AMRITA SCHOOL OF AYURVEDA  
DEPARTMENT OF POST GRADUATE STUDIES  
LIST OF SYNOPSIS, GUIDE & CO-GUIDE

Department of PANCHAKARMA

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AMRITA SCHOOL OF AYURVEDA

AMRITA VISWAVIDYAPEETHAM
(University under sec.3 UGC Act 1956)

PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION FOR
AYURVEDA VACHASPATI [M.D] IN PANCHAKARMA

“EFFICACY OF SADYO VAMANA IN URDHWAGA AMLAPITHA – AN OBSERVATIONAL STUDY”

BY

ASWATHY.G

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SESSION – 2013 – 14
From,

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Preliminary M.D.(Ayu) Scholar in Panchakarma,
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Amrita school of Ayurveda, Kollam.

To,

The Registrar,
Amrita VishwaVidyapeetam,
Ettimadai, Coimbatore.

Through,

The Head of the department,
Department of Post graduate studies in Panchakarma,
Amrita school of Ayurveda, Kollam.

Sub: Submission of completed proforma for registration of subject for dissertation-reg

Respected Sir,

I request you to kindly register the below mentioned subject against my name, for dissertation in Amrita Vishwavidyapeetam, Ettimadai, Coimbatore for partial fulfillment of M.D (Ayurveda) in Panchakarma.

TITLE OF THE DISSERTATION

EFFICACY OF SADYO VAMANA IN URDHWAGA AMLAPITHA –
AN OBSERVATIONAL STUDY

Hereby I am enclosing completed proforma for registration of subject for dissertation.

Thanking you,

Yours faithfully

Place: Vallickavu
Date: -05-2014

(Aswathy.G)
I. BRIEF RESUME OF THE INTENDED WORK:

Introduction

Amlapitha is an Amasayagata, AnnavahaSrotodustivikara described in Ayurveda literatures. Dyspepsia, heart burn, sour or bitter eructations are the common clinical presentations. It closely resembles gastritis. Gastritis is more common among theadolescents, but it can affect anyone at any age. A variety of mild to severe stomach symptoms may indicate gastritis. Uppergastrointestinal inflammatory process is exceedingly common and has a wide spectrum of causes andmanifestations. Gastric disorders are common; unless treated promptly and completely, they can continue to cause problems throughout the person`s life.

Need for the study

The incidence of gastritis in India is approximately 3 in 869, that is about 12, 25,614 peoplesuffer from gastritis out of the total 1,06,50,70,607 population\(^1\). Inrecent years there has been an unprecedented increase of incidences related to gastro intestinal system due to changing life style like diet pattern, behavioral pattern mental stress and strain, and indiscriminate use of NSAID. The line of treatment in modern medicine is life style changes, use of h\(_2\) receptor blocking agents and proton pump inhibitors\(^2\). Prolong use of antacids produce nausea,diarrhea, headache,constipation and skin rashes. Patients with GERD will seek alternate therapy due to inadequate control of symptom, with over 40% not responding to medical treatment\(^3\).

SadyoVamana is the procedure in which UtkleshitaDoshas are evacuated through oral route without or with minimal Poorva karma. UrddwagaAmlapitha is a clinical condition with UtkleshitaDoshas especially Pitha which manifest asAvipaka with Amla/tiktaudgara, and Hrit/KantaDaha. In such situations Vamana can be adopted as AvastikaChikitsa forSampraptiVighatana. Such interventions with minimum preparatory procedures, hospitalization and expenses are to be scientifically validated and popularised among Panchakarma practitioners.
Review of literature

There are no direct references for Amlapitha in Brihatrayis but a few scattered references about the word Amlapitha are available at different context. Madhavakara and Kasyapa described this disease as a separate entity and the later authors followed the same opinion. Latter suggest all three Doshas with Pitha predominance in Amlapitha but the former opines the dominance of Pitha. Pitha when attains Vidagdhata it becomes Amla. Already deranged Pitha when associates with uncongenial diet becomes Vidagdha and attains Amlatha in Amasaya. This results in vitiation of Agni and indigestion. Such a condition is called Amlapitha. In Amlapithadoshas are in utklesavastha. So Sodhana (Vamana) is the first line management of Amlapitha.

