates at digestive tract, circulates, and eventually settles in the urine forming channels. Urine formation, as per *Ayurveda*^[22], begins at digestive tract, eventually passing through kidneys, ureter, bladder, and urethra. Thus, the *Samprapti* can best be countered at Digestive tract.

Discussion on Purvarupa / Prodromal symptomatology

Many of the *Purvarupa* signs, and symptoms mentioned by most of the Sages, as *Charak*, *Sushrut*, *Vagbhat* etc are enumerated in the list of complications by the western medicine. Some of the features as *Chikkanata Dehe* (unctuous body parts), *Ghanangata* (Excessive, unhealthy nourishment), *Jatilibhuteshu kesheshu* (excessive entanglement of hairs), *Keshnakhativridhi* (Excessively growing hairs, & nails), *Maadhuryam aasyam* (Sweetness in mouth), *Mukh-talu-kanth*

shosham (Dryness in mouth, palate and throat), *Pipasa* (Thirst), *Mut্রে Cha Mutradoshanam* Madhur Shukla *Mutrata* (Turbid, Sweet and whitish urine) represent accumulation of Advanced Glycation. Endproducts (AGEs), *Kara-Padayo Suptata Daho Suptata Cha Angeshu* (Burning sensation and numbness in various body parts) represents Diabetic Neuropathy due to altered protein, and polyol pathway leading to oxidative stress and damage to nerve cells. This is interesting to see that the western Medicine groups most of the Prodromes as complications; *Ayurveda* being an observational health science, many of these symptoms were believed to be prodromal, however, nowadays, Western medicine established them as long term complications.

Discussion on Rupa / clinical picture

Prabhoota Mutrata (Polyuria), and *Avil Mutrata* (Turbid micturition) are the two symptoms of *Prameha* (Diabetes). This is a different perspective when compared to the Western medicine, as most other signs, and symptoms are enumerated under the *Purvarupa* (Prodromes), and / or *Bheda* (Complications). *Avil Mutrata* represents loss of precious *Dhatus* from human body to urine causing most of the signs and symptoms of *Prameha*. *Avil Mutrata* can be likened to increase specific gravity of urine in the patients with T2DM.

Discussion on Aahar

This diet emphasizes foods that are low in glycemic index, high in fiber, and support metabolic balance, helping to control blood glucose levels effectively. By eliminating wheat, refined carbohydrates, dairy, and processed foods, it reduces insulin resistance and minimizes the risk of sugar spikes.

Millets — such as Browntop, Foxtail, Barnyard, Kodo, and Little millet — are a central part of the diet. These are rich in fiber and nutrients and are digested slowly, promoting sustained energy release and better blood glucose control. Fermented millet products improve gut health, which plays a key role in metabolic regulation.^[23]

The inclusion of herbal tea, green juice (which consists of *Neem*, *Karela*, and *Jamun*), and red juice (which consists of carrot and beetroot) further helps detoxify the body, stimulate the pancreas, and enhance insulinsensitivity. Alkaline and energized water prepared with copper, *Moringa* seeds, and other natural purifiers supports hydration, reduces inflammation, and improves digestion — all crucial in diabetes care.

Timing and structure of meals are designed to align with the body's natural circadian rhythm, preventing late-night eating, which is known to disturb blood glucose control. Chewing food thoroughly and eating mindfully improve digestion and prevent overeating. Light dinners and weekly fasting allow the digestive system to rest and reset, which helps regulate blood glucose and body weight.

Incorporating physical practices like *Vajrasana* after meals and short walks aid in digestion and glucose metabolism. Overall, this *Ayurvedic* diet is not just about food choices but a lifestyle approach that improves digestion, detoxifies the body, balances *Doshas* (especially *Kapha* and *Meda*), and promotes long-term control and reversal of diabetes symptoms.

Discussion on Vihar

Waking up early during *Brahma Muharta* supports hormonal balance and enhances metabolic function, while practices like meditation and pranayama reduce stress, a known contributor to elevated blood glucose levels. Incorporating daily yoga and regular physical activity—especially a 30-minute barefoot morning walk and walking after meals improves insulin sensitivity, digestion, and glucose metabolism. Ensuring 6–8 hours of quality sleep each night helps regulate hormones like insulin and cortisol, reducing sugar cravings and fatigue. Unique therapies like *Neem-Karela* foot detox are believed to stimulate internal organ function through reflex pathways, aiding in detoxification and metabolic balance. A disciplined daily routine (*Dinacharya*) maintains consistency in eating, sleeping, and movement, which is vital for controlling blood glucose fluctuations. Together, these lifestyle practices work synergistically with the *Ayurvedic* diet to address the root causes of diabetes, offering a natural, preventive, and restorative solution for long-term management and possible reversal of the condition.

Discussion on Aushadi

Ayurvedic Medicines prescribed: The Prescription herbs owing to their Anti *Vata*, Anti *Kapha* *Meda* purifying, tissue nourishing, anti oxidant, anti stress, anti constipation, and blood glucose regulating properties could ensure a promising outcome in this case study. The main evidence based properties of the medicines used are as follows -*Neem* (*Azadirachta indica*) -*Rasa* (Taste): *Tikta* (Bitter), *Kashaya* (Astringent), *Guna* (Qualities): *Laghu* (Light), *Veerya* (Potency): *Sheeta* (Cooling), *Vipaka* (Post-digestive effect): *Katu* (Pungent), *Prabhava* (Specific action): *Krimighna* (anti-parasitic), *Raktashodhaka* (blood purifier). *Karela* (Bitter Gourd) - *Momordica charantia*, *Rasa*: *Tikta* (Bitter), *Kashaya*, *Guna* *Laghu* (Light), *Ruksha* (Dry), *Tikshna* (Sharp), *Veerya* : *Ushna* (Hot), *Vipaka*: *Katu* (Pungent), *Prabhava*: *Pramehaghna* (anti-diabetic), *Deepana* (appetizer), *Krimighna* (anti-parasitic). *Ashwagandha* - *Withania somnifera*, *Rasa*: *Kashaya* (Astringent), *Tikta* (Bitter), *Madhura* (Sweet), *Guna*: *Guru* (Heavy), *Snigdha* (Unctuous/oily), *Veerya* *Ushna* (Hot), *Vipaka*: *Madhura* (Sweet), *Prabhava*: *Balya* (Strength-promoting), *Rasayana* (Rejuvenative), *Vajikara* (Aphrodisiac). *Shilajit* - *Asphaltum punjabianum*, *Rasa* (Taste): *Tikta* (Bitter), *Katu* (Pungent), *Guna* (Qualities): *Laghu* (Light), *Ruksha* (Dry), *Tikshna* (Sharp), *Veerya*: *Ushna* (Hot), *Vipaka* (Post-digestive effect): *Katu* (Pungent), *Prabhava* (Specific action): *Yogavahi* (Catalyst),

Rasayana (Rejuvenator), *Vrishya* (Aphrodisiac), *Tridoshaghna* (Balances all three doshas). **Giloy** – *Tinospora cordifolia* Rasa: *Tikta* (Bitter), *Kashaya* (Astringent), *Guna Laghu* (Light), *Snigdha* (Unctuous), *Veerya*: *Ushna* (Hot), *Vipaka*: *Madhura* (Sweet), *Prabhava*: *Jwaraghna* (Antipyretic), *Rasayana* (Rejuvenator), *Tridoshaghna* (Balances all three doshas), *Immunomodulator*. **Amla**: Rasa: Predominantly *Amla* (Sour), *Madhura* (Sweet), *Katu* (Pungent), *Tikta* (Bitter), *Kashaya* (Astringent): *Guna Laghu* (Light), *Ruksha* (Dry), *Sheeta* (Cool). *Veerya*: *Sheeta* (Cooling). *Vipaka*: *Madhura* (Sweet). *Prabhava*: *Rasayana* (Rejuvenator) – promotes longevity, enhances immunity, and supports overall wellness, *Chakshushya* – improves eye health, *Tridoshaghna* – balances *Vata*, *Pitta*, and *Kapha*, and Diabetes-supportive – enhances digestion, supports pancreas function, and reduces excessive thirst and urination. **Haritaki**: Rasa: All five tastes except *Lavana* (Salty), *Kashaya* (Astringent) – predominant *Madhura* (Sweet), *Amla* (Sour), *Tikta* (Bitter), *Katu* (Pungent). *Guna Laghu* (Light), *Ruksha* (Dry), *Sara* (Flow-inducing promotes movement). *Veerya* (Potency): *Ushna* (Hot). This hot potency helps stimulate digestion and remove *Ama* (toxins), especially beneficial in *Kapha* and *Vata* disorders. *Vipaka*: *Madhura* (Sweet), *Prabhava* : *Rasayana* (Rejuvenator), *Anulomana* (Mild laxative / regulates bowel movement), *Medohara* (Reduces excess fat), *Vatanulomaka* (Pacifies *Vata*), *Shroto-shodhaka* (Cleanses body channels). **Bibhitaki**: Rasa : *Kashaya* (Astringent), *Tikta* (Bitter), *Madhura* (Sweet) *Guna*: *Ruksha* (Dry), *Laghu* (Light), *Veerya* (Potency): *Ushna* (Hot), *Vipaka*: *Madhura* (Sweet), *Prabhava* (Specific Action): *Kaphaghna* (*Kapha*-reducing), *Medohara* (Fat-reducing), *Netrahitkara* (Beneficial for eyes), *Shroto-shodhaka* (Purifies the body's channels).

Prime Ingredients of Prescribed Drugs

1. **DM Cap**- It consists herbs mainly **Jambu** (*Syzygium cumini*)^[24], **Neem** (*Azadirachta indica*)^[15] It controls blood glucose levels, improves digestion, helps in urinary problems, overall well-being, and improves energy levels
2. **Madhumeh-nashak Syrup**- It consists herbs mainly **Neem** (*Azadirachta indica*)^[15] **Haritaki** (*Terminalia chebula*)^[12], **Karela** (*Momordica charantia*)^[14], **Jamun** (*Syzygium cumini*)^[24] Helps against diabetes mellitus, diabetic neuropathy, and retinopathy.
3. **Chander Vati**-It is an Ayurvedic formulation consists herbs mainly **Harad** (*Terminalia chebula*), **Bahera** (*Terminalia bellirica*), **Amla** (*Phyllanthus emblica*)^[12]. This formulation has diuretic and has anti-diabetic properties.
4. **Pramehrog har powder**- It consists herbs mainly **Harad** (*Terminalia chebula*), **Bahera** (*Terminalia bellirica*), **Amla** (*Phyllanthus emblica*)^[12], **Neem** (*Azadirachta indica*)^[15] This is helpful in diabetes, urinary problems, strengthen

immunity, diabetic neuropathy, and diabetic retinopathy.

5. **Dr Shuddhi Powder**- It consists herbs mainly **Harad** (*Terminalia chebula*), **Bahera** (*Terminalia bellirica*), **Amla** (*Phyllanthus emblica*)^[12], **Trikatu** (*Piper longum*, *Piper nigrum*, *Zingiber officinale*)^[28] This is an Ayurvedic formulation which is rich in nutrients and antioxidants, increases energy and immunity and helps in better digestion
6. **Lipi Capsule**- It consists herbs mainly **Harad** (*Terminalia chebula*), **Bahera** (*Terminalia bellirica*), **Amla** (*Phyllanthus emblica*)^[12], **Arjun** (*Terminalia arjuna*)^[25] This combination is Anti-oxidant, repair injured cells, and maintains overall health of the body.
7. **DR Madhumeha Tablet** –It consists herbs mainly **Neem** (*Azadirachta indica*)^[15], **Haritaki** (*Terminalia chebula*)^[12], **Karela** (*Momordica charantia*)^[14], **Jamun** (*Syzygium cumini*)^[24] It reduces blood glucose level.
8. **Relivon powder**- It consists herbs mainly **Erand Oil** (*Ricinus communis*)^[27], **Sounth** (*Zingiber officinale*)^[28] This is laxative, and detoxifies the body.
9. **JS – DIAB**- It consists herbs mainly **Neem** (*Azadirachta indica*)^[15], **Jamun** (*Syzygium cumini*)^[24] It increases metabolism and reduces the glycemic load of body.
10. **DM Syrup** - It consists herbs mainly **Kumari** (*Aloe vera*)^[26], **Karela** (*Momordica charantia*)^[14] It controls blood glucose levels, improves digestion, helps in urinary problems, overall wellbeing, and improve energy levels.

