

Evidence Based Ayurvedic Practice

BASED ON CCRAS R&D CONTRIBUTIONS



CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
DEPARTMENT OF AYUSH

Ministry of Health & Family Welfare, Govt. of India, New Delhi
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Evidence Based Ayurvedic Practice

Based on CCRAS R&D Contributions



Central Council for Research in Ayurvedic Sciences

Department of AYUSH

Ministry of Health and Family Welfare

Government of India

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Ministry of Health & Family Welfare

Government of India, New Delhi

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PREFACE

Ayurveda recommends individualized prescription of diet, lifestyle, medicines and therapies. To advocate preventive and curative measures each person has been identified on the basis of psychosomatic constitution in addition to the status of health. The diseases are classified according to psychological, physiological or extrinsic causes and are categorized on the basis of their prognosis such as curable, incurable. Therefore the thorough examination of the person, diagnosis of the disease including its severity and stage, understanding of his surroundings are very important before planning the health care measures.

The Central Council for Research in Ayurvedic Sciences (CCRAS) is an autonomous body of the Department of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy), Ministry of Health & Family Welfare, and Government of India. This is an apex body in India for the formulation, co-ordination, development and promotion of research on scientific lines in Ayurveda and Sowa-Rigpa systems of medicine. The Council has been carrying out several research studies through its peripheral institutes spread all over India for the last more than three decades. The findings of the research outcome are also disseminated through various Research Journals, Technical Reports, Monographs etc. This booklet “Evidence Based Ayurvedic Practice” is an effort to compile all such possible publications and present them in the form of a prescription for a particular disease condition, covering eighteen diseases.

The target users of this document are mainly qualified general practitioners of Ayurveda but it will be useful to the students, researchers, academicians also. The prescriptions mentioned in this booklet are limited to CCRAS research outcome only. Other than these, numerous prescriptions are prevalent in different regions, which are based on the textual references, experience of the physician and community practices. Therefore the service provider will have too many other treatment options and the physicians may plan the treatment as per their logical decision on

the basis of the need of the individual. Most of the medicines mentioned here are available in the market and the composition is provided for new combinations. While prescribing the medicines or procedures the general guidelines mentioned in the booklet may be followed by the qualified health care provider.

Over all, this document provides a selective list of certain prescriptions based on available research publications of CCRAS work. I acknowledge the efforts put in by all the contributors in bringing out this compendium and hope it will be useful to the users.

The Council places the record of appreciation for inputs and suggestions offered by Dr. Bharti, Assistant Director (Ay.), Dr. Sobaran Singh, Research Officer (Ay.-Scientist 4), Dr. B. S. Sharma, Research Officer (Ay.-Scientist 2) and Dr. Vinod Kumar Lavaniya, Research Officer (Ay.), CCRAS Hqrs. The assistance provided by Dr. Manjula and Dr. Savan, Senior Research Fellows is also acknowledged.

I am convinced that this endeavor assuredly pose markable impact in disseminating the merits of Ayurveda and research outcomes for their better utilization.

Prof. (Dr.) Abhimanyu Kumar
Director General
Central Council for Research in Ayurvedic Sciences
New Delhi

GENERAL GUIDELINES

- The prescriptions in this book should be judiciously used after proper diagnosis of the condition and understanding of the patient.
- The patients requiring specialized care should be immediately referred to the appropriate Ayurvedic or allopathic centers/ service providers.
- In case of communicable diseases such as malaria and filariasis, the first and immediate choice of treatment should be antibiotics and the medicines mentioned in this document may be added on or used when the antibiotics are not effective.
- This document provides a selective list of medicines which are developed by the CCRAS through research. However, the physician may use the medicines which are easily available or well-known even though not mentioned in this book.
- The prescriptions are provided for the specific type/phase/ symptoms of a particular disease in this document on the basis of classical reference, research outcome or the ingredients of the formulation. It is advised that the physician may choose single or combination of formulations or procedures as per the need.
- Dose and duration of the treatment though specified in the document, should be decided by the physician based on the clinical findings, tolerance and individual condition of the patient.
- Appropriate vehicle and method of use may also be judiciously decided by the physician, especially wherever not specified.
- Preparations may be used regularly for desired duration but in case of any discomfort or untoward effect the drug/procedure should be stopped immediately.
- The dose given in the booklet is for adult. For children $\frac{1}{2}$ or $\frac{1}{4}$ of this adult dose may be used.

GENERAL GUIDELINES

- The dosage may be adjusted with little alterations according to the tolerance and desire.
- The diet and lifestyle may be advised to the patients as per the need.
- The treatment including procedures like Ksharasutra and Panchakarma should be advocated only by the experienced registered practitioners.
- The references of the publication are given for each prescription and anybody interested in detail results of the clinical trials may log on to <http://ayushportal.ap.nic.in> or refer to the respective journals.
- These preparations may be used regularly for many days. But in case of any discomfort drug should be stopped immediately.
- Decoction should be prepared by boiling crushed/coarsely powdered drug in four parts of water and reducing to one fourth.
- Juice should be prepared by crushing/grinding the fresh drug with litter water if required and the juice should be expressed through a clean cloth or sieve.
- Paste should be prepared by crushing/grinding the drug very finely with desired liquid if required.
- In general, too spicy, salty, chilly, sour, preserved items, fried food, heavy, indigestible, too cold & hot, stale food and the food that do not suit the individual should be avoided.
- Irregular food & sleep habit and lack of physical exercise are the main causes for any disease and such practices should be avoided.
- Too much tea, coffee, etc. should be avoided. Tobacco, alcohol and drugs should not be taken.
- Mental stress should be tackled by recreation such as medication, prayer, sports, exercises, yoga & other activities of individual's choice.

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Evidence Based Ayurvedic Practice

ANAEMIA (PANDU)

Background

Anaemia is a global public health setback affecting both developing and developed countries with major consequences for human health as well as social and economic development. Anaemia is an indicator of both poor nutrition and poor health. It occurs at all stages of the life, but is more prevalent in pregnant women and young children. Iron Deficiency Anaemia (IDA) is the most common nutritional deficiency worldwide. Iron deficiency can arise either due to inadequate intake or poor bioavailability of dietary iron or due to excessive loss of iron from the body. The poor bioavailability of dietary iron is considered to be major reason for widespread iron deficiency. Some other factors leading to Anaemia are intestinal parasites (hookworm etc.) and Malaria.

According to Ayurveda, *Pandu* is characterized by pallor of the body which strikingly resembles with Anaemia of modern science. Correcting Anaemia often requires an integrated approach due to multifactorial nature of this disease, in order to effectively combat it. The contributing factors must be identified and addressed. In settings where iron deficiency is the most frequent cause, additional iron intake is usually provided through iron supplements. There are many age-old remedies for the treatment of this condition in Ayurveda.

Intervention/ Approaches

The following intervention/ approach are based on CCRAS research from published sources.

In case of iron deficiency anaemia:¹

Dhatri Lauha - 500mg twice a day after meal with warm water for 45 days.

References

1. Monograph on Clinical Safety and Efficacy of Dhatri Lauha (A classical Ayurvedic preparation) in Iron Deficiency Anaemia (*Pandu roga*), Published by CCRAS, Year: 2010.

MEDICINAL PLANTS USEFUL IN ANAEMIA (PANDU)



Amalaki (*Emblica officinalis*)



Daruharidra (*Berberis aristata*)



Dadima (*Punica granatum*)



Vidanga (*Embelia ribes*)



Yashthimadhu (*Glycyrrhiza glabra*)

BRONCHIAL ASTHAMA (TAMAKA SHWASA)

Background

Bronchial Asthma (*Tamaka Shwasa*) is prevalent all over the world. It is characterized by chronic airway inflammation and increased airway responsiveness resulting in symptoms of wheeze, cough, chest tightness and dyspnoea. It is also functionally characterized by the airflow limitations usually reversed spontaneously or with treatment. The available treatment in modern medical science like bronchodilators, steroids even in the form of inhalers and leukotriene modifiers have made tremendous success in providing instant or symptomatic relief in Bronchial Asthma. But there is recurrent acute exacerbation & remissions and the treatment has many side effects like nausea, vomiting, tremor, huskiness of voice, disturbance of hypothalamus – pituitary – adrenal axis.

In Ayurveda, the concept, etio-pathogenesis and treatment of *Tamaka Shwasa* have been described in detail. The clinical manifestations of *Shwasa* described in Ayurvedic classics have a striking similarity to the clinical manifestation of Bronchial Asthma. Many single and compound herbal and herbo-mineral preparations are mentioned in Ayurvedic classical text books.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

In case of excessive cough and breathlessness:¹

Kantakari Kwatha - 30ml thrice a day either alone or with honey.

In case of excessive cough with fever in the patients of Bronchial Asthma:²

- I Shirisha Twak Kwatha - 30ml thrice a day for 6 weeks.
- ii Naradiya Laxmivilasa Rasa 500mg and Godanti Bhasma 1gm - thrice a day for 6 weeks.
- iii Shwasa Kesari Tablet (Kantakari with Godanti Bhasma) - 1.5gm for 6 weeks.

BRONCHIAL ASTHAMA (TAMAKA SHWASA)

In case of chronic asthma associated with severe breathlessness, chest congestion and cough not responding to conservative treatment:³

Pippli Vardhamana Ksheera Paka with 250mg Samira Pannaga Rasa thrice daily for 6 weeks.

ii Shodhana Chikitsa (Snehana, Swedana, Vamana, Virechana).

References

1. CCRAS Research An Overview, CCRAS, Year: 2002, page-19-20.
 - A Clinical trial of Kantakari (*Solanum xanthocarpum*) in cases of *Tamaka shwasa*, Journal of Research in Ayurveda and Siddha, Year: 1980, Vol. 1, Issue: 1, page 148-157.
2. CCRAS Research An Overview, CCRAS, Year: 2002, page-19-20.
3. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India.

