



# Souvenir

## INTERNATIONAL CONFERENCE ON KAUMARABHRITYA

04<sup>th</sup> - 07<sup>th</sup> December 2019



**“Pallava- 2019”**  
Unleashing Milestones

ORGANISED BY  
DEPARTMENT OF PG STUDIES  
IN KAUMARABHRITYA

**SHRI B. M. KANKANAWADI AYURVED MAHAVIDYALAYA**

BELAGAVI - 590003, KARNATAKA, INDIA.

A constituent unit of  
KLE Academy of Higher Education & Research  
Deemed-to-be University



INDIA'S 1<sup>ST</sup> AYUSH INSTITUTION WITH NAAC & NABH ACCREDITATION



### PARTICIPATING NATIONS



INDIA



USA



UK



NETHERLANDS



RUSSIA



BANGLADESH



NEW ZEALAND



NEPAL



ARGENTINA

Partner Institute

Himalaya  
Since 1919

## ABOUT THE CONFERENCE

### **“Pallava -2019”-Unleashing mile stones**

#### **International conference on Koumara bhritya (Ayurveda Paediatrics)**

“KLE Ayurworld” has ever been involved in propagating &Nurturing right Ayurveda with its unique slogan of “Blending Tradition with technology &evolving Innovations”. To continue its saga of success in organising meaningful conferences, this time its Child health care on the Board.

Kaumarabhritya (Ayurveda Pediatrics) is one of the most dominant branches among Astanga Ayurveda. There has been an exponential growth, demand &acceptance in the society about Ayurveda Paediatrics.

Society has strongly recognised and accepted Kaumarabhritya practice in developmental disorders, respiratory disorders etc. The practices like Suvarna Prashana have started pulling many children to the Ayurveda health centres. Many of these Kids also continue to seek health care in these centres.

It is observed that there is a quite a lag between the demanded clinical skills and executed skills .One of the reason for this being, lack of training and exposure in the subject &specialty. There is a great scope for a well-trained and educated scholar in the society to provide Ayurvedic child health care. With this idea to train &to globalise Ayurveda Pediatrics, **Pallava-2019** has been organized

The overall theme of the Conference is to explore, understand, analyze, comprehension and to apply the ancient paediatric knowledge into clinic. The Conference will be a platform for Under Graduates, Post Graduates, Researchers, Academicians and Practitioners to discuss the current situation, challenges and advancements related to the management of challenging diseases of paediatric age and mother care. All participants will experience the new horizons of learning in the form of quiz, mime, photography etc.

Dept of PG Studies in Kaumarabhritya of KAHER’s ,KLE Ayurveda hospital ,Belgavi is the first to start Suvarna Prashana practice in large scale in India & has moved forward to set up many specialty pediatric practices like Samvardhana for special children ,Pediatric Respiratory clinic, Pediatric Dermatology clinic, Pallava Paediatric Panchakarma corner etc

## MESSAGES FROM RENOWNED PERSON

### MESSAGE FROM AYUSH MINISTER



श्रीपाद नाईक  
SHRIPAD NAIK

राज्य मंत्री (स्वतंत्र प्रभार)  
आयुर्वेद, योग व प्राकृतिक चिकित्सा, यूनानी, सिद्ध,  
सोवा-रिग्पा एवं होम्योपैथी-(आयुष) मंत्रालय एवं रक्षा राज्य मंत्री  
भारत सरकार  
MINISTER OF STATE (INDEPENDENT CHARGE) FOR  
AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA,  
SOWA-RIGPA, HOMOEOPATHY-(AYUSH) &  
MINISTER OF STATE FOR DEFENCE  
GOVERNMENT OF INDIA



November 2019

#### MESSAGE

It's a greatfull bliss that KAHER's.Shri B M K Ayurveda Mahavidyalaya is organizing " PALLAVA - 2019 unleashing milestones" from the Department of PG studies in Kaumarabhritya in collaboration with association of Ayurvedic Professionals of North America, Global Ayurveda conferences, LLC & Premdani Ayurveda Clinic Netherlands from 4<sup>th</sup> - 7<sup>th</sup> December 2019.

It's an ecstatic pleasure to pen down my thoughts about this institution which has both NAAC and NABH accreditation.

Conferences like these set a different paradigm for public perception about Ayurveda and fill the voids in the field of medicine which extensively deploys technological advancements.

I wish for the success of the Conference in fulfilling its purpose both logistically and in terms of its contents.

  
(Shripad Naik)

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Res. (Delhi) : 1, Lodi Estate, New Delhi-110003 Tel: 011-24635396 Fax : 011-24656910  
Res. (Goa) : "Vijayshree" House No, 111, St. Pedro, Old Goa, Goa-403402 Tel. : 0832-2444510, 0832-2444088



## MESSAGE FROM CHIEF MINISTER OF KARNATAKA

B.S. YEDIYURAPPA

CHIEF MINISTER

No:cm/ms/71/2019



VIDHANA SOUDHA  
BENGALURU - 560 001

Date: 12/11/2019



It gives me an immense pleasure that the Department of Post Graduate studies in Kaumarabhritya of Shri B.M.K Ayurveda Mahavidyalaya, Belagavi is organizing an International conference "PALLAVA – 2019" during 4th - 7th December 2019.


Kaumarbhritya is one among the eight branches of Ayurveda. Awareness should be imparted among the general public about Ayurveda's contribution to newborn care, perinatal care and pediatric care, so that they can reap its benefits.

I am sure, that the deliberations in the conference will provide ample opportunity and information to the practitioners of Kaumarbhritya.

I wish the conference a great success and would like to extend my personal greetings to the participating delegates.

I am sure that the souvenir that is being brought out on the occasion will be a source of information on the subject.

I wish the conference a grand success.

  
( B.S.YEDIYURAPPA )

Dr. Suketha  
Chairmen,  
Souvenir committee,  
Shri B.M. Kankanawadi Ayurveda Mahavidyalaya,  
Belagavi - 590 003

## MESSAGE FROM MINISTER FOR HEALTH AND FAMILY WELFARE

### **B. SREERAMULU**

Minister for  
Health & Family Welfare &  
Backward Classes Welfare  
Raichur & Chitradurga  
District Incharge Minister



Room No. 328, 328A  
3<sup>rd</sup> Floor, Vidhana Soudha  
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No. HFWM/1637/2019

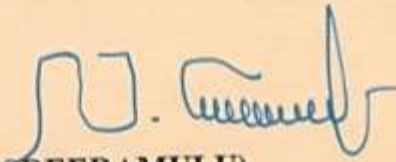
02-11-2019

It gives me a sense of pride to inform that KAHER's, Shri B M K Ayurveda Mahavidyalaya is organising " **PALLAVA – 2019 unleashing milestones**" from the Department of PG studies in Kaumarabhritya in collaboration with association of Ayurvedic Professionals of North America, Global Ayurveda conferences, LLC & Premdani Ayurveda clinic Netherlands on 4<sup>th</sup> – 7<sup>th</sup> December 2019.

I endure this national event in field of ayurveda will illuminate basic principles, skills, ethics, recent advancements in Ayurveda paediatric practice and also motivate the physicians, aspiring scholars of ayurveda, to practice it in a virtuous way.

I congratulate the organizing committee for their back breaking efforts in executing the same.

I wish this event a grand success.

  
(B. SREERAMULU)

## MESSAGE FROM SECRETARY AYUSH MINISTRY



सत्यमेव जयते

वैद्य राजेश कोटेचा  
Vaidya Rajesh Kotecha



सचिव

भारत सरकार

आयुर्वेद, योग व प्राकृतिक चिकित्सा

यूनानी, सिद्ध, सोवा रिग्पा एवं होम्योपैथी (आयुष) मंत्रालय

आयुष भवन, 'बी' ब्लॉक, जी.पी.ओ. कॉम्प्लेक्स,

आई.एन.ए., नई दिल्ली-110023

SECRETARY

GOVERNMENT OF INDIA

MINISTRY OF AYURVEDA, YOGA & NATUROPATHY

UNANI, SIDDHA, SOWA-RIGPA AND HOMOEOPATHY (AYUSH)

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Tel. : 011-24651950, Fax : 011-24651937

E-mail : secy-ayush@nic.in

### MESSAGE

It gives me immense pleasure to know that the department of Kaumarbhritya of KAHER's Shri B.M.K. Ayurveda Mahavidyalaya in collaboration with association of Ayurvedic Professionals of North America, Global Ayurveda conferences, LLC & Premdani Ayurveda clinic Netherlands is organizing the International conference "PALLAVA - 2019 unleashing milestones" on 4th - 7th December 2019 and bringing up an e-souvenir.

Kaumarbhritya (pediatrics) is one among eight branches of Ayurveda dealing with the care of the child from the Conception to till the Maturity. It focuses on all aspects of nursing and healthy upbringing of newborns, infants and children by holistic approach for better progeny and society. The aim of this branch is better development of children. Tomorrow's nation is built on today's healthy child!

This conference provides a unique platform for the domains such as Pediatric Respiratory medicine, Pediatric Neurology, Pediatric Nutrition, Genetics, Immunology, Contemporary Pediatrics and Mother care. I extend warm greetings and felicitations to the organizers and participants and send my best wishes for the success of conference.

(Rajesh Kotecha)

New Delhi  
8<sup>th</sup> November, 2019



## MESSAGE FROM PRINCIPAL SECRETARY GOK

**S.R. UMASHANKAR, IAS.,**  
Principal Secretary to Government  
Education Department  
(Primary and Secondary Education)



Telephone : Off. 080-22257334  
Fax : 080-22385545  
6th Floor, Gate No.2, M.S. Building  
Dr. B.R. Ambedkar Veedhi  
Bengaluru - 560 001  
E-mail : prsprim-edu@karnataka.gov.in



It gives me an immense pleasure that KAHER's Shri B.M.K Ayurveda Mahavidyalaya Belagavi, is organizing an International conference **"PALLAVA – 2019 unleashing milestones"** from the Department of PG studies in Kaumarabhritya in collaboration with association of Ayurvedic Professionals of North America, Global Ayurveda conferences, LLC & Premdani Ayurveda clinic Netherlands on 4<sup>th</sup> – 7<sup>th</sup> December 2019.

On this occasion, I take the opportunity to congratulate the chair person and all the committees' member of the event for their sincere and dedicated contribution to make the conference memorable and fruitful.

I assure that it is the right approach to address the issues and complexity in the treatment of curing common pediatric diseases at par with the globe. I hope the scientific presentations, discussions and other activities that are going to be held during that period will be of great help and will definitely leave new milestones.

I wish the organizers the very best for the success of the Conference.

(S.R Umashankar)

Principal,  
KLE Aurvedic college,  
Belagavi.

## MESSAGE FROM COMMISSIONER OF AYUSH

ಆಯುಷ್ ಇಲಾಖೆ

ಧವಂತರಿ ರಸ್ತೆ, ಆನಂದರಾವ್ ವೃತ್ತದ ಹತ್ತಿರ, ಬೆಂಗಳೂರು - 560 009.

**DEPARTMENT OF AYUSH**

Dhanwantari Road, Near Anandarao Circle, Bangalore - 560 009

ಕರ್ನಾಟಕ ಸರ್ಕಾರ



Phone : 080-22876553

080-22877484

Fax : 080-22340139

email : directorayush@gmail.com



It gives me immense pleasure to learn that the department of Kaumarbhritya of KAHER's Shri B.M.K. Ayurveda Mahavidyalaya in collaboration with association of Ayurvedic Professionals of North America, Global Ayurveda conferences, LLC & Premdani Ayurveda clinic Netherlands is organizing the International conference "PALLAVA – 2019 unleashing milestones" on 4th – 7th December 2019 and bringing up an e-souvenir.

Healthy individuals, result in a healthy society which in turn leads to a productive population working towards overall economic growth and social well being.

Ayurveda is one of the earliest health systems that has got a strong scientific foundation. The science of Ayurveda is divided into eight different branches, Kaumarbhritya (pediatrics) is one among them and deals with nurturing a child right from the womb till adolescence. So, Acharya Kashyapa has given prime importance to Kaumarbhritya as it deals with prevention and cure of childhood diseases. Also it focuses on all aspects of nursing and healthy upbringing of newborns, infants and children by following holistic approach. Thus the aim of this branch is better development of children on who are the future.

This conference provides a unique platform for specialised domains like pediatrics respiratory medicine, pediatric neurology, pediatric nutrition, genetics, immunology, contemporary pediatrics and mother care.

I extend warm greetings and felicitations to the organizers and participants and wish the conference all success.

  
Commissioner  
Ayurveda, Yoga & Naturopathy  
Unani, Siddha & Homoeopathy  
(Ayush) Directorate, Dhanwantari Road  
Bangalore - 560 009



## MESSAGE FROM CHANCELLOR, KAHER, BELAGAVI



**KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH**  
(Formerly known as KLE University)  
(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)  
Accredited 'A Grade' by NAAC (2nd Cycle) Placed in **Category A'** by MHRD  
(GoI)  
*JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State,*  
India 0831-2444444 FAX: 0831-2493777

Web: <http://www.kledeemeduniversity.edu.in> mail: [info@kledeemeduniversity.edu.in](mailto:info@kledeemeduniversity.edu.in)



I am glad and happy to be announced about KAHER's Shri B M Kankanawadi ayurveda mahavidyalaya is organizing international conference “ **PALLAVA - 2019 unleashing milestones** ” from the Department of PG studies in Kaumarabhritya in collaboration with association of Ayurvedic Professionals of North America, Global Ayurveda conferences, LLC & Premdani Ayurveda clinic Netherlands on 4<sup>th</sup> — 7<sup>th</sup> December 2019.

The vision of the department is to be the leading department of Ayurvedic pediatrics in the globe, in the imparting knowledge, skills, caring child health and research.

For decades, the KAHER's Ayurworld has been true to its mission to provide relevant and globally competitive professional Ayurveda education that guarantees care using knowledge and compassion with its unique slogan of “Blending tradition with technology and evolving innovations”. This conference provides a unique platform for the domains such as Pediatric Respiratory medicine, Pediatric Neurology, Pediatric Nutrition, Genetics, Immunology, Contemporary Pediatrics and Mother care. I congratulate the organizers spearheading an important conference envisioned to further develop the clinical application of the preexisting bunch of knowledge of Kaumarabhritya and Ayurveda Sciences.

I wish the conference a great success.

**Dr. Prabhakar B. Kore**  
Chancellor, KAHER, Belagavi.

## MESSAGE FROM VICE CHANCELLOR, KAHER, BELAGAVI



**KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH**  
(Formerly known as KLE University)  
(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)  
Accredited 'A Grade' by NAAC (2nd Cycle) Placed in Category A' by MHRD (GoI)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

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I am happy to note that our BMK Ayurveda Mahavidyalaya is organizing "Pallava-2019"- Unleashing Milestones International Conference on Kaumarabhritya from 4<sup>th</sup> December to 7<sup>th</sup> December 2019 from department of Kaumarabhritya in association with Ayurvedic Professionals of North America, Global conference LLC and Premdhani Ayurveda Clinic – Netherland.

The ancient knowledge of India has been a great hub of clinical principals and has the solutions to most of our unanswered issues. I am sure that Pallava

will prove to be the best platform for all the undergraduates, Post Graduates, Researchers, Academicians and Practitioners to discuss the current situations, challenges and advancements related to the management of the challenging diseases of pediatric age and mother care by exploring, analyzing, and applying the ancient knowledge.

I complement and congratulate the faculty and the staff of Ayurveda College for organizing this important event. I am sure these scientific deliberations will be enlightening and create further opportunities for interactions and networking.

I wish the conference all the success.

With regards  
Sincerely

(Dr. Vivek Saoji)

## MESSAGE FROM REGISTRAR, KAHER, BELAGAVI



**KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH**

(Formerly known as KLE University)

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JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

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Web: <http://www.kledeemeduniversity.edu.in> mail: [info@kledeemeduniversity.edu.in](mailto:info@kledeemeduniversity.edu.in)



It gives me immense pleasure to know that the Department of **Kaumarabhritya** of **KLE University's Shri B.M. Kankanwadi Ayurveda Mahavidyalaya, Belagavi** is conducting International Conference "**Pallava - 2019**" - Unleashing milestones and also releasing the e-Souvenir on this occasion.

I assure that it is the right approach to address the issues and complexity in the treatment of children disease at par with the globe. I hope the scientific presentation discussion and other activities that are going to be held during this period will be of great help and will definitely leave new milestones.

The conference is of global importance in the field of research and will serve as an opportunity to provide a platform for the participants to exchange views, ideas, and experiences I hope this initiative will serve as a model for the rest of the country.

On this occasion, I take the opportunity to congratulate the chair person and all the committee members of the event for their sincere and dedicated contribution to make the conference memorable and fruitful

I wish the organizers the very best for the success of the Conference.

**Prof. Dr. V.A.  
Kothiwale**



## FOREWORD

-PRINCIPAL,  
KAHER AYURWORLD



Knowledge has a beginning but no end. One need to keep updated with the developments of respective fields. Especially in medical field it is very essential to peace with developments in knowledge as well as skills. It is also the responsibility of institutes of higher education to take up developmental activities as well as to impart the advances to budding and practicing scholars.

KLE AYURWORLD shouldered such responsibility and constantly disseminating the knowledge and imparting skills through various seminars, workshops, training programmes symposia etc. activities of regional, national and international level. PALLAVA is one such activity. PALLAVA represents beginning of a newborn life. This conference is intended to update the latest developments in the field of Kumarbhritya is one of the most dominant branch among Astang Ayurveda. . There has been exponential growth demand and acceptance in the society about Ayurveda Pediatrics. The initiative of Swarna Prashana was started from department of Kaumarbhritya, which have been most captivating practices of our hospital. The response from all over the country is over whelming including overseas delegation from eight countries. As the abstracts for presentations escalated and crossed 300, the scientific committee has tough time to accommodate. However, the committee managed to arrange parallel sessions to accommodate all the scholars.

In lines with unleashing milestoos concept, all the efforts were put together to bring out this Pallava E -souvenir as the elaborate source of knowledge. I must appreciate the efforts of E - souvenir committee for in time completion and bringing out the E - souvenir with good collections & compilations in attractive manner.

PROF. (DR.) B. S. PRASAD  
Chairman  
Organising Committee

## FROM THE PEN OF ORGANIZING SECRETORY



A newborn baby needs the highest care to be taken, it needs love and affection from the family, it needs utmost attention, sleepless nights, seamless efforts and team work....PALLAVA which means a new born leaf of a big tree ...took us on this sleek less journey where all the limits of BMK family were put on test .we set out on the quest to find the gems from all over the world keeping B M Kankanwadi Ayurveda Mahavidyalaya as fulcrum .and setting them into the crown..

Every department irrespective of the specialty, all the teaching and non teaching staff, every student , every entity of this family with gallantry support of our beloved principal Dr. B Shrinivas Prasad came together to make PALLAVA 2019-UNLASHING THE MILESTONES , INTERNATIONAL CONFERENCE A GRAND SUCCESS. KLE society and KAHER has been everlasting support with us

ATHITI DEVO BHAVA is what we Indians believe in, international guests were showered with our hospitality, our own kith and kin who participated from all over the country where welcomed with open heart everyone was taken care of, this international conference had created a flow of knowledge introduced us to numerous new innovations of the subject .

Knowing that every step forward is a step towards achieving something bigger and better than your current situation, we thank all the brilliant resource persons for their invaluable time treasure of wisdom blessing us with their aura of knowledge. We thank our special invitees to honor us with their presence. I thank every person who has been the part of this unbelievably precious journey.

**Dr. Aziz Arbar**

**(Organizing Secretary)**

## FROM THE PEN OF CO ORGANIZING SECRETARY



Dr. Shekhar Annambhotla  
BAMS, MD (Ayu), LMT, ERYT, RAD, DAM  
Founder – Ojas, LLC – Ayurveda Wellness Center & Global Ayurveda Conferences, LLC &  
Global Ayurveda Academy, USA & Dosha Botanicals, LLC  
AAPNA – Association of Ayurvedic Professionals of North America, Inc  
567 Thomas Street, Coopersburg, Pennsylvania, USA  
Phone: +1-484-347-611

I am delighted that KAHER's Shri BMK Ayurveda Mahavidyalaya is organizing the international conference "*Pallava – 2019 Unleashing Milestones*" through the Department of PG studies in Kaumarabhritya in collaboration with Association of Ayurvedic Professionals of North America, Global Ayurveda Conferences, LLC & Premdani Ayurveda Clinic, the Netherlands on 4th – 7th December 2019 and creating an e – souvenir.

Ayurveda is a very elaborate and vast medicinal science. It deals with several kinds of complex ailments and surgeries. The science of Ayurveda is divided into eight different categories that clearly demarcate the treatment of one illness from another. That is why Ayurveda is often referred to as Ashtanga Ayurveda, i.e., the life science with eight branches. The eight different branches of this traditional medicinal therapy are Kaaya Chikitsaa, Graha Chikitsa, Shalakyata Tantra, Agada Tantra, Rasayan Tantra, Vajeekeeranachikitsaa, Shalya Tantra, and Baala Chikitsaa.

Baala Chikitsa is also known as Kaumarabhritya and deals with the diagnosis and treatment of diseases related to pregnancy, childbirth, and conditions of children (Pediatrics). Kaumarabhritya is a comprehensive study of prenatal and postnatal baby care as well as different ailments under the branch of gynecology. This section of Ayurveda aims to achieve a healthy and disease-free society by striving for the well-being of a child from conception.

Kaumarabhritya, though an ancient science, has documented that the mental and physical states of the mother have a direct effect on the health of the child.

The department's vision is to be a leader in Ayurvedic pediatrics in the world in imparting knowledge, skills, caring for children's health, and research.

For decades, the KAHER's AyurWorld has been faithful to its mission to provide relevant and globally competitive professional Ayurveda education that guarantees care using knowledge and compassion with its unique slogan of "*Blending tradition with technology and evolving innovations.*"

This conference provides a unique platform for domains such as pediatric respiratory medicine, pediatric neurology, pediatric nutrition, genetics, immunology, contemporary pediatrics, and maternal care.

I congratulate the organizers for spearheading an important conference envisioned to further develop the clinical application of the long-established knowledge of Kaumarabhritya and Ayurvedic sciences.

May the conference be a resounding success.

Dr. Shekhar Annambhotla

November 12, 2019



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## RESOURCE PERSONS BIO DATA



**Dr. Shekhar Annambhotla**  
Director & Founder  
Global Ayurveda Academy  
President of AAPNA, USA

**Dr. Abhimanyu Kumar**  
Vice Chancellor  
Jharkhand



**Dr. Jorge Luis Berra, M.D.**  
Director  
Fundación de Salud Ayurveda Prema  
Colaborative Centre Gujarat Ayurved University –

**Dr. Etienne Premdani**  
Premdani Ayurveda Clinic, Netherlands



**Dr. Manisha Bhandankar**  
Professor & Neonatologist  
Dept. of Pediatrics  
KAHER's JNMC Belgaum

**Dr. B.M.Singh**  
Professor & HOD  
Dept. of kaumarabhritya  
Faculty of Ayurveda Banaras Hindu University,



**Dr. Shailaja U.**  
Professor & HOD  
Dept. of kaumarabhritya  
SDM College of Ayurveda Hassan



**Dr.Laxmeesh Upadhya K**  
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Dept of Kaumarabhritya,  
JSS Ayurveda Medical College, Mysore

**Dr.Roshani Anirudhan**

Professor & HOD  
Dept. of Kaumarabhritya  
Government Ayurveda Medical College,  
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**Dr. Reena Kulkarni**  
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**Dr. Rajgopal**

Associate Professor & HOD  
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AIIMS, Delhi



**Dr. Mini Muralidhara**  
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Thiruvananthapuram

**Dr. Nayankumar. S**

Assistant Professor  
Dept. of kaumarabhritya  
SDM College of Ayurveda Hassan



**Dr. Dinesh K.S.**  
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Dept. of Kaumarabhritya  
V.P.S.Warier Ayurveda College, Kottaikal





**Dr. Srinidhi Acharya**  
Associate Professor  
Dept. of kaumarabhritya  
National Institute of Ayurveda, Jaipur

**Dr. Chetan**  
Professor, Dept. of kaumarabhritya  
Taranath Government Ayurvedic Medical College,  
Bellary



**Dr. Kumari vandana**  
Research Associate in Genetic division of  
Department of Paediatrics  
AllIAMS, Delhi

**Dr. Srihari,**  
Associate Professor, Dept. of kaumarabhritya,  
Faculty of Mahatma Gandhi Ayurved College, Hospital and  
Research Centre.  
Salod, Wardha, Maharashtra



**Dr. C.M Sreekrishnana**  
Renowned Ayurveda Practioner  
Kerala

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## THE LEGEND OF KAUMARABHRITYA

Dr.C.H.S Sastry, the Legend of Ayurveda commune, with his mastery in kaumarabhritya province, was born on 14<sup>th</sup> February 1942 and brought an ocean of knowledge and expertise along with him. He has staunchly lived his precious decades of life to Ayurveda profoundly to Kaumarabhritya. He leads among the finest examples of true professional in education by setting a new horizon and trend in Ayurveda with infinite contributions to Kaumarabhritya, establishing it as a discipline distinct from other fields. He has nurtured many students and researcher professional from his knowledge. Dr.C.H.S Sastry has done a colossal work in Kaumarabhritya. He is a committed & tireless leader who has contributed to the growth of Kaumarabhritya. Sir has an influential leadership quality that has helped advancing goals and priorities in much focused way resulting in enhancement of quality of knowledge in Kaumarabhritya.

Sir was a topper in integrated medicine from Govt. Ayurveda College, Hyderabad, and Andhra Pradesh. He obtained his Doctorate degree from B.H.U in Balaroga (Ay). An icon like Dr.C.H.S Sastry is abundance of knowledge and have shared it rather than hoarding it, as he served in top positions like Professor, Kaumarabhritya, IPGT&RA, director in NIA Jaipur, Director in ISM&H, NCT, Delhi, Director of CCRAS (1/12/90 to 31/8/94) and Advisor (Ayurveda) for Govt. of India. He has also worked as Medical officer Municipal at dispensary Tenali, AP (1963 to 1975) and done his Ph.D from BHU. Not only in India, he has also evinced his knowledge internationally by visiting Chicago, Seoul, Beijing and New York and got acquainted with their traditional medicines. He has miraculous paper presentations both within and outside the country like at Japan and New York. He loves teaching and has an attitude of research. And from his great knowledge and wisdom providentially many students reaped benefit as he guided about 100 thesis in Prasuti and Balaroga and more than 100 post graduate students in Kaumarabhritya in his long career. He is the first person in the country to be placed in highest pay scale equivalent to Principal Secretary of a State. He made Kaumarabhritya more radiant with credits of interacting with solemn personalities like Prof. P.V Sharma, Yadunanandan Upadhyay, Deshpandey, Damodar Goud & Prem Vathi Tiwari and discussed on various topics of ayurveda. He is a proud disciple of P.V Tiwari and Chandan Chaturvedi.

Sir has gone an extra mile to take Kaumarabhritya to the next level in Ayurveda, which has set a new path for many teachers, scholars to evident various strengths and aspects of Kaumarabhritya. This institution thus bows in respect and looks forward to draw more inspiration from you. We are grateful for your dedication and willingness to child health care.

Dr.C.H.S Sastry is thus an epitome of curiosity and dedication to Ayurveda. May Lord Dhanvantari bestow his blessing on you to infuse more strength and serve mankind!

## ABOUT THE INSTITUTE

Shri B M K Ayurveda Mahavidyalaya, PG studies and Medical Research Centre, A constituent unit of KLE Academic of Higher Education and Research, Belagavi, Karnataka is recognized by Department of AYUSH, Government of Karnataka. Accredited 'A' Grade by NAAC and Placed Under 'A' Category by MHRD GoI. Courses offered in the Institute are all recognized by Central Council of Indian Medicine, New Delhi.

### Genesis of Institute

Late Shri B M Kankanawadi during his service in Police Department had to go through an unfortunate episode of ill health of his wife. She had been consulted to a lot of physicians for her survival and all gigantic efforts were futile. While amidst that, an Ayurveda vaidya was consulted as a hope of ray, but the vaidya predicted the pulse and said that he would treat her after 15 days. After 15 days Mrs Kankanawadi died, with agony Mr Kankanawadi confronted the Vaidya. The vaidya said that if she had survived these days then she could have lived and substantiated that her pulse predicted all that on the consulted day. Though the B M Kankanawadi was devastated by her death, he could see this Ayurveda as science of life an exquisite store house of knowledge.

The untimely death of Mrs Kankanawadi was inconceivable and turned to be a beacon for the then Karnataka Ayurveda Vidyapeeth Society's Ayurveda College, Hospital and Pharmacy which is now known as KLEU's Shri B M Kankanawadi Ayurveda Mahavidyalaya, PG studies and Research centre.

### Metamorphosis of Institute

- 1933: Philanthropic act and donation of life's saving rupees 50,000 paved way to Karnataka Ayurveda Vidhyapeeth Society's Shri B M Kankanawadi Ayurveda Mahavidyalaya at KLE Societys Lingraj College.
- 1938: Considering the Futuristic Clinical importance college was shifted to town building at Khasbhag, Shahpur with attached hospital.
- 1964: Work radiance and ground requirement lead to shifting of College to existing primordial building which was inaugurated by the then Chief Minister of Karnataka Late Shri S Nijalingappa.
- 1990: KLE Society took over the Institute leading to the multifaceted developments.
- 2005: Khasbhag Hospital which served from 1938, neighbored the college with multispecialty OPD's, highly equipped OT's, Diagnostic wing and IPD of 280 beds.
- 2008: New Ambient Hospital was Inaugrated by, then Chief Minister of Andhra Pradesh Dr Rajshekhar Reddy. New Post graduational courses were granted and New PG Block was sanctioned.
- 2010: Research was strengthening by addition of Animal House. Inaugrated by Shri Hon. Governor of Tripura Dr D Y Patil.
- 2012: Manthan PGBlock was inaugurated by then Honorable Union Helath Minister Shri Ghulam Nabi Azad.



- 2015: Existing Hospital was extended to first floor to meet demanding needs with HARIDRA (deluxe suits and VVIP rooms) was Inaugurated by AYUSH Minister Shri Shripad Naik. NAAC “A” grade 2nd Cycle was accredited to University & College.
- 2016 : Institute became INDIA’s only Institution with NAAC & NABH Accreditation in AYUSH Sector
- The growth of Mahavidyalaya was contributed and evidenced chronologically by Principals Dr S C Nandimath, Dr B S Jirge, Dr A V Gadag, Dr B C Yadur, Dr K J Hiremath, Dr S V Pavate, Dr S S Hosmani, Dr C C Angadi, Dr V M Hiremath and presently Dr B S Prasad.
- Institution has come up with following Innovative phases of starting many new platforms to excel Ayurveda aspirants.

### Central Research Facility (CRF)

Central Research Laboratory was started as a Laboratory in 2006 by pooling the instruments in various departments with the aim of enhancing interdepartmental utilization of facilities by faculty and students. It is a brain child of vision of Principal, Dr B S Prasad.

Through its diversified research activities CRL has transformed as Central Research Facility (CRF) an agglomeration of Analytical laboratory, Pharmacognosy, Microbiology, Medical Research Centre, Publication Facilitation Unit, Ayurtech & Incubation Center, which has been inaugurated by then CCRAS Director Dr. G. S. Lavekar on 8th February 2009. Animal experimental laboratory, a part of CRF, which is registered with CPCSEA for testing on small animals, has been inaugurated by Hon’ble Governor of Tripura Dr. D. Y. Patil in 2010. Four Institutional Research Committees are monitoring, guiding and reviewing the research quality.



Dept. of AYUSH, Govt. of Karnataka has recognized our center as approved Drug Testing Laboratory for ASU drugs in 2011. Since its inception, CRF has contributed in analyzing 2261 raw drugs, 1133 finished products, authentication of 1471 drugs, conducted 99 animal experimentations for pharmacies, PG & PhD Scholars.

Institute offers the services to outside researchers and pharmacies also. Till now 112 PG & PhD scholars of 25 educational institutions and 15 pharmacies have availed our facilities for their research and quality control studies including 15 animal studies.

Institute has been working in 21 research domains like Ayurgenomics, development of animal models as per Ayurveda basics, drug development, cancer cell line, environmental studies, ethnobotanical surveys, pharmacokinetics, safety, efficacy & toxicity studies, RCTs, observational studies and design & development of therapeutic equipment.

CRF has engaged in disseminating the knowledge by conducting 23 workshops/hands-on training having 807 beneficiaries. CRF has organized National workshops on - Experimental & Analytical techniques, Pharmacognosy, Scientific writing, GCP, GLP and Intellectual Property Rights.

## Department Of Ayurveda Medical Education (DAME)

In the year 2009, the Mahavidyalaya took an innovative and distinct step of starting Department of Ayurveda Medical Education (DAME). DAME has been working for teaching and curriculum development in Ayurveda. DAME has been recognized as **Regional Centre for Training to Teachers (TTT) by Central**



**Council of Indian Medicine.(CCIM) in March – 2015.** DAME since inception has conducted nearly 450 activities including **curriculum designing and development (299 activities), teaching training and technology (91 activities) and feedback and evaluation (60).**

Mahavidyalaya started OSCE (Objective structured Clinical examination) & OSPE (Objective structured Practical examination) pattern of examination in the year 2013. Under the KLE University the Mahavidyalaya could start certificate courses in 8 streams since 2010 namely Panchakarma, Kshaarsutra, Vajikarna, Ayurveda dietetics, Ayurveda cardiology, Ayurtech and Ayurgenomics. In year 2017 started Fellowship course in Ayurevda oncology.

Department is lead under **Chairmanship: Dr. B. S. Prasad, M.D. Ph.D. and Chief Coordinatorship of Dr. P.G.Jadar, Professor.**

## SPECIALITY CONSULTATIONS

**Dr B S Prasad** redefined the Ayurveda consultation by initiating speciality outpatient departments for meeting requirements of society namely

**Swarna Bindu Prashana**- A unique Ayurvedic Method to boost immunity and intelligence. This procedure has been brought back to practice by our institute and hold pride in spreading it throughout India. Nearly 2000 kids make use of this service every month. Each child spends not more than 10 minutes in a new case and not more than 5 min in follow up cases although the number is so high. Every time the child is screened and hence the health problems are evaluated every month.



## **GARBHA SAMSKARA** – AYUR ANTI NATAL CARE

Ayurveda approach to healthy progeny is an innovative program of the prasoothi and streeroga department wherein every pregnant woman is offered following programs mainly to face the process of delivery without fear. Education about normal pregnancy and changes occurring during pregnancy, Monthly Dietary Regimen to be followed during pregnancy



## **HRIDYA CLINIC** – AYUR CARDIAC CARE

Section of Preventive Cardiology offers services to patients with cardiovascular disease and those who have a high risk of developing it. Individualized programs are designed to reduce risk factors and prevent disease from getting worse. Our team includes specialists to offer Panchakarma treatments, Rasayana treatments, nutritional services, exercise programs, stress management and cardiovascular disease risk-reduction programs. Rehabilitation plan is designed to meet your needs. You may need six weeks, six months or longer to learn how to manage your condition and develop healthier habits.



### **NIRVISHA CLINIC** – Toxicology and detoxification centre

Food and water are the main sources of our life. In our day-today life, we are consuming pesticides, insecticides and various other toxins incidentally along with foods which are responsible for various skin manifestations like Urticaria, Eczema and Psoriasis etc. These skin disorders manifest as a result of incompatible food intake and also due to side effects of certain medicines. Nirvisha works for combat such disorders with branch of Agadtantra.

### **SAMVARDHANA CLINIC**- A treatment and rehabilitation centre for all special children

Comprehensive team of Ayurvedic Pediatrician, Manasaroga Specialist, Yoga & Naturopathy Specialist, Speech Therapist, Physiotherapist Ayurvedic Dietician, Psychotherapy takes care of Physically and mentally challenged children who visited our hospital were registered and screened for their disabilities like, Cerebral palsy, Mental retardation, ADHD, Learning disabilities, Enuresis, Speech problems and other developmental disorders. This multidisciplinary approach of treatment helps in promotion of intelligence, memory, reduce hyperactivity, increase concentration, reduce spasticity etc.

### **DIABETIC CLINIC** – Ayur Madumeha Care:

Diabetes in Ayurveda is dealt under Prameha. All types of Prameha terminate into Diabetes Mellitus (Madhumeha) in the absence of proper treatment. Clinic aims to ensure the highest quality of care for diabetic patients both in hospitals and in primary care, promote awareness of and interest in diabetes mellitus and diabetes care both locally and nationally, provide a resource of information about diabetes care for patients and others.

### **THYROID CLINIC – Ayur Thyroid Care**

From the vision of Ayurveda, rather than replacing hormone, it gives much added position to modifying Agni (Basal Metabolic Rate) and augmenting Vyadhikshamatwa (immunity). This helps body to correct BMR which seems to be the best for Thyroid patients for attaining quality life. This is accomplished by adding medicaments having actions like deepana, paachana, rasayana, medodoshara & balya etc along with adapting suitable diet, life style modification & practicing yogic methods regularly to avoid lifetime consumption of synthetic hormones. Clinic cadres to all form of thyroid dysfunctions with successful outcome which testified by great follow up of patients.



## CANCER CLINIC – AYUR CANCER CARE

Importance of integrated approach to cancer patients was conceived much earlier by Institute, which has become need of hour by keeping patient centric therapies, Institute has taken a step in this regards and started various activities from organising regular free cancer camps thrice every month. A Fellowship course in Ayurveda Oncology (Duration 2 years)

in collaboration with Rasayu Cancer Clinic, PUNE which is dedicated Ayurveda cancer centre since two decade has been initiated with an objectives of exploring Ayurveda in cancer and creating human resources to aid & extend alternate therapies for Cancer. Clinic provides comprehensive care by providing Ayurveda Cancer consultation, Personalised cancer therapy, Counselling, Diet consultation, Yoga, Panchakarma cancer specific.



## UTSAHA- (Rejuvenation clinic) Life style Management and Rejuvenation Centre

This unit focuses on making the healthy individuals healthier along with the treatment of Occupational Hazards and Obesity which is the current global concern by detoxification of the body followed by rejuvenation. Integrated approach of Panchkarma, Physiotherapy, Yoga, Meditation and Diet is practiced to deal these ailments. Clinic provides • Expert consultation along with Prakriti assessment, Anthropometric measurements, Rejuvenation therapy, relaxation therapy and Seasonal cleansing.

## HOLISTIC PAIN MANAGEMENT CLINIC

Ayurveda explains the origin of pain is due to vitiated Vata dosha, once vata dosha is treated efficiently the pain subsides automatically. Pain clinic is an innovative approach where cause for pain is evaluated and managed by integrating many departments like Panchakarma, Kayachikitsa, Shalyatantra, Yoga, and Physiotherapy. Ayurveda explained very effective treatment modalities like Agnikarma, Jaloukcharana, Siravyadhana and other Panchakarma procedures for pain management without any adverse effects. These are combined according to the need and disease condition of the patients.



### Srishti Fertility Centre

**Srishti Fertility Centre** is a KLE innovation and was inaugurated in the year 2008. Srishti Fertility Centre of KLE Ayurveda Hospital is a well-equipped unit and serving the society since years for a healthy progeny. Works with aim to give best possible outcome for every couple that seeks our help through ancient science varied skills and experiences in order to have healthy progeny



### Manasoullasa- Deaddiction Centre

Center is successful in managing various psychiatric disorders like Anxiety disorders, mood disorders, Substance abuse, Insomnia, schizophrenia, psychosis etc. Mental health promotion is actively perceived through various radio talks, guest lectures and camps. Psychological approaches are working on satwa, raja, tama (Psychological properties), prajna (consciousness), indriya (sensory & motor functions), buddhi (Intelligence), and sheela (habits) etc. Re working on mental health and reinforcing positive psychology is through approaches of rasayana, dinacharya, rutucharya, sadwrutta (ethical code of conduct).

### PRĀNADĀ RESPICARE CLINIC

In present era conditions like TamakaShwasa (Bronchial Asthma), COPD (Shwasa, JaraKasaRoga), Hikka (Hiccough), KasaRoga (Chronic Bronchitis, Bronchiectasis), Urakshata, Kshaya / Sosha (Pulmonary Tuberculosis) are said to trouble the patients and need to be addressed quickly with proper therapy and medications of *Ayurveda*. With this thought PRANADA Respicare clinic is a KLE innovation and was established in 2010. This



speciality clinic primarily evaluates and treats people with diseases of lungs and the other organ of breathing in Adults. In Asthma, Chronic bronchitis & Emphysema(COPD), Bronchiectasis and Bronchiolitis, Pulmonary Tuberculosis(TB) (Supportive therapy), Cancer – Lung, Pleura & mediastinum (Add on therapy), Eosinophilic lung disorders – Tropical pulmonary eosinophilia, Allergic bronchopulmonary aspergillosis(ABPA), Sleep disordered breathing- obstructive sleep apnoea, central sleep apnoea etc. the PRANADA Respicare Clinic offers a range of treatments (Herbo-mineral Medicines, Panchakarma, Medicated Dhoomapana etc.) and advice on how patients can manage these conditions.

**KANKAYANA** – A Treatment Centre for ENT and EYE disorders.

A special ocular therapy unit established for the treatment of various ocular ailments. In these unit special ocular therapies like Seka, Aschyotana, Anjana, Tarpana, Putapaka, Nayanabhyanga, Annalepa, and a set of eye exercises and ENT carrying Nasya / Shirovirechana, Gandoosha, Kavala, Pratisarana, Pracchanana, Lepa, Hanubasti, Karnapoorana, Karnadhoopana, Karnaparimarjana, etc are carried out.

### **SKILL LABORATORY**

Hospital has established YOGYA clinical skill lab for providing the proper basic knowledge, motivation and hands-on trainings, through which the fundamentals of a system can be made inherent and the self-confidence of the scholars to perform a procedure in a manner analogous to workshops on surgical techniques, students were expected to refine their skills on the various materials which simulates with the actual conditions. Eg- art of bandaging or ligaturing. It trains nursing staff, students and PG scholars.



Our Teaching Ayurveda Hospital has been accredited by NABH in 2016 (National Accreditation Board for Hospitals and Healthcare Providers). It is the only Teaching Ayurveda Hospital first in Karnataka and second in India having NABH accreditations. With this KLE AYURWORLD became the 1st and the only Ayurveda Institution to have Skill laboratory with wide range of simulators.



### **PHARMACY**

Presently the pharmacy is in production of 286 classical preparations, 9 propriety and 2 food products making it to total 297. Pharmacy has come up with monograms of Grahya Lakshana for 35 drugs and Standard operating procedure for 25 products. It has sponsored 8 research projects of post graduate scholars. Since 2010 till 2016 it has conduct more than 140 activities form stall exhibitions in international conference's (23) to training programme (15) and drug preparation research (55) and many more.



## AYURTECH

Ayurtech Department was established in 2014, which was Innovative step taken by Principal Dr B S Prasad. The department works for Instrumentation in Ayurveda by adopting recent technology and could realise two yantra namely Basti and Nasya Yantra. Couple of other yantra are being in framework and Institute has applied for 5 patents.



## VRUKSHAYURVEDA

Existing herbal garden was named as department of Vrukshayurveda for exploring new horizons. The Department was started in the Year of 2011. Since then the department has conducted various workshops viz, Vermicomposting, sampling techniques, seedling techniques, cultivation techniques etc.



Department serves for preserving and treating of seeds, preparing pits for planting, sapling, selection of soil, method of watering; nourishment and fertilizers, plant disease and protection from internal and external diseases, layout of a garden; agricultural and horticultural wonders, ground water sources etc. PUNARNAVA Nursery vermicomposting manure facility is an added advantage to the department.

The Department has a mission of Developing a Species and planting technique models for Karnataka, Road side Plantation, School and Institutional planting, and Town and City plantations, Farm forestry. Till 2015 more than 7500 plants have been planted under flagship of Vanamahotsava and in 2016 on occasion of Centenary of KLE society 10,000 saplings were planted. It is able nurture 14 endangered, 67 rare plants and is source for more than 400 species & 325 genera of plants.



## THE MAIDEN VOYAGE OF KAUMARABHRITYA

In 20<sup>th</sup> century, Ayurveda education went a sea change; it became institutionalized, which maintained training of all the 8 branches of Ayurveda. As institutions started grounding, these institutes renamed Kaumarabhritya to Prasutitantra in tune with modern medicine and management of neonates/children was done either by obstetrician or physician. Paediatrics as speciality was established in later half of 20<sup>th</sup> century.

**Previously Kaumarabhritya was under the umbrella of Prasutitantra** Streeroga the reidentification of this branch as separate speciality by the CCIM reiterates its importance. The same has been the situation in the contemporary sciences too, where paediatrics as separate branch was established only few year ago.

IN BANARAS HINDU UNIVERSITY, VARANASI, INDIA after abolishing the ayurvedic college PGIIM was established which also had department of Prasutitantra which dealt with obstetrics, gynaecology and paediatrics. Late Professor **Chandan Chaturvedi** fought relentlessly single handed to establish Kaumarabhritya as distinct speciality, with stepwise advancement towards goal in November **2006**. The governing body of education of Ayurveda Accepted it and now it is bearing good fruits.

The department of kaumarabhritya/balroga has started to expand functionally since the date of creation as evident from the introduction of new self-financing course – PGDNCC (Ay), which is supported by more than eleven departments of three faculties i.e faculty of Ayurveda, faculty of modern medicine, faculty of management studies of world fame Banaras Hindu University.

PGDNCC is a uniquely designed course for medical talent who are interested in learning management of neonates and pediatric disorders with medical sciences specially Ayurveda and modern science latest technology under competitive global scenario. This program will help participants to develop not only the subject specific management competencies, but also enable them to improve and achieve their efficiency and career potential respectively.

The kaumarabhritya/balaroga had its seed sown from the day of inception of dep't of prasutitantra in PGIIM, COLLEGE OF MEDICAL SCIENCE, BHU. By 1974 its academic research and hospital services activities expanded so much. It attained the status of academic unit with DR. CHATURVEDI as incharge.

Considering the quantum of output of the unit, its socio-medical need and scope of work, the university administration as an independent unit academically and administratively both (vide executive council resolution no. 34 dated 15/6/1980). In 2006

Department of kaumarabhritya/ balaroga was established independently. With the passage of prof. C Chaturvedi retired and Dr. R.D SHARMA took over as in charge, kaumarabhritya unit in 1993. Eminent stalwarts of the subject like VAIDYA CHS SASTRY, VAIDYA D N MISHRA, VAIDYA AYODHA PRASAD ACHAL, VAIDYA KRISHANIAH, Vaidya Ramchanddra etc revolutionised the branch of Kaumarabhritya. Guided by their able tutelage, the disciples of these vaidyas have further spread their message and strengthened the age-old science throughout India and abroad.

As mentioned by Kashyapa, Kaumarabhritya is one of the most important branche among astang Ayurveda as it deals with prevention and cure of childhood diseases. The aim of this branch is hassle free development of children. “A healthy and intelligent child is a national wealth”. Tomorrow’s nation is built on today’s healthy child.

Ayurveda has gained wide recognition for its contribution to genral medicine and surgery whereas less in known to the world about new born care, perinatal care and child health care. Although it is known that pediatric care was well described in different text of Ayurveda.

There is wide scope for Ayurveda in the areas of pediatric practice like,

- Immunity.
- Mental health care.
- Ayurvedic Pediatric respiratory medicine.
- Ayurvedic pediatric Dermatology.
- Developmental disorders arising from chromosomal abnormalities, birth insults metabolic disorders etc.
- New born care.
- Nutrition and Malnutrition.
- Pediatric Panchakarma etc.

Now it is the responsibilities of Ayurvedic and Kaumarabhritya Scholars to develop, nurture, propagate and educate true Ayurvedic pediatric science

## SWARNABINDU PRASHANA-ACTIVITIES AND RESEARCHES IN BMK

### **KLE Ayurworld's Innovation for Child health care Since Oct 2007**

“Suvana Bindu Prashana”, as known to the world, was first introduced by KLE Ayurworld in a large scale in the year 2007 on October 7<sup>th</sup> with a 88 children which eventually grew to over 3,000 under five year children. This is the highest number of attendance for below 5 year children attending any camp in the country. The success of the program was so roaring that it took up like a wild fire all across the country and globe. In this article we intend to put forth our story and the thought process behind the success of the program.

“**Suvarna Bindu Prashana**” basically is the proprietary name of a product of KLE Ayurveda Pharmacy. It is one of the methods of suvarna prashana explained in Ayurveda as unique method of boosting immunity and intellect of children. It is an Ayush licensed product.

Suvarna has the properties like that of Medha vardhana, Agni vardhana, Bala vardhana, Vrushya, Ayushyakara, Grahapaha etc. These unique properties can't be left unharnessed as they can be made use to strengthen an individual.

Suvarna Prashana is practiced by many grannies of the family but it is not reached to every child, but the concerns of health and intelligence at every group of today's generation. With this motto to make this drug to reach every child the Department of Kaumarabhritya of KLE Ayurveda Hospital, Shahapur, Belgaum has taken this pious step to organize such huge camp for children under 5 years with a cost that can be reached by every class of people. It was started from October 7, 2007 in KLE Ayurveda Hospital, Shahpur, and Belgaum.

#### **What it is Suvarna Bindu Prashana?**

Suvarna Bindu Prashana is the method of Suvarna prashana as explained in Kashyapa Samhita, Lehana adhyaya.

According to the pages of Ayurveda the method of Suvarna Prashana is known to increase Medha (intelligence), Agni (Digestive capacity), Bala (immunity), Ayushya (Longevity). It also considered being Mangala (Auspicious) Punya, Vrushya (Aphrodisiac). The method includes administration of Gold with honey and ghee for the desired effect

#### **Why on Pushya nakshatra?**

Pushya nakshatra has a great importance in Ayurvedic medical science. It is considered to be very auspicious day. The collection of the drugs and there utility on the body on this day is said to have a special importance as it is considered to be very effective in terms of action. There are many research studies still going on to explore the logic behind it, one of such studies is being done in our own hospital.

Since the drug is used in children for the sole benefit to increase immunity and intelligence, which is the prime concern of many parents and the family, it is being practiced on this auspicious day.

### **Why only to children under five years?**

Kids under five years have a very poor immunity as this system is still under developed. And hence children require immune boosters to make them immune potent. The brain is also still at a growing phase under five years. Thus when an intervention is done at this period the desired effects are attained with a better peak. There suvarna prashana has a great role to play in children under five years.

### **Scientific Documentation:-**

A Suvarna prashana drop was first started in October 2007. From 2007 to 2014, the detailed record of every child was done on manually.

Every child who came for administration of drops was under going a detailed history taking and examination. Every child was given an immunization card and same was used to intimate the next date. The card also has the entry of height and weight of the child to assess the growth.

### **Current trends in Suvarna Prashana:-**

As days advanced, many technological trends and reforms were made to pool the data and to give individualised suvarna prashana.

To attain this goal the software for suvarna bindu came into account in year 2015. Every child who comes for administration of suvarna bindu has a separate record in suvarna bindu software and the software itself calculates the prakruti of child. So, the drops are administered to the child on the basis of their prakruti. Only the dominant part of the prakruti is calculated through the software.

Every child is given a suvarna bindu card for further schedule of drops of every month and the card has the entry of height and weight of the child to assess the growth. Every child is periodically assessed once in every 6 months. The record of all follow up visits is saved in the software for further use.

Thus KLE Ayurworld has given a new horizon in child health care and has set a new milestone in the field of KAUMARABHRITYA.

### **Research backup:-**

There are many research studies still going on to explore the logic behind it, two of such studies is being done in our own hospital.



## CLINICAL SUCCESS STORIES- BMK

Name Of The Consultant	<b>Dr. Pankaja P.Savanur,</b> Reader, Department Of Koumarbhirtya, Kaher's Shri Bmk Ayurveda Mahavidyalaya Belagavi Karnataka
Diagnosis	<b>Vipadika</b>
Case Details	<p>An 8 year girl staying in rural area near Belagavi came to OPD with complaints of cracks in both heels with peeling and blackish discoloration, pain, itching and bleeding occasionally since last 3 years.</p> <p>The patient was diagnosed as plantar psoriasis and was treated with steroids, moisturizer creams and vitamins. The patient had cracks in palms also; by the above treatment the cracks of the palm have been reduced. Even then the patient was not having satisfactory result and approached for Ayurvedic treatment</p> <p>On examination all the vitals were normal, Hb% was 12, on local examination- the cracks were symmetrical on both the soles, dryness, itching and cracking in both soles. Surface was rough and dry. Skin was dark colored with excessive cracks, blisters were absent, demarcation absent, keratosis absent and scaly plaques absent.</p> <p>By seeing the nidanas such as ruksha and vatajaaharavihara, came to know that- Vatakaphaprakopa occurred leading to rasaraktadushti and sthanasamshraya in pada leading to sphutana of pada and teevravedana. So we planned for vatakaphaharatreatment to the patient.</p>
Treatment	<p>Patient was given sukumaraghrita 5 ml early morning followed by sarvangaabhyanga with murchitaila and nadisweda for 7 days. After this veshtana to the pada was done with Nalpamaraitaila and Mahamanjishtaditaila. Patient was discharged after 7 days with continuation of Internal Sukumarghrita and application of Nalpamaraditaila and Mahamanjishtaditaila.</p>
Outcome	<p>After 1 week during followup there was complete relief of symptoms and treatment was continued for another 15 days by adding Ksheerabala capsule 1 bid</p>
Logical Explanation Of The Line Of Treatment	<p>When we came through the case, we saw that there was no oozing or crust formation, hence excluded vicharhika.</p> <p>In padadadri only soles are involved and vata is predominant dosha, hence was excluded.</p> <p>In psoriasis- we can see red scaly plaques, hyper keratotic areas, well demarcation, painful cracking and fissuring which is absent in the case and hence excluded</p> <p>So we came to the conclusion of diagnosis of vipadika with vatakahpa involvement and vatakahpa treatment was adopted.</p> <p>Nalapamaraditaila has antipruritic and soothing action which helps to promote healing of lesion. It is also antioxidant, which is used in many skin infections. Mahamajishtaditaila which is used as varnya, which might have helped the patient which had excessive discoloration of foot.</p>

Before treatment

1<sup>st</sup> Visit



After treatment

2<sup>nd</sup> Follow up



NAME OF THE CONSULTANT	<b>Dr. Veena K.H.</b> Reader, Department of Kaumarabhritya, ShriB.M.K.Ayurvedamahavidyalaya, Belagavi-Karnataka																																																																																																
DIAGNOSIS	<b>Kamala</b>																																																																																																
CASE DETAILS	<p>A 12 years male child brought by the parents to the Kaumarabhritya OPD of KLEU ayurvedic hospital of sahapurBelagavi with following complaints  Chief complaints : yellowish discoloration of sclera &amp; urine associated with the fever &amp; vomiting since 4 days  <u>History of present illness:</u>  the child was said to be asymptomatic before 4 days one day he developed fever which is severe in nature for that he was given paracetamol 500 mg , fever got subsided again next day evening he developed fever with vomiting for that child was given same medicine , on third day parents noticed yellowish discoloration of eyes ( sclera ) &amp; urine which was again associated with fever , on next day morning the child was brought to the hospital with the same complaints</p> <hr/> <p><b><u>On examination:</u></b>  All vitals are stable  Icterus ;+++ , temp -102F , mild tenderness over the rt hypochondria  Dehydration : some ( due to vomiting )  <b><u>General &amp; systemic examination findings:</u></b>all findings are within normal limit  <b><u>Developmental &amp; vaccination history</u></b>:all milestones achieved in appropriate age &amp; vaccination completed as per the schedule</p>																																																																																																
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TREATMENT	<b><u>Shaman aushadhi given :</u></b>						
	Sl no	Day	Medicine given	Dose	Anupana	Kaala	Duration
	1	First day	Katukichoorna +haritakichoorna	3gm+3gm	With honey & nibukaswaras	Twice in day ( B/F)	For 5 days
	2		Tab: Nirocil	One	Water	Thrice ( A/F)	
	3		Syp : Kalamegha strong	15ml	Water	Thrice in a day	
	4		Guduchiswaras	30 ml	Water	4 times in a day	
	5		Triphalakashaya	30 ml	-	Twice in day	
	6		Sudarshana Ghana vati	1	Water	Thrice in day	
	<b><u>Diet during treatment</u></b>						
	Sr no	Diet	Time	Anupana	Duration		
	1	Ganji added with the trikatu	Morning	lukeWarm water	For 5 days		
	2	Soft rice ( kichadi) added with jiraka&maricha	Afternoon & night	Luke Warm water			
3	Nibookswaras added with saindahav	Afternoon	-				
OUT COME	Patient got relieved from the symptoms by one week of treatment						
DISCUSSION	Kamala is one among raktapradoshajavikara which is occurred due to vitiation of rakta along with the pitta , depending on the pitta involvement &sthana it is classified under two types those are sakhashrita&kosthashrita in both the line of treatment is virechana as virechana is said as the prime line of sodhana in case of raktaj&pittajvikara , in case of skhashrita kamala virechana is second line of treatment after bringing the dosha to kostha which is observed by purishranjana from tilapisthasannibha to pita varna then virechan is planned . in this case daily rukshavirechana is given by using haritakichoorna along with katuki which are said to be best anulomana <sup>10</sup> &bhedana dravya <sup>11</sup> respectively by acharya sarangadhara& helps in expelling the dosha in easier way as a virechana karma . Along with the tab nirocil&kalameghakashaya was given which are said to be best hepatoprotective&triphalakashaya is given to relieve the constipation &sudarshana Ghana vati is given to relieve the fever.						



IMAGES

**Before treatment**





**After treatment**



Name of consultant	Dr. Kaveri N. Hulyalkar – Assistant Prof. Department of Kaumarabhritya. Shri BMK. Ayurveda Mahavidyalaya, Shahapur, Belagavi.																																																																																			
Diagnosis	<b>Kamala</b>																																																																																			
CASE DETAILS	<p>A 5 years male child brought by the parents to the Kaumarabhritya OPD of KLEU ayurvedic hospital of shahapur Belagavi with following complaints  Chief complaints : yellowish discoloration of sclera &amp; urine associated with the fever &amp; abdominal pain since 2-3 days  <u>History of present illness:</u>  the child was said to be asymptomatic before 2-3 days. Gradually he developed fever which is severe in nature and associated with pain in abdomen for that he was given antipyretic treatment, fever got subsided again next day evening he developed fever with vomiting. on third day parents noticed yellowish discoloration of eyes ( sclera ) &amp; urine which was again associated with fever, on next day morning the child was brought to the hospital with the same complaints.</p> <p><b><u>On examination:</u></b>  All vitals are stable  Icterus ;+++, temp – 98 F , mild tenderness over the right hypochondria</p> <p><b><u>General &amp; systemic examination findings:</u></b>all findings are within normal limit  <b><u>Developmental &amp; vaccination history :</u></b>all milestones achieved in appropriate age &amp; vaccination completed as per the schedule</p> <table border="1"> <thead> <tr> <th>Sr. No</th><th>Lab Variants</th><th>On Admission</th><th>On 5 th day</th><th>On Discharge</th></tr> </thead> <tbody> <tr><td>1</td><td>Platelet count</td><td>-</td><td>-</td><td>1,86,000</td></tr> <tr><td>2</td><td>HB</td><td>-</td><td>-</td><td>9.9</td></tr> <tr><td>3</td><td>WBC</td><td>-</td><td>-</td><td>6,300</td></tr> <tr><td>4</td><td>Neutrophil</td><td>49</td><td>53</td><td>61</td></tr> <tr><td>5</td><td>Lymphocyte</td><td>42</td><td>40</td><td>33</td></tr> <tr><td>6</td><td>Monocytes</td><td>01</td><td>01</td><td>02</td></tr> <tr><td>7</td><td>ESR</td><td>110</td><td>80</td><td>70</td></tr> <tr><td>8</td><td>Bilirubin Total</td><td>3.3</td><td>3</td><td>-</td></tr> <tr><td>9</td><td>Bilirubin Direct</td><td>1.8</td><td>1.6</td><td>-</td></tr> <tr><td>10</td><td>SGOT</td><td>404</td><td>200</td><td>30</td></tr> <tr><td>11</td><td>SGPT</td><td>362</td><td>150</td><td>23</td></tr> <tr><td>12</td><td>Total Protein</td><td>6.5</td><td>6.4</td><td>-</td></tr> <tr><td>13</td><td>Albumin</td><td>3.5</td><td>3.5</td><td>-</td></tr> <tr><td>14</td><td>A/G ratio</td><td>1.0</td><td>1.0</td><td>-</td></tr> <tr><td>15</td><td>Alkaline Phosphatase</td><td>2101</td><td>1504</td><td>-</td></tr> </tbody> </table>				Sr. No	Lab Variants	On Admission	On 5 th day	On Discharge	1	Platelet count	-	-	1,86,000	2	HB	-	-	9.9	3	WBC	-	-	6,300	4	Neutrophil	49	53	61	5	Lymphocyte	42	40	33	6	Monocytes	01	01	02	7	ESR	110	80	70	8	Bilirubin Total	3.3	3	-	9	Bilirubin Direct	1.8	1.6	-	10	SGOT	404	200	30	11	SGPT	362	150	23	12	Total Protein	6.5	6.4	-	13	Albumin	3.5	3.5	-	14	A/G ratio	1.0	1.0	-	15	Alkaline Phosphatase	2101	1504	-
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	Treatment plan –	1) Tab Nirocil 2) Syp Kalamegha strong 3) Amruttara Kashaya 4) Hareetaki churna + Avipattikara churna 5) Guduchi swarasa
	Outcome -	Yellowish discolouration of urine and sclera was reduced. Abdominal pain reduced
	Discussion -	<p>Ancient acharyas mentioned that “Kamali tu virechanam” as chikitsa sutra for kamala. Patient was treated with an integrated approach of Ayurvedic treatment including virechana karma (purgation) and shaman chikitsa. Due to ushna, laghu, ruksha guna and having tikta, katu rasa of patola, amruta katuki ( ingredients of internal medication) enhances digestive capacity by hepatoprotective action and pittashamaka guna.</p> <p>In our classics single drug along with compound drug have been mentioned in kamala. All these drugs are having kamalahara properties. These Ayurvedic formulations relieve the symptoms like dourbalya( weakness), Kshudha ( Appetite loss), Pitamutrata ( yellow discolouration of urine ), Hrullas (nausea) and udarashoola( abdominal pain) .</p>

<b>Name Of The Consultant</b>	<b>Dr. Pankaja P.Savanur</b> Reader, Department Of Koumarbhirtya, Kaher's Shri Bmk Ayurveda Mahavidyalaya Belagavi Karnataka
<b>Diagnosis</b>	<b>Pitta Kaphaja Visphota (Stapha or Strepto Bacterial Infection)</b>
<b>Case Details</b>	An 8 months baby boy came to OPD with complaints of Rashes all over the body, Itching at the site of rashes since 2 months The patient was diagnosed as Strepto Bacterial Infection and was treated with Aterax drops 8 drops bid, Vitamin D3, Calpur lotion, calcium syrup, But no Satisfactory results. Exposure to Dirty water for bath has been identified as nidana for the same.
<b>Treatment</b>	Patient was given <ol style="list-style-type: none"> <li>1. Patolamooladi Kashaya - 20 ml bid</li> <li>2. Usheerasava-20 MI bid</li> <li>3. Siddharthaka Snana Churna</li> <li>4. Mahamajishtadi taila –External application</li> </ol> Next visit <ol style="list-style-type: none"> <li>1. Wormicid Plus 2.5 ml bid</li> <li>2. Abhyanga with Mahamanjishtadi taila</li> <li>3. Siddharthaka Snana Churna</li> <li>4. Fungase Cream–External application</li> </ol>
<b>Outcome</b>	After 1 week during followup there was complete relief of symptoms and treatment was continued for another 15 days
	<p>Before treatment</p>  <p>After treatment</p> 

## INVITED ARTICLES

### *TRADITIONAL PRACTISES IN PAEDIATRICS*

**DR VINAYAK ANGADI\*, DR AZIZ ARBAR\*\***

\*PG scholar, Dept of Panchakarma, \*\*Professor Dept of KB  
KAHER's Sri BMK AMC Belagavi

Traditional practice generally refers to the manifestation of a culture or sub-culture, especially in regard to the traditional and customary practices of a particular ethnic or other cultural group. In the broadest sense, this term can apply to any person manifesting any aspect of any culture at any time. However, in practical usage it often refers to the traditional practices developed within specific ethnic cultures, especially those aspects of culture that have been practiced since ancient times.

Food is the major source for serving the nutritional needs, but with growing modernization some traditional ways are being given up. Affluence of working population with changing lifestyles and reducing affordability of sick care, in terms of time and money involved, are some of the forces that are presently driving people towards thinking about their wellness. There has been increased global interest in traditional medicine. Efforts to monitor and regulate traditional herbal medicine are underway. Ayurveda, the traditional Indian medicine, remains the most ancient yet living traditions.

India is the largest producer of medicinal plants. There are currently about 250,000 registered medical practitioners of the Ayurvedic system, as compared to about 700,000 of the modern medicine. In India, around 20,000 medicinal plants have been recorded; however, traditional practitioners use only 7,000–7,500 plants for curing different diseases. The proportion of use of plants in the different Indian systems of medicine is Ayurveda 2000, Siddha 1300, Unani 1000, Homeopathy 800, Tibetan 500, Modern 200, and folk 4500. In India, around 25,000 effective plant-based formulations are used in traditional and folk medicine. More than 1.5 million practitioners are using the traditional medicinal system for health care in India. It is estimated that more than 7800 manufacturing units are involved in the production of natural health products and traditional plant-based formulations in India, which requires more than 2000 tons of medicinal plant raw material annually.

Nutrition is a fundamental need. Various risk factors related to health result from an imbalance in nutrition. These imbalances in India are widely prevalent leading to adverse outcomes. A certain section of the population consumes diet which does not provide sufficient calories, let alone sufficient nutrients. In India, nearly 20% of the total population and 44% of young children (below 5 years of age) are undernourished and underweight. On the other hand, there is a huge population that is nourished in calorie intake but not in terms of nutrient intake. This segment would typically include lower middle to upper class population with sufficient purchasing capacity but probably less awareness about their nutrient requirements, leading to imbalanced nutritional uptake. In fact, in our population about 30% in urban and 34% in rural areas consume more than the recommended number of calories with higher than recommended levels of dietary fats and could be the largest contributor in making India the future cardiovascular and diabetes capital of the world.

The mountain ranges of Wayanad are rich reserves of bio-diversity of ancient lineage and many plants found there are of medicinal value. For centuries the tribal people, “adivasis,” living in and around these forested areas have used medicinal herbs as their first line of defences



against paediatric diseases. Many tribal healers are renowned for extensive knowledge of regional medicinal plants, especially for the use of single drug remedies known as “ottamoolis.” Tribal knowledge has contributed significantly to region specific medical knowledge of India for centuries.

In addition to the medicinal herbs the tribal healer’s healing practices included rituals, chants and song therapy, which he considered sacred, and specific for diseases of the mind. There was much overlap in his practice as an herbalist, and as a practitioner of magical healing since healing plants are considered sacred and having magical properties. While he mostly deals with fevers, digestive complaints of paediatric diseases, most lucrative area of his practice involves the magical remedies that he performs using herbal extracts and chants for diseases of the mind, “spirit possessions.

In the sauna, the ritual removing of child’s “bristles” was performed – it was believed that there are stiff “bristles” under the baby’s skin in its shoulders, back, hands and legs. These “bristles” were called ‘dog hair’ The latter name appears to derive from a Russian loan word: the Russians traditionally call the children’s “bristles” The Besermian believed that the bristles disturb the baby, it sleeps restlessly and does not lay on its back. The bristles were removed by the following method – breast milk was poured on the baby’s back and in light strokes rubbed in the skin. Sometimes bread crumbs, bread dough or leaven was used instead of milk. The procedure was repeated until the “bristles” were gone.

Traditional cleansing substances were used for caring for the child. Reddened spots and skin folds were carefully dried and the skin patted with self-made baby powder. The powder consisted of ground dry wood, roasted meal, burned and ground coquina, pollen of coniferous trees, dry ashes. Irritated skin was covered not with cotton wool, but flax fibres scraped with knife from clothes. Red and irritated spots were smeared with plant oil and fat. Good hygiene and keeping the child clean was considered vital in the prevention of diseases and maintaining health.

In rural and hilly areas of Kerala poisonous bites are a problem for children playing in the dense vegetation that surround houses. If a patient came for treatment within two hours after being bitten, application of a freshly prepared “single drug remedy” to the wound could save the patient’s life and halt the accompanying muscle and skin injury. These therapies were also reputed to cure chronic skin disorders not satisfactorily treated by modern medicine.

The hereditary Ashtavaidya Ayurveda physicians of Kerala are among the small group of traditional medical practitioners who have endeavored to retain the scholarly study and practices of their ancestors. With changing social structure and the norms imposed by the government regulations, Ashtavaidyas too are striving to adapt their practice to contemporary standards. The interviews that we conducted over the last few years with the remaining Ashtavaidyas of Kerala highlight the issues that traditional medicine faces in such a modern context.

Medicine in ancient India evolved from the magico-religious Vedic medicine to the highly systematic Ayurvedic therapeutics. The physicians had varied social backgrounds. Highly respected and honored, they were expected to uphold strict moral standards.

## *A MOTHER'S PERSPECTIVE*

**DR ROOPA B JANAGOUDA\*, DR AZIZ ARBAR\*\***

\*PG scholar, Dept of Kaya chikitsa, \*\*Professor Dept of KB  
KAHER's Sri BMK AMC Belagavi

It was a wonderful day when our little one came into this world. The day when both of our responsibilities have amplified in nature and both indulged in thinking what best we can give it to her. We all want to be the best parents we can be for our children, but there is often conflicting advice on how to raise a kid, who is confident kind and successful. In this modern era, with nuclear families, where both parents are working it becomes harder to become "good parents". But with all these circus of parenting it becomes important to focus on balancing priorities, juggling responsibilities and quickly flipping between the needs of children, other family members and yourself. As our child grows, the need of the child changes, challenges change and our thinking may evolve, but our approach should be consistent, firm and loving. As a good and loving parents we tend to give the best and before in hand, whether it is affordable to us or not. It could be starting from best school to best accessories. Are these are enough to up-bring our child as successful, healthy, with high self esteem and morality? As it is believed that in Kannada Pro verb, as I m from Karnataka region, the "Home is considered to be the first place of learning, and mother is a first teacher". Hence I believe, upbringing of child in the presence of grandparents is the first step towards good parenting, where the child will learn about the different relations, how to adjust and adopt. In this race of giving everything what child needs, may set the child mind that everything is easily available. This in turn may result into child becoming more demanding, as he/she grows up. Child demands it without knowing the value of their parents' struggle to make it possible. Instead we can make the child to learn to wait for their turn. This will make them to understand; parents do struggle to fulfill their needs and respects it. Some simple steps were adopted as new challenges of parenting as our little one became toddler. I would like to mention few of them. Praising accomplishments, however small, started making her happy and confident. We could see, she could appreciate us too, whenever we did something new or did any task- like "Good job amma". With this the child understands, making mistake is "OK" and the parents love them even though they know they did a mistake. That makes them so confident to face the world, face failures and

find solutions for their problems. Giving time to child and family is very important factor for the good upbringing. Until we don't spend time with them, how we understand their strengths and weakness. Spending time as parents everyone knows it's very important, but we may not able to manage it. It was a situation in our case also. We both decided to manage our time in such a way that one of will be there with her, when other person is busy. In this case we may get compromised and achieve success slowly, but definitely will have peace of mind. Knowing, accepting and addressing to our child weakness are very much essential, as that of strengths. It could be physical weakness or mental weakness. We mothers play a very important role in upbringing of "Specially abled children". The patience of the mother's of these little wonders is appreciable. Constant work on their special needs may need one of the parent to sacrifice their dream and spend all the time for the kids. It is heard that, if God gives one weakness, he give's one strong point. It is our duty to recognize it and encourage child in doing the same. We can get so many names such as Steve Jobs who was suffering from dyslexia, Ralph Braun who was born with muscular dystrophy or recently became first blind women IAS officer Pranjali patil so many, so on. The life style of each individual has changed; this has an effect on our children also. It could be style of eating, because of the western kind of eating of burger, pizza, pasta and less physical activity, we could see different metabolic disorders in children. During my childhood, we use to be very happy when festival comes, as we will have different items made, which can be eaten up as snacks. The same can be adopted in this era, where the children eat homemade sweets and snacks, to avoid preservatives. Even though we grow, there will be always a child inside us. We can play together with children outdoor game, which the child will enjoy and also have good health. Change in time need, change in thinking, change and adapt to the present generation. We could see and hear from the neighboring, friends, and our children as a teenager might be requiring a good friend in us than parents. Talking to them freely, try to think in their way, and set an environment in the family where they are able share their problems with us and believe we may help to find out a solution for that. These are the few points, there are so many so on....Lets try these and share among each other to make our children strong, in turn world a good place to live in.