In this patient, *Prameha* led to *Dhatukshaya* and *Ojakshaya*. So, the drugs having properties like— *Deepan*, *Pachan*, *Tridoshaghna*, *Pramehhar*, *Rasayan* and *Ojovardhak* (improves health, vitality and enthusiasm), were selected for the management. The patient responded very well to this *Chikitsa* (Treatment).

NEED FOR FURTHER RESEARCH

While the results of this case study are promising, it is essential to acknowledge the limitations inherent in single-case reports, including the lack of control groups and the potential for subjective bias in symptom reporting. Future research should aim to conduct larger, controlled studies to validate the efficacy of Ayurvedic interventions in Diabetes Type 2 management and to explore the mechanisms ensuring their therapeutic effects.

CONCLUSION

Ayurveda considers *Prameha* (DM Type 2) as a condition resulting from imbalances in *Doshas* (*Vata*, *Pitta*, *Kapha*), weak *Agni* (digestive/metabolic fire) and disturbances in the *Basti*. *Hetu* (causative factors) like food such as curd, milk, freshly harvested rice, and foods made from jaggery (unrefined sugar) and excessive

comfort, sleep, and rich, heavy foods are seen as key contributors to *Prameha* (DM Type 2). *Linga* (sign and symptoms) as *Vibandh* (constipation), *Bahumutra* (frequent urination), *Atibhojana* (excessive eating), *Atipipasa* (excessive thirst), and *Tanava* (stress) were seen. The treatment aimed to restore balance through.

- *Nidan Parivarjan* (Avoiding Causes)
- Managing Stress levels.
- *Rasayan* (Rejuvenation Therapies)
- *Satvik Aahar* (wholesome, nourishing diet), Fruits, Salad, Nuts, leaves like *curry*, *Paan*, *neem* etc.
- Avoiding of animal products and packed food because they have high glucose level and increase VLDL, LDL, Triglycerides also reduce HDL.
- *Yoga* and meditation reduce Blood Glucose levels and improve hormonal balance.

Ayurveda offers a comprehensive, non-invasive and natural approach to *Prameha* (DM Type 2) by focusing on root causes rather than just on the symptoms.

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Effective Management of Kitibha (Chronic Psoriasis) Using Ayurvedic Medicine: A Case Report

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This case report investigates the efficacy of Ayurvedic medicine in managing chronic psoriasis (Kitibha), a complex autoimmune skin disorder characterized by persistent erythematous plaques and scaliness, causing significant morbidity and psychological distress. A 56-year-old male with a 25-year history of psoriasis and refractory to conventional therapies including topical corticosteroids and systemic medications presented with a Psoriasis Area and Severity Index (PASI) score of 16.2, indicating moderate to severe disease. The patient was treated using a holistic Ayurvedic approach that included a tailored regimen of ayurvedic medications such as Psoro Cap, Psoro Oil, Raktaprasadan Syrup and Skin Cure tablets, dietary modifications emphasizing anti-inflammatory foods, and lifestyle changes aimed at stress reduction and improved skin care. Over the course of treatment, significant improvements were documented; the PASI score decreased to 4.5, and the Pruritus Severity Scale reduced from 8 to 2, demonstrating substantial alleviation of both the physical and symptomatic aspects of psoriasis. Vital parameters such as blood pressure normalized, indicating systemic benefits. These findings suggest that Ayurvedic treatment approaches, including detoxification practices like Panchakarma and the use of specific ayurvedic formulations, can effectively manage psoriasis, offering a viable alternative or complementary option to existing dermatological treatments. The case underscores the need for further research to validate these results and explore the integrative use of Ayurvedic medicine in broader clinical settings.

Keywords: Kitibha, Psoriasis, Ayurvedic Medicine, Kustha

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Introduction

Psoriasis, known as *Kitibha* in *Ayurvedic* medicine, is a chronic, non-communicable disease characterized by red patches and flaky, silver-white scales on skin. The global prevalence of psoriasis varies, affecting about 2-3% of population, with geographic and ethnic variations influencing these figures.[1] It is a multifactorial disease influenced by genetic predispositions and environmental factors, and is commonly associated with comorbidities such as psoriatic arthritis, cardiovascular diseases and metabolic syndrome.[2,3]

Psoriasis manifests as well-demarcated erythematous plaques covered with silvery scales, primarily appearing on scalp, elbows and knees. The disease is cyclic, with patients often experiencing flare-ups followed by periods of remission. The impact of psoriasis extends beyond physical symptoms, as it can lead to significant psychological distress and diminished quality of life.[4]

In *Ayurveda*, psoriasis is correlated with *Kitibha*, described in classical texts as a type of *Kshudra Kushtha* (minor skin disease). The *Ayurvedic* approach to treat *Kitibha* includes purification (*Shodhana*) through *Panchakarma*, and administration of *ayurvedic* formulations. Previous studies and traditional *Ayurvedic* practitioners have emphasized the role of diet, lifestyle modifications and stress management in managing the symptoms and preventing exacerbations of *Kitibha*. [5,6]

Psoriasis as an immune-mediated disease, primarily involving the dysregulation of T cells and increased activity of inflammatory pathways, particularly IL-23/Th17 axis. Current treatments focus on controlling symptoms and preventing complications through topical agents, phototherapy and systemic treatments including biologics targeting specific immune pathways.[7]

According to *Ayurveda*, the pathogenesis (*Samprapti*) of *Kitibha* involves the vitiation of *Vata* and *Kapha Doshas*, along with the involvement of *Raktadhatu* (blood tissue). The vitiated *Doshas* lead to the production of *Ama* (toxins) which accumulates in the skin tissues, manifesting as the characteristic plaques and scales of psoriasis. *Ayurvedic* treatment focuses on detoxification to eliminate *Ama*, restoration of *Doshic* balance and rejuvenation of skin tissues.[8]

Despite the availability of modern treatments, psoriasis remains challenging to manage without recurrence. This case report explores an alternative treatment approach using *Ayurvedic* medicine, which offers potential benefits through its holistic management strategies. Understanding the effectiveness and mechanisms of *Ayurvedic* treatments can contribute to broader therapeutic options for managing chronic diseases like psoriasis.

This report aims to document and analyses the outcomes of treating psoriasis with specific *Ayurvedic* treatments, providing insights into their efficacy and safety. Additionally, it seeks to discuss the *Ayurvedic* concept of *Kitibha*, correlating its traditional pathophysiology with modern understanding, to enlighten both *Ayurvedic* and allopathic practitioners on integrative therapeutic possibilities.

Case Report

Personal and Medical History

The patient is a 56-year-old male presented with a patchy skin along with severe itching over Bilateral lower limb and Right Upper Limb (Palm) with a longstanding history of psoriasis spanning approximately 25 years visited Jeena Sikho Lifecare Limited Hospital, Lucknow, Uttar Pradesh. Initially, the patient managed his psoriasis symptoms through various allopathic medicines, the specifics of which are undocumented yet included commonly prescribed treatments such as topical corticosteroids and systemic medications.

Notably, 20 years ago, the patient was also diagnosed with asthma. Despite using allopathic treatments, including Foracort (a combination inhaler containing budesonide and formoterol, to manage asthma symptoms), he reported no significant relief.

Surgical History: In his surgical history, a significant entry is the bilateral inguinal hernia repair, indicating previous surgical intervention but with unspecified dates. This may interplay with his overall physical health but appears directly unrelated to his psoriatic condition.

Family History: The patient has not reported any similar instances of psoriasis or asthma in his family, suggesting the absence of a clear genetic predisposition for these conditions in his lineage.

Disease Progression & Lifestyle Considerations: With regard to lifestyle, no detailed records have been noted about his diet, exercise or daily routines, which could potentially influence management & progression of psoriasis & asthma. Chronic stress, alco. consumption, smoking habits & other lifestyle factors significantly impact both conditions & have not been sufficiently documented. Continuous prog. of psoriasis over 25 years & onset of asthma 20 years ago, coupled with inadequate control over asthma symptoms, suggests possibly interconnected pathoph. influenced by immune response & inflammatory processes. PASI Score of patient was 16.2 during initial visit.

Vital Parameters

- **Body Mass Index (BMI):** The patient presents with a BMI of approximately 24.8 kg/m².
- **Blood Pressure:** 118/78 mmHg
- **Heart Rate:** Regular, at 80 beats per minute.

Systemic Examination

- 1. Cardiovascular System:** No murmurs, rubs, or gallops noted; regular rate and rhythm.
- 2. Respiratory System:** Clear breath sounds bilaterally; no wheezes, rales, or rhonchi observed.
- 3. Gastrointestinal System:** Abdomen soft, non-tender; no hepatosplenomegaly or masses detected.
- 4. Neurological System:** Alert and oriented; cranial nerves intact, normal muscle strength and tone throughout.
- 5. Musculoskeletal System:** No joint swelling or tenderness; normal range of motion in all joints.
- 6. Integumentary System:** Multiple well-demarcated erythematous plaques with silvery scales noted, primarily on bilateral lower limbs and right upper limb (Palm).

Ayurvedic Examination

Table 1: Ashtavidha Pariksha (Eight-fold Examination)

SN	Examination	Findings
1.	Nadi (Pulse)	Vata-Pittaja
2.	Mutra (Urine)	Ishat Peeta
3.	Mala (Stool)	Abadha (Only with Churna)
4.	Jihva (Tongue)	Saam
5.	Shabda (Voice)	Spashta
6.	Sparsha (Touch)	Anushna Sheeta, tenderness in the right hypochondrium upon palpation
7.	Drik (Eyes)	Shweta
8.	Akriti (Appearance)	Prakrita

Table 2: Dashavidha Pariksha (Ten-fold Examination)

SN	Examination	Findings
1.	Prakriti (Constitution)	Vata Kaphaja
2.	Vikriti (Imbalance)	Kaphaja
3.	Sara (Tissue Excellence)	Madhyam
4.	Samhanana (Body Build)	Moderate
5.	Pramana (Body Proportions)	Within normal limits.
6.	Satmya (Adaptability)	Moderate
7.	Satva (Psychological Strength)	Madhyam
8.	Ahara Shakti (Digestive Strength)	Madhyam
9.	Vyayama Shakti (Exercise Capacity)	Moderate
10.	Vaya (Age)	56yr old, Madhyam

Assessment Criterion

A. The **Pruritus Severity Scale (PSS)** is a standardized tool used to assess the intensity, frequency and impact of itching (pruritus) on a patient's quality of life.

Components of the Pruritus Severity Scale (PSS)

1. Intensity of Itching

Rated on a **Analogue Scale (VAS)** from **0 to 10**, where:

- **0:** No itching.
- **1–3:** Mild itching (intermittent, manageable, not distressing).
- **4–6:** Moderate itching (frequent but not constant, impacts daily activities).
- **7–10:** Severe itching (persistent, disrupts daily life and sleep).

2. Frequency of Itching Episodes

Scored based on the number of itching episodes per day:

- **0:** No episodes.
- **1:** Occasional episodes (less than once per day).
- **2:** Frequent episodes (1–5 times per day).
- **3:** Constant or almost constant itching (>5 times per day).

3. Duration of Itching

Evaluates how long the itching lasts in a single episode:

- **0:** No itching.
- **1:** Episodes last <5 minutes.