Sadyo means immediately or at that moment. Sadyovamana means the process in which the vamana karma is carried out immediately without any poorvakarmas or minimal poorvakarmas. The concept of sadyovamana is mentioned by Chakrapanidatha in his commentary of caraka samhita in Jwara chikitsa. In Jwara, Sadyovamana is indicated in utkleshitaavasta of kapha pradhanadosha manifesting with hrillasa, Praseka and Annadwesha.

- Madhavakaramentioned nidana, lakshana, bhedha, sadhya-sadhyata and doshasamsarga of amlapitha in 51st chapter MadhavaNidana.
- In Kashyapa samhita khilasthana, detailed description about amlapithais available. He deals with the nidana, lakshana, upadravaand, sadhya-sadhyata, chikitsaof amlapitha.
- Bhavaprakasasamhita of Bhavamishra deals in detail about the nidana, lakshana, bhedha, sadhya-sadhyata of Amlapitta along with its chikitsa, in 10th chapter.
- In BhishajyaRatnavali description of Amlapitha is found in Amlapithachikitsaadhyaya.
- Chakrapanidatha gives, detailed description about chikitsa and pathya-apathya of Amlapitta in 52nd chapter of Chakradatham.
- In Yogaratnakara description of nidana, samprapti, rupa, prakara, sadhya-sadhyata, chikitsa and pathya-apathya of Amlapitha is available in Amlapithanidana&chikitsa chapter.
- Vangasena explained nidana, lakshana, bhedha, sadhya-sadhyata, chikitsa of amlapitha in his Chikitsasarasangraha.
Previous research works

- Ravishanker A.G etal, Abhyantaraksharaprayoga in Urdhwaga Amlapitha, International journal of research in Ayurveda and pharmacy, 4(6), 2013
- Vastrad Prasad, A Clinical study to assess the effect of vamana karma in the management of urdhwaga Amlapitta, RGUHS, Dr. B.N.M.R Ayurvedic medical college and hospital, Bijapur, 2005.
- Tale Santosh, To study the effect of vamana karma in Amlapitha, Dept. Of Panchakarma, Ayurveda, Mahavidyalaya, Nasik, Pune University, 2004

AIM AND OBJECTIVE OF THE STUDY

To evaluate the efficacy of Sadyo Vamanain the management of Urdhwaga Amlapitha.

MATERIALS AND METHODS

Source of data

30 patients from OPD and IPD of Amrita school of Ayurveda with Urdhwaga Amlapitha satisfying the inclusion and exclusion criteria.

Diagnostic criteria

- Avipakam
- Thikta/ amlaudgara
- Aruchi
- Hriddaham
**Inclusion criteria**

Amlapitha patients according to the above diagnostic criteria of age group 18 to 50 years who are VamanaArha.

**Exclusion criteria**

- Contraindications of Vamana (Vamanaanarha)
- Known cases of cardiovascular diseases
- History of hernia.
- Recent history(1 year) of surgery
- Known case of Oesophageal varices

**Materials required**

- Informed consent.
- Case proforma.
- Medicine for Vamana.
- Vamana theatre with equipments.

**Design of the study.**

Prospective clinical study with pre and posttest design.

**Grouping and treatment / procedure.**

- Single group observational study
- All the 30 Patients will be subjected to abhyanga with sukhoshnatilatalam and Nadiswedamto chest, back and abdomen in the morning. After bath patients will be given yavagu, then yoosham until the stomach fills (Akantapanam).After that vamanaoushadhi will be administered. Classicalvamana procedure will be adopted
until Samyaksudhi is attained. Samsarjanakrama (restricted specific diet regimen) will be prescribed according to the sudhi. Patients will be assessed after vamana in the next day morning and after samsarjanakrama.

- Vamana Yoga⁷–
  - Kashayaof patola and arista - 384 mL
  - Madanaphalapippalichoornam- 12gms
  - madhu - 20gms
  - saindhava. - 6gms

**Assessment criteria**
Assessment will be based on clinical symptoms before and after Vamana. 

pH of vomitus will be assessed in the first and last vega.