## ***AN AYURVEDIC VIEW OF CAUSITIVE FACTORS OF ADHD***

**DR.SHARADA.M.K**

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There are various medical problems where conventional medicine fails and alternative medical science especially Ayurveda can provide remedy. The main principle of Ayurveda is prevention of the disease by avoiding the causative factors.

Many children suffer from behavioral or psychiatric disorders during their development; many of these problems are of a transient nature and are often overlooked. However, at times the severity may be distressing. Attention Deficit Hyperactivity Disorder is one of such behavioral disorders, characterized by a persistent pattern of inattention, hyperactivity and impulsivity.

ADHD accounts to as much as 50% of children who visit the psychiatric clinic. Therefore, it is necessary to understand the causative factors of this disease to take due care for its prevention.

**Definition of ADHD:** - It is defined as hyperactivity, impulsiveness and inattentiveness inappropriate for age. Children with ADHD display the early onset of symptoms consisting of developmentally inappropriate over activity, inattention, academic underachievement and impulsive behavior.

### **MANODOSHAS-IN CONTEXT OF ADHD**

In Ayurveda Manas is said to be a Trigunathmaka. It has 3 components Sattva, Rajas, and Tamas. Trigunas are fundamentals for Ayurvedic approach to mind, and the whole concept of mind can be understood in terms of Trigunathmaka role in psyche.

**SATTVA:** Sattva is known as Laghu. Laghuthva means lightness. Sattva occupies the peak or the uppermost position and is responsible for the intellectual and moral state of mind

**RAJAS:** Rajas is Said to be an Upastambaka (Pravarthaka). The emotions like fear, anger, hope, envy, pride, hate etc are due to rajas

**TAMAS:** Tamas is an Avaranathmaka and Guru. It occupies the lowest position in mind. Tamas is depressive in nature. Dominance of Tamas is responsible for unawareness and effortlessness

For proper functioning of Manas, the Rajas and Tamas doshas should be in their definite proportion and there should be a dynamic equilibrium between these two. Derangement of any of these two Doshas will lead to abnormal functioning of Manas and thus gives rise to various abnormal behaviours, like ADHD.

**CAUSES OF ADHD:** ADHD has no link with parenting and there are multitudes of factors that play a role. Some prominent ones are listed below

Hereditary and genetic causes

Prenatal causes

Natal causes

Post Natal causes

**Hereditary and Genetic Causes:** - There is evidence that ADHD run in families. Studies have found that 25% of children who have ADHD have at least 1 relative with ADHD. The Brain

Chemicals or Neurotransmitters are said to have a role in ADHD. Two main Neurotransmitters involved in ADHD as per the researchers are Dopamine and Norepinephrine

**Prenatal Causes: -**

Studies have found a link between Mother's exposure to different chemicals and Occurrence of ADHD in their children. Smoking in pregnant woman increases the risk of giving birth to an ADHD child. The abuse or addiction to alcohol and drugs is also related to it as it reduces the activity of related neurotransmitter producing neurons

**Natal Causes: -**

Several studies have reported Association between ADHD with delivery complications, Traumatic Brain injury, Low birth weight, fetal distress and other birth complications. Low Birth Weight has been identified as a risk factor for a lot of disruptive Behavior Disorders including ADHD

**Post Natal causes:** Studies reported that certain complications like Septicemia, Meningitis, Encephalitis, Kernicterus, etc. may result in ADHD

**AYURVEDIC VIEW ON NIDANAS OF ADHD: -**

In our classics there is no specific Nidana mentioned for ADHD. All the Etiological Factors and Pathogenesis of the Disorder described by contemporary sciences can be considered here to understand the Nidana of ADHD

The Various Nidanas regarding ADHD according to ayurvedic perspective maybe summarized under the following headings

Adibala Pravrittha Vyadhi/Sahaja or Inherited factors

Sangatha Bala Pravrittha or Acquired factors

Janma Bala Pravrittha Nidanas

Janmothara Nidanas

**Pravrittha Vyadhi: -** Such Nidanas are contributed from the morbidity of Shukra and Shonitha. ADHD is seen to be associated with family history of mental diseases like Depression Anxiety etc. According to Charaka Samhitha the part of the sperm ovum [Bija bhaga or Bijabagavayava] which is responsible for particular structure or function if vitiated, will result in the particular defect in the progeny also.

**Sangatha Bala Pravrittha Vyadhi/Aganthuja: -** In Ayurvedic Classics also different types of Abhigatha are told as Causative factors of Mental illness. Sushruta states that during delivery if the lady starts bearing down before the specified time, the new born may suffer from various abnormalities like Murdna Abhigata Mookathwa etc.

**Janma Bala Pravrittha /Garbhaja nidanas: -** Garbhaja Nidanas are those which are occurring due to the misbehavior of Mother during Pregnancy and are divided into Rasaja and Douhridapamanaja. Rasaja is caused by bad dietary habits, Malnutrition, Dietary incompatibilities and resorting to any particular Rasa or food. Addiction to Madhya causes



impairment of memory and unstable mind in the offspring, sleeping in open places and roaming about in night results in Unmmada to child. Fulfillment of the longings of the mother or Douhrida is important to avoid Douhrida Vimanaja diseases. Sushrutha says suppressing of douhrida can cause Jadatwa or Mental Insufficiencies due to Vatakopa.

**Janmothara /Jataja /Doshabala Pravrittha Nidanas:** - These are the Causative Factors which are predisposing the child after birth to different types of illnesses. Some of the neo Natal critical conditions like Meningitis, Encephalitis, and Kernicterus may cause damage to Brain tissues and leave the manifestation of ADHD like symptoms in later life

**Garbhopagathakara Bhavas:** - Some Garbhopagathakara Bhavas like Sleeping in open place, Nightwalking causes insanity in offspring. Constant Worrying by Pregnant mother leads to offspring with the nature of troubling others and Jealousness. Use of wine during pregnancy will lead to short memory and fickle minded child being born  
Considering these we can conclude that the above factors can cause ADHD like symptoms.

### ***APPLIED ASPECT OF CHILD PSYCHOLOGY & ITS AYURVEDIC PERSPECTIVE***

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**Abstract-** In children mental development completes in early few years while physical development progresses even after that. Children get easily affected by emotional mental trauma because of their naturally occurring delicacy. Behavior problems are very common in children, but serious disorders have been reported between 10 to 15% in different studies. With the changing sociocultural scenario behavior and psychological problems are on increase. Ayurveda has practical approach to the management of psychological disorders; in fact ayurveda postulates that in every somatic disorder also there is involvement of psychic constitution. In this paper we will discuss ayurvedic perspective of child psychology and management of psychosomatic disorders on the basis of *ayurvedic* treatment principles.

**Introduction-** Psychology is the science dealing with human mind and its functions specially those affecting behaviour in a given context. It is a broad area covering how people change as they grow up from birth to adolescent and how these important changes occur. Children of different age groups are different just because of the experiences of the world they gained by time along with biological changes within them. Broadly this can be framed into children's physical,

cognitive (thinking, learning, memory etc.) social and emotional development. Child Psychology attempt to make sense of every aspect of child development including how children learn, think, and respond emotionally to those around them, make friends, understand emotions and their own developing personalities, temperaments and skills. There are limited data on child mental health needs in our country. A prevalence rate of 12.5 per cent among children aged 0-16 yr.<sup>1</sup>

**Child psychology** - Child Psychology is the science that deals with the mental power or interaction between the conscious and subconscious element in a child. Psychological development takes place with the interaction of the natural endowment and the environmental factors (nelson).

**Theories of child psychology** –Various theories of child psychology has been given by psychologist, few of them are following:

**Theory of psychodynamic development:** Psychodynamics, known as psychodynamic psychology, in its broadest sense, is an approach to psychology that emphasizes systematic study of the psychological forces that underlie human behavior, feelings, and emotions and how they might relate to early experiences.\* In psychology, a psychodynamic theory is a view that explains personality in terms of conscious and unconscious forces, such as unconscious desires and beliefs. These theories commonly hold that childhood experiences shape personality.<sup>2</sup>

Freud's described human mind by two models-

**TOPOGRAPHIC MODEL** – The topographical theory is Freud's first “map” of the different systems of the mind. According to Freud, the mental apparatus can be broadly understood in terms of three mental systems.<sup>3</sup> i.e- **Conscious minds**– It plays attention at present moment. The conscious mind includes such things as the sensations, perceptions, feelings, and fantasies inside of our current awareness. **Preconscious mind** –It is the latent parts of the brain that are readily available to the conscious mind, although not currently in use. It involves ordinary memory and knowledge things for which we are aware of but not paying attention. **unconscious mind** – It is a part of the mind that cannot be known by the conscious mind, and includes socially unacceptable ideas, wishes and desires, traumatic memories and painful emotions that have been repressed.

**PSYCHIC TRIAD MODEL**- The id, ego, and super-ego are the three distinct, interacting agents in the psychic apparatus defined in Sigmund Freud's structural model of the psyche.<sup>4</sup>

**Id** – Id is the basic structure of personality, serves as the reservoir of instincts. It is the only component of personality that is present from birth. Therefore, Id is congenital inherited

reservoir. The main content of Id is wish for quick satisfaction. It has no relation with morality, logical, time, place and values etc. Id quickly wants to get relief from any stress or tension. It act known as Pleasure pain principle. E.g- need to eat is based on pleasure i.e child wants feed irrespective of external circumstances.

**Ego-** Ego meant by self or conscious intelligence. It is the specific part of Id, which is developed by the influence of external environment, while Id is hereditary. Ego connected with external reality at one end and linked with Id at other end. It is the adjustor between the wishes of Id and the demands of physical reality. Ego is logical and it knows the relation of space-time, hence it follows the principle of reality to achieve goal e.g- hunger must wait until food is given.

**Superego** - The super-ego plays the critical and moralizing role and develops at last level. It is part of personality that internalize the values and morals of the society as taught by parents and others. In the process of being socialization the Ego specifically develops into superego. It has two sides – Ego ideal: It is the positive side of superego; it includes the lesson taught by society and parents. Conscience: it is the negative part of superego. It includes the demerits which considered bad or wrong by parents/society.

**PRINCIPLES OF CHILD PSYCHOLOGY IN AYURVEDA:** Every individual has his own institutional pattern what setup which is called as endowment. Ayurveda believes in carrying forward the characters of previous birth in the endowment, thus some people have certain talents my birth example in music, mathematics, art etc. This endowment is in the form of Mahat, it contains 24 *tatvas* in embryo. There is the inherited reservoir of individualized unorganized drives Id in the form of *Ahankara*. The Id may be predomoneately *Saatwik*, *Rajasik* or *Tamasik* in nature. On the basis of ayurveda fundamentals, factors that influence psychological development in children are described below:

**MANA:** According to Ayurveda *Mana* is the consciousness of an individual. It determines the personality of child. *Doshik* constitution at the time of conception and external environment after birth is responsible for formation of psyche in a child.

**Mana in garbhkaal:** *panchme manah pratibuddhitaram bhavti...*

In fifth month of intra uterine life mana gets activated along with its properties. It acts as connection between *indriyas* (sense organs) and *atma* therefore plays an important role in *gyanotpatti*.<sup>5</sup>

**Dauhridyavastha:** *Garbha* starts manifesting its desires through mother. These desires of mother if remain unfulfilled can harm personality formation process of the child in womb<sup>6</sup>.

**Garbhopghatkar bhava:** Inappropriate *Aahar*-*Vihaar* of pregnant woman can cause *mano-aaghat* (distortion of psyche) to the baby in womb. While explaining the *garbhopaghatakara bhava* Acharya *Charaka* quotes the factors by which child may born with different psychological disorders:<sup>7</sup>

1. *Shoknitya bheetam*... If pregnant woman always remains under grief she gives birth to child with timid nature.
2. *Madyanitya...Alpasmriti.....anavasthita chittatvam*.The women, who take liquor during pregnancy, give birth to child with unstable mind.

A healthy progeny that is free from mental illness (esp. anxiety) can only be got when mother is away from unwholesome lifestyle.

**PRAKRITI:** *Prakriti* means *swabhava* or nature of human body and mind. It is child's definitive genetic constitution. *Prakriti* is formed at the time of conception (on the basis of predominant *dosha* in *shukra*/ sperm, *shonita*/ ovum and *garbhashaya*/uterus).It remains inherited throughout life.<sup>8</sup>

The practice of Ayurveda is based on the concept of three major constitutional types (*Vata*,*Pitta* and *kapha*) defined as '*Prakriti*'.Seven types of *prakriti* are mentioned in ayurvedic classics viz.*Vataja*,*pittaja*,*kaphaja*,*vata-pittaja*,*pitta-kaphaja*,*kapha-vataja* and *samdoshaja* (all *dosha* combination)<sup>9</sup>.Practically single *doshaja* and *samdoshaja prakriti* are not seen in present era.*Dwandaja prakriti* (dominance of two *dosha*) are generally found in present population.

Temperament	Vata Prakriti	Pitta Prakriti	Kapha Prakriti
Emotional propensity	fear, worry, anxiety	Anger, irritability and jealousy	Relaxed,Calm,Stable.
Mental tendency	Questioning, over analysis, making stories.	Intelligent, Judgmental	Logical analysis, takes time before reaching conclusion.
Social Behavior	Often dissatisfied with everybody and everything, unable to sustain friendship	Sense of responsibility, can take decisions, practical in approach and can well organize affairs	Loyal to relations, forgiving and understanding nature.
Speech	Fast, often interrupts	Aggressive, specific, realistic	Low, Slow, relevant and commanding
Memory	Can remember easily but also	Grasping power is good and also	Good, takes time to memorize but it is long lasting.

	forget easily	memory(short term is better than long term)	
Sleep	Less ,interrupted	Sound sleep	Deep, long hours of sleep.
Gait	Quick, with short fast steps	Steady ,medium speed	Steady , Slow
Appetite	Variable(eats little but frequently)	Good	Moderate
Activity	Routine irregular but active all the time.	Economic behavior: Spends moderately , usually on luxuries	Save money spends sensibly.

### ***Bal Manovritti:***

*Kumaryati kreedayati-* A child always wants to play when he or she is physically and mentally fit, it is child's basic nature (*Amarkosh*).

*Balmanovritti parikshan-* Acharya kashyap says that in 6<sup>th</sup> month child should be offered different *kreedanak* (toys) representing different interests like a boll, a doll, book, picture of God etc.<sup>10</sup> The article that the baby pick up first or shows more interest will represent its psychology.

*Kumaradhar:* Children learn by what they see not by what they listen. So *kumaradhar* and person around the child should be of good character and good behavior.<sup>11</sup>

*Na hi asya vitrasnam sadhu...* Unnecessary fear should not be created in child. Frightening the child is not good for their mental development.<sup>12</sup> The feeling and emotions frequently encountered get deeply impacted in child's mind. When the child cries, does not eat or is attracted to something then parents should not try to frighten him by calling names of *rakshasa*, *pisacha* or by giving brutal punishment.<sup>13</sup>

Bal Manovikar:

1. *Anavasthit chittatva* - instability of mind, inability to take firm decision. It can be correlated to anxious state of mind. *Vata* dominant *prakriti* child is more prone to this condition. *Chittodveg* term is also used for hyperactive state of mind.
2. *Vishad:* Depression –Vishada or depression is nowhere mentioned as a separate entity in *Brahattrayi*. Acharya Charaka says that depressed condition of the mind aggravate or produces other diseases. *Vishado rogavardhananam*.<sup>14</sup>



3. *Unmaad: unmadam punah mano buddhi...*<sup>15</sup>. In children Autistic spectrum disorders can be understood as various presentations of *unmaad*.
4. *Apasmaar: ...dhi satva samplavat...*<sup>16</sup>. All childhood seizures (convulsive and non-convulsive) come in this group of disorders.
- 5.

**Management of psychosomatic disorders in children on the basis of fundamentals of Ayurveda:  
Management protocol for stress in children<sup>17</sup>**

***Sadvritta* (Code of Conduct) :**

Child should be educated not to waste time and postpone things at the time of action. This means the time management skills should be developed in children considering their prakriti. *Vata prakriti* children's mind gets diverted easily so they need more efforts in developing time management skills. *Pitta prakriti* children can be overconfident and waste time in their other area of interest like different games etc. *Kapha prakriti* children are slow in the process of completing homework. So they should be supported for finishing works before deadline.

***Aahar* (Food):**

Children should be provided diet according to their prakriti to maintain the physical and mental health. *Vata prakriti* children should be offered food items like black gram, warm milk, curd etc. *Pitta prakriti* children should be offered food items like ghee, cold milk, green vegetables etc. *Kapha prakriti* children should be offered food items e.g. honey, yava, green gram.

***Nidra* (Sleep):**

Adequate sleep is important for proper mental functioning of the child. There is variation in sleep pattern of the children depending on their prakriti. *Vata prakriti* have the poor sleep and more night awakenings. So these children should be provided a regular "sleep friendly" environment. *Pitta prakriti* children have moderate sleep. The pattern of sleep varies along with less night awakenings. *Kapha prakriti* children take long and sound sleep so they should be provided more sleeping hours required in that pediatric age group.

***Vyayam* (Physical activity):**

Sports develop confidence in the child to face the stressful situations thus application of the physical activities brings fruitful results in cases of children suffering from stress. For *Vata prakriti* children short version games are more suitable for them like swimming, volleyball

etc. Pitta prakriti children games that are played in duals are preferred like badminton, table tennis, Cricket etc. *Kapha prakriti* children prefer long duration games like chess, cricket etc.

#### ***Adhyayan (Study) :***

Every child differs in the pattern of learning and grasping power according to their prakriti. So parents and teachers should be guided to adopt the techniques of learning according to the *prakriti* of the child. *Vata prakriti* children need a short gap during the study hours as after an hour and to understand the subject with examples of short duration. *Pitta prakriti* children need no disturbance during the study hours learn the subject with reasoning. *Kapha prakriti* children slowly develop interest so teacher or parent should have patience while making them learn subject.

#### **Practice of Yoga**

Child will be able to control the instability of the mind. it strengthens the mind to tolerate stress. The Practice of pranayama stabilizes the mind and thus reduces stress in children.

#### **Management protocol for anxiety in children <sup>17</sup>**

##### ***Nidan Praivarjana (Avoidance of Etiological Factors):***

Unnecessary fear should not be created in child. Children should be instructed, or make disciplined considering his/her prakriti. *Vata prakriti* child should be instructed frequently but with low intensity. *Pitta prakriti* child should be instructed softly without aggressive behavior with moderate intensity (should be instructed only when it is needed). *Kapha prakriti* child can also be instructed frequently if needed.

##### ***Daivavyapashrya Chikitsa (Spiritual Therapy):***

Believing in God creates confidence in child. So child should be promoted to be sacred believer.

##### ***Sattvavajaya Chikitsa (Psychological Therapy):***

Child counseling should be performed according to his or her prakriti. *Vata prakriti* child feels difficulty in following instructions. So they should be counseled by demonstration and creating examples by parents. *Pitta prakriti* child learns the things nicely so common method of assurance works here. *Kapha prakriti* child slow and deep learner (once learned, is not forgotten easily) so these children need more sitting of counseling or assurance.

##### ***Naisthiki Chikitsa (Avoidance of Allurement):***

Parents are advised to assess the aptitude of the child and expect his /her academic and social achievement accordingly.

***Garbhini Paricharya (Pregnancy Regimen):***

The pregnant woman should avoid intake of liquor and feeling of grief to expect a child free from anxiety disorders.

**Yoga:** Practice of yoga stabilizes the mind. So it should be performed daily by the child.

**Management protocol for childhood depression <sup>17</sup>*****Nidan Praivarjana (Avoidance of Etiological Factors):***

Unattainment of the desirable objects and getting the undesired things give rise to depression. These conditions should be dealt according to *prakriti* of child.

*Vata prakriti* child gets diverted easily so avoidance of etiological factors is easy to perform by making him indulge in similar other objects or activities. *Pitta prakriti* child tends to be more aggressive in these situations. These children like challenges so by presenting them some challenging situations or games avoidance of negative thought is performed. *Kapha prakriti* child slowly attach to the objects but firmly. So these children are most difficult to take out of the agony. Therefore process of diverting mind should be performed continuously and with patience.

***Sadvritta (Code of Conduct):***

The code of conduct plays an important role in mental health. Child should be educated not to feel jealous in peers' success but to analyze the cause of their success. These feelings of envy develop negative thoughts in child's mind. So parent and child should be educated not to allow budding of these feeling. One should not be serious all the time. Child should be educated not to think always or be introvert. *Vata* and *pitta prakriti* children are least introvert but *kapha prakriti* children are the most.

**Psychological Therapy**

The first aim of counselling is to find out the pessimistic feelings in which child is indulged and then to develop the positive feelings in child. The duration and frequency of sittings in counselling differs in children of different *prakriti*:

*Vata prakriti* children by virtue of *vayu* and *akasha* composition have the tendency to get detached. So by the counselling they easily come out of depressive mood character. *Pitta prakriti* children have tendency to put efforts in doing any work. So during counselling they cooperate well and the prognosis of the disease becomes good. *Kapha prakriti* children though resist the pessimistic feeling but once these thoughts get well impacted on mind then it is difficult to take them out.

## Physical Activity

Sports definitely has role in improving confidence level of the child. It strengthens the mind to tolerate the feeling of agony. So child should be promoted for adequate physical activity daily (minimum one hour daily excluding schooling sports activity).

**Conclusion:** The gross mental disposition is derived from previous birth in the form of *mahat*. *Ahankar* is subjected to the intrauterine environmental factors like mother's diet, drug intake, mental status, hormones etc. and after birth to external environmental factors of stimulus, satisfaction of needs, parental love etc. to form *Id* or *ahankaar*. Multiple factors are responsible for the final outcome of individual's mind that images from previous birth. Thus Defective endowment intrauterine environmental insult and birth injuries to vital and sense organs may lead to psychic disturbances. Ayurveda advocates psychological consideration in treating every illness. Ayurveda considers body mind and soul as one clinical entity. Psychosomatic disorders in children like stress, anxiety and depression are emerging disorders of present era. These disorders can be successfully managed with help of Ayurvedic treatment principles for healthy lifestyle such as *sadvritta*, *dincharya*, *nidan parivarjana*, *Aahar*, *Nidra*, *yoga etc.* considering child's *doshik prakriti* i.e. psychosomatic constitution.

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## **BALAGRAHA – A UNIQUE CONCEPT IN KAUMARABHRITYA**

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**Introduction** Paediatrics is concerned with the health of infants, children and youth, their growth and development and opportunities to achieve full potential as adults. *Bala* (child) is considered as immature, delicate with less strength, so they are more prone to get afflicted with different diseases. According to the definition of *Kaumarabhritya*, the diseases in children are mainly because of impurities of breast milk (*Dushta Sthanya*) and some unseen powers (*Graha Samuthana*).

The term *Graha* projects a general impression of both psychological and physiological acute diseases, but in *Kaumarabhritya* most of the *Graha* are physical entities. *Balagraha* are the group of serious disorders which afflict the child. *Balagraha* are separate entity from other general disorders because, the cause, mode of onset, symptoms, severity and management are entirely different from other disorders. They constitute potent paediatric disorders which are rapidly progressive, difficult to diagnose and carry high mortality.

### ***Causative factors (Nidana)***

*Balagraha* are the hidden things, which attacks the child and seizes their body suddenly and make them suffer. The reasons for their attack (*Graha Aavesha*) are

1. Not following the *Dharma*, - Not following the rules and regulations of daily life (*Sadvrutta*). Like child and mother taking food in unclean broken bronze vessel
2. Not keeping the surrounding clean.
3. If the child is carried to unknown, lonely and inauspicious places, child is frightened, beaten up, threatened etc which disturbs the psychological makeup of the child.
4. Harmful and unreligious conduct by *Dhatri* or mother.
5. Disrespecting the Gods, Guru, Guests and elders

By all these adharma, unhygienic conduct by mother and the child, *Balagraha* attacks the child and produces various disorders in the child.

### ***Features of Bala Graha***

*Graha* are not visible to naked eye (*Adrushya*), they can only be seen by some special vision (*Daiva*

*Chakshu* or *Sookshma Drushti*) (invisible)

1. The entry of *Graha* in the body is also not clear. As we cannot see the image entering in the mirror, the sun rays passing through the *Suryakanta Mani*, the soul entering in to the body, similarly the *Graha* entering body is also invisible. Their presence is appreciated by the features appeared in the child.
2. These *Graha* have the capacity to change their size and shape and they live in colonies, they are found of *Rakta* and *Mamsa* and *Ojas*. They reside near cow sheds, water tanks, and old ruined houses.

By considering these features, *Grahas* can be compared with microorganisms which are also be visualised only with the help of microscopes, live in innumerable numbers, survives in darkness, unhygienic humid atmosphere, with low temperature. They use blood and flesh medium as a positive culture, to get nourished and to complete their life cycle. These microorganism (virus, bacteria, parasites etc) when enters the body, they produce various infectious disorders in the child. These facts indicate that, *balagraha* can be better compared to microscopic pathogens like virus bacteria parasites etc.

*Graha* enter the body with three main intentions *Himsa*, *Rati* and *Archana*. Some of the microorganisms enter the body with only intention of harming, by producing some disease (*Himsa*). Some pathogens enter the body in search of a definite or indefinite host in order to complete their life cycle. (*Rathi*).Some micro organisms enter the body for getting the nourishment and shelter (*Arcahana*).

### ***Lakshana***

*Poorva Rupas* – upon affliction with the *Graha*, acute fever manifest in an apparently healthy child associated with sudden continuous cry.

*Rupas* –The child attacked by a *Balagraha* exhibits a symptom complex of behavioural, nervous & gastro intestinal disorders, sometimes with eruptions over the skin.

General symptoms –Fever, irritability, excessive inconsolable cry, yawning, biting of lips , excessive salivation ,tightening of the fist, injures himself and mother, refusal to feed, emaciated, miserable look, convulsions ,etc

Children express any kind of pain or discomfort with cry and fever is most common feature in almost all infectious disorders. Above said symptoms clearly indicate that the child has got infected with some infections. Fever always indicates the entry of micro organism and infection in the body. If such features seen in neonate – refusal to feeds, dull look, fever, irritability, excessive crying, indicates towards septicemia. If seen in child with

unconsciousness, convulsions direct towards meningitis. Depending upon the system involved different types of *Graha* can be studied. The main systems affected are CNS, GIT and RS.

### ***Sadhyasadhyata***

All graha rogas are fast progressive and difficult for diagnose and treatment. Graha afflicted with intention of himsa are asadhya, entered with intention of rati are kashtashadhya and balagraha entered in the body with intention of archana are sadya. for eg: Shkanda graha may produce physical disabilities (vikalata) or may also lead to death.

### ***Chikitsa***

As *Graha Rogas* are having both involvements of Physical & Psychological entities both *Daiva* & *Yuktiyapashrya Chikitsa* are useful.

**Isolation of child** - Is first line of treatment - child who is affected should be kept in a separate room. This room should be cleaned thrice daily. Fire should be burnt continuously in the room, medicated decoctions should be sprinkled. Those drugs which are having strong aromatic smell & antiseptic properties and having *Katu* & *Kashaya* Rasa are kept inside the room in the form of powders. A lamp of mustard oil should continuously lighten in the room to remove darkness. Latest medical researchs also prove isolation of infected patients is the best method of prevention of infection. Strong aromatic smell act as bacterio static & keeps away the infection. Entry of many attenders inside the isolated room was also prohibited to avoid the spread. Maintenance of hygiene was also mentioned for attender.

***Snana*** - Bath to the infected child with medicated decoctions made up of anti-infective and antiseptic drug was an important preventive method. Keeping the body clean thus helps in keeping pathogens away.

***Lepa*** – *Lepa* with drugs having anti-infective and antiseptic properties also help in preventing the local entry of organism in to the body and gives a good aroma and freshness to the affected individual.

***Dhoopana*** -Fumigation is one more preventive method. By fumigation the room, clothing's, the surround will get purified. *Ghrita*, *Sarshapa*, *Nimba*, *Vacha* are specific drugs are used for this purpose.

***Bali*** is a mass disinfection method followed for controlling infection in the community. ***Homa*** is a method of purification of environment and reducing the pathogens and spread. Other treatments which are told like *Manidharana*, *Japa*, *Mantra*, *Satwvajaya Chikitsa* etc may help by its placebo effect on psychology of child and parents.

## ***Conclusion***

Children are mostly affected by *Graha* because they are dependent on others for their basic needs like maintenance of hygiene, nutrition etc and secondly they are deficient in immunity so more susceptible for all kinds of infections. *Balagraha* are *Aagantuja Vyadhi* (Born out of microorganism). *Graharoga* are the set disorders with high mortality & morbidity and are difficult to diagnose and treat. Help of contemporary science needed for better understanding and diagnosing. With the help of potent Anti-microbial therapy, *Asadhya Graha* can also be treated.

## ***AYURVEDIC MANAGEMENT OF CONGENITAL NASO-LACRIMAL DUCT (NLD) OBSTRUCTION IN 14 MONTHS OLD CHILD***

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1) Condition: lacrimal duct blockade meaning, symptoms, its treatment (surgical?)

Its existing Ayurvedic management and its successes any

Here we present a case of NLD blockade and its ayurvedic management

Case details: history, symptoms

Treatment and its follow-up –

Result: symptoms abated, on follow-up child is having no further blockade of NLD

IMPACT: by this we have shown that ayurvedic management can be used in place of surgical correction of NLD blockade

Congenital nasolacrimal duct obstruction (CNLDO) is a common disorder in the pediatric population, causing failure in the nasolacrimal duct drainage system and presenting clinically in the overflow of tears .Depending on the level of obstruction it can cause watery or purulent discharge. Prevalence of CNLDO ranges from 5% to 20% in the early phase of childhood. It can be managed either by conservative therapy, including observation, lacrimal sac massage and antibiotics, or invasive therapy for infants <1 yr and >1 yr respectively. There are numerous invasive methods depending on the clinical condition. Here I would like to present case OF CNLDO which was successfully managed by Ayurvedic management.

A child aged 15months presented to the clinic with complaints of mucopurulent discharge from both eyes with hoarseness of the voice, recurrent fever, cough, cold. Parents complained that child had watery discharge from both the eyes since birth. Parents tried with home remedy like

installation of milk in eyes and oral soothing liquids. However, with increasing age, symptoms increased and child used suffer with recurrent upper respiratory tract infections (URTI) with seasonal change. This was accompanied by severe mucopurulent discharge from both the eyes. Based on the ENT consultation at the age of 12 months, child was advised for crigler massage and antibiotic therapy. After 2 months of strict follow-ups and drug therapy, there was no improvement in muco-purulent discharge from eyes, when they approached for Ayurvedic management. The child was managed with purely herbal formulations (Sinus®, vetvin®, santin®, visin®) with sroto shodak, kaphanisarak, krimigna properties in addition to anti-inflammatory, antihistamine and macro and micro cellular penetrating properties. All these drugs are administered as oral drops at a dose appropriate to the age of the child. These drugs are manufactured by NICD by arka preparation method. Within 2 months of regular treatment the ocular discharge and associated URTI symptoms abated and the child is having clear vision and her developmental milestones are getting normalized.

Vetvin – triphala , pippali, maricham, sariva, usheera, mrudveeka, dhataki

Sinus – sunthi , maricham, pippali, haritamanjari, lataksiri, pasugandha, triphala

Santin – bhunimba, sunthi, guduchi, krimigna, madhurika, madhu, mrudveeka, dhataki

Visin eye drops – atasi, punarnava, palaanduh, samanga

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Conclusion: Ayurvedic management can be useful for the in the successful management of CLNDO prior to the surgical intervention.



**BEFORE TREATMENT**



**AFTER TREATMENT**

# KAUMARABHRITYA – ITS STATUS, GROWTH AND FUTURE

Dr. C.H. Shastry

Metamorphosis is the developmental changes like those that occur in the growth of a tadpole to a frog.

Ayurveda as such has not changed very much except in two ways:

- 1) In course of time Rasachikitsa was added
- 2) In recent times the study of Ayurveda has changed from conventional study of Samhitas to an organised systematic study like that of modern medicine and with an integrated approach with modern medicine. Explanation of Ayurvedic concepts are made in the light of modern medicine. Let us look to the changes in the subject of Paediatrics in Ayurveda. Though incomplete, Kasyapa Samhitha is considered as the back bone of Ayurvedic paediatrics. To make the subject complete we may have to add material related to paediatrics from other classics, spiritual books, religious books of the east, folklore claims and traditional practices. There is not much contribution from Unani medicine. Vriddha Jeevaka who is considered as the author of Kasyapa Samhitha must be prior to Agnivesh, Susrutha, etc. probably around 600 years BC.

Apart from Kasyapa Samhitha, the following books are said to be exclusively devoted to Ay paediatrics. Parvathaka tanthra, Bandhaka tanthra, Hiranyaksha tanthra, Ravana Kumara tanthra, Kaumara Bhruthya by Meghanada, Garbhopanishad (embryology).

Among these Ravana Kumara tanthra and Garbhopanishad are available. Partly we get paediatric portion in: Hareetha Samhitha, Charaka Samhitha, Susrutha Samhitha, Astanga Sangraha, Yogarathnakara, Sharangadhara Samhitha, Yogarathnakara, Arogya Kalpadruma, Vaidya Tarakam, Basava rajiyam etc

Another Kasyapa Samhitha is present in Nevari script at Saraswati bhavan of Varanasi. 2 or 3 Texts in the same name are said to be in the libraries of South India, where we get rasa yogas Yadavji Acharya published another book under the name of Vriddha Jeevaka tanthra. (Communication from Prof Jyothir Mithra ). Many books printed and published in previous two centuries are mainly compilations and are missing. Harihara Samhitha printed from Varanasi in the beginning of 20th century incorporated the modern concepts and drugs like sulfonamides in Sanskrit Slokas. It has a little portion of Bala roga. Many of the later books are only repetitions. Few additions are made in Yogarathnakara, Basavarajeeyam, Bhaishajya rathnavali, etc. Now let us see the material from other books to be added to Kasyapa Samhitha to make the subject complete and system wise. Haareetha described the 5 locations in embryo for 5 vayoos. Astanga Sangraha says that the body



is a collection of billions of Paramaanu (cells).Charaka described the expressions of phenotyping & genotyping as Anithya and Nithya.

Teratological abnormalities are described by Charaka as: बीजाऽम कमाशय कालादोषैः मातुताधा आहार हवहार दोषैः कु विष्ट दोषाः हवहवधाह न दपटाः संथान वण िय वैकृ ताह न। Budding branching and canalisation in foetal tissues is described in foetal growth and development (अतान) by Hareetha. Embryological development is described by Charaka better than in Garbhopanishad.

**Neonatology:** By one month, Kasyapa says, that the child becomes well settled. (अविथत) .We doesn't get much material for neonatology from Kasyapa Samhitha except for the signs in a neonate for future prediction. Material for neonatology is to be taken from other Ay classics. Portions of neonatology have to be collected from Charak, Vagbhat, Hareetha, etc. Signs of prematurity are not described as such. We may infer them from Susruta's quotation: सतमे सवां िगं अयं हवभागः अयं रः। With this, i.e., thara thama bheda the signs given in Pratyangaah have to be considered in deciding the maturity of a newborn. The Pratyangaah are described by Kasyapa in the name of SIKKINI. These are paanithala, paadathala, Upajihvika, nails, sclera, cornea etc. Susrutha says that physical methods in resuscitation help so long as there is blood circulation because without blood circulation there is no sense of touch or pain from skin. In such cases mouth to mouth breathing or forcible airing is necessary with a winnowing basket धातनां परणं वणम् पश ½ानं असंशयं यात् िसरान् सचरद रतं। In addition Sarvaanga sampoornatha, samhanana (Neuro muscular integrity) etc are to be considered Respiratory distress syndromes due to deficiency of surfactant and also due to inhalation of amniotic fluid were known to Aayurveda and are described in the name of ULBKAM by Astanga sangraha. Suvarna prasana is a unique contribution by Kasyapa to improve intelligence and general immunity. Neonatal Jaundice is not known to Aayurveda. Varananda Kumar described seizure by Mukuta graha with sign of yellowish skin during 2nd month which could be breast milk jaundice. Kernicterus is the main cause for Cerebral palsy. Cerebral palsy was described in Ay . Only symptoms are there but cause is not given.

**Immunity in Aayurveda :** Major diseases in life are due to VAATHA. Deficiency of general immunity is one cause for various diseases. Vathic diseases are mostly due to Histamine and active immunization against Vatha was described in Aayurveda with the administration of a mixture of

Honey and ghritha in equal quantities immediately after birth even before the baby is put to breast. Certain drugs are advised to boost general immunity in Aayurveda. Measures for specific immunity are not known to Aayurveda.

**Psychological development and their disorders:** Reaction of Id (Ahankara) with Mahath (Endowment) is said to produce one's mental make-up. Endowment is said to carry forward the characters from previous life. 16 Types of mental make-up were described by Charaka while Kasyapa described 2 more making them into 18. All persons come under one of them or a combination of 2 or more. Autism was described as Jadatha, ADHD as manas chanchalyam, Achala Vatha as Depression Schizophrenia as Athatwabhi nivesh, Despairity as Vishaditwam etc. Both minor and major psychic disturbances were described. We have to collect material from other classics like Susruta, Charaka Samhitha etc.

### **Body fluids:**

Body fluids were described by Charaka, Susruta, Kasyapa and Vagbhata. We don't get many references in Kasyapa Samhitha. Bhava Mishra described the importance of boiled water. Kasyapa described Rasa dhaathu as 9 anjalis while others described it as 10 anjalis. ORS fluid was described by Charaka as Santharpano manthah.

**Nutrition:** Kasyapa says that the stomach has to be divided into 4 parts and 2 parts are to be filled with food, 1 part with water and the remaining 1 part to be left free for air, while Charaka says that the stomach is to be divided into three parts - One part is to be filled with food, another one part with water and the third part is to be left free for movement of air.

**Nutritional disorders:** In infants of nutritional deficiency laddu made of Priyala majja is advised. It is a very good anabolic better than modern steroidal products. Kasyapa described phakka roga as a sequel to kapha DOSHA in milk, due to early pregnancy with inability to breast feed the first child and due to chronic diseases like grahani roga, etc. We have to take other diseases like Daurbalya, Karsyatha, paschaadrujam, Kaarsyatha and ksheeraalasaka from other books like Charaka Samhitha, Yogarathnakara, Bhaishajya ratnaavali etc. For disorders arising from qualitative and quantitative food we have to take material from other classics, Yogarathnakara Bhaishajya rathnavali, etc apart from Kasyapa Samhitha.

**Growth and development:** We don't get references for growth and development in Ay classics except for few samskaras to be made in a growing child. Specific age for these samskaras at many places is not described but for Anna Prasana, Upanayana and Vivaha. There are many traditional practices done looking to the developmental faculties in a child. These may have to be added to the

subject of paediatrics. Still further we may have to add missing portions from modern books. Material for Masthishka chaya and apachaya is to be taken from Bhaishajya rathnavali. Children with early maturational changes are said not to live long by Bhela. Probably these refer to tumours of endocrinal gland. Karnavedhana samskara as well as Dentition and its disorders are described by Kasyapa

Infective Disorders: Most of the infective Disorders are described in Aayurveda in the name of Graharogas. Kasyapa in reference to janapadodhwamsa rogaah says that water infected by sookshma praani samaakulam, sakuntha, krumi saivaalam cause these diseases. Bundahis a Pahlavi text describes non pathogenic organisms concerned with our day to day living. Various new grahas are said to arise from newer sins people may commit. Susrutha described 9 grahas attacking children while Vagbhata added 3 more. Kasyapa's description allows more food to a growing child. The feeding by dividing the stomach into 4 parts does not apply in case of breast feeding. It should be on demand. Haareetha described 5 characters in breast milk while Charak Vagbhat etc described 8 types of Stanya vitiation under 3 doshas. Whenever milk, other than breast milk is used, add sugar sthira, laghu panchamoola, or Rudraksha paste after rubbing it on a stone in boiled milk. Pretha Ugra graha, probably E coli is described by Kasyapa to produce vishama Jwara. The grahas are said to be billions. तषां ंहणां पहरचारका कोटः सह ायुत् पमा सँयः। Astanga Sangraha classifies them into 18 groups. Haareetha classified them into 10 groups while others into 12 groups. Kasyapa described Jatha haarini infecting the pregnant causing abortions. Apart from them Varananda Kumar and agnipurana described many more grahas. Most of them are GI or Respiratory infections and convulsive disorders. Any viral infection during first 6 months of life is said to damage islets of Langerhans and produce Type 1 diabetes.

#### Diseases of childhood:

Among many books Sahasra yoga for herbal drugs and Bhaishajya rathnavali for rasa medicines are found to be the best books. Aconite was used in various rasa yogas and acts as diaphoretic. When a fever does not respond to normal treatment and when there is no complication old Vaidyas described the use of ox bile which contains cortisone, as an ingredient in different formulae like Gorojanadi vati. In chronic respiratory infections protection of mucus membrane is made by using Zinc as in Malini Vasantha Ras. Instead of cold sponging on forehead cold applications over naabhi was described by Bhaishajya rathnavali. This gives a better effect in lowering temperature than the conventional cold sponging on forehead. In Kantha Rohini application of kshara on the raw

area after removing the membrane is said to give a better effect. Violent fevers are described as Gambhira Jwaras. These are the Sannipathic Jwaras. Siddhantha Nidana described Dengue as Dandaka Jwara with Raktha Pithha and its treatment was described. Juice of Papitha leaves is found to increase the platelet count. Bhuumyamalaki was found in our research to increase the gastric juice with more HCl. This Bhuumyamalaki was also found to cure plasmodial infections. Khadira was found to be a good antiseptic and Dr Prasanna Rao started using Khadirarista as gargles in throat infections. We found that when powder of Khadira was insufflated in vagina it cured Trichomonas and other vaginal infections. In Jamnagar people are still using it.

Basavarajeeyam described 3 sites of Leena doshas in Vishama Jwaras

Rasa dhaathu, Moothra, Sakrudvahi srothas

Thus RTI (rasa dhaathu), UTI (Moothra Vaha srothas) and Enteritis (Sakrud vahi srothas) are to be differentiated from other viral infections and Malaria. Kasyapa described Pretha Graha (? Ecoli) responsible for such fevers. Locations of pain in different areas and doshas related to them were described by Chikitsa saara. This is a very good clinical classification. As already described Sadyah Santharpano Manthah is well described by Charaka. Atopy (Charma Dala) and Rheumatoid arthritis are described as allergic manifestations. Another concept of Ama is unique in Aayurveda from the partly digested food unbroken small peptides and partly broken glucose molecules when get absorbed act as allergens and produce various Asma Janya Rogas. This has a close resemblance to immunity. Krumi rogas are not described by Kasyapa. We may have to take from other books. Chikitsa Sara describes that 50 gram each of Saindhava, Rajani and Sarshapa are to be made into paste and mixed with 1 litre of churned butter milk. This is to be placed in an earthen pot with a tight lid for 3 days. From 4th day 5 tolas is to be given orally for 21 days. This is said to reduce splenic enlargement without any doubt and may be tried in Leukaemias. Decoction of the whole plant Gokshura when taken is found to reduce the frequency of Dialysis. Equal quantities of burnt ash of Tilakaasta, apamarga, kaaravella plant, Yava plant and Palasa kshara and puta is to be given. This burnt ash is mixed with Ajaa Moothra and made into pills. These pills when taken for 21 days are said to dissolve the renal stones. This also is to be tried. Sirisha vallkala kwaatha taken 3 times a day for 10 to 15 days stabilizes mast cells and thus prevent the frequency of Asthmatic attacks. Powder of purified Bacha, Sunthi, Karkataka srungi, Pippali and Kulinjan taken with honey cures URTI and frees the throat from phlegm. Basavarajeeyam described chippa Kassa which appears to be Lung Abscess. Kola majja (sedative), Kanaa and Mayura puchha bhasma (cholagogue) with honey relieves vomiting in childhood. Sannipaathika gulma is probably appendicular abscess. Chikitsa Sara

describes pain in chest (myocardial infarct) as Hruth Kantha paarswa ruja. He further describes that clotting of blood in cardiac arteries causes the person to fall down and lose consciousness. सप्त १लेPमा हपेटायां सं रतः तंधतां जेत। Sahasra yoga says that powder of the ash of Betel leaves taken with Gudam relieves all abdominal pains. Powder of the roots of Ankola with thandulambu is said to stop diarrhoea like a barrage that stops flow of water similar to anti-motility drugs like lomotil. सेतुह्रव वार २ वेगं हनयिष्यात् अफिकोल मलं १/४ औ तैडु ला अबुना. In long standing emaciation and malnutrition sadyah santharpana mantha does not help. In such cases nutrients like madhuparka and laddu made of pryala majja are to be given. सयः १/४ीणे हसयैवै तपणे न उपचीयते संतपां ण अयासात् चर १/४ीण त्तु पृथक्. Vaidya Nanak Chand Sharma of Delhi used to treat Thalassaemia on the lines of Mrudbakshana janya Pandu. Nephrotic syndrome may have to be treated on the lines of Mrud bakshana janya pandu Administration of Gomootra is said to act like mannitol Bhoomyaamalaki works well in viral diarrhoeas. Harihara Samhitha described parsuka roga which appears to be Respiratory distress syndrome. From Yoga rathnakara we get Utpullika which appears to be hepatomegaly, Yogarathnakara and Bhaishajya rathnavali give the disease Sayya moothra From Astanga Sangraha we get reference of Parvanuplava Yogarathnakara described Ajagallika which is probably Miliun Kukoona is described by Kaashyapa and Vaagbhata. From Bhaishajya rathnavali we get Brahmana yasti roga. Saara gadhara and Vangasena described Vichhinna roga which appears to be umbilical ulcer We get reference of Netraabhishtyanda from Bhaishajya rathnavali and Kasyap. Neeru chavvalu and Paridagdha chhavi are the contributions from Basavarajeeyam. Treatment of Pama (scabies) is found in Chikitsa saara. Treatment of Darunam ? Dandruff is given in Chikitsa saara. Emulsified oil in Sneha Vasthi and in oil pulling probably removes the fat soluble doshas that come in contact with the mucus membrane. Similarly emulsified oil given in snehana karma get absorbed as chylomicrons and while in circulation dissolve fat soluble doshas in body which get destroyed in Liver. Vaid Nanak Chand Sharma used vajra bhasma in cases of different tumours successfully. Juice of Betel leaves given with Sarshapa Kalka is useful in leukaemias.

### Measures in Paediatrics practice



- 1) Heat extracted Castor oil 10 ml given daily to a neonate right from beginning prevents jaundice and kernicterus. Use of castor oil is traditionally practiced in Andhra Pradesh. It does not produce diarrhea. The fat soluble unconjugated bile is removed with this oil.
- 2) pill made of Kulinjan, vacha, pippali, Hareethaki, Haridra and Ajvain rubbed on a stone with breast milk and given twice in a week prevents kapha rogas and helps in proper growth of a child.
- 3) Emulsion made of Ghritha and Madhu (polen mixed) likely gives immunity against histamine and other allergic disorders.
- 4) Use of Sahacharaadi thaila is described in Kasyapa Samhitha to help better growth
- 5) Swarna praasana is a unique measure described in Aayurveda to improve memory power and act as a Rasaayana. Among Life saving measures, restoration of normalcy of praanaah and protection of praana aayathanaani together with symptomatic treatment are the basic concepts of Ayurveda. These are in no way different from measures described in modern medicine.

Modern Research in Kaumarabhritya: For constipation during neonatal period, paste of Vacha and Hareethaki may be tried. In later period Aaragvadha phala majja can be used as a mild laxative. Some antispastic activity was found in Vidari Kand, Vansha leaves, twak, and Karavira leaves. They can be tried in cerebral palsy. Vacha was also found to relax the muscles. Some anticonvulsant property was found in extract of Sankhapushpi, Aswagandha, Tagar and Yastimadhu. Mandookaparni was found to increase the axonal regeneration of neurons and help in enhancing learning. Stress neuroprotection effect was found with Aswagandha. Jatamamsi was found to decrease neuronal cell deaths and increase memory. Vacha is recommended as an adjuvant drug with antiepileptic drugs. Brahmi was found to have neurotropic activity, improving cognition, learning and memory. All these studies were done on albino rats. (Chaudhary, K. Int. J Res. Ayurveda Pharma. 5(6) Nov-Dec, 2014.) For other new diseases that are coming up we may have to evaluate the doshas and doosha and treat accordingly. For infective disorders, we may have to depend upon antibiotics followed by use of rasayana drugs. Till the beginning of the 20<sup>th</sup> century, the word Ayurveda was not known in Kerala. Till that time they developed their own system of medicine in the name of Naatu Vaidyam by using the locally available herbs. They compiled these treatment practices in books such as Alathyur Grantham, Sahasrayoga, Chikitsa Manjari, Aarogya Kalpadruma. Kerala vaidyas have developed their own formulas specially for treating various skin diseases. The single drugs used by them, the formulations, their indications and disease particulars related to pediatric practice can be seen from the review article “Unique contributions of Keraliya Ayurveda in Paediatric healthcare.” written by Seetha Chandran et al and published in the Journal of Ayurveda and Integrative Medicine, Vol 9, 2018, p 136-142.

## SHORT CASE STORIES

<b>Name of the Consultant:</b>	Dr Sarita. S. Neeralakeri Associate Professor, Department of Kaumarbhritya, Ayurveda Mahavidyalaya Hubballi.
<b>Diagnosis:</b>	<b>MALAVIBHANDATA (CROHN'S CONSTIPATION)</b>
<b>Case Details:</b>	<p>Constipation is defined as decrease in frequency of bowel movements and difficulty in passage of hard stool. Constipation may be organic or non-organic<sup>1</sup>. Crohn's disease tends to cause frequent diarrhea, but it can also cause constipation. This constipation may result from medications, other health conditions or life style factors. Crohn's disease can cause a section of intestines to narrow due to severe inflammation, this section is called a stricture and it can block or slow the passage of stool<sup>2</sup>.</p> <p>A 2 years old female child had visited Ayurveda Mahavidyalaya, Hubballi, Karnataka on 20/11/2018 with C/O difficulty in passing stools, crying and straining during defecation. Child use to pass very hard stools once in a 2-3days and there was a traces of stool in child's undergarment, since 3months. On local examination there was anal stricture&amp; redness was present, but no fissure was observed. O/E child was moderately built and underweight as her weight was 8kgs only, she also complained of pain abdomen frequently and always irritant. Actually child was suffering from recurrent constipation since 1year and took many treatmentslikes laxative and analgesics,but still not got any permanent relief. So her family members approached to our college for the same complaints. Her vitals and other systemic examination were within the normal limits and her development history was also uneventful. During past historical examination, child was more found of having bakery items and junk foods. All theinvestigations like CBC, Thyroid profile and USG abdomen &amp; pelviswere also with in the normal limits.</p> <p>Child was fulfilling the Rome 3<sup>3</sup>criteria for constipation, hence with the above findings case was diagnosed as a Malavibhandata (crohn,s constipation).</p> <p>Vibhanda is mainly because of malfunctioning of Apanavata, Samanavata and Vyanavata.</p>
<b>Treatment:</b>	Ushnodaka pana <sup>4</sup> , SarvangaAbhyanga with KsheeraBalaTaila and NadiSweda followed by Matra Basti <sup>5</sup> With YastimadhuTaila (10-20ml). InternalyAbhayarista <sup>6</sup> 5ml BD & Liv52 Syp 5ml BD Given for 8 Days and Pata Sweda <sup>7</sup> for abdomen pain SOS and discharged with same internal medicine for another 1 month.
<b>Out Come:</b>	<p>With above treatment for 8 days, Constipation and all associated symptoms are got cured. Anal stricture, redness was also reduced and the child who was always irritant became happy after the completion of treatment.</p> <p>At starting MatraBasti given with 8 No feeding tube and at the end of treatment we can able to give the Bastiwith rubber catheter No 8.</p> <p>After 1month she came back to our hospital with no recurrence of problem. Proper toilet training , healthy diet and life style is advised to parents.</p>



<b>Images:</b>	<div style="display: flex; justify-content: space-around; align-items: center;">   </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>BEFORE TREATMENT</b></div> <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>AFTER TREATMENT</b></div> </div>
<b>References:</b>	<ol style="list-style-type: none"> <li>1. OP Ghai, Piyush Gupta and VK Paul, Ghai essential Pediatrics 6th edition revised &amp; enlarged, Chp-11.5, DrGhai Delhi-92-2004, Pg no-265.</li> <li>2. <a href="http://www.medicalnewstoday.com">www.medicalnewstoday.com</a></li> <li>3. <a href="http://www.medscape.com">www.medscape.com</a></li> <li>4. Prof P.V.Tevari Editor, Kashyapa Samhita or Vriddhajeewakiya Tantra, 1<sup>st</sup> Edition, Sutra Stana, Chapt-22/12, ChaukhambaVisvabharati Oriental Publishers &amp; Distributors-2008, Pg no-25.</li> <li>5. Prof P.V.Tevari Editor, Kashyapa Samhita or Vriddhajeewakiya Tantra, 1<sup>st</sup> Edition, KhilaStana, Chapt-18/46, ChaukhambaVisvabharati Oriental Publishers &amp; Distributors-2008, Pg no-655.</li> <li>6. ShriGovindaDasji, BhaishajyaRatnavali, volume-I, Chapt-9/175-180, ChaukhambhaSanskritasamsthanaVaranasi-2008, Pg no-606-607.</li> <li>7. Prof P.V.Tevari Editor, Kashyapa Samhita or Vriddhajeewakiya Tantra, 1<sup>st</sup> Edition, Sutra Stana, Chapt-23/6-8, ChaukhambaVisvabharati Oriental Publishers &amp; Distributors-2008, Pg no-39.</li> </ol>
<b>Note:</b>	<p>Thoughthe constipation is very simple and small problem but in this case child was suffering from 1year and she was in pathetic condition as she was unable to explain. Now days we are getting more numbers of constipation patients to our OPD may be 1-3 in 10 cases, mainly because of change in life style, increase in junk foods, no proper and healthy diet and no proper toilet training in time, so as a pediatrician and parents it is our duty to give attention towards these kinds of problems. Dinacharya starts with bowel moments.</p>

<b>Name of the Consultant and Pg scholar</b>	Prof. Rahul Haridas Gujarathi (Professor) Dr. Preetham Pai (Associate Professor) Dr. Satish Khatal (Associate Professor) Dr. Ritesh Jain (Assistant Professor) Dr. Sheetal Pudale (Assistant Professor) Bharati Vidyapeeth College of Ayurved and Hospital, Department of Kaumarabhritya, Pune-Satara Road, Pune 411043.
<b>Diagnosis</b>	<b>BENIGN MIGRATORY GLOSSITIS</b>
<b>Case details</b>	<p>This was a 5 y/o boy, staying in a semi urban urea, about 30 km away from Pune. The child was a regular OPD visitor and over his multiple OPD visits over a period of time, it was observed that the symptoms of stuttering speech and geographical tongue was persistent despite the routine treatment that he had received from initial, his modern paediatrician and later on from me. The modern paediatrician had advised him to take a combination of vitamin B complex for correction of geographical tongue, considering it to be an incidental finding with no residual or underlying disorder. The geographical abnormality used to disappear as the child would take the supplements and once the supplements were discontinued, it would reappear in a weeks' time. Though the child had no other associated problem like glossitis or bald tongue or refusal to eat, with this complaint, the parents were worried why this was persistent and were considering it to be a cause of stuttered speech. The child was delivered vaginally and was of near complete term gestation. He had a history of perinatal depression, due to which he had a 3 days NICU stay which was uneventful, with a complete recovery and no deficit, neurological or otherwise, examined on regular follow-ups, post NICU discharge. On his first visit with me, about 8 months ago, I had noticed that he had a squint, which was not noticed/revealed by his paediatrician. The staggering speech was considered normal for his age by him and as the parents were anxious, he was asked to consult a speech therapist, which had partially helped as told by the parents. The papers and his physical examination had revealed that his growth was appropriate for age and had normal gross motor and fine motor development and otherwise normal speech and language development except for this stuttering speech.. Keeping this in mind, on questioning, it was revealed that he had regular bowel evacuation but the stools were mucoid and had a stinking smell.</p>
<b>Treatment</b>	<p>For squint: Ophthalmic examination was done and a refraction error was corrected by giving a corrected refractive glass.</p> <p>For stuttering: Parents were asked to continue with speech therapy as of now.</p> <p>For geographical tongue:</p> <p>Local:</p> <p>Pratisarana of Churna of Rasapachaka and Mamsapachaka mixed together atleast 3 times a day. Rasapachaka (Kalinga, Patola patra and Katurohinia) and Mamsapachaka (Nimba, Patola Triphala Musta and Vatsaka [Mrudwika was excluded]) are the drugs used as Vishamajwara nashaka Kashaya as told in Charaka Samhita, Chikitsastahana, Jwara Chikitsa.</p> <p>Systemic:</p>

	<p>The child was advised to take Laghumalini Vasanta 125 mG tablet thrice a day after breakfast, lunch and dinner to be taken with white butter for 1 month.</p> <p>Shodhana:</p> <p>Apart from this he was advised to take Sneha Basti (retention Basti) of Trivrut sneha (Ghrita 10 mL [Dadimadi Ghrita], Taila 10 mL [Karanja Taila] and Vasa [derived from Vazedi i.e large bowel of goat] 20 mL) added with 500 mG of samudrafena choorna for 14 sittings, alternate days starting from Tuesday, after completion of 2 weeks of oral medication.</p>
<b>Outcome</b>	<p>The lesions on the tongue had reduced to an extent of 15-20% by the end of 1 week of oral medication and up to the extent of 30% by the time Basti was started. The Basti were administered at the time of sunset after having a full meal and the child and the parents were asked to note the time of expulsion of Basti mixture and the contents of the stools. They were also asked to take care that the Basti is retained to the maximum time as much as possible and the boy be dissuaded from evacuation to the extent possible.</p> <p>On the first day the retention time was just 3 hours, but by the 5<sup>th</sup> Basti it had reached about 13 hours and the child passed stools with minimal Basti contents that could be differentiated from the stools. By the end of 14 Basti, the lesions had reduced in surface area to an extent of 80% and as per the mother, the child's appetite had improved, mucus from the stools and the stink had disappeared completely and the bowel habits had regularized to once a day only with well-formed stools to be evacuated. After the end of 14 Basti, the child was asked to continue Laghumalini Vasanta 125 mG tablet thrice a day after breakfast, lunch and dinner to be taken with white butter for 1 month further. On follow-up after 10 days of completion of Basti, the lesions had disappeared completely, the child was looking more energetic as was told by mother and it was observed that the stuttered speech had reduced drastically and the child could pronounce clearly and fluently. It is nearly 3 months from the completion of treatment and the child is still on an occasional follow-up and the lesions have not yet reappeared.</p>
<b>Logical explanation of the line of treatment</b>	<p>Two findings were of prime importance while chalking out the line of treatment, vrana and its chronicity. Vrana is a symptom of raktadushti. The location of vrana was a kaphasthana which also points towards kaphadushti. So the treatment of vrana did require management of kaphasthana. Jivha is formed from the essence of kapha, rakta and mamsa, during embryogenesis. This can also be understood as that jivha derives its nutrition from kapha, rakta and mamsa. Any dushti in these three in unanimity or singly are near certain to exhibit an abnormality in the organ where they are responsible to provide nutrition. So it is necessary to treat the vitiated dhatus responsible. Thus, to treat kaphadushti in a kaphasthana, Pratisarana was used. The drugs used are ruksha and kaphaghna. Rukshana reduces kleda and dushtakapha that has accumulated locally aiding in faster Ropana by transforming dushtavrana to shuddhavrana.</p> <p>Secondly, chronic diseases indicate chronic doshadushti and are an indication for Shodhana chikitsa. Ideally, Vamana is indicated in</p>

	<p>kaphadushti and Virechana in Pittadushti and raktadushti. But children so young are a contraindication for Shodhana therapy. Contrary to this Basti treatment is indicated in all age groups and so Basti was used as a mode of Shodhana therapy. Karanja taila is kaphavataghna and is also krimighna. Dadimadighrita is raktaprasadana and rakta shuddhikara. Aantra is derived from the essence of kapha and rakta in the embryonic period under the influence of pitta. So, vasa, derived from antra was used which already has the essence of kapha and rakta in similarity to jivha. Thus this combination as Trivrit sneha was planned.</p> <p>Chronic diseases also indicate that there is vitiation of dhatwagni. So, Deepana is necessary which will ultimately improve dhatwagni. Vasantkalpa are indicated in jeerna jwara and other jeerna vyadhi. All Vasantkalpa are known to improve dhatwagni and improve the outcome by pacifying dosha. All Vasantakalpas are basically snigdha and brimhana. Laghumalini Vasanta though has all the gunas of vasantakalpa, it pacifies rakta and kapha due to its contents like maricha and kharpara i.e. zinc carbonate. Modern medicine also advocates use of zinc in management of chronic disorders, as zinc has a property of maintain epithelial integrity and it also aids in wound healing. Laghumalini Vasanta was used with the logical application of above two principles.</p> <p>It has been mentioned in kushthachikitsa that diseases of raktadushti are influenced by mangala graha and some school of thoughts in Maharashtra believe with that starting treatment for raktaprdoshaja vyadhi on Tuesday, yields better outcome. So the treatment was started on Tuesday.</p> <p>The reduction in stuttering speech and improvement in pronunciation was seen, but none of the treatment was intended in improvement of the same. Probably, it can be said that vayu is responsible for vani and anulomana of vayu by administering of Basti might have caused improvement in speech, though, as told, the improvement in the same is unexplainable and beyond the scope of understanding.</p>
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Name of the Consultant Name of the pg scholar	Dr.Suryanarayana Mudadla, Associate Professor, Dr. Radhika Injamuri Assistant Professor Postgraduate Department Of Kaumarabhritya, Dr.Shilpa Kotagi, Final Pg Scholar, Dept Of Kaumarabhritya SJG Ayurvedic Medical College, Koppal, Karnataka.																												
Diagnosis	G.B.Syndrome																												
Case details	<p>14yr old sahana brought by her parents from Gudadalli, karnataka as their parents are bothering about that their child had severe pain in both the lower limbs more in thigh &amp; soles, not able to move both the upper and lower limb, in ability to stand ,walk, even with support, not able to hold thing in her hand.</p> <p>One month ago child was apparently normal &amp; one fine day while playing in the school child developed severe pain in both lower limbs more in the thigh &amp; soles for which child was sent to home &amp; child had sleepless nights on the same day due to severe pain &amp; couldn't able to walk by the next day morning.</p> <p>No H/o sensory disturbance, bowel &amp; bladder disturbance, difficulty in swallowing, no h/o change in voice or speech disturbance. So parents approached a local hospital &amp; they referred to the Neurologist where they have admitted her for 8 days .They did MRI of spine.(straightening of cervical spine -suggestive of par spinal muscle spasm) c<sub>3</sub>-c<sub>6</sub> intertebral disc shows mild diffuse bulge causing indentation over thecal sac without neural compression .No evidence of cord compression or cord lesion &amp; done some hematological investigation &amp; Diagnosed as a <b>GBS</b> and started Inj IVIG 5g BD 5days,Inj Heparin 2500u s/c bd ,Tab Laregaba OD, physiotherapy for 3 days. After that the child had movement in the upper limbs. There for child discharged &amp; advised to continue physiotherapy at home &amp; the same continued at in their home for 10days.There is little reduction in the pain but no further improvements .After the 12 days gap parents of the child have approached our hospital.</p> <p><b>O/E</b> when she came to our collage is concious, co-operative, well oriented. Bed ridden, child is scary, depressive, all sensory functions are normal, DTR diminished.</p> <table><tr><td></td><td>RUL</td><td>LUL</td><td>RLL</td><td>LLL</td></tr><tr><td>BULK</td><td>Distal muscle</td><td>Atropy of</td><td>all extremities</td><td></td></tr><tr><td>TONE</td><td>hypotonia</td><td>hypotonia</td><td>hypotonia</td><td>hypotonia</td></tr><tr><td>POWER</td><td>Go/5</td><td>Go/5</td><td>G<sub>o</sub>/5</td><td>G<sub>o</sub>/5</td></tr><tr><td>Co-Ordination</td><td colspan="4">Impaired Coordination due to palsy.</td></tr></table>					RUL	LUL	RLL	LLL	BULK	Distal muscle	Atropy of	all extremities		TONE	hypotonia	hypotonia	hypotonia	hypotonia	POWER	Go/5	Go/5	G <sub>o</sub> /5	G <sub>o</sub> /5	Co-Ordination	Impaired Coordination due to palsy.			
	RUL	LUL	RLL	LLL																									
BULK	Distal muscle	Atropy of	all extremities																										
TONE	hypotonia	hypotonia	hypotonia	hypotonia																									
POWER	Go/5	Go/5	G <sub>o</sub> /5	G <sub>o</sub> /5																									
Co-Ordination	Impaired Coordination due to palsy.																												
Treatment	<p>Planned for vatashamaka chikitsa<sup>7</sup> includes Deepana, pachana, Abhyanga<sup>8</sup>, shastikashalipinda sweda<sup>9</sup>, nadisweda, yogabasti<sup>10</sup>, matrabasti<sup>11</sup> along with oral vatahara oushadis and physiotherapy.</p> <p>1<sup>st</sup> sittings: 8 Days treatment has been given Deepana pachana, Abhyanga +Shastikashali pinda sweda along with yoga basti.</p> <p>Methodology:1) Deepana-pachana with chitrakadi vati 1 BD for 3days.</p> <p>2) Abhyanga with ksheerabala taila.(15-20min)</p> <p>3) Shastikashalipinda sweda .(15-20min)</p> <p>4) Yogabasti .It includes Anuvasana and niruha basti.</p> <p>➤ Anuvasana with Mahanarayana taila 50ml</p>																												

	<p>➤ Niruha basti 180ml contains makshika 10ml, Lavana 1gm, Mahanarayana taila 50ml, Yestimadhu kalka 10gm</p> <p>Kwatha 100ml prepared from 10gm of Dashamula kwatha churna &amp; 10 gm of eranda kwatha churna.</p> <p>2<sup>nd</sup> sitting 8 days treatment has been given after 1 week gap from 1st sitting.</p> <p>1) Abhyanga with ksheerabala taila, (15-20min) 2) Nadisweda (for 25-30min ), 3) Merudanda vasti with Dhanvantara + ksheerabala taila (20-30min) along with physiotherapy.</p> <p>3<sup>rd</sup> sitting 8 days treatment has been given after 15 days gap from 2nd sitting.</p> <p>1) Abhyanga with ksheerabala taila (15-20min) 2) shastikashalipinda sweda (15-20min) 3) Matrabasti with mahanarayana taila 50ml.</p> <p>Basti retention time increased gradually after starting the treatment.</p> <p>Oral medication : Ashwagandharista 5ml BD with equal water , Brihatvatachintamani ras<sup>12</sup> (swadesi) 1BD for 20 days Kaishore guggulu 2BD for 20 days</p>
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<b>Out Come</b>	<b>Observation and Result</b> <b>TABLE :01</b> BT-Before treatment. BUL-Both upper limb, BLL--Both lower limb, inc-								
	Sl, no	Symptoms	BT		After 1st sitting		After 2nd sitting		After sitting
			BUL	BLL	BUL	BLL	BUL	BLL	BUL
	1	Bulk	Distal Muscle atrophy	Distal Muscle Atrophy	No change	Distal Muscle Atrophy	No change	Distal Muscle atrophy	No change
	2	Tone	Hypotonic	Hypotonic	Increasing Tone	Increasing Tone	Increasing Tone	Increasing Tone	Increasing Tone
	3	Power	G0/5	G0/5	G2/5	G1/5	G3/5	G2/5	G4/5
	4	DTR	Absent	Absent	1+	Absent	1+	Absent	1+
	increasing.								
	Table : 02								
	Sl no	Symptoms	BT		After sitting 1	After sitting 2	After sitting 3		
	1	PAIN <sup>13</sup>	G6 (Distressing)		G4 (Moderate)	G2 (Mild)	G1 (No pain)		
	2	SLEEP	Sleep		Disturbed	Good	Good		

			Reduced due to pain	sleep	sleep	sleep
	3	SITTING	Not able to sit	Able to sit with others support	Able to sit with support by herself	Able to sit without support
	4	STANDING	Not able to stand	Not able to stand	Minimum standing with support	Able to stand With support
	5	WALKING	Not able to walk	Not able to walk	Minimum walking with support.	Able to walk with support
<b>Discussion :</b>		<p>The GBS can be understood in ayurveda as a vata vyadhi based on its clinical pictures but cannot be correlated with any single disease. With our existing knowledge we tried to correlate with sarvanga vata due to pittavrutha vyanavayu. And treatment has been executed accordingly and got tremendous recovery in the present case. As studies suggest that 85% of cases of GBS may recover within months to years. But in present case we had observed satisfactory result within 45 days with planned panchakarma &amp; shamana oushadhies. Based on single case study cannot be claimed the present treatment efficacy. Further studies should be conducted on the number of cases of GBS to validate the treatment efficacy of ayurvedic management of GBS. It is one of the ray of hope to start ayurvedic therapies in acute disease along with existing treatments in other system of medicine to bring effective &amp; complete treatment for many disease.</p>				



## PROGRAMME COPY

<b>PALLAVA MANTHANA</b> <b>05/12/2019</b>		
	<b>Resource Person</b>	<b>Manthana Vishay</b>
<b>MANTHANA 1</b> 10:00am-10:30am	<b>Dr Manisha Bhandankar</b> MBBS, MD(Ped), FNIC (London) )Ph.D	Role and Scope of Alternative system of Medicine in Child Health Care
<b>MANTHANA 2</b> 10:30am-11:00am	<b>Dr.Abhimanyu Kumar</b> Proff of Kaumarabhritya and Vice Chancellor, Rajasthan Ayurveda University, Jodhpur	Key Note Address
<b>Tea break 11:00am to 11.15am</b>		
<b>PALLAVA INAGURATION-11:15am-1:00pm</b>		
<b>Lunch Break/Stall Time-1:00pm to 2:00 pm</b>		
<b>Special Performance from ANMOL TANGUDHAMA 2:00pm to 2:15pm</b>		
<b>MANTHANA 3</b> 2:15pm-2:45pm	<b>Dr B M Singh</b> Proff of Kaumarabhritya Banaras Hindu University	Practical approach to Newborn care through Ayurveda
<b>Pallava Parva: Quiz 2.45pm to 3.00pm</b>		
<b>MANTHANA 4</b> 3.00pm-3:30pm	<b>Dr Srihari, MD, PhD</b> Proff of Kaumarabhritya, MAC, Wardha	Research updates in Kaumarabhritya
<b>MANTHANA 5</b> 3:30pm-3.45pm	<b>Dr Shekhar Annambhotla</b> Founder of AAPNA, USA	Scope and Opportunities in Ayurveda Pediatrics-Overseas
<b>MANTHANA 6</b> 3.45pm-4:00pm	<b>Dr V.N.JOSHI, MD, PhD</b> Proff of Ayurveda, London	Import and Export of Herbal medicines overseas
<b>Tea Break 4:00pm to 4:15pm</b>		
<b>Parallel Oral Presentations:4:30pm to 6:30pm</b>		
<b>Banquet Dinner with musical fountain and Karaoke 7.30pm onwards</b>		

<b>PallavaKaushalya - SKILL STATION</b> <b>06/12/2019</b>				
	<b>9:00AM- 11:00AM</b>	<b>11:00- 1:00PM</b>	<b>2:00- 4:00PM</b>	<b>4:00-6:00PM</b>
<b>PHYSIOTHERAPY</b> (Hospital OT corridor)	<b>A</b>	<b>D</b>	<b>C</b>	<b>B</b>
<b>NEWBORN RESUSCITATION</b> (College Auditorium)	<b>B</b>	<b>A</b>	<b>D</b>	<b>C</b>
<b>WARD PROCEDURES</b> (Lecture Hall 3,4,5)	<b>C</b>	<b>B</b>	<b>A</b>	<b>D</b>
<b>STANYA PAREEKSHA AND PEDIATRIC DRUG DOSAGE</b> (2 <sup>nd</sup> Floor College Manthana building)	<b>D</b>	<b>C</b>	<b>B</b>	<b>A</b>
<b>NON EXPERT GUIDED STATIONS</b>	<b>4<sup>th</sup> Floor College building</b>			

<b>PALLAVA MANTHANA</b> <b>07/12/2019</b>		
	<b>Resource Person</b>	<b>Manthana Vishya</b>
<b>MANTHANA 7</b> 9:00am -9:40am	<b>Dr Roshni</b> Professor & HOD Dept. of Kaumarabhritya Government Ayurveda Medical College, Thiruvananthapuram	Management of spasticity in children with cerebral palsy
<b>MANTHANA 8</b> 9:40am-10:20am	<b>Dr Dinesh</b> Associate Professor & HOD Dept. of Kaumarabhritya V.P.S.Warier Ayurveda College, Kottaikal	Means of linguistic development and Methods of increasing attention in children with autism.
<b>Tea Break 10:20am to 10:35am</b>		
<b>Pallava Parva Quiz 10:35am to 10:50am</b>		
<b>MANTHANA 9</b> 10:50am-11:20am	<b>Dr ReenaKulkarni</b> Professor & HOD Dept. of Kaumarabhritya SDM College of Ayurveda, Bangalore	Ayurvedic prospective of nutritional disorders, assessment and management
<b>MANTHANA 10</b> 11:20am-11:35am	<b>Dr Shailaja Rao</b> Professor & HOD Dept. of Kaumarabhritya SDM College of Ayurveda Hassan	Panchakarma in Children-How do you Go about it?
<b>MANTHANA 11</b> 11:35am-12:05pm	<b>Dr Mini Muralidhar</b> Associate Professor Dept. of Kaumarabhritya Government Ayurveda Medical College, Thiruvananthapuram	Measures of intellectual development in children with dyslexia and mental retardation
<b>MANTHANA 12</b> 12:05pm-12:35pm	<b>Dr.Rajgopala</b> Associate Professor & HOD Dept. of Kaumarabhritya AllAMS, Delhi	Approach to Wheezing Children
<b>E-Poster Presentation - 12:35pm to 1:15pm</b>		
<b>Stall Visit and Lunch Break -1:00pm to 2:00pm</b>		
<b>Special Performance by Children of MAHESHWARI BLIND SCHOOL 2.00pm to 2.15pm</b>		
<b>MANTHANA 13</b> 2:15pm-2:45pm	<b>Dr SrinidhiAcharya</b> Associate Professor Dept. of kaumarabhritya National Institute of Ayurveda, Jaipur	Management of chronic and recurrent respiratory infections in children
<b>MANTHANA 14</b> 2:45pm-3:15pm	<b>Dr Nayankumar S</b> Assistant Professor Dept. of kaumarabhritya SDM College of Ayurveda Hassan	Management of hyperactivity in ADHD
<b>Panel Discussion 3:15pm to 3:45pm</b>		
<b>Valedictory Function 3:45pm to 4:15pm</b>		
<b>High Tea 4:15pm Onwards</b>		

## ABSTRACTS

### DINACHARYA:

#### MANAGEMENT OF CHILDHOOD OBESITY THROUGH PROPER KNOWLEDGE OF DINACHARIYA AND CHRONOBIOLOGY

*DrSonu Prakash\**, Dr. Aziz AhemadArbar\*\* Department of Kaumarbrhitya, KAHER's Shri B.M.K Ayurveda Mahavidyalaya, Belagavi, Karnataka, India; thegreat.sonu0@gmail.com ;

**ABSTRACT:** Childhood obesity is one of the most serious global public health challenges of the 21st century, affecting every country in the world. From Ayurvedic classical texts and various article journals. Questionnaire was prepared comprising of different factors which may influence the health of a person along with perceived stress scale, 30 subjects (5-16 yrs) each with or without health issues were surveyed and data collected were computed in the excel sheet. The data was analyzed by applying odds ratio. The positive relationship between inadequate sleep and improper sleeping timing and presence of health issues was observed odd's ratio calculated as 3 and 2.10 respectively. In today's modern era lack of physical activity and stress related factors are more prominent in young age population due to lack of knowledge of daily regime which leads to early manifestation of aging and others psychosomatic/lifestyle disorders so, it should be mandatory especially for younger generation to know about Ayurvedic daily and seasonal regimes to prevent the manifestation.