- **2:** Episodes last from 5–30 minutes.
- **3:** Episodes last >30 minutes.

4. Impact on Daily Activities

Assesses how pruritus interferes with personal, social, or work life:

- **0:** No interference.
- **1:** Mild interference (minimal disruption).
- **2:** Moderate interference (requires temporary adjustments in activities).
- **3:** Severe interference (unable to complete routine activities).

5. Impact on Sleep

Evaluates how itching affects sleep quality and continuity:

- **0:** No impact on sleep.
- **1:** Occasional disruption (once or twice a week).
- **2:** Frequent disruption (3–5 times a week).
- **3:** Persistent disruption (6 or more nights a week).

Total Score Interpretation

- **0–3:** Mild pruritus.
- **4–7:** Moderate pruritus.
- **8–12:** Severe pruritus.
- **13–15:** Very severe pruritus.

B. The Psoriasis Area and Severity Index (PASI) score is a widely used quantitative rating system for measuring the severity and extent of psoriasis. It assesses the severity of lesions, and the area affected and combines these values into a single score ranging from 0 (no disease) to 72 (maximal disease). To calculate the PASI score, both the extent of body surface area affected and the severity of the plaques in terms of redness, thickness and scaling are evaluated across four body regions: the head and neck, upper extremities, trunk and lower extremities.

Calculation of PASI Score:

1. Area Assessment: The body is divided into four sections:

- Head and neck (10% of a person's skin)
- Upper limbs (20%)
- Trunk (30%)

- Lower limbs including buttocks (40%)

Each area is scored, based on the percentage of skin affected:

- 0 = No involvement
- 1 = Less than 10%
- 2 = 10%-29%
- 3 = 30%-49%
- 4 = 50%-69%
- 5 = 70%-89%
- 6 = 90%-100%

2. Severity Assessment: For each region, the severity of lesions is evaluated in terms of redness (erythema), thickness (induration) and scaling, each graded on a scale of 0 to 4:

- 0 = None
- 1 = Slight
- 2 = Moderate
- 3 = Severe
- 4 = Very severe

3. Calculate weights for each region:

- Multiply the sum of the severity scores by the area score for each region.
- For the Head/Neck: Multiply by 0.1
- For the Upper Limbs: Multiply by 0.2
- For the Trunk: Multiply by 0.3
- For the Lower Limbs: Multiply by 0.4

4. Sum up all values:

- The total score from each region is then added to derive the PASI score.

Interpretation:

- A higher PASI score indicates more severe disease.
- Clinical trials often define treatment success as achieving a specified percentage decrease in PASI score from baseline (e.g., PASI 75 represents a 75% reduction in PASI score).

In the case report, specifying the PASI score at initial evaluation and following treatments provides an objective measure to gauge the effectiveness of the *Ayurvedic* regimen applied to manage the patient's psoriasis.

Therapeutic Intervention

A. Diet Plan:[9]

Dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital included follo. key commendations:

A) Foods to be avoided:

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.
- During solid consume as small bite and chew 32 times.

B) Hydration:

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 2-3 liters of alkaline water in 3 to 4 times throughout the day.
- Include Herbal tea, living water and turmeric-infused water part of daily routine.
- Boil 4 liters water & reduce up to 2 liters and consume.

C) Millet Intake:

- Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramosa*).
- Use only steel cook wares for preparing millets
- Cook the millets only using mustard oil.

D) Meal Timing and Structure:

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.

2. Breakfast (9:00-10:00 AM): The patient had steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).

3. Morning Snacks (11:00AM): The patient given Red juice (150 ml) and soaked almonds.

4. Lunch (12:30 PM - 2:00 PM): The patient received Plate 1 and Plate 2. Plate 1 included a steamed salad, while Plate 2 with cooked millet-based.

5. Evening Snacks (4:00 - 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.

6. Dinner (6:15-7:30 PM): The patient served a steamed salad, chutney, and soup, as Plate 1, along with millet khichdi as Plate 2.

E) Fasting:

- It is advised to observe one-day fasting.

F) Special Instructions:

- Express gratitude to the divine before consuming food or drinks.
- Sit in *Vajrasana* (a *Yoga* posture) after each meal.
- 10 minutes slow walk after every meal.

G) Diet Types:

- The diet comprises salt-less solid, semi-solid and smoothie options.
- Suggested foods included Herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

B. Lifestyle Recommendations

A) Include meditation for relaxation.

B) Practice barefoot brisk walk for 30 minutes.

C) Ensure 6-8 hours of quality sleep each night.

D) Adhere to a structured daily routine.

Medicines Used

Table 3: Medicines Used

Medications	Dose	Anupana	Duration
Psoro Cap - Neem Panchang (<i>Azadirachta indica</i>), Pawad Beej (<i>Cassia tora</i> or <i>Cassia obtusifolia</i>), Ushba (<i>Smilax ornata</i>), Bawachi (<i>Psoralea corylifolia</i>), Akash Bel (<i>Cuscuta reflexa</i>), Bakayanfal (<i>Melia azedarach</i>), Manjistha (<i>Rubia cordifolia</i>), Gandhak Rasayan (a compound primarily composed of purified sulphur) and Gum Acacia (<i>Acacia senegal</i>)	1 Tablet TDS	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
Tab Skin Cure - Anant (<i>Hemidesmus indicus</i>), Neem (<i>Azadirachta indica</i>), Gulab (<i>Rosa damascena</i>), Haldi (<i>Curcuma longa</i>), Giloy (<i>Tinospora cordifolia</i>), Mulethi (<i>Glycyrrhiza glabra</i>), Chirayta (<i>Swertia chirata</i>), Babool (<i>Acacia nilotica</i>), Manjith (<i>Rubia cordifolia</i>), Vidang (<i>Embelia ribes</i>), Sharpunkha (<i>Tephrosia purpurea</i>), Khadir (<i>Acacia catechu</i>), Sanay (<i>Cassia angustifolia</i>), Gandhak (Gandhak is sulphur, commonly referred to as Sulfur in Latin), Yashad (Yashad is zinc, known as Zincum in its elemental form).	1 Tablet TDS	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)

Syp. Raktaprasadhan - Khair Chaal (<i>Acacia catechu</i>), Bakuchi (<i>Psoralea corylifolia</i>), Devdaru (<i>Cedrus deodara</i>), Daru Haldi (<i>Berberis aristata</i>), Harad (<i>Terminalia chebula</i>), Bhera (likely <i>Terminalia bellerica</i>), Amla (<i>Emblica officinalis</i> or <i>Phyllanthus emblica</i>), Mahamajishtha (<i>Rubia cordifolia</i>), Dhamasa (<i>Fagonia cretica</i>), Sariva (<i>Hemidesmus indicus</i>), Amba Haldi (<i>Curcuma amada</i>), Kutki (<i>Picrorhiza kurroa</i>), Chiraita (<i>Swertia chirata</i>), Rasont (<i>Berberis</i> species, extracted part of the plant used for activity), Satyanashi (<i>Argemone mexicana</i>), Madhu (Honey, not an herb, used as it is), Shaker (Sugar, commonly referred to as <i>Saccharum officinarum</i> when derived from sugarcane).	10 ml BD	Equal amount of lukewarm water (Samamatra Koshna Jala)	Adhobhakta (After Meal)
Psoro Oil - Anant Mool- <i>Hemidesmus indicus</i> , Bakuchi- <i>Psoralea corylifolia</i> , Aloe Vera- <i>Aloe vera</i> , Mulethi- <i>Glycyrrhiza glabra</i> , Ratan Jot- <i>Alkanna tinctoria</i> , Neem - <i>Azadirachta indica</i> , Karanj-Pongamia pinnata, Kali Mirch-Piper nigrum, Mustard Oil- <i>Brassica nigra</i> , Nariyal Tailum- <i>Cocos nucifera</i>	For Local Application		
VPK Balance Kit			
Dr Immune Tab - Kesar (<i>Crocus sativus</i>), Ashwagandha (<i>Withania somnifera</i>), Shatawar (<i>Asparagus recemosus</i>), Pippal (<i>Piper longum</i>), Tulsi (<i>Ocimum santum</i>), Launge (<i>Syzygium aromaticum</i>), Chhoti elaichi (<i>Elettaria cardamomum</i>), Sounth (<i>Zingiber officinale</i>), Haldi (<i>Curcuma longa</i>), Loh bhasma, Swarn makshik bhasma, Muktaashukti bhasma, Shunkhpushpi (<i>Convolvulus pluericaulis</i>), Papita sat (<i>Carica papaya</i>), Pudina (<i>Mentha viridis</i>), Dalchini (<i>Cinnamomum</i>), Tej patra (<i>Cinnamomum tamala</i>), Badielaichi (<i>Amomum subulatum</i>), Ajwain (<i>Trachyspermum ammi</i>), Giloy (<i>Tinospora cordifolia</i>), Amalaki (<i>Emblia officinali</i>), Haritaki (<i>Terminalia chebula</i>).	Immune tab – 1 tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
Dr Shuddhi Powder - Trikatu, Triphala, Nagarmotha (<i>Cyprus rotundus</i>), Vayvidang (<i>Emblia ribes</i>), Choti elaichi (<i>Elettaria cardamomum</i>), Tejpatra (<i>Cinnamomum tamla</i>), Laung (<i>Syzygium aromaticum</i>), Nishoth (<i>operculina terpenanthum</i>), Rock salt, Dhaniya (<i>Coriandrum sativum</i>), Pipla mool (<i>Piper nigrum</i>), Jeera (<i>Cuminum Cyminum</i>), Nagkesar (<i>Mesua ferrie</i>), Amarvati (<i>Tinospora cardifolia</i>), Anardana (<i>Punica granatum</i>), Dalchini (<i>Cinnamomum zeylanicum</i>), Badi elaichi (<i>Amomum Subulatum</i>), Hing (<i>Ferula foetida</i>), Kanchnar (<i>Boehinia variegata</i>), Ajwain (<i>Trachyspermum ammi</i>), Sazikshar, Pooshkarmool (<i>Inula racemosa</i>), Senna (<i>Cassia angustafolia</i>), Mishri Cam	Dr Shuddhi Powder – ½ tsf HS		
Nabhi Oil - Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia bellerica</i>), Amla (<i>Phyllanthus emblica</i>), Almond (<i>Prunus dulcis</i>), Hing (<i>Ferula foetida</i>), Jaiphal (<i>Myristica fragrans</i>), Ajwain (<i>Trachyspermum ammi</i>), Clove (<i>Syzygium aromaticum</i>), Camphor (<i>Cinnamomum comphora</i>), Olive (<i>Olea europaea</i>), Coconut (<i>cocuc nucifera</i>), Neem (<i>Azadirachta indica</i>), Lemongrass (<i>Cymbopogon</i>), Kali jeera (<i>Bunium persicum</i>), Ajmoda (<i>Apium graveolens</i>), Guggul (<i>Commiphora weightii</i>), Giloy (<i>Tinospora cordifolia</i>), Chirayata (<i>Swertia japonica</i>), Kalonji (<i>Nigella sativa</i>), Til Tail (<i>Sesamum indicum</i>), Katu Tailam	Nabhi Oil - At night L/A		
Tooth Oil - Glycerine, Long oil (<i>Syzygium aromaticum</i>), Peparment (<i>Mentha arvensis</i>), Sat ajwain (<i>Trachyspermum ammi</i>)	Tooth Oil - In morning for local application		
32 Herbs Tea - Gauzaban (<i>Onosma bracteatum</i>), Kulanjan (<i>Alpinia galangal</i>), Chhotielaichi (<i>Elettaria cardamomum</i>), Laung (<i>Syzygium aromaticum</i>), Badi elaichi (<i>Amomum subulatum</i>), Khtayi (<i>Pimpinella anisum</i>), Banafsa (<i>Viola odorata</i>), Jufa (<i>Hysosofus officinalia</i>), Ashwagandha, (<i>Withania somnifera</i>), Mulethi (<i>Glycyrrhiza glabra</i>), Punrnava (<i>Boerhavia diffusa</i>), Bramhi (<i>Bacopa moneira</i>), Chitrak (<i>Plumbago zeylanica</i>), Kali mirch (<i>Piper nigrum</i>) Adulsa (<i>Adhatoda vasica</i> nees), Saunf (<i>Foeniculum vulgare</i>), Shankhpushpi (<i>Convolvuli pluericaulis</i>), Tulsi(<i>Ocimum santum</i>), Arjun (<i>Terminalia arjuna</i>), Motha (<i>Cyperus rotundus</i>), Sonpatra (<i>Cassia angustafolia</i>), Sonth (<i>Zingiber officinale</i>), Manjistha (<i>Rubia cardifolia</i>), Tephrosia purpurea, Dalchini (<i>Cinnamomum verum</i>), Gulab (<i>Rosa centifolia</i>), Grass tea (<i>Camlia sinensis</i>), Giloy (<i>Tinospora cordifolia</i>), Tej patra (<i>Cinnamomum tamala</i>), Lal Chandan (<i>Pterocarpus sentalinus</i>), White Chandan (<i>Santalum album</i>)	32 Herbs Tea – In morning empty stomach		