MEDICINAL PLANTS USEFUL IN BRONCHIAL ASTHAMA (TAMAKA SHWASA)



Shirisha (*Albizia lebbek*)



Dhattura (*Datura metel*)



Pippali (*Piper longum*)



Ardraka (*Zingiber officinale*)



Vasa (*Adhatoda vasica*)

CARDIOVASCULAR DISEASES (HRIDROGA)

Background

Cardiovascular disease (Commonly called heart disease) is a class of diseases that involve the heart, blood vessels (arteries, capillaries, and veins) or both. Although cardiovascular disease usually affects older adults, the antecedents of cardiovascular disease, notably atherosclerosis, begin in early life, making primary prevention efforts necessary from childhood. There is therefore increased emphasis on preventing atherosclerosis by modifying risk factors, such as healthy eating, exercise, and avoidance of smoking tobacco. Heart disease is essentially a clinical syndrome of characteristic chest pain produced by increased work of the heart and is usually relieved by rest.

In Ayurveda it is known as *Hridroga*. It is of several types depending upon the characteristic features of the pain. If the pain is acute, and of shifting nature, this is usually known as *Vatika Hridroga*. If it is associated with burning sensation, then it is called *Paittika Hridroga*. In *Kaphaja Hridroga*, the pain is usually very mild and it is associated with heaviness, nausea and cough.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

In case of angina (*Vatika Hridroga*):¹

Pushkara Guggulu - 2gm thrice a day for 6 months.

For prevention of atherosclerosis and control of hyperlipidaemia:²

Guggulu (*Commiphora wightii*-crude drug) 12-16gm/day in divided doses with lukewarm water for 3 months.

References

1. Pushkara-Guggulu an Anti Angina and Hypolipidemic agent in Coronary Heart Disease (CHD), Journal of Research in Ayurveda and Siddha, Year:1991, Vol.12, page no 1-18.
2. CCRAS Research An Overview, CCRAS, Year :2002, page No. 29-31.

MEDICINAL PLANTS USEFUL IN CARDIOVASCULAR DISEASES (HRIDROGA)



Arjuna (*Terminalia arjuna*)



Rasona (*Allium sativum*)



Dadima (*Punica granatum*)



Pushkaramula (*Inula racemosa*)

DIABETES (MADHUMEHA)

Background

Diabetes Mellitus (*Madhumeha*) is a group of metabolic diseases characterized by hyperglycemia which are caused due to reduced insulin secretion, decreased glucose utilization and increased glucose production. The secondary patho-physiological changes occur in multiple organ systems due to metabolic deregulation associated with Diabetes mellitus. The two categories of diabetes are type I or Insulin Dependent Diabetes Mellitus (IDDM) & type II or Non Insulin Dependent Diabetes Mellitus (NIDDM). Complete or near total insulin deficiency is found in type I. Type II Diabetes Mellitus is characterized by variable degree of insulin resistance, impaired insulin secretion and increased glucose production. The classical symptoms of Diabetes Mellitus are polyuria (frequent urination), polydipsia (increased thirst) and polyphagia (increased hunger).

Madhumeha has been vividly described in classical Ayurvedic texts. A number of predisposing and etiological factors and complications of this disease are described in great detail. According to Ayurveda, *Madhumeha* is a type of *Prameha*. All types of *Prameha* ultimately lead to *Madhumeha*. Sedentary life style, excessive sleep and over consumption of meat, fat rich food, milk & milk products, jaggery preparations etc. cause *Prameha*. The prevalence of the disease increases with the age and affects men and women similarly but is slightly greater in men > 60 years. Types II Diabetes Mellitus is increasing more rapidly due to obesity caused by faulty food habits and sedentary life style.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources

In early stage of Diabetes (pre diabetes to diabetes) associated with polyurea and fatigue:¹

Ayush 82- 5gm with 500mg pure Shilajit thrice a day.

Ingredients of Ayush 82:

- Karavellaka (*Momordica charantia*) Seed 1 part
- Jambu (*Syzygium cumin*) Seed 1 part
- Amra (*Mangifera indica*) Seed 1 part
- Gudamara (*Gymnema sylvestre*) Leaves 1 part

DIABETES (MADHUMEHA)

In early stage of Diabetes (pre diabetes to diabetes) associated with polyurea, polyphagia, poor concentration and fatigue:²

Nishamalaki Powder - 1 gm thrice a day with water along with meditation.

Nishamalaki contains equal parts of Amalaki (*Emblica officinalis*) and Haridra (*Curcuma longa*).

In pre diabetes associated with polyurea:³

Combination of leaves of Bilwa (*Aegle marmelos*), Nimba (*Azadirachta indica*), Tulasi (*Ocimum sanctum*) along with Maricha Ghana Vati thrice a day with water.

In pre diabetes associated with polyurea and polyphagia:⁴

Karavellaka (*Momordica charantia*) and Jambu seeds (*Syzygium cumini*) Ghana Satva Vati – 1 gm thrice a day with water.

General Measures-

- Regular monitoring of Blood Sugar.
- Dietary and lifestyle advice.

References

1. Hypoglycaemic effect of a coded drug Ayush-82, Journal of Research in Ayurveda and Siddha, Vol.29, No.1-2, page 107-115.
 - CCRAS Research An Overview, CCRAS, Year :2002, page no. 21.
2. Nishmalaki in Madhumeha (NIDDM): A Clinical Study, Journal of Research in Ayurveda and Siddha, Vol.29, No.1-2, page 34-40.
3. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India.
4. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India.

MEDICINAL PLANTS USEFUL IN DIABETES (MADHUMEHA)



Meshashringi (*Gymnema sylvestre*)



Jambu (*Syzygium cumini*)



Methika (*Trigonella foenum-graecum*)



Nimba (*Azadirachta indica*)



Amra (*Mangifera indica*)



Karavellaka (*Momordica charantia*)

DIABETES (MADHUMEHA)



Amalaki (*Emblica officinalis*)



Haridra (*Curcuma longa*)



Shilajatu (Mineral pitch)



Tulasi (*Ocimum sanctum*)

PEPTIC ULCER (PARINAMASHULA)

Background

Parinamashula mentioned in Ayurvedic literatures can be correlated to duodenal ulcer/peptic ulcer due to similarity in the symptoms i.e. the pain corresponding with the digestion of food. Peptic ulcers are a distinct breach in the mucosa of the stomach or first part of the small intestine, called duodenum or both. *Helicobacter pylori* are one of the most common causes of peptic ulcer. Ulcers can also be caused or worsened by drugs such as aspirin, ibuprofen, and other non-steroidal anti-inflammatory drugs. Abdominal pain and tenderness in the epigastric area are the main presentations. Ayurveda offers a wide range of drugs for this condition.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

For chronic patients of peptic ulcer who did not respond to Shamana treatment and when associated symptoms are of vata aggravation like abdominal pain:¹

Indukanata Ghrita for Snehana- The treatment consists of Snehapana, Sweda, Virechana Samsarjana and Shamana. Snehapana may be done for a maximum of 7 days or till *samyak snigdha lakshanas* are seen. Vashpa Sweda should be given for 3 days (8th to 10th day). Virechana may be given with Eranda Taila on 11th day, followed by Samsarjana Karma for 3 days (12th to 14th day). Respective Shamana medicines as per the requirement may be started after this.

When the patient complains of vata vriddhi lakshanas like gripping pain in the abdomen. Shamana is advocated if the patient is weak and contraindicated for Shodhana.²

Indukanta Ghrita - 10gm twice daily orally for 60 days with milk.

Chronic ulceration with pitta dominated symptoms such as sour eructation, regurgitation, heartburn and when the patient is eligible for Shodhana:³

Mahatiktaka Ghrita Snehana- The treatment consists of Snehapana,

PEPTIC ULCER (PARINAMASHULA)

Sweda, Virechana Samsarjana and Shamana. Snehapana may be done for a maximum of 7 days or till samyak snigdha lakshanas are seen. Vashpa Sweda will be given for 3 days (8th to 10th day). Virechana may be given with Eranda Taila on 11th day, followed by Samsarjana Karma for 3 days (12th to 14th day). Respective Shamana medicines as per the requirement may be started after this.

Peptic ulcer with pitta dominated symptoms and if the patient is weak and cannot tolerate Shodhana therapy:⁴

Mahatiktaka Ghrita - 10gm twice daily orally for 60 days with milk.

Patients with gastric or gastric/ duodenal erosions with mild symptoms:⁵

Shatavari Madhuyashti Ghana Satva Vati - 1gm twice daily for 30 days.

Patients having mild symptoms associated with erosions and for the patients who are prone to stress and anxiety:⁶

Amalaki Rasayana- 5gm twice daily for 30 days.

References

1. Effect of Vardhamana Indukanta Ghrita in Parinamashula (Duodenal Ulcer), Journal of Research in Ayurveda and Siddha, Year : 2008, Volume : 29, Issue : 2, Page : 15-28, AYUSH portal Article ID 5473.
2. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India.
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**MEDICINAL PLANTS USEFUL IN
PEPTIC ULCER (PARINAMASHULA)**



Latakaranja (*Caesalpinia crista*)



Pippali (*Piper longum*)



Nimba (*Azadirachta indica*)



Sariva (*Hemidesmus indicus*)



Kalmegha (*Andrographis paniculata*)

MEDICINAL PLANTS USEFUL IN PEPTIC ULCER (PARINAMASHULA)



Agnimantha (*Clerodendrum phlomidis*)



Shirisha (*Albizia lebbek*)



Patha (*Cissampelos pareira*)



Bilva (*Aegle marmelos*)

EPILEPSY (APASMARA)

Background

Epilepsy (*Apasmara*) is defined as a condition in which a person has recurrent seizures. Seizures are episodes of disturbed brain functions that cause changes in attention or behavior. It is a chronic neurological condition caused by abnormal cerebral nerve cell activity. More than 2 million people in the United States and over 50 million people worldwide suffer from epilepsy. The incidence of epilepsy is between 0.3 – 0.5 percent in different population throughout the world and the prevalence of epilepsy is roughly in the range of 5-10 persons per 1000.