Aanthiki, Maniki, Vaigiki and Laingiki Sudhi of Vamana will be assessed. Sulphur dusting test will be done for AnthikiSudhi.

**Statistical methods**
Test for significance will be done using appropriate statistical method.

**Ethical consideration**
Does the study require any investigations or interventions to be conducted on patients, healthy volunteers, cadaver or animals? If so, please describe briefly:

Has ethical clearance been obtained from your institution in case of human / animal?

Yes

**List of references:**


5. Madhavakara, Madhavanidana, Madhukosha commentary by Vijayarakshita and Srikantadatta, edited by Dr. Ananathramsharma, Chaukhambha Sanskrit pratishthan, Delhi, 2007, vol2, p-199, 51/1, 2


Name of the Scholar : Aswathy.G

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AMRITA VISWAVIDYAPEETHAM
(University Under Sec.3UGC Act 1956)

PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION FOR
AYURVEDA VACHASPATI (MD) IN PANCHAKARMA

“STANDARDIZATION OF THE MUKHA ABHYANGA PROCEDURE
WITH MANJISHTADYA TAILA AND EVALUATION OF OUTCOMES
IN VYANGA”

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SESSION 2013-2014
1. BRIEF RESUME OF THE INTENDED WORK:

1. NEED FOR STUDY:

Concept of beauty and cosmetics is as ancient as mankind and civilization. 'Cosmetology’, the science of alteration of appearance has been practiced since primordial times. It is the most profitable business today. Glowing skin, not only enhances our self confidence, but is also an indicator of our health.

Consumers worldwide are going green and this especially true in cosmetics market. The market share of natural based beauty products has been increasing gradually. Consumers are being conscious of the ingredients that go into the products that they use and are averse to chemicals that are known to cause side effects. There comes the role of herbal cosmetics.

There are various Thaila Yogas (oils) mentioned in our classics which are Varnya, Twachya, Twak Prasadakaram, Twak Rogaharam, Rakta Vikaranashakam, Mukha Kanthikaram. Method of application and the duration for application may vary from person to person. Since there is no exact protocol for Mukha Abhyanga patients are misguided and they will be practicing this according to their convenience. So in order to get a standard protocol for Mukha Abhyanga, we have taken this topic for the present study.

According to our Acharyas, Abhyanga is good for strong and healthy skin\(^1\), gives nourishment to the body\(^2\), produce softness of skin\(^3\), body parts become charm and strong\(^4\), and will be least affected by oldage\(^5\), sense organ becomes cheerful and face with pleasant glow\(^6\).

‘Vyanga’ is one of the Kshudra Roga explained by our Acharyas and occurs in the Urdhva Jatrugata Bhagas which mainly affects the facial skin. Vata and Pitha gets vitiated due to grief and anger by which produce “Shyava Varna” patches over the facial skin\(^7,8,9,10,11\). Abhyanga with Manjishtadya Taila\(^12,13\) is taken for this study because Chakradatha and Yogaratnakara mention that this Thaila cures Vyanga and also it improves the facial luster by a week use.
II. REVIEW OF LITERATURE:

Due to anger, grief and exertion Vata and Pitha gets vitiated and produces patches over the skin which are painless\textsuperscript{14,15,16,17,18}. These patches are called “Vyanga”. Susrutha Acharya says that Twak has 7 layers, in which the second layer i.e, "Lohitha" which measures 16 parts of a Barley grain is the seat of Vyanga\textsuperscript{19}. The general line of treatment of Vyanga is Siravyadhana, Lepa and Mukha Abhyanga\textsuperscript{20, 21, 22, 23}.

Acharya Charaka says that Vayu dominates in the Sparshanendriya and its site is Twak. Abhyanga is most beneficial for the skin and one should practice this regularly\textsuperscript{24}.

According to Acharya Susrutha, Abhyanga should be done after considering the Dosha thereby the Dosha gets pacified and produces softness of the body\textsuperscript{25}. The same effect can be assumed in Mugha Abhyanga also. Acharya Vagbhata says that Abhyanga gives nourishment to the body, induces good sleep, makes the skin healthy and strong\textsuperscript{26}.