Table 4: Timeline

Event	Details
2000	Initial diagnosis of psoriasis
2005	Diagnosis of Asthma
29/11/2024	Initiated Ayurveda Medicines
30/12/2024	2nd Follow up and Significant improvement in the PASI score and PSS score

Follow-up and Outcomes:

After 1 months of *Ayurvedic* treatment, the results that were seen are-

Table 5: Outcomes - Objective Parameters

Parameters	Pre-Treatment	Post-Treatment
Pruritis Severity Scale	8 out of 10, indicating severe pruritis.	Improved to 2 out of 10, showing significant relief from itching.
PASI (Psoriasis Area and Severity Index)	The PASI score was calculated at 16.2, reflecting moderate to severe psoriasis with significant body surface area involvement.	Reduced to 4.5, indicating a substantial decrease in the severity and extent of psoriatic lesions.

The changes in the subjective parameters that was observed are-

Table 6: Outcomes - Subjective Parameters

Parameters	Pre-Treatment	Post-Treatment
Itching	The patient reported severe itching on a daily basis	The patient reported a significant reduction in itching severity.
Scales	The patient noted heavy scaling, which was bothersome and visually prominent.	The scales became less thick and less extensive, with the patient noting a marked improvement in their appearance.



Before Treatment - Image 1 and 2



After Treatment - Image 3 and 4

Discussion

This case report shows promising approach to using *Ayurvedic* treatment for managing chronic psoriasis, disease that presents significant challenges in both diagnosis & long-term management when using conventional medical treatments alone. Patient, 56-year-old male with long-standing psoriasis poorly controlled by allopathic medications, exhibited significant improvement in both objective & subjective measures through *Ayurvedic* intervention. Psoriasis, in western medical framework, is seen as an autoimmune condition characterized by an accelerated growth cycle of skin cells, leading to thick, scaly plaques. These manifestations are both physically & psychologically distressing & can severely impact quality of life.[10]

Nature of disease, with its intermittent flares & remissions, calls for innovative & effective management strategies. In *Ayurveda*, psoriasis is described as *Kitibha*, involving an imbalance of *Vata* & *Kapha Doshas*, along with an accumulation of *ama* (toxins). *Samprapti Vighatana* involves therapeutic interventions aimed at detoxifying body & restoring balance to these *Doshas*. *Panchakarma*, an *Ayurvedic* detoxification procedure, plays pivotal role in this treatment by systemically removing build-up of toxins from body, which is essential for treating chronic conditions like psoriasis.[11] Medicines used to break *Samprapti* in this disease were - Psoro Cap, Tab Skin Cure, Syp Raktaprasadhan & Psoro Oil - embody comprehensive approach to treat psoriasis by targeting different aspects of disease through blend of several potent *Ayurvedic* herbs & natural compounds.

Psoro Cap combines *Neem* (*Azadirachta indica*), renowned for its antimicrobial and anti-inflammatory properties, with *Pawad Beej* (*Cassia tora*), which is useful in skin diseases due to its laxative and purgative action that aids in detoxification. *Ushba* (*Smilax ornata*) and *Manjistha* (*Rubia cordifolia*) acts as blood purifiers, helps eliminate toxins that exacerbate skin issues. *Bakuchi* (*Psoralea corylifolia*) is specifically used in the treatment of skin disorders, playing a crucial role in reducing white scaly patches. *Gandhak Rasayan*, a processed form of sulphur, is traditionally used in *Ayurveda* for its rejuvenative and antimicrobial effects, improving skin health and reducing itching and scaling.

Tab Skin Cure features an array of herbs like *Anant* (*Hemidesmus indicus*), which purifies blood while *Gulab* (*Rosa damascena*) soothes and cools the skin, reducing inflammation. *Haldi* (*Curcuma longa*) and *Giloy* (*Tinospora cordifolia*) provides systematic relief from inflammation, their potent antioxidant actions support immune modulation, essential in treating autoimmune skin conditions like psoriasis. Ingredients like *Khadir* (*Acacia catechu*) and *Chirayta* (*Swertia chirata*) further enhance detoxification and support skin health.

Syp Raktaprasadhan is formulated with ingredients known for their efficacy of blood purification and immune regulation. *Khair Chaal* (*Acacia catechu*) and *Bakuchi* (*Psoralea corylifolia*) are pivotal in managing skin discoloration and dermatological disorders. *Devdaru* (*Cedrus deodara*) is useful for its anti-inflammatory properties, and *Amalaki* (*Embllica officinalis*) enriches the body with vitamin C, enhancing skin regeneration and overall immunity. The inclusion of *Sariva* (*Hemidesmus indicus*) and *Kutki* (*Picrorhiza kurroa*) ensures effective detoxification, crucial for clearing skin symptoms.

Psoro Oil is a topical preparation intended for direct application on psoriatic lesions. Composed of soothing agents like *Anant Mool* (*Hemidesmus indicus*) and cooling elements such as Aloe Vera, it helps to moisturize and heal the skin. Anti-inflammatory components like *Neem* and *Karanj* (*Pongamia pinnata*) reduces itching and prevents secondary infections. The presence of *Mulethi* (*Glycyrrhiza glabra*) and *Nariyal Tailum* (Coconut oil) provides further soothing effects, reducing redness and irritation.

For a thorough understanding and substantiation of the efficacy of *Ayurvedic* interventions in the management of psoriasis, several studies and clinical trials provide critical insights. One notable study by *Sarangapani* et al. evaluated the clinical efficacy of traditional *Ayurvedic* treatments, including *Panchakarma* and *ayurvedic* medications, in managing moderate to severe psoriasis, reporting significant improvements in patients' conditions.[12] Similarly, Sharma and Chandola conducted a detailed analysis of the impact of an *Ayurvedic* regimen on psoriasis and noted a substantial improvement in PASI scores and the quality of life indices among patients.[13]

Additionally, a randomized, double-blind, placebo-controlled trial by Uebelhack et al. on the efficacy and tolerability of Mahonia aquifolium extract - a herb commonly used in *Ayurvedic* medicine - for psoriasis treatment emphasized the potential of *ayurvedic* extracts in managing this skin condition. [14]

Furthermore, Laddha et al. explored the role of *Ayurveda* in managing psoriasis through diet, lifestyle changes and *Ayurvedic* medicine, offering comprehensive insights into holistic care approaches. [15] Kumar et al. also published results from a clinical trial evaluating the efficacy of a specific *Ayurvedic* compound against a placebo, demonstrating notable improvements in skin disease severity and symptoms. [16]

Lastly, research by Balakrishnan, though primarily focused on vitiligo, underscored the potential applicability of findings to related dermatological conditions like psoriasis due to similar underlying *Doshik* imbalances, highlighting the versatility of *Ayurvedic* treatments in managing complex skin diseases. [17]

The case report and supporting references from various studies emphasize the potential of *Ayurvedic* medicine to provide effective and sustainable solutions, particularly for the patients seeking alternatives or complementary options to conventional therapies. This approach aligns with the growing paradigm shift towards integrating traditional medicinal systems with modern healthcare practices to enhance patient outcomes and well-being. As we continue to explore these integrative methods, it is crucial to conduct further research and controlled clinical trials to robustly establish the efficacy, safety and mechanisms of *Ayurvedic* treatments in dermatological care and beyond.

Need for further research

While the therapeutic potential of *Ayurvedic* medicine in treating psoriasis is promising, continued and rigorous scientific investigation is needed to further validate its efficacy and safety. This entails conducting structured clinical trials with larger patient cohorts, standardizing treatment protocols and employing modern research methodologies to elucidate the biochemical mechanisms underlying the therapeutic effects of *Ayurvedic* practices.

Furthermore, comparative studies assessing the effectiveness of *Ayurvedic* treatments against conventional therapies could provide critical insights and help integrate *Ayurveda* more seamlessly into global healthcare systems. Such research would not only reinforce the credibility of *Ayurvedic* medicine but also enhance its adoption as a complementary or alternative therapy in managing complex diseases like psoriasis.

Conclusion

In conclusion, this case report has illustrated the efficacy of *Ayurvedic* medicine in managing psoriasis, a chronic skin disease characterized by inflamed, scaly plaques. After initiating treatment, vital parameters showed notable improvement, with the stabilization of his Blood Pressure at 120/80 mmHg and BMI at 24.8 kg/m². Symptomatic relief was significantly achieved; the Psoriasis Area and Severity Index (PASI) decreased from 16.2 to 4.5, and the Pruritis Severity Scale (PSS) saw a reduction from 8 out of 10 to 2 out of 10, indicating major alleviation in itching severity. The treatment regimen including *Ayurvedic* medications, diet modifications, lifestyle adjustments and the *Ayurvedic* Medications did substantially contribute to these outcomes. Despite these positive changes, further rigorous research involving larger sample sizes and detailed investigations is essential to validate these results and refine the use of *Ayurvedic* treatments in broader dermatological applications.

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An Ayurvedic intervention in management of Adenomyosis (Bulky Uterus) - A Case Report

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Adenomyosis, as described, is a condition where the endometrial tissue exists and grows abnormally into the uterine muscle wall, leading to thickened myometrium, heavy menstrual bleeding and painful menstruation (dysmenorrhea). While modern medicine addresses it through hormonal therapies, surgical options or other interventions, Ayurvedic understanding focuses on symptom-based correlations. In Ayurveda, the symptoms mentioned, such as: Teevra Vedana (severe pain) - Reflects the intense discomfort during menstruation, Shyava Arun Varna Artava (dusky/reddish-brown menstrual flow) - Indicates abnormalities in the menstrual blood and, Kati Vedana (lower back pain) - Common in gynecological conditions. These align closely with Vataj Asrigdara, a condition characterized by Vata Dosha vitiation affecting the menstrual flow, leading to irregularities and pain.