According to Ayurveda, loss of *smriti* and loss of consciousness has been described to be the cardinal feature of the disease *Apasmara*. The *nidana* (causative factors) of *Apasmara* are *sharirika* (physical) like *ahara* (food) and *vihara* (lifestyle) and *manasika* (psychological). Signs and symptoms of *Apasmara* mentioned in Ayurveda are cardiac pain, visual hallucination, falling down, twitching of tongue and eyes, frothing salivation, tremors of hands and feet.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources

In case of Kaphja Apasmara with poor learning capacity:^{1,2}

- i Ayush 56 - 500mg for adult and 250mg for children thrice daily with water.

Ingredients of Ayush 56:

- Jatamansi (*Nardostachys jatamansi*) extract 1 part
- Sunishannaka (*Marselia minuta*) extract 1 part

- ii Vachadi Yoga Ghana Satva Tablet - 500mg thrice a day for 6 months

References

1. CCRAS Research An Overview, CCRAS, Year :2002, page-22-23
2. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India

MEDICINAL PLANTS USEFUL IN EPILEPSY (APASMARA)



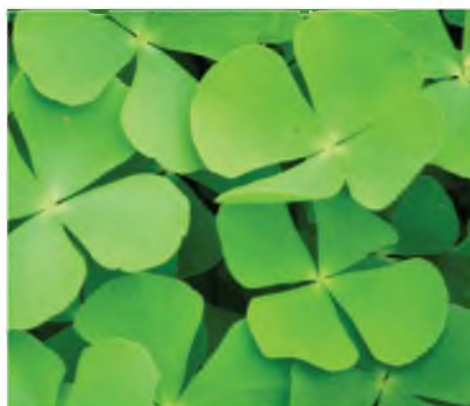
Brahmi (*Bacopa monnieri*)



Vacha (*Acorus calamus*)



Jatamansi (*Nardostachys jatamansi*)



Sunishannaka (*Marsilea minuta*)

FILARIASIS (SHLIPADA)

Background

Filariasis (*Shlipada*) is a vector borne parasitic disease caused by three nematode parasites viz., *Wuchereria bancrofti*, *Burgia malayi* and *Burgia timori*. Among them *Wuchereria bancrofti* is most common in India (98%). According to the estimates made in 1995 globally, there are nearly 1100 million people at the risk of Filariasis and there are 120 million cases of Filariasis. According to another study in India, the population exposed to the infection was 25 million in 1953 and 420 million in 1995. India is the largest Filariasis endemic country in the world. Now India contributes about 40% of the total global burden of Filariasis and accounts for about 50% of the people at risk of infection.

Filariasis was well known to ancient Indians by the name of *Shlipada*. It is described that the word *Shlipada* must be understood as an increase in the size of the foot. The word '*Shlipada*' is derived from "*shilavat padam shlipadam*", where the limb/foot becomes hard like stone.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

For patients of acute shlipada who have symptoms of swelling with fever:¹

- i. Ayush 64 Tablet- 1gm thrice a day with water for 2 weeks.

Ingredients of Ayush 64:

- Saptaparna (*Alstonia scholaris*) bark aqueous extract 100mg
- Katuki (*Picrorrhiza kurroa*) root aqueous extract 100mg
- Kiratatikta (*Swertia chiraita*) whole plant aqueous extract 100mg
- Kuberaksha (*Caesalpinia crista*) seed powder 200mg

- ii Saptaparna Ghana Vati - 1gm thrice a day with water for 2 weeks.

- iii Nityananda Rasa - 1gm twice a day with water after meal for 2 weeks.

In early stage of pittaja shlipada associated with Fever:²

Sudarshana (*Crinum latifolium*) Ghana Vati - 700mg thrice a day with water.

FILARIASIS (SHLIPADA)

In case of chronic Kaphaja shlipada associated with excessive swelling:^{3,4,5}

i Sudarshana Churna - 3gm with warm water after meal thrice in a day for 30 days.

Punarnavadyarishta - 20ml with water twice in a day after meal for 2 weeks.

ii Sudarshana Ghana Vati - 500mg thrice a day after meal for 2 weeks.
Punarnavadyarishta - 20ml with water twice in a day after meal for 2 weeks.

iii Ayush 55- 1 gm with water twice a day after meal.

Ingredients of Ayush 55:

- Purified Mercury 1 part
- Purified Sulphur 1 part
- Lauha Bhasma 1 part
- Abhraka Bhasma 1 part
- Triphala 6 parts (each 2 parts)
- Shilajitu 3 part
- Guggulu (*Commiphera wightii*) 5 parts
- Chitrakmool(*Plumbago zeylanica*) 4 parts
- Katuki (*Picrorrhiza kurroa*) 22 parts prepared in Nimba (*Azadirachta indica*) Swarasa

Punarnavadyarishta - 20ml with water twice in a day after meal.

iv Kanchanara Guggulu - 500mg with Gokshuradi Guggulu 500mg thrice daily along with lukewarm water after food for 4 weeks.

v Shlipadari Rasa - 250mg along with Punarnava, Triphala and Pippali churna 5gm twice daily with water after food for 30 days.

References

1. Effects of Ayush-64 and Saptaparna ghana vati on micro-filaremia, Journal of Research in Ayurveda and Siddha, Year : 1991, Vol.12, Issue:3-4, page 145-150.
 - Journal of Research in Ayurveda and Siddha, Year :1982, Vol. 3, Issue:1-2, page 9-12.
2. CCRAS Research An Overview, CCRAS, Year :2002, page no. 24-26.
3. CCRAS Research An Overview, CCRAS, Year : 2002, page no. 24-26.
 - Clinical Evaluation of certain Herbal preparation in the treatment of Chronic Shlipada, Journal of Research in Ayurveda and Siddha, Year :1986, Vol.7, Issue: 1-2, page 1-12.
- 4-5. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India.

**MEDICINAL PLANTS USEFUL IN
FILARIASIS (SHLIPADA)**



Saptaparna (*Alstonia scholaris*)



Punarnava (*Boerhavia diffusa*)



Katuki (*Picrorhiza kurroa*)



Kiratatiiktaka (*Swertia chirata*)

FISTULA-IN-ANO (BHAGANDARA)

Background

Fistula-in-ano (*Bhagandara*) is a track which opens deeply in the anal canal or rectum and superficially on the skin around the anus. Sometimes, the track may have a single opening which is called as sinus. Generally, this track develops from ano-rectal abscess (*Bhagandara Pidika*) that burst spontaneously or after inadequate incision. An anal fistula may occur with or without symptoms. There may be intermittent swelling with pain, discomfort and discharge of pus in the perineal region. This track does not heal usually due to fecal contamination, presence of unhealthy granulation and lack of rest to the part. This is a purely surgical condition but surgery has lot of complications and recurrence rate is also quite high after surgery.

Ksharasutra, a para surgical procedure and a unique technique advocated by Ayurveda is described in Sushruta Samhita. *Ksharasutra* is a medicated thread prepared by wetting the cotton thread with latex of *Snuhi* (*Euphorbia nerifolia*) and smearing it in the powder of *Haridra* (*Curcuma longa*) and *Apamarga* (*Achyranthes aspera*) *kshara* followed by drying in specially designed cabinet.

Intervention/ Approaches

Ksharasutra procedure mentioned in the classical texts of Ayurveda was further developed after standardization and tried on large number of patients. The same approach is mentioned here for the treatment of fistula-in-ano. However, this procedure should be advocated by a qualified and experienced physician/surgeon only.

Ksharasutra procedure^{1,2}

With all aseptic precautions the *Ksharasutra* with the help of a probe should be introduced from external opening of fistula to the orifice inside the rectal canal and the two ends of the thread should be tied. Every week the old thread should be replaced by a new one by rod and reel method. The wound should be dressed with medicated oil/ghee and T-bandage should be applied. Patient should be advised to have sitz bath with warm water after each defecation. This should be repeated till the fistulous tract is fully open. Later, the wound management should be done till the complete healing.

FISTULA-IN-ANO (BHAGANDARA)

The conservative medicines will be given for the management of pain and for soft passage of stool as per the need.

References

1. Management of Bhagandara (Fistula in-ano) with Ksharasutra, Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India 1989.
2. Multicentric randomized controlled clinical trial of Ksharasutra (Ayurvedic medicated thread) in the management of fistula-in-ano, Indian J Med Res F(B), June 1991, pp 177-185.

MEDICINAL PLANTS USEFUL IN FISTULA-IN-ANO (BHAGANDARA)



Snuhi (*Euphorbia neriiifolia*)



Apamarga (*Achyranthes aspera*)



Shatapushpa (*Foeniculum vulgare*)



Swarnapatri (*Cassia angustifolia*)

**LIGATION OF KSHARSUTRA
IN FISTULA-IN-ANO**



HAEMORRHOIDS (ARSHA)

Background

Haemorrhoids or Piles (*Arsha*) are common anorectal diseases which arises from the congestion of the internal and/or external venous plexuses around the anal canal. Haemorrhoids are of two types, external and internal. The external Haemorrhoids occur outside the anal verge and are often painful when accompanied by swelling and irritation. The internal Haemorrhoids occur inside the rectum and are usually not painful but may bleed when irritated. Sushruta has described fourfold method for the treatment of *Arsha*, which are *Bheshaja*, *Kshara*, *Agni* and *Shastra*. *Bheshaja* i.e. medical or conservative treatment includes various Ayurvedic medicines which are mild laxative, styptic, anti-inflammatory in action. The topical application or enema of oil and ghee preparations is also recommended

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

For the piles associated with constipation, loss of appetite and inflammation but without bleeding:¹

Kravyadi Rasa - 500 mg thrice a day for 21 days.