**Keywords:** Dinachariya, Ratrichariya, chronobiology

#### DINACHARYA AND RUTUCHARYA IN CHILDREN

*K N LALITA\**, DrAzizahmed I Arbar\*\*Professor and HOD Department of Kaumarbrhitya, KAHER's Shri B.M.K Ayurveda Mahavidyalaya, Belagavi, Karnataka, India.lalitakn21@gmail.com

**ABSTRACT:** Dinacharya: dine dinecharya "dinacharya". Dincharya compiled of two words dina and charya. Dina means a day or day to day regimens to be followed. Charya means duties, regimens, action, to be carried out regularly. Data collected from classical texts of Ayurveda. Following both Dinacharya and Rutucharya keeps the person healthy and free from diseases. Thus Ayurveda being the science of life has swasthya as its main aim. So following Dinacharya and Rutucharya is of prime importance. Rutucharaya is divided as uttarayana and dakshinayan. Uttarayana includes Sisira, Vasanth, Grishma, rutus and dakshinayan includes Varsha, Sharad and Hemanthrutus. Following this rutucharya gives a good health. Importance: (1) Regimens to be followed daily to maintain normal health. (2) Maintains hygiene and keeps the body clean and healthy. (3) Desire for the intake of food; proper and easy digestion of the ingested food. (4) Helps to increase the strength of indriyas. (5) Helps to increase the strength of the body. (6) Prevents all the diseases.

**Keywords:** Dinacharya, Rutucharya, Health, Regimens.

## MODIFIED DINACHARYA IN PEDIATRICS

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**ABSTRACT:** Ayurveda is the ancient science which tells about health mainly Ayurveda concentrate on longevity. Long life is the aim of ayurveda for maintainance of health Aahara (dietary habit)&Vihara(daily habits) matters a lot. In this study presented modified Dinacharya for children based on different age group.Following the modified dinacharya by children with the help of care taker or parents. For maintance of health one should follow the dinacharya in proper manner.Every activity is modified in dinacharya for children Brahma muhurta:upto 3-5 years no fixed time for wake up schedule, after 5 years it can be fixed but without any trouble Malatyaga: toilet skill given after 18-24 months Dantadhawana: soft brush after 12 months can be used only with water it can be done twice a day Jivhanirlekhana: only with finger Abhyanga: Neonatal massage Snana: New born baby bath technique upto 2 years after 5 years on his own Bhojanavidhi: Swarnaprashana and PhalaprasanaNasya: it can administrated from 7 years to 80 years Anjana: it is practiced in pediatrics , it is advisable for infant to adolosenceRaksha karma: vastradharana, sugandhadravayadharana , ratnadharana and anulepana are modified for the health of child Vyayama: outdoor games and skill development activities are replaced for vyayama.

**Keywords:** Dinacharya, Newborn, daily regimen, vihara, healthy life

## ABHYANGA - A GAME CHANGER

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**ABSTRACT:** Malnutrition, stunted growth, digestive disorders, lack of immunity, lack of memory are few very common impediments that we are seeing in the development of young children and adolescents. 1/3rd of the worlds malnourished children live in India, An over view of the impediments of children brings us to the understanding that by aahara, vihara, aachaara and at the level of kaaya, vaak, manas , vata vriddikara lakshanas are evidently seen. Methods and aids focusing on correcting the vata dosha, stabilizing and bringing in the balance can provide a comprehensive management and bring in sustainable health. Including Abhyanga in kids' routine can be one such method/aid which can improve the healing system and potentiate our health. The purpose of this study is to give a new perspective to attain a sustainable health for children. How a simple change in the routine can bring a remarkable change. It is hoped that this will bring in a new quality of health care standards A key compound of optimal nutrition during childhood is adequate but not excessive intake of micro and macro nutrients and more important is ABSORPTION of these micro and macro nutrients . Only then can we expect optimal core health which can foster overall health, growth, development and also immunity. Global nutrition and health authorities aim at ensuring adequate health care support internally and externally to infants, children and young adults. Present generation need a health care system which is Preventative, Therapeutic, Protective and Promotive than a medicinal system which caters only for symptomatic relief. A compact body characterized by symmetrical and well defined bones, joints, muscles and blood formed due to the appropriate aahara, vihara, and aachaara is the sign of good health. Abhyanga accelerates the process of formation all these. So Abhyanga can be a game changer.

**Keywords:** Absorption, Sustainance, Abhyanga.

## NUTRITION

### ROLE OF JAGGERY (GUDA / GUR) IN CHILDREN'S DIET (REVIEW STUDY)

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**ABSTRACT** Jaggery (Gud) is most commonly used sweetener for children. It is used in many food products of children considering its test (Shishupriy). The per capita consumption of Jaggery 26.47 kg/annum in 2005, by 2020 would increase to about 40 kg/annum .Gud (Jaggery) is mentioned under ikshu varga in Bhavprakash and Bruhadnighanturatnakar. Nav, Jirna and Purana Gud show different properties that must be known to every physician. Jaggery is available in the market mainly in three forms namely solid liquid and granular. Its nutritional significance data is discussed in details in present study. By reviewing the above facts concluded that never use Nav Gud in children diet, it must be always Jirna or Puran Gud. Nutritional supplements increases the overall immunity of children. It helps to treats Rasavaha, Raktavaha and Pranavaha Strotas .The different Ayurvedic properties of Nav, Jirna and Purana Gud explained along with their meanings that play an important role for selection in children diet. The nutritional aspect of Jaggery (Gud) shows high value of minerals, vitamins and protein which help to diminish the problems of malnutrition in children and also play important role in treatment of anemia, jaundice, asthma and allergies in children. Present review study provides some important health review on Gud and sugar consumption in children by comparing them.

**Keywords:** Gud (Jaggery), Gud in children diet, nutritional aspect of Gud (Jaggery), Gud and sugar consumption in childre

### FORMULATION OF BALANCED DIET FOR SCHOOL GOING CHILDREN W.R.TO CLASSICAL NITYA SEVANIYA DRAVYAS

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**ABSTRACT** Food and its relationship to the health are widely explained in the classics with practical application of principles of nutrition A unique diet formulation is to be made with classically mentioned specific food stuffs to meet the optimal nutritive health status of children. Hence an attempt is made to formulate the same with special attention to Dietary recommended allowances as per standards. One of the eight elements of the Primary Health Care is Health for all that can be achieved by promotion of proper nutrition. We are observing the great advances in the last 50yrs in the knowledge of nutrition & practical application. Poor section of .For mothers, for their school going children's lunch box preparation is a great task and by appropriate nutritive analysis, balanced diet can be planned for children with varieties of foods as per classics. An attempt is made to analyse the various nutritive factors in selected food stuffs.

**Keywords:** balanced diet, nitya sevaniya dravya, dietary recommended allowance,

## PRINCIPLES OF NUTRITION IN TODDLERS: AN OVERVIEW

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**ABSTRACT** Childhood covers the growth periods of toddler, the preschool child and the school age child. Child's nutritional needs become more like those of adult after the first birthday. During the toddler years, growth is slower than during infancy. With small capacities of stomach, servings of food should be small and tolerable. As per Skinner et.al 2002, each serving should be 1/4th or 1/5th of an adult serving. A toddler should be offered 3 meals and 3 nutritious snacks per day, as they increase a toddler's livelihood. Meals should include more of complex carbohydrates, fibres, proteins and less of vitamins and fat as compared to early stages of life. The toddler's nutrition is important as it bridges the childhood to adult phase. Hence it is important to critically understand the nutritional requirements of a toddler. The proper Toddler Nutrition, helps to build good immunity in the child. This immunity would help the child to combat various nutrient deficiencies like the Iron deficiency anemia, calcium deficiency etc. Fibre, protein, omega 3 fatty acid and complex carbohydrate rich diet helps to prevent constipation, PEM, obesity.

**Keywords:** Childhood, Nutrition, Principles, Toddler.

## COMPLEMENTARY FEEDING RECIPES FROM KSHEMAKUTUHALAM FOR WEANING

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**ABSTRACT** Weaning means the complete cessation or the beginning of a gradual process of introduction of supplementary foods to the infant's diet. It is a complex process involving nutritional, immunological, biochemical and psychological adjustments. Data sourcing was done from Kshemakutuhalam written by Kshema sharma, published by IIAIM-FRLHT, 1st edition 2009. Recipes were selected based on the ideal properties of weaning food such as- energy & nutritional requirements, palatability/acceptability, cost, easy to cook & store. On these basis recipes like Krishara, Supa, Dadima rasa, Vedika, Chandrahasa, Lalita etc. were selected. Weaning is from breast is natural yet an inevitable stage in child's development hence requires special attention. Kshemakutuhalam is a book which exclusively deals with food preparation and their health benefits. There are many recipes in this book. Weaning is an important stage, if it is not taken care, then it may hamper the growth and development of the baby. Ideal weaning food should consist of all Rasa. But, it is not the single recipe which will serve this purpose. Hence it is needed to explore multiple recipes for weaning.

**Keywords:** Weaning, Kshemakutuhalam, Nutrition, Growth & Development



## INFANTS & FATS MYTHS & FACTS

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**ABSTRACT** Early childhood is the time during which time nutritional and taste habits that last a lifetime are learned. Because of the natural affinity of love that exists between mother and child a conscientious mother imparts good habit to her child . Problems created by poor nutrition and toxic influences during this time are more difficult to fix later on. Fat is an essential part of your child or teen's diet and plays an important role in their development and growth. Low fat diet for infants can desirously harm their health. There are healing and killing fats in infant's nutrition. In our craze to lower the fat content of our diet for health reasons over ambitious parents sometimes do their children's health a dissuasive when misinformed Hence, in this presentation an effort has been made to highlight the importance of healing fats in health of children. Dietary fats and oils thereby make the infants less likely to develop allergies in response to absorption of undigested or incompletely digested proteins. Both saturated and unsaturated fats help in digestion in this regard but unsaturated fats are better for health because of their content of essential fatty acids. The importance of each mother's choice of good oils and good nutrition during preconception, pregnancy, early childhood cannot be overstated.

**Keywords:** Fat, Infant

## EFFECT OF SUWARNAPRASHANA ON GROWTH AND DEVELOPMENT IN PRETERM LBW CHILDREN- A REVIEW

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**ABSTRACT** Preterm and low birth weight babies (LBW) behave differently than the term babies during post natal life growth period. In India alone 6-8 million LBW babies are born annually. LBW is also a major determinant of malnutrition .Prepared suwarnaprashan medicine, multivitamine drops, madhu (Honey), Method- Randomised Clinical Trial. Result will be elaborated after completion of study.According to Ayurved texts preterms are delivered due to dominancy and vitiation of vata dosha in the fetus. Birth weight and anatomical, physiological, immunological maturity are the most important markers of adverse perinatal, neonatal and infantile outcome. Suvarna (Gold) is aayushyam and very important trace element found in the body which is proved by various researches and play very important role in proper growth and development. It helps in the myelination of nervous system. Ghrita has madhura rasa, madhur vipaka, shit virya and snigdha, saumya, mrudu rasa and guru guna. It is perticularly vatapittashamak and kapha vridhdhikara. It is sarvasnehottam, sahastraviryam, samskaranuvartanam, medhya, oja-varnya-aayushya vridhdhikara, vriushya, chakshushya, vayasthapak, rakshoghna. Madhu has madhur rasa, madhur vipaka, madhur virya, tridoshshamak properties. Some microbes cannot grow and reproduce in honey. It is dormant and shows antibacterial activity.

**Keywords:** suvarna, ghrita, madhu, graham, Jatmatra paricharya

## ROLE OF AAHARA IN CHILDHOOD OBESITY

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**ABSTRACT** child is considered obese when there is excess accumulation of fat in the subcutaneous tissue and other parts of the body. Dietary factors play a major role in childhood obesity. India has the second highest number of obese children in the world, The data of child obesity is collected from classical texts and contemporary texts, related articles. The development of obesity depends not only on the total caloric intake but also on the frequency. Consuming large infrequent meals rather than small frequent meals is associated with the development of obesity Acharya Charaka has mentioned that due to increased Agni and Samana Vayu, the obese suffer from excessive thirst and hunger. As there is vitiation of Kapha and Medas, the diet followed must be of Vaata predominance. Yava, Kulatha, Chanaka, Mudga, Madhu are considered as Pathya in obesity. The palatability and liking of children has to be considered. Various preparations from these can be adopted to prevent, control and treat child obesity. There is high risk that child obesity might continue to adult obesity also leading to various diseases such as cardiovascular diseases, Diabetes. Hence, child obesity has to be prevented and treated well.

**Keywords:** Child obesity, Sthoulya, Pathya Aahara

## TRADITIONAL GUIDELINE FOR NUTRITION - A VIEW

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**ABSTRACT** The traditional way of living was in harmony with nature complying with the seasons. The food habits evolved utilizing the locally and seasonally available or cultivated ingredients perfected with the experience and inherited knowledge. The literature shall be collected from different Ayurvedic texts, reputed journals, internet & newspaper. Ayurveda or traditional Aahara is the root cause of both body as well as disease. If wholesome diet is taken in the right manner, there is no need for separated medical treatment & if unwholesome diet is being permitted, there is no benefit of any me Aahara is like double edged sword: it cures the disease as well as it may generate a disease or malnutrition or obesity if taken improperly. The customs adopted in eating, cooking & habits of the fast moving modern world are changing for the worse; so it is important to increase awareness about a balanced and nutritious diet. The concept of aaharaam hi oushadham is almost extinct. This has lead to the gradual erosion of the vast knowledge bank of traditional recipes which finely blended available herbs and ingredients.

**Keywords:** Aahara, Malnutrition, Dietary pattern, inherited knowledge

## RARE CASE OF ANEMIA

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**ABSTRACT:** Onions are very popular kind of vegetable obtained by very special agronomics practices that avoids the photosynthesis and subsequent metabolism by the Alluminium cepa plant, onions that are ingested by adults and children in huge quantity. this case is taken from kaumarabhritya OPD. We report a rare case of a child who presented with severe nutritional anemia caused by ingestion of white onions (6 to 8 per day). Our observations illustrate the importance of dietary modification in Nutritional Anemia. This case is described as per Ayurveda and contemporary experimental Research. The first discussion should be taken as ayurvedic consideration of pathogenesis of Pandu explained by Acharya Charak Aggravated pitta predominant dosha vitiates the dhatu. This vitiation of dhatus cause sluggishness (shithilata) and heaviness (gaurava) in the dhatu resulting in diminution of complexion (varna), strength (bala), unctuousness (sneha) and the qualities of ojas. Thus, the person develops diminished blood (rakta) and the fatty tissue (medas) and absence of the vitality of all the tissues (nihsara) decreases functional status of sense organs (sithilendriyah) and discoloration of the body. Indulgence in the above factors aggravates pitta seated in the cardiac region and then this pitta is forcefully propelled by the vata into the ten dhamanis (attached to the heart) and further into the whole body. There, it gets located in between the tvacha (skin) and the mamsa (flesh) and additionally vitiates the kapha, vata, rakta, tvacha and mamsa resulting in the development of various discolorations in the body like pandu (pale), haridra (yellow), and harita (green). This is called as panduroga

**Keywords:** Alluminium cepa, photosynthesis, organo sulphur, Heinz body

## ROLE OF YAVADI CHURNA IN KARSHYA

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**ABSTRACT:** Karshya is a disease similar to under-nutrition is one of the most widespread nutritional problems of developing countries. It is often causes disease and disability in the survivors and prevents millions more from reaching their full intellectual, Yavadi churana, davanagere mix, Vataprakopakara ahara-vihara like ruksha annapana sevana, langhana pramitashana, kriyatiyoga, Shoka; Bhaya etc are the causative factors. Several treatment plans were being implemented to cure the disease .By pilot study the contents of Yavadi churana like yava, nagabala ,ashwaganda ,tila, masha, guda which helps to improved the nutritious level in child like increase weight, mid arm circumference, and increase the digestive power.

**Keywords:** Shamana chikitsa, Vata hara, Brimhana drugs, mode of action

#### THE EFFECT OF VIDARIKANDADI CHURNA IN KARSHYA WSR to UNDERNUTRITION

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**ABSTRACT** Under nutrition is the most widespread problem in developing countries. Children are vulnerable to develop nutritional disorder because they are dependent and at the mercy of their parents and caretakers to look after their nutritional and healthy needs. Methodology: Patients of either gender between the age group of 2 to 5 year, diagnosed as Karsha were randomly selected from OPD of Kaumarabhritya, J.G. co-operative hospital. The Trial Group received Vidarikandadichurna for 28 days. The assessment of the condition was done by specially designed assessment protocol for the study. Observing the statistical data the drug Vidarikandadichurna showed highly significant result and better percentage of relief. Thus it proves its efficacy in the management of Karsha.

**Keywords:** Karsha, Vidarikandadichurna

#### A STUDY ON EFFICACY OF MRIDWEEKADI AVALEHA IN KARSHYA

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**ABSTRACT** Karsha is one of the burning problems in spite of many global wise remedial measures, which have been adopted to provide nutrition. A karsha patient is always prone to have so many complications, 40 patients of karsha will be selected from the OPD and IPD of the SDMCA & hospital, Hassan. 40 patients with BMI In mridweekadi avaleha group about 60% of patients got good improvement. Karsha is one among the apatarpana janya vikara which needs to be corrected by santarpana measures. mridweekadi avaleha producing brimhana effect on different tissues of the body as the formulation process madhura & tikta rasa, snigdha guna, ushna veerya & madhura vipaka, having vata pitta shamana and kapha vardhaka effect.

**Keywords:** Karsha, Mridweeka, BMI, brimhana, nutrition

#### CONCEPT OF YUSHA AS A COMPLETE FOOD FOR A GROWING CHILD

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**ABSTRACT** Aahara is responsible for sustaining of life and also acts as an important tool in prevention and cure of disease. This aahara is the best bhesaja and rightly called as Mahabhaishjya. Yusha is semisolid preparation obtained by cooking different type. Different yusha preparations mentioned in kashyapa samhita were enlisted and yusha preparations told by different acharyas were scrutinized and analysed. As yusha is prepared with the combination of various materials like pulses and drugs, it serves as a complete diet comprising of all the macro

and micro nutrients essential for a growth and development of children. Thus it is rightly stated that yusha is pushtikaraka. Acharya Kashyapa being a paediatrician emphasizes on the use of yusha kalpana in children as it is a complete food rendering all required nutrients for growing child. Hence a detailed analysis of nutritional value of yusha is required to bring the yusha kalpana in day to day practice.

**Keywords:** Yusha preparations, Nutrition, micro and macro nutrients

## **NUTRITION IN FIRST 1000 DAYS OF LIFE-A CONCEPTUAL STUDY**

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**ABSTRACT** Health and well-being is important aspect of human life. Nutrition plays a vital role in maintaining good health. The first 1000 days of life includes 270 days in-utero to 730 days of postnatal life i.e upto 2 years of age, which has been identified maternal nutrition plays a critical role in unsolved problems of child malnutrition. After birth, breast milk is the natural food for infants and it is species specific. By 6 months of age child should be started with complimentary feeds till the child is able to eat normal family food i.e after 1 year of age, while breastfeeding is continued up to 24 months of age or beyond. For the optimal growth and development appropriate nutrition plays a vital role. Since mother has to nurture foetus, her nutrition have a direct relation with the baby's well being and survival. After birth breast milk is the natural food for infants and is species specific. By 6 months of age, child should be started with complimentary feeds while breast feeding is continued up to 2 years of age or beyond. Thus nutrition in First 1000 Days of Life plays important role for well being of child

**Keywords:** Nutrition, Breast feeding, Complimentary feeding

## **NUTRITIONAL DISORDERS IN AYURVEDA, KARSHYA, BAL SHOSHA, PHAKKA, PARIGARBHIKA**

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**ABSTRACT:** Nutritional disorders can be particularly serious in children, since they interfere with growth and development and may predispose to many health problems such as infection and chronic diseases. Childhood is considered as the most important phase in life, which determines the quality of health, well being, learning and behaviour across the lifespan. This may be the reason for giving the foremost position for Balachikitsa among Ashtangas (8 branches) of Ayurveda. Nutrition has always been a basic necessity of mankind. Light and nourishing diet is prescribed for the nourishment of the Karshya patients.[3] In case of an emaciated person, light and nourishing diet (like old shali rice) should be given so as to bring about proper nourishment in them. Bal Shosha correlates well with caloric malnutrition and gives the child a marasmic appearance with white puffy and slimy face. On the other hand, Parigarbhika represents protein malnutrition (Kwashiorkor). It refers to the disregarded child consequent to the pregnancy.

Karshya is a state of wasting (low weight for height) and stunting (low height for age) due to chronic malnutrition. Among three types of Phakka, Ksheeraj Phakka and Garbhaj Phakka have etiology and manifestations similar to Bal Shosha and Parigarbhika respectively. Vyadhija Phakka may be understood as protein energy malnutrition due to low intake of nutrients, chronic illness and malabsorption. This adversely affects the child development resulting in delayed milestones.

**Keywords:** Nutritional disorders in Ayurveda, Karshya, Bal Shosha, Phakka, Parigarbhika.

## **MATUREVA PIBET STANYAM-BREAST FEED BEST FEED**

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**ABSTRACT** Breastfeeding is the primary source of nutrition for babies, as well as health promotion for both mother and the child. Breast milk is the best readymade food which is environment friendly, sterile, easily available. Thus, prime importance is given tBasic informations are collected from Ayurvedic texts, contemporary science and interpretations based on the research updates available in print as well as online versions. Stanya is satmya since birth. It is the source of nourishment for both Physique and intellect. It also enhances vyadhikshamatva (Immunity) by providing specific resistance power and also disease preventive factors. Stanya is the essence of maternal nutrition and qualities are similar to ojas. It is the source of vitamins, minerals, and immunoglobulin and disease preventive factors. By virtue of this it acts as wholesome nutrition for the child and restorative measure for mother.

**Keywords:** Ayurveda, Stanya, Breast feeding, Matureva pibet stanyam

## **NUTRITION: CORNERSTONE FOR HEALTHY LIFE**

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**ABSTRACT:** Nutrition is the scientific study of the food and nourishment, including food composition, dietary guidelines, and the role that various nutrients play. Dietary habits established in childhood are often carried into adulthood; all the references regarding nutrition are collected from various textbooks and online publications. Attempts are done to conceptualize the same to suit the need.The balanced diet should comprise of carbohydrates, proteins, fats, minerals and vitamins. On an average 1000kcal of energy, 20grams of protein, 25 grams of Fat, Calcium 600 mg, Iron 16-20 microg/kg and so on. Major Risk period for developing severe acute malnutrition is 6 months of life or during weaning period. The major risk period for growth stunting is between 4 and 24 months of age. During toddler age group fussy eaters and children accustomed to single food will end up in kwashiorkor, underweight/stunting. Micronutrients deficiency can impact upon overall performance of the child. Conclusion- It is estimated that 224



million children under 5 years are under nourished and 41 million are overweight or obese. Hence proper knowledge on nutrition can aid in prevention of triple burden of malnutrition.

**Keywords:** Nutrition, Malnutrition, Daily required allowances

#### **PREVALENCE OF GRAHANI DOSHA IN SCHOOL CHILDREN WITH SPECIAL REFERENCE TO JUNK FOOD EATING**

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**ABSTRACT:** The word grahani dosha refers to the ailments of the grahani, comprises of grahani gada, agnimandya, amlapitta. It leads to mandagni and hence leading to ailments of GIT. The fast food has become inevitable for children especially in the present era Survey is done with specially designed questionnaire comprising of dietary habits iwsn 100 children. The 100 subjects with different kinds of junk food habits will be analyzed and results will be drawn using suitable statistical test. of the child. The excessive fat content in the junk food increases the LDL and thus leading to several GI ailments.Eating junk is contributing to multiple diseases especially of digestion and metabolism. This may impact even the nutritional status and academic performance of the child. The excessive fat content in the junk food increases the LDL and thus leading to several GI ailments. Specific junk food causes specific diseases.

**Keywords:** Grahani dosha, Junk food, Agni, GI ailments, Nutrition

#### **NUTRITION IN APTARPANJANYA VYADHI**

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**ABSTRACT** Nutrition has always been a basic necessity of mankind and diseases resulting from its inadequacy or overuse have existed even before the dawn of modern science. APTARPANJANYA VYADHI (MALNUTRITION IN CHILDREN) The following diseases can be categorized as malnutrition disorders in children. KARSHYA It is the condition of excessive emaciation. Etiology: Excessive emaciation is caused by the intake of diet devoid of any fat, excess fasting, intake of food in inadequate quantity, over administration of sanshodhan treatment or Panchkarma procedures, grief, suppression of natural urges including urge for sleep, Deficiency in nutrition inflicts long term damage to both individual and society. Malnourished children are more prone to infectious diseases such as pneumonia and tuberculosis, which leads to higher mortality rate.The various diseases described above represent a wide spectrum of protein energy malnutrition. Bal Shosha correlates well with caloric malnutrition and gives the child a marasmic appearance with white puffy and slimy face. On the other hand, Parigarbhika represents protein malnutrition (Kwashiorkar). It refers to the disregarded child consequent to the pregnancy. Karshya is a state of wasting (low weight for height) and stunting (low height for age) due to chronic malnutrition. Among three types of Phakka, Ksheeraj Phakka and Garbhaj Phakka have etiology and manifestations similar to Bal Shosha and Parigarbhika respectively. Vyadhija Phakka may be understood as protein energy malnutrition due to low intake of nutrients, chronic illness and malabsorption.

**Keywords:** Nutritional disorders in ayurveda, Karshya, Bal Shosha, Phakka, Parigarbhika.

### PHAKKA ROGA (KUPOSHANAJANYA VYADHI)

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**ABSTRACT:** Phakka roga is only kuposhanajanya vyadhi in childhood period and has been described only in kashyap samhita. It is caused due to delayed milestone in gross motor aspects of growing childhood and poor physical development and impaired psychomotor kashyapa samhita,dr.shrinidhi acharya,google, dr.dinesh ks Nutritional supplementations during pregnancy and proper spacing ,early detection in delayed milestones, and even by psychological support to parents and child this may prevent and control the nutritional disorders Phakka is a unique nutritional disorder explained by acharya kashyapa elaborately .BALAH SAMVATSARA PADABHYAM YONA GACHYATI | SA PHAKKA ITI VIJNYEYA.....||. This implies even after one year of chronological age child is not able to walk independent steps, suggesting delayed developmental milestone of locomotor system or immaturity of CNS.Child continues to be crippled even after completion of one year of age. **CLASSIFICATION:** 1. Ksheeraja phakka- consumption of kapha vitiated milk causes obstruction of rasavaha srotas leads to ksheeraja phakka. 2. Garbhaja phakka - early weaning of breast milk due to poor spacing leads to decline in the general health condition of the baby. 3. Vyadhija phakka -Different metabolic, chromosomal, neurological, endocrinal Etc disorder in childhood leads to vyadhija phakka. **GENERAL SYMPTOMS;** Ksheenamamsabala,sa suskha spik bahu uru udara,pittaksha,drushymanasthi panjara,pramlanadakayasya,nitya mutra purisha krut,dourbalya,Etc **TREATMENT:** Only explained by kashyapa . Rajataila is explained in the context of phakka roga as a drug of choice for abhyanga. Concept of physiotherapy- phakkarata is explained by kashyapa. Kalyanaka ghrita is given for Snehapana. In modern this can be correlated with protein energy malnutrition and failure to thrive.

**Keywords:** Phakka roga, Nutritional supplementations, Ksheeraja phakka

### STANYA KSHAYA AND ITS MANAGEMENT

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**ABSTRACT:** Stanya is regarded as the primordial and best form of nutrition to the baby. It is produced as a by-product of ahara rasa of mother and is naturally acceptable to the baby. Stanya kshaya otherwise called as Lactation failure Extensive ayurvedic literature research including all brihatrayi, other electronic database and indexed services. Researches on stanya kshaya states, that it is more prevalent in ladies of urban area, first mothers, nuclear families. Associated maternal factors leading to lactation failure include problems of nipple, lack of confidence in mothers, poor nutrition Causes for lactation failure include both maternal and neonatal reasons. Physiological and local causes can be very well managed with Ayurveda principle of treatment. Specific drugs and their galactagogue properties have been proven clinically and experimentally.

**Keywords:** Ayurveda, stanya kshaya, lactation failure, stanya vardhana



## IMMUNOLOGY

### IMMUNE REACTION IN THE GUT AND TYPE 1 DIABETES IN CHILDREN-CONCEPT IN MODERN AND AYURVEDA

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**ABSTRACT:** There are more immune cells in the gut than everywhere else in the body for the simple reason that the gut is a major internal point of contact with the outside world. Health of a person described in ayurveda as normalcy of Doshas. There are certain nutritional changes can decrease the likelihood of getting the disease and can help to alleviate if already have it. Type 1 Diabetes mellitus (DM) an autoimmune disorder, doubling of new cases between the year 2005 and 2020, and 70% increase in all those younger than 15 years. This indicates that, other than genetics something which are triggering gut immune response is by food allergies and the other is viral infections. Hence, in this presentation how the immune reactions in the gut leads to development of type 1 DM will be explained, also role of nutrients to fight against the disease manifestation will be highlighted.

**Keywords:** Keywords: Type 1 Diabetes mellitus, Gut, Agni, Autoimmune, Ayurveda

### IMMUNITY IN CHILDREN - AYURVEDIC CONCEPTS AND PRACTICES

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**ABSTRACT:** The immune system is a remarkable defence mechanism. Immune system is one of the most important indicators of vitality of an individual. The immune system represents the capacity of an individual to defend their health against micro-organism. The Bala (Immunity) of a child is classified into three types Sahaja, Kalaja and Yukthikritha. The Sahaja bala of a new born can be improved by proper antenatal and pre-conceptional care during the preconception period and intra-uterine period. Prasana or lehana are different forms of lickables given to the child that provides the benefits such as immunity, nutrition, intellect etc. Among the shodhasamskaras, karnavedhanasamskara will provoke the immune system to prevent the diseases. In Ayurveda different formulations are present to enhance the immunity against the all varieties of micro-organism. This paper is highlighting the Kerala special Ayurvedic formulations to enhance the immune system. A well balanced state of dosha, dushya, agni will provide proper Sareera Bala which is responsible for Vyadhi-kshamatva. Bala can be assessed by the proper development of stable muscle tissue, unobstructed physical, physiological and psychological activities, Excellency of voice etc.

**Keywords:** Vyadhi-kshamatva, Sahaja, Kalaja, Yukthikritha, Bala, Karnavedhanasamskara

## A PRAKARADI YOGA: IMMUNOMODULATORY MEASURE IN CHILDREN

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**ABSTRACT:** Up to 16years of age is called as Bala among them sub constituted as Ksheerapa, Ksheerannada&Annada (K.S.Khi 3/72-74) as of which the child will be having Apakwadhatu, is Sukumara&Kleshaasaha because his immunity is not completely developed. Data is collected from Arogyarakshakalpadhruma- Prakaradi yoga. Prakaradi yoga can be taken in practice to adopt the immunity or to boost the immunity in children by Ayurvedic line of measures. It has been said that the prakaradi yoga prevents child suffering from the disease as like “shatru” in terms by developing immunity. Due to vitiation of doshas variety of disease occurs to children. For preventing of the occurrence of disease, the medicaments are formulated in prakaradi yoga in age wise manner. The drugs which are used in prakaradi yogas are almost going to act on CNS such as Vacha which is considered as the Rakshoghna.

**Keywords:** - Immunity, Prakaradi yoga, Bala, Rakshoghna, Vaccination.

## AUTOIMMUNITY - A CLINICAL PICTURE IN PAEDIATRICS

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**ABSTRACT:** Autoimmunity is an adaptive immunity misdirected at healthy tissue&cells. The clinical presentation of autoimmune disorders can be broadly classified into Organ Specific and non- organ specific diseases. Data is collected from Textbook of Pathology, Charaka samhita, Madhavanidan. This Asatamyaja bhava as Utpadakahetu along with Beejadusti, matapitrujanyaapachara as mutation & many more factors decide the existence of autoimmunity in Paediatrics. The involvement of basic principles in the production auto-immunity is of prime importance. As the basic entities like the Asatmyajadoshas have to be more specific. The AnyonyaSammurchitadustadoshas play prime role in the evolution of autoimmunity as said in contemporary sciences. Autoimmune, it's with multifactorial in origin affects the children at different age groups depending upon dravyata, karmata and Gunata configuration of Anyonyasammurihitadustadoshas and the stanasanshraye of these Dustadoshas either in Pranavah, Rasavahasrotas, sandhis or twacha decide the Vyadhi the child is going to suffer in future. That is these “ASATMYA DOSHAS” mentioned as dust dosha along with sanchita mala & Apakwaannarasa in the context of Ama.

**Keywords:** Autoimmunity, Asatmyaja bhava, Sammurchitadustadosha, Beejadusti

## VYADHIKSHAMATVA (IMMUNITY) IN AYURVEDA BY TRADITIONAL METHODS

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**ABSTRACT:** Vyadhikshamatva (immunity) is described in Ayurveda which is considered as equivalent to immunity. The capability of a person to resist against the Vyadhibala and to prevent the occurrence of other disease is known as Vyadhikshamatva. Ayurvedic classics and previous research works were searches for the subject of study. The purpose of Vyadhikshamatva is not only to prevent the disease like modern immunization but also boosting the immunity, ensuring proper growth and development and improving overall health measures of children. As a result, it is being realized that human health and its management is very challenging. So a serious attempt to develop interface between Ayurvedic and Modern medicine are being made, which can be possible to better comprehend Ayurvedic concept in Physico-chemical terms.

**Keywords:** Vyadhikshamatva, Immunity, lehana, swarnaprashan

## RAJANYADI CHURNA TO ATTAIN VYADHIKSHAMATWA IN BAALA

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**ABSTRACT:** Rajanyadi churna is a polyherbal ayurvedic classical formulation used in agnimantya, atisara, swasa, kasa, pandu and jwara. The formulation is highlighted with the last line "baalasyasarvarogeshupoojithambalavarnadam". Literary review done is available literature. Data was collected by interviewing the parents and on direct observation on the patient- 5 year old boy. Area of study –clinical; the patient showed non-repetition of the ailment, improvement in general health and is more active. The tikthakatu rasa, laghuteekshna guna, kapha vata samana karma of the yoga contribute for the vyadhikshamatwa in kapha predominant division of vya-baala, providing acquired strength. Vyadhikshamatwa denotes resisting power of the body which reacts to arrest the progress, occurrence or reoccurrence of a disease.

**Keywords:** Rajanyadi, vyadhikshamatwa

## RASAYANA A BOON IN JUVENILE DM 1 - CLINICAL UNDERSTANDING AND RESEARCH UPDATES

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**ABSTRACT:** Type 1 Diabetes Mellitus (T1DM) is one of the common chronic diseases seen during childhood. It accounts for about 5 % of total diabetes mellitus cases worldwide. Global

Incidence of T1DM increasing at a rate of approximately 3% per year. Pathophysiology mainly highlights Autoimmunity, Researches shows HLA and non-HLA genes and familial predisposition to autoimmune diseases in families with a child affected by type 1 diabetes. Prior studies suggest white matter growth is reduced and white matter microstructure is altered in the brains of young children with type 1 diabetes when compared with brains of non-diabetic children. Rasayana has Rasa specific, Dhatu specific and Srotas specific action, it is a Boon in management of Juvenile DM 1. In Ayurveda, Agni has prime importance; research work on Gut microbiota in children with type 1 diabetes differs from that in healthy children. Rasayana is considered one of the specialized branches of Ashtanga Ayurveda which is the restorative remedy for the promotion of Health and Immunity (Vyadhikshamatwa).

**Keywords:** Rasayana, Juvenile DM 1, Autoimmunity, Vyadhikshamatwa

### SWARNA BINDU PRASHANA -A BOON FOR IMMUNITY AND INTELLIGENCE IN CHILDREN

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**ABSTRACT:** Good health, immunity and intelligence are the backbone for child's overall development. Swarnaprashana is one such formulation mentioned in kashyapasamhita. It is need of the hour to highlight the effect of swarnabindu prashana with special reference. Swarnabindu prashana was prepared in KLE Ayurved pharmacy, Belgaum. It contains swarnabhasma, ghrita and madhu (100mg swarnabhasma + 6ml ghrita + 6ml madhu). Twenty children within age group of 3-4 years were selected into two groups each. Subjects in group 'A' received swarnabinduprashana whereas group B (control group) did not receive any treatment. They were observed for 6 months. Data of height, weight, quality of life, event of illness were collected every month. Children in swarnabinduprashan group showed significant reduction in the scores of eating habits, behaviour, mood, temperament and scores of event of illness. There was significant increase in IQ percentage. Swarnabinduprashana plays significant role in overall development of the child. Height and weight of children taking swarnabindu prashana was increased when compared to control. There was reduced event of illness frequency, severity and duration in children receiving swarnabinduprashana. Swarna (Gold) is established therapeutically useful metal and its calyx having immune modulatory, memory boosting, memory, enhancing activity.

**Keywords:** Swarna binduprashan, immunity, intelligence

### PRAKARA YOGAS AND INNATE IMMUNITY IN CHILDREN

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**ABSTRACT:** Immunology is a basic branch of medicine that deals with the immune system. Ayurveda, being a holistic medicine, deals with immunology in a broad spectrum. Arogyakalpadrumbam, Ayurdisha, Textbook of Pediatrics. Ayurveda explains the concept of Rasayana, through which immunology is explained. Innate immunity, which is an inborn resistance mechanism, acts non-specifically towards a micro organism. Prakara yogas, explained in the traditional ayurvedic textbook. A child getting exposed to

a new human environment soon after birth is from where the concept of immunology starts in Ayurveda. The physiologically immunodeficient neonate exposed to a new atmosphere makes it susceptible to various pathogens. The passively acquired maternal IgG will be incapable of providing a full fledged immune response in the child.

**Keywords:** Prakarayogas, Innate immunity, Rasayana

#### A CONCEPTUAL STUDY ON TYPES OF SWARNA PRASHANA IN DAY TO DAY PRACTICE

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**ABSTRACT:** The great & eminent Dutch philosopher Desidarius Erasmus's saying goes as 'prevention is better than cure'. In the same way in ancient days, to get rid of many diseases which will be caused in further life, Acharya Kashyapa & Vagbhata have explained the administration of gold is good for health. Parents of children who have been given with swarna prashana had reduced respiratory infections in further yrs. It will give benefits as like that of vaccines, but in addition it also acts as memory enhancer, as the Acharyas told that gold as it is the best form of Swarnaprashana type.

**Keywords:** swarna prashana, swarna, swarna bhasma

#### IMMUNOMODULATORY EFFECT OF SUARNABINDUPRASHANA IN PAEDIATRICS

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**ABSTRACT:** In Ayurveda, ahara has been classified as pana, ashana, bhakshya, lehya. Lehya is nothing but the snigdha, semisolid form which is used as nutritive, palatable, and easily absorbed by the body and one of the convenient, safe ways of medicinal administration. Data is collected from Bruhataryees and Kashyapa Samhita. Ayurveda explains SWARNA BINDU PRASHANA for the immunity of the child. Vaccines produce immunity against specific diseases where as swarnabindu prashana produces non- specific immunity. Ghruta and madhu mixed in equal quantity acts as visha. This same theory is used in Swarna bindu prashana. Madhu and ghruta in equal doses is given at regular intervals. This develops resistance in the body for any type of visha. In other WORDs it produces immunity. Emulsification takes place in their equal quantity which provides better synergistic action of the drug. Its antigenic behavior seems to be having similar property like vaccination, so it is mentioned under its antigenic effect may produce certain antibodies and remain inside the immune cells to protect from multiplication of different organisms.

**Keywords:** Swarnaprasha, Jatalarma, Immunity, Balarasayan, lehana

## BENEFITS OF SWARNA VACHA AMONG CHILDREN

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**ABSTRACT:** Traditional Ayurvedic Practices have mentioned administration of swarna vacha among infants from 3 months of age up till 5 years. Swarna and Vacha improvise speech and immune system. During the developing years of a kid, it's very necessary to provide them with the right supplements. Swarna is known as a noble metal its unending benefits and one among the sapta loha, its purified form is the most effective one. Vacha - (Acoruscalamus) Healing plant acts as a rejuvenator for brain and nervous system, a medhya drug. Lehana is most beneficial during the initial days if the days. Swarna vacha a paste obtained by rubbing purified gold along with vacha stem. Both have excellent qualities together work as a dynamic formulation. Further we shall describe its working in enhancing bala, medhya, ayushyam, Agni.

**Keywords:** Nervous system, brain functioning, boosts memory, immune power.

## SWARNA PRASHANA

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**ABSTRACT:** Suvarna Prashana is a lehana given to the children in different suitable form of swarna in children up to 6years of age. It is one of the ancient and the best practiced method being given every month on Pushyanakshatra. Material is collected from classical text of Kaumarabhritya (Kashyapa Samhita), Charaka Samhita, Ashtanga Hrudaya, articles and Journals. Finding suvarna increases intellect, digestion and metabolic power, strength, gives long life and auspicious virtuous aphrodisiac and increases complexion and eliminates the grahas dosha. It increases Bala (strength) and helps in attaining Vyadhikshamatva. The method of licking will be described keeping face towards east, gold should be rubbed on a washed stone with a little quantity of water then churned with honey and ghrita, be given to the child for licking.

**Keywords:** Swarna Bhasma, Ghrit, Madhu.

## AYURVEDIC CONCEPT OF VACCINATION

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**ABSTRACT:** Some recent concept of molecular medicine, immunology etc has been found to have striking similarities with certain concepts of Ayurveda .Vyadhikshamtva which is an Ayurvedic concept equivalent to immunity is important to understand. Text book of bal rog by Brij Mohan Singh, Kaumarbhritya by Dr Ashok More, Ghai essential pediatrics, pub med, NCBI



JOURNAL, NIA JOURNAL, STATISTICS. Along with internal intake of medication, external factors are also important in maintaining children's immunity. Vaccination is an integral part of immunity, if we consider Ayurvedic concept of vaccination then most important is "swarnaprashna" in children which is none other than introducing viruddhatha in body creating immunity against the odd factors. Other factors including dosha, dushya and factors influencing immunity internally and externally are also of utmost importance.

**Keywords:** Vyadhikshamatva, bala, Swarna prashana, vaccination, bahya factors

## **A CONCEPTUAL STUDY OF OJUS AND OJOVARDHAKA DRAVYAS IN PAEDIATRIC TREATMENT**

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**ABSTRACT:** Balaavastha is a phase of life where all the dhatus are in a maturation phase, i.e. the age of growth and development. Ojus an important factor for tolerance against diseases also matures in three different phases beginning from fetal period. A thorough literary review from classical texts of Ayurveda and textbook of paediatrics regarding ojus, ojovardhakadravyas and immunity was done. This concept of increasing the endurance or immunity by introduction of ojovardhakadravyas right from childhood is unique to Ayurveda as against the concept of vaccination prevailing in the modern system of medicine. Ojovardhakadravyas may be in the form of aahara/vihaara/oushada or may be a samskara which creates a suitable environment in the body for normal growth and development to have a smooth transition from childhood to adulthood.

**Keywords:** Ojus, Ojovardhakadravyas, Immunity, Child

## DEVELOPMENTAL, NEUROLOGICAL, AND PSYCHOLOGICAL DISORDERS

### ANATOMICAL CHANGES IN AUTISM SPECTRUM DISORDERS

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**ABSTRACT:** Autism spectrum disorder is a term for a group of developmental disorders. The spectrum refers to wide range of symptoms, strengths and levels of impairment that people with ASD can have. Autism is characterized with marked impairment in reciprocal. Conceptual Study Conclusion Autism is a behavioral disorder which can be correlated to Sannipataja Unmada as the symptoms of both are similar. Discussion Autism spectrum disorder is characterised by persistent difficulties in communication and social interaction and restricted. Brain regions associated with the pathology of Autism spectrum disorders include cerebellum, amygdala, and cerebral cortex. Anatomical variations of these parts results in ASD. Sannipataja Unmada is one of the types of Unmada. Some of the laxanas as mentioned in samhitas are similar to that of Autism i.e. Sthanamekadeshe, Thooshneembhaavaha, Beebhatsatvam, Vaakcheshtia mandam, Satatamaniyanam cha giramutsargaha, Amarsha, Rahaskamata

**Keywords:** Key words: Autism, sannipataja unmada.

### DEERGHAYU LAKSHANA AS A DIAGNOSTIC TOOL FOR CONGENITAL ANOMALIES- A CONCEPTUAL STUDY

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**ABSTRACT:** Chikitsa shastra begins with identification of roga or any doshavaishmya. Usually it is defined in terms of Nidana panchaka, with well explained Lakshanas. When it comes to Koumarabhrutya we cannot find any evident criteria for analyzing. Data collected from classical texts of Ayurveda; A preliminary attempt for tool development. It's always better to understand pathology in our own language. Need to develop our own diagnostic criteria's for better understanding and assessment. Only a few lakshanas pertaining to siras has been taken for comparison. It's very vivid that pathology can be well understood from the arogya lakshanas mentioned by Acharya Charaka.

**Keywords:** Deerghayu, Ayurveda, Down syndrome, Congenital anomalies

### A REVIEW ON PSYCHOLOGICAL IMPACT OF DISASTERS ON CHILDREN

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**ABSTRACT:** A disaster is a sudden calamitous event that seriously disrupts the functioning of a community or society and causes human, material and economic or environmental losses. There is on an average, at least one disaster everyday worldwide. Literatures were searched with the



word "children, disaster, Psychiatry", and other relevant references are included in the review. As there is wide range of Psychological issues affecting children following disaster, greater awareness about this is needed for planning intervention strategies. An integrated approach using Psycho socio educational and clinical interventions depending upon the developmental stage, level of cognitive and emotional maturity, and limited coping strategies, the psychological reactions in children are expected to be different from those in adults. Common post traumatic psychiatric morbidity among children are acute stress reactions, adjustment disorders, depression, panic disorders, Post Traumatic Stress Disorder, Anxiety disorders specific to childhood and phobias.

**Keywords:** Disaster, Children, Psychological disorders

## **A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF GLOBAL DEVELOPMENTAL DELAY**

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**ABSTRACT:** Background: Developmental disabilities are a group of related chronic disorders of early onset, estimated to affect 5% to 10% of children. Global developmental delay (GDD) is a subset of developmental disabilities. Data is obtained from IPD department of Kaumarabhritya, SDM Ayurveda Hospital, and Udupi; Evidence-based recommendations concerning the Ayurvedic management of the child with a global developmental delay. This case study provides the interventions and outcomes for a child with global developmental delay. The interdisciplinary team approach and family involvement is addressed.

**Keywords:** Global Developmental Delay (GDD), Sarvanga Vata, Samvardhana Vikara, Ayurvedic management.

## **AYURVEDIC MANAGEMENT OF BELLS PALSY- A CASE REPORT**

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**ABSTRACT:** Bells palsy is an acute unilateral peripheral facial nerve palsy that is not associated with other cranial neuropathy or brain stem dysfunction. It is a common disorder at all ages from infancy through adolescence. A male child of 5 years having history of ear pain and deviation of the mouth was brought to Kaumarabhritya OPD of SDM college of Ayurveda, Udupi. The patient was diagnosed as Bells palsy due to Otitis media. The patient was treated with Abhyanga, KsheeraDhooma, Shirotala, Basti, Tarpana and Shamanaushadha. Patient was assessed using House-Brackmann Scale and clinical features of Ardita before and after treatment. Patient showed marked improvements after treatment. Patient was able to close the eye; movements of the muscles were similar on both the sides. The Bells Palsy due to Otitis media is uncommon. The Ardita Vata Chikitsa was employed which showed marked improvements. From the case study it was concluded that, Ayurvedic management explained for Ardita Vata is helpful to relieves the signs & symptoms of Bells Palsy.

**Keywords:** Bells Palsy, Otitis media, Ardita, Vatavyadhi Chikitsa

## AYURVEDIC MANAGEMENT OF SEIZURES IN INFANTS AND CHILDREN

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**ABSTRACT:** epilepsy or apasmara is a common chronic neurological disorder affecting millions of children worldwide with associated with both mental and physical debility. Abnormal neuronal discharge occurs during seizures. Which includes srotoshodana, ama pachana and apamara hara compound drugs along with unique procedure like dhoopana are being used. Encourative results found and children got relief in frequency and duration of seizures and also improved in cognitive functions which include srotoshodana, ama pachana and apamara hara compound drugs along with unique procedure like dhoopana are being used and got good results and children and parents were happy.

**Keywords:** apasmara, epilepsy, seizure disorder,

## AN AYURVEDIC APPROACH TO GUILLAIN-BARRE SYNDROME - A SINGLE CASE REPORT

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**ABSTRACT:** Guillain-Barre syndrome is an autoimmune disorder with a prevalence of 1-2/1 lakh which includes features like demyelination and acute or sub-acute generalized paralysis. Though a direct reference is not found to this disorder in Ayurveda, with yuktiPanchakarma chikitsa like Abhyanga, Patra-Pinda sweda, Shastikashali pinda sweda etc were performed for a course period of 7 days each along with internal medicationsThe Patient who was accompanied by her parents to the O.P.D was unable to even sit and was almost on bed since the time of discharge from higher center is now has gained strength and is able to walk on her own without any suport Ayurveda does provide wonderful results in many conditions. Panchakarma being an integral part of ayurveda, the procedures like Abhyanga, pantra pinda sweda, pada abhyanga, shastikashali pinda sweda etc procedures and many other treatment modalities provides good results and helps propagate ayurveda.

**Keywords:** GB syndrome, autoimmune disorder, vata vyadhi, panchakarma chikitsa

## AN OVERVIEW AND APPROACH TOWARDS AUTISM AND ITS MANAGEMENT IN AYURVEDA

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**ABSTRACT:** Autism a complex neuro developmental disorder that tremendously impacts that normal function of the Brian. Ayurvedic literatures throw light on etiopathogenesis, presentation

along with prophylactic measures for management of such disorders. Autistic children irrespective of all radical ethnic and social groups' direct references regarding Autism like disorder are not available in Ayurveda, after understanding this disorder from Ayurveda aspect the principle of treatment aspect of manoroga seems to be the most appropriate. Specific treatments: In Ayurveda various remedies have been described by Acharya to correct cognitive, adaptive behavior functions, memory. Internal Medication: Mahapaisachika Grita, Mahakalyanaka grita. External Medication: Himasagara taila, ksheerabala taila

**Keywords:** Autism, Garbinicharya, Poorvakarma

## **EFFECT OF ADVERSE CHILDHOOD EXPERIENCES ON LONG TERM HEALTH.**

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**ABSTRACT:** Adverse Childhood Experiences (ACEs) are events or continuous exposure to circumstances that may impact negatively throughout lifespan. ACEs include harms that affect children directly (e.g. physical abuse, sexual abuse, emotional abuse) .Articles representing associations between ACEs and health outcomes in later life were searched; Introductory Textbook of Psychiatry, Essentials of Psychiatry, Introduction to Psychology. Aces have detrimental effects on life course health impacting poor quality of life. Building resilience, safe and supportive relationships within the family and community can prevent as well as mitigate the lifelong impacts of Aces. Adverse childhood experiences are common and usually occur together. ACEs have deleterious effects on brain development within areas associated with regulation of emotion, social behavior, reasoning capacity and stress reactivity. This effect can cause changes in neural circuits that are established in early years of life through interaction of genetics and environment. Thus contributing to emotional instability, substance abuse, aggression and stress related disorders. Along with support of public health community and health care providers pediatricians can play vital role in preventing, identifying to responding to ACEs. This could potentially reduce the harmful emotional, behavioral and health effects and thus preventing the chronic diseases.

**Keywords:** Childhood, adverse experiences, resilience building, preventive measures.

## **AYURVEDA MANAGEMENT OF PANGUTVA IN PAEDIATRICS: A CASE REPORT**

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**ABSTRACT:** Childhood is a period of growth and development, therefore any deviation in the normal growth of child gives rise to multiple diseases of growth and development. Pangutva is one among the 80 diseases of vata vyadhi. Here a case of 10 year, male patient approached in KLEs Ayurveda Hospital, Belagavi with complaints of unable to walk since childhood, reduced strength in both lower limbs, and reduced strength in left upper limb. Management with

Panchakarma and Shamana medicine was given to patient. After treatment now patient was managed to walk self for some distance and there is increase strength in the extremities. As of today, Pangutva is one of the chronic motor disabilities in children. The modern literature on Cerebral palsy is more than adequate for understanding this disease. Then also as shown by various clinical trials on the same field, Ayurveda concepts can be well incorporated into the modern era understanding of the disease. Such a kind of approach will certainly help in better understanding of Pangutva in children.

**Keywords:** Pangutva, Delayed milestone, Panchakarma, Cerebral palsy.

## **AYURVEDIC MANAGEMENT OF GENERALISED TONIC CLONIC SEIZURE-A CASE STUDY**

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**ABSTRACT:** Seizures is a paroxysmal event due to chronic, abnormal, excessive, hypersynchronous discharges from CNS which bears a striking similarity with the disease Apasmara comes under the group of ShareeramanoAdhistithaMahavyadhi. Present antiepileptic drug. A 16 year-old male diagnosed with GTCS with clinical features of loss of consciousness, upward rolling of eyeball, shaking of limbs with fist forming, fall, tonguebite, frothing from the mouth, post ictal confusion and drowsiness. Based on the presenting symptoms the condition was diagnosed as VatajaApasmara, according to which treatment was planned. Treatment included Amapachana, Shodhana, and Shamana Chikitsa along with psychotherapy for 40 days. Results showed significant improvement in the convulsive movements, fall during attack, frothing from the mouth, and post ictal confusion. The inter-ictal duration was increased from 15 days to 2 months and average duration of attack was reduced. Apasmara is mentioned as Mahavyadhi where Shodhana therapy is essential. Virechana eliminates all morbid Doshas and thus regulates the VataDosha. Brahmi ghrita is believed to reduce the rate of seizures as well increase the level of serotonin and gamma-aminobutyric acid.KousheyashmaBhasma brings down Vata due to its Madhura rasa. The prescribed treatment played a vital role in reducing the signs & symptoms of GTCS.

**Keywords:** GTCS, Apasmara, Shodhana, KausheyashmaBhasma

## **AYURVEDIC APPROACH TO ANOPHTALMIA: A CASE REPORT**

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**ABSTRACT:** Anophthalmia is a rare clinical manifestation with absence of one or both eyes where in both globe and ocular tissue is missing from orbit. The exact etiopathogenesis is obscure however affliction of SOX2 gene is hypothesized. Couple approached to Srishti Fertility Centre of KLE Ayurveda Hospital is source material for present case.Garbhangavikruti i.e.

foetal organ deformity is caused due to various factors like Beeja, Atma, Karma, Kala dosha and Dourhuda Avamanita. Also cause due to Ahara & Vihara dosha. Paternal Shukra dushti is also a prime factor for production of Virupa. Couple approached for infertility issue were evaluated & treated. Conception occurred & full term baby was delivered with anophthalmia. In this case no abnormality was traced in maternal side whereas father had seminal abnormality & vericocoele, which was treated accordingly. So Paternal Shukra dushti might be the responsible factor for production anophthalmic child.

**Keywords:** Anophthalmia, Garbha Vikruti/ Indriya Vikruti

#### **TREATMENT PROTOCOL FOR THE MANAGEMENT OF AUTISM IN CHILDREN**

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**ABSTRACT:** The prevalence of autism has increased to 1 in 59 children. Autism is commonest among pervasive development disorders caused due to multiple insults to the brain.it is characterized by impaired social interaction and communication. This case study was taken from our hospital shri B.M.kankanwadi ayurvedic mahavidyalaya belgum, karnataka. Customarily the plan of ayurvedic management should be on lines of unmada treatment principles with due considerations to age, strength and relative predominance of doshas. Meticulously adapted panchakarma procedure and rasayana will prove beneficial. According to ayurvedic pathophysiology it may be a result of beeja dosha (genetic factor) ahara dosha (deprived diet) Agni dushti (digestive fire disturbance) medha (cognition) problems and vata dushti. Ayurveda offers different modes of chikitsa for safe approach in management of autism in children. Autism needs a long term intervention and the improvements in the patients after each course of management may amplify steadily.

**Keywords:** Autism.Unmad, Panchakarma,Rasayana

#### **TREATMENT PROTOCOL FOR THE MANAGEMENT OF ADHD IN CHILDREN**

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**ABSTRACT:** The increasing incidence of ADHD is about 8.4% in children.it needs an evaluation because the majority has diagnosable neurological defect. Attention deficit hyperactivity disorder is a neuro-development disorder presenting with persistent inattention. This case study was taken from our hospital shri B M Kankanwadi ayurvedic mahavidhyalaya Belgaum, karnataka. Customarily the plan of ayurvedic management should be on lines of unmada treatment principles with due considerations to age, strength & relative predominance of dosha. Meticulously adapted panchakarma procedure and sattvavajaya will prove beneficial. ADHD is the disease with conflicts about its opinion with respect to diagnosis, line of treatment, so that disease remains ignored though it is commonly effective in children. Someherbs, therapeutic techniques are discussed above and comparison between ayurvedic psychological disorders with ADHD is done.

**Keywords:** ADHD, unmada, psychologicaldisorder, therapeutic techniques.

## AYURVEDIC MANAGEMENT OF ADHD W.S.R. TO UNMAAD IN CHILDREN: A CASE STUDY

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**ABSTRACT:** Attention deficit and hyperactivity disorder (ADHD) is neurodevelopmental and neuropsychiatric disorder of unknown etiology, with strong genetic basis. It is detected in childhood which continues in adulthood. It affects processing like Attention, Kaumarbhritya OPD & IPD, BMK Ayurveda hospital, Shahpur, Belgaum Karnataka. Method: Panchakarma was done after admission of patient in IPD. Assessment was done before and after 20 days of panchakarma treatment. Panchakarma treatment and ayurvedic drugs are effective in the management of ADHD (Unmaad) and improve the quality of life of the affected children. Ayurvedic intervention in this case reveals the true potential and efficacy of our science. After looking into the symptoms of ADHD, it can consider as unmaad in Ayurveda as both are related to mana and having similar symptoms. In which both sharika and mansik doshas are involved which leads to symptoms like inattention, hyperactivity and impulsiveness according to predominance of vata, pitta, kapha, raja and tama dosha involvement. This can be managed by principles of shaman, Shodhana chikitsa which are explained in Ayurveda.

**Keywords:** ADHD, Unmaad, Panchakarma, Ayurveda

## AYURVEDIC MANAGEMENT OF SCHIZOTYPAL PERSONALITY DISORDER - A CASE STUDY

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**ABSTRACT:** Schizotypal personality disorder (SPD) manifests a variety of pervasive disturbances of interpersonal function, cognition, affect, behavioural control and exhibits attenuated schizophrenia-spectrum traits. This is usually diagnosed in early adulthood. A 16-year-old male diagnosed case of SPD with clinical features of restlessness, impulsive behavior, excessive screen usage, sleep disturbance, reduced concentration and social contact, excessive talk and self-laugh has been treated with Shodhana and supportive psychotherapies of counselling, relaxation, motivational and behavioral therapy for a period of 15 days. After the treatment subject has shown improvement in behaviour, interpersonal functioning and cognition as per DSM-5 criteria. In Ayurveda schizotypal personality disorder can be considered as vata-pittaja unmada by considering the symptoms. Aetiology can be interpreted as vibhrama of dheer, dhriti and smriti which results in improper contact of the senses with their objectives (Asatmendriyarthasamyoga). The prescribed treatment played a vital role in samprapti vighatana and trained the of SPD.

**Keywords:** Schizotypal personality disorder, Vata-pittaja unmada, Panchakarma therapy, Ayurveda



## A CASE STUDY ON APPLICATION OF VYATYASA CHIKITSA IN KAPHAVRUTHAVYANA VATA W.S.R TO SPASTIC DIAPLEGIC CEREBRAL PALSY

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**ABSTRACT:** Cerebral Palsy is the second commonest cause of the disability in children next to Poliomyelitis. Spastic Cerebral Palsy is due to a symmetrical bilateral cerebral lesion, but the corticospinal tracts to the lower limbs are particularly affected. The case was taken from Shri BMK Ayurveda hospital from Kaumarabhritya IPD. The Selected Ayurvedic treatment protocol was effective in improving the muscle tone, muscle power, Range of movements in case of Spastic Diaplegic Cerebral palsy (Kaphavruta vyana vata). Ayurveda follows line of treatment based on Hetu, Lakshana and Samprapti. Vyatyasa chikitsa is one of the classical treatments for certain diseases like arsha, Grahani, Hikka, Kasa, Vatavyadi. As in present disease (Kaphavruta vyana vata) there was involvement of Kapha and Vata dosha hence treatment should be done in such a way that treating one dosha should not hamper the other dosha involved in the disease. Thus treatment protocol of 24days was planned were 3days of Rukshana chikitsa and 3days of Snehana chikitsa was done alternatively to balance both Kapha and Vata dosha in Kaphavruta vyana vata. Rukshana Chikitsa includes Udwartana f/b Parisheka, Kashayapana, Shirolepa and Pradamana nasya. Snehana chikitsa includes Abhyanga f/b Nadi sweda, Nasya/ Snehapana/ Basti.

**Keywords:** Vyatyasa, Chikitsa, Spastic, Kaphavruta Vyana vata, Ayurveda.

## A CASE STUDY ON ROLE OF AYURVEDA TREATMENT PROTOCOL IN ATTENTIONDEFICIT HYPERACTIVE DISORDER

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**ABSTRACT:** Attention difficulty, hyperactivity and impulsiveness are nowadays commonly encountered complaints in children from the age as early as 2-3 years. The disease is termed as ADHD, which is incurable. A 7 years old male child who is known case of Attention deficit hyperactive disorder attended the OPD of Kaumarabhritya with complaint of Hyperactivity, Lack of concentration, Easy irritability, Unable to speak sentences properly, no eye contact, Anger, Lack of appetite, Sleep disturbances since 5 years. Based on the history and clinical features observed in the patient, the disease was diagnosed with Vata-PittajaUnmad. The treatment was planned with the principle of Deepana. The therapies employed showed significant changes in the child with relief in hyperactivity, lack of concentration, improvement in eye contact, speech and reduction in irritability. Ayurveda treatment modalities used can be effective in the management of Attention deficit hyperactive disorder by reducing their complaints and thereby also contribute in improving the quality of life (QOL) of those children.

**Keywords:** Ayurveda, Vataj-PittajaUnmad, Attention deficit hyperactive disorder.

## AYURVEDIC APPROACH TO MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER(ADHD) WITH CASE STUDIES

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**ABSTRACT:** ADHD is said to be the one of the neurodevelopmental disorder striking the childhood. Recent studies have highlighted the incidence of ADHD in India as 2.2% wherein boys have a higher toll than girls with the ratio of 4:1. Children between the age group of 3-14 years diagnosed as ADHD by DSM-IV criteria in the inpatient department of Kaumarabhritya of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan were treated with panchakarma and Upakarma therapies for 2 sittings of 15 days along with oral medications and Pathya- apathya. A significant result was seen in different domains like reduction in hyperactivity, increase in the attention span, reduction in mood swings, stranger anxiety, more compatibility with parents and changes in school performances were recorded. Not a single therapy but a combined treatment yields a better result in ADHD and also helps in nurturing the young minds and giving the children and their parents a healthy social life.

**Keywords:** Ayurveda, panchakarma, ADHD, children

## DRUG OF CHOICE FOR CONTROLLING THE SEIZURE IN EPILEPSY- A PAEDIATRIC CASE REPORT

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**ABSTRACT:** Apasmara includes one among the astamahagada because of its fatal on life. It includes one among the manovaha, rasavaha and sanghyavaha srotas vikara where the chetas is affected and produces the disease. It is nearly compared with epilepsy in modern; A pediatric case report. Effect of shaman aushadhi on apasmara Patient got releived in episodes of seizures after using shaman aushadhi

**Keywords:** Apasmara, Epilepsy, Seizures, Bramhi ghrita, Kalyanaka ghrita

## CONCEPT OF KARSHYA IN CURRENT ERA

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**ABSTRACT:** In today's era every mother has more concern towards her Childs growth. The present era demands busy and tight schedule for children to make a bright future, which is directly effecting the growth of the children. Data collected from classical texts of Ayurveda, Review articlesHence this is an attempt made to explore the importance of Rasayana in



Karshya. Fast food or junk food has added its contribution to hamper the growth of the child and leading to many nutritious deficiency. Karshya or Malnutrition is the main symptom or disease that emerges due to these above said factors. As the current scenario demands children to be in race to survive or to secure the future that's effecting the childhood of the children. Stress, less intake of food, less physical activity are the major factors leading to many diseases. Dinacharya, Sadvruttpalana, Rasayana these are the concepts which helps to children to tackle the difficulties causing due to the lifestyle the world is demanding.

**Keywords:** Karshya, Dinacharya, Sadvruttpalana, Rasayana

## **AYURVEDIC MANAGEMENT OF CONGENITAL NASO-LACRIMAL DUCT (NLD) OBSTRUCTION IN 14 MONTHS OLD CHILD**

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**ABSTRACT:** Congenital nasolacrimal duct obstruction (CNLDO) is a common disorder in the pediatric population, causing failure in the nasolacrimal duct drainage system and presenting clinically in the overflow of tears. Depending on the level of obstruction it coral medication for 2 months with 2 month follow up period Ayurvedic management can be useful for the in the successful management of CLNDO prior to the surgical intervention. A child aged 15 months presented to the clinic with complaints of mucopurulent discharge from both eyes with hoarseness of the voice, recurrent fever, cough, cold. Parents complained that child had watery discharge from both the eyes since birth. Parents tried with home remedy like installation of milk in eyes and oral soothing liquids. However, with increasing age, symptoms increased and child used suffer with recurrent upper respiratory tract infections (URTI) with seasonal change. This was accompanied by severe mucopurulent discharge from both the eyes. Based on the ENT consultation at the age of 12 months, child was advised for crigler massage and antibiotic therapy. After 2 months of strict follow-ups and drug therapy, there was no improvement in muco-purulent discharge from eyes, when they approached for Ayurvedic management. The child was managed with purely herbal formulations (Sinus, vetvin, santin, visin) with sroto shodak, kaphanisarak, krimigna properties in addition to anti-inflammatory, antihistamine and macro and micro cellular penetrating properties. All these drugs are administered as oral drops at a dose appropriate to the age of the child. These drugs are manufactured by NICD by arka preparation method. Within 2 months of regular treatment the ocular discharge and associated URTI symptoms abated and the child is having clear vision and her developmental milestones are getting normalized.