Keywords: Adenomyosis, Bulky Uterus, Vataj Asrigdara, Splenomegaly, Acidity, Fatty liver, Ayurveda, Panchakarma, Diet Regimen, Lifestyle Interventions

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Introduction

Adenomyosis is a gynecologic condition defined by presence of ectopic endometrial tissue embedded within myometrium. This leads to uterine changes that often cause symptoms such as heavy menstrual bleeding, painful menstruation, and chronic pelvic pain. It can significantly affect a patient's quality of life and may also contribute to infertility. [1] Exact cause of adenomyosis remains unknown, but several contributing factors have been proposed, such as repeated childbirth, vigorous curettage, and excessive estrogen effect.[2] It predominantly affects multiparous women (those who have given birth multiple times) between ages of 40 and 50.[3] It produces symptoms such as menorrhagia, menometrorrhagia, and congestive dysmenorrhea. Treatment of this condition involves use of non-steroidal anti-inflammatory drugs, COC pills to encounter heavy menstrual bleeding, levonorgestrel-releasing intrauterine system, danazol-loaded IUD, and hysterectomy.[4]

Long-term use of drugs commonly prescribed in allopathic medicine, particularly hormonal treatments and NSAIDs for conditions like adenomyosis, can have adverse effects on women's health. As an alternative, *Ayurveda*, with its holistic approach, offers potential therapeutic strategies that are generally safer & can help to maintain overall well-being. Although adenomyosis is not directly correlated with any disease in *Ayurveda*, based on its symptom, it is mostly like *Vataj Asrigdara*. Hence, treatment approach should be *Raktastambhan*, *Raktavardhak*, & *Vata Shamak*. [5]

Methodology

A case study involving a 43-year-old female patient with bulky uterus (adenomyosis), splenomegaly and mild hepatomegaly was admitted to Shuddhi Ayurveda Panchakarma Clinic, Baltana, Zirakpur, Punjab, on July 24, 2024, showed that combining *Ayurvedic* interventions along with conventional treatments can be very beneficial in relieving the symptoms of adenomyosis and improving the overall health of the patient. *Panchakarma* (mainly *Virechan*) plays a major role in it. After *Ayurvedic* therapy, significant improvements were observed, including symptom relief and weight loss. USG Reports showed the reduction in size and shape of Uterus, Liver and Spleen.

This case highlights the potential advantages of incorporating *Ayurvedic* practices into the treatment of bulky uterus (adenomyosis). *Ayurveda* offers a cost-effective alternative to conventional therapies, making it particularly appealing for individuals with limited resources seeking quality medical care. While the findings of this study are encouraging, further clinical trials are necessary to assess the efficacy and safety of *Ayurvedic* treatments for adenomyosis. Hence, presenting this case is evidence to demonstrate the effectiveness of 4 months of *Ayurvedic* treatment in managing a bulky uterus (adenomyosis).

Modern Aspect

In 2011, professionals from the International Federation of Gynecology and Obstetrics (FIGO) proposed a classification for the disorders causing AUB that ease the understanding, assessment and treatment of this condition, and enabled comparisons among the data from the scientific literature. This scheme is known as PALM-COEIN, in which each letter indicates one of the etiologies of bleeding (uterine Polyp [P], Adenomyosis [A], Leiomyoma [L], precursor and Malignant lesions of the uterine body [M], Coagulopathies [C], Ovulatory dysfunction [O], Endometrial dysfunction [E], Iatrogenic [I] and Not yet classified [N]. The PALM-COEIN system is applicable after excluding the pregnancy-related causes of bleeding.[6]

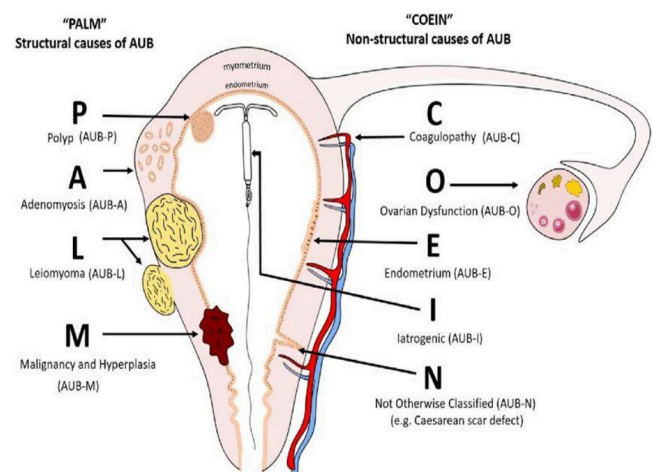


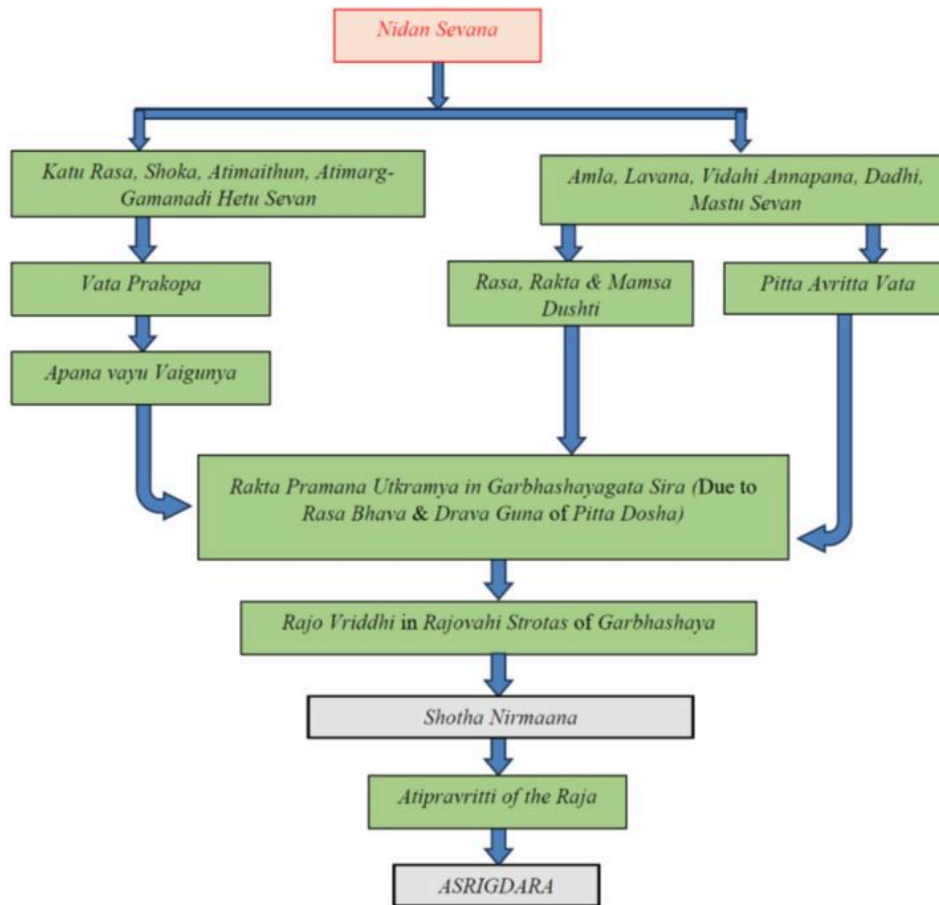
Figure 1: PALM-COEIN: A Classification System for Abnormal Uterine Bleeding

Clinical features, predisposing factors and associated pathology

About one-third of adenomyosis cases are asymptomatic; in the remaining cases, the most frequent symptoms are menorrhagia (50%),

Dysmenorrhoea (30%) and metrorrhagia (20%). Occasionally, dyspareunia may be an additional complaint. The frequency and severity of symptoms correlate with the extent and depth of adenomyosis. [7]

Samprapti Chakra[8]



Samprapti Ghataka

Dosha	Vata Pradhan & Pitta Anubandhit
Dushya	Rasa, Rakta, Mamsa
Srotas	Artavavaha Srotas
Srotodushti	Atipravritti

Case Report

A 43-year-old female patient visited to Jeena Sikho Lifecare Limited, Baltana, Zirakpur, Punjab on July 24, 2024 with chief complaints of pain during menstruation, dull aching pain in lower abdomen along with heavy bleeding per vagina, burning epigastric region on and off, pain in shoulder joint and mood swings. She was known case of (K/C/O) Splenomegaly and Adenomyosis. On examination, tenderness was felt around left hypochondrium and patient had palpable uterus, spleen and liver. She was advised for USG of Abdomen and Pelvis (TVS). Reports showed some abnormalities which indicated bulky uterus (adenomyosis), splenomegaly and mild hepatomegaly. Her evaluation included thorough medical history (*Prashna pariksha*),

Physical examination (*Darshan & Sparshan pariksha*) & diagnostics. She had past history of irregular menses, burning over chest & discomfort & restlessness after taking medicine. Her symptoms began or initiated with increasing body weight leading to adenomyosis of uterus & fatty infiltra. of liver (Grade 1) & later on splenomegaly.

Table 1: History taken on first visit.

History	
Past history	Ovarian Cyst LSCS – 2 yrs. Ago
Family history	NA
Menstrual history	
LMP	2 July 2024
Flow	Heavy
Duration	6-7 days
No. of pads	4-5 pads/day
Pain	++
Clots	No
Foul smell	+

A detailed assessment of her vital signs on the day of the visit are outlined in Table 2.

Table 2: Vitals during the examination on July 24, 2024.

Parameters	Findings
Temperature	97.1°F
Blood Pressure	110/70 mm of Hg
Pulse Rate	104/min
Weight	83 Kg
Sparsh	Anushna Sheeta
Shabda	Spashta (Soft & clear)
Akriti	Sthoola
Eyes (Drishti)	Avikrita
Tongue (Jiwha)	Saam (Thick coated)
Urine (Mutra)	Avikrita
Stool (Mala)	Saam (With mucus sometimes)
Nadi	Vataj-Kaphaj
Sleep (Nidra)	Avikrita

Diet history of the patients is mentioned in Table 3.

Table 3: Diet history of the patient.

Date	Time	Diet
23.07.2024	7.30 AM	Biscuit + Almonds + Banana
	8.00 AM	1.5 glass water
	1.30 PM	Rice + Dal + Curd
	8.00 PM	Dinner Skip
24.07.2024	7.30 AM	Biscuit + Almonds + Banana
	8.00 AM	1.5 glass water
01.08.2024	10 AM	Rice + Vegies
	1.30 PM	2 Chapati + Aloo Badi
02.08.2024	7.00 AM	1.5 glass Water
	10.00 AM	Rice + Vegies
29.08.2024	6.00 AM	1 glass water
	8.00 AM	Fruits
	12.00 PM	Aloo soyabean + 2 Chapati
	8.00 PM	Dinner Skip
30.08.2024	6.00 AM	1 glass water
	8.00 AM	Fruits
07.10.2024	6.00 AM	1 glass water
	11.00 AM	Soaked almonds + Fruits
	12.00 PM	Karela + 2 Chapati
	8.00 PM	Dinner skip
08.10.2024	5.30 AM	1 glass of water
	6.00 AM	Soaked kismish + Almonds + Banana + Apple

Table 4: The Ayurvedic medications prescribed for the patient.

Date	S.N.	Medicine Name	Ingredient	Doses	Therapeutical effect
24.07.2024	1.	Granthi Har Vati	Kachnar (Bauhinia variegata), Gugglu (Commiphora mukul), Amalki (Emblica officinalis), Bibhitika (Terminalia belerica), Haritiki (Terminalia chebula), Shunthi (Zingiber officinale), Marich (Piper nigrum), Pippli (Piper longum), Varun (Crataeva nurvala), Sukshamala (Elettaria cardamomum), Dalchini (Cinnamomum zeylanicum), Tamal Patra (Cinnamomum tamala)	1 Tab. BD (Adhobhakta with Koshna jala)	Enhances Deepan Pachana and helpful in reducing size of Granthi/Arbuda
	2.	Yakrit Shoth Har Vati	Punarnava (Trianthema portulacastrum), Kalimirsch (Piper nigrum), Pippali (Piper longum), Vayavidanga (Embellia ribes), Devdaru (Cedrus deodara), Kutha (Saussurea lappa), Haldi (Curcuma longa), Chitrak (Plumbago zeylanica), Harad (Terminati chebuls), Bahera (Terntinalia belerica), Amla (Emblica officinalis), Danti (Baliaspermum mantanum), Chavya (Piper retrofractum), Indra Jon (Holarrhena antidysenterica), Pippla Mool (Piper longum), Motha (Cyperus rotundus), Kalajira (Carum carvi), Kayphal (Myrica esculenta), Kutki (Picrorhiza kurrooa), Nisothe (Operculina turpethum), Sounth (Zingiber officinale), Kakd singhi (Pistacia integerrima), Ajwain (Carum copticum), Mandoor bhasam (Ferric Oxide)	1 Tab. BD (Adhobhakta with Koshna jala)	Enhances Deepan Pachana Improves Metabolism, Detoxification.