Kasisadi Taila Vasti - 10 ml ½ an hour before defecation for 21 days.

Triphala Churna - 5 gm at bed time for 21 days.

When the Haemorrhoid is associated with constipation and bleeding:²

Kankayana Vati- 500 mg thrice a day for 21 days.

Kasisadi Taila Vasti- 10 ml ½ an hour before defecation for 21 days.

Triphala Churna- 5gm at bed time for 21 days.

For the chronic Piles associated with bleeding and inflammation but without constipation. The combination is also useful in anemic and weak patients.³

Kankayana Vati - 500 mg thrice a day for 21 days.

Kravyadi Rasa - 500 mg thrice a day along with Abhayarishta 15 ml for 21 days.

Kasisadi Taila - 2ml before defecation (local application) for 21 days.

HAEMORRHOIDS (ARSHA)

For chronic, 2nd and 3rd degree Piles which are not responding to conservative medicines: ⁴

Ksharasutra ligation as per the requirement, assessed by the qualified doctor.

Kankayan Vati - 500mg thrice a day for 21 days.

Triphala Churna- 5mg at bed time for 21 days.

References

1. A Clinical Study on the Management of Arsha (Haemorrhoids) By Ayurvedic Drug Regimen, Journal of Research in Ayurveda and Siddha, Year: 2006, Volume: 27, Issue: 3-4, Page: 48-58. AYUSH portal Article ID 5483.
2. A Comparative Clinical Study on the effect of some compound Ayurvedic preparations in the management of Arsha (Haemorrhoids), Journal of Research in Ayurveda and Siddha, Year: 2010, Volume: 31, Issue: 3, Page: 1-14, AYUSH portal Article ID 20091.
Role of Kankayana Vati, Triphala Churna and Kasisadi Taila in the Management of Arsha (Anorectal Piles), J.R.A.S. Vol. XXVI, No.1-2 (2005) pp.59-65.
3. A Clinical Study on the Effect of Kravyadi Rasa, Kaseesadi Taila Vasti and Triphala Churna in the Management of Arshas (Haemorrhoides), J.R.A.S., Vol. XXV, No. 1-2, (2004) pp.1-10.
4. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India.

MEDICINAL PLANTS USEFUL IN HAEMORRHOIDS (ARSHA)



Maricha (*Piper nigrum*)



Chitraka (*Plumbago zeylanica*)



Arka (*Calotropis procera*)



Haritaki (*Terminalia chebula*)



Bibhitaki (*Terminalia bellerica*)

**LIGATION OF KSHARSUTRA
IN HAEMORRHOIDS**



HEMIPLÉGIA (PAKSHAGHATA)

Background

Pakshaghata (Hemiplegia) is one of the major neurological disorders manifested as inability to move the group of muscles of either left or right side of the body. According to modern terminology, Hemiplegia is usually the sequel of cerebro-vascular disorders or stroke and most cerebro-vascular diseases are manifested by the abrupt onset of a focal neurologic deficit. The clinical manifestations of stroke are highly variable because of the complex anatomy of the brain and its vasculature. Other features are weakness, decreased movement control, clonus, spasticity, exaggerated deep tender reflexes and decreased endurance. Hemiplegia is the leading cause of disability resulting into enormous socio economic implications.

The terms *Paksaghata*, *Paksavadha* and *Ekanga-roga* are synonyms of the same disease and are used in classical treatises in various contexts. Charaka included it in the classification of *Nanatmaja Vyadhi* due to predominance of *Vata Dosha*. The disease affects the *Madhyama Roga Marga* (*Marma* and *Asthi Sandhi*) and disrupts the functions of *Sira* (blood vessels), *Snayu* (ligaments) *Kandara* (tendon) etc. The modern life style, dietary habits, lack of proper exercise, injudicious way of physical activities and mental stress and strain are said to have definite role in the occurrence of *Paksaghata*.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

Patients having paralysis /weakness of both limbs, muscle rigidity, numbness and body ache:^{1,2}

i Samirapannaga Rasa - 250mg along with honey twice a day for 14 days.

Abhyanga - 50ml Nirgundi Taila for 14 days.

Swedana- Shashtikashali Pinda Sweda for 14 days.

ii Ekangavira Rasa- 250mg along with honey twice a day for 14 days.

Abhyanga - 50ml Masha Taila for 14 days.

Swedana- Shashtikashali Pinda Sweda for 14 days.

Patients having cerebral edema, muscles stiffness and body pain:^{3,4}

i Dhanvantharam Gutika- one tab along with 60ml Bhadradarvyadi

HEMIPLÉGIA (PAKSHAGHATA)

Kvatha thrice a day.

Abhyanga - 50ml Brihat Masha Taila for 14 days.

Swedana- Shashtikashali Pinda Sweda for 14 days.

ii Ekangavira Rasa- 125mg along with nirgundi (*Vitex negundo*) Patra

Swaras thrice a day.

Abhyanga - 50ml Brihat Masha Taila for 14 days.

Swedana- Shashtikashali Pinda Sweda for 14 days.

Patients having body pain and muscles weakness and not responding to other treatment:⁵

Snehapana- Murchhita Tila Taila for 7 days.

Swedana- Vaspa Sweda for 3 days.

Virechana- Ernada Taila for one day.

Samsarjana karma- 7 days.

Abhyanga-Brihat Masha Taila for 7 days.

Asthapana Vasti with

- Eranda mula (*Ricinus communis*) Kwatha – 600ml
- Tila (*Sesamum indicum*) Taila – 180ml
- Satahwa (*Anethum sowa* Kurz)– 24gm
- Honey – 180ml
- Saindhava Lavana -12gm

Nasya with Kshirabala Taila thrice a day for 7 days.

Patients having paralysis/weakness of both limbs, difficulty in walking, rigidity/flaccidity, burning sensation, numbness and pain:⁶

Snehapana- Ksheerabala Taila for 7 days.

Swedana- Vashpa Swedana for 3 days.

Virechana- Eranda Taila for one day.

Vastikarma- Yogavasti for 8 days .

Anuvasana Vasti - Ksheerabala Taila.

Niruha Vasti - Dasmoola Kwatha.

Nasya- Ksheerabala Taila for 7 days.

HEMIPLÉGIA (PAKSHAGHATA)

References

1. Journal of Research in Ayurveda and Siddha .Vol. XXII, No. 1-2, (2001), page 58-80 .
2. Journal of Research in Ayurveda and Siddha .Vol. XXII, No. 1-2, (2001), page 58-80.
3. Classical Pancakarma therapy vis-a-vis samana therapy in the management of Paksaghata (Hemiplegia) –A comparative Study- Journal of Research in Ayurveda and Siddha, Vol. XX, No.1-2, year 1999, pp.54-71.
4. Classical Pancakarma therapy vis-a-vis samana therapy in the management of Paksaghata (Hemiplegia) –A comparative Study- Journal of Research in Ayurveda and Siddha, Vol. XX, No.1-2, year 1999, pp.54-71.
5. Classical Pancakarma therapy vis-a-vis samana therapy in the management of Paksaghata (Hemiplegia) –A comparative Study- Journal of Research in Ayurveda and Siddha, Vol. XX, No.1-2, year 1999, pp.54-71
6. CCRAS, Programme Projection 1998-2003

HEMIPLEGIA (PAKSHAGHATA)



Lauha Bhasma



Chitraka (*Plumbago zeylanica*)



Krishna Dhatura (*Datura metel*)



Gokshura (*Tribulus terrestris*)



Gandhaka (Sulfur)



Krishna Abhraka (*Biotite mica*)

HEMIPLÉGIA (PAKSHAGHATA)



Bilva (*Aegle marmelos*)



Kantakari (*Solanum xanthocarpum*)

SHASTIKSHALI PINDA SWEDA





NASYA KARMA

HEMIPLEGIA (PAKSHAGHATA)

HYPERTENSION (VYANABALA VAISHAMYA)

Background

Hypertension is sustained elevation of resting blood pressure; systolic, diastolic or both. Usually, no symptoms develop unless hypertension is severe or long-standing. Tests may be done to determine cause, assess damage, and identify other cardiovascular risk factors. Treatment involves lifestyle changes and drugs. Hypertension becomes common with age; the age-related increase in BP may seem innocuous, but higher BP increases morbidity and mortality risk. Hypertension may develop during pregnancy also.

In Ayurveda, the disease *Vyanabala Vaishamyā* seems to be a result of the *Vaishamyā/ Vikriti* of *Vyanavata*. *Vata* is responsible for the regulation of other *dosha* (*Pitta* and *Kapha*). In the pathological state also it has double path of vitiation viz. *Dhatukshaya* and by *Avarana*. Though a direct disease condition comparable to hypertension is not mentioned in the classics, its symptomatology is found in the chapters of *Vata Vyadhi*, *Prameha*, *Hridroga* etc.

Classification of Hypertension

Table: JNC 7* Classification of Blood Pressure in Adults

Classification	BP (mm Hg)
Normal	< 120/80
Pre-hypertension	120-139/80-89
Stage 1	140-159 (systolic) or 90-99 (diastolic)
Stage 2	>160 (systolic) or > 100 (diastolic)

* JNC = Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

In case of essential Hypertension associated with headache, fatigue, giddiness and insomnia:^{1,2}

- i Arjuna Vachadi Yoga - 250-500mg thrice a day for 3 months.