**Keywords:** naso lacrimal duct obstruction, urti, sroto shodak, kaphahara

## **SEIZURE DISORDER MANAGEMENT IN AYURVEDA**

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**ABSTRACT:** Epilepsy is the most common presentation in a neurological setting and stands next to stroke and dementia in its prevalence. It is a chronic disorder of the brain characterized by recurrent seizures which covers a group of mental systems, Hastivistadigutika: Hastivisha, vaca, puti, cangeri, rocana, indu, gomutra, ghrita, badariphala. It Improves quality of life. The

gutika includes vaca, cangeri, gomutra, rocana, badariphala, indu, puti, hastivishta and ghrita are considered to be acting on the disease pathogenesis and helping to reduce the episodes. A pilot study has been done on this drug to find out its efficacy. In this paper the detail management will be dealt along with probable mode of action of drugs in reducing the episodes and improving the quality of life.

**Keywords:** Epilepsy, Apasmara, ArogyaRakshakalpadruma, samanaoushadhi, mode of action.

## A CASE STUDY ON ROLE OF AYURVEDIC MANAGEMENT IN AUTISM

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**ABSTRACT:** Autism is neurodevelopmental disorder which has characterized by impairment in communication skills, social interactions, and reciprocity of movements and lack of imagination play. The features of Autism are much similar to that of Unmada. In Case study of 2.6 years presented with Autism and global delay. In this case report female child aged 2.6 years diagnosed as Autism and Global delay disease was treated with both external and internal therapy which included carminative, deworming, nutritive and oil application for a period of 4 months with follow up at every 10 days in between. Clinical assessment was done both pre-and post-treatment. After the completion of 1st and 2nd Sitting moderate enhancement in motor function was noted, there was also improvement in the Drooling of saliva, social smile, eye contact and increase in body weight with augmentation in immunity. The present case study revealed the efficacy of Ayurveda therapy including multimodal treatment such as Yuktivyapashraya Chikitsa, Physiotherapy, Occupational therapy, Yoga, Panchakarma and internal medications for long duration in the management of Autism.

**Keywords:** Autism, Manovibhrama, Yuktivyapashraya Chikitsa, Physiotherapy, Rasayan

## CONCEPT OF SAHAJA VYADHI IN NAVAJATA- A CRITICAL REVIEW

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[appuharsh@gmail.com](mailto:appuharsh@gmail.com)**ABSTRACT:** In Ayurveda, the words Sahaja and Jatath indicate genetic predisposition in the pathophysiology of disease. Broadly, in a certain defects of sperm (Ca Sharira 4/31)3 and ovum (referred to as BijaDosha), it results in a genetic disorder. Classical literature of Ayurveda as well as modern medical science on the subjects of embryology, neonatology, and genetics were taken for the study along with e-journals was used. The data obtained were critically reviewed. This present literary / conceptual study focuses mainly on interpreting and analysing the explored literature. The above description of the congenital malformation or Garbhavikruti indicates that there was a concept of the congenital malformation in the Vedic period; however, Ayurvedic texts have given a detailed description of etiology of various malformations. Data reveals that 3-5% of all birth is as a result of the congenital malformation, 20-30% of all infant death is due to genetic disorder and 30-50% of post neonatal death is due to congenital malformation, 11.1% of pediatric admissions are with genetic disorders, 18.5% children are with congenital disorders.

**Keywords:** Sahaja vyadhi, navajata, congenital anomaly, birth defects, garbhavikruti

## DIGITAL DETOX: NEED OF THE DAY

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**ABSTRACT:** Introduction: Mobile phone has become an integral part of life. A high calorie of Digital consumptions leads to adverse effect on Brain, body, productivity, creativity, relationships and Health. People use mobile phones in day-to-day activities. Material and Methods: There is increasing number of problems with this one mobile phone but what the solution is. Solution lies in us, No High tech but to be Hi connect with us. To Bridge the gap between us and our children. As we eat a healthy food for our body there should be healthy food for our brain, Positive thinking leads to positive and healthy mind. Parents, guardian, caretakers, teachers should become role model for the children. So a digital detox refers to a period of time when a person voluntarily refrains from using digital devices such as smartphones or computers and social media platforms. Disconnecting to digital world and reconnecting to life. Indian traditional games like ludo, snake ladder, Antachari etc helps child for better cognitive development and physical growth. It is widely accepted that media has profound influence on child health, including violence, obesity, tobacco and alcohol use, and risky sexual behaviors. Simultaneously, media may have some positive effects on child health. We need to understand better how to reverse the negative impact of media and make it more positive.

**Keywords:** mobile phone, radiation, violence.

## ADHD- A CONCEPTUAL STUDY

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**ABSTRACT:** Attention Deficit /Hyperactivity Disorder (ADHD) is the most common developmental disorder of childhood presenting with complex etiology. It is a common presenting problem among pediatric population. The prevalence of ADHD is 50% of child psychiatry Methods: Various articles, Pediatric books, journals and related websites were studied. Interpretation and Analysis: Based on DSM V criteria the symptoms of ADHD were analysed and hypothesis was drawn. People with ADHD show a persistent pattern of inattention and/or hyperactivity “impulsivity that interferes with functioning or development. Diagnosis of ADHD: Six or more symptoms of inattention and/or hyperactivity” “impulsivity for children up to age 16 years, or five or more for adolescents age Growth and Development are an integral part of childhood which is rapid and significant in both physical and psychological aspects. Autonomic nervous system plays a vital role in attention, self-regulation, emotional stability and social affiliation Management of ADHD is a multi-modality approach which includes a variety of treatment strategies with educational, cognitive, behavioural and pharmacological interventions. Stimulant medications used for the treatment of ADHD have various side effects and hence an effective and low-risk treatment plan for improving long-term cognitive and functional outcomes of ADHD is the need of the hour. Trividha chikitsa explained in our classics, which are the DaivaVyapashraya, YuktiVyapashraya and Satwaavajaya Chikitsa can be adopted with individual variation as per the intensity of the condition. Importance of GarbhiniParicharya to be stressed to prevent ADHD. Post natal management- the various Jatakarma and Balaparicharya, Rakshavidhi, Samskaras, Swasthavritta mentioned in our classics must be followed to counter any perinatal insults to CNS. Medhya Rasayana drugs are used for

prevention and treatment of mental disorders of all the age groups. These drugs promote the Intellect (Dhi) Retention power (Dhriti), memory (Smriti). They are known to have specific effect on mental performance by promoting the functions of Buddhi • and Manas • by correcting the disturbances of Rajas and Tamas. Since it is considered as one of the Mano vaha sroto vikaras- Vata being the controlling entity, Vata doshaprashamana and specific Panchakarma procedures can be adopted. Panchakarma treatment modalities like Shirodhara help to calm the mind. Yoga comprising of Asanas and different breathing techniques help in relaxing the mind and also help to increase Attentiveness. Permutation and combinations of these treatments can be planned as per the condition of the individual which contributes to the overall wellbeing.

**Keywords:** ADHD, Inattention, Impulsiveness, Hyperactivity, Trividha chikitsa, Medhya rasayana, Vata vyadhi chikitsa, Yoga

## USE OF MASANUMASIK KALPA IN CONGENITAL ANOMALIES

*Avani Sunil Inamdar*

**ABSTRACT:** Embryology is the basis of understanding intimate relation between well-developed organ systems and its primordial structures present in the fetus. This helps in understanding of congenital anomalies and their development. The world knows about concept Embryology Week wise development Month wise development Congenital anomalies Masanumasik kalpa shushrut samhita published research articles By considering the importance of the above mentioned topics the masanumasik kalpa relevance in today's era will be shown and it is important for aspiring mother's is undeniable, will be concluded. The paper will discuss about embryonic development in brief, congenital anomalies and masanumasik kalpas. The relation of these three will be established and based on the action of drugs present in masanumasik kalpas the importance of kalpas in prevention of anomalies and termination of pregnancy will be proved.

**Keywords:** Embryology Week wise development Month wise development Congenital anomalies Masanumasik kalpa

## ARGINASE DEFICIENCY - A CASE STUDY

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**ABSTRACT:** Arginase deficiency is an inherited disorder that causes ammonia to accumulate gradually in the blood. It is caused due to mutations in the ARG1 gene. It is inherited in autosomal recessive pattern. Arginase deficiency is a very rare disorder; A 4 year old patient with complaints of delayed milestones (unable to walk, sit without support and speak), a known case of Seizures was diagnosed with Arginase deficiency at an age of 1 year approached the Balaroga OPD of SKAMCH&RC, Bangalore was managed with different Panchakarma treatments, Oral medications and Physiotherapy. A good improvement was noticed in terms of speech, ability to sit without support after set of treatments. This condition considered under the group of Sahaja vikaras.

**Keywords:** Arginase deficiency, Seizures, Panchakarma, Shamana Aushadhi

## EFFECTIVENESS OF AYURVEDA IN ATTENTION DEFICIT HYPERACTIVITY DISORDER

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**ABSTRACT:** Fredrick Douglass has quoted... "It is easier to build strong children than to repair broken men." Attention deficit hyperactivity disorder or ADHD is a neurodevelopmental, biological disorder which is most common childhood disorder. The material to study the correlation of ADHD in Ayurveda was collected from Charak Samhita, Sushrut Samhita and Kashyap Samhita and was analysed. Ayurvedic preventive and curative measures do help prevent and cure ADHD what is the need to diagnose n treat the same?? Well with the increasing incidences of broken relationships, suicides, violence, impulsiveness among teens and youth, it's the need of the hour to make people aware and educate them about ADHD How can Ayurveda, help?? In Ayurveda our prime focus is to prevent a disease as the shloka says "Swasthasya swaasthya rakshanam..." (C.Su 30/26) And yes recent researches do suggest Garbhsanskaar, Suwarnaprashana, Yoga, Pranayam, Brahmi can play vital role both in preventing and treating ADHD.

**Keywords:** Garbhsanskaar, Suwarnaprashana, Pranayam, Yoga, Bacopa monnieri, Centella asiatica.

## TREATMENT PROTOCOL OF APASMARA (EPILEPSY)

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**ABSTRACT:** Apasmara (Epilepsy) is known in ayurveda from the earliest time. Apasmara means "APA" means Loss. "SMARA" means Memory. Loss of consciousness is one of the important signs in apasmara. Apasmara co-related in Allopathic term "Epilepsy". Collection of data from classical text of Ayurveda, Modern & internet sources... Panchakarma & Ayurvedic medicine is effective in the management of Apasmara & to improve the condition or quality of the affected Person. Even though medical world claims of the advancement in the management of Apasmara (Epilepsy) but drug don't work as they expect. In Panchakarma & Ayurvedic medicines work well in this area & can do a spectacular job.

**Keywords:** Apasmara, Panchakarma, Anti Epilepsy Drug's, Epilepsy, Brahmighrita, Kalyanaka & Mahakalyanaka Ghrita, ETC.

## A REVIEW ON RETT, A NEURO-DEVELOPMENTAL DISORDER

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**ABSTRACT:** Rett syndrome is rare, affects predominantly female children. It presents as a pervasive neuro-developmental disorder with a remarkable behavioral phenotype. This rare condition has a prevalence of 1 in 10,000 female births. At present, there is no cure for Rett and no specific treatment for the symptoms of Rett. Through physiotherapy and hydrotherapy the

girls affected with Rett are helped to manage symptoms, prevent complications and improve quality of life. . There is remarkable progress over the past 3 decades. In order to improve and make their life better, quality of life is very necessary. The similarity with autism is more apparent than real and is misdiagnosed as autism or cerebral palsy. This syndrome is highly complex and varies between individuals living with Rett, particularly with regards how the children experience social, physical and communication challenges, which may restrict their social participation and activities. At present, there is no cure for Rett and no specific treatment for the symptoms of Rett.

**Keywords:** Methyl-C-phosphate-G-binding protein 2, Rett syndrome, Mental retardation.

## CRITICAL ANALYSIS OF AYURVEDIC MANAGEMENT OF CRANIOSYNOSTOSIS

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**ABSTRACT:** Most of the brain growth & development will be completed within 2 years of age. If any insult or injury is caused to brain or cranium during pregnancy, or during birth or in neonatal period, it will result in hampered growth & development. The child presented with gross microcephaly & Global Developmental Delay. Child was diagnosed as Masthishkapacaya & was instituted under Samanya Vatavyadhi Chikitsa. Results shown improve in head circumference, attainment of baseline developmental milestones, activities. Ayurvedic interventions in the management of craniosynostosis are helpful in enhancing the quality of life.

**Keywords:** Global developmental delay, Craniosynostosis, Masthishkapacaya, Vatavyadhi chikitsa

## USAGE OF ONLINE SOCIAL MEDIA SITES AMONG SCHOOL STUDENTS

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**ABSTRACT:** Social media site are online platform that provide individuals with an opportunity to manage their personal relationship and remain updated with the world .social media has become almost inescapable ,revolutionizing the way students communicate.1. Chi square; 2. Percentile; 3. Cross Tabulation. As per the previous data an average 30 - 60 min/day is sent on social media by students, changes in academic performance , spelling mistake , mood changes are attributed to it .furthermore ,benefits of social media included improved networking .As per the previous data an average 30-60 min/day is spent on social media by students, changes in academic performance , spelling mistake , mood changes are attributed to it .furthermore ,benefits of social media included improved networking ,better accessibility and understanding in subject specifically.

**Keywords:** Social Network



## AUTISM FROM THE LENS OF AYURVEDA

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**ABSTRACT:** Autism is a complex neuro developmental disorder that tremendously impacts the normal functioning of brain, challenging child development particularly in the field of language and communication, social and emotion with presence. Charaka Samhita, Kashyapa Samhita, Madhava Nidana. In Ayurveda various remedies have been described by Acharyas to correct cognitive, adaptive behaviour functions, memory. After summarizing scattered references on Autism, it is clear that previous deeds (Poorvajanit karma), (Maithuna charya of parents). The time of conception, the mind of parents, position of parents during coitus, mithyaaharavihara, followed lead to deranged mental growth (Garbhopaghatkar bhava) leads to impaired development of brain and mind (Doshas and Panchamahabhutas) vitiation of kapha and tamoguna as well as vata and rajo guna leads to genetic abnormality beejadusti (Abnomal Garbhinicharya). The mental status of mother plays an important role for both physical and mental development of child. Currently available treatment in conventional system of medicine is Pallative, while in Ayurveda Specific Medhya Rasayana can play a vital role in treatment of autism. After summarizing scattered references on Autism, it is clear that previous deeds (Poorvajanit karma), (Maithuna charya of parents). The time of conception, the mind of parents, position of parents during coitus, mithyaaharavihara, followed lead to deranged mental growth (Garbhopaghatkar bhava) leads to impaired development of brain and mind (Doshas and Panchamahabhutas) vitiation of kapha and tamoguna as well as vata and rajo guna leads to genetic abnormality beejadusti (Abnomal Garbhinicharya). The mental status of mother plays an important role for both physical and mental development of child. Currently available treatment in conventional system of medicine is Pallative, while in Ayurveda Specific Medhya Rasayana can play a vital role in treatment of autism. AUTISM THROUGH THE LENS OF AYURVEDA Autism and ADHD are not mentioned in any of the classical Ayurvedic texts, but Charak Samhita, one of the most authoritative medicinal texts in Ayurveda, says that a disease that has not been described in the text by name can be understood, managed and treated based on the following principles: Samuthanavishesha (Based on etiology) Sthanantargatwam (Site of affliction) Vikarprakriti (Nature of disease) Adhistanatarni (Site of imbalanced Doshas)

**Keywords:** Autism; Pervasive developmental disorder; Poorvakarma; Ayurveda; Gabhinicharya; Beejdosha

## CLINICAL CASE PRESENTATION ON ADHD

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**ABSTRACT:** ADHD (attention deficit hyperactivity disorder) is a neurobehavioral disorder of childhood marked by persistent inattention, hyperactivity and impulsivity. In Ayurveda, it can be co related to Unmada which is characterized by derangement of manas, case from OPD and IPD of SHRI BMK Ayurveda Mahavidhyalaya Shahpur Belagavi 590003It has been concluded that Ayurvedic treatment i.e. panchakarma therapy and shamanoushadis have been proven to be efficient in the management of ADHD. There is no direct reference which depicts that ADHD

and Unmada are one and the same but some of the signs and symptoms of ADHD can be co related to that of Unmada. Sharirika and manasika doshas can be co related to that of ADHD. Hyperactivity and impulsivity can be co related to that of the increased raja guna of manas and inattention due to tama guna.

**Keywords:** ADHD, unmada. Panchakarma

#### **A CONCEPTUAL STUDY ON THE MANAGEMENT OF KUKUNAKA W.S.R TO OPHTHALMIA NEONATORUM**

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**ABSTRACT:** Eyes are said to be important indriya than all other indriyas. Kukunaka is a particular type of inflammatory disease of eyes seen in infancy period. It may occur as a secondary complication to Dantotpatti also; Conceptual study. The data was collected from Ayurvedic texts, modern books, research articles and internet. The prevalence of Ophthalmia neonatorum in India is 0.5 to 33 %. The drugs of Jambwadi kwath explained for netra prakshalana in Kukunaka are having the antibacterial, anti-inflammatory properties. Thus it works well in the management of Ophthalmia; A conceptual study to understand the etio-pathogenesis of Kukunaka w.s.r to Ophthalmia neonatorum and to reveal role of Jambwadi kwath Prakshalana in Kukunaka.

**Keywords:** Based on clinical features it can be considered as Ophthalmia neonatorum or neonatal conjunctivitis. Inflammation is caused by exposure to microorganisms, like bacteria & herpes simplex virus or due to maternal infections during labour and delivery

#### **ROLE OF MEDHYA RASAYANA IN AUTISM**

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**ABSTRACT:** Autism is neurological condition which effects the normal functioning of brain like lack of communication, social interaction, and repetitive behavior. Medhya rasayana drugs Viz. Mandukaparni, guduchi, shankapushpi, yashtimadhu can be used individually. Methodical collection of data from classical text of Ayurveda, other Ayurvedic literature, online journal and relevant research article are used. Medhya rasayana act as neuronutrient and improve the cerebral metabolism hence can be used to treat autism. Medhya rasayana promotes the function of buddhi and Manas by correcting the disturbance in raja and tama. Drugs having sheets virya and madhura vipaka promotes kapha and increases dharna karma. Drugs having ushna virya and tiktha Rasa promotes pitta and increases grahana karma hence we can help the children by improving mental performance and intelligence.

**Keywords:** Medhya rasayana, Ayurveda, Autism, Children



## SOME EFFICACIOUS AYURVEDIC PROCEDURES IN CHILDREN WITH CEREBRAL PALSY

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**ABSTRACT:** Cerebral palsy is the second commonest cause for the disability in children, making them physically, mentally and socially handicapped. CP is a group of condition characterized by motor dysfunction due to non-progressive brain damage. Udvartana: With Yava&Kulattha Churna. Abhyanga: With Bala Taila for 20 minutes followed by NadiSwedana for 20 minutes. ShashtikaShali Pinda Sweda4: Decoction of Bala (1 liter), Milk (1 liter), ShashtikaShali Rice (250 grams approx), 4 pieces cotton cloth 15" x 15" (approx. measuring) Nasya: - Panchendriyavardhantailam, dhanvantaramtailam, anutailam, shadbindutailam and shunthi churna for pradhanamanashyan Vasti: - Madhutailikavasti, balaguduchyadivasti, patolanimbdivasti, vaitara. Sarvanga Abhyanga, baashpa&naadi sweda reduce spasticity (especially scissoring phenomenon), improves flexibility of joints, improves circulation and reduces pain. Vasti is the major treatment for CP and it improves gross as well as fine motor fun .Recent advances in Ayurvedic clinical research have shown increased understanding of etiopathogenesis. Ayurveda recommends multiple treatment options for intervention at various levels. Various Panchakarma procedures like Udwartana, Sarvaanga abhyanga, Baashpa sweda &Naadi sweda and Vasti etc. Oral herbal formulations with properties of anti-spasticity, anti convulsant, neurogenerative capacity etc. plays a vital role in the management. Present study is focused on panchakarma procedures which are commonly used and found effective in children with CP. Every single procedure mentioned in Ayurvedic classic has its own scientific significance in treating CP.

**Keywords:** Panchakarma; Ayurveda; Cerebral palsy; Vasti; Sweda; Nasya

## AYURVEDIC MANAGEMENT IN BEHAVIORAL DISORDERS

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**ABSTRACT:** behavioral disorders in childrens and ayurvedic management. 12 cases of ASD treated at IPD of sv Ayurvedic College with siro abhyanga with ksheerabala taila followed by takradhara for 14 days and vasti with BD formula. For 11 days. Shamanaoushadhas like vachachoorna + bramhichoorna with honey tid, manasamitravatakam, saraswatharista, tagara, ashwagandha, smrithisagaras, and jatamamsi. Fair result noted by treating with Takradhara, Taila dhara, Nasya and some single drugs and yogas. Raising the children is difficult but raising difficult children can be life disrupting. In this competitive world the well-being of all, the children are more important than the adult because they are the future of our nation and important part of our society and community. Parenting styles are rarely to be blamed, for childhood behavioral problems like ASD, Emotional problems, Temper tantrum, tics, thumb sucking, stuttering, breath holing spells etc. In modern medicine the cause for the behavioral problems is unknown and the only treatment they give is symptomatic. As per Ayurveda it is mainly due to avamana of douhridi and purvajanma karmas. Certain treatment methods in Ayurveda to treat behavioral problems are Takradhara, taila dhara, vasti, nasyam and some single drugs and yogas.

**Keywords:** Behavioral problems, ASD, Takradhara and Taila dhara.

## A CASE STUDY ON THE AYURVEDA MANAGEMENT OF CEREBRAL PALSY

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**ABSTRACT:** Cerebral Palsy (CP) is the leading cause of childhood disability affecting function and development in children. CP is defined as a non-progressive neuromotor disorder of cerebral origin. It cannot be correlated with any single disease or condition. 2 years old female child attended the OPD of Kaumarbhritya with complaints of unable to hold neck, to stand, to walk with or without support and to sit with or without support, dribbling of saliva, squint of left eye and microcephaly as noticed since 1 year by the parents. Based on the history and clinical features observed in the patient, the disease was diagnosed as VyadhijPhakka. The treatment was planned with the principle of Vatahara and Brihmana. Patient was treated at both inpatients. The therapies employed showed significant changes in specifically improving the ability neck holding, development of social smile, to sit with and without support, stand with support. The therapies employed showed significant changes in specifically improving the ability neck holding, development of social smile, to sit with and without support, stand with support

**Keywords:** Cerebral palsy, Panchakarma, VyadhijaPhakka

## DERMATOLOGY:

### A COMPARATIVE CLINICAL STUDY ON THE EFFECT OF YAVADI LEPA AND RETINOIC ACID IN THE MANAGEMENT OF MUKHADOOSHKA (ACNE VULGARIS) IN ADOLESCENCE •

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**ABSTRACT:** Mukhadooshika is a common skin disorder among adolescents, which creates a lot of concern as it disfigures the face. The symptoms of Mukhadooshika, one among the Kshudrarogas in Ayurveda, resemble that of Acne Vulgaris explained by modern science. 0.40 Patients fulfilling the inclusion criteria of Mukhadooshika were randomly selected and divided into two groups namely Group A (Retinoic Acid (Tretinoin) & Group B (Yavadi Lepa) consisting of 20 patients in each group. They were advised for application once in a day for a period of 15 days. Clinical signs and symptoms were given suitable scores according to their severity and were assessed based on pre and post test data gathered through predesigned clinical research proforma. The results Complete or marked relief was not observed in any of the groups. Moderate response was noticed in 66% Group A, where as in Group B 51%.All the patients responded to the given treatment without any adverse effects and complications. The patients treated with Yavadi Lepa have shown mild to moderate relief in number of lesions, Ruja and Daha. Retinoic Acid has shown more significant effect than Yavadi Lepa in the management of Mukhadooshika.

**Keywords:** Mukhadooshika, Acne vulgaris, Yavadilepa, Retinoic acid, Adolescence

## AN AYURVEDIC APPROACH TO CHILDHOOD PSORIASIS

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**ABSTRACT :** Psoriasis is a long lasting autoimmune disease that speeds up the life cycle of skin cells. It causes cells to build up rapidly in the surface of the skin which causes scaling and red patches that are itchy and sometimes painful. In about one third of two cases of Kitibh Kushta - one case with Srava and another case with no Srava were treated with various Panchakarma measures, oral medicines and dietary advices. Both patients showed improvements by reduction in extent of lesions, itching, discharge and pain. Sravi and Asravi types of Kitibha require different lines of treatment initially. Marked improvements were noted with complete resolution of all symptoms. Further follow up is required to assess the recurrence of disease and intensity.

**Keywords:** Psoriasis, Plaque Psoriasis, KitibhaKushta, Panchakarma treatments

## THE EFFECT OF KUSTAHARA KASHAYA WITH DURVADYA TAILA AND HYDROXYZINE HCL + CLOBETASOL PROPIONATE IN THE MANAGEMENT OF ATOPIC DERMATITIS IN CHILDREN-A RANDOMIZED COMPARATIVE CLINICAL STUDY

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**ABSTRACT:** Atopic Dermatitis is the most common chronic relapsing skin disease seen in children. It effects 10- 30% of children worldwide and frequently occurs in families with other Atopic disease such as Asthma, Allergic Rhinitis and food Allergy. 40 patients fulfilling the inclusion criteria of Atopic Dermatitis were randomly selected and divided into two groups namely Group A - Kustaharakashaya Tablet + DurvadyaTaila , Group B - Hydroxyzine Hcl Syrup + Clobetasol Propionate ointment; Consisting of 20 patients in each group. Patients were randomly selected from the O.P.D. Clinical signs and symptoms were given suitable scores according to their severity and were assessed based on pre and post test data gathered. Complete or marked relief was not observed in any of the groups. Moderate response was noticed 60% in Group A, where as in Group B 57%. Patients were randomly selected from the O.P.D. Clinical signs and symptoms were given suitable scores according to their severity and were assessed based on pre and post test data gathered through predesigned clinical research Proforma.

**Keywords:** Atopic Dermatitis, Kustahara Kashaya Tablets, DurvadyaTaila.

## HAND, FOOT AND MOUTH DISEASE MANAGEMENT THROUGH AYURVEDA - A SHORT CASE REPORT

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**ABSTRACT:** Hand, foot and mouth disease usually affect infants and children. it is viral disease characterized by a brief febrile illness and typical vesicular rash. In rare cases, patients may also develop neurological complications. it is moderate lythis report describes a prolonged case of hand foot and mouth disease from kolhapur, central india, managed through ayurvedic remedies like paripathadikadha, shatdhoutghrut and kumari etc. Ayurvedic remedies where it shows better improvement in the modern management offers only symptomatic relief along with antiviral medicines whose indications are limited to severe cases. in prolonged cases of HFMD , ayurvedic remedies works better with immunomodulator actions and remission of skin eruptions.

**Keywords:** Hand foot mouth disease, Vesicular rash, Paripathadikadha, Shatdhoutghrut

## AYURVEDA MANAGEMENT OF EKAKUSTHA (PSORIASIS) - A CASE STUDY

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**ABSTRACT:-**Psoriasis is a non-infectious chronic inflammatory skin disease having unknown aetiology, characterized by well-defined dry scaly patches covered with adherent silvery white scales.Psoriasis became a rising burden in India with a prevalence of 0.44-2. The study elaborates the detail of Ayurveda management of a 13yr male child having symptoms of Ekakustha (Psoriasis) since 10yrs. Consulted Kaumarabhritya OPD of SDMCAH Hassan. He was suffering from dry scaly patches over B/L lower limb sole and palms associated with itching and pain in palm and soles. Patient was diagnosed as Ekakustha and treated with snehapana, virechana and abhyanga and padaabagaha during vishrama kala. Internal medication was given after discharge. Patient had significant relief in the amount of scales, itching, and thickness of skin and before and after treatment changes were photographed. The disease manifestation is through to be result of interplay of environmental and genetic factor.

**Keywords:** Psoriasis, Ekakustha, Virechana, Avagaha

## AYURVEDIC MANAGEMENT OF SWITHRA- A PAEDIATRIC CASE STUDY

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**ABSTRACT:-**Shwitra is a type of Kushtharoga, explained by various Acharyas but not included among 18 types of Kushtas. The difference of opinion on not including under Kustha types may be due to vishistanidananas for Shwitra like papa karma, Guru Gharshana, Guru Ninda. The aim was to evaluate the Ayurvedic management of Switra in a patient of 14 years old. Duration- 60 days 1)Tab Arogyavardinivati 1tab three times before food for 5days 2)Tab Pigmento 1tab twice daily after food with water 3)Manjishtadikashaya 3tsp three times before food with equal water 4)Cream Leukodna external application with Gomutra on affected parts one time.Detail

description of the case with inclusion criteria, exclusion criteria, method of preparation of the yoga and its Mode of action , conclusion and result will be dealt while full paper presentation. Detail description of the case with inclusion criteria, exclusion criteria, method of preparation of the yoga and its Mode of action , conclusion and result will be dealt while full paper presentation.

**Keywords:** Switra, Vitiligo, Lepa, Chikitsa, Pathya, Apathya

#### **Ayurvedic management of Atopic dermatitis with Case studies**

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**ABSTRACT:-** Atopic dermatitis is a chronic relapsing eczematous skin disease characterized by pruritis, inflammation and accompanied by cutaneous physiological dysfunction. The definitive diagnosis of Atopic dermatitis requires the presence of all three of the subjects were selected from inpatient Department of Kaumarabhritya of SDM college of Ayurveda and Hospital, Hassan. As per treatment principal of Charmadala the subject had undergone Snehana, Swedana, and Basti and Shodhana procedures. The outcome was assessed by various subjective parameters. The subjects showed considerable reduction in pruritis, dryness or wetness of the lesions as per the respective condition and improvement in skin texture and color, hair growth. These case studies focus on the management of subjects of Atopic dermatitis with administration of certain Ayurvedic internal and external treatment modalities.

**Keywords:** Atopic dermatitis, Charmadala, Ayurveda, Pruritis, Inflammation.

#### **Management of Molluscum contagiosum through Ayurvedic prospective: A case series**

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**ABSTRACT:** Molluscum contagiosum is self limited viral skin infection, characterized by skin colored papules that are often umbilicated papules, occurring in children, most of the contemporary treatment such as cryotherapy, curettage and topical applications a Bilvadi Agada, Pratisaraniya Kshara, lemon juice, ghruta. Method - Apamarg Kshara is an alkaline paste it possess tikshnaushna properties these properties infiltrate deep into papule destroy the pathologic cell and viruses and hence preventing recurrence, it act as chemical cauterizing agent, after applying of that it's washed by lemon juice it will neutralize the Kshar and prevent further infiltration ghee was applied to relieve the slight burning sensation and Bilvadi Agada is anti toxic medicine. Slight color change in the lesions was observed on the 2nd day, almost all the lesions had disappeared leaving no scar behind.

**Keywords:** Ajagalika, Bilvadi Agada, Molluscum contagiosum, Pratisaraniya Kshar.

## MANAGEMENT OF PSORIASIS THROUGH AYURVEDIC PROSPECTIVE IN CHILDREN

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**ABSTRACT:** Sidhma is a type of kushta. It is bahu doshajanya vyadhi and the features are similar to psoriasis in modern science. By giving ayurvedic treatment as shamana aushadis nimbadi kashaya all lesions were completely reduced, no itching, slight discolouration was persisting management of psoriasis through shamana aushadis.

**Keywords:** Sidhmakushta, Psoriasis, Dushivishariagada, Nimbadi kashaya, Nalpamaraditaila

## AN AYURVEDIC APPROACH TO LICHUN PLANUS W.S.R TO KITIBHA- A CASE STUDY

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**ABSTRACT:** Lichun planus can significantly affect the quality of life of patient. LP is a disease of the skin &/or mucous membrane that resembles lichens. Risk factors are exposure to medicine, usage of dye & other chemicals (including gold, antibiotic, arsenic, iodides etc). On the basis of Agada Tantra principal treatment, the shamana aushadi having properties of vishaghna, kushtaghna, krimighna, Varnya, Bhutaghna etc are used in treating this case of kitibhakushta. Lesions are markedly reduced within 3 weeks & after taking regular follow ups - signs & symptoms are reduced. An Ayurvedic approach to case of kitibha & its shamana line of treatment

**Keywords:** kitibhakushta, shamana, lichun planus

## AN AYURVEDIC APPROACH FOR PSORIASIS W.S.R TO SIDHMA KUSHTA

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**ABSTRACT:** Psoriasis is an autoimmune problem mainly in 3rd and 4th decade of life. Psoriasis is a long-lasting autoimmune disease characterized by patches of abnormal skin or inflammatory skin disease that typically follows a relapsing and remitting course. Shamanoushadhis including Nimbadi kashaya, Dooshivishari agada, Hingwashtaka choorna, Dooshivishari agada, Nalpamaradi taila. All lesions were completely reduced, no itching, patient got relief from the treatment. Administration of Shamana oushadhi along with bahirparimarjana chikitsa helped to destroy all etiological factors and bring back physiology

**Keywords:** sidhma kushta, psoriasis, nimbadi kashaya, dooshivishari agada, nalpamaradi tail

## ROLE OF IMMUNITY IN SKIN DISEASE

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**ABSTRACT:** Topic based on how immunity /sharira bala plays important role in skin manifestations in children. A case study of a child from dubai who is treated successfully with minimal medicines and local applications with major role of modification of lifestyle. Text book of dermatology, Charaka Sushruta Kashyapa successfully treated a child with psoriasis since 2 years with low immunity and suffering from anaemia with a major role of lifestyle modification and minimal



medicine concept of immunity. Charak reference of Vyadhikshamatva explanation in regards of treating this condition

**Keywords:** Children skin disease, Immunity, Psoriasis management, Lifestyle modification

#### CLINICAL CASE PRESENTATION OF INDRALUPTHA

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**ABSTRACT:-**Hair is crowning glory and a mark of identity. The scalp and hair diseases are of more importance nowadays due to the cosmetic value in society. Indralupta is a disease among kshudra roga according to Sushruta, in which due to etiological factors, vShamanoushadhis, Vidangachoorana, HaridraChoorana, Durdurapatradi Taila, Narasimha Rasayana Patient is treated with krimighna and Rasayanashamanoushadhis, Abundant Hair growth seen with reduced hairfall. Administration of Krimighna and Rasayana Shamanoushadhi to destroy etiological factors and bring back Physiology.

**Keywords:** Kaumara, Indraluptha, Alopecia Aerata, Rasayana, Krimighna

#### CLINICAL CASE PRESENTATION ON ETIOLOGICAL BASED TREATMENT APPROACH WITH RESPECT TO KITIBAKUSTA

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**ABSTRACT:-**Skin diseases are explained under the heading kustarogas. Kusta is a condition in which different doshas, dhatus, upadhatus are involved. Kitibakusta is explained under kshudrakusta. It is vatakapha dominant with lesions whitish discolorations, sshamanousadhis: Doshivishariagada, ayaskrithi, nimbadikashaya, eladitaila patient is treated with agada along with some shamanaoushadhis. Lakshanas were reduced gradually and later on all complaints were relieved. Administration of agada along with other shamanaousadhis to breakdown the samprapthi of disease and bring back to its natural physiology.

**Keywords:** Kusta, kitibakusta, lichen planus,

#### AYURVEDIC MANAGEMENT OF SWITHRA WITH SPECIAL REFERENCE TO VITILIGO- A CASE STUDY

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**ABSTRACT:-**Skin is the largest organ of the body and is also considered to be an essential one. Colour and texture of skin is a tool of assessing health which also paints one's personality. According to Ayurveda, bhrajaka pitta is responsible for maintaining prShamanoushadhis : Asanadikasayam, Krimikutararas, Nalpamaraditaila, Tab Pigmento Ayurvedic management has given visible improvement in terms of patches within the span of 9 months. Strotoshodhaka and krimighna line of treatment along with kushtagnachikitsa gives reliable results in the cases of shwitra. It helps in preventing further spread of lesions and gradual improvement of skin colour.

**Keywords:** Swithra, Vitiligo, Shamana, Skin, Kusht



## GANDHAKATAILA IN THE MANAGEMENT OF PAMA WITH SPECIAL REFERENCE TO SCABIES

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**ABSTRACT:** Pama (Scabies) is Kapha-Pittaja disorder can be correlated with Scabies in modern science. Scabies is infectious and spread in group of population in a small span of time. It is extremely common in children. Raw materials collected from authentic sources, The Gandhakataila prepared as per classics adopting SOPs. 20 diagnosed Pama patients are taken as the subjects for this clinical study. Study group- Gandhakataila was applied externally on the affected area for a period of 10 days at bed time regularly. The Gandhakataila shown significant relief of kandu in 90% of patients, pidakas in 95% of patients, srava in 95% of patients and daha in 100% of the patients over control group. Gandhakataila is tridosahara. Having ushnaguna, it acts on kaphadosha and relieves kandu. Arkaksheera and snuhiksheera used in preparation of gandhakataila, have krimighna and kushtaghna properties. Pama is kapha pitta pradhanavyadhi, ushnaviryas and madhuravipaka of gandhakasubsides the disease. The Gandhaka (Sulphur), Navaneeta (Cow Butter) and Snuhi (Euphorbia cardiophylla latex) are established drug in the management of skin disorders.

**Keywords::** Gandhakataila, Pama, Kapha Pittaja, Scabies

## DEVELOPMENT OF NOVEL HERBAL LOTION FOR HAIR DISORDERS W.S.R TO JAPAKUSUMA- (Hibiscus rosasinensis.L)

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**ABSTRACT:-** Medicinal and Aromatic Plants ( MAPS ) are the ingredients of herbal drugs, herbal preparations, and herbal medicinal products, besides traditional/ complementary medicines, Japakuksoma collected freshly, dried, authenticated and quality assessment done established laboratory. The Ethanolic extract of Japakuksoma was extracted as per the standards. The Japakuksom lotion was prepared adopting proper SOP. Extract of Hibiscus rosasinensis.L was mixed with lotion base, preservative, glycerine, and fragrance. Preliminary phyto chemical evaluation of Hibiscus rosasinensis L. and lotion were done. In the phytochemical study the Japakuksomaethanolic extract and developed lotion shows the presence alkaloids, Tannins, Glycosides, flavonoids and steroids. The lotion passes all parameters as per the standards. The lotion was developed using ethanolic extract of Japakuksoma. Ethanolic extract and developed lotion of Japakuksoma shows similar phyto chemical properties. Lotion pH was 6.8. The phyto chemicals present in the developed lotion has better action as hair tonic, hair promoter, hair cleansing action

**Keywords:** Japakuksoma, lotion, , phytochemicals. Hair disorders

## ROLE OF AYURVEDA IN RED SKIN SYNDROME

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**ABSTRACT:** Red Skin Syndrome is characterized as an inflammatory skin reaction to over use of topical steroid medicines, especially in case of eczema or atopic dermatitis. It can occur to people with no prior skin diseases even if they undergo steroid treatment case report of 6 month duration is reported retrospectively. Primarily External and Internal Shaman chikitsa is adopted to reduce the existing symptoms. Later when food allergies were in controlled snehapana and shodhana karma was adopted. The necessary blood test was done before and after commencement of treatment. IgE value of 2059 IU/ml was lowered to a level of 1366 after first set of Shodhana and later reduced to below 750IU/ml after second set of shodhana. The symptomatic improvement is achieved from second day of treatment Red skin syndrome superimposed with Eczema is often misdiagnosed. With correct diagnosis desired result can be achieved with systematic approach. Ayurvedic treatment can not only treat the existing skin symptoms and withdrawal duration but also can reverse the allergy to food substances and other medicines. Thus improves the quality of life of the patient in just less than few months.

**Keywords:** Red skin syndrome, Eczema, Topical Steroid Withdrawal

## A SINGLE CASE STUDY ON BALA VISARPA

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**ABSTRACT:** The term Balavisarpa is not as much mentioned in any ayurvedic classsics. But while mentioning about visarpa, Acharya Kasyapa clearly states that delicate personalities especially children are vulnerable to this disease. This paper highlights a single case study, case record format, drug review significant change in the symptoms and the efficacy of Balamanjishtadi gulika in Balavisarpa

**Keywords:** Balavisarpa, Balamanjishtadi gulika, Arogyakalpadruma

## Management of Urticaria in Child-a case study

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**ABSTRACT:** A 12 year old male child presented with complaints of reddish rashes all over the body on and off since 3 months associated with burning sensation , pain , itching sensation aggravating more during evening hour and exposure to cold climate, diagnosed a single case study reduction in clinical features , AEC and IgE values. This case was managed successfully by following the principle of shodhana and shaman along with pathya aharavihara. After Virechana patient showed reduction in the occurrence of urticarial rashes and later on given shamanoushadi along with pathya. This case was also observed for AEC and IgE before and after treatment showed significant reduction in values.

**Keywords:** Sheetapitta, Shodhana, Shaman, Urticaria, Virechana

## AYURVEDIC MANAGEMENT OF VITILIGO W.S.R SHWITRA: CASE SERIES

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**ABSTRACT:** Vitiligo is an acquired depigmenting disorder of the skin resulting from loss of functional melanocytes. The worldwide prevalence is 0.5 to 2% out of which 50% have an onset before the age of 18 years. Incidence in India is 3-4%. In Ayurveda it can be correlated with Shwitra. Subjects were selected from In patient department of Kaumarabhritya of Sri Dharmasthala Manjunatheshwara college of Ayurveda and Hospital, Hassan. As per the treatment principle of Shwitra the subjects had undergone various Shodhana and Shamana procedures and were assessed for reduction in signs and symptoms. After the treatment subject has shown the improvement in the size of the lesion and pigmentation As Shwitra is caused due to the vitiation of Dosha and Dhatus, the treatment given here has vital role in Samprativighatana and thus reduces the depigmentation.

**Keywords:** Shwitra, Vitiligo, Ayurveda, Depigmentation.

## UTILITY OF JALUKAVACHARANA (HIRUDOTHERAPY) IN PEDIATRIC CLINICAL PRACTICE: CASE SERIES

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**ABSTRACT:** Jaloukavacharana is a unique therapy in Ayurveda explained under rakthamokshana. It is commonly used for the detoxification through which a state of health is maintained as well as disease could be cured. Among all type of rakthamokshana, mentioned Jaloukavacharana has adopted in three subjects with Switra, Indraluptha and Arshas who attended Kaumarabhrithya OPD/IPD of SDMCAH between the age group 5-15 yrs. Jalukavacharana was done under aseptic precaution and considering all precautionary measures after shodhana was documented by properly designed Performa Significant improvement was observed without any complications. This paper focuses provides evidence for the practical application of Jaloukavacharana in various pediatric disorders.

**Keywords:** : Jaloukavacharana , Shodana, Switra, Indraluptha, Arshas

## MUKHA DOOSHKA

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**ABSTRACT:** Mukhadooshika are the small pidakas arising on the face resembling the shalmaalikantakas due the vitiation of the kapha ,vata,shonita .It is the most common skin disorder seen between 12 -20 yrs and affects over 90% of adolescents. The symptoms resembles Mukhadooshika are mentioned under kshudrarogas by acharya Sushruta ,Vagbhata,Madhava and others. In ayurveda swastavrutta and Dinacharya have explained many measures to maintain beauty. Many ayurvedic yoga and various drugs and many lepa of different drugs are said to be effective. Mukhadooshika can be treated with shodhana and shamana or combination of both. Lepa with drugs like vacha, lodhra, sarshapa, saindhava etc... And Abhyanga with Kumkumaditaila, Manjistaditaila, Haridrad itaila etc are used. In modern acne is treated depending on severity by using topical retinoids and benzoyl peroxide and systemic antibiotics.

**Keywords:** Mukhadooshika, Shalmaalikantaka, Acne vulgaris

## PHARMACEUTICO ANALYTICAL STUDY OF AMRABEEJADI CHURNA W.S.R TO DARUNAKA (DANDRUFF)

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**ABSTRACT:** In the present life style and extensive use of synthetic cosmetics may cause for several skin disorders. The Darunaka (Dandruff) is one of such disorder commonly found in childrens. Raw material required for Amrabeejadi churana collected from natural sources and preparation done in Rasashastra&BK Dept. Analytical study carried out in established lab. Amrabeejadi lepa prepared as per the classics adopting SoP<sup>TM</sup>s. The physico chemical analysis done as per API method. The values obtained after the analysis of physico-chemical properties were found to be significant and within the limits. The preliminary phytochemical analysis study revealed that individual drug of Amrabeejadi churana has shown the presence of organ The Amrabeejadi churana passed all the quality control parameters of Churana. Tannins interfere with protein synthesis. Flavonoids and steroids are response to microbial infection and they have been found to be antimicrobial substances against wide array of micro organisms. Alkaloids have cytotoxicity effect. Phenolic and flavonoids compounds act as natural antioxidant. It is found that the Amrabeejadi lepa churana extracts inhibited growth of all bacteria confirming their antibacterial activity in the management of Darunaka (Dandruff).

**Keywords:** Amra beejadi churana, Polyherbal formulation, Physico-chemical, Antioxidants, Darunaka (Dandruff) , Antibacterial.

## DUSHTASTANYAPANAJANYAVYADHI

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**ABSTRACT:** In Ayurveda the development of skin follows the fertilization of Sukra and Shonita. Ingarbha different layer of skin are formed, this is formation is caused by tri-dosha particularly by pitta. KASHYAPA SAMHITA, SUSHRUTHA SAMHITA, Dr. SHRINIDHI ACHARYA, GOOGLE, Dr. DINESH K S. Skin infection are still main cause of Dermatological consultation in childrens although with reduced prevalence. Charmadala is the only skin disorder explained by kashyapa in detail. The word Charmadala is mentioned by Charaka Sushrutha Vagbhatta in the context of kusta. It affects mainly Ksheerapa and ksheerannada age due to intake of dushtastanya. A skin disease that occurs due to dominance of vata and their will avdharana of skin i.e cracking of skin. There are four types: VATAJA, PITTAJA, KAPHAJA and SANNIPATAJA. The treatment which includes mainly Samshodhana to dhatri explained ACHARYA KASHYAPA. Ahipootana is skin disorder which predominant of rakta and pitta occurs during ksheerapa and ksheerannadagroup. According Sushrutha when the skin is in continuous contact with shakrtmutra causes formation ulcer of tamravarna and spotayukta and shrava. According to Bhela it is caused by dushtastanyapana causes kandu, daha, ruja in the anal region. The treatment is like Dhatriastanyavishodhana, Ghritapana, madhu and rasanjana and shankasaviralepa {yoga ratnakara}, kashishaavajoonana. This disorder is explained Sushrutha, Astangahrudaya under the heading of Kshudraroga. In modern this can be

related with Atopic Dermatitis and Napkin Rashes which are the common complaints of the current society.

**Keywords:** Charmadala, AtopicDermatitis, Ahipootana, Napkin Rashes.

#### **GRABHOPAGHATAKA BHAVAS W.R. TO PAEDIATRIC SKIN DISEASES- CASE BASED UNDERSTANDING**

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**ABSTRACT:-**Most of the times the congenital deformities are only restricted to Anatomical malformations. But most of the current day etiological factors may be environmental, Food based or even drug or medicine .clinical case visited to nirvisha opd, charakasamhita, establishment of scientific explanation of garbhasthapana for preventing pediatric dermatological conditions .As per the scientific readings they can affect Male and female genetic material even before fertilization, during fertilization and in addition it can occur in early post fertilization period in females. Acharya Charaka has elaborately explained how Beejadushti takes place in both mother and father and hence he advices both of them to avoid the factors that affect formation of Garbha. He terms these factors as Garbhopaghataka Bhavas. In this poster we are going to discuss about the understanding of these Garbhopaghataka bhavas with special reference to Skin diseases in new born babies with the help of TWO cases. In case one, the parents had THREE kids in which 2nd one aged 5yrs was suffering with Skin problems from the 10th day of birth, on evaluation it was found that 6 to 8 months before the conception of 2nd kid the father suffered with Epileptic seizures and was put on Anti Epileptic drugs for more than 1 year and during this period the baby's mother got conceived. In other case the Mother who was in her 6th week of pregnancy met with an accident and suffered from fracture of right leg bones and was put on Analgesics and Antibiotics for a period more than one month and later when she gave birth to the said baby, that started to develop vesicular skin lesions from 3rd week of birth. The present Poster will focus on the pathogenesis and probable preventive treatment plan to prevent such Garbhadushti.

**Keywords:** Garbhopaghataka bhavas, Garbhadushti and Garbhasthapana, pathogenesis and probable preventive treatment

#### **AJAGALLIKA- MOLLUSCUM CONTAGIOSUM**

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**ABSTRACT:-**Molluscumcontagiosum (MC) is a self-limiting viral skin infection most commonly seen in children and is an epidermal papular condition .Scientific relevances in Ayurveda and Modern.Pratisaran?yakshara and Bilv?diAgada have shown encouraging results.Two cases of molluscumcontagiosum (MC) approached our outpatient Department of Dermatology complaining of umbilicated, skin-colored, firm, painless papules over the neck and face. All of them were immune competent. The medical, social, and family history was insignificant. The lesions were, numerous and recurrent. However, MC in healthy people is a self-limiting disease, but it will take about 18 months to resolve by its own. Hence, the treatment becomes necessary to accelerate the healing process, preventing its spread and for cosmetic reasons. Most of the contemporary treatment methods such as cryotherapy, curettage, and topical application of caustic agents are effective but produce local side-effects such as erythema, tenderness, itching, burning sensation, and pain. The present study reports the efficacy of external application of Pratisaran? Yakshara and BilvadiAgada tablet orally in three cases, which yielded encouraging results. In current poster we are going to discuss in detail about the etiopathogenesis and rationality of treatment adopted.

**Keywords:** Ajagallika, BilvadiAgada, molluscumcontagiosum, Pratisaraniyakshara

## RESPIRATORY MEDICINE

### A REVIEW ON AYURVEDIC MANAGEMENT OF TAMAKA SWASA W.S.R (CHILDHOOD ASTHMA )

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**ABSTRACT:** Ayurveda is the major systems of indigenous medicines and as all of us know it is a science of life. Ayurveda gives us this knowledge of health. Unlike many diseases, which can be attributed to the life style of modern man, asthma In this article, attempt has been made to review the Ayurvedic classics text and related literatures to understand the disease with emphasis on its samprapti on the basis of Kriyakala and we can assume vitiation of vata kaphadosha. The present study was a review on the management of Tamaka-Shwasa (Childhood bronchial asthma) who were being managed through Ayurvedic approach that includes a combination of Shodhana Chikitsa, Ayurvedic drugs, lifestyle management and wholesome diet. Ayurvedic drug Management done by using principles can effectively manage critical conditions associated with asthma by improving patients' quality of life. Although the treatment was not able to bring a complete independence of functions in that case it certainly has the treatment was able to make improvements in existing conditions, this approach should be taken into consideration while making any further trial to treat similar or new conditions with the help of Ayurveda .

**Keywords:** Tamaka-Shawasa, Bronchial Asthma, Ayurvedic Management (samanachikitsa)

### "A CLINICAL STUDY TO EVALUATE THE EFFECT OF RAJANYADI YOGA IN THE MANAGEMENT OF TAMAKASHWASA W.S.R. TO ASTHMA IN CHILDREN"

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**ABSTRACT;** Asthma is a major health concern globally, may have its onset at any age; most cases have had its origin in the very first 2 years of life. According to WHO there are approximately 300 million people around the world are suffering from Asthma. The frequency Total number of 30 patients between the age group 5 to 15 years who comes under inclusion criteria were selected from the OPD of Alva's Ayurveda Medical College, Moodbidri and Other referrals for the study. Patients thus selected were administered Rajanyadiyoga in Avaleha form in the dose of 5gm for the age group 5 to 10 years, 7gm for the age group 11 to 15 years, twice daily before food in divided doses for 30 days. The patients were assessed for the severity of the clinical features subjective. The overall effect of the treatment showed Rajanyadiyoga was having significant effect. The disease Tamaka Shwasa is primarily produced due to Vitiated Vata & Kapha. While selecting the drugs to treat, which should have the property of alleviating Vata & Kapha Doshas, Vatanulomana property & hot in potency? Coldness once again aggravates these two Doshas, hence drugs possessing opposite guna to that of Doshas should be selected. Vata prakopa causing Vata vimargagamana & Atipravritti of Vata should be



brought to normal by Vatanulomaka Drugs. But in children drugs should not be too hot in potency, not having offensive odor & should be palatable. With these points in mind Rajanyadi Yoga was considered for the study. The drugs in the combination are having katu- tikta Rasa, LaghuGuna, UshnaVeerya, KatuVipaka, Deepana, Pachana, Rasayana properties and are indicated & said to be effective in Shwasa & Kasa. Honey being Yogavahi & kaphahara, helps in removal of vitiated Kapha & in easy transportation of the drug. Ghee & Sugar candy make drug palatable. Sugar candy is also having mucolytic action. Since Vata is vitiated in TamakaShwasa, to avoid this Ghee & sugar candy are used. With these properties the drug Rajanyadi Yoga Showed Significant effect in TamakaShwasa.

**Keywords:** Tamakashwasa, Asthma in children, Rajanyadi yoga.

### **EFFICACY OF DURALABADI LEHA IN TREATMENT OF KAPHAJA KASA- CLINICAL STUDY**

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**ABSTRACT:** Kasa (cough) is much common ailments among the population. It is characterized by inflammation of upper respiratory tract and bronchi. Due to specific anatomical and physiological peculiarities and immature immune responses children become more susceptible. In present study duralabhadichoorna is given along with madhu for aged between 8 to 12 years children with cough duration of less than 14-days. Assessment was done with bouts of cough, sleep disturbance, sputum production, wheezing and crepitation. Results show 50-60% reduction in bouts of cough, sputum production, and sleep improvement. 70-90% reduction in wheezing and crepitation. Duralabadileha is more appropriate in children for kaphajakasa because the formulation is well designed in guna as required for pediatric use.

**Keywords:** Kaphajakasa, Duralabhadichoorna, cough,

### **A COMPARATIVE CLINICAL STUDY ON THE EFFICACY OF VIDANGADI TIALA PRATIMARSHA NASYA AND ANU TIALA PRATIMARSHA NASYA IN THE MANAGEMENT OF VATAJA PRATISHYAYA W. S. R. ALLERGIC RHINITIS**

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**ABSTRACT:** VatajaPratishyaya explained in our classics can be co-related with an allergic rhinitis. It has become a common disease of modern era due to increased exposure to environmental pollution and unhealthy lifestyle. This allergic rhinitis Review of the Ayurvedic, modern literature and contemporary texts including the websites, **OBJECTIVE:** To evaluate the efficacy of VidangadiTialapratimarshaNasya and HaridraKhanda internally and to compare the effect of this formulation with AnuTilapratimarshaNasya and HaridraKhandainternally. VidangadiTiala possesses sukshma, vyavayi (good spreading capacity through minute channels) and Srotoshodakatwa (Clearance of obstruction in srotasas the body )



Gunas. By the above properties the Nasyadrug removes the obstruction of natural sinus ostia and facilitate the drainage of mucopurulent discharge. Haridrakhanda increases the general and local immunity. This immunomodulation will reduce the inflammatory process in nasal cavity and sinuses. Antibacterial activity arrests the secondary infection and prevents recurrence of the disease. All these above factors will ultimately lead to VatajaPrathishyayaShamana.

**Keywords:** Key Words: VatajaPratishyaya, Allergic Rhinitis, VidangadiTiala, AnuTila, HaridraKhanda, And PratimarshaNasya

## RESEARCH UPDATES OF TAMAKASHWASA IN PEDIATRICS

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**ABSTRACT ;** Asthma is a heterogeneous chronic airway disease very common in childhood, usually characterized by respiratory symptoms including wheeze, breathlessness, chest tightness and cough, together with variable expiratory airflow obstruction. It is a major various research studies conducted and published articles were screened and conclusion about research updates was drawn. In current scenario various researches are being conducted based on shaman and shodhan modalities and are effective in giving better results. so recent updates can be used in day today practice. Nidanaparivarjana has got prime importance in the management of disease. Depending on roigibala, during vegavastha and avegavastha one can adopt shamana and shodhana treatment.

**Keywords:** Tamakashwasa, bronchial asthma.

## TREATMENT FOR ASTHMA

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**ABSTRACT :** A asthma case seen in children are now a days are common because of lot of factors like genetic factor, environmental factor, etc In allopathy medicine there is lack of appropriate effective medicine but in our system of medicine (Ayurveda) have treAyurvedic treatment for asthma in children with data proof treated in SJG Ayurvedic Medical College and Hospital, KoppalShowing effective improvement in healthTo avoid side effect of allopathic treatment causing by steroids and anti allergic medicine Ayurvedic treatment for asthma with appropriate dose and pathya without side effects.

**Keywords:** Treatment for asthma Ayurvedic treatment, avoid steroids, original case of OPD

## VATAJA PRATISHYAYA W.S.R ALLERGIC RHINITIS- A CASE STUDY

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**ABSTRACT:** Allergic rhinitis is worldwide health problem in children. Allergic rhinitis and its impact on Asthma (ARAI) suggest that AR is most common chronic disorder in paediatric population with up to 40% children affected. In India, International study of Patients was taken from IPD of Kaumarabhritya Department, KLE Ayurveda hospital, Shahapur, Belgaum. panchkarma treatment and ayurveda drugs are effective in management of vatajapratisyaya and improve the quality of life of affected children. Ayurvedic intervention in this case reveals the true potential of our science. After looking into the symptoms of vatajapratisyaya it can be considered as Allergic Rhinitis as both are having same symptoms. In this disease vatadosha is involved which leads to symptoms like Kshavathu (Paroxysmal sneezing), Anaddhanasa (Nasal congestion), Tanusravapravartana (Rhinorrhea), Pihitanasa (Itching in nose). These symptoms can be managed by shamana, shodhanachikitsa mentioned in classical texts. Some of the dietary interventions can also help.

**Keywords:** allergic rhinitis, vatajapratisyaya, panchkarma

## A SURVEY ON KNOWLEDGE ATTITUDE AND PRACTICES (KAP) OF POPULATION ON RESPIRATORY DISEASE AMONG CHILDREN IN AYURVEDIC TERTIARY HEALTHCARE HOSPITAL

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**ABSTRACT:** Respiratory Diseases are the major cause of mortality and morbidity among children aged less than 5 years especially in developing countries. Recent estimates suggest 3.5% of the global burden of disease is caused by Acute Respiratory Infections. ItA cross-sectional questionnaire based survey was conducted among parents/caregivers of 200 children under 16 year of age visiting OPD of Department of Pediatrics, All India Institute Of Ayurveda as there are more reported cases of Respiratory infections in the hospital. In the study, it is observed that majority of the population has poor knowledge of respiratory diseases in children along with their attitude and practices towards improving child's immune system by maintaining indoor temperature and preventing other Childhood Respiratory diseases are one of the serious health issues in children globally as they may greatly affect the quality of life of both child and parents/caretakers, hamper growth and development of child and may cause numerous complications if not treated properly. Awareness regarding knowledge, attitude and practices of population towards respiratory disease in children need to be evaluated to endeavor and get baseline data for better understanding of magnitude of problem in developed countries like India and hence, add to the existing pool of knowledge on Respiratory diseases in Children.

**Keywords:** Childhood respiratory diseases, KAP

## A REVIEW ARTICLE TO SUSPECT EARLY STAGE OF CHILDHOOD BRONCHIAL ASTHMA (TAMAKA SWASA)

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**ABSTRACT:** Public attention in the world recently focuses on asthma because of its rapidly increasing prevalence. Irrespective of the application of advances in modern medicine as well as age old practice of traditional medicines; 100 to 150 million children aLiterature search for data sources was done through an extensive search in indexed literatures and website-based various articles of past ten years Various research articles are easily available that talk about management of acute and chronic asthma but few are available that focuses on early recognition of bronchial asthma which may help parents to assess whether their child is vulnerable of dePoorly controlled asthma is associated with significant morbidity and socio-economic problems like absenteeism from school, poor growth and development, immune suppression and a poor quality of life of both child and parents. Since Bronchial asthma is an allergic disorder with no standard promoting treatment, it is urgently required to recognize its early sign and symptoms and manage at its very early stage

**Keywords:** Bronchial asthma, Tamakaswasa, Poorvaroop

## AYURVEDIC TREATMENT ON ASHTMA

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**ABSTRACT:** Ayurvedic treatment on asthma in child. now a day there is lot of children suffering from asthma because of various reason like genetic ,environmental ,allergic condition etc. so to avoid take allopathic medicine which are harm full for health we give Ayurvedic drug and 15 days to 1month course and for prophylaxis 3 to 6 month course. cured in 15 days to 1month best result

**Keywords:** asthma,

## DEVELOPMENT OF VYOSHADI VATI IN TO SUSPENSION FOR PEDIATRIC USE

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**ABSTRACT:** Vyoshadivati is a established unique herbal compound formulation being used by ayurvedicpractioners especially in the management of kasa, common cold, pratischhaya etc. The liquid dosage form rate of absorption is more compared to solid dosage for Vyoshadivati raw drugs collected from aunthetic sources. The additives and excipients required are collected from the authentic sources Vyoshadivati prepared as per the AFI and developed into suspension form. Vyoshadivati and its prepared suspension passed all the quality control parameters as per the standards. Invyoshadivati and suspension, tannins, phenolic compounds, alkaloids, saponnins,

glycosides, steroids, flavonoids are present. Vyoshadivati developed into vyoshadi suspension without violating the classical or fundamental principles. Viscosity is 100-200cp it is the important factor responsible for stability in developed suspension. The vyoshadivati and suspension has proven anti bacterial compound for upper respiratory tract infective pathogen.

**Keywords:** Vyoshadivati, Suspension, Additives, Phytochemicals

#### DEVELOPMENT OF TALISADI CHURNA IN TO SUSPENSION WITH SPECIAL REFERENCE TO PEDIATRIC USAGE

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**ABSTRACT:** Talisadichurna one of the potent and safe compound formulations indicated in the management of Kasa, Shwasa, Pratishchaya (Upper Respiratory Tract Infections) etc. Often use of synthetic drugs like antibiotics may harmful in the management of common. The raw materials collected from authentic sources. The additives & excipients required are collected from the authentic sources. Talisadichurna prepared as per the AFI and developed into the suspension as per standards. Talisadichurna and its prepared suspension passed all the quality control parameters as per the standards. Talisadichurna and suspension shows the presence of tannins, phenolic compounds, alkaloids, saponins, glycosides, steroids, flavonoids. Th Talisadichurna and its prepared suspension passed all the quality control parameters as per the standards. Talisadichurna and suspension shows the presence of tannins, phenolic compounds, alkaloids, saponins, glycosides, steroids, flavonoids. Themadhu included as one of the ingredient. **Keywords:** Talisadichurna, Suspension, Phytochemicals, Kasa, Upper respiratory tract infection etc.

#### MANAGING PERSISTENT COUGH OF NASOBRONCHIAL ORIGIN BY AYURVEDA MODALITIES - A CASE STUDY

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**ABSTRACT:** One of the common causes of persistent cough is Post Nasal Drip in Sinusitis. As per Sushrut Samhita, Uttaran mentions Kasa as Upadrav of Pratishyaya. Compared to adults there are fewer randomized Controlled trial studies on children with a 5 Year old child in OPD from children Hospital, Mumbai was selected to assess the efficacy of Ayurveda a line of treatment comprising of Mahalaxmivilasvati, Kanakasav, Trifala orally as well as Snehan, Basti with Till Oil and Nasya with Anu oil. Reference from Charak Samhitakasadhikar. Treatment Managed with Ayurvedic approach gave 50 % reduction in cough in first 5 days, 100 % in nocturnal cough, Sleep Quality, restlessness and distress of baby. The present case study is confined to uncomplicated maxillary sinusitis followed by persistent cough; Compliance with ethical standards. The Child was treated as per Ayurveda principles of Shodhan and Shaman Chikitsa. Treatment was managed in division of 3 stages for 6 months as babies are sensitive for long term treatment. Snehan and matrasti of Til oil (with pinch of saindhavlan for 5 days) followed by Mahalaxmivilasvati and syp. Trifala for next 15 days. Then kanakasav and herbal

cough formulation for 10 days. On the Basis of clinical and radiological findings it is confined that Mahalaxmivilasvati with its anti-inflammatory and Kanakasav with its KaphaVilayan properties, Triphala, Drakshasav being Rasayan proves to be effective treatment of choice in persistent cough. No adverse effect or complication has been noted. Parents as well as baby were satisfied with the approach of treatment

**Keywords:** Kasa, Dustapratishyaya, Sinusitis

## RESPIRATORY MEDICINE

*Shreya S. Jahagirdar* UG KLE AYURWORLD, Dr. GiridharVedantam prof dept of dravyaguna [shreyaj3097@gmail.com](mailto:shreyaj3097@gmail.com) 9148174406

**ABSTRACT:** It has been said JAGATEVA VANAUSHADHAM i.e. each dravya in the universe acts as a medicine. Ayurveda believes in the management of disease with ~TRISUTRA i.e. HETU, LINGA, AUSHADHA and major account of the treatment is done by AUSHAD. MATERIALS AND METHODS: CHARAKA SAMHITA, SUSHRUTA SAMHITA, CHAKRADATTA, ASHTANGA HRUDAYA, CLASSICAL USES OF INDIAN MEDICINAL PLANTS BY P.V SHARMA BHAVAPRAKASHA SHARANGADHARA SAMHITA, INTERNATIONAL AYURVEDIC MEDICAL JOURNAL (IAMJ) NCBI PUBMED RESULTS: Here are some of the research that has been made on the kasahara drug. For example, Tulasi: Helps in preventing certain respiratory illnesses ranging from cold and cough to bronchitis and Asthama along with Its immunomodulatory, AntitusiveLiterary search has been done for kasaharachikitsa for simple remedies that can be used at home. Search has been done in the internet , PUBMED, AYUSH RESEARCH, GOOGLE SCHOLAR RESEARCH for having the properties such as Bronchodilator,Expectorant and immunomodulator. The search were tabulated and analysed for suggesting ayurvedic home remedies.

**Keywords:** Ayurvedic home remedies, Kasa, Bronchodilator, and Expectorant.

## AIR POLLUTION BORN RESPIRATORY DISORDER; AN AYURVEDIC PERSPECTIVE

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**ABSTRACT**Over the past 250 years-since the Industrial Revolution accelerated the process of pollutant emission, which, until then, had been limited to the domestic use of fuels (mineral and vegetal) and intermittent volcanic emissions-air pollution has been p

Online articles, various journals, charaksamhita, ashtanghruday and classical text the polluted air can cause many respiratory disorders like pneumonia, COPD, Asthama etc. These problems affect more on children. The Air pollution born disorders is a gaint issue for our society. The modern medicine is incapable to tackle the issue effectively. I find there is need of Ayurveda intervention as Ayurveda discussed the air pollution in Janpdodwamsaadyaya with its chikitsa.

**Keywords:** Air pollution, Air pollution born respiratory disorder, Vaayujanapadowamsa, shwasvyadhi, nidandhoom.

## MOTHER AND CHILD HEALTH CARE

### SWASTHA DHARANI- SWASTHA SANTATI

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**ABSTRACT:** Child is the future of the nation and humanity as well. So it is very essential to ensure an optimal level of health of a child. Each year about 3 million babies are stillborn, and 3.7 million babies die very soon after birth. SwasthyaSantatiPrapti and SwasthyaSamrakshan achieved by improving quality of Garbho-utpadakbhav and Garbha-sambhavsamagri. Achievement of healthy baby along with prevention of diseases. SwasthyaSantatiPrapti included prevention and management, emphasizing health issues that require action before conception, i.e. the conglomeration of Garbhaja Bhavas which is must for healthy progeny. Especially in Matrajabhav; factors like abnormalities of Garbha - SambhavaSamagari, dietetics along with mode of life of the mother or any disease in mother during pregnancy can affect the health and normalcy of a fetus. Swasthyasamrakshan included Jaatkarma (Proper neonatal care) soon after birth which is mandatory because at this time of life or threatening issues may arise which require immediate management. Then exclusive breastfeeding should start upto 6 months of age to prevent the child from certain diseases; Role of Lehana, Swarnaprashan to provide nutrition, immunity and strength; Pre-conceptual, conceptual and adolescence Sanskaar of the child to decide the future overview, consideration of the development of health and body fitness, social and moral welfare.

**Keywords:** Swasthyasantatiprapti, Swasthyasamrakshana, Garbhaja Bhavas, Garbha-SambhavaSamagari, Lehana, Swarnaprashan.

## ROLE OF POSTNATAL DEPRESSION IN RURAL MOTHERS

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**ABSTRACT:** Postnatal depression represents a considerable health problem affecting women and their families. Recent studies, shows Postnatal Depression have a substantial impact on mother-baby interactions, longer-term emotional and cognitive development of the baby. Community Based Cross-sectional study conducted in Seloo block, which is field practice area of Acharya VinobaBhave Rural Hospital, Wardha. Mothers were interviewed using EPDS and Multidimensional scale questionnaire with cut of score of 12 for EPDS (Edinburgh Postnatal Depression Scale) 24% of mothers were found to be chronically depressed at 6 to 8 weeks after childbirth. Others had clinically substantial psychological morbidity during the antenatal period. More than one-half of the patients remained ill at 6 months after delivery. Analyses show that there is a strong interaction among many risk factors, such as economic deprivation, marital violence, and the infant's gender. Maternal and infant health policies, a priority in low-income countries, must integrate maternal depression as a disorder of public health significance. Interventions should target mothers in the antenatal period and incorporate a strong gender-based component. Early detection of these factors could help in prediction of the development of Postnatal Depression.

**Keywords:** Postnatal depression, mother- baby interactions



## SPECIFIC FEEDING METHODOLOGY AS PER AYURVEDA AND RECENT ADVANCES

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**ABSTRACT:** Ahara as mahabheshajam as per Acharya Kashyapa no medicine will act as good for a given health challenges. During intrauterine life the placenta takes care of the infant's nutrition etc. But after birth he is to be fed and taken care. Data collected from classical texts of Ayurveda. Acharya's had mentioned different types of feeding according to the age e.g. Ksheerapa etc. In modern literature we can found the different types of feeding techniques and methodology. Concept of dhatri has also been explained by acharya's. Feeding of the baby refers to giving supplementation of calories to new born in any aspect. If we go through our literature there are 2 aspects of food supplementation- Praashana of new born with medicated drugs & Feeding baby with stanya.

**Keywords:** Ahara, Stanya, Feeding technique, Ksheerapa, Colic, Dhatri, Human milk bank

## GARBHINI PARICHARYA IN THE DEVELOPMENT OF FOETUS

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**ABSTRACT:** Pregnancy and child birth is the most precious time in the life of every women to maintain the continuity of human species on earth. For its maintenance every women should get a proper care in prenatal period. In ayurvedic text acharyas has explained. Searched various classical text specially sushruta for completing my study regarding my topic. By following garbhini paricharya the garbhini will not face any complication during prasava and will give birth to a healthy child. By following the masanumasikpathya, garbhopaghata kara bhavas and garbhashtapak dravya we can avoid the complications during prasava.

**Keywords:** garbhini paricharya, foetus, diet regimens

## GARBHOPAGHATAKARA BHAVA'S IN THIS PRESENT ERA

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**ABSTRACT:** Carrying a baby is the most rewarding experience a woman can enjoy. Pregnancy can be one of the most thrilling and most worrisome times in a woman's life. In pregnancy certain harmful substances, which woman should avoid during pregnancy like certain chemicals, medications, social drugs, genetic factors, environmental factors, infections, radiations and life style disorders which crosses the placental barrier and results malformations, growth retardation, functional disorders and in extreme cases death, miscarriage are called as teratogens. Here an attempt has been made to analyze some of the garbhopaghata kara bhavas seen in this present era and their scientific reasoning behind them. The harmful substances in pregnancy, its effect on growing fetus and scientific reasoning behind them are discussed here.