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	3.	G Cordial Syrup	Ashok (Saraca indica), Pathani Lodh (Symplocos racemosa), Maju Phal (Quercus infectoria), Semel Chhal (Bombax ceiba), Bala (Sida cordifolia), Nag Kesar (Mesua ferrea), Dhatki Pushp (Woodfordia fruticosa), Gokhru (Tribulus terrestris), Jatamansi (Nardostachys jattamasi), Chikni Supari (Areca catechu), Adusa (Adhatoda vasica), Majith (Rubia cordifolia), Patang (Caesalpinia sappan), Shatawari (Asparagus Racemosus), Devdaru (Cedrus deodara), Mochras (Bombax malabaricum), Priyangu (Aglaiia elaeagnoidea), Kachnar Chal (Bauhinia vareigata), Ulat Kamble (Abroma augustum), Heera Bol (Commiphora myrrha), Base	15 ml BD (Adhobhakta with Sama Matra Koshna jala)	Stimulating effect on the endometrium and ovaries, eliminates distress and pain before and during menstruation, tones up the nerves, acts as a uterine tonic and regulates the development of female sexual characteristics, checks nonspecific leucorrhoea
30.08.2024	1.	Dr. Shuddhi Powder	Trikatu, Triphala, Nagarmotha (Cyperus scariosus), Vay Vidang (Embelia ribes), Choti Elaichi (Elettaria cardamomum), Tej Patta (Cinnamomum tamala), Laung (Syzygium aromaticum), Nishoth (Operculina turpethum), Sendha Namak, Dhaniya (Coriandrum sativum), Pipla Mool (Piper longum), Jeera (Cuminum cyminum), Nagkesar (Mesua ferrea), Amarvati, Anardana (Punica granatum), Dalchini (Cinnamomum verum), Badi Elaichi (Amomum subulatum), Hing (Ferula asafoetida), Kachnar (Bauhinia variegata), Ajwain (Trachyspermum ammi), Sazzikshar (Sodium Bicarbonate), Pushkarmool (Inula Racemosa), Sanay (Cassia angustifolia), Mishri	½ Tsp. HS (Nishikala with Koshna jala)	Improves digestion, protects immunity, good for metabolism, Detoxification
	2.	Amla Pitta Har Churna	Shunthi (Zingiber officinale), Marich (Piper nigrum), Pippali (Piper longum), Amalki (Embllica officinalis), Bibhitik (Terminalia belerica), Haritiki (Terminalia chebula), Musta (Cyperus roundus), Sukshmaila (Elettaria cardamomum), Tvak Patra (Cinnamomum tamalas), Vidanga (Embelia ribes), Bid Lavana (Sodii chloridum), Lavanga (Syzygium aromaticum), Trivrita (Operculina turpethum), Sharkara (Sugar)	½ Tsp. HS (Nishikala with Koshna jala)	improve digestive health, soothing effect, helps in maintain body balance, nutrients absorption, sense of wellness
	3.	Grahani Har Vati	Sudh Parad (Hydragyrum), Gandhak, Tankan Bhasam (Sodii biboras), Vachhanabh (Aconitum chasmanthum), Swarna Bhasm (Aurum), Tamra Bhasm (Cuprum), Shankh Bhasm, Sounth (Zingiber officinale), Kalimirch (Piper nigrum), Pippali (Piper longum), Dhatura (Datura metal), Dalchini (Cinnamomum zeylanicum), Tejpatra (Cinnamomum tamala), Naagkesar (Mesua ferrea), Chhoti Ilayachi (Elettaria cardamomum), Belgiri (Aegle marmelos), Kachur (Curcuma zedoaria)	2 Tab. BD (Pragbhakta with Koshna jala)	Increases digestive comfort, helps in detoxification, good for metabolism, improves digestion, overall wellness, balance ama doshas
	4.	Mahashankh Vati	Piplamool (Piper longum), Chitrakmool (Plumbago zerylanica), Dantimool (Baliospermum montanum), Shuddha Parad, Shuddha Gandhak, Pippali (Piper longum), Sajjikshar, Yavakshar (Hordem vulgare), Shuddha Tankan, Sendha Namak, Kala Namak, Manihari Namak, Samudra Namak, Sambhar Namak, Kali mirch (Piper nigrum), Sounth (Zingiber officinale), Shuddha Vish (Aconitum ferox), Ajwain (Trachyspermum ammi), Harad (Terminalia chebula), Shuddha Hing (Ferula narthex), Imalikshar (Tamarindua indica), Shankha bhasma, Nimbu Satva	2 Tab. BD (Adhobhakta with Koshna jala)	Ajirna, udar shooll, relief from common digestive ailments, indigestion, abdominal pain due to gas, or irregular bowel movements
	5.	Triphala Gugulu	Triphala churna, Pippali, Shuddha Guggul, Ghrit	2 Tab. BD for 3 days (Adhobhakta with Koshna jala)	Maintain digestive wellness, effective pain relief, natural anti-inflammatory, effective piles relief
	6.	G Cordial Syrup	Ashok (Saraca indica), Pathani Lodh (Symplocos racemosa), Maju Phal (Quercus infectoria), Semel Chal (Bombax ceiba), Bala (Sida cordifolia), Nag Kesar (Mesua ferrea), Dhatki Pushp (Woodfordia fruticosa), Gokhru (Tribulus terrestris), Jatamansi (Nardostachys jattamasi), Chikni Supari (Areca catechu), Adusa (Adhatoda vasica), Majith (Rubia cordifolia), Patang (Caesalpinia sappan), Shatawari (Asparagus Racemosus), Devdaru (Cedrus deodara), Mochras (Bombax malabaricum), Priyangu (Aglaiia elaeagnoidea), Kachnar Chal (Bauhinia vareigata), Ulat Kamble (Abroma augustum), Heera Bol (Commiphora myrrha), Base	15 ml BD (Adhobhakta with Sama Matra Koshna jala)	Stimulating effect on the endometrium and ovaries, eliminates distress and pain before and during menstruation, tones up the nerves, acts as a uterine tonic and regulates the development of female sexual characteristics, checks nonspecific leucorrhoea
08.10.2024	1.	G Cordial Syrup	Ashok (Saraca indica), Pathani Lodh (Symplocos racemosa), Maju Phal (Quercus infectoria), Semel Chhal (Bombax ceiba), Bala (Sida cordifolia), Nag Kesar (Mesua ferrea), Dhatki Pushp (Woodfordia fruticosa), Gokhru (Tribulus terrestris), Jatamansi (Nardostachys jattamasi), Chikni Supari (Areca catechu), Adusa (Adhatoda vasica), Majith (Rubia cordifolia), Patang (Caesalpinia sappan), Shatawari (Asparagus Racemosus), Devdaru (Cedrus deodara), Mochras (Bombax malabaricum), Priyangu (Aglaiia elaeagnoidea), Kachnar Chhal (Bauhinia vareigata), Ulat Kamble (Abroma augustum), Heera Bol (Commiphora myrrha), Base	15 ml BD (Adhobhakta with Sama Matra Koshna jala)	Stimulating effect on the endometrium and ovaries, eliminates distress and pain before and during menstruation, tones up the nerves, acts as a uterine tonic and regulates the development of female sexual characteristics, checks nonspecific leucorrhoea
	2.	Panchasakar Churna	Senna Patta (Cassia angustifoli), Bhuni Choti Haritaki (Terminalia chebula), Sounth (Zingiber officinale), Sounf (Foeniculum vulgare), Sendha Namak (Himalayan salt)	½ Tsp. HS (Nishikala with Koshna jala)	Constipation, piles, anal fistula, flatulence