HYPERTENSION (VYANABALA VAISHAMYA)

ii. Chandraprabha Vati, Shweta Parpati and Punarnava Mandoora
500mg each thrice daily with water for 6 weeks.

In case of Essential Hypertension with giddiness and insomnia:³

Tagaradi Churna - 3-6gm twice a day for 6 months.

**In case of Essential Hypertension with restlessness and Pitta
predominance:⁴**

Ushiradi Churna - 3-6gm twice a day for 6 months.

References

1. Evaluation of efficacy of Arjun vachadi yoga in vyana bala vaishamy (Hypertension) - A clinical study, Journal of Research in Ayurveda and Siddha, Year: 1999, Vol.20, Issue:3-4, page148-157.
2. Monograph on Clinical Evaluation of certain Ayurvedic Formulations in the management of Vyan bala Vaishamy (Essential Hypertension), CCRAS, Year :2009
- 3-4. CCRAS Research An Overview, CCRAS, Year : 2002, page-34.

**MEDICINAL PLANTS USEFUL IN
HYPERTENSION (VYANABALA VAISHAMYA)**



Ushira (*Vetiveria zizanioides*)



Sarpagandha (*Rauwolfia serpentina*)



Vacha (*Acorus calamus*)



Tagara (*Valeriana wallichii*)

MALARIA (VISHAMA JVARA)

Background

Malaria (*Vishama Jvara*) is one of the most prevalent vector borne disease. Malaria is a protozoal disease caused by infection with parasites of the genus plasmodium and transmitted to man by certain species of infected female Anophelese mosquito. The incidence of malaria worldwide is estimated to be 300-500 million clinical cases each year and Malaria is estimated to kill between 1.1 and 2.7 million people worldwide each year. It is mostly caused by Plasmodium falciparaum. In India, during 2003 about 1.65 million cases were reported with 943 deaths and there were 0.7 million cases of P. falciparum malaria.

In Ayurvedic literature Malaria fever is known as *Vishama Jvara* (intermittent fever) and many drugs are prescribed for its treatment.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources. However, in malaria the first and immediate choice of treatment should be antibiotics and the medicines mentioned in this document may be added on or used when the antibiotics are not effective.

For the patients of Plasmodium Vivex Malaria:^{1,2}

Ayush 64 tablet:

- For adult – 2 gm with honey thrice a day for 1 week.
- For children (5-12 yrs) - 1gm with honey thrice a day for 5-7 days.
- For infants (below 5 yrs) 500mg with honey thrice in a day for 5-7 days.

Ingredients of Ayush 64 :

- Saptaparna (*Alstonia scholaris*) bark aqueous extract 100mg
- Katuki (*Picrorhiza kurroa*) root aqueous extract 100mg
- Kiratatikta (*Swertia chirata*) whole plant aqueous extract 100mg
- Kuberaksha (*Caesalpinia crista*) seed powder 200mg

MALARIA (VISHAMA JVARA)

References

1. CCRAS Research An Overview, CCRAS, Year :2002, page no. 35-36.
2. A Clinical trial of Ayush-64 (A coded anti malarial medicine) in case of Malaria, Journal of Research in Ayurveda And Siddha, Year :1981, Vol:2, Issue: 1-2, page 309-326.

MEDICINAL PLANTS USEFUL IN MALARIA (VISHAMA JVARA)



Kiratattika (*Swertia chirata*)



Bhumyamalaki (*Phyllanthus niruri*)



Sudarshana (*Crinum latifolium*)



Kalmegha (*Andrographis paniculata*)

OBESITY AND LIPID DISORDERS (MEDOROGA)

Background

Obesity (*Medoroga*) is a condition in which there is excessive accumulation of fat in the body. It is defined as a state of excess adipose tissue mass and is generally assessed on the basis of body mass index. Obesity is more common among women." Globally the disease is prevalent in about more than 300 million adults worldwide (WHO World Health Report, 2003). In India, obesity is increasing at an alarming rate with morbid obesity affecting about 5% of the Indian population. People having 'android obesity' (abdominal fat distribution) are at increased risk from those having 'gynoid obesity' (peripheral fat distribution around the body).

As per Ayurvedic concept, the excess accumulation of fat causes pendulous movement of buttocks, belly etc. The obese person will suffer the shortening of life span, difficulty in physical activity, difficult copulation, general weakness, body odour, excess of sweating, excessive appetite and thirst.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

For obese patients with hypercholesterolaemia and excessive sweat:¹

Arogya Vardhini Vati - 720mg in divided doses for 3 months.

For obese patients with weakness and dyslipidaemia:²

- i Combination of Vacha (*Acorus calamus*) and Katuki (*Picrorhiza kurroa*) in equal ratio - 1gm thrice a day with luke warm water.
- ii Triphala Shodhita Guggulu - 1 gm thrice a day.

References

1. A Clinical Evaluation of Arogyavardhini as a hypocholesteremic agent w.s.r to Obesity/ corpulence, Journal of Research in Ayurveda and Siddha, Year: 1980, Vol.1, Issue: 1, page 121-132.
2. Annual Reports (1998-99 to 2007-08), Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India.

MEDICINAL PLANTS USEFUL IN OBESITY AND LIPID DISORDERS (MEDOROGA)



Amalaki (*Emblica officinalis*) Haritaki (*Terminalia chebula*) Bibhitaki (*Terminalia bellerica*)



Shilajatu (Mineral pitch)



Katuki (*Picrorhiza kurroa*)



Latakaranja (*Caesalpinia crista*)

PARAPLEGIA (PANGU)

Background

Paraplegia describes complete or incomplete paralysis affecting the legs and possibly also the trunk, but not the arms. It is impairment in motor or sensory function of the lower extremities. It is usually caused by spinal cord injury or a congenital condition such as spina bifida that affects the neural elements of the spinal canal. The area of the spinal canal that is affected in paraplegia is either the thoracic, lumbar, or sacral regions. The extent to which the trunk is affected depends on the level of spinal cord injury. Paraplegia is the result of damage to the cord at the level of T1 and below.

Paralysis or weakness of both lower limbs occurs in *Pangu*. It is *Vata* predominant disease and limping movement (*Vikalagati*) is the literal meaning of *Pangu*, where both the lower limbs are involved. Specific *Nidana* of *Pangu* has not been mentioned, because it is mentioned as one of the disorder of vitiated *Vayu*. Hence the factors, which are responsible for the vitiation of *Vayu* can be considered as the *Nidana* of *Pangu* also.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

In case of changed muscle tone, diminished muscle power and disturbed urinary bladder and rectum functions:¹

Ekangavira Rasa -125mg and 5- 10ml Eranda Taila along with milk thrice a day for 60 days.

Abhayanga- 50ml Mahamasha Taila for 60 days.

Patients of Vata dosha predominance in pathogenesis:²

Snehapana -50ml Sahacharadi Tailam on first day and should be increased 50ml on consecutive days for 7 days or till Samyak Snigdha Lakshana.

Swedana- Vashpasweda for 3 days.

Virechana - 20-30ml Eranda Taila.

Samsarjana Karma (for 2 days) - Should take light food (as gruel of green gram).

PARAPLEGIA (PANGU)

Shamana Chikitsa

Sahacharadi Tailam - 10ml twice a day.

Sahacharadi Kashaya - 60ml thrice a day.

Sahacharadi Tailam - 20-40ml for abhyanga.

All these Shamana Chikitsa should be given for next 5 days.

Yogavasti - 5 Sneha Vasti and 3 Kashaya Vasti.

- Sneha Vasti- 240ml of Sahacharadi Tailam on 1st, 3rd, 5th, 7th and 8th day.
- Kashaya vasti- on 2nd, 4th, 6th day with
 - Sahacharadi Tailam - 240ml
 - Shatapushpa (*Anethum sowa*) - 30gm
 - Honey - 240ml
 - Sahacharadi Kashaya - 480ml
 - Saindhava Lavana - 15gm

Shamana Chikitsa

Sahacharadi Tailam- 10ml twice a day for next 34 days.

Sahacharadi Kashaya - 60ml thrice a day for next 34 days.

Sahacharadi Tailam - 20-40ml for abhyanga for next 34 days.

Patients of Vata-Pitta dosha predominance in pathogenesis, pain while walking, diminished muscles power and increased ESR:³

Gorochanadi Gutika - 250mg thrice a day along with milk for 60 days.

Ashwagandha (*Withania somnifera*) Churna - 4gm thrice a day along with milk for 60 days.

Abhyanga - 40ml Balashwagandhalakshadi Taila every day for 60 days.

Patient having degenerative changes in nerves and chronic cases where muscles weakness is more prominent:⁴

Snehapana - 50ml Prabhanjana Vimardanam Tailam on first day and should be increased 50ml on consecutive days for 7 days or till Samyak Snigdha Lakshna.

Swedana - Vashpa Sweda for 3 days.

Virechana – 20 to 30ml Eranda Taila.

PARAPLEGIA (PANGU)

Yogavasti - 5 Sneha Vasti and 3 Kashaya Vasti.

- Sneha Vasti- 240ml of Prabhanjana Vimardanam Tailam on 1st, 3rd, 5th, 7th and 8th day.
- Kashayavasti on 2nd, 4th, 6th day with
 - Prabhanjan Vimardanam Tailam 240ml
 - Honey - 240ml
 - Kwatha - 480ml
 - Satapushpa (*Anethum sowa*) - 30gm
 - Saindhava Lavana- 15gm.