**Keywords:** Garbhini, Garbhopaghata kara bhavas, Teratogens, Scientific reasoning.



## AN OBSERVATIONAL STUDY ON FOLKLORE PRACTICES WITH REGARD TO SUTIKA PARICHARYA IN UDUPI DISTRICT

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**ABSTRACT:** After delivery, first 45 days is called as Sootikakaala. A women's body undergoes some physiological and anatomical changes during pregnancy. The new Mother after delivery has to be mentally and physically prepared to breastfeed the baby .A folklore practitioner in Udupi was interviewed regarding the SutikaParicharya and the information was documented with the consent of the practitioner. The drugs used as medicine for SootikaParicharya were documented with botanical sources and their clinical importance was analyzed based on Rasa Panchaka, journal articles and research papers. To maintain the health of sootika, folklore practitioners administered kashaya made of drugs like mareecha, jeeraka, kutaja, shatavari, shunti, haridra, Vanya jeeraka and few folklore drugs like Entadarheedi with specific Anupana, kanaka and pathya. The folklore practices of Sutikaparicharya in Udupi is mainly focused on Agni vardhana , Ama pachana, stanya janana, raktashodhana and vardhana, reducing skin allergy in children and shoshana of excess fluids that is accumulated during pregnancy in sutika. Folklore practitioners took care of both mother and child health using locally available drugs at the level of rural Udupi. There is a need to revalidate the above practices of different cultures in India through researches and to pass on the same knowledge in order to decrease the women and child mortality in India.

**Keywords:** Sutikaparicharya, Folklore practice, observational study, Udupi, Agni

## PRENATAL CARE - AN AYURVEDIC AND MODERN PERSPECTIVE

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**ABSTRACT:** Woman's diet and activities performed during the period of pregnancy reflects on fetus. Ayurveda has described a systemic and planned programme for Garbhini i.e. Garbhini Parichayra an antenatal care which recommends Ahar (specific dietary regimen), Vihar etc. The paper is based on a review of Ayurvedic and modern texts regarding prenatal care, the main texts used in this study are Charaka Samhita, Sushruta Samhita, AstangaSagraha, and Kashyapa Samhita. We had also referred to modern medicine texts and searched various websites for information. The concept of prenatal care is now highlighted in modern science which is mentioned in Ayurveda thousands of years ago which is totally scientific. The aim of Grabhiniparicharya advocated by Ayurveda is to avoid hazardous effects on fetus priorly. The pregnant woman desirous of producing a healthy and good looking child should give up non-congenial diet and regimen and protect herself by doing good conduct and use congenial diet and regimen. The pregnancy diet should be light, nutritious, easily digestible and rich proteins, minerals and Vitamins. Charaka says that by following this regimen the woman remains healthy and delivers the child possessing good health, energy, strength, voice, compactness and much superior to other family members' even discussion includes monthly regimen of pregnant woman along with scientific explanation.

**Keywords:** Garbhini, Garbhopaghatakara Bhavas, Garbhastapak Dravyas, Prenatal diet

## MATERNAL AND CHILD HEALTH CARE- AYURVEDA PERSPECTIVE

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**ABSTRACT:** Bala chikitsa includes the management during the antenatal period and puerperium as well as specification of childhood disorders. Maternal and child health care has been elaborately described in much Ayurveda literature like Charaka Samhitha, Sushrut etc. The main aim of the maternal and child health care in the Ayurveda system of medicine is to ensure good health for the mother, prevention and treatment of pregnancy related diseases, avoiding any obstetric complications, ensuring smooth delivery for a healthy child, nutrition and wellbeing of both the woman and baby. Ayurveda contributes significantly in improving both maternal and child health as well reducing diseases and disabilities. The holistic regimen advised during various stages of pregnancy and child birth comprising of thoughts, action, dietary modification and herbs aims to ensure a healthy and smooth child birth at the same time sustain the overall health, nutrition and wellbeing of both the woman and the baby. The measures are simple, easy to follow by women and family at the household level since the emphasis is on the use of locally available resources.

**Keywords:** Ayurveda, child health

## PRENATAL YOGA: A BOON FOR HEALTHY PREGNANCY- CONCEPTUAL REVIEW

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**ABSTRACT:** Pregnancy is a beautifully life changing experience. There's no feeling like the feeling of holding your world in your arms. In times of pregnancy, when women are battling mood swings at varying levels, fatigue and sickness, painful leg cramps etc To do the conceptual study of yoga in pregnancy from different sources and literature. Yoga strengthens and tones various parts of the body and improves flexibility, stamina, and mobility. Biologically it does a balancing act on different systems of the body, helps increase vitality , strengthens immunity, detoxifies the body.Different yoga postures in pregnancy minimizes discomforts, improves the circulation of blood and complications and helps in dealing with different functional changes occurring in body. Therefore from above we can say that yoga gives positive impact on pregnancy.

**Keywords:** Pregnancy, Yoga

## PRE CONCEPTIONAL CARE-A BOON TO AYURVEDA

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**ABSTRACT:** Pre-conceptional care is a set of interventions intended to identify and modify biomedical, behavioural and social risk in women of reproductive age for better pregnancy outcome. To improve the quality of progeny and for a sreyaipraja Ayurveda advocates purifactory methods

for a couple prior to conception. Bheej dosha, garbhanga vikruti etc., are the different references for chromosomal defects and congenital disorders in classics. Change in dietary habits and lifestyle has added on to the decreasing quality of Sukra and Artava which can result in an unhealthy progeny and increased incidence of high risk pregnancies. Quality of sperm, ovum, endometrial factors, hormonal levels, etc. The need of creating awareness on pre-conceptional care which includes both counselling and measures of purification and promotion of proper reproductive planning are the top most priorities in the objective of an approach in Ayurveda. Hence the priority of the future generation for having a healthy family should be the topic of concern for a better tomorrow.

**Keywords:** Pre-conceptional care, beeja dosha, garbhanga Vikruti

## MODE OF ACTION OF TERATOGENS ITS PREVENTION AND MANAGEMENT THROUGH AYURVEDA

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**ABSTRACT** Not all zygotes that are formed become mature to be born as viable baby. The capability and compatibility with life ultimately determines its menace; either to die off prematurely to be aborted, or to be still born, or fail to have separate existence Data collected from classical texts with case report from Kaumarabhritya IPD of Shri B M Kankanwadi Ayurveda college During first 2 week of gestation teratogenic agents congenital mal-formations, most severely affected are spontaneously aborted during first 6 to 8 week of gestation. The etiology of all such disorders can be grouped under beeja dosha, atma karma dosha. The factors influencing teratogenicity includes shukra, shonita, atma, kala, aahara and vihara some clinical manifestations are emphasized under aadibhala and janmabala vikaras.

**Keywords:** Ayurveda, Teratology, Prevention.

## KUMARASYA RAKSHAVIDHI -A MEASURE FOR PRIMARY PROTECTION

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**ABSTRACT:** Introduction: Rakshakarma is the preventive and protective measures explained in Ayurveda for both newborn and in children. As children have less immunity, they are more prone to infections. Materials and methods: Extensive ayurvedic literature research including all brihatrayi, other electronic database and indexed services. Rakshakarma is described as protective and preventive measures in sootikagara, kumaragara and vranitagara. The timing of procedure even before birth and during birth indicates its most importance in primary prevention of infectious disorders in children which could be detrimental. Codes and conduct for baby, Dhatri and caretakers explain about the means of spread and its prevention. Environmental hygiene and measures like dhoopana, Havana homa are towards clearing microbial loads in the immediate surroundings. Holy chanting, wearing different medicinal plants and gems as amulets impart psychological and spiritual benefits towards maintenance of health.

**Keywords:** Keywords: Ayurveda, Rakshakarma, Neonatal care, Preventive measures, Immunity

## ORAL HYGIENE IN CHILDREN - A CROSS SECTIONAL SURVEY

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**ABSTRACT:** Oral diseases constitute a significant public health problem especially in developing countries. Lack of oral hygiene in children can eventually lead to conditions like dental caries, halitosis, disorders of gums and teeth. A cross sectional survey on oral hygiene was done on children of one to ten years age attending outpatient department of Kaumarabhritya at SDM institute of Ayurveda and hospital. Children attending outpatient department of Kaumarabhritya at SDM institute of Ayurveda and hospital on 25-09-2019 were screened for oral hygiene, caries, risk behaviours for oral disease, type of tooth paste, times of brushing were screened. Knowledge based attitude on oral hygiene is important to prevent diseases of oral cavity. Conclusion: Poor oral health is index of oral hygiene practice.

**Keywords:** oral hygiene, cross sectional survey, oral diseases

## MOTHER AND CHILD HEALTH CARE

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**ABSTRACT:** Maternal and Child Health refers to a package of comprehensive health care services which are developed to meet promotive, preventive, curative and re-habilitative needs of pregnant woman before, during and after delivery also. Data collected from classical texts of Ayurveda and modern texts. Maternal mortality is an outcome of many pregnancies. Miscarriage, induced abortion and other factors are the cause for over 40% of pregnancies in developing countries to result in complications, illness of permanent disability for the mother or child. So we should give proper care to mother and the child. Ayurveda could play a significant role in prevention of obstetric complications protecting the health of mother and baby as well as providing simple and effective cures for common ailments. The regimen corresponds to the growth and development of the foetus and comprises of measures related to Ahara, Vihara and Vichara. The health of the child is completely related to the mental and physical health of the mother. There is a special emphasis on muscle and dhatu nourishment and growth and Vata reduction given in Ayurveda which percolates the philosophy behind formulating abhyanga for babies and new mothers. Every year more than 2 crore 70 lakh woman becomes pregnant. Only 36% mothers are getting postnatal care by skilled professionals, 57% pregnant women between the age group 15- 49 are suffering with anemia and 45.9% children below 3 years of age having low weight than normal.

**Keywords:** Mother, Ayurveda, Childhealth, mortality

## ROLE OF GARBHINI PARICHARYA ON FETAL GROWTH AND DEVELOPMENT

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**ABSTRACT:** pregnancy is one of the most beautiful phases in the life of every woman. Birth should not be risky for both mother and child. One needs to take extra care taken during pregnancy. In Ayurveda, there is a detailed description of ahara (nutrition), vihara (life). Library books, medical journals, Charaka Samhita, Sushruta Samhita, AshtangHrudaya. Scientifically understands the concept of garbhini paricharya with research evidences. Garbhini paricharya is a unique concept in Ayurveda which we can take as antenatal care in contemporary healthcare. Under the heading of Garbhini paricharya different monthly dietary regimen and life style are explained which runs throughout the pregnancy starting from first month. Garbhini paricharya also includes administration of certain medications and the therapeutic procedures particularly in the eighth month. The food consumed and the emotional status of the pregnant woman has direct influence on the developing fetus. All these advice are done with an aim to ensure normal growth and development of the fetus and to promote normal labor. Ultimately the aim of these therapies is the delivery of healthy progeny by a healthy mother. Through this paper an effort is made to scientifically understand the concept of Garbhini Paricharya backed with research evidences. Today's newborn is tomorrow's citizen and healthy generations will contribute for development of nation.

**Keywords:** Garbhini paricharya, growth, developed, diet, lifestyle

## POST NATAL CARE

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**ABSTRACT:** Postnatal care is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life. Postnatal care of mother and child to be done by professionals to reduce mortality rate .The effective time of postnatal care is in the early neonatal period the mortality rate being 39 babies dying per 1000 live births .The main purpose of providing optimal post natal care is to avoid both maternal and neonatal deaths causes of new born -infections, birth asphyxia, prematurity, congenital defects etc; Evaluation of postnatal mother -uterine contractions, vaginal bleeding, vital signs and of new born -breast feeding, neonatal jaundice, fever, respiratory distress etc. Immediately after birth 95 -98% of neonates cry hence require no resuscitation. This required warmth breast feeding, close observation for early detection of problems and protection and injuries. After cutting umbilical cord aseptically the baby should be kept dried, wrapped with dry and warm cloth, examine thoroughly and quickly to assess normal characteristics, to detect congenital malformation. Identification tag tied to mother and baby. Recordings have to be done accurately.

**Keywords:** maternal and neonatal care, reduce mortality rate, good services , resuscitation , ayurveda and modern

## A COMPLEMENTARY AND EMPHASIZED VIEW TOWARDS THE MOTHER AND CHILD'S HEALTH CARE SYSTEM

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**ABSTRACT:** Provide primary health and nutrition education along with some basic etiquettes to change behaviors at the household and social level. Articles, Journals and some visionary talks, Kaumarabhritya book by Dr. Mayank Srivastava, Ghai Essential pediatrics, American Academy of Pediatrics Textbook of Pediatric Care. So, This system of care will always procure if the best emphasis is provided on consideration to all the factors. Since, then only a combined effect will pop up Empowering parent to keep them and their children healthy must always be the main motto of inspiring towards their health care system. Many life saving interventions must be adopted to have a sole cause towards having a positive purpose to maintain and sustain a healthy relationship of having better status in building up a perfect combination of stable physical and mental ability of the child's growth. There are various bad ill effects prevailing due to many irritable causes, which acts a derailing symptoms and signs to the negative approach of the mother and child's health care view. A mother's health is the biggest determinant of an infant's start in life. And a child's physical and cognitive development and lifetime potential are inextricably linked to good health and nutrition from conception through the first years of life. Importance of the Advocacy, food habits, water drinking sources, immune stabilizing responses, family awareness programmes, child protection and lastly coming up with a permanent solution towards providing a helping hand to the mothers and the children of fragile states are the arenas to be worked upon systematically more specifically in the Ayurvedic point of view.

**Keywords:** Primary health, empowering, life saving interventions, lifetime potential, cognitive development, Ayurvedic, immune stabilizing.

## ADVANCES IN UNDERSTANDING OF MATERNAL HEALTH

### ADVANCES IN UNDERSTANDING OF MATERNAL HEALTH

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**ABSTRACT:** Maternal health is not a women's issue. It is about the integrity of communities, societies, and nations. It comprises with the well-being of all the men, women, boys and girls whose own prospects in life depend upon healthy women and mothers. "Stree hi mulamapathyaanaamstree hi rakshathirakshitha" Literary references from Ayurveda Samhitas related to complications occurring during mother, child & future generations. Ancient literature suggests several solutions for maternal care which was overlooked with the changing times. The management suggested in the ayurvedic texts stands good for the present day also.

**Keywords:** Maternal Care, Ayurveda, Maternal Disorders, Advances in Ayurveda



## STANYA DUSHTI

### *DEVELOPMENT OF ASSESSMENT METHODOLOGY OF SHUDHYA STANYA*

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**ABSTRACT:** Breast milk protects against allergies, sickness, obesity, diabetes and cancer. And breast feed babies have 8 times higher IQ. Classics says that the pure milk is that which provides unobstructed, easy and good growth of strength to different body parts. 50 participants fulfilling the inclusion criteria were randomly selected from the OPD and IPD, dept. K.B/SRPT of KLEUs Shri BMK Ayurveda hospital Shahapur Belgaum. It was an observational study and Study period was for 18 months. Breast milk was collected from 50 participants in the study and subjected to different experiments like colour test, temperature test, dispersion in water test, bubbling technique, sugar estimation and viscosity test to develop normal valid parameters for assessment. The colour chart shows maximum milk sample in the study came between Y-2, G-2, M-2 range, hence it is standard range. When milk temperature is observed that was 96.1 -- 98.7? F. In the present study, the Ayurvedic parameter of shuddhastanya like shankavabhasata, Shitala, KshipramEkibhavati, Aphenilam, Madhurata has been validated by experimenting on 50 samples of ShuddhaStanya. The interpretation of ShuddhaStanyaLakshana with modern parameter has been done and the normal range for all the parameter is established in breast milk between 15days to three months following delivery.

**Keywords:** Stanya, StanyaPariksha, Methodology, Normal range, Standard operative procedure.

### **A CLINICAL STUDY TO EVALUATE DOSHA PREDOMINANCE IN TRANSITIONAL MILK THROUGH JALA PAREEKSHA**

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**ABSTRACT:**The composition of human milk is the biological norm for infant nutrition. Human milk contains many distinct bioactive molecules that protect against infection, inflammation and contribute to immune maturation, organ development. Jalapareeksha of transitional milk of the mother who has delivered a full term baby was done on 4th day, 7th day, 15 the day and the observed results were analysed. Result showed variation in Doshic predominance at different days of examination there is influence of AharaVihara of mother on Dosha predominance in transitional milk. This dosha predominance is Prakrita and cannot be considered as DushtaStanya until and unless it produces disease.

**Keywords:** Stanya, Transitional milk, Stanyapareeksha



## STANYA DUSHTI AS AN ETIOLOGICAL FACTOR IN INFANTILE DISORDER

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**ABSTRACT:** Charaka, Sushruta and KashyapSamhita mentions Stanya as Upadhatu of Rasa and described the importance of Stanya (breast milk) as primary diet for growth and development of infants. Method: Hundred breast milk samples were collected from lactating mothers feeding their babies only breast milk, with baby's age group of 1-6 months. Each sample was examined by organoleptic methods (Avaseedati, Tantuvat, Rajyoambhasi, Picchilam, Ghanam, Dravam etc.) and laboratory investigations (pH, specific gravity, viscosity and fat content). Result: All Breast milk samples were found to have varying Dosha vitiated characters. Amongst them TridoshaDushti, and Characters like Avaseedati, Plavate and Rajyoambhasi were found more frequently. : Conclusion: The physical characteristics of the milk may be influenced by several factors like food habit, psychological status, nutritional status of mother, period of lactation and at least in 26% of cases of infantile disorders, vitiation of milk was found with symptoms in infants showing similar Dosha vitiation characters.

**Keywords:** Stanya, Breastmilk. Stanyadushti, Dosha, Tridoshadushti

## STANYA DUSHTI A CRITICAL APPRAISAL

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**ABSTRACT:** Stanya- the breast milk is regarded as the best and most sterile nutrition for the baby. Stanya is produced by Ahararasa of mother and is naturally acceptable to the baby. Stanya Dushti is a unique concept of Ayurveda .Basic information's are collected from Charaka Samhitha and various researches available in print as well as online versions. According to Ayurvedic classics the Ahara rasa consumed by the Garbhini divides into three parts out of which one part is regarded as precursor for stanya utpatti. The stanya pravrutti is further taken care by the Ahara Vihara and Manasika bhavas. Thus, Concept of Stanya Dushti indicates the probability of diseases that can be transmitted through breast milk. Identifying them can aid in reduction in child morbidity.

**Keywords:** Stanya, StanyaDushti, diseases through breast milk

## MANAGEMENT OF STANYA DUSTI AS PER AYURVEDA

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**ABSTRACT:**Stanyadusti -vitiation of breast milk and their management Kashyapa samhitha ,susrutha samhitha Symptoms appeared due to intake of vitiated milk is subsided Stanya “ breast milk in Ayurveda is quoted as life of baby, which gives strength and happiness to child. The vitiation of Stanya by doshas and ahara vihara is called Stanya dushti. Stanya dushti is peculiarity of Ayurveda leading to many diseases in infants. It must be treated to improve the health of child because they are most susceptible to infections which leads to diseases. In India 70% of population is below poverty level, so women who are pregnant and delivered should take proper diet and maintain health because their health indirectly affects the child. The modern medicine doesn't specify any vitiation in breast milk and diseases. As per Ayurveda it is mainly due to kapha dosha leads to vitiation of stanya, certain treatment methods in Ayurveda to treat Stanya dushti is explained like lepas, kashayas and some single drugs and yogas.

**Keywords:** Stanya dushti, Breast milk, Stanyam, Lepas, Kashayas and Single drugs.

## STANYA DUSHTI

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**ABSTRACT:** Irregular and unwholesome diet is maintained which is leading to many types of diseases and also cause complication. During pregnancy it effects both mother and child, after delivery effected mother has got vitiated breast milk .drop test Hence treatment for these conditions is utmost important for this treatment includes snehana, swedana, vamana parisheka, lepa,, according to predominance of dosha irregular and unwholesome diet in pregnant period leads to vitiation of breastmilk which later on effects the new born. Treating according to doshas is utmost important.

**Keywords:** stanya dushti, chikitsa, bala roga

## GHRAHAROGA

### A STUDY ON BALAGRAHA AS PER MODERN PARAMETERS AS WELL AS ITS CLINICAL APPLICATION IN TODAY'S ERA

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**ABSTRACT:** Graharogas constitutes the major portion of kaumarbhritya branch either ashtangakaras have given notable importance to graharogas by giving them third place in ashtangayurveda Nature of Grahas: Balagraha is a combination of two words Bala + graha. Bala means children while "graha" means to grasp or seize. Grahas- a class of evil demons supposed to capture or affect the children and produced various clinical features. Similarities between Graha and Micro-organisms: (Refer appendix 1) Physiological nature of Grahas (Micro-organisms): The mythological concept that Grahas are produced from Shiva and Parvati for protective purpose of their son Kartikeya In a nut-shell it is clear that graha are not mythological and now compared with various microbial infections which can be treated with a combined approach of therapeutic and psychiatric management. Thus, this arises the importance of cleanliness Graharoga is the most neglected portion due to its excess mythological explanations, difficulties in clinical understanding, diagnosis and treatment. Though aetiopathogenesis, general symptoms of graha has now been felt as fake among scholars but really they are explained in an applied clinical manner. Their movement and attacking nature, their prone time of movement, method of invasion, change in size and shape, their intention to enter inside the body, invisibility by naked eyes, having fever as the main symptom, etc all these particulars shows similarities with Micro-organisms. Also the way of treatment measures mentioned earlier gives priority to absolute hygiene and immunity besides symptomatic management. Acts as a antibacterial, antimicrobial, antiseptic, disinfectant, bacteriocidal and bacteriostatic in nature and can be used for sterilization of individual, belongings, community and masses.

**Keywords:** Grahabadha, microbial infection, unidentified vectors

### ROLE OF BHUTAVIDYA IN BAALAGRAHA - A CASE STUDY

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**ABSTRACT:** Graharoga is one of the branch of Ayurveda which specifically deals with mind and psychic conditions, which can be caused by super natural forces or invasion of some evil spirit. So in the Chikitsa aspect first treatment should be done. Ayurvedic text books, research articles, In this case the Andapootanagrahachikitsa is done by Balikarma and got effective result. Now a days Bhutagrahachikitsa is not much practiced thinking it as outdated but it is having its own significant effect in Baalagraharoga. In such Balagraha cases unless and until proper Grahachikitsa is done, the symptomatic treatment will not work and Daivavyapashraya in terms of Bhutavidya plays an important role in this area of Baalagraha. Hence its necessary to know the importance of Bhutavidya and its applied aspects in practical.

**Keywords:** Balagraha, Andapootana, Bhutavidya, Balikarma

## COMPARISON OF GRAHAROGA WITH NEUROLOGICAL DISORDERS

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**ABSTRACT:** Balagraha is unique concept in the context of kaumarabhritya, which gives insight into diseases which are caused by agantuja factors and not by vitiation of dosha's. Due to its mythological origin we are unable to establish its relevance in today's Kashyapsamhita, Ashtangasangraha, Sushrutsamhita, Ashtangahridaya, Charaksamhita. As it has microbial etiology due to unhygiene which alters immune system may lead to advanced neurological disorders and Pragnyaparadh which can be treated by ayurvedic medicines like puranaghrita, dhoopana etc., in above said conditions. Balagraha resembles diseases caused by micro-organisms like virus and bacteria, as immuno-deficient children are more susceptible to infections. Symptomatology of grahabadhas compared with modern diseases as follows; Skandagraha with Facial palsy, hemiplegia Skandaapasmara with Childhood epilepsy Shwagraha with Encephalopathy "Prevention is better than cure" so, classical line of treatment holds good for which include abhyanga, dhoopana, swarnaprashana, chyavanprash.

**Keywords:** Balagraha, Skandagraha, Skandaapasmara, Shwagraha, Pragnyaparadh, Facial palsy, Hemiplegia, Childhood epilepsy, Encephalopathy, Puranaghrita, Dhoopana, Swarnaprashana.

## BALA GRAHA: CLINICAL UNDERSTANDING UNDER THE LIGHT OF MICROORGANISMS

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**ABSTRACT:** Balagraha is an interesting topic in Kaumarabhritya which is less discussed and practiced at clinical setup, academically is an attempt to view the principles of balagraha under the light of microbiology. Basic information on balagraha is collected from SushrutaSamhita, AshtangaHrudaya, KashyapaSamhita were analysed based on microbiology and communicable diseases. Balagraha enumerate to be 9 (Sushruta Samhita), 12 (AshtangaHrudaya). Based on their manifestation or they could be innumerable (Charakasamhita). Predominantly affect children, during breastfeeding age or kaumaraavastha. Balagraha age of affliction prompts prevalence of these conditions more in age group of immature response. The mythological origin and type of transmission of balagraha indicates towards their origin proliferation in the unhygienic environment. The morphological description of balagrahas suggests that they are a group of micro organism which dwell in colonies and afflict through infected source like water, air, food or direct contact. Their presence and virulence is identified through clinical manifestation in the form of high grade fever, seizures, diarrhea, vomiting, skin manifestation, wasting or disability. The prognosis and outcome of balagraha maybe postulated to be either self limiting or requiring prompt management based on virulence rest could be harmful.

**Keywords:** Graha, communicable diseases, microbiology, micro-organisms.

## EKAMOOLIKA PRAYOGA

### EKA MOOLIKA PRAYOGA IN SAMANYA BALA ROGA

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**ABSTRACT:-**Number of single drug remedies are documented in our classics and traditionally used by experienced, successful ayurvedic physicians. The commonly available dravyas like Guduchi , Shunti ,Jeerakadi is beneficial in treatment of Samanyabalaroga like Jwara ,Shwasa ,Kasa&Atisaradivvyadhi with a help of suitable anupana like Madhu , ghrita , ksheera ,ushnodhaka etc similar to that of analyzing the vyadhi based on its dosha , avastha, guna& karma, the treatment is done by selecting the opposite guna, karma dravya . So Ekamulika dravya prayoga can act both as curative and preventive in Bala-rogaChikitsa.

**Keywords:** Eka-mulika dravya prayoga, SamanyaBalaroga, Ayurveda

### ATIVISHA

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**ABSTRACT:-**Ativisha (Aconitum Hetrophyllum wall of family Renunculaceae) is one of the vyadhiprabhavik dravya having specific prabhav in the pediatric age group. It is consider as a Shishubhaishaja& as a synonyms of shuklakanda, vishwa& it is having rasa panClassical texts & ATIVISHA PRAYOGA based on the references &phalashrutiBased on the Rasapanchak&pahalashrutiAtivisha is found to be very useful in the pediatric age groups. Commonest prescription jwara, swasa&AtisaraAtivisha being katu vipaka&ushna (not tikshna) have been implicated in balaroga. Balaroga being kaphapredominat age group indication of Ativisha is logically substantiated.

**Keywords:** Ativisha in jwara, swasa&Atisara, BBalachaturbhadrachurna, Dashangagadam, Ativishaleha, Prativisha

### URODYNAMIC STUDY ON BENIGN PROSTATIC HYPERPLASIA AND TREATMENT BY VASTI KARMA

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A scientific research on benign prostatic hyperplasia and treatment by vasti karma Vasti karma Urodynamic study by uroflw meter and ultrasonic study .Results are promising.Present study reveals vasti karma is significantly successful in the management of benign prostatic hyperplasia

**Keywords:** Vasti karma Urodynamic study benign prostatic hyperplasia

## BALA RASAYAN

### A CLINICAL STUDY TO EVALUATE THE EFFECT OF PIPPALI CHURNA AS NAIMITTIKA RASAYANA IN PRANAVAHA SROTO VIKARA IN CHILDREN OF AGE GROUP 3-7 YEAR OLD

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**ABSTRACT:** Pippali (Piper longum) is a known herbal medicine with myriad actions on respiratory system. With its actions like immunomodulation action, mastcell stabilizer action and bioavailability enhancing property it acts as Naimittika Rasayana in respirator<sup>30</sup> Children affected with Kaphaja Kasa attending the Kaumarabhritya Out Patient Department of SDM College of Ayurveda and Hospital, Hassan were randomly registered for the study. The registered children were administered Pippali churna with prescribed dose for the period 90 days with regular follow up. Effect of the treatment was assessed before and after treatment by using appropriate tests. Pippali churna administered with above said posology shows statistically significant effect in reducing signs and symptoms of Kaphaja kasa and prevents recurrence by improving immunity.

**Keywords:** kaphaja kasa, Naimittika rasayana, Pippali, Ayurveda, Bala Rasayana.

### A REVIEW ON RASAYANA ADMINISTRATION IN CHILDREN WITH SPECIAL REFERENCE TO NITYA RASAYANA PRAYOGA

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**ABSTRACT:** The word Rasayana is made up of two different words Rasa and Ayana. Here, Rasa not only indicates Rasa Dhatu, but also we have to consider all seven Dhatus by the term Rasa. Ayana is Aapyayana or Vardhana. Various Ayurveda classics and studies published in journals related to Rasayana are reviewed and analysed. Analysis of classics and studies published in various journals prove that no one other is as needy as a child for Kamya and Ajasrika Rasayana Prayoga. Rasayana Karma is like a Samskara which will help to increase or add the desired qualities like longevity of life i.e. Ayushkamiya, increase in intellectual capacity i.e. Medhya as well as to cure the disease means to remove harmful and unwanted entities out of the body of a child. So, as Samskara is to be done at a particular age group to get the best out of it, Rasayana also should administer from childhood itself. Rasayana Karma is like a Samskara which will help to increase or add the desired qualities like longevity of life i.e. Ayushkamiya; increase in intellectual capacity i.e. Medhya as well as to cure the disease means to remove harmful and unwanted entities out of the body of a child. So, as Samskara is to be done at a particular age group to get the best out of it, Rasayana also should administer from childhood itself.

**Keywords:** Rasayana, Balarasayana, Kamya Rasayana, Ajasrika Rasayana

## AN OVERVIEW OF SWARNAPRASHANA IN AYURVEDIC PEDIATRIC CLINICAL PRACTICE

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**ABSTRACT:** it's a unique concept in balaroga, mentioned under various lehana preparations. Swarnaprashana is a process in which gold is mixed with simple or medicated ghruta and honey and given to children by oral route: swarna bhasma, medicated goghruta, and madhuvaccines of modern science produce immunity against specific diseases. Swarnaprashana produces non specific immunity. it's comprehensive rasayana chikitsa for physical, mental, intellectual & spiritual wellbeing of the children standardised swarnabhasma along with authenticated herbs, ghruta & honey should be used for preparation of swarnaprashana. use of swarnaprashana all throughout the country by it's incorporation in government schemes should be promoted by ayush. it can be used from birth to 16 yrs of age. its dose should be 0.5-2mg as per age.

**Keywords:** swarnaprashana, lehana, pushya nakshatra, nonspecific immunity

## MEDHA SUKTA CHANTING ON ACADEMIC PERFORMANCE OF SCHOOL STUDENTS A PILOT STUDY

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**ABSTRACT:** Academic performance of a student is concerned with quality and quantity of learning attained in a subjects or group of subjects. Along with efforts of learning, academic performance can be improved through some non-pharmacological techniques 48 school students of 8th class were involved in studies. Participants were trained to chant Medha sukta for 30 minutes for a span of 45 days. The academic performance of each subject was assessed by the marks scored in test conducted by school before and after intervention. Statistically the result was analyzed by suitable statistical test. Study showed that significant value p value - 0.014, Medha sukta, as the name indicates is known to enhance medha. This chanting improves attention, concentration and thus enhances academic performance.

**Keywords:** Medha sukta, academic performance, chanting



## EFFECT OF MEDHAJANAKA PRASHANA ON STRESS MANAGEMENT IN NEWBORN

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**ABSTRACT:** Development is an integral part of every individual which happens in different phases. Critical period is a maturational stage in the lifespan of an organism during which the nervous system is especially sensitive to certain environmental stimuli. Medhajanaka prashana is one such preparation with medhya effect in newborn babies. This reference is taken from Ashtanga sangraha. In modern science it denotes the neuro-development for which different textbooks of neonatology for neuro-development was referred. Medhajanaka prashana helps in the maturation of the inhibitory circuits and thus contribute to the opening up of the critical period in newborn. Administration of medhajanaka prashana right from birth helps the neonate overcome stress, have good sleep and enhance neuro-development. Also newborns are subjected to stress and pain during labour, resuscitation procedures etc., which adversely affect the neuro-development.

**Keywords:** stress, medhajanaka prashana

## IMPORTANCE OF BALA RASAYANA IN CHILDERS

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**ABSTRACT:** Ayurveda has two aims that are Prevention and Promotion of Health and Second Cure from Diseases. Bala Rasayanas are the rasayanas which are used in bala for strength, memory, immunity etc. Different rasayana we can use in children as lehya like amalaki rasayana, ashwagandha rasayana, medya rasayana. They improve mental and physical functions and intellect. Rasayana therapy is that which rejuvenate the whole body and make diseases free body. It increases immune system, increase physical and mental strength in bala. Rasayana drugs are used for preservation of positive health. Various type of rasayanas therapy is also useful for specific disease and ailment as well as general use.

**Keywords:** amalaki rasayana, ashwagandha rasayana, medya rasayana

## ROLE OF AJASRIKA RASAYANA FOR BETTER HEALTH

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**ABSTRACT:** Rasayana is one among the eight specialized branches of ayurveda; it primarily deals with maintenance of health. Rasayana tantra stabilizes youthfulness and prevents senility, promotes lifespan, intellect and strength, prevent and cure diseases. Rasayana therapy which is given to children are known as bala rasayana. The only difference is that giving medicine for children in small calculated dose, both gets diseases due to vitiation of three doshas, dushyas and malas. So all the rasayana indicated for adult can be given to children as per their age. So, this presentation is a humble request attempt to reveal the understanding of ajasrika rasayana for better health of children as children are easily prone to diseases. Ajasrika rasayana is one among the types of rasayana, best indicated for kumaras because they have aparipakwadhātu. The word Ajasrika refers to perpetual/occurring every day. Ghrita and Ksheera which are used on daily basis have an effect as rasayana. They provide nourishment to rasa raktadi dhātu and also enhance ojas. They improve immunity power of children and prevent various infectious diseases.

**Keywords:** bala rasayana, ajasrika rasayana

## BAALA RAASAYANA WSR. TO MEDYA GROUP OF DRUGS

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**ABSTRACT:** Among ashtanga ayurveda the eight branches of ayurveda there is a separate branch pertaining to baalayurveda. Ayurveda is ancient holistic science which mainly focuses on health of a healthy persons and curing the diseased one. the concept was studied by referring all bruhatrayees, laghutrayees and various modern sources. Medya group of drugs having the significant results in enhancing the immunity, growth and development of the infant. Rasayana drugs are the special group of drugs which efficiently acting at multi cellular level. They help for maintaining the normal health as well as prevention of disease. They have multi actions like immunomodulatory, antioxidant, and adaptogenic, anabolic and nutritive action on the body.

**Keywords:** Baala rasayana, Growth and development, Immunity

## EFFECT OF KUSHMANDA GHRITA IN IMPROVING THE SCHOOL PERFORMANCE IN CHILDREN WITH BELOW AVERAGE

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**ABSTRACT:** Background - In general population 2 to 3% of children have an IQ below 70. Having children is boon, but having children with less performance skill will be painful. Complete development of child is important, Methods - A single open trial was conducted on 20 children with less memory power, lack of concentration attending the OPD of dept. of Kaumarabhrutya, BLDEAS AVS AMV, Vijayapur. An elaborative case taking Performa was

specially designed for the purpose of incorporating all aspects of ayurvedic parameters and by SPM. There was a marked improvement on ayurvedic parameters. The Performance of IQ score has increased between treatments with follow up. Rasayana dravyas increases smarana, medha Shakti. So selected kushmanda ghrita for trial work showed results on parameters.

**Keywords:** Budhi, IQ, Kushmanda ghrita

## IMPORTANCE OF RASAYANA IN MALNUTRITION

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**ABSTRACT:** PEM is a major health problem in india. This affects the child at most crucial period of time of development which can lead to permanent impairment in later life. Undernutrition predisposes the child to infection and complements Kashyapasamhitha, Ashtangahrudayam uttarasthanam, Compilation text by Dr. Shrinidhi Kumar Acharya. Even diet of a normal child also lacks certain micro and macro nutrients. Lehanas can rectify such deficiencies. Lehana medicines are enriched with sweet substances making it more palatable and has high calorific value & can be used in Malnutrition Ayurveda plays a major role in this context. Acharya kashyapa had said that there is no medicine like food and food alone can make people healthy without disease. Malnutrition can be tackled through ayurveda. This is explained by Acharya's in the context of rasayana. The primary purpose of lehana and modaka recipes mentioned by acharyas is to fulfill nutritional requirements of infants and result in enhancing intellect and immunity. In other words lehanas are supplementary foods for infants which fulfill the indication criteria and complements required micronutrients and energy providing substance.

**Keywords:** Rasayana, Malnutrition, Lehana

## EVALUATION OF GANDHAKA YOGA AND ITS TOPICAL EFFICACY IN PAMA(SCABIES).

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**ABSTRACT:** Pama is very common in ayurvedic practice which can be correlated with scabies. The incidence of this disease is very high in children and young adult's age group. There are many formulations explained in pama (scabies). The patient attending OPD and IPD of KLE Ayurveda hospital and the camps arranged for the study were selected by considering inclusion and exclusion criteria. The Gandhaka Yoga was tried on the selected patients for 7 days. In the present study 20 patients with confirmed diagnosis of pama (scabies) were selected and Gandhaka yogas was applied for 7 days and the results were observed before and after treatment. Gandhaka yogas contains main drug is gandhaka and sarshpa taila. It is helpful in skin disorders or kushta rogas. Overall 92.5% success was found in selected 20 patients.

**Keywords:** Gandhaka Yoga, Gandhaka, sarshapa taila, Pama (scabies).

## MEDHYA RASAYANA

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**ABSTRACT:** Pediatric age group is the foundation of adulthood. Proper nourishment results in excellent growth, development which in turn reflects a healthy adulthood. Excellent memory, extraordinary intelligence, great academic achievements Materials is collected from the various classical texts - Kashyapa Samhita, Arogya Rasha Kalpadrumah, Caraka Samhita, also various research articles. Medhya Rasayana helps in improvement of memory power & maintains intelligence and sthira guna. Stimulates mind and helps in perception of objects and recollection of previous experience Deterioration& weakening of memory process can be prevented by the intake of Medhya Rasayana since childhood. It strengthens body and does equilibrium of tridosha & maintains prakrut avastha.

**Keywords:** Medhya Rasayana, Bramhi, Shankhapushpi, Mandukaparni, Yashtimadhu, Guduchi, Smruti, Budhi, Sthirata, Intelligence, Druti, Health promoter, Antioxidant

## ROLE OF EKMOOLIYA DRAVYA PRAYOGA IN BALA RASAYANA

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**ABSTRACT:** Studies have shown Infant Mortality Rate (IMR) is very high in developing countries and infection is the major cause. Protocol for Immune System in Neonates is not yet fully developed. In Ayurveda this concept of Rasayana is explained Material is collected from Classical Text Book Of Pediatrics (Kashyapa Samhita), Other Samhitas, Articles and Journals .Probably Rasayana drugs are having Madhura, Guru, Snighdha, Sheeta, Properties acts as Rasayana at the level of Rasa by promoting nutritional value of rasa which in turn helps in obtaining the best quality of Dhatu .Rasayana drugs are used for preservation of health. These Comprehensive effects are brought about with the help of varied pharmaco dynamic properties of these drugs

**Keywords:** Bala Rasayana, Ek Mooliya Dravya

## BALA RASAYANA - AN EMERGENCE NEED

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**ABSTRACT:** About 6000 less than five year children die every day due to malnutrition in India. The main being Protein Energy Malnutrition is inadequate intake of food, both in quantity and quality. Lehana, Prashana, Rasayana prayogas are with the intension of improving the immunity of the child only. Aparipakwadhatutva, Asampurnabalatva, Ajata vyanjanatva, Sukumaratva, Aklesha sahatva being the qualities of bala makes them to suffer from different diseases, when we consider the management it is of two fold. They are Preventive and Curative management. Here preventive is having great important as the Khavaigunya which takes places during balyavasta may stay deep rooted Rasayana is an essential routine procedure to be adopted in growing children. This also makes easy the procedure of weaning with a smooth, comfortable transfer to the external food. So to build up healthy nation it is our duty to keep up the health of tomorrow's citizens. It is very much important to improve the Vyadhikshamatva in children. We have to take care of their proper nutrition as it is one among the factor which plays important role in growth and development. So indeed, if child is deprived of Rasayana, child will be going to miss the golden chance of living a life healthy in future.

**Keywords:** Kaumarabhritya, Lehana, Prashana, Rasayana, Vyadhikshamatva.

## RASAYANA IN PEDIATRICS

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**ABSTRACT:** Ayurveda emphasizes not only to treat the disease but also prevent the disease which can be achieved through Rasayana. Rasayana is one among asta anga ayurveda which comprises use of herbs, herbomineral, food articles & lifestyle (achara rasayana) Charaka Samhita, Kashyapa Samhita. Use of rasayana from pediatric age can prevent the incidence of metabolic psychological disorders. Role of rasayana in preventing metabolic & psychological disorders

**Keywords:** Rasayana, metabolic disorders, psychological disorders, achara rasayana

## SANSKAR

### IMPORTANCE OF SANSKARA AND ITS RELATION TO DEVELOPMENTAL MILESTONES

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**ABSTRACT** The word Sanskara is derived from root word Kria with Sama upsarga, which is being used for several meanings according to reference to context. The Sanskrit term Sanskara • means religious customs. Sanskara are mentioned in various Pauranic treatise. The literary material is collected from the various classical Ayurvedic text and Paediatrics texts, magazines and research journals. After which classical description is correlated with changes in developmental milestone as per contemporary texts. These Sanskar are step points of life from where life enters in new phase. These sanskars establish baby and atmosphere to accomplish with situations Each Sanskar has its own value, many times we can prove it by observing its

effect .In Ayurvedic literature Kashyap Samhita is well known most important text for child development and fulfillment. Acharya Kashyap specifies 16 type of Sanskar particularly from the birth to the end.Out of these describe very important 8 Sanskar, which are having scientifically helpful to nourishment of baby physically as well as mind. Jaatkarm Sanskar is helpful to prevent infectious disorders of baby as well as mother. In 2nd and 3rd Sanskar which denotes specialty of date, religion, cast, community as well as 3rd Sanskar are helpful for development of physical and mental state. In a 4th Sanskar- early teething procedure start that by in this time fever or diarrhea or commonly found, hens to improve immunity of child and upgrade digestive system with the help of component of vitamin C and micronutrients. In a Karnvedhan Sanskar- act such as acupuncher that effect to release adrenalin secretion which is support to all organism of inner level. In a Chudakarm Sanskar particularly helpful in personal and social hygiene that preventing again infectious disorders Upnayan and Vedarambhba Sanskar are markedly improved actively of child and begins to successful person in future.

**Keywords:** Kaumarbhritya, Sanskar, growth & development.

### SAMSKARAS IN CHILD

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**ABSTRACT** Samskara is a procedure which brings definite positive changes in life.Acharya's .Textbook of Kaumarbhritya - By Dr. Shrinidhi Kumar Acharya, Chaukhambha Orientalia; Varanasi It helps to create self awareness in an individual and to realize about the newer responsibilities, duties in that particular age.Human body is also outcome of Samskara where a positive differentiation of zygote happens. A single cell keeps on dividing to form human structure and each time when it divides it is qualitatively improved.

**Keywords:** Samskara, positive change, Ayurvedic Pediatrics, differentiation, zygote, dedifferentiation, malignant

### CRITICAL ANALYSIS OF SAMSKARAS IN GARBHAVASTHA

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**ABSTRACT** Samskaras are procedures done to bestow ideal qualities into an individual and at the same time to discard undesired traits. There are around 60 samskaras explained in various religious text of Hindu culture like Dharma Shashtra, of some are performed Basic informations are collected from Ayurvedic texts, text of Indian heritage and interpretations based on the cross references and research updates available in print as well as online versions. First among the Garbha samskaras is Garbhadhana done immediately after marriage with the aim to attain programmed pregnancy with progeny of desired qualities. Next is Pumsavana, which is done after conception prior to manifestation of garbha lakshana the procedure, timing and stage of pregnancy with respect to mother as well as child indicate periodic psychological, physical and



social preparedness for the parenthood. Thus Samskaras during garbhavastha seems to be well charted events to attain planned pregnancy, uncomplicated perinatal care and healthy progeny.

**Keywords:** Ayurveda, Samskara, Garbhadana, Pumsavana, Simantonayana, Programmed pregnancy

## SAMSKARAS AND ITS IMPORTANCE IN CHILD'S LIFE

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**ABSTRACT** "samskaro hi gunantaran dhaman uchyate" Addition of desirable qualities from that object or deletion of undesirable qualities is what sanskar can be briefly translated into .By doing this we are doing modification or refinement of particular object. Kashyapa samhita (material) and survey method used .each sanskara discussed has clinical and religious aspect samskaras build a wakefulness of the attainment of social status and rights for individual. These are are based on various milestones of childs growth and development .provide a rational guidline towards care from conception to adolescent

**Keywords:** sanskara, milestones, refinement, jatkarma, pediatric

## CRITICAL ANALYSIS OF JATAKARMA SAMSKARA

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**ABSTARCT:** Samskaras are procedures done either to impart superior qualities or to remove impurities and unwanted effects present in an individual at the same time. There are around 60 samskaras explained in religious text of Hindu culture. Basic informations are collected from Ayurvedic texts, texts of Indian heritage and interpretations based on the cross references and research updates available in print as well as online versions. Jatakarma Samskara is the first samskara a person undergoes as an individual in his/her life. The main aim of this samskara is to prepare the neonate to sustain in the new environment. It comprises of three procedures. The first procedure of Madhusar Jatakarma samskara acts by stimulating the digestive, immune and thermoregulatory systems of the neonate and thus assisting the neonate to grow into a healthy individual.

**Keywords:** Ayurveda, Samskara, Jatakarma, Madhusarpi Prashana, Stanya Pana, Udakumbha Sthapana.

## CHILD HOOD SAMSKARAS AND ITS SCIENTIFIC APPRECIATION

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**ABSTARCT** Samskara are a religious customs (rite) build a wakefulness of the attainment of social status and rights for the individual. kasayapa samhitha guideline toward his care during



celebrating different ceremonies from very conception to childhood. The number of Samskara varies in different Hindu dharma granthas, it is about 16-40, but the applicable Samskara are 16 (shodash) in number which spreads from garbhadana to anteysthi samskara. In these abstract, it can be concluded that the Samskara described in Ayurvedic texts are based on the various milestones of child growth and developments and hence provide a rational guideline toward his care from very conception to adolescence.

**Keywords:** Samskara, Sacraments, milestone, growth and development

## ANNA PRASHANA SAMSKARA

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**ABSTRACT** Samskaras are procedures done either to impart superior qualities or to remove impurities and unwanted effects present in an individual at the same time. There are around 60 samskaras explained in religious text of Hindu culture. Basic informations are collected from Ayurvedic texts, texts of Indian heritage and interpretations based on the cross references and research updates available in print as well as online versions. Annaprashana Samskara is the intake of solid food for the first time. It refers to initiation of foods like cereal based shalyadi modaka, priyala majjadi modaka or many more based on the need of the child. The main aim of this samskara is to complement the growing nutritional needs of the child by methodical introduction of foods in addition to breast milk and slowly shift them to family pot feeding. It also stresses up on the constitution specific food in both health and disease.

**Keywords:** Ayurveda, Samskara, Annaprashana, malnutrition

## KARNAVEDANA SAMSKARA AND ITS CLINICAL SIGNIFICANCE

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**ABSTRSCT**"Samskara hi gunaantradhyanam" means which is used for transforming the qualities. The number of samskara are 16-40 that is from Garbadana to Anteysthi. It makes child Physically, Mentally, Socially, Spiritually healthy. Material is collected from classical text of pediatrics (kashyapa samhita), ashtang hridaya, articles & journals. Karnavedana samskara protects child from several diseases and activates the immune system and also helps to fight against various infections. Karnavedana samskara is piercing of ear performed in 6th, 7th month. Ear piercing inflicts a small injury and it triggers active immune mechanism of baby. It protects the child from several diseases and helps in maintaining regularity of menstrual cycle of girls. Acupressure and Acupuncture is done at a particular point and it cures or prevents asthma. Piercing of this point helps to activate parts of brain. Maintains flow of energy and it fulfills the intention to decorate the baby by wearing different Abhushana (ornaments).

**Keywords:** Samskara, Karnavedana, Immune system

## IMPORTANCE OF BALA SAMSKARA IN MEDICAL SCIENCE

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**ABSTRACT:** India is a traditional country, where hindu dharma is held in high esteem. Which refine to help individual successful lives. The samskara is performed for attainment of different milestones thus ensuring proper growth. This information are collected and analysed from the charak samhitha sharira sthan, sushruta samhitha, kashyapa samhitha, KB textbook author shreenidhi kalyan Samaskara timing match with certain milestones of development. this samskara reminds development of child. This samskaras are evidenced in each and every cell of the body and changes are continuous with positive differentiation. Samskaras can be understood as the important events in a child's life possessing medical relevance. it signifies growth and development and the ceremonial announcement of milestones achieved providing with periodical screening. Samskaras provide mental and physical health. Samakara can energize the body and revitalizes it; to announce attainment of different milestones thus ensuring proper growth and also to differentiate them from the child with developmental delay.

**Keywords:** developmental milestones, bala avस्था, pediatric approaches, medical relevance, balasamskara

## JATKARMA SAMSAKARA

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**ABSTRACT** samsakara is a Hindu tradition they served a spiritual, cultural and psychological purpose welcoming an individual into a stage of life. Samsakara is from 16-40 from garbhadaana to anteysthi. my topic is jatakarma samsakara. Maharshi dayananda, susruta samhita GHRITA gives high calorie which is source of energy and honey gives hemin which is good for cleansing the respiratory tract and check the sucking rooting and swallowing reflex. it is initial step of developing immunity against allergic substance. Jatakarma means birth ceremony. father place a small amount of gold, ghee, honey on the baby's tongue and whispers the holy name of god in his ear. this ceremony is supposed to be performed before the umbilical cord is cut. On first day honey+ghee+ ananta powder should be in equal quantity lick with anamika finger for 3 times. 2nd and 3rd day honey+ghee+ lakshmana is administered for 3 times. 4th day honey+ghee in amount which fills the palm of neonate gives two times.

**Keywords:** samskara - purificatory ceremony

## UPAVESHANA SAMSKARA

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**ABSTRACT**"samskarao hi gunatradhyanam" means the process which brings the change in dravya is samskara .It brings the positive change in the person. There are about 16 to 40 samskara but only 16 are applicable from janma to mrutyu. From kashayapa samhita, text book of kaumarabharitya by shrinidi Kumar acharya . OP Ghai text book and other articles and journal upaveshana samskara helps to develop proper milestones of the child it is a special procedure where the infant is educated to sit on the floor with support at 6th month for a particular period of time .It brings the growth and development in the child and helps in building up the milestone properly .It helps in proper development of locomotor system. Prolonged sitting also have other complications.

**Keywords:** samskara, upaveshana, milestone development.

## MASANUMASIKA PARICHARYA ( DELT DURING PREGNANCY )

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**ABSTARCT** Ayurveda considers AHARA as one among the trayopastamba it is considered as best source of nourishments as well as medication in the pregnant women. Information is collected from classical textbooks and other compiled books. we will explain the diet composition during pregnancy which help to improve health of both mother and baby.If essential food is not provided at time of pregnancy it leads to many consequences like premature delivery , low weight , miscarriage at birth

**Keywords,** trayopastamba garbha samskara

## IMPORTANCE OS SAMSKARA IN BALA AVASTHA WITH MEDICAL SIGNIFICANCE

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**ABSTRACT** The word samskara is derived from kri dhatu and Sam upasarga. Samskaro hi gunanatarnaam|| || charak chikitisth || the process which brings the qualities; Commonly samskara is education cultivation, refinement, with inforamation are collected and unliked from analysed from charaka samhita sharira sthana ,sushrut samhita,asthang hrudaya,kashayapa samhita and text book of kamaura bruta (dr.kalyan) . Samskaras timings match with certain milestones of development. 2. This samskaras reminds Development of child and adoption of diet, social interaction. 3. These samskaras are evidenced in each and every cell of the body and changes are continuous Samskaras can be understood as the important events in an child life possessing medical relevance. It signifies Growth and development and the ceremonial announcement of milestones achieved providing with periodical screening. Samskaras provide mental and physical health. Samskaras can energize the body and revitalizes it. They can increase physical strength.

They rejuvenate the mind and enhance concentration and intellectual. The Samskaras act as a moral code of conduct for the society. In the span of growth and development child passes through the different phases of social and mental development and these are termed as developmental milestones. Ayurveda also describes different Samskaras in the different period of life to mark, or to announce attainment of different milestones thus ensuring proper growth and also to differentiate them from the child with developmental delay.

**Keywords:** Developmental milestones, medical significance, bala samskara

## BAALA SAMSKARA

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Samskara is a rite of passage, and virtually every world culture has such ceremonies. Physician can also assess the proper growth and development of the child while performing the samskaras. In ayurvedic aspect samskara is "Samskaro hi gunaantaradhanam" Journal of ayurveda and integrated medical science, Ayurpharm Int Ayurveda, Kashyapa samhita. Present review reveals that samskara are religious customs, rituals, sacrifices or a religious ceremony. This practice is the rich heritage handed down the centuries by our forefathers and the sages. Thus these samskara helps in development of child. The various samskara mentioned in ancient hindu culture can be understood as the important cultural events in an individual life from birth to death possessing socio cultural as well as medical significance. In the present era of busy & materialistic world, we have no time to follow the rituals and samskara which have led us to various deviations in the area of child growth and development also there social & spiritual health. That's why we are facing a lot of health problems like developmental delays in children etc which are also known disease of civilaization. Therefore samskara are the moral code of conduct for the society.

**Keywords:** Samskara, Growth and Development, Developmental milestones, Ayurved

## HIGHLIGHTS OF KASHYAPA SAMHITA

### IMPERIAL VIEW OF KASHYAPA'S PHAKKA ROGA

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**ABSTRACT:** *KashyapaSamhita* being the most ancient text in the field of Kaumarabhritya (Ayurveda Paediatrics) by AcharyaKashyapa. PhakkaRoga is one of the most important disease which is seen during childhood period and has been described only by AcharyaKashLiteraryReviewUnderstandingPhakkaRoga in multi dimension and able to diagnose the PhakkaRoga in present era.PhakkaRoga is the nutritional disorder which in tern ends up with multiple problems in children if not managed soon. For the same AcharyaKashyapa has mentioned in detail about its management along with the physiotherapy like use of Trichakra (PhakkaRatha) Ratha

**Keywords:** PhakkaRoga, Developmental delay, Cripple, Kuposhana

### KASHYAPA SAMHITA - UNIQUENESS AND HIGHLIGHTS

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**ABSTRACT:** *KashyapaSamhita* explains Kaumarbhritya in detail. MaharshiKashyapa is the MulaUpadeshta of Kashyapasamhita. VriddhaJivaka is the GranthaKarta.Acharya's Textbook of Kaumarbhritya - By Dr. Shrinidhi Kumar Acharya, ChaukhambhaOrientalia, VaranasiSupplementary section called KhilaSthana is the speciality of this Samhita. This is the contribution of Vatsya; various explanations given by Kashyapaindicates the uniqueness of the Samhita. It is solely devoted to KaumarbhrityaTantra.

**Keywords:** MaharshiKashyapa, VriddhaJivaka, Upadeshta, Grantha Karta, AnayasaYaksha

### ANALYSIS OF SOCIO ECONOMICAL STATUS IN THE ERA OF KASHYAPA SAMHITA

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**ABSTRACT:**AcharyaKashyapa has mentioned vast fragmentation of society on cast basis,but still there was no untouchability.Further equal opportunity for education to all the cast was given including Shudras.Various professional list available in that period sText book of KashyapaSamhita was reviewed and analysed.Socio-economical status in the KashyapaSamhita period is merely mimics with present scenario.Social and economical position of individual is highlighted in KashyapaSamhita.AcharyaKashyapa considered as father of Ayurvedic Pediatric who mentioned first treatment according to social status.It is evident in Samhita that there was no discrimination on the basis of caste and social status of women was high.

**Keywords:** KashyapaSamhita, Chikitsa, Socio-economic Status

## CONTRIBUTIONS OF KASHYAP SAMHITA TO KAUMARABHRITHYA

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**ABSTRACT:** *Vriddhajivakatantra* popularly known as KashyapSamhita is the only classical text on kaumarabhritya, one of the astangas of Ayurveda. It is a compendium based on the teachings of acharyakashyapa, which was compiled by vriddhajivaka and redacted bMost chapters of kasyapasamhitha has been to present literary review on kayapaSamhita. Kashyapsamhita has dealt mainly with the care of children, their diseases and treatment. It also elaborates child nutrition, development, psychology, ideal physical and mental characteristics, lehan and various childhood sanskaras (sacraments). It iKashyapaSamhita is a great contribution to kaumarabhritya and is very essential, as its been the subject text of kaumarabhritya. AcharyaKashyapa has described the importance of lehana, eight types of swedana, elaborated description on panchakarma in children. Different drug dosages based on childrenâ€™s age and weight (vidangaphalamatra). Also gives dose of Ghrita as per age. Ten types of Balagrahas and vitiation of breast milk by Balagraha. Stanya, its formation, qualities and stanyasodhakadravyas. Exclusive description on phakkaroga, Concept of jataharini. Kasyapa also expounded â€œvedhanadhyayaâ€ the term â€œmahabhaishajaâ€ the importance of diet. Diseases like kukunaka&chamadala. The speciality of this samhitha and its uniqueness is highlighted.

**Keywords:** AcharyaKashyapa, KasyapaSamhita, Significance of kaumarabhritya in kasyapaSamhita, Highlights of kasyapasamhitha.

## CONTRIBUTION OF KASHYAPA SAMHITA IN KAUMARYABHRITHYA (PAEDIATRICS)

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**ABSTRACT :** KashyapSamhita, the only available source book on Kaumarbhritya, is presented in the form of compilations of teachings of AcharyaKashyapa by his disciple VridhaJivaka which mainly focus on the health and well-being of children and their pathologiThe paper is based on literary review of Ayurvedic texts related to KashyapaSamhita of different authors and its implementation in paediatrics , even we have referred various websites, research articles for other information regarding the subject. Kashyapsamhita has dealt mainly with the care of children, their diseases and treatment. It also elaborates child nutrition, development, and psychology, ideal physical and mental characteristics. It is thus undoubtedly the most authoritative text of KIt includes detailed narration regarding mantras (Vedic Hymns), Sutikagarogas (diseases of puerperal period), Dhatri (midwife), Dantodbhava (dentition), external and internal formulations, treatment and dosage protocol in children, immunity development by Swarnaprashana, Samskaras along with there scientific explanation and its utility in paediatrics as advised in KashyapaSamhita.

**Keywords:** Ayurveda, KasyapaSamhita, Kaumarbhritya, Samskaras, paediatrics



## TREATMENT PROTOCOLS IN BALAROGA

### MANAGEMENT OF ADENOID HYPERTROPHY - AN AYURVEDIC PERSPECTIVE

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**ABSTRACT:** Adenoid hypertrophy is one of the most common conditions seen in ENT/Pediatric OPD and the most important cause of impaired nasal airflow and nasopharyngeal obstruction; Conceptual study. The data was collected from Ayurvedic texts, modern books, research articles and internet. A conceptual study to understand the etio-pathogenesis of Kanthashalukaw.s.r to Adenoid hypertrophy and to reveal role of topical treatment along with internal medication. The prevalence of Adenoid hypertrophy is 19 - 58%. The drugs used in topical treatment as well as internal medication are having the srotoshodhana, shothaghna and kaphavataghna properties. Hence the Ayurvedic treatment protocol works well in the management of Adenoid hypertrophy.

**Keywords:** Adenoid hypertrophy, Kanthashaluka, treatment protocol

### TREATING A SPECTRUM OF CHILDHOOD AND INFANCY DISORDERS BY TARGETING JATHARAGNI

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**ABSTRACT:** The proper functioning of our body depends on the equilibrium of Panchamahabhutas (Five basic elements) viz. Prithvi (Earth), Aap (Water), Tej (Fire), Vaayu (Air) and Akash (Space). Moreover, the complete well-being depends on the proper functioning. According to Charak, most diseases originate with Agnimandya. Hence, rekindling the digestive fire, improvising metabolism and removal of wastes is necessary for better physical and mental development and enhanced immunity of the child. Application of this basic principle has been implied to treat multiple cases related to respiratory infections, digestive disorders, and behavioural disorders in children. Medicines used were Krimikuthar Ras, AampachakYog, Phalatrikadi table and Triphala powder. The results obtained were improved health, better immunity, and reduced relapses. Our results validate the existing relationship between balanced Agni and Swasthya (wellbeing) which can be used extensively for treating other diseases as well. Our studies are unique because restoration of Agni can be applied to infants, children as well as adults par case by case basis.

**Keywords:** panchamahabhoota, jatharagi, agnimandya, swasthyam

### VARIOUS AYURVEDIC MODALITIES FOR THE MANAGEMENT OF BAL-JWARA IN CHILDREN WITH SPECIAL REFERENCE TO FEBRILE CONVULSIONS: A REVIEW •

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**Introduction:** Ayurveda is an ancient science dealing with mostly prevention from diseases and cure if needed. In Febrile convulsions child commonly suffers trouble in purposeful movements, staring, stiffening of all extremities, falling down without cause; Available Samhitas, National and International Articles. The literature study reveals: 1) the ayurvedic preparations may be help to manage the febrile convulsions and its long term treatment. 2) Clinical Drug trials and controlled studies are expected to prove the efficacy. A variety of herbs, Herbomineral preparations, kalpas, and formulation are described in Samhita. Some are proved to be very effective in day to day practices. The febrile convulsions are of immense importance as far as the behavioral and mental changes are concerned. So it would be much needed subject to have trials and assess the effectiveness of the ayurvedic medicines in the pediatric patients of febrile convulsions.

**Keywords:** Febrile convulsions, Ayurveda, Bala-Jwara, Management

### **ROLE OF AYURVEDIC MANAGEMENT IN TREATING HYPOTHYROIDISM IN CHILDREN-A CASE STUDY**

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**ABSTRACT:** Hypothyroidism a leading disorder of this era is also common in children. In western countries the ratio of neonatal hypothyroidism is 1:4500. In the state of Maharashtra, Mumbai though being a non-iodine deficiency area - Neonatal hypothyroidism is more. A 10 year female came in OPD of Kaumarbhritya dept. of GAC Nagpur with symptoms of sudden weight gain, constipation, Pain in both legs, lethargy. She was investigated and found to be a case of subclinical hypothyroidism (T3 175, T4 14.3 TSH 6.33). She was treated with Ashwagandha + Krishna Jiraka and various Dhatupachak Kashaya as per stages of follow up. We did not use any of the hormonal supplementation for her. Decrease in clinical symptoms along with decrease in TSH (From 6.33 to 4.53) was observed. Ayurveda treatment can be helpful in management of sub clinical hypothyroidism of pediatric age group. Further studies with longer duration and larger sample are necessary to establish treatment.

**Keywords:** Hypothyroidism, Graves' disease, trisomy -21

### **AYURVEDA TREATMENT MODALITIES FOR IMPROVING THE QUALITY OF LIFE IN SICKLE CELL ANAEMIA**

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**Introduction:** Sickle cell anaemia is seen in 2,50,000 children every year worldwide. The disease is incurable and needs long term treatment to maintain the quality of life of patients. Pandu Roga is a syndrome rather than a disease. Methodology: 14 years old female child, who is a known case of SCD with SS pattern, attended the OPD of Kaumarbhritya with complaints of poor weight gain, lack of appetite, generalised weakness and the recurrent onset of fever and headache on and off since 5 years . Based on the clinical features observed in the patient, the disease was diagnosed with SannipatajaPanduroga. The treatment was planned with the principle of Deepana (the drug which does not digest the Ama but enhances Agni), Pachana. The therapies employed showed significant changes in the child with complete symptomatic relief and specifically improving appetite, reducing generalized weakness and thereby improving the

quality of life (QOL). To evaluate the role of Ayurveda treatment modalities in improving the quality of life (QOL) in sickle cell anaemia patient.

**Keywords:** Ayurveda, Pandu Roga, Quality of life, Sickle cell anaemia

## **STUDY THE EFFECT OF BILWA AMRA YOGA ON ATISARA IN THE AGE GROUP OF 1-5 YEAR**

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**ABSTRACT:** Diarrhea is the third leading cause of childhood mortality in India. Diarrhea is more common in children beyond 6 months i.e., in the month of ksheera annada stage, where the child starts to eat other foods sources. The study was under taken at B. V. D. U. College of Ayurveda, Pune and Bharati Ayurveda Hospital and Research center, Pune. For clinical trials case paper prepared on the basis of ayurvedic and allopathic parameter. Type of Study is informed, consented, randomized, interventional, open clinical trial. Number of patients- Prevalence rate is about 3.8%, So 45 patients of both sex selected for clinical trial, 45 patients (Preferably 15 patients of each type of ekadoshaja Atisara). The syrup shows satisfactory results. In this study the medicine bilwaamra yoga is administered in syrup form. The unripe fruit of bilwa having Kashaya, tikta rasa and laghu, ruksha in guna it is deepana, pachana, sangrahi causes shoshan of aap dhatu which is drava, sara, adra, kled, sheet & guru and thereby reduces the atipravruttilakshan in atisar. It reduces agnimandya due to tiktakatu rasa, ushnvirya and laghu guna causes amapachan. The mango seed kernel also acts good in diarrhea, as it is Kashaya rasa, having guna like ruksha, laghu causes agnideepan, amapachana, ruksha guna helps in dravamalashoshan and thus causes mala stambhana. Parameters like dravamalapravrtti, purishaganda are reduced and appetite improved within 2-3 days; Improvement in purishaganda and colour within 5 days.

**Keywords:** Atisara, Bilwaamra yoga, Syrup

## **STUDY THE COMPARATIVE EFFECT OF ASVATTHA AND KHADIRA CHOORNA IN MUKHPAK IN CHILDREN**

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**ABSTRACT:** Mukhpak is very common oral disease which occur in two ways former one independently (Swastantrarogam) and latter occurs in association with (Anubandhirogam) other diseases like grahani. 1) Type of Study- Open randomized controlled clinical study. Trial Drug: Asvatthachoorna Madhu; Control Drug: Khadira choorna + Madhu; Drug: a) Asvattha -Botanical Name Ficus religiosa. Synonym-Pipla, Ashwatha, Pipal, Bodhidruma ; Rasa "Kasaya" Guna "Guru, Ruksha" Virya "Ruksashita" Vipaka "Katu" Dosakarma-Kaphapittasamaka b) Khadira - Botanical Name- Acacia catechu. Asvattha choorna, madhu lepa shows more effective than khadirachoorna, madhu lepa. Mukhpak is a condition that affects in children due to poor hygienic and also due to nutritional deficiencies and prolonged use of antibiotic therapy. Sarvasaramukharogas are named as mukhpak as it occurs by spreading completely in the mukha,

mukhrogas occurs due to intake of unwholesome food curd, milk, fermented gruel, not cleaning the teeth daily improper administration of inhalation, emesis, gargles. The Khadira is having properties like katu, tikta; kashaya due to properties reduces burning sensation and pain. The Asvattha is having properties like kasaya, guru, ruksha due to properties reduces pain, excessive salivation, ulcer healing occurs very effectively on local action. Madhu when applied on locally to mucus membrane it causes stimulation of mucus membrane. Madhu remove vitiated doshas, improves wound healing. Patients of trial group treated with Asvattha, madhu lepa and that of control group with Khadira, madhulepa(local application)for same period, and follow up of each finding recorded and difference noted before and after treatment. During this study it was observed the trial group produce significant symptomatic relief and ulcer healing as comparatively better in control group.

**Keywords:** mukhpak, asvattha choorna, khadira choorna

### **AYURVEDIC MANAGEMENT OF URDHWAGA RAKTAPITTA W.R.T FREQUENT NASAL BLEEDING IN CHILDREN: A CASE STUDY**

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**ABSTRACT:** Epistaxis or nose bleed is a medical condition in which bleeding occurs from the nasal cavity of the nostril. There are different causes for epistaxis like traumatic, inflammatory, medications, neoplastic, vascular malformation, coagulopathies etc. A case of male child of 5yrs of age came to the OPD of KLE Ayurveda Hospital with the complaints of frequent nasal bleeding since 2yrs with no history of any trauma. He underwent blood investigations in which the prothrombin time and ATPP was prolonged so diagnosed for coagulopathy. Reduction in the time interval of prothrombin and ATPP as well as reduction in the frequency of nasal bleed. Epistaxis is a condition causing concern due to the blood loss involved in it. Many a times it is just the panic of patients which calls for medical attention. There are established treatments in the current science for epistaxis, including both medical and surgical techniques. However, despite of being so well-equipped many a times the current treatments fail to help patients and give them satisfactory relief. Ayurveda treatment is very effective in treating bleeding disorders like this. The effectiveness of ayurvedic treatment is seen in this case of urdhwagaraktapitta.

**Keywords:** Nasal Bleeding, UrdhwagaRaktapitta, Coagulopathy

### **MANAGEMENT OF GLYCOGEN STORAGE DISEASE THROUGH AYURVEDA- A CASE STUDY**

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**ABSTRACT:** Glycogen storage diseases are inherited metabolic disorders of glycogen metabolism. It is an autosomal recessive disorder. Inborn errors of metabolism result from the lack or insufficient level of specific enzymes that are needed to convert fat. A 3.5 year Male Patient approached to JSS Ayurveda medical hospital with the complaints of distension of

abdomen, unable to stand and walk since 2.8 years. It is a diagnosed case of Type 1 Glycogen storage disease. Patient was examined there was a palpable liver and diagnosed as yakritodara and pleehaodara and was treated with Shamanoushadi. Distension of abdomen reduced, patient started standing and walking without support, Given a remarkable improvement. Type 1 GSD is a condition where there is lack of glucose 6 phosphates enzyme it affects liver, kidney and small intestine. Common symptoms include -hypoglycemia, lactic acidosis, and hepatomegaly. Treatment of Type 1 glycogen storage disease is symptomatic in contemporary system of medicines by administering uncooked corn starch diet. Hence here efforts made to manage this condition by administering shamanoushadi.

**Keywords:** Glycogen storage disease, yakritodara, pleehaodara

### CONCEPTUAL AYURVEDIC STUDY ON DIGITAL EYE STRAIN IN CHILDREN

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**ABSTRACT:** Computers are probably one of the biggest scientific inventions of the modern era and computer vision syndrome is a group of eye and vision problem caused by extended use of electronic display devices. Working adult arenâ€™t the only one affected; Conceptual study. The data was collected from Ayurvedic texts, modern books, research articles and internet. A conceptual study to understand the digital eye strain in children and to reveal role of topical treatment such as sekaaschotana and tarpana with madura rasa & sukhosnaproperties. The computer using population in India is more than 40 million, and 80% of them have discomfort due to CVS. This includes eyestrain, headache, ocular discomfort, redness, dry eye, and blurred vision after prolonged computer use. Based on clinical features it can be considered as Sushkakshipaka, in Ayurveda different treatment methodologies are mentioned for this condition, such as Seka, Aschotana, Tarpana & internal medication for digital eye strain. This poster highlights role of topical treatment in management of sushkakshipaka.