Manjishtadya Taila is explained by Chakradatha and Yogaratnakara for Mugha Abhyanga in Vyanga. It gives charm to face, cure grey hair and wrinkles, it improves the fascial luster by a week’s use and within 7 nights, the face becomes glowing like gold\textsuperscript{27}.

PREVIOUS WORKS DONE:

By going through the previous Research works we couldn’t find any works related to Mukha Abhyanga. So we have taken this for our present study.

III. AIMS AND OBJECTIVES:

1. To Standardize the procedure of Mukha Abhyanga with reference to duration of Mukha Abhyanga and quantity of Taila.
2. To evaluate the efficacy of Manjishtadi Taila Mukha Abhyanga in Vyanga.
2. SUBJECTS AND METHODS:

i. SOURCE OF DATA:

40 Patients with“ Shyava Varna” patches (Brown to Dark-brown) over the face and who are fit for Mukha Abyanga are randomly selected from Skin OPD of Amrita Ayurveda Hospital, Vallikavu.

ii. MATERIALS REQUIRED FOR THE STUDY:

A. METHOD OF COLLECTION OF DATA:

a. Inclusion Criteria

1. Patients with ‘Shyava Varna’ (Brown to Dark-brown) Patches over the face without any other symptoms.
2. Patients of both sexes irrespective of occupation, religion and socio economic status.
3. Patients between the age group of 20-50 years.
4. Patients Arha for Abhyanga as per classical reference.

b. Exclusion Criteria

1. Known case of Systemic disorders.
2. Patients who are Anarhas of Abhyanga.

B. STUDY DESIGN

a. Grouping

Proposed study is a single group observational study with sample size 40.

b. Intervention

Mukha Abhyanga will be done with Sukhoshna Manjishtadya Taila at 10 am with pre-oiled hands. Initially 3 ml of Taila will be taken and Mukha Abhyanga will be done till the Taila is completely absorbed by the skin. If the Taila gets absorbed, then 2ml of Taila will be added and Mukha Abhyanga will be done till Samyak Snigdha lakshanas are seen. Samyak Snigdha Lakshana refers to attainment of Mruduta over the skin and further absorption of oil will not occur. Mrudu Sweda will be given after Abhyanga using Electric Vapouriser until Samyak
Sweda Lakshanas are seen\(^2\). Mukha Abhyanga procedure will be done to each patients for 7 days.

**TRIAL DRUG:**
Manjishtadya Taila will be prepared in the Pharmacy of Amrita School of Ayurveda as per the classical reference. The raw drugs will be selected from local markets. Manjishtadya Thaila will be cooked with paste of Manjishta, Madhuka, Laksha, Madhulunga and Madhuyashti each taken in same quantity. Aja Ksheera will be taken double its quantity. Taila will be cooked in mild fire till the Taila Paka Lakshanas are attained.

**c. ASSESSMENT CRITERIA:**
All the assessments will be done at baseline, after treatment and after follow up period.

1. Amount of Taila used for Mukha Abhyanga will be measured.
2. Duration of Mukha Abhyanga will be calculated.
3. Surface Area of face will be calculated using Graph paper.
4. Self graded Scoring will be developed for the assessment of Samyak Snigdha Lakshanas.
5. Area of the patches will be measured.
6. Photographs of the patches will be taken to know the colour change of the patches.
7. Chart containing Skin colour Shades will be prepared to know the change in the discolouration.

**INVESTIGATIONS:**
Blood Routine (Hb, TC, DC, ESR)
Liver Function Test

**FOLLOW UP**
Follow up will be done on the 7\(^{th}\) day after treatment.
d. ANALYSIS OF DATA:

Collected data will be statistically analyzed.

3. Does the study require any investigation or interventions to be conducted on Patients, Healthy volunteers, cadaver or animals? If so, please describe briefly

4. Has ethical clearance been obtained from your institution in case of (3)?

   (Human/Animal)

   Yes

LIST OF REFERENCES:


5. Susrutha, Susrutha Samhitha, Edited by Vaidya Jadavji Trikamji Acharya with Nibandha Sangraha Commentary of Sri Dalhanacharya, Published by Chaukhamba


9. Yoga Ratnakara with Vaidyaprabha Hindi Commentary by Dr.Indradev Tripati & Dr.Daya Sankar Tripati Published by Chaukhamba Krishnadas Academy, Shloka-42, p 695.