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MEDICINAL PLANTS USEFUL IN PARAPLEGIA (PANGU)



Vacha (*Acorus calamus*)



Masha (*Vigna mungo*)



Laksha (*Laccifer lacca*)



Shobhanjana (*Moringa oleifera*)



Sarala (*Pinus roxburghii*)



Shatavari (*Asparagus racemosus*)

MEDICINAL PLANTS USEFUL IN
PARAPLEGIA (PANGU)



Bala (*Sida cordifolia*)



Tila (*Sesamum indicum*)

PSORIASIS (KITIBHA)

Background

Psoriasis is a common chronic non-infectious inflammatory skin disease. It is characterized by erythematous sharply demarcated papules and rounded plaques covered by silvery micaceous scale. In Psoriasis, main abnormality is of increased epidermal proliferation due to excessive multiplication of cells in the basal layers. There are five types of Psoriasis – Plaque, Guttate, Inverse, Pustular and Erythrodermic. The most common type is Plaque Psoriasis in which red and white hues of scaly patches appears on the topmost layer of the epidermis which gives it a silvery white appearance. Psoriasis causes skin redness and irritation.

As per Ayurvedic concept, *Kitibha* is classified under *Kshudra Kushtha*. In Ayurveda the causative factors of skin disease are elaborately classified. Continued practice of *Apathya Ahara* and *Vihara* vitiates the *dosha & dhatu* and causes *Kitibha*.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

Patients having itching, burning sensation, irritation and skin findings with more erythema:¹

777 Oil - 10 ml per day in two divided doses with milk.

External Application of 777 Oil - apply the oil over the lesions after bath and expose to the early morning sun light for 5 to 10 minutes.

The oil is left to remain on the body till the next day and the process is repeated daily.

In moderate psoriasis patients where only scaling of skin (Silvery skin) and itching are prominent:^{2,3}

i Nimbidin Capsule - 100mg thrice a day. Nimbin is a compound isolated from Nimba (*Azadirachta indica*).

External application - 1gm Nimbidin mixed with 100mg coconut oil.

PSORIASIS (KITIBHA)

- ii Panchanimba Lauha Churna - 2gm twice a day for 3 months.
Kamadudha Rasa -250mg twice a day for 3 months.
Haridra Khanda -3gm twice a day for 3 months.

Psoriasis associated with bacterial and fungal infection:^{4,5}

- i Kaishora Guggulu - 500mg-1000mg twice a day.
Kanchnara Guggulu - 500mg-1000mg twice a day.
Arogyavardhini Vati – 125mg-250mg twice a day.
All above said medicines should be given with Laghu Manjishthadi Kwatha (Kwatha churna 25gm to make decoction)
External application-Kajjalikodaya Malhara.
- ii Arogyavardhini Vati - 500mg thrice a day for 3 months.
Kaishora Guggulu Vati - 1 gm thrice a day for 3 months.
External application - Chakramarda (*Cassia tora*) Taila thrice a day for 3 months.

Chronic and recurrent patients who do not respond to conservative treatment:⁶

- Snehapana - Mahatiktaka Ghrita for 7 days.
- Swedana - Mridu Swedana for one day.
- Vamana - Mridu Vamana for a day.
- Samsarjana - Light diet.

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PSORIASIS (KITIBHA)

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MEDICINAL PLANTS USEFUL IN PSORIASIS (KITIBHA)



Ela (*Elettaria cardamomum*)



Chakramarda (*Cassia tora*)



Haridra (*Curcuma longa*)



Danti mula (*Baliospermum montanum*)



Katuki (*Picrorhiza kurroa*)



Trivrit (*Operculina turpethum*)

MEDICINAL PLANTS USEFUL IN PSORIASIS (KITIBHA)

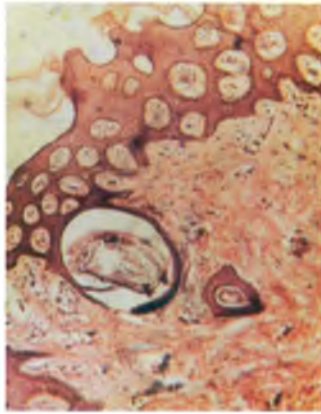


Gairika (Red ochre)

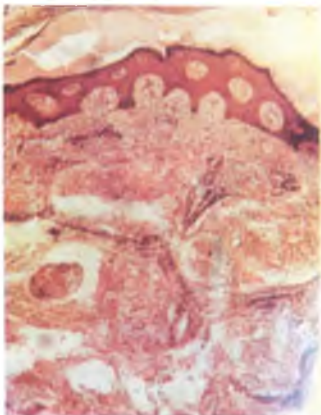


Vidanga (*Embelia ribes*)

EFFECT OF 777 OIL ON PATIENT OF PSORIASIS



Before treatment



After treatment

RHEUMATOID ARTHRITIS (AMAVATA)

Background

Rheumatoid Arthritis (*Amavata*) is an autoimmune inflammatory disease that causes pain, swelling, stiffness, destruction and functional disability in the affected joints. It is defined as a chronic multisystem disease characterized by persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution with a potential to cause cartilage destruction and bone erosions. Rheumatoid Arthritis affects all races throughout the world and it is 3 times more common in women than men. Generally, it occurs during the fourth and fifth decades of life but people of any age can be affected.

According to Ayurveda, the main cause of the disease is formation of *Ama* due to *Agnimandya*. The general principles of treatment of this disease in Ayurveda lay emphasis on stimulating and normalizing the impaired *Agni* by the use of *Langhana*, *Deepana*, *Pachana*, and *Katu*, *Tikta Rasa* predominant drugs (for the correction of digestion and metabolism). For detoxification *Swedana* (sudation), *Virechana* (therapeutic purgation) and *Vasti* (therapeutic enema) are recommended.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

In case of chronic Amavata patients, who are not responding to conservative medicines:¹

Deepana Pachana

- Vettumaran Gutika 1 tablet thrice a day for 14 days
- Bala Guduchyadi Kwatha 40ml thrice a day for 14 days.

Snehana – Indukanta Ghrita for 7 days (till attaining Samyak Snehana).

Swedana –Vashpa Sweda for 3 days.

Vamana Karma by using Vamana Yoga

- Madana Phala (*Randia dumetorum*) -10gm
- Pippali Churna (*Piper longum*) -5gm
- Saindhava Lavan - 2.5gm
- Honey - 20gm
- Milk – 3Litres.

RHEUMATOID ARTHRITIS (AMAVATA)

Samsarjana Karma –beginning with liquid diet, gradually change to normal diet.

In case of acute condition of Amavata associated with pain and inflammation:²

- i Shunthi Guggulu [Shunthi (*Zinziber officinale*) and Guggulu (*Commiphora wightii*) in equal parts] - 2gm thrice a day with warm water.

External application - Dashanga Lepa and Baluka Sweda.

- ii Shunthi Guggulu - 4gm thrice a day with warm water for 6 weeks.
Baluka Sweda for 6 weeks.

In case of chronic Amavata associated with pain, inflammation and gastro-intestinal disturbances:³

Mahayogaraja Guggulu - 1gm thrice a day.

Vaishwanara Churna - 3gm twice in a day after meal .

Simhanada Guggulu - 500mg at bed time.

In case of early stage of Amavata associated with pain, inflammation and gastro-intestinal disturbances:⁴

Ashwagandha Churna - 3gm thrice a day with water for 6 weeks.

Eranda Taila - 15ml at bed times for 6 weeks.

Baluka Sweda daily for 6 weeks.

In case of chronic Amavata associated with pain, inflammation, stiffness and degenerative changes in joints:⁵

Shallaki (*Boswellia serrata*) 1 part + Suranjana (*Colchicum luteum*) 1 part - 500mg thrice a day with warm water for 6 weeks.

In case of acute condition of Amavata associated with severe pain and inflammation:⁶

Rasonadi Kwatha - 25ml thrice a day for 6 weeks

Ingredients of Rasonadi Kwatha

- Shunthi (*Zinziber officinale*) -25gm
- Rasona (*Alium sativum*) -25gm
- Nirgundi (*Vitex negundo*)-25gm

RHEUMATOID ARTHRITIS (AMAVATA)

- **During acute inflammation**

Dashanga Lepa and Baluka Sweda for external application.

- **During pain**

Pippalimula Churna 3gm and Vishtinduka Vati 500mg.

In chronic condition of Amavata associated with stiffness and joint deformity:⁷

- i Yogaraj Guggulu - 1gm thrice a day for 6-8 weeks.
Vatagajankusha Rasa - 250mg thrice a day for 6-8 weeks..
Maharasnadi Kwatha - 50ml thrice a day for 6-8 weeks.
- ii Shunthi Guduchi Kwatha - 50ml thrice a day for 6-8 weeks.

In chronic condition of Amavata associated with pain, gastrointestinal disturbances and joint erosion / osteoporosis:⁸

Shunthi(*Zinziber officinale*) + Guggulu(*Commiphera wightii*) + Godanti(*Gypsum*) Bhasma (in the proportion of 1:2:1) - 2gm thrice a day with honey for 6 weeks.

In chronic condition with pain, stiffness, gastrointestinal disturbances and joint deformity, when other treatment is not responding:⁹

Pippali Vardhamana Ksheera Paka - on empty stomach in the morning for 6 weeks (Start with one crushed Pippali for Ksheera Paka on first day and add one more Pippali every day up to 4 days thereafter reduce one pippali every day upto next 3 days. Same procedures may be followed for remaining 5 weeks).

Sameera Pannaga Rasa - 250mg thrice a day with honey for 6 weeks.

Snehana - Indukanta Ghrita for 7 days (till attaining Samyak Snehana).

Swedana - Vashpa Sweda for 3 days.

Vamana Karma one day using Vamana Yoga containing

- Madanaphala (*Randia dumetorum*) -10gm
- Pippali Churna (*Piper longum*) -5gm
- Saindhava Lavana - 2.5gm
- Honey - 20gm
- Milk – 3Litres.

RHEUMATOID ARTHRITIS (AMAVATA)

Samsarjana Karma – beginning with liquid diet gradually change to normal diet.