**Keywords:** Digital eye strain, Computer vision syndrome, seka and aschotana

### A STUDY ON JYOTI TRATAKA IN IMPROVING THE IQ OF SCHOOL CHILDREN

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**ABSTRACT:** TratakaKriya, which is one among Shatkarma also said as Shodhana Kriya is mainly intended for developing concentration and mental focusing and thus expediting dharana siddhi. Child who has a lower level of IQ will show impairment in overall level. 20 Students with average and low average IQ status were randomly selected in two groups from Government Higher Primary School Hassan by using standard prepared questionnaire with suitable scales. Group A- 10 students were subjected to JyotiTrataka for 15 minutes duration for a period of 2 months. Group B- 10 students of same IQ status were kept as control without any intervention. Overall assessment in study group shows that, there was statistically significant improvement in

the level of IQ, attention and concentration, general reasoning ability and the visual acuity. The present study was carried out by applying thorough review of psychological tests and interviewing methods. All the parameters that were taken for survey and assessment were supported by modern standards.

**Keywords:** ShatKarma, JyotiTrataka, IQ Status

### **MANAGEMENT PROTOCOL OF PAEDIATRIC NEPHROTIC SYNDROME (KAPHAJA MUTRAKRUCCHA) THROUGH AN INTEGRATED APPROACH - A CASE STUDY**

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**ABSTRACT:** Nephrotic Syndrome is the most common childhood kidney disease worldwide with a reported incidence of 2-7 children per lakh children. Nephrotic Syndrome is the Clinical Manifestation of Glomerular diseases. Here in, a case is to be presented of a 1 yr. 9 month old female patient suffering from Nephrotic Syndrome. She had Swelling all over all over body (SarvangShotha), irritability, Ascites, Hypertension, Hematuria, Diarrhea, infection / fever. Treatment was taken in Private Hospital and Civil Hospital, but because of poor prognosis patient was referred to Higher Tertiary Care Centre. Now it has been scientifically proven through researches that nephrotic syndrome has involvement of immunology. It involves T-lymphocyte dysregulation and decreased anti-oxidative defense leading to altered podocytes function. By treatment Clinical status and reports of patient became normal and so he was successfully discharged. Allopathic treatment of Nephrotic syndrome involving use of corticosteroids and immunosuppressive therapy is not a promising treatment as it has relapse cases, Steroid resistant cases and many side effects. So it is need of the hour to develop Ayurvedic Management protocol of Pediatrics Nephrotic Syndrome.

**Keywords:** Nephrotic Syndrome, Kaphaja, RaktajaMutrakrucha, Sarvangshotha and Sandrameh.

### **TREATMENT PROTOCOL FOR THE MANAGEMENT OF ASHMARI IN CHILDREN A CASE STUDY**

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**ABSTRACT:** The increasing incidence of Ashmari in children especially in adolescents. Diet, sedentary lifestyle and climate change contribute to the changing frequency of stones. Evidence - high fluid intake, low sugar intake, low sodium intake, etc. I have taken case from KLE Ayurveda Hospital OPD. Symptoms reduces like Pain in the umbilicus, burning micturition and size of calculi Our challenge is to help our patients commit to and maintain a healthy life style .uration and reduce the size of calculi .The increasing incidence of Ashmari in children especially in adolescents .child with stones deserves an evaluation because the majority has a diagnosable metabolic defect and 50 % will have a recurrence of stones.

**Keywords:** Ashmari, children, treatment modalities

#### MANAGEMENT OF KAMALA (JAUNDICE) AUSHADHI - A CASE REOPRT

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**ABSTRACT:** Kamala is raktapradoshaja vikara in which rakta along with the pitta is main culprit in producing the lakshanai.e pita Varna of nakha, netra, aanana, mootra&purisha. The condition was all desires are loss called as kamala. A 12 years male child brought by the parents to the Kaumarbhritya OPD of KLE ayurvedic hospital of Sahapur, Belagavi with following complaints Chief complaints: yellowish discoloration of sclera & urine in a same way the child was treated on shaman. Understanding of samprapti helps in planning the treatment properly, as virechana is said as best line of treatment in kamala its proven the same by decreasing the labarotical findings & provoking the further complication such as liver failure etc. In this case daily rukshavirechana is given by using haritaki choorna along with katuki which are said to be best anulomana&bhedana dravya respectively. It helps in expelling the dosha(Mruduvirechana). Along with the tab niroci&kalameghakashaya was given which are said to be best hepatoprotective&triphalakashaya is given to relieve the constipation

**Keywords:** Keywords: kamala, Sodhana, virechana

#### CLINICAL STUDY TO EVALUATE THE EFFECT OF APAMARGA PRATISAARANEYYA KSHARA IN MANAGEMENT OF TUNDIKERI (CHRONIC TONSILITIS) IN CHILDREN

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**ABSTRACT:** Inflammation of immunocompromised lymphoid tissues of oral cavity is called as tonsillitis. Tundikeri simulates with tonsillitis which resembles with Phala of Vanakarpasa and is characterised by Kathinashotha, Daha and Toda. Subjects fulfilling the diagnostic criteria of Tundikeri (chronic tonsillitis) are included in this study and are managed with ApamargaPratisaaraneeyaKshara. Apamarga is collected and authenticated. Kshara is prepared by following standard methods. Application of AparmargaPratisaaraneeyaKshara showed significant changes in the remission of symptoms of Tundikeri as assessed by subjective and objective parameter. The present critique aims to conduct case study to evaluate the effect of Aparmarg. The present critique aims to conduct case study to evaluate the effect of AparmargaPratisaaraneeyaKshara in management of Tundikeri (chronic tonsillitis) in children.

**Keywords:** Ayurveda, Tundikeri, Chronic Tonsilitis, ApamargaPratisaaraneeyakshara



## MANAGEMENT OF TAMAKA SWASA - A CASE STUDY

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**ABSTRACT:** Incidence of TamakaSwasa (Bronchial asthma) in childhood is increasing now days because of increased pollution, rapid changes in environment, adaptation of newer lifestyle and increased stress. Worldwide asthma cases are increasing. A 12 year female patient suffering from TamakaSwasa visiting Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan was treated as in-patient after proper history taking and physical examination. Treatment included nebulization and oral administration of herbal distillate in acute phase and followed by classical shodhana. Effect of the treatment was assessed before and after treatment by recording the changes seen in signs and symptoms of TamakaSwasa. There was significant reduction in the signs and symptoms of TamakaSwasa and improvement was reflected in Beckers Asthma Score .This case study demonstrates the successful application of Ayurvedic management in Tamakaswasa including its acute exacerbation.

**Keywords:** Ayurveda, Tamakaswasa, Bronchial asthma, Respiratory disorders

## AYURVEDIC MANAGEMENT OF KAMALA BY SHAMANA AUSHADHI- A CASE REPORT

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**ABSTRACT:** Kamala is raktapradoshaja vikara in which rakta along with the pitta is main culprit in producing the lakshanai.e, pita Varna of nakha, netra, aanana, mootra&purisha. The condition where all desires are lossed called as kamala. Shamana ausadhi was given. Assessment was done at 0th, 1st, 4th day (during IPD) and then on 7th, 15th day during follow up of treatment. Ayurvedic drugs were effective in the management of KAMALA and significant relief in sign and symptoms was seen. Ayurvedic intervention reveals the true potential and efficacy of our ancient science. Kamala is one among raktapradoshaja vikara which is occurred due to vitiation of rakta along with the pitta , depending on the pitta involvement &sthana it is classified under two types those are sakhashrita&kosthashrita in both the line of treatment is virechana as virechana is said as the prime line of sodhana in case of raktaj&pittaj vikara , in case of skhashrita kamala virechana is second line of treatment after bringing the dosha to kostha which is observed by purishranjana from tilapisthasannibha to pita varna then virechan is planned.

**Keywords:** Kamala, Sodhana, Virechana

## AYURVEDIC APPROACH TO ADOLESCENT VARICOCELE

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**ABSTRACT:** Varicocele is defined as an abnormal tortuosity and dilation of the veins of the pampiniform plexus. It appears at early puberty, but can occasionally be found in preadolescent boys. The incidence in older adolescents varies from 12.4% to 17.8%. Data collected from



classical texts of Ayurveda. Hence the present review is aimed to make the awareness on adolescent varicocele and to replace varicocelectomy by Ayurvedic management on basis of testicular consistency. Varicocele is asymptomatic and is often diagnosed on the routine physical examination. In later ages association between varicocele and male factor infertility can be noted.

**Keywords:** Adolescent varicocele, Infertility, Ayurvedic management

#### **TREATMENT PROTOCOL FOR MANAGEMENT OF KARNASRAVA W.S.R TO CSOM**

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**ABSTRACT:** Chronic Suppurative Otitis Media (CSOM) is a common infectious ailment affecting mostly pediatric patients all over the globe. Studies have reported that its prevalence rate ranges from 4% to 33.3%. AYURVEDIC TEXT - Sushruta Samhita & Astanga Hrudaya Ayurveda various treatment modalities viz. Karnadhoopana, karnapichu etc. along with oral medication have proved efficacious in management of Karnasravaw.s.r to CSOM. In CSOM Karna dhupana act as a cleansing agent as well as maintaining sterility in the reason followed by killing multiple organisms and drying the secretions and further use of nimba taila which does antifungal action treats the CSOM better and early as compared to other treatment procedures.

**Keywords:** Karnasrava, CSOM, Karnadhoopana, karnapichu.

#### **MANAGEMENT OF KUKUNAKA W.S.R TO CONGENITAL NASOLACRIMAL DUCT OBSTRUCTION - A CASE REPORT**

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**ABSTRACT:** Kukunaka is a one type of Netravartama Vyadhi seen in Shishu during infancy period of child. Congenital nasolacrimal duct obstruction (CNLDO) is a common condition causing excessive tearing or mucoid discharge from the eyes, due to blockage in nose. Subject aged 18 months, k/c/o CNLDO (2019 ICD-10-CM Diagnosis Code Q10.5) with continuous discharge from the left eye since birth was selected and treated with Kshira Bala 101 drops for local massage and Pratimarsha Nasya with the same. Along with ophthalmic eye drops and Dashamola Kashaya. Department of Shalakyatantra, SMVVS RKM, AMC & Hospital, Vijaypur. The child was evaluated once in 15 days for a period of 45 days. Complete relief in the symptoms was documented and the child was free of CNLDO. The Ayurvedic medicines help to remove partial obstruction of nasolacrimal duct: CNLDO can be effectively managed in office practice.

**Keywords:** Ayurveda, Kukunaka, CNLDO.

## RELEVANCE OF ASTROLOGY IN BALACHIKITSA

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**ABSTRACT:** The holistic approach of Ayurveda explains about enormous influence of the nature holds on human beings. This devine healing science has in depth relation with astrology as it deals with the influences of planet on human beings. Charaka Samhitha, Kasyapa Samhitha, text book of Kaumarabhrtya, Astrology related sites and books. Astrological evidences can be seen in various treatment aspects of balaroga. Daivavyapashraya chikitsa is one among the psycho-somatic approach of treatments explained in our classics. In this current scenario as the rate of manasikavikaras is increasing such knowledge and incorporation of multiple sastras will be beneficial for increasing the mental strength of the patient. The reaction between chemical and atomic makeup of our body to planetary cycles and their relative gravity is the basic theory of astrology. Thus each astrological methods explained in Ayurveda has its own influence in the growth as well as developmental aspects of a child.

**Keywords:** Astrology, Balarogachikitsa

## A CONCEPTUAL STUDY OF RELATING METHODS TO IMPROVING THE ABSORPTION AND PALATABILITY OF HERBAL MEDICINES IN CHILDREN

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**ABSTARCT:** nowadays, the field of herbal science is advancing by introducing various new forms and new types of herbal medicines so it is need of the era to increase the absorption and palatability of herbal drugs in childrens.Improving the quality of the herbal medicine by using various methods it should be easy to absorb and improve the palatability in the children.

**Keywords:** Absorption, palitability, mardana, swarasa, mandagni, children.

## MANAGENT OF KUKUNAKA, W.S.R TO CONGENITAL NASOLACRIMAL DUCT OBSTRUCTION, A CASE REPORT

*Dr.Naziya begum* drsuhanank@gmail.com and 8310352148

**ABSTRACT:** Kukunaka is a one type of Netravartama Vyadhi seen is Shishu during infancy period of child. Congenital nasolacrimal duct obstruction (CNLDO) is a common condition causing excessive tearing or mucoid discharge from the eyes, Subject aged 18 months, k/c/o CNLDO (2019 ICD-10-CM Diagnosis Code Q10.5) with continuous discharge from the left eye since birth was selected and treated with Kshira Bala 101 drops for local massage and Pratimarsha Nasya with the same. Along with ophthocare eye drops and Dashamola Kashaya. Department of Shalakya Tantra, SMVVS RKM,AMC & Hospital,Vijaypur. The child was evaluated once in 15 days for a period of 45 dAYS. Changes in the clinical manifestation were recorded and analyzed statistica complete relived in thesymptoms was documented and the child wasfree of CNLDO.The Ayurveda medicines helps to remove partial obstruction of nasolacrimal duct: CNLDO can be effectively managed in office practice.

**Keywords:** Ayurveda, Kukunaka, CNLDO.

## MODE OF ACTION OF GHRITHA IN APASMARA ROGA

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**ABSTRACT:** Apsmara is known as vata disorder, As there is lack of proper treatment in modern medicine for epilepsy, Ayurvedic medicines can do wonders in the treatment of Apasmara As we know that snehana is one of the treatment for vata rogas. Medicated Ghritha is taken as treatment for Apasmara roga, which can alleviates vata dosha and by then alleviates the Apasmara roga. Ghritha is said to be vata shamaka dravya, by this we can manage the Apasmara roga. Here I'm going to discuss about how Ghritha is beneficial in Apasmara roga. How it acts on body that is mode of action of Ghritha on body for management of Apasmara roga; as previously said as snehana is one among treatment for vata rogas. The action of Ghritha on brain which will control the episodes of epilepsy.

**Keywords:** Apasmara roga, mode of action of Ghritha, Abhyantarasneha karma.

## MANAGEMENT OF TONSILLITIS AN AYURVEDIC VIEW

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**ABSTRACT** Tonsillitis is one of the main challenges in the health of kids between the age of 2 and 12. As per the records till 2013 around 30 million children in India were suffering from tonsillitis and among them 200000 were opted for Tonsillectomy. STHANIKA KRIYA KALPA, Systematic treatment, Panchakarma, Sastrakarma Ayurveda gives tremendous results in the management of Thundikeri. As many kids are suffering from Thundikeri management of the same with Ayurvedic principles can play major role in containing the disease and bringing solace to the sufferer.

**Keywords:** TONSILLITIS, THUNDIKERI, STHANIKA KRIYA KALPA

## ULBAKA- A SAHAJA VYADHI, ITS MANAGEMENT IN KAUMARABHRITYA

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**ABSTRACT** when a baby is to deliver, we have to look at various aspects, one of which is ambupurana which maybe prasava kalina abhighataja vyadhi. Ulbaka may occur when no proper ulva parimarjanam is followed. Library books, Ashtanaga samgraha, sushruta samhita, charaka samhita, google the poster will be depicting the causes, symptoms and management of ulbaka roga in kaumarabhritya. Its correlation to present day disease and practice and treatments applied ulbaka is a vyadhi which has to be immediately looked after the birth of the baby which maybe caused due to the aspiration of the garbhodaka. It is the most step important nava jata shishu paricharya. If it is looked properly and treated at right time it can save the baby. So ulbaka and its management in kaumarabhritya will be shown in the poster.

**Keywords:** ulbaka, ambupurana, ulbaka -a shahja vyadhi, meconium aspiration syndrome, management of MAS in ayurveda

## MANAGEMENT OF KOSHTASHAKHASHRITA KAMALA THROUGH AYURVEDA - A CASE REPORT

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**ABSTRACT:** Kamala, a disease of Annavaahasrotas, is a common clinical manifestation in pediatric practice with similar description as Hepatocellular jaundice. It's a condition of hyperbilirubinemia, yellowish discoloration of mucous membrane, skin, and sclera. A single case study is evaluated and documented for response of the child with increase in bilirubin levels with Ayurveda treatment. Subjective and objective parameters including clinical manifestations, improvement in general health, changes on Liver function tests were documented for the purpose of discussion. An eleven year old girl with no previous major medical complaints presented with fever, pain in the right upper abdomen, loss of appetite, nausea, weakness for last 12 days. Therapy given was found to be effective in alleviating raised total bilirubin level- 10.2mg/dl to 5.8mg/dl and liver enzymes :- SGOT - 290 u/l to 130 u/l, SGPT - 886 u/l to 510 u/l , ALP -305 u/l to 321 u/l, with progressive improvement. Therapy given was found to be effective in alleviating raised total bilirubin level- 10.2mg/dl to 5.8mg/dl and liver enzymes :- SGOT - 290 u/l to 130 u/l, SGPT - 886 u/l to 510 u/l , ALP -305 u/l to 321 u/l, with progressive improvement in general well-being. A single case of Koshtashakhashrita Kamala was effectively managed using Ayurveda therapeutic principles and cured of clinical symptoms as documented on relevant investigations.

**Keywords:** Koshtashakhashrita Kamala, Hepatocellular jaundice, Liver function test, Ayurveda treatment principles.

## INTERPRETATION OF DASHAVIDHA PARIKSHYA BHAVA

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**ABSTRACT:** The ten fold examination which are also known as dashavidhparikshya bhava can be interpreted in bala in a discrete manner .The bhavas like prakriti , desha , satmya etc can be used in bala differently in different stages of their life. Method - to read, analyse, interpret, classify scientific data available in various textbook like bhruhatraiye material - kashyapa samhita, charaksamhita, vagbhata, O.P Gha; Internet source as well .The dashavidhparikshya bhava should be better interpreted for better diagnosis w.r.t pediatric age group. The ten fold examination should be done to understand the overview condition of the bala in order to carry out scientifically and methodically therapeutic treatment in a systematic planned manner to get desirable and satisfying successful results.

**Keywords:** nidana, dashavidhparikshyabhava, interpretation, utility, bala

## ANXIETY DISORDERS IN CHILDHOOD

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**ABSTRACT:** Although anxiety is among the most common psychiatric problems faced by children and adolescents, anxiety disorders have been a relatively neglected research topic in comparison to childhood disruptive behavior and depressive disorders. we will present poster presentation , and will deal with treatment protocol .The presence of a childhood history of anxiety disorders was assessed by structured interview, and its association with comorbid anxiety and depressive disorders, family history, and select anxiety severity variables was examined in a replication sample of 94 patients. The influence of childhood anxiety on the prospectively ascertained course of disorder was assessed in a full group of 194 patients. The data reviewed here point both to our growing understanding of childhood anxiety and to the need for continued research to address significant shortcomings in our knowledge base. Over half (54%) of the patients experienced anxiety disorders; Dealing with anxiety disorders in childhood.

**Keywords:** anxiety, pediatrics. Mood disorders, treatment

## TREATMENT PROTOCOL IN PRASOOTI TANTRA EVUM STREE ROGA

### AN AYURVEDIC APPROACH TO DELAYED PUBERTY- A CASE REPORT

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**ABSTRACT** When signs of sexual development such as increase in breast by age 13 years or menstrual periods do not begin by age 16 in girls is named as delayed puberty. The normal upper age limit of menarche is 15 years. A 15 years old female patient had approached to the department of Kaumarabhrithya, with c/o primary amenorrhea and under weight, on 27/11/2018. Clinically her SMR was PH1 and B1. Height was 129cms and weight was 25kgs. Thyroid profile and USG Abdomen were advised, which showed T3, T4 & TSH were in normal limits but in USG Abdomen revealed, "small size uterus measuring 3.8\*2.1\*2.0cms". After thorough examination she was diagnosed as Constitutional delay in growth and puberty. Treatment was started with Artava janaka aushadhies for 4 months and she attained menarche. Her weight was increased by 4kgs and height by 3cms and SMR is PH3 and B3. Repeat USG Abdomen showed uterus is increased and normal in shape. In our classics size of the uterus is not mentioned but shape of the uterus is mentioned. Uterine shape was a better marker of pubertal development than uterine dimensions.

**Keywords:** Delayed puberty, Uterus, Artava janaka aushadhies.

### PUTRAJEEVAKA AS A MATRUDHARAK

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**ABSTRACT** Women is blessed with motherhood. It is the happiest moment in the female's life. In the present scenario we come across many cases of vandhytawa. More than 1 million cases per year in india seen. 30% due to male ,30% female, 30% both 1.Gharbhautpattikar bhavas a) Rutu b) kshetra c) Beeja d) Ambu 2.Sadbhavas Mother Father Atma Satwa Satmya RasaPutrajeevak is indicated in vandhyatwa due to its vrishya property and garbhastapak actionPutrajeevak is garbhautpadak, garbhasthapak, garbhavruddhikar.Putrajeevak is defined as it gives jeeva to the garbha as per bhava prakash However there are several causes of infertility in women, but putrajeevak beej acts as supportive medicine for detoxifying the uterus, improving ovarian functions, which help to release of matured & healthy ovum for fertilization,

**Keywords:** Putanjeevaka, garbhakar, vandhtywa

## A CASE REPORT ON THE EFFECT OF STHANIKA CHIKITSA IN KARNINI YONIVYAPATH

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**ABSTRACT** Women are the backbone of a family, society and world. The health of women and girl is of particular concern because; in many societies they are discriminated by social-cultural factors. A case report of a lady complaint of thick white discharge per vagina along with itching in genital area since two months came to our hospital and was managed with Triphalakashaya yoniprakshalana followed by TriphalaMashi application for seven days. Which is seen to be effective. This was chosen with the aim to give instantaneous relief to the suffering women.

**Keywords:** Karnini Yonivyapath, Sthanikachikitsa, Triphala kashaya, Triphala Mashi

## A LITERARY REVIEW ON LEPA FOR MANAGEMENT OF KIKKISA

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**ABSTRACT** Every woman is beautiful and deserves appreciation as well as admiration. Woman is very conscious about their beauty. So when she sees any marks on the body, she becomes anxious. Ayurveda is an ancient science of Indegenious medicine. Various Ayurvedic literature, contemporary texts and websites related to Kikkisa and Striae Gravidarum is reviewed. Kikkisa (Striae gravidarum) is a common discomforting problem in the late second trimester of pregnancy. More than 90% of woman population suffers from striae gravidarum during and after pregnancy. The Kikkisa is very common among the woman of reproductive age group. In the present study Bahir Parimarjana Chikitsa is reviewed.

**Keywords:** Kikkisa, Striae Gravidarum, Garbhini Vyapad

## YONI DHOOPANA IN KHAPHAJA YONI VYAPAD- CASE STUDY

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**ABSTRACT** Women's health is one of the main concerns among the majority of the population of the reproductive age group. Most of the health issues are due to poor hygiene during menstruation, poor coitus practices, improper food habits. Studies were carried out on patients diagnosed with vulvo-vaginal candidiasis, were intervened with two different methods of dhoopana karma, and the results were compared. The final results were analysed. After 7 days of treatment there was considerable reduction in the symptoms. Dhoopana karma, although not soundly practiced, has shown a remarkable improvement in the condition and also the state of infection reduced post-treatment. This proves that the procedure is highly effective and with an alteration, it shows considerable improvement.

**Keywords:** kaphaja Yoni vyapad, vulvo-vaginal candidiasis, Yoni Dhoopana, Dhoopana yantra



## MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME- A CASE REPORT

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**ABSTRACT:** People of present era are habituated to sedentary life style and are also more dependent on machine work than physical activity. So they are more prone to get metabolic disorders. Poly cystic ovarian syndrome is one among them. Subject having signs and symptoms of poly cystic ovarian syndrome as per Rotterdam criteria and consulted PTSR OPD and IPD in Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital Hassan were selected for the study. Patient was admitted and treatment was given .After treatment and follow ups changes were noticed. Clinical result was assessed on the basis of various subjective and objective parameters. Poly cystic ovarian syndrome is a Tridosha vyadi in which Kapha is pradhana, Vata is madhyam and, Pitta is heena. Shodana chikitsa of Kapha is Vamana karma. And samana chikitsa having drug properties of granthi vilayana and VataKaphahara was given.

**Keywords:** Nastaartava, Anartava, Aartavakshaya, Vamana, Kaphaja Dimba Granthi

## MANAGEMENT OF ARTAVA KSHAYA- CASE REPORTS

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**ABSTRACT** Menstruation, a phenomenon unique to women and most often it get associated with irregularities. One among that is Oligomenorrhoea which is the most commonest symptom seen in Hyperprolactinaemia, Hyperthyroidism, PCOS, etc. Subject diagnosed with Artava Kshaya due to Hyperprolactinaemia, PCOS, Hyperthyroidism who had consulted PrasutiTantra And StreeRoga Opd in Sri Dharmasthala Manjunatheswara College Of Ayurveda, Hassan was admitted for Shodhana Karma Vamana followed by Shamana Chikitsa. After the course of treatment, Follow up was done and remarkable changes were noticed. Vamana Karma has showed significant improvement in the condition followed by the administration of Shamana Chikitsa. And it also helps in improving the general health of the subject

**Keywords:** PCOS, Artava kshaya, Hyperprolactinaemia, Htperthyroidism, Vamana karma

## AYURVEDIC MANAGEMENT OF UPAVISHTAKA GARBHA DUE TO PIH- A SINGLE CASE STUDY

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**ABSTRACT** At present era it is observed that the incidence of normal pregnancy and labour has been diminished. Ultimate aim of Prasuti tantra is healthy mother and foetus. In childbirth, weight is one of the most important factor affecting neonatal mortality. A single case study of pregnant lady diagnosed with severe PIH with IUGR foetus. In this case study which reduces the PIH and Promote the foetal weight with ksheerabasti and gokshura. Gokshura is having vasodilation effect which reduces the hypertension in pregnant lady and ksheera is having balya property which in turn the foetal growth, which gave significant action in both PIH and IUGR.

**Keywords:** Upavishtaka garbha, PIH, IUGR, ksheerabasti

#### **A SINGLE CASE STUDY ON MANAGEMENT OF INFERTILITY WITH INTRA UTERINE INSEMINATION .**

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**ABSTRACT:** Involuntary subfertility is a common problem affecting upto 15% of couples and the demand for medical treatment is increasing. Artificial insemination techniques in various forms have been practiced for almost 200 years. Materials required: Prepared sperm specimen, cuscus speculum, sponge holding forceps, 2cc sterile syringe, sterile blunt insemination cannula, uterine sound, normal saline, cotton swabs and gauze pieces, ksheerabala taila. Methods: Ksheerabala abyanga on abdomen upto thighs, Swedana, IUI is a very popular technique in which a sperm concentrate suspended in a nutrient culture media is inseminated into the uterine cavity bypassing the cervical mucous barrier so as to increase the gamete density at site of fertilization. Compared to other assisted reproductive techniques it is cost effective and easily accessible approach to couples. IUI should be promoted as best first line treatment in male subfertility as well as for unexplained infertility provided at least one tube is patent.

**Keywords:** Infertility, Intra uterine insemination, ovulation induction, Follicular scanning

#### **ENDOMETRIOSIS: RELIEVING THROUGH AYURVEDA, CASE STUDY.**

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**ABSTRACT:** Endometriosis is the abnormal growth of endometrial cells outside the uterus. It is a complex and painful disease affecting women in their reproductive years. The name comes from the word endometrium which is the tissue that lines the inside of the UTERUS. Dashamoola Erandamoola basti. 2. Utkarika. 3. Orally Dashamoolarishtam. 1. Complete relief of symptoms. 1. Role of Dashamoola, Erandamoola. 2. Role of Basti and Utkarika

**Keywords:** Endometriosis, Dashamoola, Erandamoola, Sannipathaja Roga, Utkarika, Basti

## THE ROLE OF RASAYANA IN MENOPAUSAL SYNDROME

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**ABSTRACT:** In females, the physiology function of reproductive organs starts from menarche and ends with menopause. It tends to decline with age, but there is a wide individualâ€™s variability. Natural menopause is associated with unavailable manifestations of aging. Based on thorough literary research of Shatavari, Aswagandha, Lashuna, Bala, Guduchi, Shankapushpi etc, these can be given in two forms. One is oral medication and another in the form of ksheera basti of above mentioned drugs. The research paper is conceptualised on role of rasayana dravya in menopausal syndrome, a review article Ayurvedic treatment like rasayana are given to impede the aging process and delay the degenerative process in the body. Rasayana aids to increase natural immunity, enhance wellbeing, increase longevity and proved cost effective. As it is the Vata aggravation stage, the selection of drugs along with vatashamaka, Balya, Jeevaniya, Rasayana, Medhya.; Holds appropriate for the women of menopausal age to prevent the distress.

**Keywords:** Rajonivrutti, Menopause, Antiaging. Rasayana

## SINGLE CASE STUDY ON TURNER SYNDROME MANAGED BY MATRA BASTI

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**ABSTRACT:** Turner syndrome is chromosomal abnormality which affects only females, in which partly or complete missing an X chromosome or loss of genetic material from one of the sex chromosomes. Materials required- 50 ml syringe, sapta Sara ghrita. Method- 3 cycles of matra basti for 8 days then rest for 3 cycle and then repeated for next 3 cycles. Matra basti has shown significant result in turner syndrome as turner syndrome is a chromosomal abnormality which cannot be treated but symptomatically can be managed. but in this case is a stepping stone to manage one of the main symptom i.e amenorrhea through ayurveda.

**Keywords:** Turner syndrome, matra basti, amenorrhea, hypoplastic uterus

## MANAGEMENT OF INFERTILITY THROUGH AYURVEDA - A CASE REPORT

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**ABSTRACT:** The World Health Organization estimate that 60 to 80 million couples worldwide currently suffer from infertility. The female infertility has become major issue in current scenario due to the increasing number of incidences day by day. A married woman with marital life of 5 years, diagnosed with primary infertility was taken for the study. After detailed clinical evaluation, Vamana karma was planned followed by samsarjana krama, and shamana aushadhi was advised. The patient conceived after once cycle of treatment and medication. She is on regular Antenatal Check-up in our hospital. It has a vast reference and management protocol for vandhyatva. They prove to give promising results for awaiting couples when the causative factor is analyzed properly.

**Keywords:** Infertility, vandhyatva, shodhana, vamana karma.

## **AVASTHIKA CHIKITSA IN ADOLSCENT PCOD**

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**ABSTRACT** Polycystic Ovarian Disease is nowadays a commonly arising concern to many physician with an increasing prevalence rate especially in adolescence reproductive age. The conventional treatment for PCOS includes lifestyle changes (diet and exercise) .The data has been collected from research articles and ayurvedic texts .Hence an attempt is made to review the various avasthas and its management.Hence there management should be based on differentvasthas involved in the Pathophysiology like agni ,dosha, dushya,srotas etc.

**Keywords:** PCOD, Granthiartava, Ayurveda, Avastha, Agni.

## **CLINICAL STUDY OF NAVAMA MAASA PARICYARYA WITH MAHANARAYANA TAILA ON PRASAVA LAKSHANAS- A CASE REPORT**

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**ABSTRACT:** Labor is defined as a series of events that takes place in the Genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world. A clinical study of a primigravida patient, randomly selected, completed 37weeks of gestation subjected to matra basti and yoni pichu with mahanarayana taila. Clinical result was assessed on the basis of various subjective and objective parameters. This study shows that there was initiation in the onset of prasava lakshanas and increase in bischop score by following navama masa paricharya. Matra basti and Yoni pichu have the properties of vata anulomana,garbhashaya marga snehana which helps for easy labor .Mahanarayana taila contains 32 madhura rasa(anurasa) pradhana dravyas ,which has properties such as Drava,Sara,Snigdha,and is Balakara ,this taila has added benefits in clinical practice , helping in initiation of labour. Hence it's an attempt to study the efficacy of navama maasa paricharya with mahanarayana taila on prasava lakshanas

**Keywords:** navama maasa paricharya, mahanarayana taila, prasava, prasava lakshanas

## PANCHAKARMA IN CHILDREN

### STANDARDIZATION OF SERVING SIZE OF PEYADI SAMSAJANA KARMA

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**ABSTRACT:-**Samsarjanakarma is specifically meant for slow acclimatization of the subject from nil diet to normal diet and to restore the agnibala. Number of servings remains same i.e two per day in all the cases. When concerned to matra and number of serving. Subjects of 18-50 years of both sexes and undergoing classical Vamana/Virechana (MadyamaShuddhi) were included whereas subjects with SadyoVamana/Virechana, Vyapat, Diabetes mellitus and Known case of food incompatibilities. Subject assessment & categorization: Subjects were categorised on the bases of DehaPramana into Pravara, Madhyam and Avara. Intern these categories will be sub divided on the basis of agni.eSamagni, Teekshnagi, Mandagni total 9 subcategories. Out of 24 volunteers, in 3 groups i.e., MadhyamaSamagni, MadhyamaTeekshnagi and PravaraSamagni probable standardised dose of these 3 groups is calculated. This study helped to resolve the problems faced during traditional method of Samsarjanakarma.

**Keywords:** Samsarjanakarma, Agni, DehaPramana

### A CASE STUDY ON PUREESHAJA KRIMI VIS-A-VIS ENTEROBIASIS AND ITS MANAGEMENT WITH NIMBA TAILA BASTI

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**ABSTRACT:-**Enterobiasis infestation occurs worldwide in person of all age groups and at socio economic levels. Enterobiasis primarily occurs in children, all family may acquires the infection from the child who transfers the infective eggs to others. Patient diagnosed to have enterobiasis was given Matrabasti with Nimbataila for 7 days. The outcome of the treatment was outstanding with reduction of symptoms and added benefits like glowing of skin. Matrabasti with Nimbataila helps to reduce intestinal and extra intestinal symptoms of PureeshajaKrimi. Further studies on large group are required to prove efficacy of NimbatailaMatrabasti in PureeshajaKrimi.

**Keywords:** Enterobiasis, Matrabasti, Krimi

## CLASSICAL REVIEW ON DOSE FIXATION AND CURRENTLY PRACTISED BASTI IN PAEDIATRICS

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**ABSTRACT:-**Basti is considered superior among Panchakarma as it is excellent for elimination of doshas, nourishment of body and gives multiple effects. For the same reason basti is said as nector in bala and aged group. Charaka has considered, Study was done on cases of last 1 year. Ingredient, quantity used for niruha and matrasthi was noted and compared to classical dose. Even though a classical basti dose has been mentioned. However modified dosage based on age and disease can also be practiced. According to retrospective study conducted it is observed that matrasthi is being practiced more as compared to niruha in paediatric group. There comes a difference between classical basti and currently practiced basti method as the dose given in classics are altered as patient cannot tolerate quantity of medicine prescribed in classics. The quantity used for basti is less than those mentioned in classic. Also in current basti practice some drugs are replaced according to availability of drug.

**Keywords:** Bastikarma, matrasthi, niruhasthi

## A CASE STUDY ON THE ROLE OF VIRECHANA KARMA IN KAMALA W.S.R TO WILSONS DISEASE

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**ABSTRACT:-**Changing culture and lifestyle may have made life easier but has open doors for yet many diseases. This change has shown drastic effects on eating style, consuming fast foods and high risk of consuming contaminated food and water. Thus this factor be Method KAHER's BMK Ayurveda Hospital; Simple random single case study Materials Guduchiswarasa Guduchi + nimba + haridra + Patolkaturohinyadikashaya 200ml + amrutottarakashaya 200ml + kalamegha strong 200ml Nityavirechana with goarka+godugdha Mutrala kwatha Trikatuchoorna+nimbuswarasa+honey Shatadhautaghrita for L/A Tab bonliv 1-0-1 Tab pencillamine There was improvement in the Liver Function Test as in before the treatment the Hb was 5g/dL and after the treatment the Hb improved upto 7.9g/dL. Before the treatment the SGOT was 100 and after the treatment the SGOT reduced to 52. The virechana procedure with prior snehana helps to remove the excess stercobilinogen and helps in reducing hyperbilirubinemia and ultimately jaundice. The excess removal of stercobilinogen leads to an increase in the diffusion process of bilirubin to produce stercobilinogen. Excessive bilirubin can be thus diffused into stercobilin and urobilinogen and again removed by the process of virechana karma. In the case of jaundice, the nityavirechana thus helps to remove the excess bile from the body. Shakhashrita kamala needs a different principle of management since malarupa pitta is in shakha and hence virechana will not be that effective.

**Keywords:** Kamala, Virechana, Wilsons Disease, Hepatocellular Jaundice, Panchakarma, Shakhashrita kamala

## EFFICACY OF PANCHAKARMA INTERVENTION IN MITRAL VALVE PROLAPSE A CASE REPORT

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**ABSTRACT:-**Mitral Valve Prolapse (MVP) is defined as the billowing of mitral leaflets superior and posterior into the left atrium (LA) during the systole. It is currently the most commonly diagnosed cardiac valve abnormality, and progressive degeneration of the pre diagnosed case approached to the OPD of KAHERS BMK Ayurveda hospital with the chief complaint of chest pain, mild exertion dyspnoea. The present report shows Ayurveda has a great potential for the treatment of valve prolapse. The patient was treated with panchakarma intervention i.e. basti and pichu considering Samprapti of Hridroga. Hridya, Balya drugs were used. There was a significant decrease in the symptoms and remarkable changes were also seen in Echocardiograph of the patient in terms of mitral valve morphology after the treatment.

**Keywords:** Mitral Valve Prolapse, Hridroga, Valve Prolapse.

## ROLE OF PANCHAKARMA PROCEDURES IN CHILDREN WITH CEREBRAL PALSY

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**ABSTRACT:-**Cerebral palsy (CP) is a leading cause of childhood disability affecting function and development. Cerebral palsy is an umbrella term encompassing a group of nonprogressive, noncontagious condition that causes motor impairment by abnormalities. Various literatures related to cerebral palsy, vata vyadhi and phakkaroga including samhita and modern textbooks were reviewed along with related scientific articles. Most important procedures for cerebral palsy in panchakarma were found effective which include vamana (emesis), basti (medicated enema), virechana (purgation) and nasya (nasal instillation of herbal oils/powders). These Procedures are mainly response. Basti is found to be major treatment for Cerebral Palsy as it is safe in children and the most effective treatment for vata vyadhi. It improves gross as well as fine motor functions, provides nourishment, improves overall general condition and quality of life in children with Cerebral palsy.

**Keywords:** Panchakarma, Ayurvedal, Cerebral palsy, Basti

## A CASE STUDY ON PUREESHAJA KRIMI VIS-A-VIS ENTEROBIASIS AND ITS MANAGEMENT WITH NIMBA TAILA BASTI

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**ABSTRACT:-**Enterobiasis infestation occurs worldwide in person of all age groups and at socio economic levels. Enterobiasis primarily occurs in children, all family may acquire the infection from the child who transfers the infective eggs to others. Patient diagnosed to have enterobiasis was given Matrabasti with Nimbataila for 7 days. The outcome of the treatment was outstanding



with reduction of symptoms and added benefits like glowing of skin. Matrabasti with Nimbataila helps to reduce intestinal and extra intestinal symptoms of PureeshajaKrimi. Further studies on large group are required to prove efficacy of NimbatailaMatrabasti in PureeshajaKrimi.

**Keywords:** Enterobiasis, Matrabasti, Krimi

#### A CASE REPORT ON USE OF SADYOVAMAN IN ATYAYIK AWASTHA OF KASA IN BAAL

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**ABSTRACT:-**A 6 year old patient visited to the clinic with continuous and uninterrupted coughing associated with difficulty in breathing since last 4 hours. History of cough since last 6 days associated with fever for 3 days. **Materials and Methods:** Lavanodaka Preparation of Lavanodaka: 1 litre of warm water with 15gms of saindhav, stirred till the saindhav gets dissolved. Sadyovamanvidhi: Performed according to the Standard Operative procedure based on classical references of Ayurveda. **After sadyovaman,** there was sampraptibhanga of Kasa n shwasa in which Pradhan Karan was amajeerna. A 6 year old patient visited to the clinic with continuous and uninterrupted coughing associated with difficulty in breathing since last 4 hours. Patient was unable to stand or sit comfortably at one place due to severe cough. He had been on a short rainy day picnic, a day before this episode. Patient's mother gave the history of fever since 3 days which was subsided and cough since 6 days. There was an increase in frequency and intensity of cough, for which, he was under allopathy treatment. Past history of shwas; 2 months after his birth followed by recurrent cough and dyspnea (LRTI) till 6 years of age. Frequent nebulization was given and further patient was advised to use Levolin inhaler. They took ayurvedic treatment for 3 years for shwasa but failed to continue the pathyain spite of good result from other ayurvedic practitioner locally. With further interrogation, some associated symptoms like hrullas, udaragaurav with shoola were noted and evaluated by udarpareekshan. Considering the above condition as jwarapaschatkasaawastha and bahudoshavastha with kapha as the prahandosha obstructing vata we decided to give sadyovaman with lavanodaka. After taking saindhavakanthapaan, patient had 3-5 bouts of vaman which immediately relieved his symptoms of kasa and shwasa. Further shaman aushadhis were given for sheshdoshapachan and Agnideepana. Nidanparivarjan was done with shaman chikitsa. After the treatment, there was no similar episode of Kasa as well as shwasa.

**Keywords:** Kasa, Shwasa, Sadyovaman, Lavanodaka

#### LIMITATIONS AND APPLICATION OF PANCHAKARMA IN PAEDIATRICS- AN APPROACH TO UNDERSTAND KAUMARA

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**ABSTRACT:-**Kaumarabhrtya is a science which deals with the care, support, and nourishment of the child. The ksheerapawastha is the period of one year begins from birth until the child drinks milk. Kumarawastha / adolescence period is marked after ksheerapawastha: With an aim to understand the limitations and applications of Panchakarma and upakramas various samhitas, articles and relevant texts were browsed. The boon of possible treatments is discussed with the clinicians. According to chikitsasiddhanta "that which is less in the body should be

enhancedâ€™™ this is efficiently achieved by MatraBasti and other upakramas.: Balyawastha is the presence of aparipakwadhatu, presence of delicate-unenduring-incomplete body strength, absence of secondary sexual characters as well as predominant Kapha Dhatu. This point clarifies that all the shodhana karmas cannot be implied in kaumara because that is the age in need of nutrition for growth and not the state of dosha vitiation.

**Keywords:** Kaumarabhrtya chikitsasiddhanta aparipakwadhatu,

## A CASE REPORT ON CEREBRAL PALSY

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**ABSTRACT:-**Cerebral palsy (CP) is the leading cause of childhood disability affecting cognitive function and developments in approximately 1.5 to 3 cases per 1000 live births. Cerebral palsy is a term that describes nonprogressive but sometimes changing disorder. A 2 years female child presented with complains of Delayed milestones, Body stiffness, inability to take solid food and excessive crying. The case was diagnosed as cerebral palsy on the basis of CT Head and Ayurvedic management was planned which included Utwartana, SarvangaAbhyanga, Shastikshalisweda and yogbasti following which great improvement was noticed. The present case throws light on the doshaâ€™™s involvement and their successful management using Ayurvedic treatment.: The case was successfully managed using Ayurvedic management. CP is a Vata Vyadhi; therefore, the therapies having Brimhana (stoutening therapy) and Balya (strengthening) properties were selected for this thereby resulting in more circulation. Also, the venous and lymphatic return is assisted, increasing the strength (or immunity) of the body. It relieves pain in the joints, reduces emaciation of the study. Abhyanga and ShastikashaliPindaSveda soothe the sensory nerve endings, thereby causing relaxation. Abhyanga causes movements of the muscles, thereby accelerating the blood supply, which in turn helps in relieving the muscular fatigue and reduces stiffnessword

**Keywords:** cerebral palsy, Ayurveda, Abhyanga, Yogbasti

## AVASCULAR NECROSIS ASSOCIATED WITH SICKLE CELL ANEMIA AND THALASSEMIA -MANAGEMENT THROUGH AYURVEDA - A CASE REPORT

*DR SEEMA GUPTA*\*DrArun Kumara Mahapatra, Assistant Professor\*\*DrPrashantaDharmarajana; Assistant Professor, Department of Panchakarma, [seema.gupta177@gmail.com](mailto:seema.gupta177@gmail.com)

**ABSTRACT:-**Avascular Necrosis (AVN) of femoral head is an increasing cause of the musculoskeletal disability and when there is associated sickle cell anemia and thalessemia ãÿ the condition worsens. Reduction of Range of Motion (ROM) results obesity, deteriorate. Assessment Criteria: 1. HHS â€™ Harris Hip Score .Patient was observed symptomatic improvements, assessment was done on Harris Hip Scale(HHS), Visual Analogue Scale(VAS), Depression Anxiety Stress Scale(DASS) and weight measurement. The result was very encouraging. The therapy provided marked relief. AVN is an orthopaedic condition while SCD and thalessemia ãÿ are genetic disorders that pose a challenge in front of whole medical

fraternity owing to the impending of routine activities produced. Itâ€™s a big challenge to reduce or stop the progression of the disorder when the etiology is present inside the whole body further flourishing the cause and deteriorating the condition; To even keep the patient in a static condition would be a success. The adopted therapy in the current case provided marked relief symptomatically from pain, tenderness, stiffness, range of motion, stress, general debility and improvement in the gait. Further clinical trials are needed to establish a standard management of AVN with SCD along with thalassemia ÅŸ.

**Keywords:** Avascular Necrosis, Sick Cell Disease, Thalassemia ÅŸ, Panchakarma, Rasayana

## UPANAHA

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**ABSTRACT:-**Panchakarma is a collective term which indicates five majors therapeutic procedure of detoxification to cleanse the body channels along with much other supportive procedure. Ayurveda treats disease by using two different methods that is sodhana .Material - 1. Medicinal powder (KKC, Bala, aswagandha, vacha, rasna, masha); 2.bandage cloth; 3.leaves of eranda / banana; 4. Amladravya (dhanyamla /takra); 5. Oil for upanaha 6.Oil for abhyanga 7.Saindhava 8.Godhuma Method- after applying the pralepa which is snigdha and ushna,the part of the body should be bandage with the help of leaves of the plant.upanaha is an effective topical application and more research can prove wheather it also is a transdermal therapeutic agent .it can give relieve in pain , stiffness, heaviness and inflammatory conditions.upanaha is the mode of treatment used to contractures ,stiffness, pain predominant condition . The action of the upanaha depends on the material used for the application, duration of retaining on the skin surface and thickness of the paste applied.

**Keywords:** Upanaha, Pralepa, Vata vyadhi

## PANCHAKARMA IN DUCHENNE MUSCULAR DYSTROPHY (DMD)

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**ABSTRACT:** The most common fatal one is DMD.In Ayurveda it has been classified under AdibalaParvrittaVyadhi.Here pathogenesis occurs due to the BheejabagahaavyavaDusti which lead to Medomamsadusti further vitiates the Vata. Panchakarma shows great.CHARAK SAMHITA, SUSHRUTA SAMHITA, VAGBHAT SAMHITA, KASHYAPA SAMHITA, API TEXTBOOK OF MEDICINETreatment for 2 weeks consisting of SNEHANA with Balataila, ShastikashaliPinda SWEDANA followed by Balamooladi BASTI which was continued even during the interval period of 2 months. Based on the observations and results it is concluded that ? The SAMPRAPTHI can be sort out as it is result of Mamsa-vata-kshaya due to Bheejadosha which leads toVataVaishamya of Mamsadhatu. This vitiated Vayu causes improper formation of Mamsadhatu by its influence on the Dhatvagni of Mamsa. So depletion of Mamsagni causes formation of Ama which leads to faulty nutrition and causes progressive relentless degeneration of muscle tissue. Considering DMD as Vata vikara, Basti treatment is adopted, as this best

treatment for diseases of Vata. Virechana, vamana also performed according to the nature of dosha.snehana and swedana have big role in improving blood circulation.

**Keywords:** Dmd, Dystrophin, Beeja Dushti, Medomamsa Dushti, Panchakarma, Basti, Shashtik Shali Pinda Swedana

## PRINCIPLES AND PRACTICE OF PANCHAKARMA IN PEDIATRIC CARE

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**ABSTRACT:-**children are less tolerable to klesha(pain),has paripakvadhātu with delicate body and less bala with more vulnerable to diseases .panchakarma is one such treatment modality that not only cure disease by removing vitiated dosha .library books charakasamhita, sushruta , ashtanghrudaya.panchakarma are unique therapy of ayurveda which are equally beneficial in prevention and cure of disorder thus by improving the life span of individual.child is considered anarha for panchkarma but kashyapa says doshas in vitiated condition in a body if not removed may lead to complications for which sodhana is required then shamana line of treatment should be planned.

**Keywords:** panchakarma, sodhana, snehana, swedana.

## ROLE OF PANCHAKARMA WITH SPECIAL REFERENCE TO BASTHI CHIKITSA IN BALA

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Ayurveda is the science of life in which treatment is branched into two wings namely; shodhanachikitsa (detoxification therapy) and shaman chikitsa (curative therapy). Shaman therapy includes deepana (appetizer), pachana (digestive) etc. and shodhan. These information is collected from Kashyapasamhita and Astangahrudaya. Text book of Koumarabhrutya (Dr. Srinidhikalayan).Kashyapa Told Basti should be given at Crawling Stage when child starts to take solid food the reason behind this is the child becomes more stable after the age of 1 year. Among all 5 types of PanchakarmaBasti, (enema) therapy is the most commonly. By going through this poster one can understand that Basthi is the unique therapy of Ayurveda System of Medicine. This is equally beneficial in the prevention and cure of the disorders there by improves the life span of the bala. In pediatric practice also this therapy is helpfully provided administered with due consideration in stage of the diseases, dosage of medicines, proper method, Bala of the children. Care should be taken in the prevention of complications.

**Keywords:** Bala, Basthimatra, Basthiphala, Basthinetra, Basthividhi

## ROLE OF PANCHAKARMA WITH SPECIAL REFERENCE TO BASTHI IN BALA

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**ABSTRACT:-**Sodhanachikitsa (detoxification therapy) includes panchakarma which is ultimate mind body heahngexpierence for detoxifying the body, strengthening the immune system, restoring balance, well being. Fivefold procedure is: - 1. Vamana 2.Virechana 3.Vastiputaka, Vastinetra, Labrotaryfacilities, others like churner, heating apparatus, table/bench, towel, hot water for bath etc.By going through the above point's one can understand that Basthi is the unique therapy of Ayurveda System of Medicine. It is equally beneficial in the prevention and cure of the disorders there by improves the life span of the individual. In pediatriac.Kashyapa Told Basti should be given at Crawling Stage when child starts to take solid food the reason behind this is the child becomes more stable after the age of 1 year. Among all 5 types of PanchakarmaBasti, (enema) therapy is the most commonly used treatment modality as it is safe and noninvasive therapy.

**Keywords:** Basthi, baala, basthividhi, basthiyantra, Basthimatra, basthibedha, Snehabasthi

## CLINICAL APPLICATION AND BENEFITS OF ABHYANGA IN NAVAJATA

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The traditional Practice of Ayurveda done to know new born babies is very much in accordance with the principles of Ayurveda.One has to Provide Systemic, luxurious & sophisticated new born care. Ayurveda Mentioned very scientific approach.5 Newborn cases were studied and advised.A procedure like Abhyanga can pacify vata, brings strength & vitalizes the body of the baby.Child birth is a natural process involving considerable stress & strain both to mother and child. Such activities increases vata dosha in the body &Abhyanga is considered best in controlling aggravated vata dosha. Abhyanga also increases the strength, nourishes the body, improve skin texture & accelerate the healthy growth & development of new born. During Abhyanga prevent harmful & painful practices & social taboos, like stretching of limbs, pulling of the ear & nasal cartilages etc should not be practiced. Abhyanga is a fantastic way of developing a bond between mother &child.It can be done with particular precautions considering indications & contraindications

**Keywords:** Ayurveda, Abhyanga, New born, Jatamatraparicharya, indications, contraindications

## BASTI APPLICATION IN KUMARBHRITYA

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**ABSTRACT:-**Basti is one of the panchakarma procedures which is useful in verious treatment methodology library books charakasamhita, sushrutasamita, astanghyrudaya .its prathyatmikachikitsa in kumarbhritya will be explained. Utility of basti, its method odpplication doses differ from adults to kuamras. Soits a visheshachikitsa and application of any one basti, with respect to the disease and its clinical efficacy will be explained

**Keywords:** basti, kumarbhritya, panchakarma, pratyatmika, chikitsa.

## AN APPRAISAL OF THE MECHANISM OF ACTION OF SHIROMARDANA- A UNIQUE PANCHAKARMA THERAPY

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**ABSTRACT:-**Shiromardana is a unique Panchakarma therapeutic measure, which is framed based on the principles of Murdhinitaila and Pottalisweda. This therapy is administered in various neuro-psychiatric conditions like generalized anxiety disorder, insomnia. A case study conducted with administration of Shiromardana in ADHD for 45 minutes daily for a period of 7 days is taken as an example. Commonly a combination of Balya, Medhya and Snehana dravyas are used in this procedure as the therapy is Vata-Pittahara. It has shown benefits in improving attention span and sleep, reducing temper tantrums, aggression and hyperactivity. The probable mode of action of Shiromardana is to stimulate the Shiromarmas by balancing the doshas. It increases the supply of glucose and oxygen to the brain thus improves the cognitive and intellectual functions. It also induces calmness which is similar to the relaxation response. Hypothetically, after Shiromardana amino-acids like tryptophan increases in circulation which in turn increases the activity of neuro-transmitters like serotonin and acetylcholine. This paper intends to throw light on Shiromardana and its utility in clinical practice.

**Keywords:** Shiromardana, Ayurveda, Attention-Deficit Hyperactive Disorder

## PRACTISE OF PANCHAKARMA IN CHILDREN WITH CASE STUDIES

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**ABSTRACT:-**Panchakarma is an integral part of Chikitsa; its practice was on full swing at the time when other medical sciences even not on the germination. It is a collective term which indicates five major therapeutic procedures of detoxification to cleanse. The subjects were selected from Inpatient department of Sri Dharmasthala Manjunatheswara College Of Ayurveda and Hospital, Hassan. History and examination was done thoroughly during each course of treatment and details in the reduction in signs and symptoms with improvement were recorded in a specially prepared proforma. All Panchakarma procedures can well practiced in Baala based on modified chikitsasidhanta without much complications. In the present scenario shodhanachikitsa is important in pediatric age due to mithyaahara â€“vihara . Mild to moderate detoxification improves the quality of life by enhancing the srotoshodhana based on protocols.

**Keywords:** Panchakarma, Vamana, Virechana, Nasya, Basti, Rakthamokshana, Detoxification



## **RASA AUSHADI**

### **KASHAPYA SAMHITA A REVIEW WAS TO RASASHASTRA AND BHAISHAJYAKALPANA**

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**ABSTRACT:** Kashyapa Samhita, the only available source on Kaumarabhrutya, is presented in form of compilation of the preaching's of god Kasyapa by his disciple VrddhaJivaka. Among the 200 chapters only 78 chapters are available and 11 are complete chapters. The Review of this classical text was done to know the importance of Rasadravya and concepts of Bhaishajya kalpana. The review reveals that conceptual, Pharmaceutical and spiritual importance in the treatment aspect. The basic concepts of Bhesaja and Aushadha are explained to clear difference of opinions. The Classification of bhesaja is available based on mode of action and method of preparation. Different Rasadravyas are used in the form of Internal and External usage. More than 20 Rasaushadhis and different dosage forms are available in this Text. Acharya gave importance to Mani dharana; Usage of Dhatu, Ratna, Maharasa, Uparasa, Pranija dravya like Shankha, Samudraphena. The reference of Swarnaprashana in Avaleha adhyaya of duration 1 month and 6 month can be compared with Swarnaprashana with Pushya nakshatra. Antardhuma dagdhva bhasma mentioned in karna Pali vardhana shows that different method of Bhasma preparation. The medicament is mentioned for regeneration of hair by dusting with ash of skin and horn. Usage of Tamra churna in Kukunaka condition can be evaluated preclinically and clinically. The word Rasa is used in Dhupakalpadhyaya indicates the usage of Parada. Swarna is used in External and internally in different context.

**Keywords:** Kashyapasamhita, Rasadravya, Bhesaja, Pathya

### **REVIEW ON SOME COMMON RASAUSHADHIS USED IN PEDIATRICS.**

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**ABSTRACT:** Pediatrics is concerned with the health of infants children and adolescents, there growth and development and their opportunity to achieve full potential as adult as said by Richard E Behrman in nelsons Textbook of Pediatrics. Review of four commonly used Rasaoushadi used in Pediatrics along with their reference and phalshruti as per classics. Among various Rasaoushadi's mentioned in classics texts kumara kalyana rasa and krumikutara rasa are many have reference in Pediatrics age group Kumarakalyana Rasa and Krumikutara Rasa being more specific and potent. Considering the toxicity issues in Pediatrics age group, one may have doubt in usage of Rasaoushadi in this age group but when seen in classical texts they are used widely in this age group and can be adopted in clinical practice.

**Keywords:** Rasaoushadi, Phalashruti



## UTILITY OF RAJATA PRASHANA IN BALACHIKITSA

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**ABSTRACT:** Rajata is one of the Shuddha loha. It is solid, clear, heavy, smooth, soft and white metal. Rajata is considered as Chandra loha. Rajata Bhasma is having properties like Vishaghna, Rsayana, Medhya, Ayushya, Balaprada, Smrutikara, and Vayasthapaka. Rajata Bhasma is mainly indicated in Vata and Kapha dosha. The Bhasma is indicated in diseases like Unmada, Apasmara, Daurbalya, Vataroga, Jwara, and Smrutinasha. It is one of the ingredient in formulations like Kasturibhairava rasa, Vijaya parpati, Jayamangala rasa, Mahamrugankara rasa, Brihat vata Chintamani rasa, are being used in Balaroga; Practicing Suvarna prashana in every month. The Rajata Bhasma properties like Vishaghana, Rasayanaa, Medhya, and Balaprada are also same in reference of Suvarna Bhasma. As both are having the similar properties it may give similar effects in children. Rajata Bhasma being cost effective it can be used as a prashana in children. To validate the effect of Rajata Bhasma prashana clinical study can be conducted with comparison with Suvarna prashana. It may give the wide usage of Rajata prashana in low socio economic status children.

**Keywords:** Rajatbhasma, Swarnabhasma, Swarnaprashana

## DRUG DOSAGE IN CHILDREN

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**ABSTRACT:** There are special aspects of drug therapy in children. Either their abilities to metabolize drugs mature overtime & their excretory capabilities reach adult levels during or after late infancy, though drug doses cannot be similar from ayurvedic texts like charaka samhita, kasyapa samhita, yoga ratnakara etc. Correct calculated doses of ayurvedic drugs show better efficacy and no any harmful effect on the child. To treat child dose of drug is an important tool. If it would be incorrect there are much more harm to the child. Drug dose should be decided on the basis of age, weight, Agni and nature of child.

**Keywords:** Drug, Children, Ayurveda

## ANTIMICROBIAL STUDY OF MUGDHARASA WITH SPECIAL REFERENCE TO INFANTILE DIARRHEA

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**ABSTRACT:** Mugdharasa is a potent kharaliya rasayana classified under the group of nirgandha, niragni murchana of parade; specially indicated in the management of Balaatisara. It is need of hour to evaluate antimicrobial activity of mugdharasa the material procured from the JMCKLE certified pharmacy to prepare Mugdharasa. Mugdharasa is prepared by shodhita hingulotta parada & shodhita khatika in the ratio of 1:2. Antimicrobial study of mugdharasa shown, 1) By Disc diffusion method - Mugdharasa shows sensitivity towards S.aureus, E.coli, S.flexner- up to 13.8mg/ml concentration and V.Cholerae shows-sensitivity-up to 62.5mg/ml concentration of mugdharasa. 2) MIC- . The pathogenesis which is cause for infantile diarrhea can be prevented with Mugdharasa as an alternative for modern synthetic antibiotic

**Keywords:** Mugdharasa, Anti-microbial, MIC method, infantile diarrhea, Balaatisara

## PREVENTIVE PEDiatrics

### PREVENTIVE AYURVEDIC MODALITIES FOR MANAGEMENT OF A.D.H.D. (ATTENTION DEFICIT HYPERACTIVITY DISORDER) IN CHILDREN

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**ABSTRACT:** Prevention rather than cure is the speciality of Ayurveda. The science of Ayurveda is based on principles of Tidosha. One of the Neurodevelopmental disease affecting the pediatric group is A.D.H.D. (Attention Deficit Hyperactivity Disorder) characterised by Classical Textbooks and Samhitas of Ayurveda, Modern pediatric Textbooks, Peer reviewed indexed national and international articles, digital search engines, Google docs, pubmed etc. has been utilised for tools to get the required information regarding A.D.H.D with respect to its Ayurvedic Prevention. Ayurveda has numerous herbs, herb mineral preparations, and Chikitsa protocols which can be used effectively in children to prevent A.D.H.D. Attention Deficit Hyperactivity Disorder is one of the behavioral disease can be correlated with Unmada of Ayurveda. The prevention is better done than the treating the symptoms. Ethical Ayurvedic Preparations, Chikitsa regimens may play a pivotal role in management of prevention of A.D.H.D.

**Keywords:** Children, A.D.H.D., Ayurveda

### CONCEPTUAL STUDY OF JUVENILE DM AN AYURVEDIC APPROACH

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**ABSTRACT:** Juvenile DM is refers to diabetes in young, the mortality rate is varies from 2 % in experienced contains to as 24% and has not significantly decreases with advance management. Related information was collected from CharakaSamhita, SushrutaSamhita, AshtangaHrudhaya and KashyapaSamhita. The treatment of Prameha in ayurveda aspect is nidanparivarjana, shodhan and shaman chikitsa. JDM is a form of DM in which not enough insulin produced, thus results in high Blood Sugar Level, Frequent urination, Increased thirst and Increases Hunger (i.e. 3P) According to Ayurveda, the metabolic waste product of the body (i.e. kleda) are eliminated through mutra, swed. In case of disturbed metabolism various dhatu (Aparipakva) get accumulated in the body give rise to pathological condition and become either excreted in mutra or get deposited somewhere in the body, for example such as Prameha. Majority of Prameha are said to arise from Kaphadoshas. In jaatpramehaacharya Charak has mentioned, it as asadhyaVyadhi, Avastha of Prameha can be classified as Ksheeradavashta and Annadavstha.

**Keywords:** JDM, Prameha, Aparipakva, Kapha, Sthoulya, Karshya, Nidanparivarjana, Shodhan, Shaman.

## ROLE OF AYURVEDA IN PREVENTION OF PEDIATRIC CANCER

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**ABSTRACT :** Cancer is one of the most deadly disease spreading drastically in 21st century, as now officially became the most dangerous killer in the world according to WHO. Cancer in children constitutes 5.5% of total cancer cases in India according to the IndiPubmed, Medline databases are mainly used for the collection of relevant literatures, research articles, and dissertation works and other classical text books are referred. In Ayurveda classics, it is mentioned that BeejaDushti, BeejaBhagaAvayavaDushti leads to diseases in the offspring. In the contemporary system it is said that Inherent DNA mutations from parents would increase the risk of Cancer in children, Ayurveda explains about some of the measures for prevention such as Dinacharya, Ritucharya, Rasayana, Vajeekarana, Shodhana, GarbhiniParicharya. Advising Shodhana before marriage or before conception helps in preventing Cancer in children. Other regimens such as Dinacharya, Ritucharyaetc helps in preventing the BeejaBhagaAvayavaDushti. It is the need of an hour to create awareness among the public.

**Keywords:** Pediatric Cancer, BeejaBhagaDushti, Preventive measures

## A CRITICAL APPRAISAL OF THE CONCEPT OF IMMUNIZATION / VACCINATION IN AYURVEDA W.S.R TO PRAKARA YOGA OF AROGYA RAKSHA KALPADRUMAH TAKEN FROM BHELA SAMHITA

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**ABSTRACT:** A healthy immune system is vital for children as they are exposed to a plethora of germs. Immunity is the state of having sufficient biological defences to avoid infection, disease, or other unwanted biological invasion. It is the capability of the Prakara Yoga is the 35th chapter of the Ayurvedic pediatric classic text book named Arogyakalpadrumaâ authored by VaidyaKaikkulangara Rama Varrier. The author, at the end of the chapter points out that the content of Prakara Yoga is advised by AcharyaBhela. The core content of the chapter are the indigenous practices for enhancing body immunity and to prevent diseases in children. Due to vitiation of doshas, variety of diseases is occurring to children due to various reasons. Like the fort The PrakaraYogas can be practiced as an effective preventive measure right from the birth of a child upto 12yrs old child . Even though many formulations which boost the immunity and strength have been explained in various Ayurvedic classics, but The constituents of Prakara Yoga are predominantly pungent in taste, light in quality, pungent after digestion and hence alleviate the vitiation of kapha since the infancy period is dominant with Kaphadosha and hence produces the Kaphaja diseases. All these Kaphaja diseases are brought about due to the imbalance in the digestive fire. PrakaraYogas are Deepana (carminative), Pachana (digestive), Krimighna (anti-helminthic), Tridosahara (alleviates the three body humours), Medhya (brain stimulants), Krimihara (Anti-helminthic), Shoolahara (anti-spasmodic), Kushtaghna (anti-microbial), Balya (improves strength), Ayushya (provides long life), Laghu (light),

Srotoshodhana (clears the body channels), Rasyana (rejuvenative), Anulomana (mild laxative) and Vyadhihara (disease curing). The Deepana, Pachana and laghu property helps in correcting the deranged digestive fire and thereby pacifies the vitiated Kaphadosha. Moreover, the ghee preparations mentioned from tenth to twelfth year substantiate the fact that the children of that age group are more to diseases due to vitiated pitta and vata and ghee is the ideal form of medication since it is going to pacify pitta and vatadoshas. The same ghee preparations aids in brain stimulation, providing strength and disease curing. Pharmacological studies showing the immunomodulatory effect of the various constituents of Prakara Yoga: Several pharmacological studies have been so far conducted on different ingredients of Prakara Yoga such as: *Emblica officinalis*, 4-9 *Desmodium gangeticum* DC, 10 *Calotropis gigantea*, 11 *Eclipta alba* (Linn.), 12 *Aegle marmelos* (Linn.) Correa ex, 13-14 *Bacopa monnieri*, 15 *Solanum nigrum* Linn., 16 *Plumbago zeylanica* L., 17-19 *Coriandrum sativum* Linn., 20 *Leucas aspera* (Willd.) Link, 21 *Tinospora cordifolia* (Wild) Meers., 22-34 *Terminalia chebula* Retz., 36 *Premna integrifolia* Linn., 37 *Carum carvi* L., 38 *Piper longum* L., 39-44 *Centella asiatica* Linn., 45-46 *Cyperus rotundus* L., 47 *Vitex negundo* L., 48 *Nelumbo nucifera* Gaertn., 49-50 *Moringa oleifera* Lam., 51-52 *Cedrus deodara* (Roxb.) Loud 53 *Acorus calamus* L., 2 *Boerhaavia diffusa* Linn., 54 *Embelia ribes* Burn F., 2 *Citrullus colocynthis* Schrad., 55 *Terminalia bellerica* (Gaertn.) Roxb., 56 *Glycyrrhiza glabra* L. 2 But more studies is to be conducted on the remaining members on Prakara Yoga for creating a good scientific basis.

**Keywords:** Ayurvedic immunomodulator, ayurvedi yarasayana drugs, prakara yoga, arogyarakshakalpadruma, Bhela Samhita

#### KAUMARABHRITYA AS PREVENTIVE PEDIATRICS ACCORDING TO AYURVEDA

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**ABSTRACT:** Kaumarabhritya is the first hand of support offered by the science of Ayurveda to a new born on his arrival to this new world, to guide him towards a healthy living throughout the future. Care of a zygote formed from defective sukra and sonitha is us Literature review. Aarogya Raksha Kalpadruma; Kashyapa Samhita; These measures help to strengthen the developing systems & faculties, endocrines of the body, promotes immunity and prevent vitiation of humours and disease production. In Ayurveda, preventive and promotive measures for a growing child summarized under three headings; GENERAL MEASURES, PRAAKAARAADI YOGAH and LEHANA - popular in the name of Janmaguti. Described in Arogyarakshakalpadruma.

**Keywords:** General Measures, Praakaaraadiyogas, Lehana, Janmaguti.

#### CONCEPT AND PRACTICE OF PRAKARA YOGAS IN CURRENT MEDICAL SCENARIO

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**ABSTRACT:** Children being the building blocks of nation as well as most vulnerable group in the society require to be handled with utmost care and concern. Health problems of children are different from those of adults due to delicacy of body and mind, lower b Literature study The

prescribed use of Prakarayogas help to correct agni and alleviate dosha as they are collectively having pharmacological actions such as deepana and pachana and will protect the child from balagrahas. In general, Prakarayogas are deepana (carminAlthough many techniques for improving immunity had been increased but the prevalence of childhood disorders are increased nowadays. In this scenario, new measures must be adopted in our routine for preventing the childhood disorders. One such method is Prakara yoga. So this presentation is a humble attempt to reveal the importance of prakarayogas in current medical scenario.

**Keywords:** Prakarayogas, medhya, Arogyakalpadruma

## EVALUATION OF KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT HELMINTHIC INFESTATION AMONG THE YOUNGER POPULATION: A CROSS-SECTIONAL STUDY.

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**ABSTRACT:** Helminthic infestations contribute to global burden of diseases in children, especially in tropical and subtropical regions. Approximately 1.5 billion people are infected with soil-transmitted helminths worldwide. Epidemiological surveys regarding wA cross-sectional survey was conducted using a structured questionnaire among 100 children of age group 08-16 years visiting OPD of Department of Kaumarabhritya (Ayurvedicpaediatrics), All India Institute of Ayurveda. The purpose of this study was to assess the knowledge, attitude and practice among the younger population towards Helminthic infestations and de-worming. A lack of knowledge about worm infestation, their mode of transmission and hygienic practices are matter of great concerns. To better understand the magnitude of the problem, an awareness regarding Knowledge, Attitude and Practice among people needs to be evaluated and proper measures should be taken. Health care programs and health education programs must be initiated among the population for the prevention and management of helminthic infestations.

**Keywords:** Helminthic infestations, KAP, Hygiene, cross-sectional study

## AYURVEDIC PREVENTIVE MEASURES IN CHILDREN

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**ABSTRACT :** Preventive pediaiatrics deals mainly with immunity boosting and prevention of diseases Dincharya and rutucharya explained in ayurvedic text can correlate to specific diet and activities which can help in prevention of disease .Considering preventive asThe collection regarding lehanswarnprashan taken fomkashyapsanhitamedyarasayana from charaksanhita and other ayurvedic text also used. Resarch work related to swarnprashan and on lehan taken from ISBNN and EJIOAdministration of medicated in appropriate dosa showing more efficacy and minimise the unwanted effects .swarnprashan can be helpful in neurological and developmental



disorder. Lehan explained in Kashyap Sanhita and other Ayurvedic texts, we can correlate it to preventive measures. Classical reference denotes that Lehan of medicated ghrutas and Swarnprashan helps to improve the strength of child so it helps to build up the immunity among the four Medhyarasyana mentioned by Charakamandukaparni scientifically proved for enhancing memory and intelligence. Research works prove the Swarnprashan and some specific ghrutas increase the Bala Agni Medhashakti in Kaumar.

**Keywords:** Immunity boosting, prevention, Lehan Swarnprashan

## HEALTH EDUCATION ABOUT PHYSICAL ACTIVITY AND OBESITY: A POPULATION BASED PROSPECTIVE, OBSERVATIONAL STUDY AMONG CHILDREN.

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**ABSTRACT:** Introduction: There is a rapid rise in childhood obesity in modern world due to sedentary lifestyle, lack of physical activity, unhealthy diet pattern, sleep deprivation etc. Childhood obesity has serious short and long-term medical consequences. **Method:** A KAP study is done through a questionnaire on children age group 8-16 years to assess their baseline knowledge on link between obesity and PA and their PA level. Children who were unaware followed up for 1 month and given health education through lectures. After 1 month their knowledge and PA level is re-measured using the same questionnaire. After 1 month, many children who were unaware of association between obesity and PA become aware, and their PA level also changed. Awareness about association between PA and Obesity leads to positive lifestyle modification among children. Health education and knowledge dissemination are important in PA promotion campaigns among children.