12. Yoga Ratnakara with Vaidyaprabha Hindi Commentary by Dr.Indradev Tripati and Dr.DayaSankar Tripati, Published by Chaukhamba Krishnadas Academy, Varanasi, Shloka- 143, p 704.


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17. Vangasena Samhitha, Hinditeeka, Edited by Kavivar Shri Shaligraamji Vaishy, Published by Khemraj Sri Krishnadas, Shloka- 40, p 682.


20. Susrutha, Susrutha Samhitha, Edited by Vaidya Jadavji Trikamji Acharya with Nibandha Sangraha Commentary of Sri Dalhanacharya, Published by Chaukamba Sanskrit Sansthan, Varanasi, Chikitsa Sthana, Chapter 20, Shloka-33, p 480.


22. Yoga Ratnakara with VaidyaPrabha Hindi Commentary by dr. Indradev Tripati and Dr. Daya Sankar Tripati, Published by Chaukamba Krishnadas Academy, Varanasi, Shloka-121, p 702.


25. Susrutha, Susrutha Samhitha, Edited by Vaidya Jadavji Trikamji Acharya with Nibandha Sangraha commentary of Sri Dalhanacharya, Published by Chaukamba Sanskrit sansthan, Varanasi, Chikitsa Sthana, Chapter 1, Shloka-20, p 399.

26. Vagbhata, Ashtanga Hridaya, Edited by Pandit Hari Sadasiva Sastri Parakada, With Sarvangasundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri,

27. YogaRatnakara with Vaidyaprabha Hindi Commentary by Dr.Indradev Tripati and Dr. Daya sankar Tripati, Published by Chaukhamba Krishnadas Academy, Varanasi, Shloka- 143, p 704.

28. A Sanskrit English Dictionary by Sir


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TOP
PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION
FOR
AYURVEDA VACHASPATI [M.D] IN PANCHAKARMA
“OPEN LABEL CLINICAL STUDY TO COMPARE THE EFFECT OF
CHOORNA PINDA SWEDA WITH NADI SWEDA IN MANYASTAMBHA”

By
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SESSION 2013-2014
1. BRIEF RESUME OF THE STUDY

I. NEED FOR THE STUDY

In the current era, people are facing many neck related problems due to stress and nature of work. It includes neck pain, stiffness and other disc problems. 70% of general population is affected with neck pain during their life\(^1\). The common neck related conditions include cervical spondylosis, cervical spondylitis, spasmodic torticollis, cervical radiculopathy, rheumatoid arthritis, infections, metabolic bone diseases etc.

In contemporary system of medicine, the management for the above are use of steroids, analgesics and anti inflammatory drugs. It is observed that these treatments does not yield long term relief and cannot satisfy the objective of an ideal therapy. So its the need of the hour to find an effective remedy.

Manyastambha is a Vatavyadhi where neck movements are restricted. Manyastambha can occur as Nanathmaja vikara\(^2,3\) as well as Kaphavruthavata\(^4,5\). The line of treatment for Avaranaja Manyastambha is Nasya, Ruksha Sweda and internal administration of Dashamoola Kashaya\(^6,7\). Rukshana\(^8\) is an ideal treatment to break the Kaphavarana. Dashamoola is Shulagna\(^9\) and Kaphavatahara\(^10\).

So here is an attempt made to evaluate the efficacy of Choorna Pinda Sweda and Nadi Sweda with Dashamoola in Manyastambha. As the treatments are done locally, its economic, less time consuming and may be effective. Here the selected drug is also easily available.