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	3.	Sandhi Aarogya Tablet	Sounth (<i>Zingiber officinale roxb</i>), Syah Jeera (<i>Carum carvi linn</i>), Shilajeet (<i>Asphaltum punjabianum</i>), Abhrak Bhasma (Classical medicine), Ashwagandha (<i>Withania somnifera</i>), Sugandhbala (<i>Valeriana wallichii</i>), Shallaki (<i>Boswellia serrata</i>), Guggal (<i>Commiphora wightii</i>), Yavani (<i>Trachyspermum ammi</i>), Chandrasoor (<i>Lepidium sativum</i>), Rason (<i>Allium sativum</i>), Nirgundi (<i>Vitexne gundo</i>), Hemvati (<i>Acorus calamus</i>), Pasran (<i>Paederia feetida</i>), Parijat (<i>Nyctanthes arbor tristis</i>), Vai Vidang (<i>Embelia ribes</i>)	1 Cap. BD (Adhobhakta with Koshna jala)	bone, joint and muscle pain
15.10.2024	1.	Triphala Gugulu	Triphala Churna, Pippali, Suddha Guggul, Ghrita	2 Tab. BD for 3 days (Adhobhakta with Koshna jala)	Maintain digestive wellness, effective pain relief, natural anti-inflammatory, effective piles relief
	2.	Mahashankh Vati	Piplamool (<i>Piper longum</i>), Chitrakmool (<i>Plumbago zerylanica</i>), Dantimool (<i>Baliospermum montanum</i>), Shuddha Parad, Shuddha Gandhak, Pippali(<i>Piper longum</i>), Sajjikshar, Yavakshar(<i>Hordem vulgare</i>), Shuddha Tankan, Sendha Namak, Kala Namak, Manihari Namak, Samudra Namak, Sambhar Namak, Kali mirch (<i>Piper nigrum</i>), Sounth (<i>Zingiber officinale</i>), Shuddha Vish (<i>Aconitum ferox</i>), Ajwain (<i>Trachyspermum ammi</i>), Harad (<i>Terminalia chebula</i>), Shuddha Hing (<i>Ferula narthex</i>), Imalikshar (<i>Tamarindia indica</i>), Shankha bhasma, Nimbu Satva	2 Tab. BD (Adhobhakta with Koshna jala)	Ajirna, udar shooll, relief from common digestive ailments, indigestion, abdominal pain due to gas, or irregular bowel movements
	3.	Yakrit Shoth Har Vati	Punarnava (<i>Trianthema portulacastrum</i>), Kalimirch (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Vayavidanga (<i>Embella ribes</i>), Devdaru (<i>Cedrus deodara</i>), Kutha (<i>Saussurea lappa</i>), Haldi (<i>Curcuma longa</i>), Chitrak (<i>Plumbago zeylanica</i>), Harad (<i>Terminalia chebuls</i>), Bahera (<i>Terminalia belerica</i>), Amla (<i>Emblica officinalis</i>), Danti (<i>Baliospermum mantanum</i>), Chavya (<i>Piper retrofractum</i>), Indra Jon (<i>Holarrhena antidysenterica</i>), Pippla Mool (<i>Piper longum</i>), Motha (<i>Cyperus rotundus</i>), Kalajira (<i>Carum carvi</i>), Kayphal (<i>Myrica esculenta</i>), Kutki (<i>Picrorhiza kurrooa</i>), Nisothe (<i>Operculina turpethum</i>), Sounth (<i>Zingiber officinale</i>), Kakd singhi (<i>Pistacia integerrima</i>), Ajwain (<i>Carum copticum</i>), Mandoor bhasam (<i>Ferric Oxide</i>)	1 Tab. BD (Adhobhakta with Koshna jala)	Enhances Deepan Pachana Improves Digestion, Detoxification.
01.11.2024	1.	Dr. Shuddhi Powder	Trikatu, Triphala, Nagarmotha (<i>Cyperus scariosus</i>), Vay Vidang (<i>Embelia ribes</i>), Choti Elaichi (<i>Elettaria cardamomum</i>), Tej Patta (<i>Cinnamomum tamala</i>), Laung (<i>Syzygium aromaticum</i>), Nishoth (<i>Operculina turpethum</i>), Sendha Namak, Dhaniya (<i>Coriandrum sativum</i>), Pipla Mool (<i>Piper longum</i>), Jeera (<i>Cuminum cyminum</i>), Nagkesar (<i>Mesua ferrea</i>), Amarvati, Anardana (<i>Punica granatum</i>), Dalchini (<i>Cinnamomum verum</i>), Badi Elaichi (<i>Amomum subulatum</i>), Hing (<i>Ferula asafoetida</i>), Kachnar (<i>Bauhinia variegata</i>), Ajwain (<i>Trachyspermum ammi</i>), Sazzikshar (<i>Sodium Bicarbonate</i>), Pushkarmool (<i>Inula Racemosa</i>), Sanay (<i>Cassia angustifolia</i>), Mishri	½ Tsp. HS (Nishikala with Koshna jala)	Improves digestion, protects immunity, good for metabolism, Detoxification
	2.	Amla Pitta Har Churna	Shunthi (<i>Zingiber officinale</i>), Marich (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Amalki (<i>Emblica officinalis</i>), Bibhitik (<i>Terminalia belerica</i>), Haritiki (<i>Terminalia chebula</i>), Musta (<i>Cyperus roundus</i>), Sukshmaila (<i>Elettaria cardamomum</i>), Tvak Patra (<i>Cinnamomum tamalas</i>), Vidanga (<i>Embelia ribes</i>), Bid Lavana (<i>Sodium chloridum</i>), Lavanga (<i>Syzygium aromaticum</i>), Trivrita (<i>Operculina turpethum</i>), Sharkara (Sugar)	½ Tsp. BD (Adhobhakta with Koshna jala)	improve digestive health, soothing effect, helps in maintain body balance, nutrients absorption, sense of wellness
	3.	Pachan Vardhak Syrup	Kutaj Chhaal (<i>Holarrhena antidysenterica</i>), Ushir (<i>Vetiveria zizanioides</i>) Root, Manakka (<i>Vitis vinifera</i>), Mahua (<i>Madhuca longifolia</i>), Kali Mirch (<i>Piper Nigrum</i>), Chavya (<i>Piper chaba</i>), Haldi (<i>Curcuma longa</i>), Chitrak (<i>Plumbago indica</i>) Root, Nagarmotha (<i>Cyperus scariosus</i>), Vidanga (<i>Embelia ribes</i>) Lal Supari (<i>Areca catechu</i>), Lodhra (<i>Symplocos racemosa</i>), Patha (<i>Cissampelos pareira</i>), Amla (<i>Phyllanthus emblica</i>), Khas (<i>Vetiveria zizanioides</i>), Chandan (<i>Santalum album</i>), Kuth (<i>Saussurea lappa</i>), Laung (<i>Syzygium aromaticum</i>), Tagar (<i>Valeriana wallichii</i>), Jatamansi (<i>Nardostachys jatamansi</i>), Dalchini (<i>Cinnamomum verum</i>), Badi Elachi (<i>Amomum subulatum roxb</i>) Tejpatra (<i>Cinnamomum tamala</i>), Priyangu (<i>Callicarpa macrophylla</i>), Nagkesar (<i>Mesua ferrea</i>), Sugand Bala (<i>Valeriana wallichii</i>), Kamal (<i>Nelumbium speciosum</i>), Gambhari (<i>Gmelina arborea</i>), Nisothe (<i>Operculina turpethum</i>), Manjistha (<i>Rubia cordifolia</i>), Jawasa (<i>Alhagi camelorum</i>), Chiraita (<i>Swertia</i>) Bad Chhaal (<i>Ficus benghalensis</i>), Gular (<i>Ficus racemosa</i>), Kachoor (<i>Curcuma zedoaria</i>), Patolpatra (<i>Trichosanthes dioica</i>), Pittapapada (<i>Flumaria indica</i>), Kachinar (<i>Bauhinia variegata</i>), Mahua (<i>Madhuca longifolia</i>), Madhu, Water, Shakar.	3 Tsp. BD (Adhobhakta with Sama Matra Koshna jala)	improve digestion and maintain a healthy gut

4.	Yakrit Shoth Har Vati	Punarnava (Trianthema portulacastrum), Kalimirsch (Piper nigrum), Pippali (Piper longum), Vayavidanga (Embella ribes), Devdaru (Cedrus deodara), Kutha (Saussurea lappa), Haldi (Curcuma longa), Chitrak (Plumbago zeylanica), Harad (Terminati chebuls), Bahera (Terntinalia belerica), Amla (Embllica officinalis), Danti (Baliaspermum mantanum), Chavya (Piper retrofractum), Indra Jon (Holarrhena antidysenterica), Pippla Mool (Piper longum), Motha (Cyperus rotundus), Kalajira (Carum carvi), Kayphal (Myrica esculenta), Kutki (Picrorhiza kurroa), Nisoth (Operculina turpethum), Sounth (Zingiber officinale), Kakd singhi (Pistacia integerrima), Ajwain (Carum copticum), Mandoor bhasam (Ferric Oxide)	1 Tab. BD (Adhobhakta with Koshna jala)	Enhances Deepan Pachana Improves Digestion, Detoxification.
5.	G Cordial Syrup	Ashok (Saraca indica), Pathani Lodh (Symplocos racemosa), Maju Phal (Quercus infectoria), Semel Chhal (Bombax ceiba), Bala (Sida cordifolia), Nag Kesar (Mesua ferrea), Dhatki Pushp (Woodfordia fruticosa), Gokhru (Tribulus terrestris), Jatamansi (Nardostachys jattamasi), Chikni Supari (Areca catechu), Adusa (Adhatoda vasica), Majith (Rubia cordifolia), Patang (Caesalpinia sappan), Shatawari (Asparagus Racemosus), Devdaru (Cedrus deodara), Mochras (Bombax malabaricum), Priyangu (Aglaiia elaeagnoidea), Kachnar Chhal (Bauhinia vareigata), Ulat Kamble (Abroma augustum), Heera Bol (Commiphora myrrha), Base	15 ml BD (Adhobhakta with Sama Matra Koshna jala)	Stimulating effect on the endometrium and ovaries, eliminates distress and pain before and during menstruation, tones up the nerves, acts as a uterine tonic and regulates the development of female sexual characteristics, checks nonspecific leucorrhoea

Patient received treatment in IPD at Jeena Sikho Lifecare Limited, Baltana, Zirakpur, Punjab, as part of comprehensive Ayurvedic treatment plan. This plan included *Panchakarma* therapy, such as *Virechana* (Purgation), aimed at detoxifying & rejuvenating body. Medications prescribed for patient during IPD is outlined in Table 4.

Table 5: Comparison of USG findings on July 24, 2024 and November 26, 2024.

Parameters	Findings	
	24.07.2024	26.11.2024
Liver	Uniformly increased echogenicity is seen	Normal in shape and size
Gall bladder	Normal	Normal
Pancreas	Normal, Duct not dilated	Normal, Ducts not dilated
Spleen	13.6 x 7.5 cm	13.3 x 6.6 cm
Abdominal Cavity	No lymphadenopathy	No free fluid is seen
Kidney	Normal in size, shape and position	Normal in size, shape, and position
Urinary Bladder	Well distended and no calculus is seen	Well distended and no calculus is seen
Uterus	Anteverted and anteflexed (Means Normal) Bulky Measures 9.1 x 5.8 x 6.5 cm Thick Myometrium Coarse in Echo texture with indistinct outer endometrial margins	Retroverted and retroflexed Measures 7.9 x 3.8 x 4.9 cm Myometrium is normal in shape The old LSCS scar is seen
Adnexae	Both ovaries are normal in shape and size No free fluid seen in POD	Both ovaries are normal in shape and size No free fluid seen in POD
Impression	<ul style="list-style-type: none"> Findings are suggestive of adenomyosis uterus. Splenomegaly Fatty infiltration of Liver (Grade – 1) 	<ul style="list-style-type: none"> Mild Splenomegaly

The vitals observed during follow ups are detailed in Table 6.

Table 6: Vitals observed on the Follow ups.

Date	Weight	Temperature (°F)	Blood Pressure (mmHg)	Pulse per min
24.07.2024	83 Kg	97 °F	110/70	104
02.08.2024	82 Kg	97.2 °F	120/60	98
30.08.2024	80 Kg	96.7 °F	110/70	100
08.10.2024	80 Kg	97.3 °F	110/70	108
01.11.2024	79 Kg	97.5 °F	110/70	96

The vitals at the time of discharge are mentioned in Table 7.

Table 7: Vital signs during the time of discharge on November 26, 2024.

Parameters	Findings
Temperature	97.1°F
Blood Pressure	110/70 mm of Hg
Pulse Rate	96/min
Weight	79 Kg
Sparsh	Anushna Sheeta
Shabda	Spashta (Soft & clear)
Akriti	Sthula
Eyes (Drishti)	Avikrita
Tongue (Jiwha)	Saam
Urine (Mutra)	Avikrita
Stool (Mala) B/H	Avikrita
Nadi	Vataj-Kaphaj
Sleep (Nidra)	Avikrita

Medications prescribed at the time of discharge are mentioned in Table 8.

Table 8: Medications prescribed at the time of discharge on November 26, 2024.

Medicine Name	Ingredient	Doses	Therapeutical effect
Pachan Vardhak Syrup	Kutaj Chhaal (Holarrhena antidysenterica), Usheer (Vetiveria zizanioides) Root, Manakka (Vitis vinifera), Mahua (Madhuca longifolia), Kali Mirch (Piper Nigrum), Chavya (Piper chaba), Haldi (Curcuma longa), Chitrak (Plumbago indica) Root, Nagarmotha (Cyperus scariosus), Vidanga (Embelia ribes) Lal Supari (Areca catechu), Lodhra (Symplocos racemosa), Patha (Cissampelos pareira), Amla (Phyllanthus emblica), Khas (Vetiveria zizanioides), Chandan (Santalum album), Kuth (Saussurea lappa), Laung (Syzygium aromaticum), Tagar (Valeriana wallichii), Jatamansi (Nardostachys jatamansi), Dalchini (Cinnamomum verum), Badi Elachi (Amomum subulatum roxb) Tejpatra (Cinnamomum tamala), Priyangu (Callicarpa macrophylla), Nagkesar (Mesua ferrea), Sugand Bala (Valeriana wallichii), Kamal (Nelumbium speciosum), Gambhari (Gmelina arborea), Nisoeth (Operculina turpethum), Manjistha (Rubia cordifolia), Jawasa (Alhagi camelorum), Chiraita (Swertia) Bad Chhaal (Ficus benghalensis), Gular (Ficus racemosa), Kachoor (Curcuma zedoaria), Patolpatra (Trichosanthes dioica), Pittapapada (Flumaria indica), Kachinar (Bauhinia variegata), Mahua (Madhuca longifolia), Madhu, Water, Shakar.	3 Tsp. BD (Adhobhakta with Sama Matra Koshna jala)	improve digestion and maintain a healthy gut
Ladies Tonic Syrup	Dashmoolaristha, Lodharasava, Patrangasava, Kumariasava, Ashokaristha, Lohasava	3 Tsp. BD (Adhobhakta with Sama Matra Koshna jala)	Increase energy level, Balances disturbed hormonal changes, increase vitality, good for natural defenses
Arogya Vati	Giloy (Tinospora cordifolia), Neem (Azadirachta indica), Tulsi (Ocimum sanctum)	1 Tab, BD (Adhobhakta with Koshna jala)	Increase energy, antioxidant, boost immune system, minimize stress
Mahasha nkh Vati	Pipplamool (Piper longum), Chitrakmool (Plumbago zerylanica), Dantimool (Baliospermum montanum), Shuddha Parad, Shuddha Gandhak, Pippal(Piper longum), Sajjikshar, Yavakshar(Hordem vulgare), Shuddha Tankan, Sendha Namak, Kala Namak, Manihari Namak, Samudra Namak, Sambhar Namak, Kali mirch (Piper nigrum), Sounth (Zingiber officinale), Shuddha Vish (Aconitum ferox), Ajwain (Trachyspermum ammi), Harad (Terminalia chebula), Shuddha Hing (Ferula narthex), Imalikshar (Tamarindua indica), Shankha bhasma, Nimbu Satva	1 Tab. TDS (Adhobhakta with Koshna jala)	Ajirna, udar shooll, relief from common digestive ailments, indigestion, abdominal pain due to gas, irregular bowel movements
Artav Shodhak Vati	Soya (Anethum sowa), Carrot Seed (Daucus carota), Ulat Kambal (Abroma augusta), Baans Ki Jad (Bambusa arundinacia), Heerabol (Commiphora myrrha), Tankan Bhasma (Sodium borate), Hara Kashish (Hydrated ferrous sulphate), Musabar (Aloe barbadensis), Hing (Ferula narthex), Halon (Lepidium sativum), Kalounji (Nigella sativa)	2 Tab. BD (Adhobhakta with Koshna jala)	Balances wellness, increases vitality, good for restful sleep

The patient's bulky uterus (adenomyosis) was not seen in the reports her splenomegaly was reduced from Massive to mild and Fatty liver was reduced from Grade-1 to Grade-0 as mentioned in Table 9.