**Keywords:** Keywords: Obesity, Physical Activity, Health Education

## DEVELOPMENT AVIPATTIKARA CHURNA IN THE FORM OF SYRUP FOR PEDIATRIC USE

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**ABSTRACT:** Avipattikara Churna is one of the widely practiced unique formulations in the management of common ailments like Amlapitta, Vibandha, and Arsha etc but in the paediatric and geriatric group there is problem with the administration. Syrups are the liquid form. The drugs required for the preparation of Avipattikara Churna collected from authentic sources. Physico chemical analysis of individual drugs, Avipattikara Churna and Quality Assessment tests of Avipattikara Syrup were carried out at AYUSH approved Drug Testing Laboratory of K.L.E. University's Shri B.M.K. Ayurveda Mahavidyalaya, Shahapur, Belgaum. Physico chemical analysis of all raw materials and Avipattikara Churna were under the API limits. The prepared Avipattikara Syrup matches with the standard ideal Syrup characteristics, which is evident by the quality assessment parameters of Syrup. Physico chemical evaluation of Avipattikara Churna, Pharmaceutical evaluation of Avipattikara Syrup and Quantitative GC MS analysis of both



Churna as well as Syrup clearly indicates that there is no significant difference found between the Avipattikarachurna and its developed form of Syrup. Hence the prepared Avipattikara Syrup is considered as the good Syrup. In the pediatric use it achieves the palatability and acceptability.

**Keywords:** Avipattikarachurna, Avipattikar syrup, GC MS analysis, API limits

## YOGA AS A PREVENTIVE MEDICINE IN PEDIATRIC PRACTICE

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**ABSTRACT:** Preventive pediatrics is the physical, mental & social well-being of a child to attain a good social life. Health status of infancy and childhood have a significant influence on the quality of life in adulthood, support of pediatric health care and pYoga at a early age encourages self-esteem, relieves stress & anxiety, better sleep, improve emotional regulation, empathy with a physical activity that is noncompetitive. Children derive enormous energy by practicing yoga as a daily routine. Physic practicing of 45 minutes of Yoga in children on daily basis promotes the formation of healthy habits which may serve to counter epidemic child obesity diabetes rates and also to attain developmental milestones. Yoga should be incorporated in schools & colleges especially looking at the stress level that the children go through. Yoga will not only help them de-stress but also make them healthy. Thus by inculcating Yoga as a part of child daily routine it may have impact on the prevalence ADHD increased by 42% between 2003(7.8%) and 2011 (11.0%) .

**Keywords:** Yoga, Preventive pediatric, Asana, Pranayama, Milestones

## ARE MARKS SCORED IN EXAMS REALLY EVALUATING CHILD INTELLIGENCE?

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**ABSTRACT:** Every child has a different way of understanding and learning, and this is dependent on various factors. Around 1.5 crore children in India are reported to possess low intellect, with dominance of children belonging to rural areas. The marks scored bIntellectual

scores are dependent on various factors like personal, family, mental and social factors in developing a good IQ in the children.

Many of the parents force their children to get through such exams with good number of marks, compare their results with those of their neighbouring children etc. By such behaviour of parents, performance of the children then diminishes as they fail to withstand the two way pressure. Parents have to understand this and behave wisely. So instead of posing a pressure on children, let us make an effort, to increase the learning ability of the children. Here is an attempt made to create awareness in the child as well as mother not to run behind the marks cored in the exams.

**Keywords:** Exam, Score, Intelligence quotient, Behavior, Learning

### "FEBRILE SEIZURES: PREVENTIVE APPORCH"- A CONCEPTUAL REVIEW

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**ABSTRACT:** Febrile seizures are the most common neurologic disorder in childhood. Physicians should be familiar with the proper evaluation and management of this common condition. with a peak incidence between 12 and 18 months of age, likely result from a vulnerData collected from classical texts and modern Pediatric texts. Continuous preventative antiepileptic therapy for the prevention of recurrent febrile seizures is not recommended. The use of intermittent anticonvulsant therapy is not routinely indicated. Antipyretics have no role in the prevention of febrile seizuThe majority of febrile seizures occur within 24 hours of the onset of the fever. Febrile seizures can be simple or complex. Clinical judgment based on variable presentations must direct the diagnostic studies which are usually not necessary in the majority of cases. Approximately 30â€“40% of children with a febrile seizure will have a recurrence during early childhood. The prognosis is favorable as the condition is usually benign and self-limiting. This disease disturbs the quality of life of children. Hence ayurvedic preventive medicines helps in maintaining and enhancing the quality of the life in children.

**Keywords:** Apasmara, Anti-epileptic drug, Panchakarma, Febrile seizures

## REVIEW ON TRADITIONAL APPROACH IN PREVENTION OF BALAROGAS

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**ABSTRACT :** Childhood is considered as the most important phase in life, which determines The quality of health, wellbeing, learning, intellectual, behavior across the life Span. hence eacharyas foremost position for Kaumarabhritya among Astangas In ayurveda all the disBrihatrayis, Laghutrayis, and Kashyapasamhitatexts Ayurveda is having vital role in prevention of balarogas. prevention of the disease is better than cure, hence Ayurveda is contributing more towards preventive aspect, Acharyas like Kashayap, charaka, Sushruta, vaghbhata etc are more focused on preventive aspect. In childhood age as there is lack of tolerance capacity it's better to prevent upcoming diseases by following Ayurvedic approach towards better health.

**Keywords:** Ayurveda, Preventive pediatrics, Samskaras, Balarogas, Poshana,

## PREVENTING CHILDHOOD OBESITY

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**ABSTRACTS: Obesity** is a condition of excess body fat often associated with a large number of debilitating and life threatening disorders. India has the second highest number of obese children in the world. If we see the causes 5% pathological and 95% environment Environment plays a major role in childhood obesity. Environmental causes include Diet like junk food and excessive intake beyond normal caloric requirements, Mentality of society, Negligence of parents, Physical activity. These factors mentioned in Ayurvedic classical texts as chestadweshi, Snigdha, Madhuraahara and preventive measures as Puranshali, Mudgha, Yava in this way we can analyze Ayurveda explains precautions, diet, and yoga for Stoulya. If we followed Ayurveda we can prevent the increasing ratio of childhood obesity. Avyayama is cause for childhood obesity, now a days childâ€™s used for watching TV, Computer games so no physical activity in this way we can correlate.

**Keywords:** Childhood obesity (Baal Stoulya) -Prevention -Ayurveda.

## PEDEATRIC SURGERY

### AYURVEDIC APPROACH IN CHRONIC TONSILITIS W.S.R. TO KSHARA KARMA

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**ABSTRACT** Chronic tonsilitis is highly prevalent disease in childrens. Its characteristics feature such as sore throat, difficulty in swallowing, reddish discoloration, and lymphadenopathy. Ayurveda Acharyas have given different treatment modalities,kshara karma Ayurveda classics,Contemporary books & Related articles If it becomes chronic and left untreated it leads to chronic complications like otitis media,meningitis and rheumatic fever.To manage this condition effectively with kshara karma to prevent futher complications.Kshara has got guna i.e. properties like katu rasa,ushna,rooksha, tikshna guna and It reduces the swelling and relieves the pain.Helps to penetrate deep and drain the pus. It is having kapha vishleshana and vatahara properties.

**Keywords:** Chronic Tonsilitis, Kshara guna, kshara karma

### RATIONALITY OF PRINCIPLES IN MANAGEMENT OF NIRUDDHA PRAKASH (PHIMOSIS) Â€“ANCIENT AND MODERN PERSPECTIVE

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**ABSTRACT** Niruddha prakash has been classified under Kshudra Roga .where Acharya Shushruta has explained dilatation as a main treatment principle. In the contemporary science circumcision is main indicated procedure. In this article treatment principles of Niruddha prakash (Phimosis) are being analysed as per the available literature and rationality in the treatment principles are being highlighted.The treatment modality Explained by Acharya Shushruta i.e. Dilatation in Niruddha Prakash still holds good and applicable in the management of Phimosis.Spare part surgery is developing in very fast pace .where scavenged tissue is used for the reconstruction of various injured parts. The concept of preputial skin preservation in reconstructive surgery has evolved into a modality that is preferentially used for the surgical repair of various skin defects. The present article throws light on the conventional non-invasive approach in Niruddha prakash along with its benefits.

**Keywords:** Keywords: Phimosis, Niruddha prakash, Skin grafting

### DIAGNOSTIC CRITERIA AND MANAGEMENT OF INFANTILE PYLORIC STENOSIS, A CASE REPORT

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**ABSTRACT** Pyloric stenosis is â€œnarrowing (stenosis) of the outlet of the stomach so that food cannot pass easily from it into the duodenum, it results in feeding problems and non bilious projectile vomiting. It is one of congenital disorder of newborn. Signs of pyloric stenosis usually appear within

three to five weeks after birth. Pyloric stenosis is rare in babies older than age 3 months. Signs and symptoms include: Vomiting after feeding. Olive shaped mass pyloric tumora • at angle between right rectus muscle and liver after vomiting. Barium x-ray, USG and Endoscopy are investigation tools. Nipple sign, Shoulder sign, Mushroom sign seen .Laparoscopic pyloromyotomy and Fred-Ramstedt Pyloromyotomy are surgical management procedures. omitting. With help of USG Scan and olive sign diagnosed as pyloric stenosis and patient under gone Fred-Ramstedt's Pyloromyotomy surgical procedures. Patient became free from disease. Pyloric stenosis is a congenital disorder more occur in male newborn. Infantile pyloric stenosis is typically managed with surgery; very few cases are mild enough to be treated medically. The danger of pyloric stenosis comes from the dehydration and electrolyte disturbance rather than the underlying problem itself.

**Keywords:** infantile, pyloric stenosis, projectile, pyloromyotomy

## AYURVEDIC MANAGEMENT OF A CASE STUDY

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**ABSTRACT:** Cerebral palsy is a heterogeneous group of disorders presenting with abnormalities of movement, tone and posture resultant upon various insults to the developing brain. This paper highlights Ayurvedic management of cerebral palsy; Single case report of 3½ year old child with partial sitting, inability to walk, impaired speech and fine motor activity. Child was treated with procedure based ayurveda therapy on the principal of vata vyadhi chikitsa. Child assessed before and after treatment with spasticity grading, cdc grading of milestones, GMFCS Scoring. Child attained walking milestone, improved socialization and speech. Cerebral palsy is studied and treated on the principles of vatavyadhi chikitsa. Earlier the initiation of the treatment better is the outcome.

**Keywords:** cerebral palsy, - Ayurvedic management of cerebral palsy , vata vyadhi chikitsa

## ETIOPATHOLOGICAL SURVEY ON CEREBRAL PALSY

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**ABSTRACT:** Cerebral palsy is a heterogeneous group of disorders presenting with abnormalities of movement, tone and posture resultant upon various insults to the developing brain. Accompanied features include disturbances of sensation, perception, cognition, Prospective analysis of Aetiology and Path physiology in 30 subjects with cerebral palsy who are attending Kaumarabhritya OPD and IPD section of tertiary health care centre, Karnataka will be analysed systematically. Identified aetiologies will be categorically presented. This survey would help in identifying causative factors based on the insults or exposure.

**Keywords:** Ayurveda, Cerebral Palsy, Aetiology, survey

## RESEARCH ACTIVITIES CARRIED OUT IN KOUMAR BHRITYA

*Compiled by: Dr Vishalakshi Shahapurkar, Final year Pg Scholar,  
Dept of Agada tantra, KAHERs Shri BMK AMC Belagavi*

### **A Randomized Controlled Clinical Trial to Evaluate the Effect of Naracha Churna in Functional Constipation in Children**

**Dr. Rajani Kamate**

**Abstract:** Constipation is considered as one amongst the common symptom of Gastrointestinal System. The information regarding the prevalence of constipation in developing countries is very less whereas in developed countries its around 3-29%, mainly accompanied with painful defecation, infrequent defecation and/or pain abdomen and fecal incontinence. Thus the condition will lead to significant distress both to the child as well as the family; causing significant impact on the health of the child. About 95% of pediatric constipation cases are idiopathic or functional i.e. are not associated with any of the organic diseases. Constipation among children remains poorly understood and hence is left untreated leading to further complications like chronic abdominal pain, fecal incontinence, enuresis, fecal soiling, anxiety etc. During the first year of life constipation occurs in about 17 to 40% of cases, followed by in the later period i.e, after one year of life- functional constipation is the most common cause which is known as idiopathic constipation. Functional fecal retention and fecal withholding are used synonymously to functional constipation. Different treatment modalities are available but most commonly used are laxatives. Treatment includes use of laxatives, but long term use is sometimes associated with nausea, vomiting, abdominal cramps, and diarrhea. Bloating etc.. Objectives: • To assess the efficacy of Naracha churna in the management of Functional Constipation in children • To compare the effect of Naracha churna over Triphala churna in the management of Functional Constipation in children Methods: Children attending to Kaumarabhritya OPD of KAHER's Shri B.M.K. Ayurveda Hospital and Research Centre, Belagavi with complaints of constipation were screened for Functional Constipation as per ROME III Diagnostic Criteria and as per inclusion criteria were included in the study and consent was taken. Then the children were administered with either Naracha Churna or the Triphala Churna as per the computer generated randomization chart, with different doses according to their age once per day i.e., HS for 7 days along with honey as Anupana Results: • The results showed significant improvement in pain during defecation with 64% on 7 th day and 92.37% on 15 th day • The frequency of stool increased from 5 per week to 7 per week • Type of stool assessed through the Bristol Stool Scale, showing Type 1 and Type 2 initially, which changed greatly to Type 3 and Type 4 at the end of the study XVII Interpretation & Conclusion: Due to vitiation of Vata Dosha and improper functioning of Agni leads to Apana Vata vaigunya and hence shoshana of Pureesha occurs. Naracha churna having ingredients like trivrit, pippali and khanda sarkara- with properties like rechana, anulomana and deepana pachana effect of pippali along with the shrutha vit mutra property of the sarkara might have helped in the constipation. • Naracha churna showed statistically significant results in the management of Functional Constipation in children with respect to pain, consistency, frequency of stool • The effect of both Naracha churna and Triphala churna in managing functional constipation are comparable.

## **Study of the incidence of undernourishment diseases according to Ayurveda in children of age group 3-years**

**Dr. Raj Babanrao Divekar**

PEM is commonest form of Malnourishment. India is a home to over 1/3rd of worlds malnourished children. The PEM has multifactorial etiology. To overcome this big problem Government of India started Mid Day Meal Programme. National Family Health surveys were started in 1992, to evaluate nutritional status all over India. In this survey/study 600 students within 50 km distance after PMC limit in area of Haveli taluka from anganwadi/ashramashala/pre-primary schools of age group 3-6 years were selected. These students were divided in three groups, each group of 200 students. Nutritional assessment was done using modern PEM assessment criteria and Ayurveda hetus of karshya and Balashosha. After analysis it was found that maternal nutrition has great influence in child health. Parental education, income has positive correlation with malnutrition. Isolated cases of pure protein deficiency are still present. More cases of PEM was observed in age group 5-6 years. This study also shows that males are prone to malnutrition than females, this is surprising thing came out of this study. Ayurvedic causative factors were also observed in this study. This study shows approximately similar findings those of NFHS 3 data. At last, this study shows, though we are focusing a lot over malnutrition, still cases of malnutrition are present in population. Hence more vigorous steps should be used to over come this big problem also ayurvedic approach should be considered in national policies.

## **A randomized Controlled Clinical Trial to Evaluate the Efficacy of Daadimaadi Churna in Loss of Appetite in Children**

**Dr. Priyanka Sharma**

Decreased or Loss of Appetite is very common symptom found in pediatric population accounting to more than 50%. In pediatric population body needs proper diet and nutrition. Poor nutrition leads to slowed growth and health problems. Some common causes for loss of appetite are picky eating, illness, stress, depression, intestinal worms, constipation, lack of physical activity etc. Decreased or Loss of appetite in children occurs because of variety of reasons either it may be physiological, psychological or diseased condition. Loss of taste / dislike for food is the main symptom in Loss of appetite, it may be because most of children having nature of picky eating. So the Loss of appetite here is because of psychological feelings/ dislike towards the food & Daadima is considered hridya (pleasing to heart) & ruchikara (increases taste/ desire) which may combat the psychological cause for Loss of appetite. Daadimaadi churna contains Daadima, tejpatra, ela, daalchini and sharkara which is palatable and effective at physiological, psychological as well as in diseased condition. Therefore, today there was a need to find an effective drug in the management of Loss of Appetite in children. In present study, Daadimaadi churna over Hingvashtak churna with anupan ushna jala is used to treat Loss of Appetite in children. OBJECTIVE: This study was designed to evaluate the efficacy of Daadimaadi churna over Hingvashtak churna in loss of Appetite in children. METHODS: This was a randomized



controlled clinical trial. A total of 40 participants i.e. 20 participants in each group showing symptoms of Loss of Appetite between 3 and 7 years of age were assigned to receive treatment. Both the groups practiced supervised intervention for 7 days and final assessment was done on 7 day. The signs and symptoms like food responsiveness, enjoyment of food, satiety responsiveness and slowness in eating were graded and interpreted at the end of the trial. RESULTS: In present study results were observed and assessed by child eating behaviour questionnaire like food responsiveness with P value 0.0001\*in trial group A and 0.0007\* in controlled group B, enjoyment of food with P value 0.0001\*in both the group A and group B, satiety responsiveness with P value 0.0001\*in both the group A and group B, slowness in eating with P value 0.0001\*in both the group A and group B. In present study statistically both the groups showed significant results, but percentage of change was seen more in group A than group B. CONCLUSION: Daadimaadi churna is effective in treating loss of Appetite in children and Daadimaadi churna showed more percentage of change than Hingvashtak churna in treating the loss of Appetite in children.

## **A Randomized Controlled Clinical Trial to Evaluate The Effect of Drakshadi leha in the Management of Kaphaja Kasa in Children**

**Dr. Pranoti A. Mane**

Respiratory system is the continuous contact with the atmosphere which having dust, smoke, pollens, various micro-organism. Kasa is related to the respiratory system i.e. Pranavaha srotas. Kaphaja Kasa is one of the five varieties of Kasa. In pediatric age group because of Kaphakaraahar, vihara and excessive exposure to dust, pollens and sleeping in day time which aggravates Kaphaja dosha, which increase the incidence of Kaphaja Kasa. So the prevalence rate of kasa is 1.06%, among them the maximum numbers of kasa cases were seen in the age of 5 to 10 years. Kaphaja kasa has complaints of Kasa, Aruchi, Chardi, Peenasa etc. To treat these complaints, Drakshadi leha (yoga) has been selected which contains drugs like Draksha, Pippali and Shunthi. They possess Kaphahara, Kasaahara and Deepana properties. Objective: To evaluate the efficacy of Drakshadi Leha in Kaphaja Kasa in children To compare the effect of Drakshadi Leha over Talisadi Churna in Kaphaja Kasa in children Methodology: 5-10 years of children with complaints of kaphaja kasa were screened and enrolled randomly by fulfilling the criteria of inclusion and exclusion from the OPD and IPD of Kaumarabhritya, KAHER'S Shri.B.M.K Ayurveda Hospital. The patients were divided into two groups, Group A given trial drug- Drakshadi leha and Group B given control drug-Talisadi churna for five days along with the madhu (honey) in three divided doses. Assessment was done after treatment. The study was statistically analyzed by Wilcoxon matched pairs test and Mann-Whitney U test. Results: Within the group, number of bouts of cough observed in group A and group B is 62.86% and 71.43% respectively. Duration of bouts of cough in group A 65.12% and group B 72.09%. Disturbance of sleep in group A 86.36% and group B 90.91%. In peenasa, group A 71.43% and group B 80.95%. In Chardi and Crepitation both the group A and B shows 100% of changes. Aruchi in group A 50% and group B 71.43%. Wheeze in group A 66.67% and group B 100%. Sputum in group A 60.87% and group B 69.57% changes were seen. In between the group statistically no

significant difference were seen. Conclusion: Drakshadi leha showed statistically significant results in the management of Kaphaja Kasa. Drakshadi leha and Talisadi churna both are effective in the management of Kaphaja Kasa in children.

## **Efficacy of Ayurvedic Nutritive Powder as a Weaning Food in Infant Growth - A Randomized Controlled Clinical Trial**

**Dr. Ghansham N. Jadhav**

Infancy period is a crucial period for growth and development. During this period nutrient requirements are higher than the other growth period of life. Breast milk provides proper nutritional demand up to the 6 months of life after that breast milk fails to provide proper nutrition to infant. Weaning means the slow introduction of solid food and gradual withdraw from breastfeeding hence this period can be dangerous for infants if proper care not taken. During the weaning period, the infant does not grow well and often fall ill and prone to infectious disease. Hence, nutritional deficiency worsens during the weaning period. So there is a need for Ayurvedic formulation which fulfils the nutritional demand during this period to the infant. Objective: To analysis the effectiveness of ANP as a weaning food in infants. To evaluate effect of Ayurvedic Nutritive powder over growth of infant during weaning period; Materials and method: Healthy Infant age between 06 months to 12 months visiting Kaumarbhritya OPD were screened, assessed and enrolled in the study and randomly divided in to two group, group A & B. In group A, Ayurvedic Nutritive Powder along with Home Based Food and breastfeeding was given. Group B received Home-Based Food with breastfeeding. Both groups were observed for a period of 45 days with follow up and assessment done on every 15th day. Result: Between the groups, there was significant change noted with respect to weight. Within the group even though both the groups have shown significant change on 15th, 30th and 45th day, the mean weight gain in group A (450gms) was comparatively high than that of group B. There was a significant result noted with respect to height within the group and the non-significant result was noted between the groups on the same parameter. With respect to Head, Chest and mid-arm circumference, there was non- significant result noted in between the group and within the group. As a result of quantitative analysis of Ayurvedic nutritive powder which shows high nutritive values i.e., calories 367kcal/100gm, iron 4.79mg/100gm, protein 12.6% carbohydrates 76.5%. Conclusion: Since Ayurvedic Nutritive Powder is an effective bruhmana food product during the weaning period and has its effect in increasing weight and height in infants, thus, Ayurvedic Nutritive Powder is effective as a complementary food in infants.

## **An Open Clinical Trial to Evaluate the Efficacy of Nayopayakaṣāya on Tamakaśvāsa W.S.R to Bronchial Asthma In School Going Children**

**Dr. Mahadev P Mangane**

**Abstract:** Respiratory system is in continuous contact with the external environment since birth & most prime victim of hyper sensitization .Around 30% of all children suffer from recurrent episodes of respiratory symptoms such as wheeze , cough etc According to the AIIMS study , asthma contributes more than 25% people in respiratory complaints about 8 percent of the population of them are children.In the management of wheezing, treatment modalities shows adverse effects like, tachycardia, tremors, headache, sedation, oral thrush, reflex coughing, etc .Ayurveda system of medicine has broad spectrum approach towards samprapti and chikitsa of respiratory disorders along with safety, economy, effectiveness and easy availability of drugs. In the context of swasa-kasa , acharyas had mentioned the utility of nayapayam kashayam shresta which is having the mradu dravya & easily available also Hence, Nayapayam kashayam was selected for the study which is mentioned in the treatment of Swasa roga in sahashra yoga

**Objective:** To know the effect o f nayapayam kashayam in tamaka shwasa . **Methodology:** Diagnosed cases of bronchial asthma were selected from OPD of Kaumarabhritya, KAHER Shri BMK Ayurveda hospital.the group were studied for 21 days of duration. Assessment was done as per pre first follow up , second follow up and post treatment preformed subjective and objective criteria. **Result:** nayopayam kashaya shown significant result in reliving the bronchial asthma with p value <0.0005 “An Open Clinical Trial To Evaluate The Efficacy Of Nayopayakaṣāya Kashayam On Tamakaśvāsa W.S.R To Bronchial Asthma In School Going Children”

**Conclusion:** Nayapayam kashayam is helped in reliving the lakshana of tamaka shwasa in a children specially the lung capacity which is evidenced in a study by peak flow meter readings, cough & wheeze

## **A Randomized Comparative Clinical Trial to Evaluate the Krimihara Effect of Vachadi Churna over Palashabeejadi Churna in Children**

**Dr. Omprakash Dwivedi**

**Abstract:** Helminthes infestation contribute to significant disease burden in children particularly in the under privileged and in developing countries. Children because of their habits directly or indirectly consume mud and are commonly more heavily affected than adult. Many neglect this condition because most of the times it may be asymptomatic. But can also be associated with malnutrition, iron deficiency anemia and growth impairment. So proper screening is needed. Intestinal parasitic infestation is more common in developing countries, though worldwide the vulnerable groups are children of both urban and rural population. A study on rural and urban school children showed an infection of parasitic infestation rate of 91% and 33% respectively. About half the populations in South India and 50% of school children in tribal areas of central India are infected with *Ascaris lumbricoides*, *Trichuris trichiura* and Hookworm. Krimiroga is special contribution of Ayurveda. According to Ayurveda, the principles of treatment of Krimi include Apakarshana, Prakrutivighatana, and Nidanparivarjana. Among these Samshamanan is easier to be administered in children, so such a line of treatment is being adopted. In many

classical books Vachadi Churna is advocated for Krimi which is mentioned by Acharya Harita is selected for present study. All the contents of Vachadi Churna possess property like Katu, Tikta Rasa and Katu Vipaka. Vachadi Churna is mentioned as Krimighna and has the property like Di pana and Pachana. Therefore, this study was taken to evaluate the Krimihara effect of Vachadi Churna. Objectives: To evaluate the efficacy of Vachadi Churna in Krimi. 2. To compare the efficacy of Vachadi Churna over Palashabeejadi Churna. Materials & Methods: 36 patients of age group 3 - 7 years of age, fulfilling the inclusion criteria, of study were randomly selected and were enrolled from KAHER'S Shri.B.M.K. Ayurveda Hospital by attending K.B. OPD, IPD and visiting surrounding schools. Those were divided into two Groups i.e. trial group (Vachadi Churna) and Control Group (Palashabeejadi Churna), comprising 18 patients in each group. Drug was administered for five consecutive days with lukewarm water, twice a day. Patients were evaluated as per the Per forma initially with substantiating blood and stool examinations and 7th day after treatment evaluation as per the same Performa alongside blood examination and stool examination was carried out. Results: In the study, significant results were observed by Trial Group in mitigation of clinical symptoms such as in Udarashoola more significant result was seen with P value 0.0001\*, in Vibandha, significant result was seen P value 0.0001 \* Bhaktadwasha has also shown high significant result with P value 0.0001 % Between the groups analysis showed that there is mild change in hemoglobin percentage from day 1 to day 7, which is statistically significant (P 0.004). Interpretations: As the drug has Krimighna property which might have resulted in the reduction in associated symptoms. And it has the drugs which show Di pana, Pachana, and Rechana effects. Conclusion: Vachadi Churna has shown effective results in reducing Krimi lakshnas in comparison with Palashabeejadi Churna, Vachadi Churna has shown effective results in improving Krimi lakshnas.

### **An Open Labelled Clinical Trial to Evaluate the Efficacy of Suvarchaladi Churna in Udar Shula W.S.R to Infantile Colic"**

**Dr. Sachchidanand**

**Abstract:** Udara Shoola seen in infancy is explained by Kashyapa which occurs due to various causes, which are hypothesized but exact cause is not known, it is a self limiting condition which affects infants between few weeks after birth to 6 months of age. Colic is defined as crying of healthy infant intensely for an excessive duration. Infantile colic usually starts in the first few weeks of life & ends by 4-5 months. 80% of babies are brought to clinics with the infantile colic. Modern drugs like dicyclomine, dicycloverin are potent smooth muscle relaxants but are contraindicated below 6 months due to their untoward effect like atropinic effects. These untoward effect and non availability of a safe & effective drug raise a need to find a drug which will be safe, effective & cost effective. Hence, the present study has done to evaluate effect of Suvarchaladi churna to treat udarshula in infants. **STUDY TITLE:** An open labelled clinical trial to evaluate the efficacy of Suvarchaladichurna in udar shula w.s.r. to infantile colic. **MATERIALS AND METHODS:** 36 diagnosed cases of infantile colic were selected from OPD and IPD of Kaumarbhritya department of KAHER'S Shri B.M.K. Ayurveda Mahavidyalaya hospital and Research centre Shahapur, Belagavi, Karnataka. **Diagnostic Criteria:** Intermittent

high pitched cry, Refusal to feed, Udar stabdhata (Stiffness of abdomen) as major criteria ( At least 1 with “Intermittent cry “as must ) . Mukha sweda ( Perspiration on face ) or Flushing of face, Uttanashayana ( feels comfortable when sleep in supine position ) , Shaitya ( feeling of cold ) , Pulling of leg towards abdomen, touches abdomen while crying as minor criterias ( atleast 1 should be present ) . Results: There was significant in result of reducing the frequency of cry, pulling of leg towards abdomen, flushing of face, and reduction in refusal to feed. Conclusion: Sauvarchaladi churna is effective in the management of infantile colic, between 1 to 6 months. 36 Patients of Infantile colic were selected. Sauvarchaladi churna with honeny in adose of 1ratti, 2ratti, 3ratti, 4ratti, 5ratti, 6ratti in age group of 1month, 2months, 3months, 4months, 5months, 6months respectively. Assessment of parameter was done before treatment, at 10min 20min, 30min, 40min, 50min, 60min, 80min, 100min, 120min, 150min and 180min of treatment. CONCLUSION: Sauvarchaladi churna is effective in the management of infantile colic.

### **An Open Clinical Trial to Assess the Efficacy Of Shunthi Churna in the Management of Agnimandya W.S.R. To Loss of Appetite in Children**

**Dr. Soni Ashwinkumar Akshaylal**

**Abstract:** In today's competitive era human being have a very irregular life style, it is becoming very fast and stressful especially children who are career oriented. This condition frequently leads people toward irregular and bad habits. Due to improper dietary habits, suppression of natural urges like Kshudha etc. create problems like Agnimandya, Aama dosha, Ajirna. This is the main reason for the increase in the incidence of the diseases of gastrointestinal system day by day. According to Aacharyas Mandagni is root cause of every disease. Agni plays the key role in the process of bio-transformation. In pediatric age group, body needs proper nutrition & diet. During this phase body undergoes lot of changes as a result growth & development. Loss of appetite, dyspepsia is very common symptom found in pediatric age group accounting to 50% children. Loss of appetite is seen in association with constipation, worm infestation, B12 deficiency, UTI which are very common problems in children. Very few drugs are available in modern science which is very specific as appetizers like Cyproheptadine which has side effects like sedation etc. appetite is a very common symptom in adolescents. Therefore today there was a need to find a safe and effective drug in the management of Agnimandya. In present study, ekamooliya prayoga of Shunthi churna is used to treat Agnimandya. **OBJECTIVE:** This study was designed to evaluate the role of Shunthi churna in the management of loss of appetite in children. **METHODS:** This was an open clinical trial. A total of 50 participants showing classical symptoms of Agnimandya between 14 and 16 years of age were assigned to receive treatment. This group practiced supervised intervention for 7 days and final assessment was done on 15 th day. The signs and symptoms like loss of appetite, nausea, vomiting, heartburn, sour belching, burning sensation in epigastric region, pain in abdomen, sleep, thirst, abdominal distention, heaviness in abdomen, flatus were graded and interpreted at the end of the trial. **RESULTS:** In present study results were observed in mitigation of clinical symptoms like indigestion with P value 0.0001\*, loss of taste with P value 0.0033\*, salivation with P value 0.0001\*, eructation with P value 0.0001\*, utsaah with P value 0.0001\*, feeling of lightness in the body with P value

0.0001\*, pain in abdomen with P value 0.0001\*, loss of appetite with P value 0.0001\*, nausea with P value 0.0001\*, vomiting with P value 0.0001\*, sleep with P value 0.0004\*, thirst with P value 0.0001\*, heartburn with P value 0.0001\*, sour belching with P value 0.0001\*, burning sensation in epigastric region with P value 0.0001\*, flatus with P value 0.0001\*, abdominal distention with P value 0.0022\*, heaviness in abdomen with P value 0.0001\*. In present study highly significant results were observed in all the subjective parameters. **CONCLUSION:** Shunthi churna with anupana madhu is effective in treating Agnimandya (loss of appetite) in children. Agnimandya associated with flatus, malbaddhata, jwara, kasa, predominantly kapha vataja prakruti, pain in abdomen is effectively treated with Shunthi churna.

### **A Randomized Comparative Clinical Study To Evaluate The Effect Of Ghanadi Churna Over Balachaturabhadra Churna In Balatisara**

**Dr.Kaveri N.Hulyalkar**

**Abstract:** Diarrhoea is a one of the common disease among the developing country and second common cause of death in children worldwide. Anti-diarrheal drugs available in market having more or less tarnishing effect on normal intestinal flora which itself induces diarrhea. In Ayurvedic classics many drugs are explained for Balatisara management according to dosha, avastha, agni, bala of patient which are not only treat the disease but also maintain immunity of child. The drugs present in both formulations are cost effective, easily available, hence present study was taken. **Objective -** To study effect of Ghanadi churna in Balatisara and to compare efficacy of Ghanadi churna over Balachaturabhadra churna in balatisara. **Methodology –** Cases of Balatisara were selected from OPD of Kaumarabhritya KAHER Shri.B.M.K Ayurveda Hospital. Patients were randomly divided into 2 groups as per randomization chart. Groups were studied for 5 days of duration. Assessment were done as per assessment criteria on 1 st , 5 th day. **Result –** In both groups significant results were seen with p value < 0.0005. **Conclusion –** Both Ghanadi & Balachaturabhadra churna showed significant result in all the subjective parameters. Comparatively Ghanadi churna is more effective than Balachaturabhadra churna.

### **A Randomized Comparative Clinical Trial To Evaluate the Effect of Darvyadi leha Over Navayasa Churna in Improving Haemoglobin in Anaemic Children**

**Dr. Sheetal R. Jadhav**

**Abstract:** A Randomized Comparative Clinical Trial to Evaluate the Effect of Darvyadi Leha over Navayasa Churna in Improving Haemoglobin in Anaemic Children" Page 1 **ABSTRACT** Most of paediatric population suffers from nutritional disorders. Anaemia is one of them. Currently it is most wide spreaded micronutrient deficiency disorder. According to 3 rd national Family Health Survey 79% of Indian children are suffering from anaemia. Drugs available in market have their own limitations and adverse effects like constipation, nonpalatability, intolerance, malabsorption, staining of teeth etc. So Darvyadileha & Navayasa churna are known drugs useful in Panduroga. **Methodology:** Diagnosed 40 patients of pandu were randomly classified into two groups of 20 cases each. The group A was given Navayasa churna & group B was given Darvyadi leha for 45 days in dosage according to their age group.& follow ups were

taken on 15th, 30th & 45th day. Assessment was done according to protocol as Hb% & peripheral smear were performed before treatment & after treatment. The result showing p value  $<0.05$  were considered as statistically significant in this study. Results: All parameters between the group has shown statistically non-significant results ( $P>0.05$ ). In Hb%, Panduta, Dourbalyata in both groups have shown statistically Significant improvement ( $p<0.05$ ). In group A, 71.42 % patients were improved from normocytic hypochromic to normocytic normochromic Anaemia. In group B, 50% patients were improved from Normal blood picture with eosinophilia to normal blood picture. Interpretation & Conclusion: Darvyadi Leha shown statistically significant result in increasing Hemoglobin in children with mean difference of Hb% 0.3. In comparison of Darvyadi leha, Navayasa churna has more significant result in parameter like Hb%, panduta, dourbalyata, Hritspandana & Annadwasha.

### **A Randomized Controlled Clinical Trial to Evaluate the Effect of Pushkarmula Arka Over Salbutamol on Wheezing in Children**

**Dr. Vidya Arali**

**Abstract:** Respiratory symptoms are common in children's. Around 30% of all children suffer from recurrent episodes of respiratory symptoms such as wheezing in early life. Wheezing places are an important burden in terms of morbidity, quality of life, use of health care system and health care cost. In ayurvedic system of medicine treatment of respiratory disorders has advantages like safety, economy, effectiveness and easy availability. **Objective:** To know the effect of pushkarmula arka ( aqueous extracts) in wheezing in children. **Methodology:** Diagnosed cases of Wheezing were selected from OPD of Kaumarabhritya, KLE's BMK Ayurveda hospital. The patients were divided into two groups. Group A received Salbutamol and Group B received Pushkarmula Arka, both group were studied for 4 days of duration. Assessment was done as per pre and post treatment performed subjective and objective criteria. **Result:** Both group shows significant result on wheeze at level of p value  $<0.05$ . Significant result on reducing wheeze from seen in group A but it was mild to moderate in group B as compare with group A. There was no significant change observed in rest of parameters in group B whereas in group A significant change observed on FEV1/FVC at 4 day . **Conclusion:** Pushkarmula Arka shows 40% improvement and significant result in reduction of mild to moderate wheeze, this can be concluded as effectiveness of Ayurvedic drug with new form of medicine.

### **A Randomized Comparative Clinical Trial on the Efficacy of Saraswata Churna in Vakagraha W.S.R to Secondary Stuttering**

**Dr. Sunil Kumar**

**Abstract:** A Randomized Comparative Clinical Trial on the Efficacy of Saraswata Churna in Vakagraha w.s.r. to Secondary Stuttering. **ABSTRACT** Communication is the best gift given by God to all human beings. We can share our views, ideas, jokes, laughter, education, knowledge via communication. Undoubtedly speech is an essential mode of human communication across the world. In present era speech disorder is one of the burning problems in childhood age.



Stuttering usually begins at 2-4 years of age and is seen more often in boys (4:1). Approximately 3-5% of preschool children stutter. Only 0.7-1% of young adult's stutter. Boys are nearly four times as likely as girls to have identified speech impairment [2]. Two known drugs are useful in Vakgraha.

.1. Abstract So Saraswata churna Aims & Objectives: To evaluate the effect of Saraswata Churna in Vakgraha w.s.r to secondary stuttering. Materials & Methods: 30 patients of vakgraha were selected for the study and were randomly classified into three groups of 10 cases each. The group A was given saraswat churna, group B was given saraswat churna along with rehabilitation and group C only rehabilitation for 60 days. Dosage of churna is given according to their age group. Results: Statistically Significant improvement was seen in results treating vakgraha on reciting days & counting no. parameters. Conclusion: A Randomized Comparative Clinical Trial on the Efficacy of Saraswata Churna in Vakgraha w.s.r. to Secondary Stuttering. Saraswat churna shows statistically significant result in treating vakgraha on reciting days & counting no. parameters. □ Saraswat churna with rehabilitation has better significant result in all parameters. □ Current study shows that rehabilitation alone shows poor results.

### **Development of Assessment Methodology For Stanya Pariksha**

**Dr. Pritha Rani Chandravanshi**

Abstract: Breast milk is complete food for newborn and infant up to two years, because it is rich source of protein, carbohydrates, fat, antibodies and numerous components, these help for the proper growth and neurological development of baby. Breast feeding is crucial for lifelong health and well being. So it is the best gift a mother can give her baby. Breast milk protects against allergies, sickness, obesity, diabetes and cancer. And breast feed babies have 8 times higher IQ. Classics says that the pure milk is that which provides unobstructed, easy and good growth of strength to different body parts, longevity as well as good health too. If stanya is abnormal in color, smell, taste, touch and having other abnormal gunas, it will be impure. This stanya can't provide nourishment and good health to child, and it may be called as dusta stanya. vitiated milk is taken by the child he/she may be prone to many disorders like retention of urine, pinasam, vivarna gatra, bhinna vit, kamala etc. So, it is necessary to identify the difference between prakruta and dushita stanya, so acharyas gave different parameters to evaluate breast milk i.e. Shudh stanya pariksha. But the methodology is not clearly mentioned; hence the standard methodology is required for the practice of stanya pariksha. It was an observational study and Study period was for 18 months. Breast milk was collected from 50 participants in the study and subjected to different experiments like colour test, temperature test, dispersion in water test, bubbling technique, sugar estimation and viscosity test to develop normal valid parameters for assessment of shuddha If this stanya. Study was conducted as per the method and standard operative procedures made for each experiment. The statistical analysis of quantitative data is done using mean, median, mode and range where as qualitative data is analyzed using their minimum and maximum values. RESULT: - The colour chart shows maximum milk sample in the study came between Y-2, G-2, M-2 range, hence it is standard range. When milk temperature is observed that was 96.1 -- 98.7° F. In the water dispersion test the milk dispersed in the water is

between 37 sec to 53 seconds, so the normal taken time for dispersion of milk is within 1 minute. Normal sugar (lactose) value in milk came in between 7.11 to 7.12 g%. In the bubble test the disappearance of bubble in milk is within 5 sec. When viscosity is observed the thread formed in normal milk is less than 2 mm. CONCLUSION:- In the present study, the Ayurvedic parameter of shuddha stanya like shankavabhasata, Shitala, Kshipram Ekibhavati, Aphenilam, Madhurata has been validated by experimenting on 50 samples of Shuddha Stanya. The interpretation of Shuddha Stanya Lakshana with modern parameter has been done and the normal range for all the parameter is established in breast milk between 15days to three months following delivery.

## **A Randomized Comparative Clinical Trial To Evaluate the Krimihara Effect of Trivritashtaka Churna Over Krimikuthar Rasa in Children**

**Dr.SwetaVerma**

**Abstract:** Helminthiasis - common pediatric complaint worldwide. The WHO estimates that infection with round worm (*Ascaris lumbricoides*), whipworm (*Trichuris trichiura*) & hookworms (*Ancylostoma duodenale* & *Necator americanus*) with associated morbidity, affect approximately 250 million, 46 million & 151 million people, resp. In India, poor hygiene, illiteracy, poverty, ignorance, bad sanitation and use of uncooked food or improper washing of food materials etc., are the important factors for spreading Helminthic infection. Once the disease becomes severe the matured eggs may enter or dwell in any system, even may enter the brain, heart, lungs and show serious complications. Incidence is seen more in preschool & school going children, and it also hampers scholastic performance of children. Trivritashtaka Churna has been taken from Kashyapa Samhita, so to evaluate its Krimihara effect it has been taken in the study. Objectives: 1. To evaluate the efficacy of Trivritashtak Churna in Krimi. 2. To compare the efficacy of Trivritashtak Churna over Krimikuthar Rasa. Materials & Methods: 30 patients of age group 3-10 years of age, fulfilling the inclusion criteria, of study were randomly selected and were enrolled from KLEU's Shri.B.M.K. Ayurveda hospital attending K.B. OPD, IPD and surrounding schools. Those were divided into 2 Groups i.e. Control group (Krimikuthara Rasa) and Trial Group (Trivritashtaka Churna), comprising 15 patients in each group. Drug was administered for three consecutive days with lukewarm water, twice a day. Patients were evaluated as per Abstract the Performa initially with substantiating blood and stool examinations and 7 day after treatment evaluation as per the same Performa alongside blood examination and stool examination was carried out. Results: In the study, significant results were observed by Trial Group in mitigation of clinical symptoms such as in Udarashoola more significant result was seen with P value 0.0005\*\*\*, in Vibandha, significant result was seen P value 0.0025, Bhaktadwasha has also shown high significant result with P value 0.0003. Significant result in Hb% with P value 0.0163\* and highly significant result in AEC with P value 0.0003\*\*\*, and reduction of Pus cells in both the groups with P value 0.0003, was also noticed. Interpretations: As the drug has Krimighna properties which resulted in the reduction of its associated symptoms. And it has the drugs which show deepana, pachana, and rechana effects. Conclusion: Trivritashtaka Churna has shown effective results in reducing Krimi Lakshnas. In comparison with Krimikuthara Rasa, Trivritashtaka Churna has shown effective results in improving Krimi Lakshnas.

## **A Comparative Clinical Trial to Evaluate The efficacy of Saddvritta Palana and Yashtimadhu Medhya Rasayana in Bringing Behavioral Changes in School Going Children**

**Dr.Konapur Kasypalaxmi Narasimha**

Abstract: According to World Health Report (2000), 20% of children and adolescents suffer from a disabling mental illness worldwide “A comparative clinical trial to evaluate the efficacy of Saddvritta Palana and Yashtimadhu medhya rasayana in bringing Behavioral changes in school going children” 1 and suicide is the third leading cause of death among adolescents. 2 The issue of childhood psychiatric morbidity is more serious in middle and low income countries because these countries have a much larger proportion of child and adolescent population. 3 Psychotherapy have emerged to be having success rates compared to pharmacotherapy. 4,5 Life is not merely the physiological equilibrium but also the mental/psychological equilibrium too. Life is defined in Charaka Samhita as samyoga of shareera, indriya, satva and atma. 7 The drugs like anti-psychotics, anti-depressants can be replaced with rasayanachikitsa, 8 panchakarma chikitsa which helps the body not to perish but cherish. The psychotherapy treatments in Ayurveda have been mentioned centuries before in the form of sattvavajaya chikitsa, daivavyapashraya chikitsa. Sadvritta can be considered one among them which is both preventive and also to one extent curative when used with yuktivyapashraya chikitsa. Sadvritta helps a person to assess what is right and what is wrong. In a simpler way it can be called as Ayurvedic codes of conduct. Yashtimadhu churna with milk has already been proved to, nootropic action but sadvritta can be really helpful if practiced properly and an individual can prevent him/her from behavioural disorders and also can free from initial acute stages of behavioural stage. Objective: To compare the efficacy of child counseling with sadvritta palana and medhya compound in bringing behavioral changes in school going children. Methodology: Randomized controlled clinical study was planned to evaluate the efficacy of Sadvritta palana over Yashtimadhu medhya rasayana in school going children who were assessed and diagnosed with behavioral disorder using a standard behavioral assessment scale. Treatment Duration – 1 month 9 Abstract “A comparative clinical trial to evaluate the efficacy of Saddvritta Palana and Yashtimadhu medhya rasayana in bringing Behavioral changes in school going children” Study Period: - 18 months Result: (1) Saddvritta palana and yashtimadhu medhya rasayana with saddvritta palana has shown significant results within the group. ( $p < 0.001$ ) (2) In comparison with Group A and Group C, Group C has shown highly significant results with „p” value  $< 0.0001$ . Conclusion: As per this study, saddvritta palana and combination of yashtimadhu and saddvritta palana has shown significant results.

## **A comparative study of antipyretic Effect of kantakaryadi kwatha with Paracetamol in febrile children**

**Vanita.T.Havinal**

**Abstract:** Ayurvedic classics have described many diseases amongst which Jvara stands first, because of its uniqueness to make everyone suffer, since birth to death. Jvara being a commonest symptom which accompanies almost all the constitutional diseases has been termed as Rogadhipati (king of diseases) by Acharyas. Fever in children is one of the most common manifestations of illness which makes the parents to seek medical attention early. Jwara is first among the diseases explained in Ayurvedic classics which need immediate care. It is said that each and every Individuals suffers with jwara atleast once from the time of birth to death, because of immature immune system of children they are more prone to infections in which fever is one of the symptom. Fever occurs when various infectious and non-infectious processes interact with the host's defense mechanism. In general, fever is considered to be present when the rectal temp is above 100.9 0 f or oral temp above 100.4 0 f or axillary temp above 98.6 When child becomes febrile body gets heated up causing disorientation of sense organs and mind. This makes the child Irritable. If we don't treat fever in early stage chances of hyperpyrexia is more which may cause febrile convulsions, which leads to brain tissue damage. Hence it is necessary to control fever. Jwara induces shrama, klama, moha and anannabhilasha hence jwara is said to be sarvarogaj. In Modern Medicine many potent antipyretic formulations are available but, they are not devoid of complications like hepatotoxicity, renal impairment etc. Ayurveda is having many formulations which may be potent, safer, One of such Jwarahara drug is Kantakaryadi kwatha to test its efficacy this study is under taken. Objectives: To evaluate the antipyretic action of Kantakaryadi kwatha. To compare the antipyretic effect Of Kantakaryadi kwatha with Paracetamol. Methodology: Children who fulfill inclusion criteria were randomly selected and divided into two groups. Group A Calculated dose of Kantakaryadi kwatha Group B Calculated dose of Paracetamol (12/mg/kg/dose) □ Every 15 minutes once temperature and other parameters as in protocol was recorded. During the course of the treatment if temperature exceeds 102°F then observation was discontinued and managed according to conventional line of treatment. There was significant difference seen between the groups hence these shows significant result. In Objective Parameter-Axillary temperature, RR, There was significant difference seen between the groups hence these shows significant result. In Subjective Parameter-Aruchi, anannabhilasha, trushna there was no significant difference seen between the groups hence these shows non-significant result. In Objective Parameter-Oral temperature, Infrared temperature Auricular, Infrared temperature Temporal, HR ,There was no significant difference seen between the groups hence these shows non-significant result. Conclusion: □ Kantakaryadi Kwatha was found effective in reducing Axillary temperature and shows significant result in Svedavrodha, manasantap, Klama and Sarvangpeeda, and RR. but in comparison to Paracetamol, Kantakaryadi Kwatha takes longer duration. □ When compared between the groups Kantakaryadi kwatha can be used as an effective antipyretic Ayurvedic drug in most febrile conditions of children whose temperatures ranges between 99 to 100 0 f.

## **A randomised comparative clinical study to Evaluate the effect of amratakadi churna over Balachaturbhadra churna in balatisara**

**Ramdas Shivaji Pawar**

**Abstract:** Diarrhea is one of the chief causes of Children mortality in most tropical and subtropical countries. Anti-diarrheal drugs available in market have more or less tarnishing effect on normal intestinal flora whose loss itself induces the diarrhea. Amratakadi churna & Balachaturbhadra Choorna are known drugs which are useful in Atisara. 38 patients of Atisara were selected for the study and were randomly classified in to two groups of 19 cases each. The group A was given Amratakadi churna & group B was given Balchaturbhadra syrup for 5 days in dosage according to their age group. Both groups have shown highly significant results in relieving the symptoms of Atisara. But when times comes to compare Amratakadi churna & Balchaturbhadra churna both statistically, we got non significant result, But in all parameters of Amratakadi shows better results than Balchaturbhadra churna . Hence Amratakadi Churna seems to be more effective in Atisara.

## **Evaluation of efficacy of rajanyadi Churna in prevention of neonatal jaundice - a randomised controlled clinical trial**

**Neeraj Kumar Gupta**

**Abstract:** Abstract Neonatal jaundice is the commonest abnormal physical finding during 1 week of life, in which yellow discoloration of the skin takes place. Jaundice appears during the first week of life in approximately 60% of term and 80% of preterm infants which may lead to serious complications like kernicterus and lifelong disability. Neonatal Jaundice can be correlated with Kamala as discussed in Ayurvedic classics. A novel approach through Ayurveda would help in prevention of neonatal jaundice with lesser or no side effects, as there is a reference of Rajanyadi choorna which is indicated for kamala. For prevention of neonatal jaundice administration of Rajanyadi choorna can be used which can illustrate significant results. Methodology: 30 patients fulfilling the inclusion criteria of study were randomly selected divided into group 1 and group 2 comprising 15 patients in each. Clinical sign given suitable grade according to severity and assessed based on Krammer's rule and blood parameter. The result showing p value < 0.05 were considered as statistically significant in this study. Result - Krammer's rule between the group is non-significant ( $p > 0.05$ ) but within the groups is highly significant with ( $p < 0.0001$ ) implying that icterus is progressive with days. Stool output between the groups is not significant ( $p > 0.05$ ) but within the group is statistically significant ( $p < 0.0001$ ) in the trial group so stool output increased in successive days up to day 5. Urine output between the groups is only significant on day 2 with p value 0.028 rest of the days it is not significant but within the group both the group are significant. But control group more significant with p \* value 0.03. Interpretation and conclusion- \*\* value 0.007 and trial group is significant with The comparative efficacy of Rajanyadi churna in treating the underlying condition was statistically insignificant ( $p$  value  $> 0.05$ ). Clinically Rajanyadi churna was able to prevent the incidence of subjects requiring phototherapy (26.66% pt in trial group, and 53.33% in control group on day 5). The effect can be owed upon hepatoprotective activity of drugs that are formulated in the combination.

## **Effect of vidarikandadi churna in weight Gain in underweight children – A randomized comparative open clinical Trial**

**Kirti S. Navane**

**Abstract:** India is one of the highest ranking countries of the world for the number of children suffering from malnutrition. In 2015, Global Hunger Index report ranked India 20th in world and third amongst South Asian nations. Nutritional disorders comprise of both under nutrition and over nutrition. Under nutrition or malnutrition can be caused by an insufficient intake of food. Optimum Nutrition is essential for Child Survival & quality of survival. In childhood poor nutrition only does not stunt physical growth but it also affect developing brain. Child under nutrition for age account for 8.7% of total disease burden in people living in low and middle income countries 45% of Indian children are underweight. Persistent under nutrition is a major obstacle to human development and economic growth of the country. Ayurveda has many food supplement & preparation explained, but there have been very few research works on this aspect. So today there is need a study on food supplement which is cost effective, safe, easily available, effective & nutritious so this study had been undertaken; Aim & Objective 1) To Evaluate The Weight Gaining Effect of VidarikandadiChurna in weight gain in Underweight Children. 2) To compare the weight gaining effect of vidarikandadichurna over Mashadimodaka. **Abstract Materials & Methods-** This study was randomized comparative open clinical trial. Inclusion Criteria was Children between the age of 4 years of either sex and Children having underweight(Grade 1&2). Dose of churna was 4 grams for 4 years children at rasyana kala i.e. once in the morning. Assessment criteria were done by doing anthropometric measurements of height, weight, head circumference, chest circumference, mid arm circumference and lab investigations like Hb% and Serum protein. **Results-** Study showed weight gaining effect in both groups. But the group treated with Mashadi modaka had shown more significant than the group treated with vidarikandadi churna. Group treated with vidarikandadi churna has shown more significant result in height gaining effect. Both the group showed non significant result in other anthropometric measurements. **Conclusion-** Vidarikandadi churna has shown better efficacy in Height Gaining as compared to mashadi modaka. In the condition of low weight and low height - vidarikandadi churna is a better drug of choice. Those who have proportionate height but low weight can be well treated with mashadi modaka. The weight gaining effect of both vidarikandadi churna and mashadi modaka between groups was found Non significant and within Group both groups showed significant result.

## **A clinical study on the Effect of vagbhatokta nimbadi yoga in the Management of geophagia in children**

**Anand Jain**

**Abstract:** Geophagia (Pica) is prevalent all over the world. It is characterized by eating of non nutritive substances like mud, charcoal, etc. which is very harmful for human being and leads to many diseases & is much more common in childhood. **Objective:** To evaluate the effect of Vagbhatokata Nimbadi Yoga in reliving the habit of geophagia in children. **Methodology:** Diagnosed cases of Geophagia were selected from IPD and OPD of Kaumarabhritya, KLE's BMK Ayurveda hospital, Belgaum and KLE'S Kamal Hospital Ankola. The patients were given Vagbhatokta Nimbadi Yoga for the period of seven days followed at the interval of 7 & 15 days for one month. Assessment was done as per pre and post treatment performed by Subjective criteria, haemoglobin % and Stool for Ova and Cyst. **Result:** The prepared medicine has shown significant result in reliving the habit of mud eating. It includes quantity & frequency of mud eating which significantly decreases the habit to nil where as Haemoglobin percentage and appetite ratio was increased by the level of p value ranging  $<0.001$  and  $0.0314$  respectively. **Conclusion:** The present study shows that the child relieves the habit of mud eating by therapeutic intervention of Vagbhatokata Nimbadi yoga and thus helping in management of Geophagia.

## **A randomized controlled study of umbilical cord Care by topical application of kushta taila**

**Priyanka Wadhwa**

**Abstract:** Newborn care practices immediately following the delivery contribute to risk of morbidity & mortality. The World Health Organization (WHO) estimates that ~ 4 million children die during the neonatal period each year, with most deaths occurring in developing countries. About one fourth of global neonatal death / year occur in India alone. Cord infections are important cause of them. Contemporary science has adopted dry cord care as a regimen. The application of topical antimicrobials to the cord stump in view of reduction in the risk of cord infections is still controversial. Thus kushta taila is selected for the present study, to evaluate the role of ayurvedic recepies in form of medicated oil in protecting sepsis as compared to various other measures being used in modern neonatology to prevent umbilical sepsis & its complications. **Objectives:** To assess the efficacy of topical application of kushta taila in routine cord care, Comparing the effectiveness of topical Kushta Taila application and cord care by classical means over dry cord care. **Materials and Methods:** A Randomized controlled study was carried out in which 45 newborns were studied. Study design consists of three groups with group A as a control, in which cord was cut at 2-3cm, clamped by a plastic clamp & was left dry; group B having same cord cutting & clamp measures as control group but having kushta taila as intervention and Group C with classical guidelines of four angulas length (7-8cm) of cord, clamped by silk thread & regular topical application of kushta taila till cord separation. Newborns were randomized at birth into three groups and cord care given as per the group



parameters till the time of cord separation. Cultures were taken on third postnatal days and newborns were followed up for presence of omphalitis and timing of cord separation. Results: • Early reduction of symptoms was seen in both the intervention groups (on day 3<sup>rd</sup> of life itself) when compared to control group. • Intervention groups have shown significant results over control group in redness & smell. • There was no incidence of umbilical granuloma & omphalitis in present study. • Reduced percentage of colonization was seen in classical care group (64.28%) when compared to dry care group (88.23%). • Significant reduction was noticed in the days of cord fall when compared from control group (8.17) vs intervention group (6.13) vs classical care group (4.43). Interpretation: According to the results Kustha taila application helps in early cord fall as compared to dry cord care method, thus reduces the chances of infection. Also, it leads to accelerated reduction of signs of local inflammation along with reduction in percentage of colonization patterns when compared to dry care group Conclusion: practice. Kustha taila can be adopted as a preventive measure in routine cord care

### **Efficacy of Prapaundarikadi Prakshalana In Kukunaka (Ophthalmia Neonatorum) – A Randomized Controlled Clinical Study**

**Nagaratna S. Jartarghar**

**Abstract:** Kukunaka is a type of netra vartmagata vikara explained in the classics seen particularly in the shishu and it is believed to arise from ksheera dosha. The clinical features mentioned in the classics like satata ashru pravartana, vartma shvayathu, shuna tamra akshi, netra kandu etc are indicative of some inflammatory or infectious diseases of the eyelid and most of these clinical features strikingly resembles with the condition Ophthalmia Neonatorum (tearing, mucopurulent or nonpurulent discharge, chemosis, and eyelid swelling) of modern science. Ophthalmia neonatorum is the most common eye disorder of newborn occurring in infants younger than four weeks of age, because being exposure to micro organisms. In India, the prevalence is 0.5-33% depending on the socioeconomic status. Ophthalmia neonatorum may lead to several ocular consequences in the affected neonates if not treated properly, Complications range from mild hyperemia and scant discharge to permanent scarring and blindness. Most of the topical prophylaxis used to prevent Ophthalmia Neonatorum may be irritative and produces resistance on long usage. No single broad-spectrum antibiotic covers all potential conjunctival pathogens. In our classics much importance has been given to the care of eye of shishu among all the acharyas, Acharya kashyap has explained the disease Kukunaka as a separate chapter, where nidana, samprapti and various modalities of treatment has been explained in detail. Hence the present study was conducted on 30 patients assigned into two equal groups to evaluate the efficacy of Prapaundarikadi prakshalana in the management of Kukunaka which is one among the efficient treatment mentioned in Kukunaka. Objectives: To evaluate the efficacy of Prapaundarikadi Prakshalana over Stanya Aschotana in the management of Kukunaka (Ophthalmia Neonatorum). Methods: 30 patients fulfilling the inclusion criteria of Kukunaka were randomly selected and divided into 2 groups, comprising 15 patients in each group. Source of patients were from maternity ward & OPD of Kaumarbhritya department of KLEU's BMK Ayurveda Mahavidyalaya, Belgaum. Clinical sign and symptoms were given suitable grades

according to their severity and assessed based on relief after treatment “ eye swab cultures were taken before and after the treatment to isolate the causative organism. Results: The results obtained after the clinical trial was analyzed statistically and all the observations were subjected to discussion. Considering the improvement, both the groups Stanya Aschotana and Prapaundarikadi Prakshalana showed similar results statistically in subjective symptoms. The objective parameter ( eye swab culture study ) has shown better response in trial group as compared to control group. Conclusion: Considering the improvement, Stanya Aschotana and Prapaundarikadi Prakshalana both the groups has shown similar results in the subjective symptoms. But there was good response seen in controlling of growth of microorganism in the trial group as compared to the control group. Hence we can conclude that the present drug is found to be significant against control group on the growth of both gram positive and gram negative organisms as well as in relieving the symptoms.

### **Efficacy of Jatamansi churna and Mandukaparni churna in the Management of Attention Deficit Hyperactive Disorder in Children, A Randomized Controlled Clinical study**

**Anjani Kumar Mishra**

**Abstract:** Attention Deficit Hyperactivity Disorder (ADHD) is a common neurobehavioral disorder of childhood punctuated with unacceptable behavior, It is a frustrating disorder and has turned out to be a rampant problem in the society as it leads to great deal of psychological and behavioral distress to the child, parents and the family members. ADHD has the highest incidence among the developmental disorders in India about: 7.5-10 % childrens. As a result of the disorder, children with ADHD often engaged in disruptive activities that affect the people around them badly. In addition, their academic performance tends to suffer because of their inattention and easy distractibility. The contemporary systems of medicine have received some success in their treatment. The first line drug therapy for ADHD is the use of drugs like, CNS stimulant, Antidepressants, Alpha 2 agonists and Norepinephrine reuptake inhibitors. Although these agents are the first choice medication and the response rate for any single stimulant drug is nearly 85% but these agents produce various Undesirable side effects, which is one of their greatest drawbacks. ADHD has no direct reference in Ayurveda, but looking at the pattern it can be considered under manas vikaras (unmada, anavasthita chittatva), Multiple numbers of researches have been carried out but till now no potent drug has been found which acts simultaneously on inattention, hyperactivity-impulsivity. The modern pharmacological knowledge and research works about the ayurvedic herbs reveal that there are drugs that can be used to treat inattention & hyperactivity-impulsivity as well. Previous researches on ADHD have shown significant effect of mandukaparni (*Centella asiatica*) over inattention only. The drug selected for present study is Jatamansi (*Nordostachys jatamansi*) which has anti anxiety, nootropic action, CNS depressant action, sedative action proved by various researches. **Objective:** To study the effect of Jatamansi churna over Mandukaparni churna in the management of ADHD. “Efficacy of Jatamansi churna and Mandukaparni churna in the Management of

Attention Deficit Abstract , to Study the combined effect of Jatamansi churna and Mandukaparni churna in ADHD. Methodology: Randomized controlled clinical study was planned to evaluate the efficacy of Jatamansi churna over Mandukaparni churna individually along with combined effect of both the drugs in ADHD in school going children who were diagnosed using standard diagnostic criteria i.e. DSM-IV scale. Study Period :- 18 months Result: ( 1 ) MP in inattention (  $p < 0.0050^{**}$  ) , in hyperactivity impulsivity (  $p < 0.0612NS$  ) ( 2 ) JM in inattention (  $p < 0.3252NS$  ) , in hyperactivity impulsivity (  $p < 0.0073^{**}$  ) ( 3 ) Combination therapy in inattention (  $p < 0.0070^{**}$  ) and hyperactivity- impulsivity (  $p < 0.0087^{**}$  ) Hyperactive Disorder in Children, A Randomized Controlled Clinical study.” Page 2 Conclusion: As per this study, mandukaparni has shown significant results on inattention. Jatamansi have got better effect over Hyperactivity-impulsivity. The combination of both drugs has shown significant results within the group

### **Efficacy of sindhuradhya taila in pama (scabies) in Children - a randomized controlled clinical study**

**Rohit Kumar**

Abstract: Scabies has been a scourge among human beings for thousands of years. Its worldwide occurrence as an epidemic is responsible for infestation of an estimated 300 million people. Highly contagious nature of the disease, chances of development of secondary infections & side effect of the topical scabicides along with development of resistance against them in arthropods, which now constitutes a serious threat to management. Ayurveda can be an answer in this regard as there are many formulations in its literatures. This study comprises of testing the efficacy of sindhuradhya taila in Pama which has sadyopama hara action as explained in our classics. OBJECTIVES: this study aims to determine the efficacy of sinduradhya Taila in the management of Pama (Scabies). MATERIALS AND METHODS: A randomized control trial was performed on 30 patients having signs and symptoms of scabies as predominant symptom. Diagnosis was done based on clinical diagnostic criteria. The selected cases were randomly distributed into both the groups i.e. Control & Trial by using simple randomization method and were treated accordingly. Assessment was done according to assessment criteria before and after the treatment. RESULT: Trial drug has shown significant result on itching sign (  $p < 0.0001$  ) , as BT, mean was 2.73, which reduced to 2.13 (  $p < 0.001$  ) on day 7  $p < 0.0001$  ) on day 15 th th , which further reduced to 1.93 ( , showing significant result. Rest other symptoms, in trial group, showed no significant improvement. On the other hand, “Permethrin” the control drug has shown satisfactory effect in a single application itself. CONCLUSION: Permethrin” the control drug has shown satisfactory effect in a single application itself, as already established by various researches in contemporary science. But the trial drug “Sindhuradhya taila” has shown its effect over itching, which is a predominant complaint in scabies, but on the whole single application of the same has no significant results.

## **Efficacy of mudga modak as a Weaning food in infant growth – A randomized controlled clinical Study**

**Javeedahmad Bagayat**

**Abstract:** Adequate food is important for the growth. While it is essential throughout childhood, it is more crucial during first 5 years of life. Nutritional diseases are by far the most common, widespread health and nutritional problem throughout the world, specially the developing countries including India. In childhood poor nutrition only does not stunt physical growth but it also affect the development of brain; **Objective:** To evaluate the efficacy of Mudga Modak as weaning food in infant growth. The patients were divided into two groups. Group A home based food along with breast feeding and Group B received home based food with breast feeding all groups were studied for 45 days with every 15 th day follow up. Assessment was done on every follow up. **Results:** There is no statistical result seen in parameter of Height, Head, Chest, Arm circumference but clinically changes seen. In weigh initial mean weight of the infants before starting of the nutritional supplement was 7.450\*\*\*kg & 7.578\*\*\*Kg for the control & trial groups respectively. After completion of the intervention the mean height was 7.929\*\*\*kg & 8.275\*\*\*kg for Control and trial groups respectively With P value <0.001. The weight gain in the control may be attributed to normal growth pattern the weight gain in the treated group may be due to the Mudga Modak as it has ingredients which act as Balya, Brumhana. The result shows that weight gain was significant with P value <0.001. **Conclusion:** The overall result shows that the Mudga home based food and nutritional supplement in the form Mudga Modak as a weaning food was effective in weight gain in trial.

## **Efficacy Of Vidari Churna In Weight Gain Of Low Birth Weight Neonates When Administered To Nursing Mothers – A Randomized Placebo-Controlled Clinical Trial**

**Mithila V. A.**

**Abstract:** Low Birth Weight neonates are the neonates with birth weight less than 2500grams. In India 6-8 billion LBWs are born annually. Among contemporary breast feeding interventions there is a lacuna in understanding measures to enhance the breast milk which is the most ideal source of nutrition for LBWs. This study comprises of testing the efficacy of Vidari churna which is known to exhibit breast milk enhancing action. Encouraging results were obtained with respect to weight gain and other physical growth parameters with Vidari churna. **Objectives:** This study aims to determine the efficacy of Vidari churna when administered to nursing mothers of low birth weight neonates in improving rate of weight gain, physical growth, and the quantity and quality of breast milk. **Materials and Methods:** A randomized-controlled-trial was performed over 12 months on 31 neonate-mother pairs. The trial group was given Vidari churna while the control group received placebo each of 12grams per day in three divided doses. Weight, anthropometric measurements and subjective parameters were assessed at every visit for a period of 1 month. Breast milk analysis was done on day 16(+/-2). **Results:** The mean weight gain in gm/month in trial group was 1132+/-25.95 compared to 764.2+/-31.94 in control group (P<0.05). The mean glucose level in mg/dl in trial group was 30.95±1.392 as compared to 15.25±1.315 in the placebo group(P<0.05). The mean improvement in lactation scores were 18.53+/-0.3094 in

the trial group as compared to 17.67 $\pm$ 0.4975 in the control group ( $P > 0.05$ ). Interpretation: According to the results Vidari churna significantly improved weight gain, as well as physical growth in low birth weight neonates. The significant increase in the glucose content in breast milk was attributable to Vidari churna. Conclusion: The trial drug can be accepted as a drug of choice for nutritional supplementation of LBW infants

## **Role Of Matra Basti Over Abhyanga And Sweda In Reducing Spasticity In Cerebral Palsy-A Randomized Comparative Clinical Study**

**Deepti A Kurubar**

**Abstract:** Cerebral palsy is a diagnostic term used to describe a group of permanent disorders of movement and posture causing activity limitation, which are attributed to non progressive disturbances in the developing fetal or infant brain. In India it is 3 per 1000 live births. Spasticity is most common symptom in Cerebral palsy (CP) and occurs in 70-80% of all cases. **Objective:** To compare the efficacy of Matrabasti over Abhyanga and sweda with Shuddha Bala taila in reducing spasticity among children suffering from cerebral palsy **Methodology:** 2-12 years children with spasticity were randomly selected from IPD and OPD of Kaumarbhritya, KLE's BMK Ayurveda hospital. The patients were divided into two groups. Group 'A' received Matra Basti, Group B Abhyanga and sweda for 15 days. Assessment was done on 15 Mann Whitney and Wilcoxon test. 30th and 45 Th day. Study was statistically analyzed by Result: Matra Basti has shown significant results in various parameters as compared with Abhyanga and sweda group. **Conclusion:** Matra basti is effective in treating the spasticity of cerebral palsy as compared to Abhyanga and sweda, whereas Abhyanga and sweda is effective in treating fine motor functions. Suddha Bala taila is effective in treating ekanga vata, pakshaghata and other related vataja vyadhis as attributed to its rogaagnata.

## **Evaluation of bronchodilator effect of kantakari (aqueous extract) nebulisation in wheezing children-a Randomized clinical study**

**Amol Anandrao Patil**

**Abstract:** Respiratory symptoms are common in young children. Around 30% of all children suffer from recurrent episodes of respiratory symptoms, such as wheezing, in early life. Wheezing places an important burden in terms of morbidity, quality of life, use of the health care system and health care costs. In Ayurvedic system of medicine, treatment of respiratory disorders has advantages like safety, economy, effectiveness and easy availability. This study proposes to evaluate the bronchodilator effect of Kantakari extract Nebulisation in wheezing children. **Objective:** To know the bronchodilator effect of Kantakari aqueous extracts nebulisation in wheezing children **Methodology:** Diagnosed cases of Wheezing were selected from OPD of Kaumarabhritya, KLE's BMK Ayurveda hospital. The patients were divided into two groups. Group A received Salbutamol and Group B received Kantakari extract, both group were studied for 60 minutes of duration. Assessment was done as per pre and post treatment preformed subjective and objective criteria. **Result:** Both group shows significant result on FPEV at level of p value  $< 0.05$ . Significant improvement on wheezing seen in group A but it was mild

to moderate in group B as compare with group A. There was no significant change observed in rest of parameters. Conclusion: Kantakari extract shows marked improvement in FPEV and significant result in reduction in wheezing, this can be concluded as effectiveness of Ayurvedic drug with new route of administration.