II. REVIEW OF LITERATURE

Manyastambha is explained under the 80 Nanathmaja Vikaras of Vata\(^2,3\) and also as a separate entity in the classics\(^4,5\). Due to the intake of Nidanas like sleeping at day time, sitting and standing on irregular postures, constantly gazing upwards, Vata being aggravated, gets Avrutha by Kapha.\(^11,12\). This Kaphavrutha Vata takes shelter in the Sira and Snayu of Manyapradesha and produces Laxanas like Sheetata, Shopha, Gaurava, Ruk and Chestastambha.\(^13\) The chikitsa sutra implies the administration of Vatakaphahara Nasya and Ruksha Sweda.\(^14\) Swedana a type of Apatarpana Upakrama can be administered in Ruksha and Snigdha form. Choorna Pinda Sweda and Nadi Sweda when done without the application of Sneha is considered as Ruksha Sweda. Swedana when done properly relieves Seetata, Soola,
Sthambha, Gaurava; produces Mardava and Sweda. Dashamoola a Swedopaga drug, and has Kaphavatahara property.

III. AIM AND OBJECTIVE OF THE STUDY

1. To evaluate the effect of Choorna Pinda Sweda in Manyastambha.
2. To evaluate the effect of Nadi Sweda in Manyastambha.
3. To compare the effect of Choorna Pinda Sweda with Nadi Sweda in Manyastambha.

2. MATERIALS AND METHOD

SOURCE OF DATA

40 Patients having Manyastambha will be selected from OPD and IPD of Amrita Ayurveda Hospital, Vallickavu and randomly divided into two groups of 20 patients each.

PREPARATION OF MEDICINE

Dashamoola Kwatha- Daily 60 gram of Dashamoola Kwatha Choorna is taken and boiled with 1 litre of water, which is used for Nadi Sweda.

Dashamoola Choorna- 200 gm of fine Dashamoola Choorna is tied into one Pottali, which is used for Choorna Pinda Sweda.

3. METHOD OF COLLECTION OF DATA

A) STUDY DESIGN

Randomized comparative clinical study.

B) TREATMENT PROCEDURE

CPS GROUP.

Heated Pottali is applied over neck and shoulder region and the procedure is continued till sweat is observed over patient’s forehead. Pottali will be changed every third day and whole procedure is done everyday between 9 to 10 am for seven days.
NS GROUP
Nadi Sweda is given through Nadi Sweda Yantra over neck and shoulder region. The procedure is continued till sweat is observed over patient’s forehead and whole procedure is done everyday between 9 to 10 am for seven days.

C) INCLUSION CRITERIA
1. Patient suffering from Ruk, Sthambha, Shopha, Chestastambha in neck region.
2. Patients of either sex between the age group of 20 to 60.
3. Known cases of Diabetes Mellitus, Hypertension.

D) EXCLUSION CRITERIA
1. Patient with fracture of cervical spine.

DIAGNOSTIC CRITERIA
Patient having Ruk (Pain), Sthambha (Stiffness), Shopha (Swelling), Chestastambha (Restricted movements) of the neck.

E) ASSESSMENT CRITERIA

SUBJECTIVE PARAMETER
1. Ruk (Pain) in neck
2. Stambha (Stiffness)
3. Shopha (swelling)
4. Cheshtastambha (Restricted Movements)

OBJECTIVE PARAMETER
1. Pain assessed with Visual Analogue Scale (Numeric Rating Pain Scale).
2. Range of movement assessed with Goniometer.

3. Swelling in the neck region noted with Measuring Tape.

Patient will be assessed on 0th, 7th, 15th, and 30th day of treatment.

INVESTIGATION

1. Routine Blood Examination
2. X-ray of Cervical spine

ANALYSIS OF DATA:

Collected data will be analysed statistically.

4. Does the study require any investigation or interventions to be conducted in patients, healthy volunteers, cadaver or animals? If so please describe briefly.