In case of severe pain in joints:¹⁰

Nirgundi patra + Panchkola Churna prakshepa Pinda Sweda for 6 weeks.

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MEDICINAL PLANTS USEFUL IN RHEUMATOID ARTHRITIS (AMAVATA)



Rasna (*Pluchea lanceolata*)



Rasona (*Allium sativum*)



Shallaki (*Boswellia serrata*)

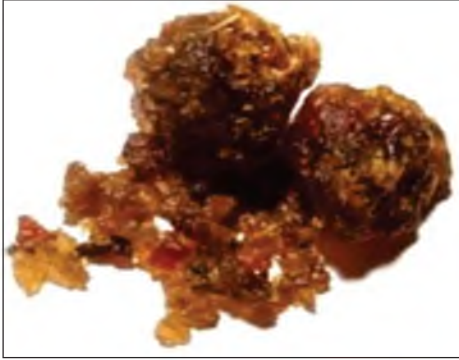


Nirgundi (*Vitex negundo*)



Bala (*Sida cordifolia*)

MEDICINAL PLANTS USEFUL IN RHEUMATOID ARTHRITIS (AMAVATA)



Guggulu (*Commiphora wightii*)



Madana Phala (*Randia dumetorum*)

SCIATICA (GRIDHRASI)

Background

Sciatica refers to pain, numbness and tingling of lower limb resulting from injury or compression of sciatic nerve. The pain of sciatic nerve originates from lower back and radiates towards buttocks, back of thighs, below the knee up to the foot. The pain is usually get worse on prolonged sitting, standing and walking and relieved by lying down. The sciatica mostly affects the early and middle aged peoples, heavy weight lifters and persons who are engaged in the occupations in which continuous pressure on back is used. The common causes of sciatica are herniated disc, spinal stenosis, spondylolisthesis, piriformis syndrome, osteoarthritis, osteoporosis and sometimes during pregnancy. As the sciatica is considered as a manifestation of underlying diseases, the line of treatment is to treat underlying cause which irritate/ compress the sciatic nerve. Besides this, bed rest, physiotherapy, analgesics and muscle relaxants are being used. Sometimes surgical intervention may be required.

In Ayurveda, *Gridhrasi* (Sciatica) is considered as one of the important *Vata Vyadhi* (neurological disorders). The disease is characterized by stiffness, pain and pricking sensation initially at the hip and gradually radiating towards waist, back, thigh, knee and calf region along with frequent pulsation at these sites. Two types of *Gridhrasi* have been described viz. *Vataja* and *Vatajakaphja*. In both the main vitiated *dosha* is *Vata*.

Intervention/ Approaches

The following are some interventions/ approaches based on CCRAS research from published sources.

In case of tenderness of sciatic nerve and stiffness:¹

Nirgundi Ghrita - 10ml with 60ml Nirgundi (*Vitex negundo*)Kashaya once in a day (at 6. am for 45 days).

Suddha Guggulu (*Commiphora wightii*) - 1gm with 60ml Nirgundi Kashaya twice a day (at 12.00 pm and 6.00 pm) for 45 days.

Abhyanga - Nirgundi taila for 45 days.

SCIATICA (GRIDHRASI)

In case of early stage of sciatica where pain is radiating to back of the leg up to toe:²

Hingutriguna Taila – 10ml to 15 ml thrice a day for 21 days.

Dashamula Bala Kwatha – 20ml thrice a day for 21 days.

Swedana - Nirgundi Patra Pinda Sweda twice a day for 21 days.

In case of severe pain with disturbed gait due to pain and difficulty in move the leg or foot:³

Trayodashanga Guggulu - 2gm thrice a day with warm water for 2 days.

Vishatinduka Vati - 250mg thrice a day with warm water for 21 days.

Abhyanga - Nirgundi Taila.

Swedana - Patra Pinda Sweda for 21 days.

In case of severe pain, tingling sensation & numbness, stiffness and muscles weakness:⁴

Snehapana - Nirgundi Ghrita from 1st to 7th day.

Swedana - Vashpa Sweda from 8th to 10th day.

Virechana - On 11th day.

Samsarjana - Light diet from 12th to 13th day.

Shamana treatment-

- 10ml Nirgundi ghrita with 60ml Nirgundi Kashaya once a day (at 6 am) from 14th to 18th day.
- 1gm Shuddha Guggulu with 60ml Nirgundi Kashaya twice a day (at 12.00 pm and 6.00 pm) from 14th to 18th day.

Abhyanga- Nirgundi Taila from 14th to 18th day.

Yoga Basti - 5 Anuvasana and 3 Niruha vasti

- Anuvasna vasti- Nirgundi Taila on 19th, 20th, 22nd, 24th and 26th day.
- Niruha vasti- Nirgundi Kashaya on 21st, 23rd and 25th day.

Shamana treatment - same as for 14th to 18th day from 27th to 45th day.

In cases of excruciating pain with discomfort in walking:⁵

- Abhyanga- Mahavishagarbha Taila for 15-20 minutes.
- Swedana- Nadi Sweda with Rasna Saptaka Kwatha for 20 minutes.

SCIATICA (GRIDHRASI)

Siravedha- It should be stopped when total amount of blood letting becomes about 50-100ml.

- ii Abhyanga - Mahavishagarbha Taila for 15 days.
Swedana - Nadi Sweda with Rasna Saptaka Kwatha for 15 days.
Shuddha Kupilu Beeja Churna (*Strychnos nuxvomica*) - 50mg twice a day for 15 days.
Yograj Guggulu - 2 tablets thrice a day for 15 days.

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MEDICINAL PLANTS USEFUL IN SCIATICA (GRIDHRASI)



Babbula (*Acacia arabica*)



Brahati (*Solanum indicum*)



Ajwain (*Trachyspermum ammi*)



Ashwagandha (*Withania somnifera*)



Kupilu (*Strychnos nuxvomica*)



Punarnava (*Boerhavia diffusa*)

**MEDICINAL PLANTS USEFUL IN
SCIATICA (GRIDHRASI)**



Guduchi (*Tinospora cordifolia*)



Aragwadha (*Cassia fistula*)



PATRA PINDA SWEDA

SCIATICA (GRIDHRASI)

UROLITHIASIS (MUTRASHMARI)

Background

Urolithiasis (*Mutrashmari*) is the condition where stones are formed or located anywhere in the urinary system. Urinary stones are typically classified by their location or by their chemical composition (calcium containing, struvite, uric acid, or other compounds). Main symptom is the pain most commonly felt in the flank, lower abdomen and groin. Renal colic can be associated with nausea, vomiting, fever, blood or pus in the urine and painful urination. In Ayurveda a number of drugs are mentioned to treat *Mutrashmari*.

Intervention/ Approaches

The following are some interventions based on CCRAS research from published sources.

Small stones associated with burning micturition:¹

Palasha (*Butea monosperma*) Kshara - 1gm thrice daily for 60 days.

For all types of urinary stones including large stones:²

Pashana Bheda (*Bergenia ciliata*) - 1gm tablet thrice daily for 60 days.

Gokshuru (*Tribulus terrestris*) Kwatha Ghana Satwa Vati - 1gm thrice daily for 60 days.

Large stones associated with urinary tract infection and dysuria:³

Shweta Parpati - 1gm thrice daily along with 50ml Pashanabheda (*Bergenia ciliata*)-Gokshuru (*Tribulus terrestris*) Kwatha.

Small stones associated with urinary tract infection with or without dysuria:⁴

Shweta Parpati - 1gm thrice daily with 50ml Kulattha (*Dolichos biflorus*) Kwatha (prepared from 50gm powder).

Large stones associated with urinary tract infection:⁵

Shweta Parpati - 1gm thrice daily with Pashanabheda (*Bergenia ciliata*), Gokshuru (*Tribulus terrestris*), Kulattha (*Dolichos biflorus*) Kwatha 50ml (prepared from 2gm powder each).

UROLITHIASIS (MUTRASHMARI)

References

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2. CCRAS Research An Overview, CCRAS, Year :2002, page 55.
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**MEDICINAL PLANTS USEFUL IN
UROLITHIASIS (MUTRASHMARI)**



Pashanabheda (*Bergenia ligulata*)



Gokshuru (*Tribulus terrestris*)



Palasha (*Butea monosperma*)



Kulattha (*Dolichos biflorus*)



Sphatika (Potash alum)

List of Patents (Processes and Drugs) Granted for CCRAS

S. No.	Name of the patent	Patent No./Date
1.	A process for the production of a Lactonic glycoside from <i>Nerium indicum</i> Mill. (syn. <i>N. odorum</i> Sol.)	138350/ Dt. 26.09.73
2.	A process for the production of an Extract useful in the treatment of Bronchial asthma from <i>Mesua ferrea</i> Linn. Seeds	139868/ Dt.04.04.74
3.	A process for the production of a Sodium Salt of a natural 2-methyl chromone isolated from the pods of <i>Cassia siamea</i>	140032/ Dt. 04.04.74
4.	A process for the isolation of a Pongaflavone from <i>Pongamia pinnata</i> (L.) Pierre (syn. <i>P.glabra</i>)	140321/ Dt. 04.04.74
5.	A process for the production of a Benzofuran derivative from kojic acid and catechol	139869/ Dt. 04.04.74
6.	AYUSH-56 – Process for preparation of therapeutically active anti-epileptic preparation	141170/ Dt. 28.07.1976
7.	A process for the preparation of 9,13-Epoxy-6 β -hydroxy-8 α - Labdone-16,15, 19,20-diolactone 2 known as Nepetaefolinol from the whole plant of <i>Leonotis nepetaefolia</i> Linn	147936/ Dt. 14.08.78
8.	A process for the isolation of Vincristine from <i>Vinca rosea</i>	150019 /Dt. 12.06.79
9.	A process for the preparation of vinblastine from <i>Vinca rosea</i>	150024/Dt. 12.06.79
10.	AYUSH-64 – A process for the preparation of a	152863/