## **An Open Clinical Study to Evaluate the Safety and Efficacy of Septilin Drops In the Management of Upper Respiratory Tract Infection in Infants and Children**

**Pushpa K Jogihalli**

**Abstract:** The upper respiratory tract constitutes nose, paranasal sinuses, adenoids, tonsils, nasopharynx, and eustachian tube. The infections of URTI are viral in origin; more than 200 viruses can cause URTI. Upper respiratory tract infections are most common cause of morbidity in children age group due their high incidence and recurrence in worldwide. In developing countries 30% of all patients „consultation and 25% of all paediatric admission are of acute respiratory infections. Upper respiratory tract infections constitute 87.5% of the total episodes of respiratory infections. About 2.2 million deaths occur from ARI throughout the world and 13 - 20% mortality during infancy and childhood in India. Children are more susceptible to respiratory infections due their specific anatomic and physiologic peculiarities as well as immature immune responses. Recent studies have demonstrated the role of host immunity defense mechanism and it has been hypothesized that immunomodulation may have favorable impact in treating recurrent URTIs.. **OBJECTIVE:** To evaluate the efficacy of Septilin drops in upper respiratory tract infections in children. **METHODOLOGY:** Children's with the age group 3months to 3 years with signs and symptoms of upper respiratory tract infections were selected from OPD of Kaumarabhritya and enrolled into study after getting consent from who fulfilled the criteria of Inclusion. It's an open clinical trial, where all the patients received Septilin drops for the period of 15 days. Assessment was done clinically with subjective criteria's like cough , rhinorrhoea, sneezing , fever ,nasal congestion and objective criteria like hematological ,Biochemical and Imunoglobulins tests. Each subject has been evaluated and data collected in every follow up. After completion of the clinical study, data was analyzed by using Student's Paired „t“test. **RESULTS:** The present study has got significant reduction in the features of cough, rhinorrhoea etc and all the objective parameters except monocytes etc were statistically significant with p value <0.05. **CONCLUSION:** The present study shows that Septilin Drops is Safe in children for the given speculated dosage and for the given speculated period of intervention

## **Effect of mandukaparni churna in the Management of shayyamutra – a Randomized comparative clinical study**

**Sagar Shankar Lakkundi**

**Abstract:** Enuresis is the most bothersome and frustrating disorder of the childhood and has turned out to be a rampant problem in the society as it leads to great deal of psychological and emotional distress to the child and the family. Numerous studies report that enuresis gives a significant impairment to self-esteem which is extremely important for an optimal development of child's personality. It also has a negative impact on School performance, Quality of life, Interpersonal relationship, etc. **Objective:** To evaluate the effect of Mandukaparni churna in the management of Shayyamutra. **Methodology:** Patients of either sex between the age group of 5 to 12 year, diagnosed as enuresis will be included in the study from OPD of Kaumarabhritya, KLE's BMK Ayurveda hospital Belgaum. The patients were divided into two groups. Group A received Mandukaparni choorna; Group B received Bimbimoola swarasa for 30 days. The assessment of the condition was done by specially designed assessment protocol for the study. **Result:** Statistically both the groups showed highly significant ( $P < 0.001$ ) results on cardinal symptom (Bedwetting) which was really strikingly similar. But according to percentage of improvement the Mandukaparni (94.44%) showed better improvement than Bimbimoola swarasa. Other parameters which were included in the assessment protocol Mandukaparni choorna showed better result than bimbimoola swarasa. **Conclusion:** Mandukaparni showed highly significant result and better percentage of relief. Thus it proves its efficacy in the management of Shayyamutra.

## **Evaluation of the efficacy of rasaanjaan aalep in Ahiputan-an open clinical study**

**Santosh Chambanna Katti**

**Abstract:** Neonates, infants & early childhood are prone to get skin diseases due to delicate skin and less immunity. Ahiputan is one of the many diseases explained in Ayurvedic classics among children which is considered as Ghora and Dhaarun. Ahiputan is caused by frequent stagnated urine, faeces and sweat around the anal region for longer duration, resulting into Sphota with Kandu. Similar condition can be seen in diaper dermatitis and even in diarrhea with anal excoriation. If it is ignored, lead to wide spread infection by bacteria or fungi necessitating vigorous and prolonged treatment. Study conducted with birth to 03 years children with signs and symptoms of Ahiputan were randomly recruited from IPD and OPD of Kaumarabhritya, KLE's BMK Ayurveda hospital. Group was intervened with Rasaanjaan Aalep for five days on every stool passage. Assessment was done with affected skin color and skin dimensions. Study was statistically analyzed by student 't' test. **Result:** There was 63.33% improvement in the skin color on third day of treatment and on fifth day there was 97.3% improvement in the skin color. There was 68% reduction in dimensions in square cms of affected area on third day of treatment and 87.8% reduction in dimensions in square cms of affected area on fifth day of treatment shows reduction. **Conclusion:** Rasaanjaan gives earliest relief in Ahiputan which is cost effective



and easy to apply. Rasaanjan Aalep shows reduction in reliving symptoms. It is more appropriate in infants and toddler suffering from Ahiputan because the formulation is well designed in guna as required for pediatric use.

### **Comparative Study of Antipyretic Effect of Kiratatiktakadikwatha with Paracetamol in Febrile Children**

**Annapurna R Patil**

**Abstract:** Siravyadhana is one among four types of Raktamokshana procedures and Considered as Ardhachikista, and choice for Raktapradoshajavyadhi. Vatarakta is one of the raktapradoshavikara, produced by vitiation of both vata and rakta. In contemporary science can be compared with gout. Raktamokshana is also one line of management for vatarakta. Siravyadhana is often ignored and less practiced. Hence to see the effect of siravyadhana in vatarakta the present study was carried out. **Objective:** To assess effect of siravyadhana in management of vatarakta. **Material and methods:** Study design: It is open clinical trial with pre and posttest design. In this study 30 diagnosis patients of vatarakta who are fulfilling American rheumatology criteria to assess gout of either sex were taken for clinical study. **Source of data:** 30 diagnosed cases of vatarakta (gout) were taken from OPD and IPD of KLEUS Shri BMK Ayurveda Hospital Belgaum. **Intervention:** Before treatment investigations of Hb%, TC DC, ESR Serum uric acid and CT, BT were carried out. As purvakarma to siravyadhana, koshashodhana with gandharvahastadieranadataila was administered, followed by sadyasnehpana with moorchitaghruta was given. On the day of Siravyadhanaabhyanga, parisheekha was followed by tilayavagupana and After 45 min of yagupanagasiravyadhana was carried out. The above mentioned post investigations were carried out except CT, BT after 15 day and serum uric acid carried out on 3rd day also. **Results:** The overall results were assessed on each symptom by applying nonparametric paired t test. One setting of siravyadhana by following classical text method has showed significant results on sandhishoola in 69.1%, sandhooshotha 68.8%, sparshasahyata 67.2 %,daha 50%,shtabdhata 24.4%,guruta 85.5% kandu 3.3%. 0.2 mean difference of Hb % and 1.8 mean difference of serum uric acid were noted. **Conclusion:** in present study classical method of siravyadhana helped to reduce the symptom of vatarakta significantly along with serum uric acid. It also helped get good flow of blood during siravyadhana.

### **Effect of Kashyapokta Medhya Compound in Improving IQ of School Going Children: Randomized Single Blind Clinical Trial**

**Galatage Vinayak G**

**Abstract:** Mind and intellect are among the phenomena on which man always failed to derive in to a definite conclusion. Intelligence is the discriminative capacity which makes him different from animals. Thus intellectual capability of children has naturally become matter of concern for the present society. About 10% of children in early school age performs poorly and have difficulty in learning academic skills. So dropout rate from school are commonly seen in children of developing countries like India. For this many factors are responsible among them low intelligence is important one. Ayurveda has a unique concept of Medhajanana. Many Medhya

dravyas and yogas are prescribed for improving intelligence. Even though some studies are done on medhya dravya but no research work has been done on the present study. Below average IQ child has impairment in over all levels of intelligence that is cognitive, language, motor and social abilities. Thus with the aim of assessing the effect of an Ayurvedic compound on them, this study entitled “Effect of Kashyapokta Medhya compound in improving ‘IQ’ of school going children: randomized single blind clinical trial” was conducted. Aims and Objectives To evaluate the efficacy of Kashyapokta Medhya compound in improving IQ of school going children. Materials and Methods Kashyapokta Medhya compound ingredients were collected, authenticated and prepared according to classical method and then analytic study of finished product was done. Study Design Randomized single blind clinical trial with Group A (Study- Kashyapokta Medhya compound 5gm BD with madhu and ghrut for 1 month) and Group B (Placebo control –godhum choorna 5 gm BD with madhu and ghruta for 1 month) subjects was conducted at different schools of Belgaum .Those who had below average IQ (70-89) selected after screening with CPM test and inclusion criteria. Seguin Form Board test, parent’s questionnaire and teacher’s questionnaire all these assessment criteria were recorded. Observations and Results It was found that both Group A (Kashyapokta Medhya compound) and Group B (placebo) were statistically significant within their groups before and after treatment, but between the groups, Group A was much more significant in increasing the IQ score compared to placebo group B. Conclusion Kashyapokta Medhya compound improves the IQ in school going children

### **A Randomized Controlled Study Of Bala Taila Abhyanga And Panchavalkala Kwath Snana Versus Coconut Oil Massage And Plain Hot Water Bath In Physiological Transition Of Newborn**

**Savita Butali**

**Abstract:** There is more superficially in the modern world. Newborn care is of immense importance for the proper development and healthy life of a baby. Neonatal health is undoubtedly one of the most significant health challenges facing the developing world. Therefore improving newborn health is not a matter of developing new solutions to the old problems but rather a matter of applying, replicating and scaling up the proven solutions via existing mechanisms. After the birth the baby is rely on external help and needs to adjust to live outside the womb & to develop a sense of security in newborn abhyanga is essential. It helps to prepare their bodies for movement and for relaxation. **Objectives:** □ To study the physiological effect of abhyanga and snana in early neonatal life as explained in Ayurveda. □ To compare the effect of Balatailaabhyanga&Panchavalkalakwathsnana in comparison to coconut oil massage & plain hot water bath. The present study is carried out with the objectives to study the physiological effect of abhyanga and snana in early neonatal life as explained in Ayurveda and to compare the effect of Balatailaabhyanga & Panchavalkalakwathsnana in comparison to coconut oil massage & plain hot water bath reviewing. The present study is carried out with the newborns selected randomly from the IPD of Shri BMK Ayurveda hospital Belgaum. Newborns, which were fulfilling the criteria of appropriate for Inclusion: 1. the normal newborn babies with more than 36 and less than 40 weeks of gestation 2. Registered mother; 3. Informed

consent from parent prior to delivery 4. Born by either normal vaginal route or LSCS 5.Expected fetal weight more than or equal to 2500 gm. 6. With low risk pregnancy were selected and divided into 2 groups according to an unbiased computerized randomization table. Exclusion criteria: 1. Newborns of Antenatal complications in mother (diabetes, hypertension etc) 2. Complications during labor 3.Preterm gestation 4.Presence of meconium in the liquor 5.Presence of congenital anomalies 6.Requiring immediate NICU care 7.Requiring bag and mask/ intubation during resuscitation 8. If the baby develops any of the complications like respiratory distress, septicemia, pathological and exacerbated physiological jaundice etc were excluded. Newborns of group 'A' were given Balataila abhyanga and Panchavalkalakwathsnana for 15 min.Newborns of group 'B' were given coconut oil massage and hot water bath Methods: 60 newborns irrespective of sex, caste, religion from Kaumarabhritya in patient department of S.B.M.K.A. and Hospital Belgaum were selected for the studyGroups of the Treatment: Newborns were randomly divided into two groups, each consisting of at least 30 newborns. Group 1 (study group) Abhyanga is done with Balataila followed by Panchavalkala kwathsnana starting after 24 hours of the birth. Group 2 (control group) Abhyanga is done with coconut oil followed by plain hot water bath starting after 24 hours of the birth. Results: The datascreened and statistically evaluated. It revealed that the maximum newborns of gestational age between 37-38 week; 66.66% were male babies. The result was assessed on the basis of newborn well-being and physiological measures as main criteria. Other parameters like Random blood sugar, Color, temperature, Activity, Blood pressure, capillary refilling time, respiratory rate and heart rate were also taken into consideration. The data obtained before and after the abhyanga and snana was statistically analyzed and significance drawn. The study showed that 61.66% of newborns were delivered by normal vaginal route, 91.66% were belonged to Hindu religion, 75% were from urban area.66.66% babies birth weight was in between 2.5-3 kg. The trials showed that Balatailaabhyanga and Panchavalkala kwath snana produced good results in two of the parameters; they are weight gain, temperature, activity, color, blood pressure, CRT and moderately good results in resp rate and heart rate. Coconut oi and hot water bath also produced good effect in weight gain. However comparison of results of Balatailaabhyanga and Panchavalkalakwathasna with Coconut oil massage and plain hot water bath, Balatailaabhyanga and Panchavalkalakwathasna produced highly significant result in weight gain and moderately significant in heart rate and respiratory rate. Interpretation: o Balataila and coconut oil has provided statistically highly significant results in weight, Heart rate. o Any side effect has not been observed during and after its clinical trial. o Abhyanga of newborn with Balataila is mentioned as effective in NavajataShishuParicharya in classics, in present study the effect is found as per scholars. o Both the oils are effective as protective agents hence both can be used for infant massage. o Present study was done with significant results in systolic BP and diastolic BP. Highly significant results in weight and heart rate so we may try same oils for care of the newborn to see the effect. Conclusion: It can therefore be concluded that the study vindicated the roll of Balatailaabhyanga and Panchavalkalakwathasna in physiological transition of newborn; it can prevent physiological weight loss of newborn in early newborn period and maintains the normalcy of heart rate. The study also brought in clarity so far as role of abhyanga and snana in navajatashishuparicharya is concerned and principle involved in prevention of early newborn weight loss.

## **The Study on Effect of Mashadi Modak as Supplementary Food in Underweight Children**

**Bhushan D. Chavan**

**Abstract:** Adequate food is the important requisite for the growth. While it is essential throughout childhood, it is more crucial during first 5 years of life. Nutritional diseases are by far the most common, widespread health and nutritional problem throughout the world, specially the developing countries including India. In childhood poor nutrition only does not stunt physical growth but it also affect developing brain.; **Objective:** To evaluate the efficacy of Mashadi modak as supplementary food in Underweight children. **Methodology:** Diagnosed cases of Underweight grade 1 and 2 according to standard IAP weight chart were selected from IPD and OPD of Kaumarabhritya, KLE's BMK Ayurveda hospital and Various Anganwadi of Belgaum. The patients were divided into three groups. Group A received Mashadi modak without anupan. Group B received routine food, Group C received Mashadi modak with anupan. Godugdha all group were studied for 2 month with 1 month follow up. Assessment was done as per pre and post treatment preformed objective criteria. **Result:** All the group shows significant increase in weight at the level of p value <0.05 level. Significant increase in height was observed in Group c at level of p value <0.05. There were no significant changes observed in rest of parameters. **Conclusion:** In present study shows An increase in weight and height has been observed, it is due to intervention of mashadi modak and anupana which provides the child extra calories and protein for growth of body.

## **Efficacy of Duralabadi Leha V/S Talisadi Choorna in Treatment of Kaphaja Kasa- A Randomized Comparative Clinical Study**

**Praveen Yallappa Mugabasav**

**Abstract:** Kasa (cough) is much common ailments among the population. It is characterized by inflammation of upper respiratory tract and bronchi. Due to specific anatomical and physiological peculiarities and immature immune responses children become more susceptible to respiratory disorder. **Objective:** To evaluate the efficacy of Duralabhadi leha in Kaphaja Kasa in children. **Methodology:** 8 to 12 years children with cough duration of less than 14-days were randomly selected from IPD and OPD of Kaumarabhritya, KLE's BMK Ayurveda hospital and KLE's Kamal hospital Ankola. The patients were divided into two groups. Group A received Duralabhadi choorna; Group B received Talisadi choorna for five days along with honey. Assessment was done with bouts of cough, sleep disturbance, sputum production, wheezing and crepitation along with total count, differential count, ESR and AEC. Study was statistically analyzed by student 't' test. **Result:** Both drugs have shown 50-60% reduction in bouts of cough, sputum production, and sleep improvement. There was 70-90% reduction in wheezing and crepitation. Marked reduction in TC, DC, ESR, and AEC. Statistically result was not significant between the groups. **Conclusion:** Duralabadi leha & Talisadi choorna show equal effects. In comparison to Talisadi choorna, which is teekshna in nature, Duralabhadi leha is more appropriate in children for kaphaja kasa because the formulation is well designed in guna as required for pediatric use.

## **Effect of Drakshadi Avaleha in Increasing the Hemoglobin Concentration of Anemic Children**

**Amol B. Patil**

**Abstract:** Pandu (Anemia) is prevalent all over the world. It is characterized by reduction of the red blood cell (RBC) volume or hemoglobin concentration below the range of values occurring in healthy persons & is much more common in childhood. **Objective:** To evaluate the efficacy of Drakshaadi avaleha in increasing the Hemoglobin concentration of anemic children. **Methodology:** Diagnosed cases of Pandu were selected from IPD and OPD of Kaumarabhritya, KLE's BMK Ayurveda hospital. The patients were received Drakshadi avaleha for the period of one month followed at the interval of 15 days for two months. Assessment was done as per pre and post treatment performed by hemoglobin % and peripheral smear. **Result:** The prepared medicine was shown significant result in increasing Hemoglobin concentration in pandu. at level of p value <0.001 level; Objective criteria shows significant result at level of p value <0.05 level. Peripheral smear shows change in color of red blood cell. **Conclusion:** The present study shown to increase the Hemoglobin concentration by therapeutic intervention of Drakshadi avaleha and helps in management of pandu especially in normocytic hypochromic type of anemia.

<b>ALVA'S AYURVEDIC MEDICAL COLLEGE, VIDYAGIRI, MOODBIDRI, KARNATAKA</b>			
<b>S.No</b>	<b>Scholar</b>	<b>Title</b>	<b>Year</b>
1.	Srihari S	Role of Shathapushpa Choorna In Enhancement Of Iq	2007-10
2.	Jyothi K R	A Clinical Study On The Efficacy Of Dhatryarishta In Pandu W S R To Iron Deficiency Anemia	2007-10
3.	Sogi P George	Evaluation On Efficacy Of Bharngyadi Choorna In Bala Kaphaja Kasa	2007-10
4.	Ravishankar K	A Comparative Study On Saraswata Choorna And Speech Therapy In The Management Of Gadgada	2007-10
5.	Mhatre Sagar R	Clinical Efficacy Of Shigrutvakadi Kashaya On Krimi Roga W.S.R.Ascaris Lumbricoides In Children	2008- 11
6.	Deepthi Balakrishnan	Evaluation On The Efficacy Of Shirisharista In Prathishyaya (Allergic Rhinitis)	2008- 11
7.	Naresh K Babar	Role Of Ayurvedic Drug Compounds In The Management Of Pama W.S.R.To Scabies	2008- 11
8.	Mangala K S	The Effect Of Shatyadi Choorna In Bronchial Asthma Of Children - A Clinical Study	2008- 11
9.	Joshi Abhishek J	A Comparative Clinical Study On Narasimha Churna And H.P.E.R Mixture In The Management Of Pem	2008- 11
10.	Nirmalkar Santosh S	A Clinical Study To Evaluate The Efficacy Of Vrudhadaruka Rasayana In A.D.H.D	2009- 12
11.	Shreeraj A S	A Study On The Efficacy Of Eladichoorna In Mootrakrichra W.S.R Urinary Tract Infection	2009- 12
12.	Kale Trimbak R	Effect Of Pathadi Choorna In Bala Atisar W.S.R Infantile Diarrhea	2009- 12
13.	Vikas Sadhotra	Clinical Evalutation Of Yavanyadi Churna In Giardiasis	2009- 12
14.	Sindhu M A	A Clinical Study On The Management Of Attention Deficit Hyperactivity Disorder With Brahmipushpi Compound.	2010- 13
15.	Rakhi C M	A Clinical Study To Evaluate The Efficacy Of Vidangakrishnadi Kashaya On Krimi Roga W.S.R To Ascaris Lumbricoides	2010- 13
16.	Sachin V Salunke	Clinical Evalutation Of Shankhadi Lepa In Ahiputana W.S.R To Napkin Rash	2010- 13
17.	Amit Gaur	A Clinico-Comparative Study On Darvyadi Yoga And Indukanta Yoga In Tonsillitis W.S.R Tundikeri	2010- 13
18.	Sreevisakh T S	A Controlled Clinical Study To Evaluate Gudadi Mandura In The Management Of Pandu Roga In Children	2010- 13
19.	Borate Pramod Janardan	A Clinical Study To Evaluate The Efficacy Of Karanja Beeja Choorna In Pakwashyagata Krimi W.S.R Ascaris Lumbricoides	2011- 14
20.	Pramod P A	A Clinical Study To Evaluate The Efficacy Of Shatyadi Choorna In Prathishyaya W.S.R To Allergic Rhinitis	2011- 14

21.	Praghosh Mathew	A Clinical Study To Evaluate The Efficacy Of Yastimadhu Churna In Iq Enhancement Of 10-12 Year Age School Going Children	2011- 14
22.	Sanal Krishnan M	Role Of Chitrakadi Choorna On Kaphaja Kasa In Children	2011- 14
23.	Chaudhari Swapnil Subhash	A Clinical Study To Evaluate The Efficacy Of Trivrutadi Avaleha In The Management Of Vibhandha W.S.R. To Functional Constipation	2013- 16
24.	Neenu.V.Kuzhi kandathil	Aclinical Study To Evaluate The Efficacy Ofkrimimudgara Rasa In Management Ofkrimiroga W.S.R. To Intestinal Helminthiasis	2013- 16
25.	Vishwaradhya Hiremath	A Clinical Study To Evaluatethe Efficacy Of Rajanyadiyoga In The Management Of Tamakashwasa W.S.R To Bronchial Asthma In Children	2013- 16
26.	Deore Sagar Ganpat	A Clinical Comparative Study To Evaluate The Effect Of Karanja Taila Application And Navaka Kashaya With Karanja Taila Application In Pama W.S.R. Scabies In Children	2013- 16
27.	Dr Yadav Yogeshkumar Ramashanker	“Clinical Study To Evaluate The Effect Of Bala-Vidarikandadi Compound -Biscuit In The Managementof Karshya W.S.R. To Underweight In Children”	2014- 17
28.	Dr. Dhanya .Raj	“Comparative Clinical Study To Evaluate Efficacy Of Chitrakahareetaki Avaleha With And Without Darvyadi Dhoomapanam In Kaphaja Pratishyaya W.S.R. To Simple Chronic Rhinitis”	2014- 17
29.	Dr. Lekshmi. M. R.	“Comparative Clinical Study On The Effect Of Vishva Vishadi Syrup And Bhunimbadi Syrup In Grahani W.S.R To Irritable Bowel Syndrome”	2014- 17
30.	Dr. Jithesh Chowta	“A Comparative Clinical Study On The Efficacy Of Lodhradi Lepa And Arjuna Lepa In Mukhadushika W.S.R To Acne Vulgaris”	2014- 17
31.	Dr. Nandhu. G. Joseph	“Clinical Efficacy Of Vidangadi Ointment In The Management Of Dadru W.S.R To Tinea Infections”	2014- 17
32.	Dr. Thushar.T.S	Clinical Study To Evaluate Effectof Pippali Choorna With Madhu On Baala Kaphaja Kasa	2015- 18



<b>BHARATI VIDYAPEETHA PUNE MAHARASHTRA.</b>			
33.	Dr. Pooja V. Patil	Study Of Roll Of Goghrita As Nutritional Supplement For Preterm Babies	2007-2010
34.	Dr. Pawan W Rane	Study Of Haridradi Ghrita On Rise In Serum Bilirubin Level In Early Neonatal Period	2007-2010
35.	Dr. Kishor Pacharne	Study Of Effect Of Balataila Abhyanga On Full Term Neonates Health	2007-2010
36.	Dr. Jayprakash Khairnar	To Study Efficacy Of Amalakyadi Drop On Neonatal Health By Ayurvedic & Modern Health Parameter	2007-2010
37.	Dr. Mahesh Chougule	Study The Efficacy Of Kharjuradi Leha On Kasa	2008-2011
38.	Dr. Mahesh Divekar	To Evaluate The Effect Of Yashtimadhu As A Medhya In School Going Children	2008-2011
39.	Dr. Prafulla Shinde	To Study The Effect Of Rasanjana Awachurnan In Ahiputana W.S.R. To Napkin Rash	2008-2011
40.	Dr. Atul Patil	To Study Effect Of Rajanyadi Churna On Balatisara At Age 1-2 Years	2008-2011
41.	Dr. Kuldip Bhambure	To Study The Effect Of Shatavarighrita In Term IUGR Babies	2009-2012
42.	Dr. Rohit S. Kumbhar	Study Of Effect Of Ashwagandha Ghurta In Low Birth Weight Babies	2009-2012
43.	Dr. Sarfaraj Memon	Study Of Effect Of Vyoshadivati On Pratishyay In Children	2009-2012
44.	Dr. Mujawar Masood S.	Efficacy Of Balchaturbhadraka Churna On Kasa In Children	2009-2012
45.	Dr. Manoj Jare	Comparative Study Of Goghrita, Coconut Oil And Medium Chain Triglyceride Oil On Weight Gain In Full Term, Small For Gestational Age Babies, During Neonatal Period	2009-2012
46.	Dr. Sandip Nikam	Study The Effect Of Amrutdhara In Shwasa Vyadhi, Used As An Aerosol In Wheeze W.S.R. To Its Bronchodilator Effect	2010-2013
47.	Dr. Rahul Jumle	Study The Role Of Shatyadi Churna On Pratishyaya In Children Of Age Group 1 to 5 Years	2010-2013
48.	Dr. Prashant Pawar	To Study The Efficacy Of Dusparshadi Leha On Kasa In Children (Age 1-5 Years)	2010-2013
49.	Dr. Sandip Patil	Comparative Study Of Kushtha Taila And Spirit In Umbilical Care	2011-2014
50.	Dr. Purti Barhate	Study Of Comparative Effect Of Sariva & Rasanjana Awachurnan In Ahiputanak	2011-2014
51.	Dr. Pratik Patil	Comparative Study Of Ativishadichurna & Pushkaradichurna On Kasa In Children 1-8yrs	2011-2014
52.	Dr. Kamlesh Patil	Study Of Mustadi Pramathya On Atisara In Balya Avastha	2011-2014
53.	Dr. Sonal J. Mahind	Study The Jwarhar Effect Of Musta-Parpataka In Children Aged 1-5yrs	2012-2015

54.	Dr. Prasad Takale	Study The Efficacy Of Vasa Swaras On Kaphajakasa In Children	2012-2015
55.	Dr. Pritam Pawar	Study The Effect Of Gudaharitaki In Pandu W.S.R. To Iron Deficiency Anaemia	2012-2015
56.	Dr. Sheetal Pudale	A Study On The Efficacy Of Adrakswaras On Pratishya In Children 1-5yrs	2012-2015
57.	Dr. Yogita Chavan	To Assess The Analgesic Effect Of Mochrasa In Neonate	2013-2015
58.	Dr. Preeti Singh	To Study The Effect Of Madhu In Neonatal Pain Management	2013-2015
59.	Dr. Satpal Sawant	To Study The Effect Of Guduchiamalaki Kashay In Hyperbilirubinemia In Neonatal Age	2013-2015
60.	Dr. Deepika Patil	Effect Of Shatapushpaarka In Udarshool In Ksheerapawastha With Special Reference To Infantile Colic	2013-2015
<b>D.Y.PATIL UNIVERSITY SCHOOL OF AYURVEDA MUMBAI, MAHARASHTRA</b>			
61.	Vd. Renuke Abhijeet Shankar	Clinical study to assess the efficacy of Bimbimool churna in Shayyamutra w.s.r. To Nocturnal Enuresis	2018-19
62.	Ghrat Suchita Dattatray	A randomised open clinical trial to study efficacy of Vachadi ghrita for painful dentition	2018-19
63.	Vd. Vijaylaxmi Akula,	A clinical study to evaluate the Efficacy of Agnimantha moola churna (orally) and Sarshap taila (local app.) in the management of Shitapitta w.s.r. To Chronic urticaria in Children.	2018-19
<b>S.D.M COLLEGE OF AYURVEDA UDUPI, KARNATAKA</b>			
64.	Dr. S. Swapna Chitra	" To Study The Efficacy Of Vyoshavaraadi Rasayana In The Enhancement Of Iq In Preschool Children. "	2013-2015
65.	Dr. Saurajyoti Halder	"A Clinical Study On Ayorajovyoshadi Yoga In The Management Of Pandu W.S.R. Iron Deficiency Anaemia In Children. "	2013-2015
66.	Dr. Anjana R.	" A Controlled Clinical Study Of Balabilwadi Modaka As Complementary Food In The Assessment Of Growth And Development In Infants. "	2013-2015
67.	Dr. Soumya Priyadarshini V.	"Comparative Controlled Clinical Study Of Umbilical Cord Care By Topical Application Of Haridradi Churna In Newborns. "	2013-2015
68.	Dr. Sreeraj R.	A Clinical Study On Devadarvyadi Yoga In The Management Of Kaphaja Kasa In Children.	2014- 16
69.	Dr. Lowkesh Chandravanshi	Efficacy Of Vachadi Syrup In The Management Of Pratishyaya.	2014- 16
70.	Dr. Almas Taranum	A Controlled Clinical Comparative Study On The Efficacy Of Mandukaparni And Guduchi On Intelligence Quotient In School Going Children.	2014- 16

71.	Dr. Eishan Jain	"A Randomized Placebo Controlled Clinical Trial To Evaluate The Efficacy Of Vidarikandadi Churna In The Management Of Balashosha W.S.R. To Underweight Children. "	2015-17
72.	Dr. Amit Kumar Sharma	"Clinical Efficacy Of Krimi Ghatani Vati On Pureeshaja Krimi W.S.R. To Enterobius Vermicularis In Children. "	2015-17
73.	Dr. Srudha Shivayogi Rajanal	"An Open Clinical Trial On Hingwadi Choorna In The Management Of Tamakaswasa W.S.R. To Bronchial Asthma In Children. "	2015-17
74.	Dr. Shubhangi Rathore	"A Randomized Control Clinical Trial On Efficacy Of Amruta Abheervadi Drops In Neonaal Hyperbilirubinemia."	2015-17
<b>SHRI J.G.CO AYURVEDIC MEDICAL COLLEGE GHATAPRABHA, BELAGAVI, KARNATAKA</b>			
75.	Dr.Laxmi Mamadapur,I Year Pg Scholar	The Effect Of Vidarikandadi Churna In Karshya W.S.R To Under Nutrition	2013-16
76.	Dr.Basaveshwar.M.Chougule,I Year Pg Scholar	Effect Of Tryushanadi Churna In Management Of Bala Atisara W.S.R Acute Diarrhoea	2013-16
77.	Dr.Sagar.Narendra.Margade, I Year Pg Scholar	Effect Of Pathyadi Churna On Kaphaj Kasain Children W.S.R To Acute Bronchitis	2013-16
78.	Dr. Sachin Keraba Chavan	A Clinico Comparative Study Of Paribhadra Swaras And Palash Beej Choorna In The Management Of Pureeshaja Krimi W.S.R. To Ascaris Lumbricoides In Children	2013-16
79.	Dr.Amit Chougule, I Year Pg Scholar	Management Of Tamaka Shwasa With Rasnadi Churnaw.W.S.R.To Bronchial Asthama	2013-16
80.	Dr. Meenakshi Wale	"A Randomized Open Clinical Trail On Effect Of Khanda Pippalyadi Avaleha With H.P.E.R Mixture And H.P.E.R Mixture In Treatment Of Karshya W.S.R To Underweight Children"	2014-17
81.	Dr. Patil Dhairyashil Vamanrao	"Evaluation Of Efficacy Of Jeerakadi Choorna And Shatyadi Choorna In The Management Of Tamakashwasa In Children W.S.R. Bronchial Asthma- A Randomized Control Open Clinical Study"	2014-17
82.	Dr. Ganapati Harwadekar	"Evaluation Of Effect Of Krimihara Compound In The Management Of Krimiroga In Children W.S.R To Purishaja Krimi -A Randomised Control Open	2014-17

		Clinical Trial”	
83.	Dr. Akash Vishnupant Kashid	To Evaluate The Clinical Effect Of Bhadramustadi Taila & Karanja Taila In The Management Of Charmadala In Children W.S.R Atopic Dermatitis.	2014-17
84.	Dr. Prakash Pawar, I Year Pg Scholar	A Comparative Clinical Study Of Kutaja Avaleh And Bilwadi Avaleha In The Management Of Balarista W.S.R To Acute Diarrhea In Children	2014-17
85.	Dr. Shreyash R Kasar, I Year Pg Scholar	A Clinical Study To Evaluate The Efficacy Of Triphaladya Ghrita In The Management Of Kaphaja Krimi W.S.R To Ascaris Lumbricoides	2014-17
86.	Dr. Vishwajit S. Shinde	A Clinical Study On The Efficacy Of Kesaradi Ghrit In Mrudbhakshanjanya Pandu W.S R To Iron Deficiency Anemia	2014-17
87.	Dr. Ramesh D. Jadhwar	“Effect Of Bharangyadi Churna In The Management Of Tamaka Shwasa In Children”	2014-17
88.	Dr. Mamata. H. S, I Year Pg Scholar	Evaluation Of The Efficacy Of Ashta Mangala Ghrita In The Management Of Attention Deficit Hyperactivity Disorder (Adhad) -A Randomized Comparative Clinical Study	2014-17
89.	Dr. Ratna Lagamanna Mallapure, I Year Pg Scholar	Stanya Parikshana And Its Clinical Implication In Infants An Observational Study	2015- 18
90.	Dr. Jeevan Dattatray Londhe	A Comparative Clinical Study Of Chakramardadi Lepa And Durvadi Lepa In The Management Of Dadru W.S.R. To Tinea Capitis	2015- 18
91.	Dr. Hemant Kadam	To Evaluate The Action Of Vasa Guduchyadi Kasay In Dengue Fever In Childrens	2015- 18
92.	Dr. Parag Gadilkar	A Clinico Comparative Study Of Kumar Bharan Rasa And Darvyadi Kwatha In The Management Of Tundikeri (Chronic Tonsillitis)	2015- 18
93.	Dr. Nandkumar Pise	A Clinical Evaluation Of Madhura Triphala And Dadimadi Ghrita In Management Of Pandu In W.S.R. To Iron Deficiency Anemia In Children	2015- 18
<b>S.D.M COLLEGE OF AYURVEDA HASSAN, KARNATAKA</b>			
94.	Purushotham B Ukkali	To Evaluate The Effect Of Medhya Compound In The Management Of Buddhimandyata In Cerebral Palsy	2007-
95.	Abhijeet J Bharamgonda	A Clinical Study On The Management Of Vicharchika (Eczema) By Brihat Haridrakhanda And Lepa Of Arka Taila In Children	2007
96.	Ragamala K C	An Observational Study On Dhatriलोha In The Management Of Pandu In Children W.S.R. To Iron Deficiency Anemia	2007
97.	Shine S Nair	An Observational Study On The Effect Of	2007

		Mahathiktaka Ghrita Along With Nalpamaradi Taila Lepa In Charmadala (Atopic Dermatitis)	
98.	Veena K H	Effect Of Amritadi Lozenges In The Management Of Kaphaja Kasa In Children	2007
99.	Prasad Laxman Bamane	The Role Of Vak-Shuddhikara Churna In Management Of Stuttering	2008
100.	Shwetha D	An Observational Study On The Effect Of Eladi Gutika In The Management Of Chardi In Children	2008
101.	Aarthi V Kamath	Effect Of Kantakari Ghrita In Management Of Vataja Kasa	2008
102.	Rahul J Patil	Role Of Virechana & Kantakarya Valeha In The Management Of Tamakashvasa In Children	2008
103.	Sital S Desai	A Study On The Effects Of Svarnamritha Prashana In The Management Of Kasa	2009
104.	Nikhil D Vhatkhar	A Clinical Study On Effect Of Local Application With Jyotishmati-Apamarga Kshara Taila In The Management Of Shvitra (Vitiligo)	2009
105.	Amol G Shende	Clinical Study On Avartaki Pushpa Vati In The Management Shaiyyamutra	2009
106.	Rahul Vijay Chougule	Effect Of Shvasahara Avaleha In The Management Of Tamaka Shvasa In Children	2009
107.	Rashmi V Shettar	A Comparative Clinical Study On Katuki And Kiratatikta In The Treatment Of Samajwara In Children	2009
108.	Amal P Babu	A Study On The Effect Of Kampillakadi Yoga In The Management Of Pureeshaja Krimi With Special Reference To Ascaris Lumbricoids In Children	2010
109.	Ambika Das	Effect Of Madookaparni On Borderline Intelligence Of 5th Standard Students	2010
110.	Sharvari S. Deshpande	Clinical Study On Assessment Of Growth And Development In Infants With Shashtikshalyadi Churna As Weaning Food	2011
111.	Arya T.U.	To Study The Effect Of Panchatiktaka Ghrita In The Management Of Charmadala (Atopic Dermatitis)	2011
112.	Dr. Nabisab D Kamatanur	To Clinically Evaluate The Effect Of Svarnamrita Prashana Leha On Growth And Development In Children	2011
113.	Dr. Vishvender Singh	An Observational Study To Assess The Combined Effect Of Mahatiktaka Ghrita And Marichadi Taila In The Mangement Of Svitra	2011
114.	Prashant Madhukar Wankhede	Clinical Study On Chandraprabha Vati & Dashamula Kashaya In The Management Of Shaiyyamutra	2011
115.	Dr.	A Comparative Evaluation Of Antipyretic Effect	2013

	Dharmendra Bankelal Maurya	Ofamrutottar Syrup With Paracetamol Syrup In The Management Of Sama Jwara	
116.	Dr. Deepthi Viswaroopan	A Clinical Study On The Effect Of Ashvagandha Ghrita Matra Basti On Karshya (Underweight) In Children	2013
117.	Dr. Jithesh Raj.K.T	An Observational Study On The Efficacy Of Patoladi Syrup In The Management Of Tundikeri (Chronic Tonsillitis)	2013
118.	Dr. Shradha Narayan Gawade	Clinical Study On The Effect Of Supachya Arka In The Management Of Udarshoola (Infantile Colic)	2013
119.	Dr. Shivanand S Patil	Effect Of Brahmi Vati (Bacopa Monniera) On Borderline Intelligence Of 4th Standard Students	2013
120.	Dr. Gaikwad Samarjeet Jalandar	Clinical Study On Effect Of Swarnamritaprashana (Modified Swarna Prashana) On Immunity (Igg) In Toddlers	2014
121.	Dr. Sudheer Sharma	“Clinical Study On Effect Of Swarnamritaprashana (Modified Swarna Prashana) In The Management Of Shayyamutra In Children”	2014
122.	Dr. Kannan Sagar	Clinical Study To Evaluate The Effect Of Swarnamritaprashana (Modified Swarna Prashana) In Growth And Development Of Toddlers(1 To 2 Years)	2014
123.	Dr. Kripakaran P P	Clinical Study On Effect Of Swarnamritaprashana(Modified Swarna Prashana) On Growth And Development In Infants	2014
124.	Dr. Ajay Rana	Clinical, Study On Effect Of Swarnamritaprashana (Modified Swarna Prashana) On Immunity [Igg] In Children Of 3 To 5 Years	2014
125.	Dr Srilakshmi	A Comparative Clinical Study On Effect Of Salavana Upanaha Sweda With And Without Dashamoola Pariseka On Spasticity In Children With Cerebral Palsy.	2015
126.	Dr Akshay A Gurav	Clinical Study On The Effect Of Dadimadi Ghrita And Mandurabhasma In Pandu Roga (Iron Deficiency Anaemia)	2015
127.	Dr Greeshma Purushothaman	A Comparative Clinical Study On The Efficacy Ofbharangi Moola Arka And Tamboola Patra Arka For Nebulization In The Management Of Tamaka Swasain Children	2015
128.	Dr Saranya Sivaraj	An Open Label, Two Arm,Randomized, Active Controlled Clinical Trial On The Efficacy Of Amritapraasha Ghrita In Children With Karshya (Grade I And Ii Under Nutrition)	2015
129.	Dr Sahana C L	A Clinical Study On The Effect Of Haritaki Khanda In The Management Of Vibandha	2015

		(Constipation) In Children Aged 3-6 Years	
130.	Dr Bahuraj Pundalik Janagond	Clinical Study To Evaluate Naimittika Rasayanaeffect Of Pippali Inkaphaja Kasa (Reccurent Wet Cough) In Childrenof Age 3-7 Years	2015
<b>IPGT&amp;RA – JAMNAGAR, GUJARAT</b>			
131.	Patel A S	A Clinical Study On Management Of Pureeshaja Krimi With The Yoga Of “Aki.”	2001
132.	. Saxena Sushmita	A Comparative Study On Effect Of Panchabhautika Taila Nasya With Samvardhana Ghrita And Jyotishmati Taila In Management Of Mandabuddhitva (Mental Retardation).	2001
133.	Kalra Sonika	Role Of Adjuvant Of Ayurveda In The Management Of Rajayakshma In Children W.S.R. To Pulmonary Tuberculosis In Children.	2002
134.	Parikh Sheetal P	A Comparative Study Of Krimighna Vati And Palashabeeja Ghana-Vati On Udara Krimi In Children	2002
135.	. Kataraiia Amit T	A Comparative Clinical Study Of Medhya Rasayana And Shayya- Mootrahara Yoga In The Management Of Shayya Mootra (Enuresis)	2003
136.	Manek Seema V	A Comparative Study Of Kampillaka Choorna And Shighru-Beeja Ghana On Kosthagata Krimi In Children.	2003
137.	. Dinesh K S	Role Of Sarasvatadi Yoga In Improving The Iq Of School Going Children.	2004
138.	Kulakarni Omakar J	A Clinical Study Of Shaddharana Yoga In The Management Of Grahani-Dosha In Annada-Avastha.	2004
139.	Mishra Rakesh	Effect Of Palasha-Beejadi Churna In Kosthgata Krimis -	2004
140.	Trivedi Bharvi	A Comparative Clinical Study Of Agastya Yoga And Ashtapallava Taila Nasya In The Management Of Pratishyaya.	2004
141.	Vinod Kumar (2005)	A Clinical Study To Assess The Efficacy Of Bhoonimbadi Syrup In The Management Of Grahani-Dosha In Children.	2005
142.	Raja Hariprasad (2005)	A Comparative Clinical Study On The Efficacy Of Gojihvadi Yoga And Indukanta Yoga In The Management Of Recurrent Upper Respiratory-Tract Infection In Children.	2005
143.	Chetali Bhat (2006)	A Pharmaco-Clinical Study On The Management Of Mandukaparni (Centella Asiatica) In Attention - Deficit / Hyperactivity Disorder (Adhd)	2006
144.	Gauri Gole (2006)	To Study The Efficacy Of Bimbimula Syrup In The Management Of Shayyamutra – Enuresis	2006
145.	Hemalatha N	A Clinical & Experimental Study On The Efficacy	2006



	(2006)	Of Shunthi Pushkaramooladi Yoga In The M'ment Of Tamaka Shwasa W.S.R.To Childhood Asthma	
146.	Ruchi Singh (2007)	A Study Of Disease Thalassemia (Anukta Vyadhi In Ayurveda) And Its Management With Dhatri Avaleha.	2007
147.	Geeta Jatav (2008)	A Comparative Study On The Effect Of Vidarikandadi Vati And Kshirabala Taila Basti In The Management Of Karshya In Children.	2008
148.	Kinjal (2008)	A Clinical Study Of Rajanyadi Vati In The Management Of Grahani Dosha In Annadavastha.	2008
149.	Lokesh (2008)	A Comparative Study On The Efficacy Of Mustakadi Avaleha And Gojihwadi Avaleha In The Management Of Pratishyaya W.S.R. To Recurrent Upper Respiratory Tract Infections In Children.	2008
150.	Jadhav Sahebrao B	A Study Of Disease Thalassemia (Anukta Vyadhi In Ayurveda) And Its Management With Trifaladi Avaleha As An Adjuvant Therapy	2009
151.	Gohel Salim D	A Comparative Study On Efficacy Of Bharangyadi Avaleha And Vasa Avaleha In The Management Of Tamka Shvasa W.S.R. To Childhood Asthma	2009
152.	Pragya Pushpanjali	A Clinical Study On The Effect Of Brahmi Vati In The Management Of Shayyamutra (Enuresis)	2010
153.	Rutu V Patel	A Clinical Study Of Devadarvyadi Vati On Grahani Dosha In Children	2010
154.	Abhishek Y Patalia	A Study Of Beejadushtjanya Pandu And Its Management With Triphaladi Avaleha W.S.R. To Thalassemia.	2011
155.	Amruta S Gaikwad	A Comparative Pharmacoclinical Study Of The Effect Of Madhu-Ghrita And Swarnavacha-Madhu-Ghrita On Neonates.	2011
156.	Apexa G Vyas	A Clinical Study On Samvardhana Ghrita And Shashtikashali Pinda Sweda In The Management Of Cerebral Palsy.	2011
157.	Nirali Doshi	A Clinical Study On Brumhan Effect Of Prinan Modaka And Godhumadi Modaka In The Management Of Karshya In Children	2011
<b>SHRI JAGDGURU GAVISIDDHESHWAR AYURVEDIC MEDICAL COLLEGE KOPPAL</b>			
158.	Dr. Rajeev Gupta	A Study On The Effect Of Maheshwara Dhoopa As Disinfectant	2015
159.	Dr. Dipesh Mahendra Waghmare	A Comparative Clinical Study To Evaluate The Effect Of Rasa Tailam Abhyanga With Godhuma Pinda Swedana And Bala Tailam Abhyanga With Shashtikashali Pinda Swedana In Management Of Spasticity In Spastic Cerebral Palsy	2015
160.	Dr. Suchit Telmasre	A Comparative Clinical Study With Kushtha	2015

		Taila And Chlorhexidine (Savlon) In Umbilical Cord Care.	
161.	Dr. Amit Shinde	Management Of Vibandha With Amalaki Churna W.S.R. To Functional Constipation.	2015
162.	Dr. Ashish. M. Khandebharad	A Comparative Clinical Evaluation Of Suvarna Malini Vasant Ras And Khadiradi Vati In The Management Of Kaphaja Kasa W.S.R.To Recurrent Respiratory Track Infection In Children	2015
163.	Dr. Lokesh D. Badiger	A Clinical Study With Sringavera Svarasa In Kaphaja Kasa In Children	2015
164.	Dr. Ashwini Kumari	A Comparative Clinical Study On The Effect Of Yavadi Lepa And Retinoic Acid In The Management Of Mukhadoooshika (Acne Vulgaris) In Adolescence	2015

## PG INSTITUTES OF KOUMARA BHRITYA ALL OVER INDIA

Sri Venkateswara Ayurvedic College, SVIMS Campus, Tirupati North-517507 Andhra Pradesh
Institute for Post Graduate Teaching & Research in Ayurveda Office to the Director Sushruta Bhavan Gujrat Ayurved University G.G. Hospital Road Jamnagar -361008
Parul Institute of Ayurved, P.O Limda, Tal. Waghodia Distt. Vadodara- 391760 Gujarat
Rajiv Gandhi Govt. Post-Graduate Ayurvedic College, Paprola, Tehsil-Baijnath, Dist. Kangra-176115 Himachal Pradesh
Karnataka Liberal Education University, Shri B.M. Kankanawadi Ayurveda Mahavidyalaya Shahapur, Belgaum- 590003 Karnataka
Shri Jagadguru Gurusiddheshwar Co-Operative Hospital Society's Ayurvedic Medical College, Ghataprabha-591310 Tal-Gokak, Dist. Belgaum Karnataka
Alva's Ayurveda Medical College Moodbidri, Mangalore Dist. Dakshin Kannada-574227 Karnataka
SNVV Samasthe's SGV Ayurved Medical College, Hospital & Research Centre, Tal: Bailhongal, Dist. Belgaum-591102 Karnataka
Shri Jagadguru Gavisiddheshwar Ayurvedic Medical College, Post Graduate Studies & Research, Koppal – 583231 Center Karnataka
Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Laxminarayan Nagar, P.O. Kuthpady Taluk and District Udupi- 574118 Karnataka
Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, thanniruhala, B M road, Hassan- 573201 Karnataka
Bharti Vidyapeeth's University, College of Ayurved, Satara Road, Tal.Haveli. Pune- 411043 Maharashtra
Tilak Ayurved Mahavidyalaya 583/2, Rasta Peth, Pune -411011 Maharashtra
Siddhakala Ayurved Mahavidyalaya Pimparne Road, Sangamner Kd, Tal. Sangamner, Dist. Ahmednagar-422605 Maharashtra
Chhatrapati Shahu Maharaj Shikshan Sanstha's Ayurved Mahavidyalaya & Rugnalaya Kanchanwadi, Paithan Road Tq. & Dist.: 8 -431002 Maharashtra
Yashwant Ayurvedic College Post Graduate Training & Research Centre, At & P.O, Kodoli- 416114 Tal. Panhala, Dist. Kolhapur, Maharashtra

Bhau Saheb Mulak Ayurved Mahavidyalaya Great Nag Road, Nandanwan, Dist. Nagpur 440009 Maharashtra
Shri Ayurved Mahavidyalaya, Dhanwantri Marg, Hanuman Nagar Nagpur 440009 Maharashtra
Government Ayurved College Wazirabad, Tal. & Dist. Nanded 431601 Maharashtra
Hon. Shri Annasaheb Dange Ayurved Medical College and Post Graduate Training Research Centre, A/p Ashta, Tal. Walwa, Dist. Sangli- 416301 Maharashtra
Loknete Rajarambapu Patil Ayurvedic Medical College, Hospital, Post Graduate Institute & Research Centre Urun-Islampur, Sangli Road, Tal. Walwa, Dist. Sangli-415409 Maharashtra
S.M.B.T. Ayurved College & Hospital At. Nandi Hills, Dhamangaon, Teh. Igatpuri, Dist. Nashik Maharashtra
Padamshri Dr. Dr. D.Y. Patil College of Ayurved & Research Institute, Dr. D.Y. Patil Vidya Nagar, Sector-7, Taluka-Nerul, Navi Mumbai, Dist.- Thane-400706 Maharashtra
Gopabandhu Ayurveda Mahavidyalaya, VIP Road, Puri-752002 , Orissa
Babe Ke Ayurvedic Medical College & Hospital Village & P.O Daudhar, Tehsil & Dist. Moga- 142053 Punjab
National Institute of Ayurveda Madhav Vilas Palace Amer Road, Jaipur-302002 Rajasthan
State Ayurvedic College & Hospital Tulsidass Marg, Lucknow-226004 Uttar Pradesh
Sham-E-Ghausia Minority Ayurvedic Medical College & Hospital and P.G. Research Centre At/P.O-Saheri, Via Nandganj Dist. Ghazipur -233302 Uttar Pradesh
Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya Opposite Dharpa Power House, Dist. Bulandshahar, G.T.Road, Khurza- 203131 Uttar Pradesh
Major S.D. Singh Ayurvedic Medical College & Hospital Bewar Road, Fatehgarh, Dist. Farrukhabad-209625 Uttar Pradesh
Dean, Faculty of Ayurveda Institute of Medical Sciences Banaras Hindu University Dist. Varanasi- 221005 Uttar Pradesh
Rani Dhullaiya Ayurved College & Hospital, Bhopal.
Govt. Ayurveda College, M.G Road, Taluke & District Thiruvananthapuram-695001 Kerala

## PALLAVA-2019, UNLEASHING MILESTONES

Pallava has been a thought conceived, Nurtured and delivered aptly by the team of KLE Ayurworld with the sole goal of expanding standards of pediatric Health care across the Globe. It has been designed for enrooting values true education that meets Knowledge, Attitude and Skills in child health care.

It is well said that, "once you stop learning, you Stop Growing". We at KLE Ayurworld believe in it, because in addition to striving to be perfect, it's also about getting excited to be perfect. Our team is somehow inherited the trait of doing it so as well. Developing skills and expanding the spectrum of viewing to apply those skills are two very important aspects of learning.

As a catalyst to this thought process, we have organized rows of International, National, State and Regional level seminars and Conferences in various Fields of expertise like International conference on shalakyam named "**Shalakyam Mantana**" in 2015, National conference on Rasayanavajikarana "**Sampraharsha**" in 2016, International conference on Kayachikitsa "**Pragati**" in 2017, later in 2018 National conference on Agadatantra "**Nirvisha**". Following this saga, we have stepped forward for the International seminar on Kaumarabhritya this year, "**Pallava-2019**".

They say a goal without a plan is just a wish. The goal of Pallava was achieved after 14 months of planning and execution by our staff and students. The first part of the plan was to name this conference. Several discussions and brainstorming sessions were held on this, and several suggestions like Pushti, Sudiksha, Kumaraparva - Creating New Milestones in Shishu Ayurveda, Janmam - A New Cry Shishu Vikasa - Growth through Ayurveda, Bhrityam - Let uplift and Sustain, Samvardhana, Milestones, Cradle - Call for the unheard cry / We care for every cry, Bachapan, Balaayurveda, Toddler, Suprajata, Balarakshana, Sutanaya, Putrakamya, Suprajavani, Humsikha, Jyotishmati, Spirituality, Amrit, Brahmi, Vigyana, Manthana, Wisdom, Sarvodaya, Swayam, Padiyur, Hito, Apekha - Finding for new invention, Ojaswi - Essence of Science, Tathya - True Knowledge, Sadhak - Knowledge seeker, Pallava, Pushti - Well Nourished, Sudiksha - Good initiation, Shrinkhla - Chain of Knowledge,

Avyakta - Apparent world, Shishu Bhaishajyam, Baala Hitam, Baala Rasayana, Kilakaari - Pleasant noise of child, Kreedangana, Kumarsambhava, Deerghanjeevika, Kumarkaanda, Manaswi, Ayushman, Shishu Bhesaja, Jeevaka, Kashyapa, Vruddhi, Vardhaman, Sparsha - A touch of Healing, Kapham, Sleshmam, Aarohi, Yamala, Vashistha, Hiranyaksha, Abhaya, Navjot, Balargyam, Prajana, Tattva, Kaumarakalyana, Samwardhan, Kaumara Sankalpa, Agasthi, Kaumara Parva, Shaileyam, Sutini - Motherly Care etc came up during these discussions. Finally the name Pallava-Unleashing milestones, was decided upon. Now to Live up to the name we needed a logo, thus propelling the second part of the plan. Kaumarabhritya is the science of pediatrics to the world but to us the Vaidyas it means a lot more. Hence to signify this The logo for conference was finalized to be as u see it now, wherein the baby's foot-represents development, 16 starts- samskaras, 3 petals -

doshas, the leaf represents the ayurvedic tradition with a child symbol that means that, on the whole all these are required for a healthy child. The next step was to decide on the domains to be covered in conference to reach the needs and demands of current child health care. Pediatric Respiratory Medicine, Pediatric Neurology, Pediatric Nutrition, Genetics, Immunology, Contemporary Pediatrics and Mother Care were determined to be the topics.

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To do the Needful we got consent from the eminent speakers like Dr. Manisha Bhandankar, Dr. Shekhar Annambhotla, Dr. Abhimanyu Kumar, Dr. Srihari, Dr. B.M. Singh, Dr. Chetan Kumar, Dr. Kumarivandana, Dr. Roshani Anirudhan, Dr. Dinesh, Dr. Nayankumar.S, Dr. Shailaja U, Dr. Mini Muralidhara, Dr. Rajgopal, Dr. Srinidhi Acharya, Dr. Reena Kulkarni to be the Resource persons for the event.

As the plan progressed, so did our responsibility to make this meet equal parts beneficial and resourceful to all those who attend it. The Institute came up with an innovative idea that let us to not just restrict ourselves to just scientific sessions and oral & paper presentations. The idea was also to keep hands on training sessions, as many of the institutes lack such training for their students. Thus it was finalized to keep skill stations in which important skills needed by practitioners would be showcased. It's a very unique opportunity for the under graduates, Post graduates, Teachers and the Practitioners. The Domain on the skill stations were decided to be: Newborn Resuscitation, Pediatric Panchakarma, Stanya Pareeksha, Ward procedures & surgical skills, Prakruti assessment, Psychological testing, Pediatric drug dosing, Navajata Shishu Paricharya, Basic Life support.

Pallava 2019 also has pre nonconference workshop on skin disorders by **Dr. C.M Sreekrishnana** Renowned Ayurveda Practitioner from Kerala. This is the first of its kind workshop to help delegates understand the disease process, diagnose and treat skin diseases in children with variety of case studies.

All work and no fun makes u dull, so to meet up the interest of particularly the students and other participants the institute also decided to have edutainment and creative activities such as photography and quiz. Later they were named as PALLAVA SPARSHA- Pre Conference workshop, PALLAVA MANTHANA- Scientific sessions, PALLAVA KOUHALYA- Skill stations, PALLAVA VIVECHANA- Oral paper presentations, PALLAVA PARVA- Edutainment respectively

Our goal started to seem even more realistic now that we had started on the next steps of developing the software for the conference and registrations. The first notifications to the public were sent henceforth and subsequently the first call letter was released on the republic day India..

A journey of wills and skills has to begin in the minds of participant and should spread to the healthcare in reality is the goal of pallava, let's unleash new milestones and hence set new goals and plans.



Best wishes from Honorable Shripad  
Yesso Naik, AYUSH Minister



Best wishes from Dr Deopujari Jayant  
Yeshwant, CCIM President



Best wishes from Dr  
Deopujari Jayant Yeshwant  
CCIM Presiden



Best wishes from Dr B R  
Ramkrishna, Vice President



Dr Rajesh Kotecha, AYUSH  
Secretary



Best wishes from Dr Abhimanyu  
Kumar, All India Institute of Ayurveda



Best wishes from Dr Rajgopal, All India Insitute  
of Ayurveda





Best wishes from Shri  
Nitinbhaj Patel, Deputy  
Chief Minister Gujarat



Best wishes from Dr  
Mark Rosenberg  
President European  
Ayurveda Academy



Best wishes from Dr Shri A  
Jayakumar ,Special  
Advisor-Vijnana Barathi



Best wishes from the students of Gujarat Institute of Ayurveda



Release of Pallava Brochure on 26<sup>th</sup> January 2019

Students being trained for various skill stations



Neonatal Resuscitation



Stanya Pareeksha



Child Physiotherapy



Suturing and Bandaging



Child Psychology



Paediatric Panchakarma

Various Hands Working for the grand success of Pallava



Talented Minds designing Pallava e-souvenir

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**Dr. Sumit**



**Dr. Basavaraj tubaki**

### ROUND TABLE CONFERENCE



**Dr Vedantamma Giridhar**



**Dr Sanieev Tonni**

### MEETING OF I - LAP



**Dr. R S Hiremath**

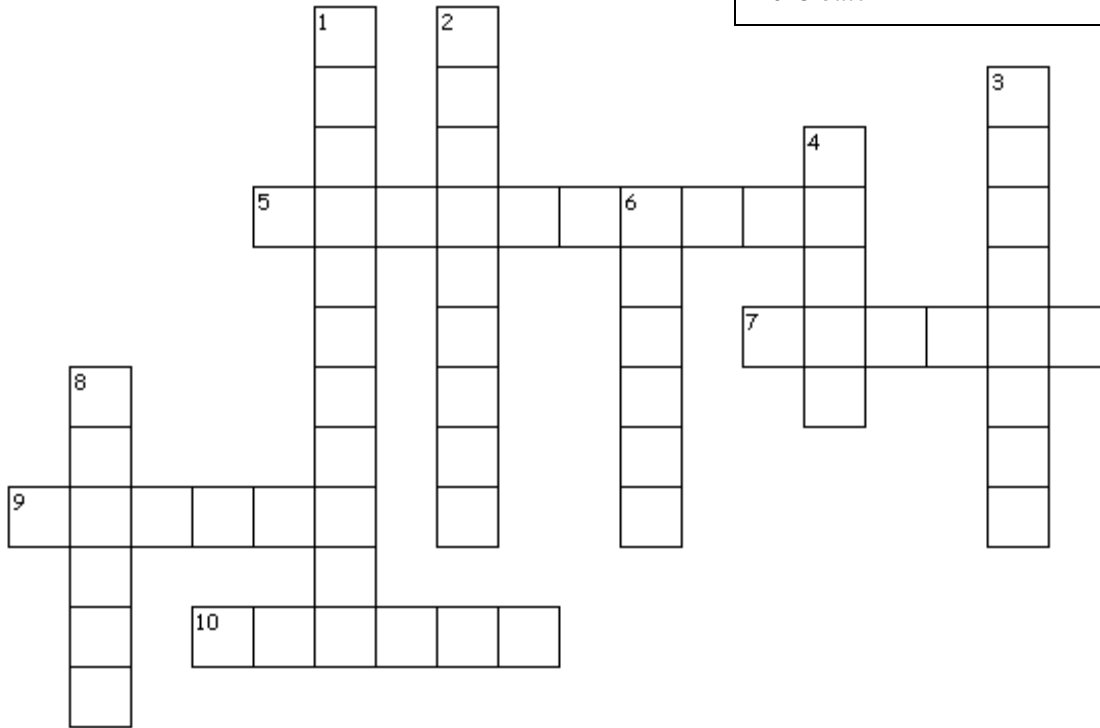


**Dr. Rajashekhar**

## PUZZLES AND CROSSWORDS

Kaumarbhritya

Miss Bhagyshree Patel  
2015 batch



### Across

- 5. Ghrita for dantodbheda janya vyadhi
- 7. Taila mentioned by sushruta for treatment of nirudha prakasha
- 9. Main ingredient of indraneeghritam
- 10. Raja taila is indicated in

### Down

- 1. First chapter available in kasyapa samhita
- 2. Dose of ghrita in jaatamaatra (newborn)
- 3. Taila used for nabhi parisheka (charaka)
- 4. Number of sweda

## Answers

### Across

- 5. SAMANGAAADI
- 7. CHAKRA
- 9. LASUNA
- 10. PHAKKA

### Down

- 1. LEHAADHYAYA
- 2. KOLAASTHI
- 3. LODHRADHI
- 4. EIGHT
- 6. AHINDI

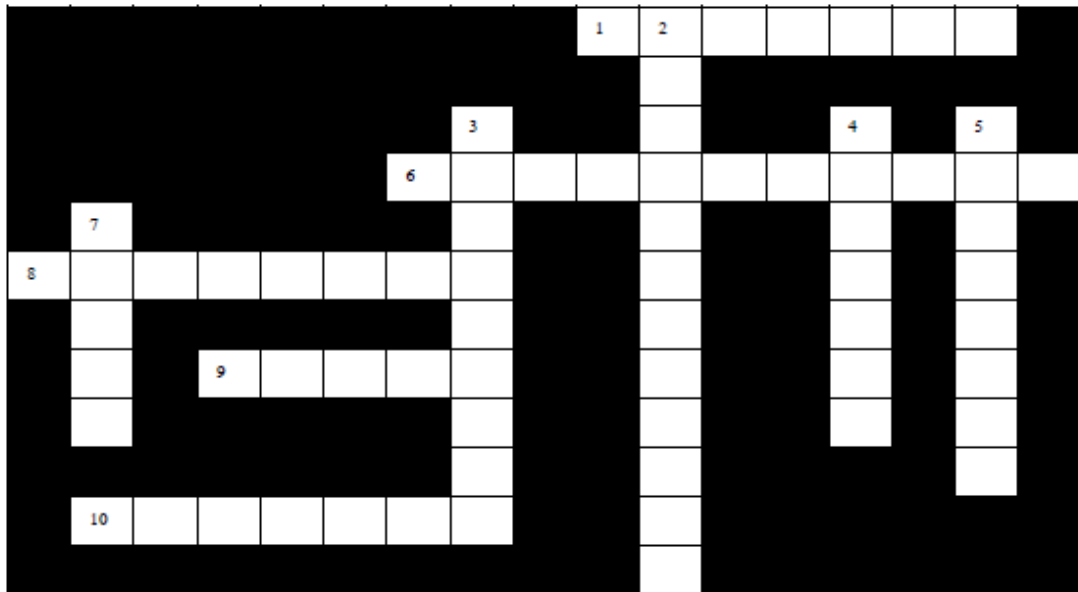
# Samskara

GNISHKRAMAKQSTXZUCFA  
 TGIAPALLAVAAOOXOHAIN  
 IXWNAIMSYZMENPEULNSA  
 NHYYGIIMTFPGBYDVPANA  
 XPSAMAVARTANAAALBHAY  
 JKQSGQREZLMIKKWSISSG  
 HGOAANRAKAMANNZQAAGA  
 KVCQVVNAQURYGZWRSRAH  
 PACLDRITUMKEBIIIXWPRB  
 AARJIZRZAPCOVQGPOABN  
 AMTNSIMANTONAYANANHV  
 NNAEADAHTSARPNVSNAI  
 TIAXLVJATAKARMAUXADV  
 YANYKVEANTYESTHIGWAA  
 EZXAAHADVEDARAMBHANH  
 SQOMKNONHISOSEAFJVAA  
 TATELBAIAAPQCRSYIMUU  
 HRSSPVEPNZNCJJXWQBRJ  
 IPKFLNXPUMSAVANATZVE  
 VQJVANPRASTHARWRDDNT

## HINT

GARBHADANA  
 PUMSAVANA  
 SIMANTONAYANA  
 JATAKARMA  
 NAMAKARANA  
 NISHKRAMA  
 ANNAPRASHANA  
 CHUDAKARMA  
 KARNAVEDHANA  
 UPANAYANA  
 VEDARAMBHA  
 SAMAVARTANA  
 VIVAHA  
 VANPRASTHA  
 SANYASA  
 ANTYESTHI

G N I S H K R A M A K Q S T X Z U C F A  
 T G I A P A L L A V A A O O X O H A I N  
 I X W N A I M S Y Z M E N P E U L N S A  
 N H Y Y G I I M T F P G B Y D V P A N A  
 X P S A M A V A R T A N A A A L B H A T  
 J K Q S G Q R E Z L M I K K W S I S S E  
 H G O A A N R A K A M A N N Z Q A A G J  
 K V C Q V V N A Q U R Y G Z W R S R A U  
 P A C L D R I T U M K P A T E L W P R K  
 A A R J I Z B H A G Y A S H R E E A B A  
 A M T N S I M A N T O N A Y A N A N H V  
 N N A E A D A H T S A R P N A V S N A I  
 T I A X L V J A T A K A R M A U X A D V  
 Y A N Y K V E A N T Y E S T H I G W A A  
 E Z X A A H A D V E D A R A M B H A N H  
 S Q O M K N O N H I S O S E A F J V A A  
 T A T E L B A I A A P Q C R S Y I M U U  
 H R S S P V E P N Z N C J J X W Q B R Y  
 I P K F L N X P U M S A V A N A T Z V E  
 V Q J V A N P R A S T H A R W R D D N K



### ACROSS

1. Use me and stay young.
6. I am good for memory & singers use me.
8. My name is black cloud & I protect your liver.
9. My seeds are small& red.If consumed as a whole won't affect you,crush me & consume you will be dead.

### DOWN

2. If you taste me you can't taste your sweet buds for a while.
3. I am hairy & I scare you.
4. My name is touch me not but still people like to touch me.
5. I am having thorn & girls use that for acne
7. I initiate the speech

## ANSWERS

### ACROSS

1. AMALAKI
6. YASTHIMADHU
8. KALMEGHA
9. GUNJA
10. GUDUCHI

### DOWN

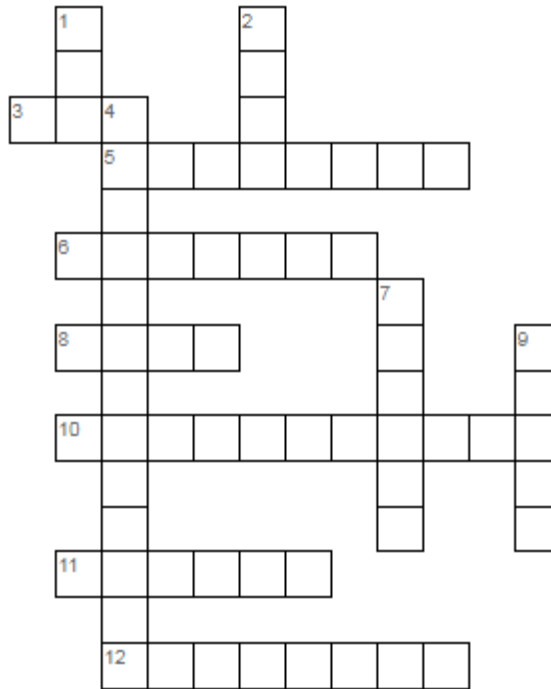
2. MESHASHRUNGI
3. JATAMANSI
4. LAJJALU
5. SHALMALI
7. VACHA

# FEED THE BABY!



By  
Rupmanjari Shanbhag  
KA0117069  
3rd Professional

## CROSS WORD



### Across

3 e-choli is the most common  
Cause of this infection  
5 first menstrual period  
6 measles  
8 cause's Lyme disease  
10 the first and last thing to do to  
Prevent the pread of infection  
11 needed to feed a baby

### Down

1 failure to thrive  
2 local anesthetic cream  
4 shots given throughout  
Childhood to prevent disease  
7 number one chronic disease  
Of children

## ANSWERS

### Across

3. UTI  
5. MENARCHE  
6. RUBEOLA  
8. TICK  
10. HANDWASHING  
11. BOTTLE  
12. SIBLINGS

### Down

1. FTT  
2. EMLA  
4. IMMUNIZATIONS  
7. ASTHMA  
9. AP

Shweta Dattawadkar  
KA0117086  
3<sup>rd</sup> Professional BAMS

## CHOOSE THE CORRECT ANSWER

1. “Kumarasya Bharanamadhikrutam kumarbharityam” is said by:  
a)EIWWSZQVVEZPZ  
b)WZOSZMZ  
c)XSZPIZKZMR  
d)SVNZWIR
2. The milk of black cow is:  
a)HZMTIZSR  
b)IVXSZPZ  
c)GIRWLHSZSZIZ  
d)EZGZSZIZ
3. Bala Bhaishajya is the synonym of:  
a)IZHZMQZMZ  
b)EZXZ  
c)MRHSZ  
d)TFWFXSR
4. Bala Roga that occurs during dantodbhava kala as per Acharya Vagbhata is:  
a)KZIEZMRPZ  
b)ZOZQR  
c)KZPHSNZPLKZ  
d)PZPLLMZPZ
5. Ghrita that is used for Dantodbhava is:  
a)GIRKSZOZ  
b)EZXZWR  
c)HZNZMTZZWR  
d)KSZOZ
6. Drug of choice in Bala Danta Roga is:  
a)TLWZMGR  
b)HZKGZNIRGZOLSZ  
c)PZIPZGZHSIFMTR  
d)EZXZ
7. The seat of Ahipootana is:  
a)YZSF  
b)TFWZ  
c)MVGIZ  
d)PZIMZ
8. The diet and drug advised for atisara in Ksheerannada is:  
a)TLWFTWSZ  
b)ZQZWFTWSZ  
c)BZEZTF  
d)WZWSR
9. The most useful drug is Krisatha is:  
a)HSZGZEZIR  
b)ZHSEZTMWSZ  
c)ERWZIR  
d)YZOZ
10. The drug of choice to check vama for bala is:  
a)OLZS YSZNZ  
b)VOZWR EZGR  
c)GZORHZWR XSFIMZ  
d)YSZIZMTR EZTR



To decode the options, use the following rule:

A-Z	G-T	M-N	S-H	Y-B
B-Y	H-S	N-M	T-G	Z-A
C-X	I-R	O-L	U-F	
D-W	J-Q	P-K	V-E	
E-V	K-P	Q-J	W-D	
F-U	L-O	R-I	X-C	

ANSWERS				
1-C	2-D	3-A	4-D	5-A
6-C	7-B	8-B	9-C	10-B

By

Rupmanjari Shanbhag

KA0117069

3<sup>rd</sup> Professional BAMS

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