5. Has ethical clearance been obtained from your institution?

   Yes

6. REFERENCES

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PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION FOR
AYURVEDA VACHASPATI (M.D) IN PANCHAKARMA

“OPEN LABEL CLINICAL STUDY TO ASSESS THE
VASTIPRATYAGAMANAKALA OF VAITHARANAVASTI AND IT’S OUTCOMES
IN GRIDHRASI”

BY

SUBINA.S

1ST YEAR P.G SCHOLAR

DEPARTMENT OF P.G STUDIES IN PANCHAKARMA

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1. BRIEF RESUME OF THE INTENDED WORK:

I. NEED FOR STUDY:

Gridhrasi is one of the common diseases encountered in our day to day clinical practice. It is one among the Vatika Nanatmaja Vyadhī\textsuperscript{1,2} and it also has a Vatakahaja\textsuperscript{3,4,5} presentation. Vasti is the prime treatment for Gridhrasi.\textsuperscript{6,7,8} In the past different studies are carried out at various centers across the country to evaluate the clinical efficacy of various Vasti preparations in Gridhrasi. Acharya Vangasena has mentioned Vaitharana Vasti for Gridhrasi\textsuperscript{9}. The drugs mentioned in Vaitharana Vasti possess Vatahara, Srotahara, Amahara, and Soolaghna properties. The disease Gridhrasi is with all the conditions like Ruk, Toda, Sthamba, Muhu Spandana, Gaurava etc. So Vaitharana Vasti is an apt choice for Gridhrasi.

Previously a study was conducted to evaluate “The efficacy of VaitharanaVasti in Gridhrasi with special reference to sciatica” which mainly concentrated on evaluating the clinical efficacy. In his study, the assessment was on the basis of pain, movement of lumbar spine, SLR, and walking time. In Vataja Gridhrasi, 76.6\% showed moderate response. In Vatakaphaja Gridhrasi, 66.7\% moderate response. He concluded his study as, Vaitharana Vasti is effective treatment in the management of Gridhrasi and it shows long lasting result. On both Vataja and Vatakaphaja Gridhrasi, Vaitharana Vasti is found effective in managing the chief and associated complaints except Sosha. But the effect of Vasti may vary according to many reasons like drugs selected, condition of disease in which Vasti is done, age of the patient, Matra and quality of Vasti dravya, season and time of administration, skill of the person who is administering the Vasti, Prathyagamana Kala, features of Vasti Netra, features of Vasti Putaka etc. So the present study is planned to assess the efficacy of Vaitharana Vasti in Gridhrasi with due consideration to its Pratyagamana Kala.

II. REVIEW OF LITERATURE:

Gridhrasi is of two types. Vataja, and Vata Kaphaja. Separate Nidana for Gridhrasi is not mentioned. There for common Vata Vyadhī Nidanas can be taken as responsible factors for it. Due to Nidana Sevana the vitiated Vata deranges the function of the Kandara which passes towards the Anguli’s (fingers of feet) through Parshni (heel) and causes inability to lift the lower limb is called as Gridhrasi\textsuperscript{10,11}. The course of the pain mentioned in Gridhrasi is as
follows, pain starts from Sphik (waist) and extend to leg in the order as Kati (lowback), Prishta (buttocks), Uru (thigh), Janu (knee), Jangha (calf), and Padam (foot). In Gridhrasi, Sthambha, Ruk, Todam, Muhur muhu Spandana, are common features. In Vatika Gridhrasi, Todam, Dehasya Athi Vakrata, Sphurana, and Sthabdhatha of Janu, Jangha, Uru, are predominant along with common features. In Vatakaphaja along with common features, Gaurava, Vahnimardava, Tandra, Mukhapraseka, Bhaktadwesha are more predominant.

The main treatment principle for Gridhrasi is Vasti. Acharya Vangasena explained Vaitharana Vasti for Gridhrasi. The ingredients include Saindhava, Amlika, Guda, Surabhi paya and Taila. It is special type of Vasti can be given even after taking food. The indications are Katisulam, Uru sulam, Prishtasulam, Amavatam, Urustambham, Gridhrasi, Janusamkocham, Vishamajwaram and Klaibyam.

Vaitharana Vasti comes under Niruha Vasti. The maximum time for Pratyagamana of Niruha Vasti is one Muhurtam. There is no mention about the minimum time for Pratyagamana Kala. But even though Vasti Dravya is expelled out as itself or mixed with fecal matter soon after it’s application, the benefits of Vasti will be achieved.