Table 9: Patient's USG report showing betterment in the condition of Spleen and Liver.

Parameters	Findings	
	24.07.2024	26.11.2024
Uterus	Anteverted and anteflexed Bulky Measures 9.1 x 5.8 x 6.5 cm Thick Myometrium Coarse in Echo texture with indistinct outer endometrial margins	Retroverted and retrolexed Measures 7.9 x 3.8 x 4.9 cm Myometrium normal in shape Old LSCS scar is seen
Liver	Uniformly increased echogenicity is seen	Normal in shape and size
Spleen	13.6 x 7.5 cm	13.3 x 6.6 cm

ion) (49)	INVESTIGATION: USG-ABDOMEN & PELVIS (TVS)	DATE: 24/7/2024
	Ref. by Suddhi Clinic Baltana	
	LIVER: It is normal in size, shape & echo texture. Uniformly increased echogenicity is seen. No focal lesion is seen. Intra-hepatic biliary radicals are not dilated. The portal vein is normal in course and caliber. The hepatic veins appear normal.	
30)	GALL BLADDER: It is well distended. Wall thickness is normal. No intra-luminal echos seen. No peri-cholecystic fluid seen. C.B.D. is not dilated.	
	PANCREAS: It is normal in size, shape & echo texture. No focal lesion seen. Pancreatic duct is not dilated.	
an/	SPLEEN: It measures 13.6x7.5 cm. It is normal in outline & echo texture. No focal lesion seen. Splenic vein is normal in diameter.	
	ABDOMINAL CAVITY: No free fluid /lymphadenopathy is seen in abdomen. Visualized bowel loops are normal in caliber with peristalsis noted.	
	KIDNEYS:	
	RIGHT KIDNEY: Right kidney is normal in size, shape, position & echo texture. Cortico-medullary differentiation is maintained. The cortical thickness is normal. No focal lesion or calculus seen. The pelvicalyceal system is not dilated.	
	LEFT KIDNEY: Left kidney is normal in size, shape, position & echo texture. Cortico-medullary differentiation is maintained. The cortical thickness is normal. No focal lesion or calculus seen. The pelvicalyceal system is not dilated.	
	URINARY BLADDER: It is well distended. Wall thickness is normal. No focal lesion or calculus seen.	
75 m)	UTERUS: It is anteverted and antiflexed. It is bulky and measures 9.1x5.8x6.5 cm. The myometrium is thickened and coarse in echo texture with indistinct outer endometrial margins. No obvious focal lesion seen.	
	Endometrial thickness is 9.5 mm. It is hypoechoic. No collections or focal lesions seen within the uterine cavity.	
	ADNEXAE: Both ovaries are normal in size, shape & sonographic appearance. No evidence of any ovarian mass or cyst is seen bilaterally. No adnexal mass lesion seen bilaterally. No free fluid seen in POD.	
FTI)	IMPRESSION: -Finding are suggestive of adenomyosis uterus. -Splenomegaly. -Fatty infiltration of liver (Grade-I).	

Before Treatment

m) (19)	INVESTIGATION: USG-ABDOMEN & PELVIS (TVS)	AGE/SEX: 43Yrs/F
	Ref. by Shuddhi Clinic Baltana	DATE: 26/11/2024
	LIVER: It is normal in size, shape & echo-texture. No focal lesion seen. Intra-hepatic biliary radicals are not dilated. The portal vein is normal in course and caliber. The hepatic veins appear normal.	
3)	GALL BLADDER: It is well distended. Wall thickness is normal. No intra-luminal echos seen. No peri-cholecystic fluid seen. C.B.D. is not dilated.	
	PANCREAS: It is normal in size, shape & echo texture. No focal lesion seen. Pancreatic duct is not dilated.	
✓	SPLEEN: It measures 13.3x6.6 cm. It is normal in outline & echo texture. No focal lesion seen. Splenic vein is normal in diameter.	
	ABDOMINAL CAVITY: No free fluid /lymphadenopathy is seen in abdomen. Visualized bowel loops are normal in caliber with peristalsis noted.	
	KIDNEYS:	
	RIGHT KIDNEY: Right kidney is normal in size, shape, position & echo texture. Cortico-medullary differentiation is maintained. The cortical thickness is normal. No focal lesion or calculus seen. The pelvicalyceal system is not dilated.	
	LEFT KIDNEY: Left kidney is normal in size, shape, position & echo texture. Cortico-medullary differentiation is maintained. The cortical thickness is normal. No focal lesion or calculus seen. The pelvicalyceal system is not dilated.	
	URINARY BLADDER: It is well distended. Wall thickness is normal. No focal lesion or calculus seen.	
	UTERUS: It is retroverted and retroflexed. It measures 7.9x3.8x4.9 cm. It is normal in shape and echo texture. No focal lesion seen. The myometrium appears normal. Old LSCS scar is seen in anterior wall of lower segment. Endometrial thickness is 2.9 mm. It is hypoechoic. No collections or focal lesions seen within the uterine cavity.	
	ADNEXAE: Both ovaries are normal in size, shape & sonographic appearance. No evidence of any ovarian mass or cyst is seen bilaterally. No adnexal mass lesion seen bilaterally. No free fluid seen in POD.	
	IMPRESSION: - Mild splenomegaly.	
i)	Please correlate clinically	

After Treatment

Treatment Plan:

1. Diet Plan:[9]

Dietary Guidelines:

1. Avoid wheat, refined foods, dairy, coffee, tea and packaged foods.
2. Do not eat after 8 PM.
3. When eating solid foods, take small bites and chew each bite 32 times.

Hydration:

1. The daily routine includes sipping 2 liters of hot water throughout the day and consuming DAP tea twice. To prepare 750 ml of DAP tea, combine 2 cloves, 5 cardamom pods, 25 black pepper seeds, 2 small cinnamon sticks and a spoon of fennel seeds, with continuous hot water.
2. Alkaline water is made with ½ cucumber, ½ lemon, a small piece of ginger, turmeric, tomato, 3 green chilies, coriander, mint leaves and Tulsi (750 ml/day).
3. Black or green tea is consumed without milk or sugar.

Meal Timing and Structure:

1. Early Morning (5:45 AM): Chew 2 cloves (long) and crushed garlic (lehsun) and Curry leaves in a manner that 1 leaf in 1 minute/ 5 leaves in 5 minutes.
2. Breakfast (9:00 AM): Have Steamed fruits [83Kg (Pt's weight) × 10 = 830 gms] and a fermented millet shake.

शाल्यादीनां तु धान्यानां यवकाः श्यामकाः प्रियङ्गवः।

कोद्रवाः शालिपर्णश्च लघवः कषायोष्णगुणाः स्मृताः॥
(Ch.Su.27/88)

3. Morning Snacks (11:00): *Mugda Yusha*, and 4-5 soaked almonds.
4. Lunch (12:30 PM – 2:00 PM): Plate 1: Steamed Salad (83Kg (Pt's weight) × 5 = 415 gms); Plate 2: fermented millets with five different leaves (*Dhania*, *Pudina*, *Peepal*, *Kari Patta* and *Tulsi*), which can be prepared in chutney form in addition with onion, tomato, garlic, green Chilli and turmeric.
5. Evening Snacks: Green juice (100-150 ml) prepared of 10 curry leaves, 2 Ajwain leaves, 5 Giloy leaves, 2-inch Aloe Vera, 2 *Neem* leaves, 5 *Tulsi*, *Dhania*, *Pudina* and ½ *Paan*.
6. Dinner (6:00 PM): Plate 1: Steamed Salad (83Kg (Pt's weight) × 5 = 415 gms);

Plate 2: fermented millets with five different leaves (*Dhania*, *Pudina*, *Peepal*, *Kari Patta* and *Tulsi*), which can be prepared in chutney form in addition with onion, tomato, garlic, green Chilli and turmeric.

Fasting:

It is recommended to fast once a week with coconut water.

Special Instructions:

1. Sit in sunlight for 1-hour morning and evening with foot soaked in lukewarm water as chanting *LUM*, *VUM*, *RUM*, *YUM*, *HUM*, *OM* and *AUM* with fingers in *Gyan mudra position*.
2. Offer thanks to divine before eating or drinking.

Role of *Pathya* and *Apathya* in Disease Management

According to Vaidya Lolambraj in Vaidya Jeevanam, [10] he emphasized the importance of *Pathya Ahara*, stating that a patient who follows a proper diet may not need medicine, while one who consistently consumes *Apathya Ahara* (improper diet) will find medicine ineffective.

Below is the categorization of *Pathya* and *Apathya* for effective disease management:

Pathya - Papaya leaves, kiwi, pomegranate, *Pippali*, *Raktashali Dhan*, *Yava*, *Moong*, cow urine, *Asaav*, *Arishta*, honey.

Apathya - Excess oily, sour and saline food, packaged food items, fish, rice flour, Sesame, excessive exercise.

Lifestyle Recommendations:

1. Include meditation as a method for relieving stress.
2. Practice Yoga (*Sukhasana* and *Sukshma Pranayama*) 40 minutes daily.
3. Perform oil pooling every day.
4. Aim for 6-8 hours of restful sleep each night.
5. Follow a structured daily routine to maintain balance and organization in life.

Key findings include:

1. Symptom Reduction: The patient experienced relief from symptoms typically associated with adenomyosis.
2. Imaging Improvements: Ultrasound findings indicated positive change in uterus size and shape.

3. Holistic Approach: The regimen incorporated diet, lifestyle changes and *Ayurvedic* treatment, addressing underlying causes rather than merely managing symptoms.

Implications

Long-term Benefits: *Ayurveda's* focus on root causes may reduce relapse rates compared to conventional treatments.

Conclusion

The report suggests a promising role for *Ayurvedic* treatments in managing adenomyosis (bulky uterus) and associated conditions like a splenomegaly, overweight and fatty liver. The documented improvements in both clinical symptoms and diagnostic parameters highlight *Ayurveda's* potential to complement conventional medicine. Modern medical science only focuses on subsiding symptoms and not eliminating the cause. So, if the treatment is withdrawn, relapse is seen. But, *Ayurveda* focusses on the cause and according to that the treatment protocol is designed. These findings warrant further investigation through controlled clinical studies to validate efficacy, optimize treatment protocols and ensure safety for broader application.

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