List of Patents (Processes and Drugs)
Granted for CCRAS

	therapeutically active anti-malarial preparation.	Dt.28.07.1980
11.	A process for preparation of an Ayurvedic formulation for the treatment of Leukemia	191708/ Dt. 23.8.1999
12.	Ksharsutra - A medicated thread for Ano- rectal diseases	186243/ Dt.15.02.2002
13.	A Process for the Preparation of Novel Composition from <i>Swertia chirata</i> Buch. Ham. (Gentianaceae) having Anti-carcinogenic (cancer Preventive) and anti- Tumor (Cancer Therapeutic) Action	191128/ Dt. 26.3.2002
14.	A Process for the Isolation of Amarogentin, Novel Seco-Iridoid Glycoside Possessing Anti-carcinogenic (Cancer Preventive) and Anti-Tumor (Cancer Therapeutic) Action	191129/ Dt. 26.3.2002
15.	AYUSH Ghutti -“A herbo-mineral formulation” for cough and cold	193336/ Dt. 8.11.2004
16.	Pharmaceutical Ayurvedic preparation	US 6,939,567B1 Dt. 06. 09.2005
17.	A process for the preparation of a herbo-mineral preparation for general immunity and strengthening of children 123/DEL/2001	196916/ Dt.07.07.2006

List of Drugs for which Technology was transferred to Industry by CCRAS

S. No	Product Name	Process
1.	AYUSH-64	A process for the preparation of a therapeutically active anti-malarial preparation
2.	BAL RASAYAN	A process for the preparation of a herbo-mineral preparation for general immunity and strength of children
3.	AYUSH Ghutti	A herbo-mineral formulation for cough and cold
4.	AYUSH-56	Process for preparation of therapeutically active anti-epileptic preparation
5.	AYUSH –SS granules	A process for preparation of an Ayurvedic herbal compound preparation to enhance the quality and quantity of breast milk
6.	AYUSH AG Tablet	A process for preparation of an Ayurvedic herbal compound preparation of AYUSH AG Tablet for Ante natal care
7.	AYUSH PK Avleha	A process for preparation of an Ayurvedic herbal compound AYUSH Panchkola Avleha for post natal care (to enhance the process of recovery after delivery and other complications of puerperal period)
8.	AYUSH PG Tablet	A process for preparation of an Ayurvedic

List of Drugs for which Technology was transferred to Industry by CCRAS

		herbal compound AYUSH PG Tablet for Ante natal care
9.	AYUSH B R Leham	A process for preparation of an Ayurvedic herbal compound AYUSH Bala Rakshak Leham for paediatric care
10.	AYUSH KVM Syrup	A preparation for the treatment of running and stuffy nose, productive or non productive cough with or without fever

List of Publications of CCRAS/ Department of AYUSH

Sl. No.	TITLE	PRICE in Rs.
1.	Chakradutt Ratnaprabha (S)	100
2.	Rasapradipika (S & H)	60
3.	Smanya Rogahara Vanaspatiyan (H)	20
4.	Sadi Mittar Dungar Deeyan Jadiyan Butiyan (Dogari)	54
5.	Sadi Mittar Dungar Deeyan Jadiyan Butiyan (H)	75
6.	Data Base of Medicinal Plant used in Ayurveda & Siddha Vol. 5 (E)	900
7.	Pharmacognosy of Indigenous Drugs (Vol. - I) (E)	210
8.	Pharmacognosy of Indigenous Drugs (Vol. - II) (E)	210
9.	Pharmacognosy of Indigenous Drugs (Vol. - III) (E)	210
10.	Brain Ageing and Ayurveda (E)	360
11.	Hand Book of Domestic Medicine & Common Ayurvedic Remedies (T)	285
12.	Medicinal Plants in a Geriatric Health Care (E)	120
13.	Healing Herbs of Himalaya (E)	400
14.	Himalaya Ki Arogyadai Vanaspatiyan (H)	400
15.	Tribal Health Care Research - Guwahati (E)	300
16.	Inventory of Animal Products used in Ayurveda, Siddha and Unani Part-1(E)	1000
17.	Inventory of Animal Products used in Ayurveda, Siddha and Unani Part-2(E)	600
18.	Safety / Toxicity Study Report of Some Ayurvedic Drugs (E)	500
19.	Report on Screening of Single Herbal Drug Extracts for Potential Anti-Cancer Activity(E)	100

List of Publications of CCRAS/ Department of AYUSH

20.	Abhinav Chintamani Part -1 (S & H)	450
21.	Abhinav Chintamani Part -2 (S & H)	450
22.	Research Study Profile of Rasamanikya (E)	230
23.	Tribal Health Care Research (Andaman and Nicobar Islands) (E)	200
24.	Chikitsarnava - Purvardh (S & H)	400
25.	Chikitsarnava - Uttarardh (S & H)	400
26.	Reported Med. Practices on Prevention, Mgmt. of Vector Borne & Infectious Diseases Through Ay. & Siddha(E)	540
27.	Clinical Safety and Efficacy of Dhatri Lauha in iron Deficiency Anaemia (Pandu Roga) (E)	200
28.	Clinical Studies of Certain Ay. Formulations in the Mgmt. of Paraplegia (Pangu) (E)	180
29.	Clinical Research Protocols for Traditional Health Sciences (E)	1400
30.	Descriptive Catalogue of Medical Manuscripts Vol.-I (E)	450
31.	Descriptive Catalogue of Medical Manuscripts Vol.-II (E)	450
32.	Descriptive Catalogue of Medical Manuscripts Vol.-III (E)	450
33.	Application on Standardized Namburi Phased Spot Test in Identification of Bhasma and Sindura Preparations of Ay.(E)	130
34.	Ayurvedic Management of Select Geriatric Disease Conditions(E)	520
35.	Clinical Evaluation of Certain Ay. Formulations in the Mgmt. of Mental Retardation(E)	120
36.	Basavarajiyam (S & H)	733

List of Publications of CCRAS/ Department of AYUSH

37.	Rasachandanshu (S & H)	300
38.	Sahasrayoga(S & H)	450
39.	Hand book of Anupana Pathyapathya	295
40.	Maharshi Charaka	400
PERIODICALS		
1.	Journal of Research in Ayurveda & Siddha (Yearly)	120
2.	Journal of Drug Research in Ayurveda & Siddha (Yearly)	120
3.	Journal of Indian Medical Heritage (Yearly)	240
4.	Life membership for each Periodicals	1500
CDS		
1.	Science of Life	100
2.	Resurgence	100
3.	Panchakarma	100
4.	Guggulu – A Versatile Healer	100
5.	Shilajit – The Eternal Panacea	100
6.	Ayurvedic Home Remedies	100
7.	Panacea	100
8.	e-book(CD) - Charaka Samhita (Multilingual)	100
9.	e-book(CD) - Sushruta Smhita (Multilingual)	100
10.	e-book(CD) - Madhava Nidana	100
11.	e-book(CD) - Nighantus	100
12.	e-book(CD) - Hand book of Domestic Medicine and Common Ayurvedic Remedies	100
PUBLICATION OF DEPARTMENT of AYUSH		
1.	The Ayurvedic Formulary of India Part –1(E)	500
2.	The Ayurvedic Formulary of India Part –2(E)	250

List of Publications of CCRAS/ Department of AYUSH

3.	The Ayurvedic Formulary of India Part –3(E & H)	700
4.	The Ayurvedic Pharmacopoeia of India Part –I, Vol. 1(E)	250
5.	The Ayurvedic Pharmacopoeia of India Part –I, Vol. 3(E)	250
6.	The Ayurvedic Pharmacopoeia of India Part –I, Vol. 4(E)	500
7.	The Ayurvedic Pharmacopoeia of India Part –I, Vol. 5(E)	500
8.	The Ayurvedic Pharmacopoeia of India Part –I, Vol. 6(E)	500
9.	The Ayurvedic Pharmacopoeia of India Part –I, Vol. 7 (Minerals & Metals) (E)	500
10.	The Ayurvedic Pharmacopoeia of India Part –I, Vol. 8 (E)	700
11.	The Ayurvedic Pharmacopoeia of India Part –2, Vol-1 (Formulations) (E)	500
12.	The Ayurvedic Pharmacopoeia of India Part –2, Vol-2 (Formulations) (E)	500
13.	The Ayurvedic Pharmacopoeia of India Part –2, Vol-3 (Formulations) (E)	500
14.	The Ayurvedic Pharmacopoeia of India Part –2, Vol-2 (H)	500
15.	The Ayurvedic Pharmacopoeia of India Part –2, Vol-1 (H)	500
16.	T.L.C. Atlas of Ay- Pharmacopoeial Drugs Part-1, Vol-1 (F- Edition) (E)	500
17.	Macroscopic & Microscopic Atlas of Pharmacopoeial Drugs (API) Part-1, Vol- V (E)	500
18.	Macroscopic & Microscopic Atlas of Pharmacopoeial Drugs (API) Part-1, Vol- 1(E)	750

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CDs OF DEPARTMENT OF AYUSH		
1.	e-book(CD)- The Ayurvedic Formulary of India Part-1 & 2 (E)	70
2.	e-book(CD)- The Ayurvedic Pharmacopoeia of India Part-1, Vol-6 (E)	70
3.	e-book(CD)- The Ayurvedic Pharmacopoeia of India Part -2, Vol-1 (E)	70
4.	e-book(CD)- The Ayurvedic Pharmacopoeia of India Part -2, Vol-2 (E)	70

*S-Sanskrit

*H-Hindi

*E-English



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