III. AIM AND OBJECTIVE OF STUDY:

1. To study the Pratyagamana Kala in relation to Koshtha
2. To evaluate the efficacy of Vaitharana Vasti according to it’s Pratyagamana Kala.
3. To evaluate the efficacy of Vaitharana Vasti in Gridrasi.

2. SUBJECTS AND METHODS

i. SOURCE OF DATA:

40 patients suffering from classical signs and symptoms of Gridhrasi will be selected from OPD and IPD of Amrita School of Ayurveda.
ii. MATERIALS REQUIRED FOR THE STUDY:

A) METHOD OF COLLECTION OF DATA:

a) Inclusion criteria:
   1. Patients with classically mentioned signs and symptoms of Gridhrasi
   2. Between age group of 20-50 irrespective of gender.
   3. Vasthi Arha mentioned in the classics

b) Exclusion criteria:
   1. Pregnant ladies
   2. Known case of neoplasm, bone TB, fracture of spine
   3. Vasti Anarhas

B) DESIGN OF STUDY: DESIGN OF STUDY:

a) Grouping and Research Plan:

40 patients suffering from classical signs and symptoms of Gridhrasi are taken from OPD and IPD of Amrita School of Ayurveda. The patients will receive Sthanika Abhyanga on Udara and Prishta regions for 5 minutes with plain Sukhoshna Tilataila, Nadisweda with Ushnajala and Vaitharana Vasti at 11.00 am for continuous 8 days. Patients are instructed to eliminate the Vasthi Dravya whenever they get the urge naturally. The time of Administration of Vasti and the time of evacuation of bowel will be recorded in each and every patient daily with digital stop watch. After the Pratyagamana of Vasti Dravya, take Ushna Jala Snana and rice gruel is given.

Trial drug: Plain Tila Taila is used for Sthanika Abhyanga.
**Vaitharanavasti:**

**Ingredients**

1. Saindhava lavana - 12gm (1 Karsha)
2. Guda - 24gm (1/2 Pala)
3. Amlika - 48gm (1 Pala)
4. Murchita Tailam - 120ml
5. Surabhi Paya (Milk) - 192ml (1 Kutava)

**Mishrana vidhi:**

Method of preparation:

12 gm of Saindhava is powdered well in a Khalwa. 24 gm of Guda made into a syrup form by adding 50 ml water and boiled till to get the consistency of syrup and is added to the Saindhava and grind continuously. 120 ml of Murchita Taila is added to above mixture slowly while grinding. 48 gm of Amlaka kept in 50ml Ushnajala and is squeezed to get thick Kalka form. This Amleeka Kalka is added into the above mixture and grind thoroughly. 192 ml of warm milk is added slowly while continuing the grinding until it become a homogeneous mixture and administrated as Sukhoshna.

**b) ASSESSMENT CRITERIA**

**Subjective Parameters:**

1. Stambham (stiffness)
2. Ruk (pain)
3. Todam (pricking pain)
4. Muhurmuhu Spandanam (Intermittent pulsating pain)
5. Tandra (Without any exhaustion, feel sleepy.)
6. Gauravam (heaviness on lower limb)
7. Dehasya Athi Vakrata (change in normal curvature of spine)
8. Bhaktadwesham (aversion to food.)
Objective Parameters:

1. Pratyagamana Kala of Vasti Drvya will be recorded.
2. Visual analogue scale for pain (numeric rating scale)
3. Range of movement of lumbar spine, hip joint and knee joint and ankle joint with Goniometer
4. Walking time
5. Foot pressure.
6. Questionnaire for Koshta Assessment.

Outcome measures of the disease is assessed according to maximum and minimum range of Prathyagamana Kala and its relation with Trividha Koshta. Assessment will be done on baseline, after treatment and follow up will be done on 25th day.

INVESTIGATIONS:

BLOOD: Routine Examination.

RADIOGRAPHIC EVALUATION: X-ray of Lumbo Sacral spine – AP and Lateral view.

C) ANALYSIS OF DATA

Collected data will be statistically analyzed.

3. Does the study require any investigation or interventions to be conducted in patients, Healthy volunteers, cadaver or animals? If so please describe briefly

4. Has ethical clearance been obtained from your institution in case of (3)? (Human or animal)

   Yes
List of References:


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